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QUÉ HAY DE NUEVO EN LAS INFECCIONES RESPIRATORIAS Y EN LA TUBERCULOSIS

ACADEMIC MEDICINE

S22452913

The media through which we communicate shape how we think, how we act, and who we are. Electronic health records (EHRs) may promote more effective, efficient, coordinated, safer care. Research is emerging, but more is needed to assess the effect of EHRs on communication, relationships, patients' trust, adherence, and health outcomes. The authors posit that EHRs introduce a "third party" into exam room interactions that competes with the patient for clinicians' attention, affects clinicians' capacity to be fully present, and alters the nature of communication, relationships, and physicians' sense of professional role. Screen-driven communication inhibits patients' narratives and diminishes clinicians' responses to patients' cues about psychosocial issues and emotional concerns. Students, trainees, and clinicians can, however, learn to integrate EHRs into triadic exam room interactions to facilitate information sharing and shared decision making. Student exposure to EHRs is currently limited. Educators and researchers should implement curricula and assessment tools to help learners integrate EHRs into clinical interactions in ways that foster, rather than diminish, communication and relationships. Further, educators must prioritize the teaching and modeling of self-awareness and self-calibration, mindful presence, and compassion within such curricula to prevent these important qualities and skills from being lost in translation in the digital era.

S22361798

These data provide new information about the residency experience and suggest that activities outside of work and sleep hours correlate highly with residents' mood, learning, and satisfaction.

ANNALS OF INTERNAL MEDICINE

S22508731

PrEP in the general MSM population could prevent a substantial number of HIV infections, but it is expensive. Use in high-risk MSM compares favorably with other interventions that are considered cost-effective but could result in annual PrEP expenditures of more than \$4 billion.

ARCHIVES OF GENERAL PSYCHIATRY

S22474107

Alcohol and drug use is common in US adolescents, and the findings of this study indicate that most cases of abuse have their initial onset in this important period of development. Prevention and treatment efforts would benefit from careful attention to the correlates and risk factors that are specific to the stage of substance use in adolescents.

ARCHIVES OF INTERNAL MEDICINE

S22529231

Recent trials in cardiovascular medicine have contradicted current practice, and, accordingly, are medical reversals. Extended-release niacin and fenofibrate have failed to provide mortality benefit when added to statin therapy, though both drugs have been used for this purpose for years. Cardiovascular primary prevention is no small matter. Annual spending on statins exceeded \$19 billion in 2005, ezetimibe cost over \$5 billion in 2007, and fenofibrate costs passed \$1 billion in 2009. Given the tremendous price of these medications, and recent trials that have undermined years of practice, we propose that the bar for cardiovascular primary prevention has been raised. Large studies must show improvements in overall mortality before novel agents are recommended and used. The implications of this proposal are considered.

ATENCION PRIMARIA

S21937150

Se observa una gran adecuación en la solicitud del ECC. Los resultados del ECC motivan decisiones clínicas en un porcentaje elevado de casos. El ECC debería ser accesible a todos los médicos de familia.

S22234566

La evolución funcional, la mortalidad y la tasa de APVP son diferentes por género. La incidencia de un nuevo episodio cardiovascular es un factor pronóstico independiente de la supervivencia.

S21782291

Los síntomas en medicina de familia no son señales de enfermedad, sino «de vida»; en la consulta «entra, junto al paciente, toda su vida». Cada consulta es primariamente un problema biopsicosocial: el individuo en relación con su Yo y su contexto percibe una disfunción o alteración. Fundamental la valoración en la sola molestia física expuesta por el paciente puede ser un error al no haber identificado el problema real. Las distintas tipologías posibles de los síntomas están «enmarañadas» o encadenadas unas con otras: los síntomas pueden ser apropiados o inevitables; ser expresiones de alteraciones bioquímicas, símbolos para el paciente, expresiones del contexto grupal, o modos de afrontar una situación; y dependen del funcionamiento psicológico previo del paciente, la severidad del déficit de la

función psicológica asociada a la enfermedad, las habilidades residuales, la adaptación y el afrontamiento de las limitaciones funcionales, la relación médico-paciente, así como de la influencia del contexto.

S21924797

La prevalencia de polimedicación en mayores de 65 años es cercana al 50%, con amplia variabilidad entre centros. El consumo promedio de medicamentos por paciente es de 8 y la gran mayoría son pacientes en riesgo vascular alto.

BRITISH MEDICAL JOURNAL

S22531797

Use of angiotensin receptor blockers was not associated with an increased risk of cancer overall. Observed increased risks for breast and prostate cancer were small in absolute terms, and the lack of association with duration of treatment meant that non-causal explanations could not be excluded.

S22517929

There was no evidence or even a trend towards improved all cause mortality or cardiovascular mortality with metformin and insulin, compared with insulin alone in type 2 diabetes. Data were limited by the severe lack of data reported by trials for patient relevant outcomes and by poor bias control.

S22422871

Lowering the diagnostic threshold to the 99th centile and accepting greater assay imprecision would identify more patients with acute coronary syndrome at risk of recurrent myocardial infarction and death but would increase the diagnosis of myocardial infarction by 47%. It remains to be established whether reclassification of these patients and treatment for myocardial infarction would improve outcome.

S22433975

Differences in systolic blood pressure between arms can predict an increased risk of cardiovascular events and all cause mortality over 10 years in people with hypertension. This difference could be a valuable indicator of increased cardiovascular risk. Bilateral blood pressure measurements should become a routine part of cardiovascular assessment in primary care.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S22331961

Physicians who choose either mild or deep sedation appear to be guided by the same objective of delivering sedation in proportion to the relief of refractory symptoms, as well as other needs of patients and their families. This suggests that proportionality should be seen as a multidimensional notion that can result in different approaches toward the depth of sedation.

S22431901

Data from this randomized controlled trial support the hypothesis that statin treatment may modestly reduce the incidence of pneumonia

DIABETES CARE

S22338098

The clustering of IR, overweight/obesity, and fatty liver is common and markedly increases the odds of developing type 2 diabetes, but these factors also have effects independently of each other and of confounding factors. The data suggest that treatment for each factor is needed to decrease risk of type 2 diabetes.

S22344609

The results from this study indicate a similar or improved control of glycemia, lipids, and BP in patients with type 2 diabetes when compared with previous studies performed in Spain and elsewhere.

S22442398

Accumulated evidence generated from this meta-analysis does not support an overall inverse association of fish or fish oil intake with incidence of diabetes. The null association was modified by study location (Eastern vs. Western countries), which may reflect the possible difference between Eastern and Western dietary patterns. Further studies are warranted.

S22442397

Results from this meta-analysis indicate differences between geographical regions in observed associations of fish consumption and dietary intake of long-chain n-3 fatty acids with risk of type 2 diabetes. In consideration of the heterogeneous results, the relationship warrants further investigation. Meanwhile, current public health recommendations on fish consumption should be upheld unchanged.

S22338109

We demonstrate that a single risk stratification tool can identify people at high risk for future CVD, type 2 diabetes, and/or CKD. The present risk-assessment tool can be used for referring the highest risk individuals to health care for further (multivariable) risk assessment and may as such serve as an important part of prevention programs targeting chronic cardiometabolic disease.

S22357185

After 84 weeks, patients treated with EQW continued to experience better glycemic control with sustained overall weight loss and a lower risk of hypoglycemia than patients treated with IG.

S22344613

Resistance training, similarly to aerobic training, improves metabolic features and insulin sensitivity and reduces abdominal fat in type 2 diabetic patients. Changes after training in VO_{2peak} and truncal fat may be primary determinants of exercise-induced metabolic improvement.

S22442395

Over 10 years, from a payer perspective, lifestyle was cost-effective and metformin was marginally cost-saving compared with placebo. Investment in lifestyle and metformin interventions for diabetes prevention in high-risk adults provides good value for the money spent.

S22271926

The prevalence of IGT is high among obese children and youth. Current screening criteria have low sensitivity to detect isolated IGT. Although adding nonfasting laboratory values to history and physical measures does not improve diagnostic accuracy, adding fasting lipid profile improves predictive value.

DRUGS

S22512364

Cardiovascular disease (CVD) remains the leading cause of death and morbidity in the world. The origins of atherosclerosis and subsequent CVD begin in childhood. In order to prevent CVD, children and adolescents at high risk for premature atherosclerosis should be identified and treated as early as possible. Hypercholesterolaemia is a major risk factor for atherosclerosis. Childhood hypercholesterolaemia can be either primary, due to hereditary disorders such as familial hypercholesterolaemia (FH) and familial combined hyperlipidaemia (FCHL), or secondary due to obesity, diabetes mellitus or nephrotic syndrome. Current guidelines suggest screening for hypercholesterolaemia between the ages of 2 and 10 years. Treatment strategies include lifestyle interventions involving dietary changes and increased physical activity. If these interventions are insufficient in lowering serum low-density lipoprotein cholesterol (LDL-C) levels, pharmacological therapy should be considered from the age of 8 years. Currently, statins are the preferred initial pharmacological therapy and have proven to be both efficient and well tolerated. However, long-term data on safety, and regular monitoring of those patients treated with statins, are still required, because in children with primary hypercholesterolaemia, treatment should be continued for life.

S22480339

The seven identified publications included in this review indicate that treatment with CElS or memantine seems to be reasonable in terms of clinical effects and costs for patients with AD. Depending on different hypotheses, assumptions and variables (e.g. time horizon, discount rates, initial number of patients in different states, etc.) in the sensitivity analyses, treatment with these drugs seems to be primarily a cost-effective strategy or even a cost-saving strategy. Nevertheless, the results generally are associated with a degree of uncertainty. The comparability of the results from the different economic evaluations is limited because of the different assumptions made.

S22512363

This article provides an overview and discussion of the collective maternal, fetal and neonatal outcome research on women maintained on methadone or buprenorphine during pregnancy. Its focus is on an assessment of the comparative effectiveness of methadone and buprenorphine pharmacotherapy, with particular attention given to recent findings from the literature. Recommendations for clinical practice are outlined, and directions for future research are presented. Findings from comparative studies of methadone and buprenorphine underscore the efficacy of both medications in preventing relapse to illicit opioid use in the treatment of opioid-dependent pregnant patients, as well as the simplicity of induction onto methadone and patient retention while receiving such therapy. Fetal monitoring suggests that buprenorphine results in less fetal cardiac and movement suppression than does methadone. The clinical implications of these findings need future exploration. For the neonate, evidence from studies using a wide range of designs, including retrospective chart reviews, prospective observational studies, and randomized clinical trials, show consistent results, with prenatal exposure to buprenorphine resulting in less severe neonatal abstinence syndrome relative to methadone. Any medication given to pregnant women should be prescribed only after considering the risk-benefit ratio for the maternal-fetal dyad. Medication choices for each opioid-dependent patient during pregnancy need to be made on a patient-by-patient basis, taking into consideration the patient's opioid dependence history, previous and current treatment experiences, medical circumstances and treatment preferences. Moreover, for a full remission of opioid addiction to be

sustainable, both post-partum and across the lifespan, treatment providers must not rely solely on medication to treat their patients but should also utilize women-specific comprehensive treatment models that address the underlying multifaceted complexities of their patient's lives.

S22480340

Cardiovascular diseases are the leading cause of mortality in industrialized countries. Treatment with statins is effective in primary prevention in patients at high cardiovascular risk. Statins are inhibitors of hydroxymethylglutaryl-coenzyme A (HMG-CoA) reductase and are classed as lipid-lowering drugs. In 2010, atorvastatin was the biggest-selling drug in the world (\$US10.73?billion). Increases in the average age of pregnant women and in the prevalence of morbid obesity have inevitably led to exposure to statins in certain women during the first trimester of pregnancy. The teratogenic risk attendant upon use of statins is unclear because the available data are contradictory, but statins remain contraindicated in pregnant women. The benefits of statins in prevention of cardiovascular risk may not be solely due to their cholesterol-lowering effects: the so-called pleiotropic effects of vascular protection lead some experts to posit a potential benefit in the management of preeclampsia. In this review we evaluate the theoretical benefits and supposed risks of statins in pregnant women. After a brief overview of the pharmacodynamic properties of statins, we address the question of the teratogenic risk of statins, and then detail the rationale for the therapeutic potential of statins in preeclampsia.

EUROPEAN HEART JOURNAL

S22044927

Sensitive cTn assays have high-diagnostic accuracy also in CAD patients. Mild elevations are common in non-AMI patients and test-specific optimal cut-off levels tend to be higher in CAD patients than in patients without history of CAD. Sensitive cTn assays also retain prognostic value

FAMILY MEDICINE

S22481154

Order completion errors were common in this sample of community-dwelling older adults, with non-system-based errors for prescriptions, imaging studies or screening procedures, and specialist referrals occurring more frequently than system-based errors, particularly among females. Providers should not assume that patients will complete orders as intended; rather, longitudinal management requires regular patient follow-up and review to ensure order completion.

S22481152

Poor self-reported tolerance of uncertainty among medical students is associated with considering a GP's work too challenging.

MEDICINA CLINICA

S22118975

Una cuarta parte de los pacientes hospitalizados por EPOC en los servicios de Medicina Interna tienen más de 80 años. Aunque presentan menor obstrucción, tienen un grado de disnea similar, mayor comorbilidad cardiaca y su tratamiento se ajusta menos a las recomendaciones de las guías.

S21612803

El estado de fragilidad se asocia independientemente con mortalidad, hospitalizaciones y disfuncionalidad en actividades básicas de la vida diaria en los siguientes dos años en población mexicana.

S22036458

La IT y el CT tienen un papel importante en la no consecución de los objetivos de control en los pacientes diabéticos, especialmente en la PA y los lípidos. El CT no se relaciona con la IT.

S22118974

Se constata el deterioro del control glucémico con la evolución de la enfermedad y la complejidad del proceso y del tratamiento, lo que en parte puede estar relacionado con la inadecuada selección e intensificación del tratamiento.

S22054852

Se ha realizado la primera traducción y adaptación al castellano del cuestionario de calidad de vida QSQ. La traducción tiene una dificultad mínima y su equivalencia conceptual es prácticamente completa.

S22041572

Una vez valorada psicométricamente, esta escala podría ser un instrumento útil para detectar DCL en población española, solventando aquellas necesidades no cubiertas por el MMSE.

S21939990

Los resultados de nuestro estudio muestran que el FINDRISC puede ser una herramienta útil para detectar sujetos con alto riesgo de diabetes en esta población.

S21703643

La deficiencia de vitamina D, definida como valores de 25-hidroxivitamina D < 20-30 ng/ml, es un problema prevalente en la población general. Además de relacionarse clásicamente con la enfermedad musculoesquelética, el déficit de vitamina D se ha relacionado con enfermedades autoinmunes, cáncer, enfermedades metabólicas y enfermedades cardiovasculares. La hipertensión arterial, como principal factor de riesgo cardiovascular, también se ha relacionado con el déficit de vitamina D, llevando a converger dos grandes problemas de salud prevalentes en la población mundial. Por tanto, este artículo revisa aquellos estudios más importantes que vinculan ambas patologías, los mecanismos descritos que las relacionan y la evidencia actual acerca del efecto que la suplementación de vitamina D podría tener sobre la hipertensión arterial.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S22336107

El estudio de Cordero et al¹ reitera la asociación inversa entre concentraciones de HDL y RCV y a la vez muestra la amplia incidencia de concentraciones bajas de HDL en una población española. Asimismo, nos sirve de una llamada de atención sobre la necesidad de tratar el RCV de una manera integral, con el uso de estatinas para reducir las concentraciones elevadas de cLDL y prestar atención a las concentraciones de cHDL. A pesar de los resultados aparentemente contradictorios de los estudios ACCORD y AIM-HIGH, no podemos olvidar las evidencias de los estudios epidemiológicos y de intervención sobre la relación inversa entre RCV y concentraciones de cHDL. Además, hay que estar muy atentos a los prometedores resultados con los nuevos fármacos inhibidores de la proteína de transferencia de ésteres de colesterol.

THORAX

S21502098

Over the past few years there have been an increasing number of research articles published in Thorax on respiratory tract infections (including tuberculosis) affecting children and adults. Although these articles cover a wide variety of areas, several broad themes can be discerned. These include greater interest in viral respiratory infections (partially stimulated by the recent influenza A pandemic), improved characterisation of who is at risk of community-acquired pneumonia and mycobacterial infection, research into better diagnostics and attempts to develop new or improved scoring scales for a range of respiratory infection syndromes. There have also been a limited number of articles on how to manage patients with respiratory infection, including describing the efficacy of prevention by vaccination. Overall, there has been a discernible emphasis on transferring advances in clinical science to actual clinical practice, with several papers using molecular methodologies or measuring levels of cytokines or other potential biomarkers to improve diagnostic accuracy in patients with lung infection. There have also been manuscripts linking specific pathogen genotypes to infection phenotype, an area that is likely to be increasingly important in explaining some of the variations in severity between patients with respiratory infection. However, many questions remain on the optimum strategies for the management and prevention of pneumonia, bronchiectasis and tuberculosis, and there remains a strong need for further clinical research in order to make substantial improvements in the management of patients with lung infection.

S22286927

CT screening for lung cancer brings forward early disease, and at this point no stage shift or reduction in mortality was observed. More lung cancers were diagnosed in the screening group, indicating some degree of overdiagnosis and need for longer follow-up.

S21515554

Concerns about the safety of long-acting β_2 -agonist (LABA) therapy, has led to the appearance of multiple publications and recommendations. This review critically examines the available clinical evidence and safety requirements for LABA use. On the basis of nearly 20 systematic reviews and databases, the authors conclude that LABA monotherapy significantly increases the risk of asthma-related adverse effects. We also conclude that the use of LABAs concomitantly with inhaled corticosteroids (ICS) significantly reduces asthma hospitalisations and is not associated with life-threatening events and asthma-related deaths, especially when concurrent use of LABAs and ICS can be reasonably assured (use of a single inhaler device). An appropriate clinical study would require an extremely large sample, making it impractical. Finally, some of the new US Food and Drug Administration (FDA) recommendations have caused confusion and do not appear to be fully evidence based. Although limited by low statistical power, the evidence supports the use of LABAs plus ICS in a single inhaler device (to increase adherence and reduce the potential use of LABA monotherapy) for all patients (not only children) with moderate to severe asthma.

JAMA

S22496264

Major and minor ECG abnormalities among older adults were associated with an increased risk of CHD events. Depending on the model, adding ECG abnormalities was associated with improved risk prediction beyond traditional risk factors.

NEJM

S22475592

This immune-correlates study generated the hypotheses that V1V2 antibodies may have contributed to protection against HIV-1 infection, whereas high levels of Env-specific IgA antibodies may have mitigated the effects of protective antibodies. Vaccines that are designed to induce higher levels of V1V2 antibodies and lower levels of Env-specific IgA antibodies than are induced by the RV144 vaccine may have improved efficacy against HIV-1 infection.

S22455751

We found no evidence that the largest hospital-based pay-for-performance program led to a decrease in 30-day mortality. Expectations of improved outcomes for programs modeled after Premier HQID should therefore remain modest.

S22449293

A fixed-dose regimen of rivaroxaban alone was noninferior to standard therapy for the initial and long-term treatment of pulmonary embolism and had a potentially improved benefit-risk profile.

CIRCULATION

S22394567

VTE risk increases with increasing BMI and the associated excess risk is much greater after surgery than without surgery.

S22412070

Consumption of sugar-sweetened beverages was associated with increased risk of CHD and some adverse changes in lipids, inflammatory factors, and leptin. Artificially sweetened beverage intake was not associated with CHD risk or biomarkers.

S22461416

Determinants of residual risk in statin-treated secondary prevention patients included lipid-related and nonlipid factors such as baseline apolipoproteins, increased body mass index, smoking, hypertension, and diabetes mellitus. A multifaceted prevention approach should be underscored to address this risk.

FAMILY PRACTICE

S21976660

The rapid referral pathway reduced waiting time to colonoscopy and overall waiting time to final treatment and appears to be an effective strategy for diagnosing CRC in its early stages.

S21926052

Individual DAQ items appear to measure key aspects of clinicians' attitudes to depression, and item responses indicate important differences between professions and geographical settings as well as changes over time. There are problems with the DAQ as a scale: its internal consistency is weak, and several items appear specific to particular professions or service structures, indicating that this questionnaire should be revised.

S21885568

Treatment and management of patients with MUS should make provision for a personalized approach to the patient within the Polish primary health care system. This can be enhanced by providing additional training in the biopsychosocial model during medical education and establishing a GP multidisciplinary team. Allocating increased financial resources for primary health care and facilitating access to psychologists and psychotherapists could also prove beneficial.

S21980004

Most patients with acute cough (>90%) recover within 3 weeks. A prediction rule containing four clinical items had predictive value for the risk of prolonged illness, but given its imprecision, appeared to have little clinical utility. Patients should be reassured that they are most likely to recover within three weeks and advised to re-consult if their symptoms persist beyond that period.

S21982810

Seeking care for any condition is not static but a process particularly for long-term conditions such as CMP. This may need to be taken into account by both CMP patients and their treating health professionals, in that both should not assume that their views about causation and treatment are static and that instead they should be revisited on a regular basis. Adopting a shared decision-making approach to treatment may be useful particularly for long-term conditions; however, in some cases, this may be easier said than done due to both patients' and health professionals' sometimes discomfort with adopting such an approach. Training and support for both health professionals and patients may be helpful in facilitating a shared decision-making approach.

GACETA SANITARIA

S22115543

Las evidencias aportadas por los estudios sobre los determinantes sociales de la salud modifican la relación entre la ética y la medicina, entre lo normativo y lo descriptivo en el estudio de la salud pública. También modifican la concepción tradicional de la equidad, las políticas sanitarias necesarias y el futuro de la bioética. Más concretamente: 1) la frontera entre la medicina y la ética se vuelve mucho más difusa, sobre todo en el campo de la epidemiología, cuyos objetivos son ahora inseparables de consideraciones éticas; 2) la concepción de la equidad en salud definida tradicionalmente a partir del acceso al sistema sanitario debe corregirse o ampliarse para incorporar las desigualdades injustas de salud que se producen antes de que los enfermos lleguen al sistema sanitario; y 3) el tradicional sesgo autonomista de la bioética debe sustituirse por una preocupación prioritaria por la justicia social y su relación con la salud.

S22000865

La prevalencia de tabaquismo en las mujeres embarazadas es mayor entre las españolas que en las inmigrantes, aunque estas últimas están más expuestas en su entorno familiar y laboral al humo ambiental de tabaco. Hay diferencias socioculturales que deberían tenerse en cuenta al realizar intervenciones en mujeres en edad reproductiva.

S22088907

Ofrecer sistemáticamente la prueba del VIH en atención primaria aumenta de manera significativa su realización, y en raras ocasiones es rechazada por la población.

S22112713

En noviembre de 2008, a petición de la Dirección General de Salud Pública y Sanidad Exterior del Ministerio de Sanidad y Política Social, se constituyó la Comisión para Reducir las Desigualdades Sociales en Salud en España con el cometido de elaborar una propuesta de medidas de intervención para disminuir las desigualdades en salud. El objetivo de este artículo es exponer el trabajo realizado y los documentos elaborados por la Comisión. Los 18 profesionales que la formaban realizaron un análisis de situación sobre las desigualdades en salud y las políticas para reducirlas, revisaron documentos internacionales y consultaron a 56 expertos de distintos ámbitos para elaborar una propuesta de recomendaciones para disminuir las desigualdades en salud. En mayo de 2010, la Comisión presentó el documento «Avanzando hacia la equidad: Propuesta de políticas e intervenciones para reducir las desigualdades sociales en salud en España». En el documento se detallan 166 recomendaciones, divididas en 14 áreas y ordenadas por prioridad. Las recomendaciones evidencian que la reducción de las desigualdades sociales en salud no es posible sin un compromiso para impulsar la salud y la equidad en todas las políticas y para avanzar hacia una sociedad más justa.