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A LA MISMA HORA: ENSAYO DE 26 SEMANAS POR METAS TERAPÉUTICAS, ALEATORIZADO, DE GRUPO PARALELO SIN ENMASCARAR EN INDIVIDUOS CON DIABETES TIPO 2

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MACRÓLIDOS Y NEUMONÍA

ACADEMIC MEDICINE

S23425980

Deciding on a diagnosis and treatment is essential to the practice of medicine. Developing competence in these clinical reasoning processes, commonly referred to as diagnostic and therapeutic reasoning, respectively, is required for physician success. Clinical reasoning has been a topic of research for several decades, and much has been learned. However, there still exists no clear consensus regarding what clinical reasoning entails, let alone how it might best be taught, how it should be assessed, and the research and practice implications therein. In this article, the authors first discuss two contrasting epistemological views of clinical reasoning and related conceptual frameworks. They then outline four different theoretical frameworks held by medical educators that the authors believe guide educators' views on the topic, knowingly or not. Within each theoretical framework, the authors begin with a definition of clinical reasoning (from that viewpoint) and then discuss learning, assessment, and research implications. The authors believe these epistemologies and four theoretical frameworks also apply to other concepts (or "competencies") in medical education. The authors also maintain that clinical reasoning encompasses the mental processes and behaviors that are shared (or evolve) between the patient, physician, and the environment (i.e., practice setting). Clinical reasoning thus incorporates components of all three factors (patient, physician, environment). The authors conclude by outlining practical implications and potential future areas for research.

S23425984

Biostatistics—the application of statistics to understanding health and biology—provides powerful tools for developing research questions, designing studies, refining measurements, analyzing data, and interpreting findings. Biostatistics plays an important role in health-related research, yet biostatistics resources are often fragmented, ad hoc, or oversubscribed within academic health centers (AHCs). Given the increasing complexity and quantity of health-related data, the emphasis on accelerating clinical and translational science, and the importance of conducting reproducible research, the need for the thoughtful development of biostatistics resources within AHCs is growing. In this article, the authors identify strategies for developing biostatistics resources in three areas: (1) recruiting and retaining biostatisticians, (2) efficiently using biostatistics resources, and (3) improving biostatistical contributions to science. AHCs should consider these three domains in building strong biostatistics resources, which they can leverage to support a broad spectrum of research. For each of the three domains, the authors describe the advantages and disadvantages of AHCs creating centralized biostatistics units rather than dispersing such resources across clinical departments or other research units. They also address the challenges that biostatisticians face in contributing to research without sacrificing their individual professional growth or the trajectory of their research teams. The authors ultimately recommend that AHCs create centralized biostatistics units because this approach offers distinct advantages both to investigators who collaborate with biostatisticians as well as to the biostatisticians themselves, and it is better suited to accomplish the research and education missions of AHCs.

S23425979

Without a substantially accelerated growth in graduate medical education, the physician workforce will fall short of the nation's needs, and competition for available residency positions will radically increase.

ANNALS OF INTERNAL MEDICINE

S23588746

Use of CAD during screening mammography among Medicare enrollees is associated with increased DCIS incidence, the diagnosis of invasive breast cancer at earlier stages, and increased diagnostic testing among women without breast cancer.

S23588749

Medications reduced the incidence of invasive breast cancer and fractures and increased the incidence of thromboembolic events. Tamoxifen was more effective than raloxifene but also increased the incidence of endometrial cancer and cataracts. Use is limited by adverse effects and inaccurate methods to identify candidates.

S23588748

Accurate, externally validated models for predicting risk for kidney failure in patients with CKD are available and ready for clinical testing. Further development of models for cardiovascular events and all-cause mortality is needed.

S23588747

Abdominal CT images obtained for other reasons that include the lumbar spine can be used to identify patients with osteoporosis or normal BMD without additional radiation exposure or cost.

S23588745

Attention to patient needs and circumstances when planning care is associated with improved health care outcomes.

S23546565

In patients with 1 past calcium stone, increased fluid intake reduced recurrence risk. In patients with multiple past calcium stones, addition of thiazide, citrate, or allopurinol further reduced risk.

S23546564

Statin-related events are commonly reported and often lead to statin discontinuation. However, most patients who are rechallenged can tolerate statins long-term. This suggests that many of the statin-related events may have other causes, are tolerable, or may be specific to individual statins rather than the entire drug class.

ARCHIVOS DE BRONCONEUMOLOGIA

S23317766

El objetivo de este artículo es destacar la problemática que afecta al cribado del cáncer de pulmón con tomografía computarizada (TC) mediante un análisis exhaustivo de la literatura científica. La publicación del National Lung Screening Trial en 2011 ha indicado que el cribado con TC de fumadores y exfumadores en 3 rondas anuales reduce la mortalidad por cáncer de pulmón en un 20% cuando se compara con el cribado con radiografía de tórax. La primera limitación de esta modalidad de cribado es la falta de descenso en la estadificación en rondas sucesivas de cribado cuando se compara con la ronda inicial. El cribado de cáncer de pulmón con TC también tiene un bajo valor predictivo positivo, similar al porcentaje de cirugías innecesarias realizadas en los falsos positivos. Otro problema es que, actualmente, el sobrediagnóstico del cáncer de pulmón es desconocido. Podemos suponer que si existe sobrediagnóstico cuando la técnica de cribado es la radiografía de tórax, este será mayor cuando se utilice TC. La TC, incluso a dosis bajas, expone a los pacientes a niveles elevados de radiación. La detección de nódulos positivos implica una mayor exposición a radiación, y el número de casos de cáncer inducidos por radiación en los pacientes cribados con TC es desconocido. Por último, los estudios publicados sobre el cribado de cáncer de pulmón con TC son tremendamente heterogéneos. Incluyen diferentes grupos de edad, diferentes categorías de fumadores y exfumadores y diferentes grosores en los cortes de la TC, lo que convierte los resultados en difícilmente comparables. Con estos datos no recomendamos el cribado de cáncer de pulmón con TC de baja dosis para fumadores o exfumadores fuera del contexto de la recomendación individual.

ATENCION PRIMARIA

S23182318

Las infecciones odontogénicas representan el 10% de las prescripciones antibióticas. A pesar de la reconocida frecuencia e importancia de estas llama la atención la frecuente confusión entre profilaxis y tratamiento. La cavidad bucal forma un complejo ecosistema compuesto por más de 500 especies bacterianas. Es indispensable la anamnesis y exploración de cada infección y conocer los antecedentes que modifiquen nuestra conducta terapéutica y/o profiláctica.

Durante muchos años ha sido aceptado el uso de la profilaxis con antibióticos en pacientes con riesgo de endocarditis infecciosa. Actualmente sus indicaciones se están restringiendo y en muchas ocasiones los riesgos de tomar antibiótico preventivo son superiores a los beneficios.

Carecemos de estudios para conocer el antibiótico y la pauta mejor indicada. Hemos de basarnos en el documento de consenso español. Tampoco sabemos cómo influye el uso de antibióticos en las resistencias, no solo de la cepa patógena sino también en la flora habitual del paciente.

S23274059

Se destacan 5 tipos comportamentales de características peculiares y de interés para la clínica laboral: quemado (desgaste profesional), acosado, satisfecho laboral familiar, satisfecho laboral individual y sociable.

S23265845

Los desfibriladores externos semiautomáticos poseen una muy elevada especificidad y moderadamente alta sensibilidad. Los errores dependientes del operador han sido escasos. Los marcapasos implantados parecen interaccionar con el análisis de los dispositivos.

BRITISH MEDICAL JOURNAL

S23610376

Using cancer trial publications alone to assess risk of bias could be unreliable; thus, reviewers should be cautious about using them as a basis for trial inclusion, particularly for those trials assessed as unclear risk. Supplementary information from trialists should be sought to enable appropriate assessments and potentially reduce or overcome some risks of bias. Furthermore, guidance should ensure clarity on what constitutes risk of bias, particularly for the more subjective domains.

S23553971

Decisions on the frequency of remeasuring for cardiovascular risk should be made on the basis of baseline risk. Repeat risk estimation before 8-10 years is not warranted for most people initially not requiring treatment. However, remeasurement within a year seems warranted in those with an initial 15-20% risk.

S23618722

The cohort included 72 738 new users of oral antidiabetic drugs (8032 (11%) used sitagliptin; 7293 (91%) were taking it in combination with other agents) followed for a total of 182 409 patient years. The mean age was 52 (SD 9) years, 54% (39 573) were men, 11% (8111) had ischemic heart disease, and 9% (6378) had diabetes related complications at the time their first antidiabetic drug was prescribed. 14 215 (20%) patients met the combined endpoint. Sitagliptin users showed similar rates of all cause hospital admission or mortality to patients not using sitagliptin (adjusted hazard ratio 0.98, 95% confidence interval 0.91 to 1.06), including patients with a history of ischemic heart disease (adjusted hazard ratio 1.10, 0.94 to 1.28) and those with estimated glomerular filtration rate below 60 mL/min (1.11, 0.88 to 1.41).

S23529983

Eight studies were included (n=6521; 802 events; mean follow-up 5.18 years). The relative risk for all cause mortality or cardiovascular events, or both comparing a total coronary artery calcium score of ≥ 10 with a score of < 10 was 5.47 (95% confidence interval 2.59 to 11.53; $I(2)=82.4\%$, $P<0.001$). The overall sensitivity of a total coronary artery calcium score of ≥ 10 for this composite outcome was 94% (95% confidence interval 89% to 96%), with a specificity of 34% (24% to 44%). The positive and negative likelihood ratios were 1.41 (95% confidence interval 1.20 to 1.66) and 0.18 (0.10 to 0.30), respectively. For people with a coronary artery calcium score of < 10 , the post-test probability of the composite outcome was about 1.8%, representing a 6.8-fold reduction from the pretest probability. Four studies evaluated cardiovascular events as the outcome (n=1805; 351 events). The relative risk for cardiovascular events comparing a total coronary artery calcium score of ≥ 10 with a score of < 10 was 9.22 (2.73 to 31.07; $I(2)=76.7\%$, $P=0.005$). The positive and negative likelihood ratios were 1.67 (1.30 to 2.17) and 0.11 (0.04 to 0.29), respectively.

S23550046

A validated prediction model, including clinical signs, symptoms, and C reactive protein level, was useful for estimating the likelihood of pneumonia and other SBIs in children with fever, such as septicaemia/meningitis and urinary tract infections.

S23558162

A modest reduction in salt intake for four or more weeks causes significant and, from a population viewpoint, important falls in blood pressure in both hypertensive and normotensive individuals, irrespective of sex and ethnic group. Salt reduction is associated with a small physiological increase in plasma renin activity, aldosterone, and noradrenaline and no significant change in lipid concentrations. These results support a reduction in population salt intake, which will lower population blood pressure and thereby reduce cardiovascular disease. The observed significant association between the reduction in 24 hour urinary sodium and the fall in systolic blood pressure, indicates that larger reductions in salt intake will lead to larger falls in systolic blood pressure. The current recommendations to reduce salt intake from 9-12 to 5-6 g/day will have a major effect on blood pressure, but a further reduction to 3 g/day will have a greater effect and should become the long term target for population salt intake.

S23558163

High quality evidence in non-acutely ill adults shows that reduced sodium intake reduces blood pressure and has no adverse effect on blood lipids, catecholamine levels, or renal function, and moderate quality evidence in children shows that a reduction in sodium intake reduces blood pressure. Lower sodium intake is also associated with a reduced risk of stroke and fatal coronary heart disease in adults. The totality of evidence suggests that most people will likely benefit from reducing sodium intake.

S23616031

Treatment effect estimates differed within meta-analyses solely based on trial sample size, with stronger effect estimates seen in small to moderately sized trials than in the largest trials.

S23558164

High quality evidence shows that increased potassium intake reduces blood pressure in people with hypertension and has no adverse effect on blood lipid concentrations, catecholamine concentrations, or renal function in adults. Higher potassium intake was associated with a 24% lower risk of stroke (moderate quality evidence). These results suggest that increased potassium intake is potentially beneficial to most people without impaired renal handling of potassium for the prevention and control of elevated blood pressure and stroke.

S23613540

Most authors of Cochrane reviews who searched for unpublished data received useful information, primarily from trialists. Our response rate was low and the authors who did not respond were probably less likely to have searched for unpublished data. Manufacturers and regulatory agencies were uncommon sources of unpublished data.

S23571838

In relation to the Cuban experience in 1980-2010, there is an association at the population level between weight reduction and death from diabetes and cardiovascular disease; the opposite effect on the diabetes and cardiovascular burden was seen on population-wide weight gain.

S23568792

Overall, patients with rheumatoid arthritis who have not been treated with biological drugs are not at increased risk of invasive melanoma compared with the general population. Rheumatoid arthritis patients selected for TNF inhibitor treatment are not at increased overall risk for cancer but have a 50% increased relative risk of invasive melanoma. Given the small increase in absolute risk, these findings may not markedly shift the overall risk-benefit balance of TNF inhibitors as used in clinical practice but might do so in patients at high risk of melanoma for other reasons.

S23604083

In utero exposure to both SSRIs and non-selective monoamine reuptake inhibitors (tricyclic antidepressants) was associated with an increased risk of autism spectrum disorders, particularly without intellectual disability. Whether this association is causal or reflects the risk of autism with severe depression during pregnancy requires further research. However, assuming causality, antidepressant use during pregnancy is unlikely to have contributed significantly towards the dramatic increase in observed prevalence of autism spectrum disorders as it explained less than 1% of cases.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S23509128

The risk of cholecystectomy was increased among women exposed to oral estrogen menopausal hormone therapy, especially oral regimens without a progestagen. Complicated gallstone disease should be added to the list of potential adverse events to be considered when balancing the benefits and risks associated with menopausal hormone therapy.

S23439620

Within a universal health insurance system in which physician reimbursement is unaffected by patients' socioeconomic status, people presenting themselves as having high socioeconomic status received preferential access to primary care over those presenting themselves as having low socioeconomic status.

CIRCULATION

S23481623

The changing associations of metabolic risk factors with macroeconomic variables indicate that there will be a global pandemic of hyperglycemia and diabetes mellitus, together with high blood pressure in low-income countries, unless effective lifestyle and pharmacological interventions are implemented.

S23513066

Although increasing age predicts worsening outcomes in the elderly, the absolute rates are modest, even in nonagenarians, and comorbidity is a stronger predictor.

DIABETES CARE

S23468086

The estimated total economic cost of diagnosed diabetes in 2012 is \$245 billion, a 41% increase from our previous estimate of \$174 billion (in 2007 dollars). This estimate highlights the substantial burden that diabetes imposes on society. Additional components of societal burden omitted from our study include intangibles from pain and suffering, resources from care provided by nonpaid caregivers, and the burden associated with undiagnosed diabetes.

S23172975

The patterns identified suggest that targeting people with higher starting A1Cs, using it short-term (e.g., 2 weeks), and monitoring for worsening glycemia that might be the result of burnout may be the best approach to using RT-CGM in people with type 2 diabetes not taking prandial insulin.

S23340885

myo-Inositol supplementation in pregnant women with a family history of type 2 diabetes may reduce GDM incidence and the delivery of macrosomia fetuses.

S23340894

The use of extreme dosing intervals of 8-40 h demonstrates that the daily injection time of IDeg can be varied without compromising glycemic control or safety.

S23230098

Early menopause is associated with a greater risk of type 2 diabetes

S23139375

Patients categorized as normal weight or obese with T2DM within a year of diagnosis of T2DM exhibit variably higher mortality outcomes compared with the overweight group, confirming a U-shaped association of BMI with mortality. Whether weight loss interventions reduce mortality in all T2DM patients requires study.

S23230101

In T2DM, CAC predicts CVD mortality and meaningfully reclassifies participants, suggesting clinical utility as a risk stratification tool in a population already at increased CVD risk.

S23193216

This evidence that dietary fat increases glucose levels and insulin requirements highlights the limitations of the current carbohydrate-based approach to bolus dose calculation. These findings point to the need for alternative insulin dosing algorithms for higher-fat meals and suggest that dietary fat intake is an important nutritional consideration for glycemic control in individuals with type 1 diabetes.

DRUGS

S23529825

Oral lorcaserin (BELVIQ®), a selective serotonin 5-HT_{2C} receptor agonist, is indicated in the US as an adjunct to diet and exercise in the chronic weight management of obese adults, or overweight adults with at least one weight-related comorbidity (e.g. dyslipidaemia, hypertension, type 2 diabetes). This article reviews the pharmacological properties, therapeutic efficacy and tolerability of oral lorcaserin in this patient population. In three large randomized, double-blind, multicentre studies, oral lorcaserin was more effective than placebo in the management of obese and overweight adults with or without type 2 diabetes mellitus. Following 12 months' therapy, significantly higher proportions of lorcaserin than placebo recipients achieved a ≥ 5 and ≥ 10 % reduction from baseline in their bodyweight and a significant between-group difference favouring lorcaserin over placebo was observed for the change from baseline in bodyweight. Moreover, among patients who had achieved a ≥ 5 % reduction in their bodyweight after 12 months' therapy with lorcaserin, a significantly higher proportion who received lorcaserin for a further 12 months than those who switched to placebo maintained ≥ 5 % weight loss at 24 months. In general, oral lorcaserin was well tolerated in clinical studies, with hypoglycaemia and headache the most frequently reported adverse events in those with or without type 2 diabetes, respectively. According to a pooled analysis, the risk of US-FDA-defined valvulopathy with lorcaserin is generally low and not statistically significantly different from placebo. From these and other data, the FDA has concluded that lorcaserin is unlikely to elevate the risk of valvulopathy.

S23572407

A number of smoking cessation pharmacotherapies have led to increases in quitting and thus to significant benefits to public health. Among existing medications, nicotine replacement therapy (NRT) has been available the longest, has the largest literature base in support, and is the only option for over-the-counter access. While the short-term efficacy of NRT is well documented in clinical trials, long-term abstinence rates associated with using NRT are modest, as most smokers will relapse. This literature review examines emerging clinical strategies to improve NRT efficacy. After an initial overview of NRT and its FDA-approved indications for use, we review randomized trials in which clinical delivery of NRT was manipulated and tested, in an attempt to enhance efficacy, through (1) duration of use (pre-quit and extended use), (2) amount of use (high-dose and combination NRT), (3) tailoring to specific smoker groups (genotype and phenotype), or (4) use of NRT for novel purposes (relapse prevention, temporary abstinence, cessation induction). Outcomes vary within and across topic area, and we highlight areas that offer stronger promise. Combination NRT likely represents the most promising strategy moving forward; other clinical strategies offer conflicting evidence but deserve further testing (pre-quit NRT or tailored treatment) or offer potential utility but are in need of further, direct tests. Some areas, though based on a limited set of studies, do not offer great promise (high-dose and extended treatment NRT). We conclude with a brief discussion of emergent NRT products (e.g., oral nicotine spray, among others), which may ultimately offer greater efficacy than current formulations. In order to further lower the prevalence of smoking, novel strategies designed to optimize NRT efficacy are needed.

ENFERMEDADES INFECCIOSAS Y MICROBIOLOGIA CLINICA

S23411362

En los últimos años se está observando una reemergencia de la tos ferina en los países con amplias coberturas vacunales, con la aparición de brotes importantes. Este aumento de la incidencia tiene una distribución por edades bipolar: en los lactantes menores de 6 meses, que por su edad no han iniciado la vacunación o no han completado la primovacunación, y en los adolescentes y adultos por la disminución de su inmunidad, vacunal o natural, con el tiempo transcurrido desde la inmunización o el padecimiento de la enfermedad. Estos cambios epidemiológicos justifican la adopción de nuevas estrategias vacunales con la finalidad de proteger al lactante pequeño y disminuir la incidencia de la enfermedad en toda la población.

La vacunación del adolescente y del adulto debería ser prioritaria; en el primer caso solo supone cambiar la vacuna dT por la dTpa, con un coste adicional pequeño. La vacunación del adulto puede ser más difícil de implementar, pero de la misma forma que en muchos países se revacuna cada 10 años frente a la difteria y el tétanos (con la vacuna dT), debería hacerse también frente a la tos ferina (con la vacuna dTpa). La estrategia que puede tener un impacto más importante sobre la incidencia de la tos ferina en el lactante es la vacunación de las personas con quienes convive o va a convivir, lo que se conoce como estrategia del nido. Recientemente, en algunos países se

ha introducido también la vacunación de la embarazada, a partir de las 20 semanas de gestación, como la forma más efectiva para proteger al recién nacido.

EUROPEAN HEART JOURNAL

S23404536

In this Japanese population, SFAs intake was inversely associated with deep intraparenchymal haemorrhage and lacunar infarction and positively associated with myocardial infarction.

S23303660

Hypertension (HTN) is quantitatively the major cardiovascular risk factor and responsible for ~50% of cardiovascular morbidity and mortality. Blood pressure (BP) is also a classical complex genetic trait with heritability estimates of 30-50%. Although much is known about BP regulation, the intrinsic origin of essential HTN remains obscure although many environmental factors are known. Analyses of rare monogenic syndromes of HTN have focused attention on pathways that involve renal sodium handling, and steroid hormone metabolism including the mineralocorticoid receptor activity. The genetic basis of common essential HTN on the other hand is only just becoming accessible through high-throughput approaches. Unbiased genome-wide analyses of BP genomics have identified 43 genetic variants associated with systolic, diastolic BP, and HTN. It is highly likely based on current findings that there are hundreds of such loci with small effects on BP, opening a perspective on the genetic architecture of BP that was unknown before. It is our hope that the knowledge of these and further loci will lead to improved understanding of BP pathophysiology and to the identification of new targets for drug therapy.

S23321349

Atrial fibrillation was an independent risk factor of all-cause mortality in patients with incident AF. The concomitant diseases that contributed most were found outside the thromboembolic risk scores. The highest relative risk of mortality was seen in women and in the youngest patients compared with controls, and the differences between genders in each age category were statistically significant.

S23109644

Non-traditional risk factors substantially contribute to cardiovascular (CV) disease. A deranged calcium-phosphate metabolism-first identified as a major non-traditional CV risk factor in patients with chronic kidney disease-may be implicated in development and progression of CV disease even among individuals with intact renal function. This review thus summarizes epidemiological and experimental data on the role of calcium, phosphate, and its major regulating hormones-parathyroid hormone, calcitriol, and fibroblast growth factor 23-in CV medicine.

S23396493

PPCI with TB was associated with a similar flow area as well as stent area to PPCI without TB.

S23257945

Effective population-based interventions are required to reduce the global burden of cardiovascular disease (CVD). Reducing salt intake has emerged as a leading target, with many guidelines recommending sodium intakes of 2.3 g/day or lower. These guideline thresholds are based largely on clinical trials reporting a reduction in blood pressure with low, compared with moderate, intake. However, no large-scale randomized trials have been conducted to determine the effect of low sodium intake on CV events. Prospective cohort studies evaluating the association between sodium intake and CV outcomes have been inconsistent and a number of recent studies have reported an association between low sodium intake (in the range recommended by current guidelines) and an increased risk of CV death. In the largest of these studies, a J-shaped association between sodium intake and CV death and heart failure was found. Despite a large body of research in this area, there are divergent interpretations of these data, with some advocating a re-evaluation of the current guideline recommendations. In this article, we explore potential reasons for the differing interpretations of existing evidence on the association between sodium intake and CVD. Similar to other areas in prevention, the controversy is likely to remain unresolved until large-scale definitive randomized controlled trials are conducted to determine the effect of low sodium intake (compared to moderate intake) on CVD incidence.

S23234645

Our findings from a large population-based cohort highlight detrimental consequences of high adult BMI for lipids as most pronounced for those with a lower BMI at earlier life stages.

S23303661

The prediction of traditional risk factors (systolic blood pressure, total serum cholesterol, and smoking status) on short-term risk (0-10 years) and long-term risk (0-35 years) of CHD of stroke differs substantially. This indicates that the cumulative risk in middle-aged men based on these traditional risk factors can effectively be used to predict CHD but not stroke to the same extent.

S23257951

Decision making with regard to thromboprophylaxis should be based upon the absolute risks of stroke/thromboembolism and bleeding and the net clinical benefit for a given patient. As a consequence, a crucial part of atrial fibrillation (AF) management requires the appropriate use of thromboprophylaxis, and the assessment of stroke as well as bleeding risk can help inform management decisions by clinicians. The objective of this review article is to provide an overview of stroke and bleeding risk assessment in AF. There would be particular emphasis on when, how, and why to use these risk stratification schemes, with a specific focus on the CHADS2 [congestive heart failure, hypertension, age, diabetes, stroke (doubled)], CHA2DS2-VASc [congestive heart failure or left ventricular dysfunction, hypertension, age ≥75 (doubled), diabetes, stroke (doubled)-vascular disease, age 65-74

and sex category (female)], and HAS-BLED [hypertension (i.e. uncontrolled blood pressure), abnormal renal/liver function, stroke, bleeding history or predisposition, labile INR (if on warfarin), elderly (e.g. age >65, frail condition), drugs (e.g. aspirin, NSAIDs)/alcohol concomitantly] risk scores.

FAMILY MEDICINE

S23553091

Despite having a robust EHR, we encountered significant challenges finding documentation of depression care, which also made it difficult to track and evaluate the implementation of evidence-based treatment. Clinical documentation in the EHR needs to be simplified and standardized if data extraction and exporting processes of clinician performance data are to become efficient and routine practice.

S23553088

Sexual health is important to the quality of life of aging and older women. Providers can incorporate some of the behaviors identified as enhancing of communication self efficacy so that this important health topic is covered in the clinical encounter

S23553085

Family medicine needs to enhance its scholarly contributions. The discipline is beginning to do so by developing virtuous cycles in which scholarship, education, and clinical care in the patient centered medical home are mutually reinforcing.

S23553089

Academic family physicians acknowledge their lack of knowledge about genetic tests. Educational initiatives may be useful in helping them incorporate genetic testing into practice and in teaching these skills to medical students and residents.

S23553087

Most family medicine training programs want to train their residents in performing EST, but only 36% are doing so. Specifically addressing the barriers to this training will be key to more widespread use of this important test in family medicine settings.

FAMILY PRACTICE

S22964078

While only statistically near significant, we found some indications of an effect of the intervention compared with usual care. Our results underscore the need for improving GPs' clinical skills in identifying patients with CG.

S23045354

The number of prescribed drugs is the most powerful measure for predicting future consultations and the second most powerful measure for predicting mortality. It may have potential as a simple proxy measure of multimorbidity in primary care.

S23148121

This study provides the first evidence concerning primary care in Austria, benchmarking it as weak and in need of development. The practicable application of an existing assessment tool can be encouraging for other countries to generate evidence about their primary care system as well.

S22997223

A participatory P4P program might stimulate quality improvement in clinical care and improve patient experiences with GP's functioning and the organization of care.

S23097250

12.4% of GP patients presented with WSC. A general symptom may have cancer diagnostic value, but usually, only when it occurs along with a focal symptom. PPV of any single symptom is low, and decisions about referral require additional information.

S23042439

Self-care for back pain is contextualized by the individual's capacity to self-care and preferences for support. Doubt over the ability of GPs to provide support for self-care may mean that those who have specific needs are reticent to seek help. The role of self-care in the management of back pain should be discussed openly at the consultation level, and GPs may be well placed to signpost patients and provide guidance on the safety of specific self-care activities.

S22990026

The program resulted in perceived changes to relationships, teamwork and morale. Addressing issues of leadership, role clarity, empowerment, flattening of hierarchy and teamwork may go a long way in establishing and maintaining a quality culture.

S23024372

This desire of general practice patients for social distance from fellow patients with mental illness may have implications for both the GPs with a particular interest in mental disorders and the care-seeking and access to care of patients with mental illness.

GASTROENTEROLOGIA Y HEPATOLOGIA

S23522394

La pancreatitis aguda por hipertrigliceridemia es la tercera causa de pancreatitis aguda en la población occidental. Normalmente hay una alteración subyacente del metabolismo lipídico, sobre la que actúa un factor secundario. La presentación clínica es similar a la de las pancreatitis agudas de otras etiologías, aunque su curso parece ser más tórpido y recurrente. Para su diagnóstico hay que saber que algunos parámetros de la analítica pueden estar artefactados, lo que puede conducir a un fallo en el diagnóstico. Tal es el caso de la amilasa, que puede estar falsamente descendida. El tratamiento se basa en sueroterapia intensa y analgesia. Cuando no responde al tratamiento conservador, deben utilizarse otros métodos para disminuir el nivel de triglicéridos. Para ello disponemos de la plasmaféresis, la insulina y la heparina. Este artículo pretende mostrar una revisión de la literatura actual sobre esta patología.

GUT

S22698649

Population-based eradication of *H pylori* infection has led to a significant reduction in gastric atrophy at the expense of increased oesophagitis. The ultimate benefit in reducing gastric cancer incidence and its mortality should be validated by a further long-term follow-up.

S22773548

Use of metformin is associated with a decreased risk of HCC in diabetic patients in a dose-dependent manner, via inhibition of hepatoma cells proliferation and induction of cell cycle arrest at G0/G1 phase.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S23613077

Transvaginal sonography is the single best diagnostic modality for evaluating women with suspected ectopic pregnancy. The presence of abdominal pain or vaginal bleeding during early pregnancy should prompt a transvaginal sonogram and quantitative serum hCG testing.

S23549581

Among patients with painful chemotherapy-induced peripheral neuropathy, the use of duloxetine compared with placebo for 5 weeks resulted in a greater reduction in pain.

S23549586

CLINICAL QUESTION: Which types of interventions reduce falls in older people living in the community? BOTTOM LINE: Fall-prevention exercise programs, usually including muscle strengthening and balance retraining, were associated with lower fall rates in community-dwelling older people whether or not individuals were selected on the basis of fall risk. Home safety interventions, vitamin D supplementation in people with lower vitamin D levels, and individually targeted multifactorial interventions were associated with fewer falls in community-dwelling people with risk factors for falling.

S23592105

The presence of migraine in children and adolescents aged 6 to 18 years was associated with a history of infantile colic. Additional longitudinal studies are required.

S23549585

HIV is no longer a fatal disease. Management of multiple comorbid diseases is a common feature associated with longer life expectancy in HIV-positive patients. There is a need to better understand how to optimize the care of these patients.

S23571590

Advances in understanding the molecular basis of rare and common disorders, as well as in the technology of DNA analysis, are rapidly changing the landscape of molecular genetic and genomic testing. High-resolution molecular cytogenetic analysis can now detect deletions or duplications of DNA of a few hundred thousand nucleotides, well below the resolution of the light microscope. Diagnostic testing for "single-gene" disorders can be done by targeted analysis for specific mutations, by sequencing a specific gene to scan for mutations, or by analyzing multiple genes in which mutation may lead to a similar phenotype. The advent of massively parallel next-generation sequencing facilitates the analysis of multiple genes and now is being used to sequence the coding regions of the genome (the exome) for clinical testing. Exome sequencing requires bioinformatic analysis of the thousands of variants that are identified to find one that is contributing to the pathology; there is also a possibility of incidental identification of other medically significant variants, which may complicate genetic counseling. DNA testing can also be used to identify variants that influence drug metabolism or interaction of a drug with its cellular target, allowing customization of choice of drug and dosage. Exome and genome sequencing are being applied to identify specific gene changes in cancer cells to guide therapy, to identify inherited cancer risk, and to estimate prognosis. Genomic testing may be used to identify risk factors for common disorders, although the clinical utility of such testing is unclear. Genetic and genomic tests may raise new ethical, legal, and social issues, some of which may be addressed by existing genetic nondiscrimination legislation, but which also must be addressed in the course of genetic counseling. The purpose of this article is to assist physicians in recognizing where new approaches to genetic and genomic testing may be applied clinically and in being aware of the principles of interpretation of test results.

S23613074

Maternal use of valproate during pregnancy was associated with a significantly increased risk of autism spectrum disorder and childhood autism in the offspring, even after adjusting for maternal epilepsy. For women of childbearing potential who use antiepileptic medications, these findings must be balanced against the treatment benefits for women who require valproate for epilepsy control.

April 14, 2013, marks the 10-year anniversary of the official completion of the entire Human Genome Project.¹ This genomics theme issue celebrates recent remarkable advances made possible by one of the greatest biological research projects ever conducted. During the last decade, understanding the complexity of the genome has moved beyond infancy into early childhood, a precarious age of exploration filled with an increasing number of triumphs and the occasional mishap. For the field of genomics, this developmental period has been marked by rapid advances in technologies for dissecting genome function in health and disease. Perhaps most surprisingly, the cost of sequencing the genome has decreased by 5 orders of magnitude through roughly the last 10 years,² a pace that has exceeded expectations. Many types of basic and clinical studies that would have been unthinkably expensive a decade ago are now quite achievable and proceeding quickly. Reflected in the 2011 strategic vision document authored by the National Human Genome Research Institute is an increasing and welcome trend toward rationally exploring how genomic discoveries affect health

S23632722

Among healthy, term, breastfed infants, only a vitamin D supplement dosage of 1600 IU/d (but not dosages of 400, 800, or 1200 IU/d) increased plasma 25(OH)D concentration to 75 nmol/L or greater in 97.5% of infants at 3 months. However, this dosage increased 25(OH)D concentrations to levels that have been associated with hypercalcemia.

S23592106

Among a sample of patients with a CHD or stroke event from countries with varying income levels, the prevalence of healthy lifestyle behaviors was low, with even lower levels in poorer countries.

S23538438

More than a million hospitalizations for heart failure (HHF) occur annually in the United States, with mortality and readmission rates up to 50% within 60 to 90 days after discharge. The annual costs for HF care exceed \$40 billion, with the majority spent on HHF. Hospital reimbursement is now tied to 30-day readmission rates among patients with HF.¹ Most HHF patients have worsening chronic HF and are receiving recommended therapies. Despite improved signs or symptoms by discharge, postdischarge event rates remain high. About half of the HHF patients have preserved left ventricular ejection fraction for which there is no evidence-based treatment.

S23632723

Among girls who received 2 doses of HPV vaccine 6 months apart, responses to HPV-16 and HPV-18 one month after the last dose were noninferior to those among young women who received 3 doses of the vaccine within 6 months. Because of the loss of noninferiority to some genotypes at 24 to 36 months in girls given 2 doses vs 3 doses, more data on the duration of protection are needed before reduced-dose schedules can be recommended.

S23632725

Of children born extremely preterm and receiving active perinatal care, 73% had mild or no disability and neurodevelopmental outcome improved with each week of gestational age. These results are relevant for clinicians counseling families facing extremely preterm birth.

JAMA INTERNAL MEDICINE

S23440284

In this administrative database study of US adults with type 2 diabetes mellitus, treatment with the GLP-1-based therapies sitagliptin and exenatide was associated with increased odds of hospitalization for acute pancreatitis.

S23460396

On the basis of short-term RCTs that enrolled highly selected populations with long-term high-moderate to very severe symptoms, dopamine agonists and calcium channel alpha-2-delta ligands reduced RLS symptoms and improved sleep outcomes and disease-specific quality of life. Adverse effects and treatment withdrawals due to adverse effects were common.

S23529078

Selective reporting biases may be common in the evidence on emerging cardiovascular biomarkers. Most of the proposed associations of these biomarkers may be inflated.

S23478904

Although the absolute risk of complications is low, the use of anesthesia services for colonoscopy is associated with a somewhat higher frequency of complications, specifically, aspiration pneumonia. The differences may result in part from uncontrolled confounding, but they may also reflect the impairment of normal patient responses with the use of deep sedation.

JAMA PSYCHIATRY

S23426798

The effects of being bullied are direct, pleiotropic, and long-lasting, with the worst effects for those who are both victims and bullies.

MEDICINA CLINICA

S23339888

Parece que el QFT, solo o combinado con la PT, es un método seguro para el diagnóstico de la ILT y que su utilización contribuiría a una selección más específica de los individuos que necesitan un tratamiento preventivo.

S22595253

La determinación del IDB aporta información adicional a la determinación del ITB y puede ser una exploración muy útil en caso de calcificación arterial. El valor inferior o igual a 0,60 es el más adecuado para considerar un IDB patológico.

S22726769

El ICT resultó ser un buen marcador del sobrepeso y la obesidad en niños entre los 6 y 14 años. Los puntos de corte que identifican la obesidad son 0,51 en los varones y 0,50 en las niñas. Para el sobrepeso, oscilan entre 0,47 y 0,48 dependiendo del sexo y la variable tomada como criterio.

S22575556

El 51,6% eran mujeres y la media de edad era de 66,2 años. Se observó una prevalencia de ERC del 23,2%, con 108 casos (21,6%) en estadio 3 y 8 (1,6%) en estadio 4, sin ningún paciente en estadio 5. Un 70,4% eran hipertensos, un 67% tenían dislipidemia, el 17,6% eran fumadores y el 19% tenían antecedente de ECV (46% de ellos, cardiopatía isquémica). La presencia de ERC se relacionó con más edad, sexo femenino, creatinina plasmática elevada, presencia de microalbuminuria y antecedentes de tabaquismo activo, HTA, dislipidemia y ECV. Al analizar los datos según las categorías de ERC, desaparecía la relación significativa con el tabaquismo. En el análisis multivariado existía relación positiva con edad, sexo femenino, dislipidemia y cardiopatía isquémica.

S22498350

Se proporciona información por primera vez sobre la carga de enfermedad en la población valenciana. A este nivel local, el uso de los AVAD puede ayudar a monitorizar el estado de salud de la población y guiar los debates sobre el establecimiento de prioridades.

S23177309

Hasta en un 14% de los pacientes que presentan un síndrome coronario agudo (SCA) no se detectan obstrucciones coronarias. Frecuentemente el diagnóstico de la causa subyacente no se establece y existe controversia en cuanto al pronóstico. Los pacientes con SCA y coronarias normales o sin lesiones angiográficamente significativas son más frecuentemente mujeres, de edad joven y con menor incidencia de factores de riesgo cardiovascular (FRCV). Clásicamente el pronóstico ha sido excelente, aunque en los últimos años diferentes resultados demuestran una evolución no tan benigna. Esto podría explicarse por los diferentes grados de lesiones coronarias, la presentación clínica, la movilización de biomarcadores o los FRCV. Es necesario establecer la causa del SCA y estratificar el riesgo de estos pacientes para instaurar un tratamiento adecuado, especialmente en los casos de enfermedad coronaria no detectada por angiografía, donde la ausencia de tratamiento específico puede condicionar un peor pronóstico.

MORBIDITY AND MORTALITY WEEKLY REPORT

S23515099

Meningococcal disease describes the spectrum of infections caused by *Neisseria meningitidis*, including meningitis, bacteremia, and bacteremic pneumonia. Two quadrivalent meningococcal polysaccharide-protein conjugate vaccines that provide protection against meningococcal serogroups A, C, W, and Y (MenACWY-D [Menactra, manufactured by Sanofi Pasteur, Inc., Swiftwater, Pennsylvania] and MenACWY-CRM [Menveo, manufactured by Novartis Vaccines, Cambridge, Massachusetts]) are licensed in the United States for use among persons aged 2 through 55 years. MenACWY-D also is licensed for use among infants and toddlers aged 9 through 23 months. Quadrivalent meningococcal polysaccharide vaccine (MPSV4 [Menomune, manufactured by sanofi pasteur, Inc., Swiftwater, Pennsylvania]) is the only vaccine licensed for use among persons aged ≥ 56 years. A bivalent meningococcal polysaccharide protein conjugate vaccine that provides protection against meningococcal serogroups C and Y along with *Haemophilus influenzae* type b (Hib) (Hib-MenCY-TT [MenHibrix, manufactured by GlaxoSmithKline Biologicals, Rixensart, Belgium]) is licensed for use in children aged 6 weeks through 18 months. This report compiles and summarizes all recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) regarding prevention and control of meningococcal disease in the United States, specifically the changes in the recommendations published since 2005 (CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 2005;54 [No. RR-7]). As a comprehensive summary of previously published recommendations, this report does not contain any new recommendations; it is intended for use by clinicians as a resource. ACIP recommends routine vaccination with a quadrivalent meningococcal conjugate vaccine (MenACWY) for adolescents aged 11 or 12 years, with a booster dose at age 16 years. ACIP also recommends routine vaccination for persons at increased risk for meningococcal disease (i.e., persons who have persistent complement component deficiencies, persons who have anatomic or functional asplenia, microbiologists who routinely are exposed to isolates of *N. meningitidis*, military recruits, and persons who travel to or reside in areas in which meningococcal disease is hyperendemic or epidemic). Guidelines for antimicrobial chemoprophylaxis and for evaluation and management of suspected outbreaks of meningococcal disease also are provided.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S23375996

La prevalencia de sobrepeso y obesidad infantil y juvenil en España sigue siendo muy alta (cerca al 40%), pero no ha crecido en los últimos 12 años.

THE LANCET

S23541057

The ageing of European populations presents health, long-term care, and welfare systems with new challenges. Although reports of ageing as a fundamental threat to the welfare state seem exaggerated, societies have to embrace various policy options to improve the robustness of health, long-term care, and welfare systems in Europe and to help people to stay healthy and active in old age. These policy options include prevention and health promotion, better self-care, increased coordination of care, improved management of hospital admissions and discharges, improved systems of long-term care, and new work and pension arrangements. Ageing of the health workforce is another challenge, and policies will need to be pursued that meet the particular needs of older workers (ie, those aged 50 years or older) while recruiting young practitioners.

S23414650

Guidelines are needed to reduce the referral rate after CTC. For most patients, however, CTC provides a similarly sensitive, less invasive alternative to colonoscopy.

S23369797

Severe ALRI is a substantial burden on health services worldwide and a major cause of hospital referral and admission in young children. Improved hospital access and reduced inequities, such as those related to sex and rural status, could substantially decrease mortality related to such infection. Community-based management of severe disease could be an important complementary strategy to reduce pneumonia mortality and health inequities.

S23541056

Western European health systems are not keeping pace with changes in child health needs. Non-communicable diseases are increasingly common causes of childhood illness and death. Countries are responding to changing needs by adapting child health services in different ways and useful insights can be gained through comparison, especially because some have better outcomes, or have made more progress, than others. Although overall child health has improved throughout Europe, wide inequities remain. Health services and social and cultural determinants contribute to differences in health outcomes. Improvement of child health and reduction of suffering are achievable goals. Development of systems more responsive to evolving child health needs is likely to necessitate reconfiguring of health services as part of a whole-systems approach to improvement of health. Chronic care services and first-contact care systems are important aspects. The Swedish and Dutch experiences of development of integrated systems emphasise the importance of supportive policies backed by adequate funding. France, the UK, Italy, and Germany offer further insights into chronic care services in different health systems. First-contact care models and the outcomes they deliver are highly variable. Comparisons between systems are challenging. Important issues emerging include the organisation of first-contact models, professional training, arrangements for provision of out-of-hours services, and task-sharing between doctors and nurses. Flexible first-contact models in which child health professionals work closely together could offer a way to balance the need to provide expertise with ready access. Strategies to improve child health and health services in Europe necessitate a whole-systems approach in three interdependent systems-practice (chronic care models, first-contact care, competency standards for child health professionals), plans (child health indicator sets, reliable systems for capture and analysis of data, scale-up of child health research, anticipation of future child health needs), and policy (translation of high-level goals into actionable policies, open and transparent accountability structures, political commitment to delivery of improvements in child health and equity throughout Europe).

S23541059

The financial crisis in Europe has posed major threats and opportunities to health. We trace the origins of the economic crisis in Europe and the responses of governments, examine the effect on health systems, and review the effects of previous economic downturns on health to predict the likely consequences for the present. We then compare our predictions with available evidence for the effects of the crisis on health. Whereas immediate rises in suicides and falls in road traffic deaths were anticipated, other consequences, such as HIV outbreaks, were not, and are better understood as products of state retrenchment. Greece, Spain, and Portugal adopted strict fiscal austerity; their economies continue to recede and strain on their health-care systems is growing. Suicides and outbreaks of infectious diseases are becoming more common in these countries, and budget cuts have restricted access to health care. By contrast, Iceland rejected austerity through a popular vote, and the financial crisis seems to have had few or no discernible effects on health. Although there are many potentially confounding differences between countries, our analysis suggests that, although recessions pose risks to health, the interaction of fiscal austerity with economic shocks and weak social protection is what ultimately seems to escalate health and social crises in Europe. Policy decisions about how to respond to economic crises have pronounced and unintended effects on public health, yet public health voices have remained largely silent during the economic crisis.

S23582727

Diarrhoea and pneumonia are the leading infectious causes of childhood morbidity and mortality. We comprehensively reviewed the epidemiology of childhood diarrhoea and pneumonia in 2010-11 to inform the planning of integrated control programmes for both illnesses. We estimated that, in 2010, there were 1.731 billion episodes of diarrhoea (36 million of which progressed to severe episodes) and 120 million episodes of pneumonia (14 million of which progressed to severe episodes) in children younger than 5 years. We estimated that, in 2011, 700,000 episodes of diarrhoea and 1.3 million of pneumonia led to death. A high proportion of deaths occurs in the first 2 years of life in both diseases--72% for diarrhoea and 81% for pneumonia. The epidemiology of childhood diarrhoea and that of pneumonia overlap, which might be partly because of shared risk factors, such as undernutrition, suboptimum breastfeeding, and zinc deficiency. Rotavirus is the most common cause of vaccine-preventable severe diarrhoea (associated with 28% of cases), and *Streptococcus pneumoniae* (18.3%) of vaccine-preventable severe pneumonia. Morbidity and mortality from childhood pneumonia and diarrhoea are falling, but action is needed globally and at country level to accelerate the reduction.

S23541053

Europe, with its 53 countries and divided history, is a remarkable but inadequately exploited natural laboratory for studies of the effects of health policy. In this paper, the first in a Series about health in Europe, we review developments in population health in Europe, with a focus on trends in mortality, and draw attention to the main successes and failures of health policy in the past four decades. In western Europe, life expectancy has improved almost continuously, but progress has been erratic in eastern Europe, and, as a result, disparities in male life expectancy between the two areas are greater now than they were four decades ago. The falls in mortality noted in western Europe are associated with many different causes of death and show the combined effects of economic growth, improved health care, and successful health policies (eg, tobacco control, road traffic safety). Less favourable mortality trends in eastern Europe show economic and health-care problems and a failure to implement effective health policies. The political history of Europe has left deep divisions in the health of the population. Important health challenges remain in both western and eastern Europe and signify unresolved issues in health policy (eg, alcohol, food) and rising health inequalities within countries.

S23642700

Smoking is prevalent across Europe, but the severity and stage of the smoking epidemic, and policy responses to it, vary substantially between countries. Much progress is now being made in prohibition of paid-for advertising and in promotion of smoke-free policies, but mass media campaigns are widely underused, provision of services for smokers trying to quit is generally poor, and price policies are undermined by licit and illicit cheap supplies. Monitoring of prevalence is inadequate in many countries, as is investment in research and capacity to address this largest avoidable cause of death and disability across Europe. However, grounds for optimism are provided by progress in implementation of the WHO Framework Convention on Tobacco Control, and in the development of a new generation of nicotine-containing devices that could enable more widespread adoption of harm-reduction strategies. The effect of commercial vested interests has been and remains a major barrier to progress.

S23415013

Use of clopiogrel without aspirin was associated with a significant reduction in bleeding complications and no increase in the rate of thrombotic events.

S23642698

The USA has a rich history of public health efforts to reduce morbidity and mortality from tobacco use. Comprehensive tobacco-prevention programmes, when robustly implemented, reduce the prevalence of youth and adult smoking, decrease cigarette consumption, accelerate declines in tobacco-related deaths, and diminish health-care costs from tobacco-related diseases. Effective public health interventions include raising the price of tobacco products, smoke-free policies, counter-marketing campaigns, advertising restrictions, augmenting access to treatment for tobacco use through insurance coverage and telephone help lines, and comprehensive approaches to prevent children and adolescents from accessing tobacco products. The US Food and Drug Administration (FDA) has six major areas of regulatory authority: regulation of tobacco products; regulation of the advertising, marketing, and promotion of tobacco products; regulation of the distribution and sales of tobacco products; enforcement of the provisions of the Tobacco Control Act and tobacco regulations; regulatory science to support FDA authorities and activities; and public education about the harms of tobacco products and to support FDA regulatory actions. With passing of the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) in June, 2009, important new regulatory approaches were added to the tobacco prevention and control arsenal.

THE NEW ENGLAND JOURNAL OF MEDICINE

S23614587

Although there were improvements in risk-factor control and adherence to preventive practices from 1999 to 2010, tobacco use remained high, and almost half of U.S. adults with diabetes did not meet the recommended goals for diabetes care (Funded by Boehringer Ingelheim; ClinicalTrials.gov number, NCT00623623.).

S23473396

Prehospital fibrinolysis with timely coronary angiography resulted in effective reperfusion in patients with early STEMI who could not undergo primary PCI within 1 hour after the first medical contact. However, fibrinolysis was associated with a slightly increased risk of intracranial bleeding.

Our findings were statistically inconclusive. In patients with metastatic hormone-sensitive prostate cancer, the confidence interval for survival exceeded the upper boundary for noninferiority, suggesting that we cannot rule out a

20% greater risk of death with intermittent therapy than with continuous therapy, but too few events occurred to rule out significant inferiority of intermittent therapy. Intermittent therapy resulted in small improvements in quality of life. (Funded by the National Cancer Institute and others; ClinicalTrials.gov number, NCT00002651.).

S23635049

In patients with recurrent cellulitis of the leg, penicillin was effective in preventing subsequent attacks during prophylaxis, but the protective effect diminished progressively once drug therapy was stopped. (Funded by Action Medical Research; PATCH I Controlled-Trials.com number, ISRCTN34716921.)

S23550669

Our findings were statistically inconclusive. In patients with metastatic hormone-sensitive prostate cancer, the confidence interval for survival exceeded the upper boundary for noninferiority, suggesting that we cannot rule out a 20% greater risk of death with intermittent therapy than with continuous therapy, but too few events occurred to rule out significant inferiority of intermittent therapy. Intermittent therapy resulted in small improvements in quality of life. (Funded by the National Cancer Institute and others; ClinicalTrials.gov number, NCT00002651.).

S23550670

Dementia represents a substantial financial burden on society, one that is similar to the financial burden of heart disease and cancer. (Funded by the National Institute on Aging.).

S23432189

Among persons at high cardiovascular risk, a Mediterranean diet supplemented with extra-virgin olive oil or nuts reduced the incidence of major cardiovascular events. (Funded by the Spanish government's Instituto de Salud Carlos III and others; Controlled-Trials.com number, ISRCTN35739639.).

S23635050

Azithromycin use was not associated with an increased risk of death from cardiovascular causes in a general population of young and middle-aged adults. (Funded by the Danish Medical Research Council.).

S23506518

In the intention-to-treat analysis, we did not find significant differences between the study groups in functional improvement 6 months after randomization; however, 30% of the patients who were assigned to physical therapy alone underwent surgery within 6 months. (Funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases; METEOR ClinicalTrials.gov number, NCT00597012.).

THORAX

S23291349

Azithromycin did not reduce the rate of severe exacerbations and LRTI in patients with severe asthma. However, the significant reduction in the PEP rate in azithromycin-treated patients with non-eosinophilic severe asthma warrants further study.

S22781122

Despite intensive research efforts, the aetiology of the majority of chronic lung diseases (CLD) in both, children and adults, remains elusive. Current therapeutic options are limited, providing only symptomatic relief, rather than treating the underlying condition, or preventing its development in the first place. Thus, there is a strong and unmet clinical need for the development of both, novel effective therapies and preventative strategies for CLD. Many studies suggest that modifications of prenatal and/or early postnatal lung development will have important implications for future lung function and risk of CLD throughout life. This view represents a fundamental change of current pathophysiological concepts and treatment paradigms, and holds the potential to develop novel preventative and/or therapeutic strategies. However, for the successful development of such approaches, key questions, such as a clear understanding of underlying mechanisms of impaired lung development, the identification and validation of relevant preclinical models to facilitate translational research, and the development of concepts for correction of aberrant development, all need to be solved. Accordingly, a European Science Foundation Exploratory Workshop was held where clinical, translational and basic research scientists from different disciplines met to discuss potential mechanisms of developmental origins of CLD, and to identify major knowledge gaps in order to delineate a roadmap for future integrative research.

S23299962

This large cohort study did not find an association between statin use and the incidence of ILD.

S23319429

If the association between fast foods and the symptom prevalence of asthma, rhinoconjunctivitis and eczema is causal, then the findings have major public health significance owing to the rising consumption of fast foods globally.