ACADEMIC PUBLICATION SET

VIEN GUT MODEL

Integrated Outpatient Care for Complex Chronic Multimorbidity

Part A — Foundation

Vien Gut Model Academic Publication Set

DOCUMENT A.5
STANDARDIZED GLOSSARY

6 thematic groups · 60 HOW terms · 28 biomarkers & thresholds
18 imaging modalities · 77+ abbreviations

Vien Gut Model — Academic Publication Set
First systematic compilation — March 2026
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Clinical HOW deployment: Risk stratification, opportunity window, longitudinal follow-up, risk control, polypharmacy governance, safety-valve referral activation — Vien Gut Model.

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Group 1 — Four verification targets and target organs

Each verification target has a standardized name, target organ, verification modality, quantitative goal, and action threshold — used consistently across all 36 documents in the set.

Target	Term	Target organ	Verification modality	Goal & action threshold
Target 1	**Crystal-free state**	Joints, tendons, soft tissue (MSU crystals)	**OMERACT musculoskeletal ultrasound** · Double contour sign (DCS) · Longitudinal tophus volume **DECT — whole-body crystal map** **Radiography — bone erosion recovery**	**Goal: sUA <6 mg/dL sustained** · sUA >6 mg/dL × 2 visits → increase ULT dose · Target <5 mg/dL when active tophi present
Target 2	**Dialysis deferral**	Renal parenchyma, GFR (CKD-EPI 2021)	**eGFR — CKD-EPI 2021 series** **Renal ultrasound (size, echogenicity)** **Renal elastography (fibrosis)**	**Goal: avoid/defer RRT as long as possible** · eGFR decline >25% in 3 months → shorten SLA · eGFR <15 → urgent nephrology consultation + discuss RRT
Target 3	**Cardiac decompensation prevention**	Myocardium, valves, vasculature	**Echocardiography: EF (Simpson method)** **NT-proBNP / BNP (trend)** **Troponin I/T · Doppler flow**	**Goal: reduce emergency hospitalization for decompensated heart failure** · NT-proBNP acute rise >50% → SLA 24h · EF drop >10% absolute from baseline → tier escalation
Target 4	**Hepatic recompensation**	Liver parenchyma, fibrosis (cirrhosis)	**FibroScan — LSM (kPa)** **Hepatic ultrasound + elastography** **Albumin · PT-INR · Ascites · Child–Pugh**	**Goal: achieve and maintain hepatic recompensation** · Albumin <2.8 g/L → SLA 48h · New ascites grade 2+ → urgent hepatology consultation

Group 2 — HOW operational terms

All 60 terms from Document A.4 (v3). For full definitions and international benchmarking, see A.4. Origin classification: A = Internationally established · B = Equivalent/reinterpreted · C = Developed by Vien Gut.

Code	Term (English)	Source / closest intl.	Core operational meaning	Origin
A-01	**Treat-to-target (T2T)**	ACR 2020 [1], EULAR 2016 [2]	Dose titration strategy to a specific measurable target (sUA <6 mg/dL)	**A**
A-02	**Crystal-free state**	EULAR 2006 [3], 2016 [2]; ACR 2020 [1]	Complete absence of MSU crystals — verified by OMERACT ultrasound / DECT	**A**
A-03	**Chronic multimorbidity**	WHO 2016 [6], Barnett 2012 [7]	≥2 coexisting chronic diseases — Vien Gut uses 'complex' for ≥4 severe diseases	**A**
A-04	**Risk stratification**	CCM [8], ESC 2021 [15], KDIGO 2024 [14]	4 tiers T1–T4 based on integrated multi-axis disease burden	**A**
A-05	**Integrated care**	WHO 2016 [6], Wagner 2001 [8]	Multi-specialty coordination around patient needs — not disease-based	**A**
A-06	**Chronic Care Model (CCM)**	Wagner 2001 [8]	Six-component framework — theoretical foundation for Vien Gut outpatient model	**A**

A-07	Real-world evidence (RWE)	FDA 2016; IOM 2013 [35]	Evidence from routine clinical practice — beyond controlled trials	A
B-01	HOW gap	WHO 2004 [28]; Eccles 2006 [25]	Structural distance between WHAT (guideline) and multi-disease operational process	B
B-02	Verification target	EULAR 2016 [2]; ACR 2020 [1]	Objectively confirmed treatment target — all 4 Vien Gut targets meet this criterion	B
B-03	Clinical conductor physician	CCM [8]; WHO ICOPE 2019 [9]	Overall coordinating physician — resolves multi-guideline conflicts, activates safety valves	B
B-04	Fragmented care model	Pham 2007 [12]; WHO 2023 [13]	Each specialty applies its own guideline without coordination — default in multimorbidity	B
B-05	DATA-to-operate	IOM 2013 [35]	Structured longitudinal data — triggers real-time HOW decisions	B
B-06	Multidisciplinary team along operational chain	WHO 2016 [6]; CCM [8]	7-component MDT — continuous sensor–response chain	B
B-07	WHAT–HOW–DATA-to-operate framework	Graham 2006 [27]; WHO 2004 [28]	3 layers: guideline + operational process + longitudinal decision-triggering data	B
B-08	Dialysis deferral	KDIGO 2024 [14]	Avoid/defer RRT — Verification target 2 (renal axis)	B
B-09	Cardiac decompensation reduction	ESC 2021 [15]	Reduce hospitalization for decompensated heart failure — Verification target 3 (cardiac axis)	B
B-10	Hepatic recompensation	EASL 2021 [16]; Caraceni 2021 [17]	Achieve and maintain outpatient recompensation — Verification target 4 (hepatic axis)	B
B-11	Follow-up SLA	ITIL; healthcare	Response-time commitment: 4h/12h/24h/48h — operationalization of thresholds	B
B-12	Necessary vs. sufficient conditions	Formal logic	WHAT = necessary; WHAT + HOW + DATA + patient capacity = sufficient	B
B-13	Onboarding	HR management; RCT	Patient intake process: multi-axis assessment, stratification, phase plan	B
B-14	Phase-based treatment plan	Oncology; psychiatry	Journey divided into phases with specific goals, phase-transition thresholds, and dedicated HOW	B
B-15	Complex chronic multimorbidity	WHO 2016 [6]; NICE 2016	≥4 severe diseases + target-organ damage + structural guideline conflict	B
B-16	Renal function preservation — end-stage CKD	KDIGO 2024 [14]	Renal protection + gout T2T balancing + multi-axis coordination	B
B-17	Heart failure decompensation reduction	ESC 2021 [15]	Cardiac stabilization + drug-conflict management + outpatient cardio-renal-gout coordination	B
B-18	End-stage cirrhosis recompensation	EASL 2021 [16]; Caraceni [17]	Double blind zone: EASL + EULAR both fail to cover the gout–cirrhosis intersection	B
C-01	Clinical blind zone	Vien Gut	Zone where patients need treatment but no guideline covers — shifted reference frame	C
C-02	Safety-valve referral	Vien Gut	Multi-axis threshold → triggers referral/intervention per SLA	C
C-03	Clinical priority map	Vien Gut	Determines priority sequence when guidelines conflict on the same patient	C
C-04	Structural break point	Vien Gut; Grol 2003 [26]	Structural limit of EBM chain at step 8 — requires architectural change	C
C-05	Operating condition	Vien Gut	Comorbidity = prerequisite condition — not a verification target	C
C-06	Guideline paradox	Vien Gut; Tinetti 2004 [10]	Each individual guideline correct — combined application incorrect for the patient	C
C-07	Reference-frame shift	Vien Gut	Guidelines designed for single disease; reality is multimorbidity over time	C
C-08	Blind-zone map	Vien Gut	Longitudinal database — decision-making reference frame in guideline-uncovered territory	C
C-09	Sensor–response system	Vien Gut	MDT architecture: each component collects signals + activates when threshold exceeded	C
C-10	Opportunity window	Vien Gut	HOW state still deployable — the model's decision point	C
C-11	0–30 day reintegration cycle	Vien Gut	After disruption: increased frequency, 4-axis reassessment, HOW recalibration	C
C-12	Clinical audit trail	Vien Gut; IOM 2013 [35]	HOW decision trace chain: who, when, which data, what action	C
C-13	Operational MDT	Vien Gut	7-role continuous sensor–response MDT — not just case conferences	C
C-14	Complete blind zone / Double blind zone	Vien Gut	Two guidelines both silent on the intersection — gout + decompensated cirrhosis	C

C-15	**Multi-axis ULT titration**	Vien Gut; EULAR 2016 [2]	ULT dosing simultaneously considering eGFR, liver, cardiac — not sUA alone	**C**
C-16	**Flare control under drug restriction**	Vien Gut; EULAR 2016 [2]	HOW when NSAIDs + colchicine + corticosteroids all simultaneously restricted	**C**
C-17	**Cardio-renal coordination in gout T2T**	Vien Gut; Ronco 2008 [33]	HOW coordinating 3 axes: sUA + eGFR + EF in outpatient T2T	**C**
C-18	**3 patient zones (green/yellow/red)**	Vien Gut	Patient classification by guideline coverage: green/yellow/red (blind zone)	**C**
C-19	**3 patient capacity levels (A/B/C)**	Vien Gut	A = proactive, B = needs support, C = team-driven → determines HOW	**C**
C-20	**8 sufficient conditions (patient engagement capacity)**	Vien Gut	8 conditions patients need — any deficit → design compensatory HOW	**C**
C-21	**Structured patient education**	Vien Gut; CCM [8]; ETP	Education integrated into operational chain — by A/B/C level and treatment phase	**C**
C-22	**Cooperation as operational indicator**	Vien Gut	Patient cooperation level = measured variable — decline → adjust HOW	**C**
C-23	**Patient behavior science**	Vien Gut; COM-B	System design aligned with actual patient behavior	**C**
C-24	**Sensor–response chain**	Vien Gut	7 steps from signal collection to action — smallest operational unit	**C**
C-25	**Decision pivot**	Vien Gut	Branching point with major consequences — requires DATA + priority map + audit trail	**C**
C-26	**Clinical decision log**	Vien Gut	Records rationale + context of decisions — retrospective analysis, HOW improvement	**C**
C-27	**Pathological vicious cycle**	Vien Gut	Positive feedback between disease axes — deterioration in one worsens another	**C**
C-28	**Conflict resolution matrix**	Vien Gut	Matrix tool supporting adjudication when guidelines conflict on a patient	**C**
C-29	**Visual Medicine**	Vien Gut	Clinical images/video = operational data + adherence enhancement + evidence	**C**
C-30	**Caliper mm²**	Vien Gut	Urate crystal measurement by ultrasound caliper — more quantitative than OMERACT 0–3	**C**
C-31	**Learning feedback loop**	Vien Gut; IOM 2013 [35]	Outcomes + data → analysis → HOW improvement → deployment	**C**
C-32	**Opportunity window — operational criteria**	Vien Gut	Criteria set: open / closing / closed — used at decision pivot	**C**
C-33	**Integrated outpatient care model for complex chronic multimorbidity**	Vien Gut	Central concept: multi-axis outpatient HOW — 'outpatient' = key differentiator	**C**
C-34	**Chronic multi-organ damage**	Vien Gut	Damage across ≥3 axes — each organ simultaneously target and treatment barrier	**C**
C-35	**Complex chronic multi-pathological vicious cycles**	Vien Gut	Multiple resonating vicious cycles — decompensation multiplied vs. single cycle	**C**

Group 3 — Laboratory biomarkers and action thresholds

> Tests listed by disease axis. 'Action threshold' is a pre-set value that triggers HOW escalation in the Vien Gut operational layer. Reference ranges from international guidelines are cited.

Gout axis

Code	Test	Symbol	Unit	Action threshold	Source
LAB-01	**Serum Uric Acid**	**sUA**	mg/dL	Goal: <6 mg/dL · >6 × 2 visits → increase ULT · >8 mg/dL → consider urgent ULT	EULAR 2016 [2], ACR 2020 [1]
LAB-02	**sUA — Tophus dissolution target**	**sUA (tophi)**	mg/dL	Goal: <5 mg/dL to accelerate tophus dissolution · Larger tophi on imaging → increase ULT	EULAR 2016 [2]
LAB-03	**C-Reactive**	**CRP**	mg/L	Trend monitoring during titration phase · >50 mg/L + joint	Vien Gut

	Protein			symptoms → activate flare protocol	
LAB-04	**White Blood Cell count**	**WBC**	×10⁹/L	WBC >12 in suspected flare → rule out septic arthritis	Vien Gut

Renal axis

Code	Test	Symbol	Unit	Action threshold	Source
LAB-05	**eGFR (CKD-EPI 2021)**	**eGFR**	mL/min/1.73m²	Staging: G3a≥45, G3b≥30, G4≥15, G5<15 · Decline >25%/3mo → shorten SLA · <15 → urgent consult	KDIGO 2024 [14]
LAB-06	**Serum Creatinine**	**SCr**	µmol/L	Acute rise >26 µmol/L in 48h = AKI → hold nephrotoxic drugs	KDIGO 2024 [14]
LAB-07	**Serum Potassium**	**K^+**	mmol/L	Goal: 3.5–5.0 · K^+ >6.0 → SLA 4h (life-threatening) · K^+ <3.0 → SLA 12h	KDIGO 2024 [14]
LAB-08	**Serum Bicarbonate**	**HCO_3^-**	mmol/L	<18 mmol/L (metabolic acidosis) → review ULT dose · Goal ≥22 in CKD	KDIGO 2024 [14]
LAB-09	**Urine Protein-to-Creatinine Ratio**	**UPCR**	mg/mmol	>100 mg/mmol → refer to nephrology · Rising trend → accelerate renal-axis monitoring	KDIGO 2024 [14]
LAB-10	**24h Urine Uric Acid**	**UUA24h**	mmol/24h	Determine phenotype (overproduction vs. underexcretion) → guide ULT selection	ACR 2020 [1]

Cardiovascular axis

Code	Test	Symbol	Unit	Action threshold	Source
LAB-11	**NT-proBNP**	**NT-proBNP**	pg/mL	Acute rise >50% from baseline → SLA 24h · Outpatient goal <125 pg/mL (HFrEF)	ESC 2021 [15]
LAB-12	**BNP**	**BNP**	pg/mL	Alternative to NT-proBNP · >400 pg/mL acute → consider urgent cardiology	ESC 2021 [15]
LAB-13	**High-sensitivity Troponin I/T**	**TnI/TnT**	ng/L (hs)	Any rise above 99th percentile → rule out ACS · Rise in CRS → multidisciplinary review	ESC 2021 [15]
LAB-14	**Ejection Fraction**	**EF**	% (Simpson)	HFrEF <40%, HFmrEF 40–49%, HFpEF ≥50% · Drop >10% absolute from baseline → tier escalation	ESC 2021 [15]
LAB-15	**Heart Rate**	**HR**	bpm	Goal (HFrEF + beta-blocker): 50–70 · HR >110 at rest → medication review	ESC 2021 [15]
LAB-16	**Blood Pressure**	**BP**	mmHg	Goal: <130/80 (CKD + HF) · SBP <90 → hold diuretics + urgent review	ESC 2021 [15]; KDIGO 2024 [14]

Hepatic axis

Code	Test	Symbol	Unit	Action threshold	Source
LAB-17	**Liver Stiffness Measurement (FibroScan)**	**LSM**	kPa	F0–F1: <7.0 · F2: 7–9.4 · F3: 9.5–12.4 · F4: ≥12.5 · >20 kPa → high portal hypertension risk	EASL 2021 [16]
LAB-18	**Serum Albumin**	**Albumin**	g/L	<2.8 → SLA 48h · Child–Pugh: >3.5 (1pt), 2.8–3.5 (2pt), <2.8 (3pt)	EASL 2021 [16]
LAB-19	**PT-INR**	**PT-INR**	ratio	>1.7 → bleeding risk — review anticoagulants · Child–Pugh: <1.7 (1pt), 1.7–2.3 (2pt), >2.3 (3pt)	EASL 2021 [16]
LAB-20	**Total Bilirubin**	**T-Bili**	µmol/L	>34 µmol/L → worsening liver function → review · Corresponding Child–Pugh levels	EASL 2021 [16]
LAB-21	**ALT / AST**	**ALT/AST**	U/L	ALT >3× ULN → hold hepatotoxic drugs · Check with every ULT dose change	EASL 2021 [16]

LAB-22	GGT	GGT	U/L	Monitor alcohol use — critical in Child-Pugh B/C	Vien Gut
LAB-23	Serum Sodium	Na^+	mmol/L	<130 mmol/L (severe hyponatremia) → SLA 24h — common in decompensated cirrhosis	EASL 2021 [16]
LAB-24	Ascites Grading	Ascites	Clinical + US	Grade 1 (US only), Grade 2 (detectable), Grade 3 (tense) · New Grade 2+ → urgent hepatology consult	EASL 2021 [16]

Polypharmacy safety

Code	Test	Symbol	Unit	Action threshold	Source
LAB-25	Morning Cortisol	AM Cortisol	µg/dL	<3 µg/dL → adrenal insufficiency → SLA 4h · Screen all prolonged corticosteroid patients	Vien Gut
LAB-26	Haemoglobin	Hb	g/dL	<7 g/dL → SLA 12h (assess urgent transfusion) · <8 g/dL with symptoms → SLA 24h	Vien Gut
LAB-27	Platelet Count	PLT	$\times 10^9$/L	<50 → avoid NSAIDs + assess bleeding risk · Hypersplenism common in cirrhosis	Vien Gut
LAB-28	Blood Glucose / HbA1c	BG/HbA1c	mmol/L / %	HbA1c goal (T2DM + CKD): 7.0–8.0% · BG >16.7 mmol/L → acute hyperglycemia protocol	Vien Gut

Group 4 — Imaging modalities and functional verification tools

> Each modality is the standard verification tool for one or more verification targets. The 'Target' column corresponds to Targets 1–4.

Code	Modality	Target	Clinical role	Key parameters / thresholds
IMG-01	OMERACT Musculoskeletal Ultrasound	T 1	Primary crystal-free verification — joints and tendons	Double contour sign (DCS), tophus volume, Power Doppler synovitis
IMG-02	Dual-Energy CT (DECT)	T 1	Whole-body crystal map — most sensitive for Target 1	Total urate volume (mm^3), subclinical crystals invisible on ultrasound
IMG-03	Joint Radiography	T 1	Long-term bone erosion and tophus calcification monitoring	Erosion count and size, gout-specific features (overhanging edge)
IMG-04	Musculoskeletal MRI	T 1	Complex cases — synovitis, bone marrow edema	Bone marrow edema score, confirmation of equivocal DECT findings
IMG-05	Renal Ultrasound	T 2	Longitudinal CKD structural assessment	Kidney size (cm), cortical thickness, echogenicity, obstruction detection
IMG-06	Renal Elastography (ARFI/SWE)	T 2	Non-invasive renal fibrosis assessment — biopsy alternative	Kidney stiffness (kPa), trend monitoring every 12 months
IMG-07	Transthoracic Echocardiography (TTE)	T 3	Primary cardiac structure and function assessment	EF Simpson method, wall-motion abnormalities, valvular function, pericardial effusion
IMG-08	Tissue Doppler Imaging (TDI)	T 3	Diastolic function assessment — HFpEF	E/e' ratio, mitral annular velocity (e')
IMG-09	Cardiac MRI (CMR)	T 3	Complex cardiomyopathy — fibrosis quantification	Late gadolinium enhancement (LGE), T1/T2 mapping (edema, inflammation, iron overload)
IMG-10	Coronary CT	T 3	Coronary artery disease in heart failure	Calcium score, stenosis grading — guides revascularization

	Angiography (CCTA)		etiology workup	
IMG-11	**FibroScan (Transient Elastography)**	**T 4**	Non-invasive liver fibrosis staging — primary longitudinal follow-up	LSM (kPa): F4≥12.5; CAP (dB/m): steatosis grading
IMG-12	**Hepatic Ultrasound**	**T 4**	Structural assessment, portal hypertension, ascites	Liver size, surface (cirrhosis), splenomegaly, ascites volume Grade 1/2/3
IMG-13	**Hepatic Elastography (ARFI/SWE)**	**T 4**	FibroScan alternative — usable with ascites, obesity	Shear wave velocity (m/s) → fibrosis staging
IMG-14	**Esophagogastroduodenoscopy (EGD)**	**T 4**	Esophageal varices — portal hypertension complication	Variceal grading I–IV, gastric varices, portal hypertensive gastropathy

Group 5 — International guideline terms cited in the document set

> Terms used with their standard international meaning throughout the document set.

Code	Term	Source	Definition / role in document set
GL-01	**Treat-to-target (T2T)**	EULAR 2016 [2], ACR 2020 [1]	Dose titration strategy to measurable target — in gout: sUA <6 mg/dL
GL-02	**GRADE (evidence grading)**	Guyatt et al. 2008 [29]	System for rating evidence quality and recommendation strength
GL-03	**OCEBM evidence pyramid**	Sackett et al. 1996 [30]	5 levels: SR/meta-analysis → RCT → cohort → case-control → case series
GL-04	**Living guideline**	WHO [6], NICE, EULAR [2]	Continuously updated guideline — does not resolve structural HOW gap
GL-05	**Conservative CKD management**	KDIGO 2024 [14]	Severe CKD management without dialysis — maximizing function while deferring RRT
GL-06	**CKD staging (G1–G5)**	KDIGO 2024 [14]	eGFR: G1≥90, G2 60–89, G3a 45–59, G3b 30–44, G4 15–29, G5<15 mL/min/1.73m²
GL-07	**Child–Pugh score**	EASL 2021 [16]	Cirrhosis severity: bilirubin, albumin, INR, ascites, encephalopathy → Class A/B/C
GL-08	**MELD score**	EASL 2021 [16]	90-day mortality prediction model in cirrhosis
GL-09	**HFrEF / HFmrEF / HFpEF**	ESC 2021 [15]	Heart failure classification by EF: reduced (<40%), mildly reduced (40–49%), preserved (≥50%)
GL-10	**Decompensation (heart failure)**	ESC 2021 [15]	Acute worsening of heart failure requiring hospitalization — primary prevention target
GL-11	**Recompensation (cirrhosis)**	EASL 2021 [16]	Complete regression of decompensation events — Verification Target 4
GL-12	**SLA (Service-Level Agreement)**	Health informatics / operations	Pre-set maximum response time for a trigger — operationalization of action thresholds
GL-13	**MDT (Multidisciplinary Team)**	WHO, NHS, NICE	Multi-specialty team — different structure in Vien Gut (see A.4 Group B)
GL-14	**GPP (Good Pharmacy Practice)**	WHO, FIP	Pharmacy quality standard — Vien Gut pharmacist role anchored to GPP standards
GL-15	**EMR / EHR**	Health informatics	Electronic medical/health record — data infrastructure for longitudinal follow-up
GL-16	**CDSS**	Health informatics	Clinical Decision Support System — closest international equivalent to Vien Gut operational layer

GL-17	**CCM (Chronic Care Model)**	Wagner 2001 [8]	6-component chronic care framework — theoretical foundation of the model
GL-18	**Know-do gap**	WHO 2004 [28]	Gap between scientific knowledge and clinical practice — international equivalent of the HOW gap

Group 6 — Abbreviations and symbols

No.	Abbreviation	English	Vietnamese equivalent
01	**ACR**	American College of Rheumatology	Hội Thấp khớp Mỹ
02	**AKI**	Acute Kidney Injury	Tổn thương thận cấp
03	**ALT**	Alanine aminotransferase	Alanine aminotransferase
04	**AM Cortisol**	Morning serum cortisol	Cortisol buổi sáng (huyết thanh)
05	**ARFI**	Acoustic Radiation Force Impulse	Đàn hồi mô (xung lực bức xạ âm)
06	**AST**	Aspartate aminotransferase	Aspartate aminotransferase
07	**BNP**	B-type Natriuretic Peptide	Peptide lợi niệu natri type B
08	**BP**	Blood Pressure	Huyết áp
09	**CAP**	Controlled Attenuation Parameter	Thông số suy giảm có kiểm soát (FibroScan)
10	**CCM**	Chronic Care Model	Mô hình chăm sóc mạn tính
11	**CDSS**	Clinical Decision Support System	Hệ thống hỗ trợ quyết định lâm sàng
12	**CKD**	Chronic Kidney Disease	Bệnh thận mạn
13	**CMR**	Cardiac Magnetic Resonance	MRI tim
14	**CRP**	C-reactive protein	Protein phản ứng C
15	**CT**	Computed Tomography	Chụp cắt lớp vi tính
16	**DATA-to-operate ***	Operational longitudinal data	Dữ liệu vận hành dọc — kích hoạt quyết định HOW
17	**DCS**	Double Contour Sign	Dấu hiệu đường đôi (siêu âm OMERACT)
18	**DECT**	Dual-Energy Computed Tomography	CT năng lượng kép
19	**BG**	Blood Glucose	Đường huyết
20	**T2DM**	Type 2 Diabetes Mellitus	Đái tháo đường type 2
21	**DMARD**	Disease-Modifying Anti-Rheumatic Drug	Thuốc chống thấp khớp thay đổi bệnh
22	**EASL**	European Association for the Study of the Liver	Hội Gan mật châu Âu
23	**EF**	Ejection Fraction	Phân suất tống máu
24	**eGFR**	Estimated Glomerular Filtration Rate	Độ lọc cầu thận ước tính
25	**EHR / EMR**	Electronic Health / Medical Record	Hồ sơ bệnh án điện tử
26	**ESC**	European Society of Cardiology	Hội Tim mạch châu Âu
27	**EULAR**	European League Against Rheumatism	Liên đoàn Chống Thấp khớp châu Âu
28	**FibroScan**	Transient elastography device	Thiết bị đo độ cứng gan
29	**GGT**	Gamma-glutamyl transferase	Gamma-glutamyl transferase
30	**GPP**	Good Pharmacy Practice	Thực hành nhà thuốc tốt
31	**GRADE**	Grading of Recommendations Assessment, Development and Evaluation	Hệ thống đánh giá chất lượng bằng chứng

32	**Hb**	Haemoglobin	Hemoglobin
33	**HbA1c**	Glycated haemoglobin	Hemoglobin glycat hóa
34	**HCO_3^-**	Bicarbonate	Bicarbonate
35	**HF**	Heart Failure	Suy tim
36	**HFmrEF**	Heart Failure with mildly-reduced EF	Suy tim EF giảm nhẹ
37	**HFpEF**	Heart Failure with preserved EF	Suy tim EF bảo tồn
38	**HFrEF**	Heart Failure with reduced EF	Suy tim EF giảm
39	**HOW ***	Structured clinical operational process	Quy trình vận hành lâm sàng có cấu trúc
40	**HOW gap ***	HOW gap	Khoảng cách cấu trúc giữa WHAT và HOW
41	**HR**	Heart rate	Nhịp tim
42	**INR**	International Normalised Ratio	Tỷ số chuẩn hóa quốc tế
43	**K^+**	Potassium	Kali
44	**KDIGO**	Kidney Disease: Improving Global Outcomes	Kidney Disease: Improving Global Outcomes
45	**LGE**	Late Gadolinium Enhancement	Tăng cản quang muộn (MRI tim)
46	**LMIC**	Low- and Middle-Income Countries	Quốc gia thu nhập thấp và trung bình
47	**LSM**	Liver Stiffness Measurement	Đo độ cứng gan (FibroScan, kPa)
48	**MDT**	Multidisciplinary Team	Ê-kíp đa ngành
49	**MELD**	Model for End-Stage Liver Disease	Mô hình bệnh gan giai đoạn cuối
50	**MRI**	Magnetic Resonance Imaging	Chụp cộng hưởng từ
51	**MSU**	Monosodium Urate	Muối urat natri (tinh thể)
52	**Na^+**	Sodium	Natri
53	**NHS**	National Health Service	Dịch vụ Y tế Quốc gia (Anh)
54	**NICE**	National Institute for Health and Care Excellence	Viện Y tế và Chăm sóc Xuất sắc Quốc gia (Anh)
55	**NSAIDs**	Non-Steroidal Anti-Inflammatory Drugs	Thuốc kháng viêm không steroid
56	**NT-proBNP**	N-terminal pro-B-type Natriuretic Peptide	N-terminal pro-B-type Natriuretic Peptide
57	**OCEBM**	Oxford Centre for Evidence-Based Medicine	Trung tâm Y học Dựa trên Bằng chứng Oxford
58	**OMERACT**	Outcome Measures in Rheumatology	Đo lường kết cục trong thấp khớp
59	**UPCR**	Urine Protein-to-Creatinine Ratio	Tỷ số protein/creatinine niệu
60	**PLT**	Platelet count	Tiểu cầu
61	**PT**	Prothrombin time	Thời gian prothrombin
62	**RA**	Rheumatoid Arthritis	Viêm khớp dạng thấp
63	**RCT**	Randomised Controlled Trial	Thử nghiệm ngẫu nhiên có đối chứng
64	**RRS**	Rapid Response System	Hệ thống phản ứng nhanh
65	**RRT**	Renal Replacement Therapy	Điều trị thay thế thận
66	**SCr**	Serum Creatinine	Creatinine huyết thanh
67	**SGLT2i**	Sodium-Glucose Cotransporter-2 Inhibitor	Thuốc ức chế SGLT2
68	**SLA ***	Service-Level Agreement	Cam kết thời gian phản hồi tối đa
69	**SR**	Systematic Review	Tổng quan hệ thống
70	**sUA / UAc**	Serum Uric Acid	Acid uric huyết thanh
71	**SWE**	Shear Wave Elastography	Đàn hồi sóng cắt

72	**T-Bili**	Total Bilirubin	Bilirubin toàn phần
73	**T2T**	Treat-to-target	Điều trị đến đích
74	**TDI**	Tissue Doppler Imaging	Doppler mô tim
75	**TnI / TnT**	Troponin I / Troponin T	Troponin I / Troponin T
76	**UPCR**	Urine Protein-to-Creatinine Ratio	Tỷ số protein/creatinine niệu
77	**ULT**	Urate-Lowering Therapy	Thuốc hạ acid uric
78	**UUA24h**	24-hour urine uric acid	Acid uric niệu 24 giờ
79	**WBC**	White Blood Cell count	Bạch cầu
80	**WHAT ***	Clinical guideline and evidence	Guideline và bằng chứng lâm sàng
81	**WHO**	World Health Organization	Tổ chức Y tế Thế giới

* Terms specific to the Vien Gut Model. All other terms follow standard international definitions.

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> References organized by thematic group corresponding to the six terminology groups. Numbers in square brackets correspond to citations throughout the 36-document set.

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Document A.5 is a continuously updated reference document — additions are made as new terms are standardized in the set.