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Selección realizada por Antonio Manteca González

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ACADEMIC MEDICINE

S23899852

A dominant theory of clinical reasoning is the so-called "dual processing theory," in which the diagnostic process may proceed through a rapid, unconscious, intuitive process (System 1) or a slow, conceptual, analytical process (System 2). Diagnostic errors are thought to arise primarily from cognitive biases originating in System 1. In this issue, Custers points out that this model is unnecessarily restrictive and that it is more likely that diagnostic tasks may proceed through a variety of mental strategies ranging from "analytical" to "intuitive." The authors of this commentary agree that the notion that System 1 and System 2 processes are somehow in competition and will necessarily lead to different conclusions is unnecessarily restrictive. On the other hand, they argue that there is substantial evidence in support of a dual processing model, and that most objections to dual processing theory can be easily accommodated by simply presuming that both processes operate in concert and that solving any task may rely to varying degrees on both processes.

S23807108

Recently, human reasoning, problem solving, and decision making have been viewed as products of two separate systems: "System 1," the unconscious, intuitive, or nonanalytic system, and "System 2," the conscious, analytic, or reflective system. This view has penetrated the medical education literature, yet the idea of two independent dichotomous cognitive systems is not entirely without problems. This article outlines the difficulties of this "two-system view" and presents an alternative, developed by K.R. Hammond and colleagues, called cognitive continuum theory (CCT). CCT is featured by three key assumptions. First, human reasoning, problem solving, and decision making can be arranged on a cognitive continuum, with pure intuition at one end, pure analysis at the other, and a large middle ground called "quasirationality." Second, the nature and requirements of the cognitive task, as perceived by the person performing the task, determine to a large extent whether a task will be approached more intuitively or more analytically. Third, for optimal task performance, this approach needs to match the cognitive properties and requirements of the task. Finally, the author makes a case that CCT is better able than a two-system view to describe medical problem solving and clinical reasoning and that it provides clear clues for how to organize training in clinical reasoning.

ANNALS OF INTERNAL MEDICINE

S23698791

The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. (Grade B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents. (I statement).

S23922064

Self-measured BP monitoring with or without additional support lowers BP compared with usual care, but the BP effect beyond 12 months and long-term benefits remain uncertain. Additional support enhances the BP-lowering effect.

S23922061

Models of personalized preventive care may illustrate how magnitude and rank order of benefit associated with preventive guidelines vary across recommendations and patients. These predictions may help clinicians to prioritize USPSTF recommendations at the patient level.

BRITISH JOURNAL OF PSYCHIATRY

S23703314

These findings suggest that the co-occurrence of ADHD and bipolar disorder as well as ADHD and schizophrenia is due to shared genetic factors, rather than representing completely aetiologically distinct subsyndromes.

S23703318

This increasing evidence for a small, but significant, shared genetic susceptibility between adult schizophrenia and childhood ADHD highlights the importance of research work across traditional diagnostic boundaries.

S23846996

Stimulant treatment appears to lower the risk of developing substance use disorders and does not have an impact on the development of nicotine dependence in adolescents with ADHD.

S23908341

The association between depression following myocardial infarction and prognosis is attenuated after adjustment for cardiac disease severity. Still, depression remains independently associated with prognosis, with a 22% increased risk of all-cause mortality and a 13% increased risk of cardiovascular events per standard deviation in depression z-score.

S23908337

Larsson et al provide epidemiological evidence for a genetic association between attention-deficit hyperactivity disorder (ADHD) and both bipolar disorder and schizophrenia and Hamshere and colleagues confirm the latter association with genome-wide data. Although a genetic link between ADHD and bipolar disorder has been hypothesised for over a decade, the association with schizophrenia fills a notable gap in the literature. This editorial discusses the implications of these findings for clinicians, who must address psychiatric comorbidity in their treatment formulations, and researchers who are learning that the discrete categorical diagnoses of our diagnostic systems may not be up to the task of clarifying the causes and cures of psychopathology.

BRITISH MEDICAL JOURNAL

S23950195

Intravenous iron therapy is effective in increasing haemoglobin concentration and reducing the risk of allogeneic red blood cell transfusion and could have broad applicability to a range of acute care settings. This potential benefit is counterbalanced by a potential increased risk of infection.

S23920350

The infection of the daughter probably resulted from contact with her father (the index patient) during unprotected exposure, suggesting that in this cluster the virus was able to transmit from person to person. The transmissibility was limited and non-sustainable.

S23900314

Our findings suggest that severe hypoglycaemia is associated with a higher risk of cardiovascular disease; they also support the notion that avoiding severe hypoglycaemia may be important to prevent cardiovascular disease in people with type 2 diabetes.

S23943697

Maternal obesity is associated with an increased risk of premature death in adult offspring. As one in five women in the United Kingdom is obese at antenatal booking, strategies to optimise weight before pregnancy are urgently required.

S23965506

Exposure to serotonin and non-serotonin reuptake inhibitors, including selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and tricyclics, close to the time of delivery was associated with a 1.4 to 1.9-fold increased risk for postpartum hemorrhage. While potential confounding by unmeasured factors cannot be ruled out, these findings suggest that patients treated with antidepressants during late pregnancy are more likely to experience postpartum hemorrhage.

S23959152

Collaborative care has persistent positive effects up to 12 months after initiation of the intervention and is preferred by patients over usual care.

S23926315

Eradication rates with pre-existing and new therapies for H pylori are suboptimal. Regional monitoring of resistance rates should help to guide treatment, and new agents for treatment need to be developed.

DIABETES CARE

S23690531

GRADE will compare the long-term effectiveness of major glycemia-lowering medications and provide guidance to clinicians about the most appropriate medications to treat T2DM. GRADE begins recruitment at 37 centers in the U.S. in 2013.

S23603918

During 1999-2010, U.S. prediabetes prevalence increased because of increases in A1C5.7. Continuous monitoring of prediabetes is needed to identify, quantify, and characterize the population of high-risk individuals targeted for ongoing diabetes primary prevention efforts.

S23418368

Despite significant improvement during the past decade, achieving the ABC goals remains suboptimal among adults with diabetes, particularly in some minority groups. Substantial opportunity exists to further improve diabetes control and, thus, to reduce diabetes-related morbidity and mortality.

S23435157

Despite efforts to manage risk factors, administer effective treatments, and develop new therapies, middle-aged people with type 2 diabetes remain at significantly increased risk of death.

S23491523

"Healthy" obesity was a transient state for one-third of subjects. Persistence of a MHO phenotype, which was associated with favorable outcomes, was related to younger age and a more peripheral fat distribution. The MHO phenotype may be sustained by promoting lower waist circumferences.

S23564917

Treatment of women with GDM using a low-CHO diet did not reduce the number of women needing insulin and produced similar pregnancy outcomes. In GDM, CHO amount (40 vs. 55% of calories) did not influence insulin need or pregnancy outcomes.

S23637352

For most definitions of metabolic health, both metabolically healthy and unhealthy obese patients carry an elevated risk of mortality.

DRUGS

S23912627

A fixed-dose combination of sumatriptan/naproxen sodium (Treximet®) has been approved in the US for the acute treatment of migraine in adults. In two randomized trials, sumatriptan/naproxen sodium demonstrated significantly better efficacy than sumatriptan alone, naproxen sodium alone, or placebo as late-intervention therapy for a single migraine episode in adults, as assessed by co-primary efficacy endpoints evaluating pain and other migraine-related symptoms, as well as health-related quality of life (HR-QOL) endpoints. In four other randomized trials, the drug combination was also effective as early intervention in adults with migraine (including those with menstrual migraine and dysmenorrhoea, or those with poor response or intolerance to triptan therapy) according to various pain-related primary efficacy and HR-QOL endpoints. Data from longer-term, non-randomized studies support these findings, and the drug combination appears to be beneficial in patients with migraine and cutaneous allodynia. In clinical trials, sumatriptan/naproxen sodium was generally well tolerated, with an overall tolerability profile similar to that of sumatriptan. The most common adverse events were in line with those expected for sumatriptan and naproxen sodium. Current data indicate that sumatriptan/naproxen sodium is a useful option in the treatment of adult migraine.

S23881667

Most prescribed opioids exert their analgesic effects via activation of central μ -opioid receptors. However, μ -opioid receptors are also located in the gastrointestinal (GI) tract, and activation of these receptors by opioids can lead to GI-related adverse effects, in particular opioid-induced constipation (OIC). OIC has been associated with increased use of healthcare resources, increased healthcare costs, and decreased quality of life for patients. Nonpharmacologic (e.g., increased fiber uptake) and pharmacologic agents (e.g., laxatives) may be considered for the treatment and prevention of OIC. However, many interventions, such as laxatives alone, are generally insufficient to reverse OIC because they do not target the underlying cause of OIC, opioid activation of μ -opioid receptors in the GI tract. Therefore, there has been interest in antagonism of the μ -opioid receptor in the periphery to inhibit the effects of opioids in the GI tract. In this review, currently available pharmacologic therapies for the treatment and prevention of OIC are summarized briefly, with a primary focus on the administration of the peripheral μ -opioid receptor antagonist methylnaltrexone bromide in patients with OIC and advanced illness who are receiving palliative care. Also, clinical trial data of methylnaltrexone treatment in patients with OIC and other pain conditions (i.e., chronic noncancer pain and pain after orthopedic surgery) are reviewed. Data support that methylnaltrexone is efficacious for the treatment of OIC and has a favorable tolerability profile.

S23881666

Gastroesophageal reflux disease (GERD) is a common disease that is often diagnosed based on typical symptoms of heartburn and regurgitation. In addition to these more classic manifestations, GERD is increasingly associated with extra-esophageal symptoms, including chronic cough, asthma, laryngitis, and dental erosions. Due to the poor sensitivity of endoscopy and pH monitoring, and the poor specificity of laryngoscopy, empiric therapy with proton pump inhibitors (PPIs) is now considered the initial diagnostic step in patients suspected of having GERD-related symptoms. For those who improve with PPIs, GERD is the presumed etiology, but for those who remain unresponsive to such therapy, further diagnostic testing with impedance/pH monitoring may be necessary in order to exclude refractory acid or weakly acid reflux. In those with normal test results despite PPI therapy and continued symptoms, causes other than GERD may be pursued. Recent data suggest that in patients with extra-esophageal symptoms, objective findings of moderate-sized hiatal hernia and moderate reflux on pH testing may predict response to acid suppressive therapy. PPI-unresponsive patients usually have causes other than GERD for their extra-esophageal symptoms and continued PPI therapy in this group is not recommended.

FAMILY PRACTICE

S23629738

Little research has been performed on health outcomes of interventions aiming to increase patient participation in general practice visits among patients suffering from symptom-based complaints. The results still are non-conclusive. The quality of the trials has been weak, possibly due to the complexity of the concept. This weak quality may explain the lack of conclusive results. Proposals for future research designs are offered.

S23629739

Around half of hypertensive stroke patients offered a blood pressure monitor but no support continued to use it after 6 and 18 months. Monitoring in the first month was common in those who were not anxious or disabled.

S23535204

The test and retest opportunity afforded by reviewing a patient over time substantially increases the total gain in certainty when making a diagnosis in low-prevalence settings (the time-efficiency principle). This approach safely and efficiently reduces the number of patients who need to be formally tested in order to make a correct diagnosis for a person. Time, in terms of observed disease trajectory, provides a vital mechanism for achieving this task. It remains the best strategy for delivering near-optimal diagnoses in low-prevalence settings and should be used to its full advantage.

S23515374

There is no increase in prescribed dose among long-term users, as might be expected due to the development of tolerance to the effects of benzodiazepines.

S23515376

Clinicians should not use their predictive assessments or their patients' predictions when advising patients on the expected course of a URI. This study also suggests that the WURSS instrument could give some predictive information, but whether this is clinically useful is uncertain.

S23666805

Understanding the differences among the methods used to produce prevalence data on multi-morbidity in primary care can help explain the varying results. Standardization of methods would allow for more valid inter-study comparisons.

GACETA SANITARIA

S23122515

This study confirms the different mobility patterns in men and women, related to their distinct positions in the occupational, family and domestic spheres. Gender inequalities in mobility within the working population are largely determined by the greater responsibility of women in the domestic and family sphere. This finding should be taken into account in the design of future transport policies.

S23337515

uIPV is 2.6 times more frequent than pIPV and is associated with at least as many health problems as pIPV.

S23140981

El envejecimiento es un reto común en la Unión Europea, que incrementará la necesidad de ayuda a domicilio y el consumo de servicios sanitarios, presionando con ello nuestro sistema de bienestar. Una visión más colaborativa, integrada y centrada en el paciente-ciudadano parece ofrecer una respuesta más sostenible y eficiente a los modelos actuales. Abordajes innovadores para la patología crónica y la prevención del deterioro funcional permitirán vivir más y con mejor calidad de vida. Para hacer realidad el potencial beneficio de estas intervenciones, la Comisión Europea, en su política de «Unión para la innovación», ha lanzado la iniciativa «Cooperación para la innovación europea en el envejecimiento activo y saludable». La promoción de la participación y la colaboración de todos los actores en la cadena de cuidados son esenciales. Este artículo describe el fundamento teórico, el desarrollo de la iniciativa, sus expectativas y las primeras acciones.

S23291032

Un muestreo probabilístico en puntos de muestreo elegidos por conveniencia permitiría dedicar más recursos a aumentar las tasas de respuesta en los colectivos menos participativos. Se propone la concentración de las preguntas en un solo cuestionario más breve previo a la extracción de sangre.

S23207430

Los informes de alta hospitalaria ofrecen un excelente grado de cumplimentación de los datos exigidos por la normativa vigente, pero deben mejorar en su calidad intrínseca.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S23925621

In postdisaster settings, a systematic framework of case identification, triage, and mental health interventions should be integrated into emergency medicine and trauma care responses.

MEDICINA CLINICA

S23332622

Los fármacos antidiabéticos tienen, además de su conocido efecto hipoglucemiante, diferentes efectos sobre el resto de los factores de riesgo cardiovascular asociados a diabetes mellitus. Recientemente se han incorporado al arsenal terapéutico de la diabetes mellitus de tipo 2 los agonistas del receptor del glucagon-like peptide-1 (AR-GLP-1, «péptido tipo 1 similar al glucagón»). El objetivo de este trabajo es resumir la evidencia disponible sobre el efecto de los AR-GLP-1 en diferentes factores de riesgo cardiovascular, mediado tanto por el efecto hipoglucemiante de los AR-GLP-1 como por su efecto sobre los demás factores de riesgo cardiovascular (control del peso, presión arterial, perfil lipídico y otros marcadores de riesgo cardiovascular). Además, se presenta la incipiente evidencia con respecto al impacto que el tratamiento con AR-GLP-1 pudiera tener en la reducción de los episodios cardiovasculares y los estudios que hay actualmente en marcha para abordar este aspecto.

S22818183

Un 21,4% de mujeres con incontinencia urinaria causada por embarazo/parto seguirán padeciéndola pasados 6 meses del alumbramiento. Parte importante de esta persistencia se asocia a factores fácilmente modificables.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S23830060

La insuficiencia cardiaca es un problema sanitario de primer orden en nuestro país, aunque no disponemos de cifras que permitan dimensionar su impacto con exactitud por falta de estudios con diseño apropiado. Frente a una prevalencia de insuficiencia cardiaca del 2% en otros países europeos y en Estados Unidos, los estudios en España arrojan cifras del 5%, probablemente a causa de sus limitaciones metodológicas. La insuficiencia cardiaca consume enormes recursos sanitarios: es la primera causa de hospitalización de mayores de 65 años y representa el 3% de todos los ingresos hospitalarios y el 2,5% del coste de la asistencia sanitaria. Hay dos patrones de insuficiencia cardiaca, uno con función sistólica preservada, más asociado a la hipertensión, y otro con función deprimida, más relacionado con la cardiopatía isquémica. En 2010, la insuficiencia cardiaca constituyó el 3% del total de defunciones de varones y el 10% de las de mujeres. La tasa de mortalidad por insuficiencia cardiaca ha ido reduciéndose en los últimos años. Los cambios temporales en la codificación diagnóstica podrían explicar parte del aumento en los ingresos hospitalarios y del descenso en la mortalidad por insuficiencia cardiaca, aunque hay indicios de que la adherencia a las guías de práctica clínica puede haber reducido su mortalidad.

THE NEW ENGLAND JOURNAL OF MEDICINE

S23924004

Our results suggest that higher glucose levels may be a risk factor for dementia, even among persons without diabetes. (Funded by the National Institutes of Health.)

THORAX

S23585516

Despite the possibility of residual confounding due to uncontrolled or more severe asthma or smoking status, the use of LABA and low to moderate doses of ICSs were not associated with increased prevalence of perinatal outcomes. Additional research on higher ICSs doses is required to better evaluate their safety during pregnancy.