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SELECCIÓN DE REFERENCIAS BIBLIOGRÁFICAS DE LO PUBLICADO EN RELACIÓN CON ATENCIÓN PRIMARIA

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ACADEMIC MEDICINE

Watson RT. Commentary: discovering a different model of medical student education. Acad Med. 2012; 87:1662-1664 [AO,I]

[23187916](#) [R/C](#)

COMENTARIO: *DESCUBRIR UN MODELO DIFERENTE DE FORMACIÓN DEL ESTUDIANTE DE MEDICINA*

Ginsburg S, Bernabeo E, Ross KM, Holmboe ES. "It depends": results of a qualitative study investigating how practicing internists approach professional dilemmas. Acad Med. 2012; 87:1685-1693 [C,I]

[23095932](#) [R/C](#)

"DEPENDEN": *RESULTADOS DE UN ESTUDIO CUALITATIVO PARA INVESTIGAR CÓMO ABORDAN LOS INTERNISTAS EN PRÁCTICAS LOS DILEMAS PROFESIONALES*

ANNALS OF INTERNAL MEDICINE

Martínez ME, Thompson P, Messer K, Ashbeck EL, Lieberman DA, Baron JA, et al. One-year risk for advanced colorectal neoplasia: U.S. versus U.K. risk-stratification guidelines. Ann Intern Med. 2012; 157:856-864 [M,II]

[23247939](#) [R/C](#)

RIESGO A UN AÑO DE NEOPLASIA COLORRECTAL AVANZADA: *PAUTAS DE ESTRATIFICACIÓN DE RIESGO DE EE UU FRENTE A LAS DE RU*

Pinto RZ, Maher CG, Ferreira ML, Hancock M, Oliveira VC, McLachlan AJ et al. Epidural corticosteroid injections in the management of sciatica: a systematic review and meta-analysis. Ann Intern Med. 2012; 157:865-877 [M,II]

[R/C](#)

INYECCIONES EPIDURALES DE CORTICOIDES EN EL TRATAMIENTO DE LA CIÁTICA: *REVISIÓN SISTEMÁTICA Y METAANÁLISIS*

Houle SK, McAlister FA, Jackevicius CA, Chuck AW, Tsuyuki RT. Does performance-based remuneration for individual health care practitioners affect patient care? A systematic review. Ann Intern Med. 2012; 157:889-899 [M,II]

[23247940](#) [R/C](#)

¿AFECTA A LA ATENCIÓN AL PACIENTE LA REMUNERACIÓN BASADA EN EL RENDIMIENTO PARA LOS PROFESIONALES DE LA ATENCIÓN SANITARIA?

Roland M. Pay-for-performance: not a magic bullet. Ann Intern Med. 2012; 157:912-913 [AO,I]

[23247942](#)

PAGO POR RENDIMIENTO: *NO ES UNA PANACEA*

Moyer VA; on behalf of the U.S. Preventive Services Task Force. Screening for ovarian cancer: U.S. Preventive Services Task Force reaffirmation recommendation statement. Ann Intern Med 2012 [Epub ahead of print] [M,II]

[22964825](#) [R/C](#)

CRIBAJE DEL CÁNCER OVÁRICO: *REAFIRMACIÓN DE LA DECLARACIÓN DE RECOMENDACIÓN DEL U.S. PREVENTIVE SERVICES TASK FORCE*

ARCHIVES OF INTERNAL MEDICINE

Gaziano JM. Should we fast before we measure our lipids? Arch Intern Med. 2012; 172:1705-1706 [AO,I]

[R/C](#)

¿DEBERÍAMOS AYUNAR ANTES DE ANALIZARNOS LOS LÍPIDOS?

Khera AV, Mora S. Fasting for lipid testing: is it worth the trouble? comment on "Fasting time and lipid levels in a community-based population" Arch Intern Med. 2012; 172:1710-1711 [AO,I]

[R/C](#)

AYUNO PARA EL ANÁLISIS DE LÍPIDOS: *¿MERECE LA PENA LA COMPLICACIÓN?: COMENTARIO SOBRE "TIEMPO DE AYUNO Y NIVELES DE LÍPIDOS EN UNA POBLACIÓN DE LA COMUNIDAD"*

Dupre ME, George LK, Liu G, Peterson ED. The cumulative effect of unemployment on risks for acute myocardial infarction. Arch Intern Med. 2012; 172:1731-1737 [S,I]

[R/C](#)

EFFECTO ACUMULADO DEL DESEMPLEO SOBRE LOS RIESGOS DE INFARTO AGUDO DE MIOCARDIO

Sidhu D, Naugler C. Fasting time and lipid levels in a community-based population: a cross-sectional study. Arch Intern Med. 2012: 1-4 [Epub ahead of print] [T,II]

[23147400](#)

[R/C](#)

TIEMPO DE AYUNO Y NIVELES DE LÍPIDOS EN UNA POBLACIÓN DE LA COMUNIDAD: ESTUDIO TRANSVERSAL

Butt DA, Mamdani M, Austin PC, Tu K, Gomes T, Glazier RH. The risk of hip fracture after initiating antihypertensive drugs in the elderly. Arch Intern Med. 2012: 1-6 [Epub ahead of print] [S,I]

[23165923](#)

[R/C](#)

RIESGO DE FRACTURA DE CADERA TRAS COMENZAR CON FÁRMACOS ANTIHIPERTENSIVOS EN LA ANCIANIDAD

Vivante A, Golan E, Tzur D, Leiba A, Tirosh A, Skorecki K, et al. Body mass index in 1.2 million adolescents and risk for end-stage renal disease. Arch Intern Med. 2012: 1-7 [Epub ahead of print] [S,I]

[23108588](#)

[R/C](#)

ÍNDICE DE MASA CORPORAL EN 1,2 MILLONES DE ADOLESCENTES Y RIESGO DE ENFERMEDAD RENAL TERMINAL

Jenkins DJ, Kendall CW, Augustin LS, Mitchell S, Sahye-Pudaruth S, Blanco S, et al. Effect of legumes as part of a low glycemic index diet on glycemic control and cardiovascular risk factors in type 2 diabetes mellitus: a randomized controlled trial. Arch Intern Med. 2012: 1-8 [Epub ahead of print] [EC,I]

[23089999](#)

[R/C](#)

EFFECTO DE LAS LEGUMBRES COMO PARTE DE UNA DIETA CON ÍNDICE GLUCÉMICO BAJO SOBRE EL CONTROL GLUCÉMICO Y LOS FACTORES DE RIESGO CARDIOVASCULAR EN LA DIABETES MELLITUS TIPO 2: ENSAYO CONTROLADO ALEATORIZADO

ATENCIÓN PRIMARIA

Agustí C, Mascort J, Carrillo R, Casabona J. Detección precoz de la infección por el virus de la inmunodeficiencia humana en el contexto de Atención Primaria. Aten Primaria. 2012; 44:689-690 [AO,I]

[23182351](#)

DETECCIÓN PRECOZ DE LA INFECCIÓN POR EL VIRUS DE LA INMUNODEFICIENCIA HUMANA EN EL CONTEXTO DE ATENCIÓN PRIMARIA

Peiró S. Para salir del hoyo, lo primero es dejar de cavar. Aten Primaria. 2012; 44:691-694 [R,II]

[22980942](#)

PARA SALIR DEL HOYO, LO PRIMERO ES DEJAR DE CAVAR

Ferré-Grau C, Sevilla-Casado M, Boqué-Cavallé M, Aparicio-Casals MR, Valdivieso-López A, Lleixá-Fortuño M. Efectividad de la técnica de resolución de problemas aplicada por enfermeras: disminución de la ansiedad y la depresión en cuidadoras familiares. Aten Primaria. 2012; 44:695-701 [EC,I]

[22784661](#)

[R/C](#)

EFFECTIVIDAD DE LA TÉCNICA DE RESOLUCIÓN DE PROBLEMAS APLICADA POR ENFERMERAS: DISMINUCIÓN DE LA ANSIEDAD Y LA DEPRESIÓN EN CUIDADORAS FAMILIARES

Ramalle-Gómara E. La importancia de evaluar las intervenciones sanitarias. Aten Primaria. 2012; 44:701-702 [AO,I]

[23140839](#)

LA IMPORTANCIA DE EVALUAR LAS INTERVENCIONES SANITARIAS

Garzón G, Rodríguez D, Rodríguez MÁ, Toledo D, Hernández V, Gil A. Evaluación sobre historia clínica electrónica. Asociación entre indicadores de proceso medidos sobre historia electrónica y resultados intermedios en salud, en pacientes con hipertensión. Aten Primaria. 2012; 44:709-719 [T,I]

[22980946](#)

[R/C](#)

EVALUACIÓN SOBRE LA HISTORIA CLÍNICA ELECTRÓNICA. ASOCIACIÓN ENTRE INDICADORES DE PROCESO MEDIDOS SOBRE HISTORIA ELECTRÓNICA Y RESULTADOS INTERMEDIOS EN SALUD, EN PACIENTES CON HIPERTENSIÓN

Gisbert JP, Calvet X, Ferrándiz J, Mascort JJ, Alonso-Coello P, Marzo M. Manejo del paciente con dispepsia. Guía de práctica clínica. Actualización 2012. Resumen ejecutivo. Aten Primaria. 2012; 44:728-733 [M,II]
[23089244](#) [R/C](#)
MANEJO DEL PACIENTE CON DISPEPSIA. GUÍA DE PRÁCTICA CLÍNICA. ACTUALIZACIÓN 2012. RESUMEN EJECUTIVO

Brotos C, Lobos JM, Martín E, Galán AM; por el grupo de Prevención Cardiovascular del Programa de Actividades Preventivas y de Promoción de la Salud (PAPPS). Evidencias del tratamiento antiagregante. Recomendaciones PAPPS. Aten Primaria. 2012; 44:734-736 [M,II]
[22980944](#) [R/C](#)
EVIDENCIAS DEL TRATAMIENTO ANTIAGREGANTE. RECOMENDACIONES PAPPS

Gisbert JP, Calvet X, Ferrándiz J, Mascort J, Alonso-Coello P, Marzo M. Guía de práctica clínica sobre el manejo del paciente con dispepsia. Actualización 2012. Aten Primaria. 2012; 44:727.e1-e38 [M,II]
[23036729](#) [R/C](#)
GUÍA DE PRÁCTICA CLÍNICA SOBRE EL MANEJO DEL PACIENTE CON DISPEPSIA. ACTUALIZACIÓN 2012

BRITISH MEDICAL JOURNAL

O'Driscoll R. Emergency oxygen use. BMJ. 2012; 345:e6856 [AO,I]
[23078806](#)
USO DE OXÍGENO EN URGENCIAS

Kuyken W, Crane R, Dalgleish T. Does mindfulness based cognitive therapy prevent relapse of depression? BMJ. 2012; 345:e7194 [R,I]
[23144206](#)
¿PREVIENE LA TERAPIA COGNITIVA BASADA EN LA AUTOCONCIENCIA LA RECAÍDA DE LA DEPRESIÓN?

Hoge EA, Ivkovic A, Fricchione GL. Generalized anxiety disorder: diagnosis and treatment. BMJ. 2012; 345:e7500 [R,I]
[23187094](#)
TRASTORNO DE ANSIEDAD GENERALIZADO: DIAGNÓSTICO Y TRATAMIENTO

Hoghton M, Martin G, Chauhan U. Annual health checks for people with intellectual disabilities. BMJ. 2012; 345:e7589 [R,I]
[23153840](#)
COMPROBACIONES ANUALES DE SALUD EN PERSONAS CON DISCAPACIDADES INTELECTUALES

Bischoff EW, Akkermans R, Bourbeau J, van Weel C, Vercoulen JH, Schermer TR. Comprehensive self management and routine monitoring in chronic obstructive pulmonary disease patients in general practice: randomised controlled trial. BMJ. 2012; 345:e7642 [EC,I]
[23190905](#) [R/C](#)
AUTOMANEJO INTEGRADO Y MONITORIZACIÓN DE RUTINA EN PACIENTES DE EPOC EN LA MEDICINA GENERAL: ENSAYO CONTROLADO ALEATORIZADO

Hooper L, Abdelhamid A, Moore HJ, Douthwaite W, Skeaff CM, Summerbell CD. Effect of reducing total fat intake on body weight: systematic review and meta-analysis of randomised controlled trials and cohort studies. BMJ. 2012; 345:e7666 [M,II]
[23220130](#) [R/C](#)
EFFECTO DE REDUCIR LA INGESTA TOTAL DE GRASA SOBRE EL PESO CORPORAL: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS CONTROLADOS ALEATORIZADOS Y ESTUDIOS DE COHORTES

Whinnett ZI, Sohaib SM, Davies DW. Diagnosis and management of supraventricular tachycardia. BMJ. 2012; 345:e7769 [R,I]
[23233691](#)
DIAGNÓSTICO Y TRATAMIENTO DE LA TAQUICARDIA SUPRAVENTRICULAR

Selmer C, Olesen JB, Hansen ML, Lindhardsen J, Olsen AM, Madsen JC, et al. The spectrum of thyroid disease and risk of new onset atrial fibrillation: a large population cohort study. BMJ. 2012; 345:e7895 [S,II]
[23186910](#) [R/C](#)
EL ESPECTRO DE LA ENFERMEDAD TIROIDEA Y RIESGO DE FIBRILACIÓN AURICULAR DE NUEVA APARICIÓN: GRAN ESTUDIO DE COHORTES POBLACIONAL

Aziz I, Hadjivassiliou M, Sanders DS. Does gluten sensitivity in the absence of coeliac disease exist? BMJ. 2012; 345:e7907 [AO,I]

[23204002](#)

¿EXISTE LA SENSIBILIDAD AL GLUTEN EN AUSENCIA DE ENFERMEDAD CELIACA?

Schoeman SA, Stewart CM, Booth RA, Smith SD, Wilcox MH, Wilson JD. Assessment of best single sample for finding chlamydia in women with and without symptoms: a diagnostic test study. BMJ. 2012; 345:e8013 [T,I]

[23236032](#) [R/C](#)

VALORACIÓN DE LA MEJOR MUESTRA SIMPLE PARA HALLAR CHLAMYDIA EN MUJERES CON Y SIN SÍNTOMAS: ESTUDIO DE PRUEBA DIAGNÓSTICA

Hindin MJ, Decker MR, Moreau C. Contraception policies in the US are reactionary. BMJ. 2012; 345:e8069 [AO,I]

[23204004](#)

LAS POLÍTICAS DE ANTICONCEPCIÓN EN LOS EE UU SON REACCIONARIAS

Kharazmi E, Fallah M, Sundquist K, Hemminki K. Familial risk of early and late onset cancer: nationwide prospective cohort study. BMJ. 2012; 345:e8076 [S,I]

[23257063](#) [R/C](#)

RIESGO FAMILIAR DE APARICIÓN DE CÁNCER PRECOZ Y TARDÍA: ESTUDIO DE COHORTES PROSPECTIVO NACIONAL

Stewart CM, Schoeman SA, Booth RA, Smith SD, Wilcox MH, Wilson JD. Assessment of self taken swabs versus clinician taken swab cultures for diagnosing gonorrhoea in women: single centre, diagnostic accuracy study. BMJ. 2012; 345:e8107 [T,I]

[23236033](#) [R/C](#)

VALORACIÓN DE FROTIS AUTORRECOGIDOS FRENTE A CULTIVOS DE FROTIS RECOGIDOS POR CLÍNICOS PARA DIAGNOSTICAR GONORREA EN MUJERES: ESTUDIO DE EXACTITUD DIAGNÓSTICA EN UN SOLO CENTRO

Newbatt E, Beckles Z, Ullman R, Lumsden MA; on behalf of the Guideline Development Group. Ectopic pregnancy and miscarriage: summary of NICE guidance. BMJ. 2012; 345:e8136 [M,II]

[23236034](#)

EMBARAZO ECTÓPICO Y ABORTO ESPONTÁNEO: RESUMEN DE LA GUÍA NICE

Shatrugna V, Srivatsan R. The right to food security. BMJ. 2012; 345:e8273 [AO,I]

[23230218](#)

EL DERECHO A LA SEGURIDAD ALIMENTARIA

Huedo-Medina TB, Kirsch I, Middlemass J, Klonizakis M, Siriwardena AN. Effectiveness of non-benzodiazepine hypnotics in treatment of adult insomnia: meta-analysis of data submitted to the Food and Drug Administration. BMJ. 2012; 345:e8343 [M,II]

[23248080](#) [R/C](#)

EFFECTIVIDAD DE LOS HIPNÓTICOS NO BENZODIACEPÍNICOS EN EL TRATAMIENTO DEL INSOMNIO EN ADULTOS: METAANÁLISIS DE DATOS REMITIDOS A LA FDA

Godlee F. Gluten sensitivity: real or not? BMJ. 2012; 345:e8450 [AO,I]

SENSIBILIDAD AL GLUTEN: ¿REAL O NO?

Brunet MD, McCartney M, Heath I, Tomlinson J, Gordon P, Cosgrove J, et al. There is no evidence base for proposed dementia screening. BMJ. 2012; 345:e8588 [R,II]

[23271709](#)

NO HAY BASE DE EVIDENCIAS PARA EL PROPUESTO CRIBAJE DE LAS DEMENCIAS

Cunnington D. Non-benzodiazepine hypnotics: do they work for insomnia? BMJ. 2012; 346:e8699 [AO,I]

[23284161](#)

HIPNÓTICOS NO BENZODIACEPÍNICOS: ¿FUNCIONAN EN EL INSOMNIO?

CANADIAN MEDICAL ASSOCIATION JOURNAL

Gustafson R, Montaner J, Sibbald B. Seek and treat to optimize HIV and AIDS prevention. CMAJ. 2012; 184:1971 [AO,I]

[23184845](#)

BUSCAR Y TRATAR PARA OPTIMIZAR LA PREVENCIÓN DEL VIH Y EL SIDA

Willcox B. Successful aging: is there hope? CMAJ. 2012; 184:1973-1974 [AO,I]

[23128281](#)

ENVEJECIMIENTO SALUDABLE: ¿HAY ESPERANZA?

Sabia S, Singh-Manoux A, Hagger-Johnson G, Cambois E, Brunner EJ, Kivimaki M. Influence of individual and combined healthy behaviours on successful aging. CMAJ. 2012; 184:1985-1992 [S,II]

[23091184](#)

[R/C](#)

INFLUENCIA DE LOS COMPORTAMIENTOS SANOS INDIVIDUALES Y COMBINADOS SOBRE EL ENVEJECIMIENTO SALUDABLE

Noordam R, de Craen AJ, Pedram P, Maier AB, Mooijaart SP, van Pelt J, et al. Levels of 25-hydroxyvitamin D in familial longevity: the Leiden Longevity Study. CMAJ. 2012; 184:E963-E968 [CC,I]

[23128285](#)

[R/C](#)

NIVELES DE 25-HIDROXIVITAMINA D EN LA LONGEVIDAD FAMILIAR: ESTUDIO DE LONGEVIDAD LEIDEN

CIRCULATION

Kitamura T, Iwami T, Kawamura T, Nitta M, Nagao K, Nonogi H, et al; for the Japanese Circulation Society Resuscitation Science Study Group. Nationwide improvements in survival from out-of-hospital cardiac arrest in Japan. Circulation. 2012; 126:2834-2843 [S,II]

[23035209](#)

[R/C](#)

MEJORAS EN EL ÁMBITO NACIONAL EN LA SUPERVIVENCIA DE LA PARADA CARDIACA EXTRAHOSPITALARIA EN JAPÓN

Iwami T, Kitamura T, Kawamura T, Mitamura H, Nagao K, Takayama M, et al; for the Japanese Circulation Society Resuscitation Science Study (JCS-ReSS) Group. Chest compression-only cardiopulmonary resuscitation for out-of-hospital cardiac arrest with public-access defibrillation: a nationwide cohort study. Circulation. 2012; 126:2844-2851 [S,II]

[23230315](#)

[R/C](#)

REANIMACIÓN CARDIOPULMONAR CON SOLAMENTE COMPRESIÓN TORÁCICA EN LA PARADA CARDIACA EXTRAHOSPITALARIA CON DESFIBRILACIÓN DE ACCESO PÚBLICO: ESTUDIO DE COHORTES NACIONAL

Kushner RF. Clinical assessment and management of adult obesity. Circulation. 2012; 126:2870-2877 [R,I]

[23230316](#)

VALORACIÓN CLÍNICA Y MANEJO DE LA OBESIDAD EN EL ADULTO

Whelton PK, Appel LJ, Sacco RL, Anderson CA, Antman EM, Campbell N, et al. Sodium, blood pressure, and cardiovascular disease: further evidence supporting the American Heart Association sodium reduction recommendations. Circulation. 2012; 126:2880-2889 [R,II]

[23124030](#)

[R/C](#)

SODIO, PRESIÓN ARTERIAL Y ENFERMEDAD CARDIOVASCULAR: EVIDENCIAS POSTERIORES EN APOYO DE LAS RECOMENDACIONES DE REDUCCIÓN DEL SODIO DE LA AHA

Aboyans V, Criqui MH, Abraham P, Allison MA, Creager MA, Diehm C, et al; on behalf of the American Heart Association Council on Peripheral Vascular Disease; Council on Epidemiology and Prevention; Council on Clinical Cardiology; Council on Cardiovascular Nursing; Council on Cardiovascular Radiology and Intervention, and Council on Cardiovascular Surgery and Anesthesia. Measurement and interpretation of the ankle-brachial index: a scientific statement from the American Heart Association. Circulation. 2012; 126:2890-2909 [M,II]

[23159553](#)

MEDICIÓN E INTERPRETACIÓN DEL ÍNDICE TOBILLO-BRAZO: DECLARACIÓN CIENTÍFICA DE LA AHA

Shihab HM, Meoni LA, Chu AY, Wang NY, Ford DE, Liang KY, et al. Body mass index and risk of incident hypertension over the life course: the Johns Hopkins precursors study. Circulation. 2012; 126:2983-2989 [S,II]

[23151344](#)

[R/C](#)

ÍNDICE DE MASA CORPORAL Y RIESGO DE INCIDENCIA DE HIPERTENSIÓN A LO LARGO DE LA VIDA: ESTUDIO DE PRECURSORES JOHNS HOPKINS

Fihn SD, Gardin JM, Abrams J, Berra K, Blankenship JC, Dallas AP, et al. 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the diagnosis and management of patients with stable ischemic heart disease: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American College of Physicians, American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. Circulation. 2012; 126:3097-3137.[M,III]

[23166210](#)

PAUTAS DE 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS PARA EL DIAGNÓSTICO Y MANEJO DE PACIENTES ENFERMEDAD CARDIACA ISQUÉMICA ESTABLE: INFORME DEL AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION TASK FORCE ON PRACTICE GUIDELINES, AND THE AMERICAN COLLEGE OF PHYSICIANS, AMERICAN ASSOCIATION FOR THORACIC SURGERY, PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION, SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS, AND SOCIETY OF THORACIC SURGEONS

Fihn SD, Gardin JM, Abrams J, Berra K, Blankenship JC, Dallas AP, et al. 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the diagnosis and management of patients with stable ischemic heart disease: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American College of Physicians, American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. *Circulation*. 2012; 126:e354-e471 [M,III]

[23166211](#)

PAUTAS DE 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS PARA EL DIAGNÓSTICO Y MANEJO DE PACIENTES ENFERMEDAD CARDIACA ISQUÉMICA ESTABLE: RESUMEN EJECUTIVO: INFORME DEL AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION TASK FORCE ON PRACTICE GUIDELINES, AND THE AMERICAN COLLEGE OF PHYSICIANS, AMERICAN ASSOCIATION FOR THORACIC SURGERY, PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION, SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS, AND SOCIETY OF THORACIC SURGEONS

DIABETES CARE

Ratner RE. The imperative to prevent diabetes. *Diabetes Care*. 2012; 35:2417-2418 [AO,I]

[23173126](#)

LA OBLIGACIÓN DE PREVENIR LA DIABETES

Cohen RM, Lindsell CJ. When the blood glucose and the HbA1c don't match: turning uncertainty into opportunity. *Diabetes Care* 2012;35:2421-2423 [AO,I]

[23173128](#)

CUANDO LA GLUCOSA EN SANGRE Y LA HBA1C NO COINCIDEN: CONVERTIR LA INCERTIDUMBRE EN OPORTUNIDAD

Owens DR. Glargine and cancer: can we now suggest closure? *Diabetes Care*. 2012; 35:2426-2428 [AO,I]

[23173130](#)

GLARGINA Y CÁNCER: ¿PODEMOS SUGERIR CERCANÍA YA?

Boyle J, Eriksson ME, Gribble L, Gouni R, Johnsen S, Coppini DV, et al. Randomized, placebo-controlled comparison of amitriptyline, duloxetine, and pregabalin in patients with chronic diabetic peripheral neuropathic pain: impact on pain, polysomnographic sleep, daytime functioning, and quality of life. *Diabetes Care*. 2012; 35:2451-2458 [EC,II]

[22991449](#)

[R/C](#)

COMPARACIÓN CONTROLADA CON PLACEBO, ALEATORIZADA, DE AMITRIPTILINA, DULOXETINA Y PREGABALINA EN PACIENTES CON DOLOR NEUROPÁTICO PERIFÉRICO DIABÉTICO: IMPACTO SOBRE EL DOLOR, SUEÑO POLISOMNOGRÁFICO, FUNCIONAMIENTO DIURNO Y CALIDAD DE VIDA

Regidor E, Franch J, Seguí M, Serrano R, Rodríguez-Artalejo F, Artola S. Traditional risk factors alone could not explain the excess mortality in patients with diabetes: a national cohort study of older Spanish adults. *Diabetes Care*. 2012; 35:2503-2509 [S,I]

[22875228](#)

[R/C](#)

LOS FACTORES DE RIESGO TRADICIONALES NO PODRÍAN EXPLICAR POR SÍ SOLOS EL EXCESO DE MORTALIDAD EN PACIENTES CON DIABETES: ESTUDIO DE COHORTES NACIONAL DE ADULTOS MAYORES ESPAÑOLES

Kroon MH, van den Hurk K, Alsema M, Kamp O, Stehouwer CD, Henry RM, et al. Prospective associations of B-type natriuretic peptide with markers of left ventricular function in individuals with and without type 2 diabetes: an 8-year follow-up of the Hoorn study. *Diabetes Care*. 2012; 35:2510-2514 [S,I]

[23033248](#)

[R/C](#)

ASOCIACIONES PROSPECTIVAS DE PÉPTIDO NATRIURÉTICO TIPO B CON MARCADORES DE FUNCIÓN VENTRICULAR IZQUIERDA EN INDIVIDUOS CON Y SIN DIABETES TIPO 2: SEGUIMIENTO DE 8 AÑOS DEL ESTUDIO HOORN

Tabák AG, Carstensen M, Witte DR, Brunner EJ, Shipley MJ, Jokela M, et al. Adiponectin trajectories before type 2 diabetes diagnosis: Whitehall II study. *Diabetes Care*. 2012; 35:2540-2547 [CC,I]

[22933430](#) [R/C](#)

TRAYECTORIAS DE LA ADIPONECTINA ANTES DEL DIAGNÓSTICO DE DIABETES TIPO 2: ESTUDIO WHITEHALL II

Kirkman MS, Briscoe VJ, Clark N, Florez H, Haas LB, Halter JB, et al. Diabetes in older adults. *Diabetes Care*. 2012; 35:2650-2664 [R,I]

[23100048](#)

DIABETES EN ADULTOS MAYORES

Suissa S, Azoulay L. Metformin and the risk of cancer: time-related biases in observational studies. *Diabetes Care*. 2012; 35:2665-2673 [R,II]

[23173135](#) [R/C](#)

METFORMINA Y RIESGO DE CÁNCER: SESGOS RELACIONADOS CON EL TIEMPO EN LOS ESTUDIOS OBSERVACIONALES

Sacks DB. Measurement of hemoglobin A1c: a new twist on the path to harmony. *Diabetes Care*. 2012; 35:2674-2680 [AO,I]

[23173136](#)

MEDICIÓN DE LA HBA1C: UNA NUEVA VUELTA EN EL CAMINO HACIA LA ARMONÍA

Avery L, Flynn D, van Wersch A, Sniehotta FF, Trenell MI. Changing physical activity behavior in type 2 diabetes: a systematic review and meta-analysis of behavioral interventions. *Diabetes Care*. 2012; 35:2681-2689 [M,II]

[23173137](#) [R/C](#)

CAMBIAR EL COMPORTAMIENTO DE ACTIVIDAD FÍSICA EN LA DIABETES TIPO 2: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE INTERVENCIONES CONDUCTUALES

Esposito K, Chiodini P, Capuano A, Petrizzo M, Improta MR, Giugliano D. Basal supplementation of insulin lispro protamine suspension versus insulin glargine and detemir for type 2 diabetes: meta-analysis of randomized controlled trials. *Diabetes Care*. 2012; 35:2698-2705 [M,II]

[23173139](#) [R/C](#)

SUPLEMENTACIÓN BASAL DE INSULINA LISPRO EN SUSPENSIÓN DE PROTAMINA FRENTE A INSULINA GLARGINA Y DETEMIR EN LA DIABETES TIPO 2: METAANÁLISIS DE ENSAYOS CONTROLADOS ALEATORIZADOS

DRUGS

Robinson JD, Neumiller JJ, Campbell RK. Can a new ultra-long-acting insulin analogue improve patient care? Investigating the potential role of insulin degludec. *Drugs*. 2012; 72:2319-2325 [R,II]

[23145524](#) [R/C](#)

¿PUEDE UN NUEVO ANÁLOGO DE LA INSULINA DE ACCIÓN ULTRALARGA MEJORAR LA ATENCIÓN AL PACIENTE? INVESTIGAR EL PAPEL POTENCIAL DE LA INSULINA DEGLUDEC

Mercadante S, Craig D, Giarratano A. US Food and Drug Administration's risk evaluation and mitigation strategy for extended-release and long-acting opioids: pros and cons, and a european perspective. *Drugs*. 2012; 72:2327-2332 [R,II]

[23116252](#) [R/C](#)

EVALUACIÓN DEL RIESGO POR LA FDA Y ESTRATEGIA DE ATENUACIÓN PARA LOS OPIOIDES DE LIBERACIÓN AMPLIADA Y DE ACCIÓN PROLONGADA: PROS Y CONTRAS Y PERSPECTIVA EUROPEA

Trikudanathan G, Venkatesh PG, Navaneethan U. Diagnosis and therapeutic management of extra-intestinal manifestations of inflammatory bowel disease. *Drugs*. 2012; 72:2333-2349 [R,I]

[23181971](#) [R/C](#)

DIAGNÓSTICO Y MANEJO TERAPÉUTICO DE LAS MANIFESTACIONES EXTRAINTESTINALES DE LA ENFERMEDAD INFLAMATORIA INTESTINAL

de Vries FM, Denig P, Pouwels KB, Postma MJ, Hak E. Primary prevention of major cardiovascular and cerebrovascular events with statins in diabetic patients: a meta-analysis. *Drugs*. 2012; 72:2365-2373 [M,II]

[23186103](#) [R/C](#)

PREVENCIÓN PRIMARIA DE ACONTECIMIENTOS CARDIOVASCULARES Y CEREBROVASCULARES IMPORTANTES CON ESTATINAS EN PACIENTES DIABÉTICOS: METAANÁLISIS

ENFERMEDADES INFECCIOSAS Y MICROBIOLOGIA CLINICA

Campos J. Uso de los antibióticos en la comunidad: la prevalencia como punto de partida. *Enferm Infecc Microbiol Clin.* 2012; 30:589-590 [AO,I]

[22955003](#)

USO DE LOS ANTIBIÓTICOS EN LA COMUNIDAD: LA PREVALENCIA COMO PUNTO DE PARTIDA

EUROPEAN HEART JOURNAL

Stone GW. Simple aspiration in acute myocardial infarction: too simple to be true? *Eur Heart J.* 2012; 33:3005-3007 [AO,I]

[23095986](#)

ASPIRACIÓN SIMPLE EN EL INFARTO AGUDO DE MIOCARDIO: ¿DEMASIADO SIMPLE PARA SER VERDAD?

Konstantinides S, Goldhaber SZ. Pulmonary embolism: risk assessment and management. *Eur Heart J.* 2012; 33:3014-3022 [R,I]

[22961946](#) [R/C](#)

EMBOLISMO PULMONAR: VALORACIÓN DEL RIESGO Y TRATAMIENTO

Noman A, Egred M, Bagnall A, Spyridopoulos I, Jamieson S, Ahmed J. Impact of thrombus aspiration during primary percutaneous coronary intervention on mortality in ST-segment elevation myocardial infarction. *Eur Heart J.* 2012; 33:3054-3061 [S,II]

[22991455](#) [R/C](#)

IMPACTO DE LA ASPIRACIÓN DEL TROMBO DURANTE LA INTERVENCIÓN CORONARIA PERCUTÁNEA PRIMARIA SOBRE LA MORTALIDAD EN EL INFARTO DE MIOCARDIO CON ELEVACIÓN DEL SEGMENTO ST

FAMILY PRACTICE

Reuther LØ, Paulsen MS, Andersen M, Schultz-Larsen P, Christensen HR, Munck A, et al. Is a targeted intensive intervention effective for improvements in hypertension control? A randomized controlled trial. *Fam Pract.* 2012; 29:626-632 [EC,I]

[22565110](#) [R/C](#)

¿ES UNA INTERVENCIÓN INTENSIVA ORIENTADA A OBJETIVOS EFECTIVA PARA MEJORAR EL CONTROL DE LA HIPERTENSIÓN? ENSAYO CONTROLADO ALEATORIZADO

Mutrie N, Doolin O, Fitzsimons CF, Grant PM, Granat M, Grealy M, et al. Increasing older adults' walking through primary care: results of a pilot randomized controlled trial. *Fam Pract.* 2012; 29:633-642 [EC,II]

[22843637](#) [R/C](#)

INCREMENTAR EL CAMINAR EN LOS ANCIANOS A TRAVÉS DE LA ATENCIÓN PRIMARIA: RESULTADOS DE UN ENSAYO CONTROLADO ALEATORIZADO PILOTO

Llor C, Bjerrum L, Arranz J, García G, Cots JM, González López-Valcárcel B, et al. C-reactive protein testing in patients with acute rhinosinusitis leads to a reduction in antibiotic use. *Fam Pract.* 2012; 29:653-658 [QE,I]

[22447979](#) [R/C](#)

EL ANÁLISIS DE PROTEÍNA C REACTIVA EN PACIENTES CON RINOSINUSITIS AGUDA LLEVA A UNA REDUCCIÓN DEL USO DE ANTIBIÓTICOS

Knottnerus BJ, Grigoryan L, Geerlings SE, Moll van Charante EP, Verheij TJ, Kessels AG, et al. Comparative effectiveness of antibiotics for uncomplicated urinary tract infections: Network meta-analysis of randomized trials. *Fam Pract.* 2012; 29:659-670 [M,II]

[22516128](#) [R/C](#)

EFFECTIVIDAD COMPARADA DE LOS ANTIBIÓTICOS EN LAS INFECCIONES DE VÍAS URINARIAS NO COMPLICADAS: METAANÁLISIS EN RED DE ENSAYOS ALEATORIZADOS

Boffin N, Bossuyt N, Declercq T, Vanthomme K, Van Casteren V. Incidence, patient characteristics and treatment initiated for GP-diagnosed depression in general practice: results of a 1-year nationwide surveillance study. *Fam Pract.* 2012; 29:678-687 [T,II]

[22523390](#) [R/C](#)

INCIDENCIA, CARACTERÍSTICAS DE LOS PACIENTES Y TRATAMIENTO DE INICIO EN LA DEPRESIÓN DIAGNOSTICADA POR MÉDICOS DE CABECERA EN LA MEDICINA GENRAL: RESULTADOS DE UN ESTUDIO NACIONAL DE VIGILANCIA DE 1 AÑO

Boffin N, Bossuyt N, Vanthomme K, Van Audenhove C, Van Casteren V. Short-term follow-up of patients diagnosed by their GP with mild depression or first-time moderate depression. Results of a 1-year nationwide surveillance study. *Fam Pract.* 2012; 29:688-695 [S,II]

[22523392](#) [R/C](#)

SEGUIMIENTO A CORTO PLAZO DE PACIENTES DIAGNOSTICADOS POR SUS MÉDICOS GENERALES CON DEPRESIÓN LIGERA O DEPRESIÓN MODERADA POR PRIMERA VEZ. RESULTADOS DE UN ESTUDIO NACIONAL DE VIGILANCIA DE 1 AÑO

Aizpuru F, Latorre A, Ibáñez B, Garcia KL, Vergara I, Pz de Arriba J, et al. Variability in the detection and monitoring of chronic patients in primary care according to what is registered in the electronic health record. *Fam Pract.* 2012; 29:696-705 [T,I]

[22421060](#) [R/C](#)

VARIABILIDAD EN LA DETECCIÓN Y MONITORIZACIÓN DE PACIENTES CRÓNICOS EN ATENCIÓN PRIMARIA DE ACUERDO CON LO QUE SE REGISTRA EN SU HISTORIA CLÍNICA ELECTRÓNICA

Venekamp RP, Rovers MM, Verheij TJ, Bonten MJ, Sachs AP. Treatment of acute rhinosinusitis: discrepancy between guideline recommendations and clinical practice. *Fam Pract.* 2012; 29:706-712 [S,I]

[22389427](#) [R/C](#)

TRATAMIENTO DE LA RINOSINUSITIS CRÓNICA: DISCREPANCIA ENTRE LAS RECOMENDACIONES DE GUÍAS CLÍNICAS Y LA PRÁCTICA CLÍNICA

Ball L, Hughes R, Desbrow B, Leveritt M. Patients' perceptions of nutrition care provided by general practitioners: focus on Type 2 diabetes. *Fam Pract.* 2012; 29:719-725 [T,I]

[22427439](#) [R/C](#)

PERCEPCIONES DE LOS PACIENTES SOBRE LA ATENCIÓN NUTRICIONAL PROPORCIONADA POR LOS MÉDICOS GENERALES: ENFOQUE SOBRE LA DIABETES TIPO 2

Lalonde L, Goudreau J, Hudon E, Lussier MT, Duhamel F, Bélanger D, et al; Group for TRANSIT to Best Practices in Cardiovascular Disease Prevention in Primary Care. Priorities for action to improve cardiovascular preventive care of patients with multimorbid conditions in primary care--a participatory action research project. *Fam Pract.* 2012; 29:733-741 [C,I]

[22379187](#) [R/C](#)

PRIORIDADES DE ACCIÓN PARA MEJORAR LA ATENCIÓN PREVENTIVA CARDIOVASCULAR DE LOS PACIENTES PLURIPATOLÓGICOS EN ATENCIÓN PRIMARIA--PROYECTO DE INVESTIGACIÓN DE ACCIÓN PARTICIPATIVA

GUT

Khan SA, Davidson BR, Goldin RD, Heaton N, Karani J, Pereira SP, et al. Guidelines for the diagnosis and treatment of cholangiocarcinoma: an update. *Gut.* 2012; 61:1657-1669 [M,II]

[22895392](#) [R/C](#)

PAUTAS PARA EL DIAGNÓSTICO Y TRATAMIENTO DEL COLANGIOCARCINOMA: ACTUALIZACIÓN

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Moses H 3rd, Dorsey ER. Biomedical research in an age of austerity. *JAMA.* 2012; 308:2341-2342 [AO,I]

[23240142](#)

INVESTIGACIÓN BIOMÉDICA EN UNA ÉPOCA DE AUSTERIDAD

de Boer IH. Chronic kidney disease—a challenge for all ages. *JAMA.* 2012; 308:2401-2402 [AO,I]

[23111858](#)

ENFERMEDAD RENAL CRÓNICA--RETO A TODAS LAS EDADES

Musch DC, Gardner TW. Diabetes and nonrefractive visual impairment: the young have it. *JAMA.* 2012; 308:2403-2404 [AO,I]

[23232897](#)

DIABETES Y ALTERACIÓN VISUAL NO REFRACTIVA: LOS JÓVENES LA PADECEN

Klein BE, Howard KP, Gangnon RE, Dreyer JO, Lee KE, Klein R. Long-term use of aspirin and age-related macular degeneration. *JAMA.* 2012; 308:2469-2478 [S,I]

[23288416](#) [R/C](#)

USO A LARGO PLAZO DE LA ASPIRINA Y DEGENERACIÓN MACULAR RELACIONADA CON LA EDAD

Gregg EW, Chen H, Wagenknecht LE, Clark JM, Delahanty LM, Bantle J, et al; for the Look AHEAD Research Group. Association of an intensive lifestyle intervention with remission of type 2 diabetes. JAMA. 2012; 308:2489-2496 [EC,I]

[23288372](#) [R/C](#)

ASOCIACIÓN DE UNA INTERVENCIÓN INTENSIVA SOBRE LOS HÁBITOS DE VIDA CON REMISIÓN DE LA DIABETES TIPO 2

Sullivan D, Olsson AG, Scott R, Kim JB, Xue A, GebSKI V, et al. Effect of a monoclonal antibody to PCSK9 on low-density lipoprotein cholesterol levels in statin-intolerant patients: the GAUSS randomized trial. JAMA. 2012; 308:2497-2506 [EC,I]

[23128163](#) [R/C](#)

EFFECTO DE UN ANTICUERPO MONOCLONAL DE PCSK9 SOBRE LOS NIVELES DE COLESTEROL LDL EN PACIENTES CON INTOLERANCIA A LAS ESTATINAS: ENSAYO ALEATORIZADO GAUSS

Arterburn DE, O'Connor PJ. A look ahead at the future of diabetes prevention and treatment. JAMA. 2012; 308:2517-2518 [AO,I]

[23287825](#)

MIRADA HACIA ADELANTE SOBRE EL FUTURO DE LA PREVENCIÓN Y TRATAMIENTO DE LA DIABETES

Levy D. Combating the epidemic of heart disease. JAMA. 2012; 308:2624-2625 [AO,I]

[23268522](#)

COMBATIR LA EPIDEMIA DE ENFERMEDAD CARDIACA

MEDICINA CLINICA

Bernal E, Marín I, Muñoz A, Sabán J, Sarabia F, García-Medina A, et al. El fenotipo «hipertrigliceridemia-cintura abdominal aumentada» es un factor de riesgo de aterosclerosis subclínica en pacientes con infección por el virus de la inmunodeficiencia humana. Med Clin (Barc). 2012; 139:561-565 [T,I]

[22985869](#) [R/C](#)

EL FENOTIPO «HIPERTRIGLICERIDEMIA-CINTURA ABDOMINAL AUMENTADA» ES UN FACTOR DE RIESGO DE ATROSCLOSIS SUBCLÍNICA EN PACIENTES CON INFECCIÓN POR EL VIRUS DE LA INMUNODEFICIENCIA HUMANA

Pujante P, Hellín MD, Román LM, Ferrer M, García MV, Tébar J. Control metabólico y pérdida de peso en pacientes con obesidad y diabetes mellitus tipo 2 tratados con exenatida. Med Clin (Barc). 2012; 139:572-578 [EC,I]

[22209597](#) [R/C](#)

CONTROL METABÓLICO Y PÉRDIDA DE PESO EN PACIENTES CON OBESIDAD Y DIABETES MELLITUS TIPO 2 TRATADOS CON EXENATIDA

Vallecillo G. Fenotipo hipertrigliceridemia-cintura abdominal aumentada: ¿podemos mejorar la predicción del riesgo cardiovascular en la infección por el virus de la inmunodeficiencia humana? Med Clin (Barc). 2012; 139:579-581 [AO,I]

[22989676](#)

FENOTIPO HIPERTRIGLICERIDEMIA-CINTURA ABDOMINAL AUMENTADA: ¿PODEMOS MEJORAR LA PREDICCIÓN DEL RIESGO CARDIOVASCULAR EN LA INFECCIÓN POR EL VIRUS DE LA INMUNODEFICIENCIA HUMANA?

Hernández C, Brenes F, Moncada I. Utilidad de los alfa-bloqueantes en el tratamiento de distintos trastornos urológicos. Med Clin (Barc). 2012; 139:582-587 [R,I]

[22982131](#) [R/C](#)

UTILIDAD DE LOS ALFA-BLOQUEANTES EN EL TRATAMIENTO DE DISTINTOS TRASTORNOS UROLÓGICOS

Pérez-Mañá C, Llonch C, Farré M. Transparencia en la investigación clínica: registro de los ensayos clínicos y publicación de resultados. Med Clin (Barc). 2012; 139:593-597 [R,I]

[22982127](#)

TRANSPARENCIA EN LA INVESTIGACIÓN CLÍNICA: REGISTRO DE LOS ENSAYOS CLÍNICOS Y PUBLICACIÓN DE RESULTADOS

Cerdà D, Peris P, Monegal A, Albaladejo C, Surís X, Guañabens N. Identificación de las características clínicas y alteraciones analíticas asociadas a la fractura vertebral en mujeres con osteoporosis posmenopáusicas. Med Clin (Barc). 2012; 139:626-630 [T,I]

[22459575](#) [R/C](#)

IDENTIFICACIÓN DE LAS CARACTERÍSTICAS CLÍNICAS Y ALTERACIONES ANALÍTICAS ASOCIADAS A LA FRACTURA VERTEBRAL EN MUJERES CON OSTEOPOROSIS POSMENOPÁUSICA

Alonso G, García-Martín A, Muñoz-Torres M. Vía Wnt y esclerostina como nuevas dianas para la evaluación y el tratamiento de la osteoporosis. Med Clin (Barc). 2012; 139:634-639 [R,I]

[22613824](#)

VÍA WNT Y ESCLEROSTINA COMO NUEVAS DIANAS PARA LA EVALUACIÓN Y EL TRATAMIENTO DE LA OSTEOPOROSIS

Soriguer F, Rubio-Martín E, Rojo-Martínez G. Prevención de la diabetes mellitus tipo 2. Med Clin (Barc). 2012; 139:640-646 [R,I]

[22622178](#)

PREVENCIÓN DE LA DIABETES MELLITUS TIPO 2

Llisterri JL, Rodríguez GC, Alonso FJ, Prieto MA, Banegas JR, Gonzalez-Segura D, et al; en representación del Grupo de Trabajo de Hipertensión Arterial de la Sociedad Española de Atención Primaria (Grupo HTA/SEMERGEN) y de los investigadores del Estudio PRESCAP 2010. Control de la presión arterial en la población hipertensa española asistida en Atención Primaria. Estudio PRESCAP 2010. Med Clin (Barc). 2012; 139:653-661 [T,II]

[22436384](#)

[R/C](#)

CONTROL DE LA PRESIÓN ARTERIAL EN LA POBLACIÓN HIPERTENSA ESPAÑOLA ASISTIDA EN ATENCIÓN PRIMARIA. Estudio PRESCAP 2010

Juvany R, Jódar R. Importancia de la conciliación de la medicación para garantizar la continuidad y la seguridad del proceso asistencial. Med Clin (Barc). 2012; 139:672-673 [AO,I]

[23018056](#)

IMPORTANCIA DE LA CONCILIACIÓN DE LA MEDICACIÓN PARA GARANTIZAR LA CONTINUIDAD Y LA SEGURIDAD DEL PROCESO ASISTENCIAL

García R. Osteonecrosis maxilar asociada a bisfosfonatos. Med Clin (Barc). 2012; 139:674-675 [AO,I]

[23103105](#)

OSTEONECROSIS MAXILAR ASOCIADA A BISFOSFONATOS

Musoles S. Protección de las ideas y de los resultados de investigación. Med Clin (Barc). 2012; 139:688-693 [AO,I]

[23103109](#)

PROTECCIÓN DE LAS IDEAS Y DE LOS RESULTADOS DE INVESTIGACIÓN

REVISTA ESPAÑOLA DE CARDIOLOGIA

Moran A, Odden MC. Tendencias de la mortalidad por infarto de miocardio en España y Estados Unidos: ¿una carrera cuesta abajo o cuesta arriba en el siglo XXI? Rev Esp Cardiol. 2012; 65:069-1071 [AO,I]

[22938739](#)

TENDENCIAS DE LA MORTALIDAD POR INFARTO DE MIOCARDIO EN ESPAÑA Y ESTADOS UNIDOS: ¿UNA CARRERA CUESTA ABAJO O CUESTA ARRIBA EN EL SIGLO XXI?

Orozco-Beltran D, Cooper RS, Gil-Guillen V, Bertomeu-Martinez V, Pita-Fernandez S, Durazo-Arvizu R, et al. Tendencias en mortalidad por infarto de miocardio. Estudio comparativo entre España y Estados Unidos: 1990-2006. Rev Esp Cardiol. 2012; 65:1079-1085 [S,I]

[22727798](#)

[R/C](#)

TENDENCIAS EN MORTALIDAD POR INFARTO DE MIOCARDIO. Estudio comparativo entre España y Estados Unidos: 1990-2006

Rovai D, Di Bella G, Rossi G, Pingitore A, L'abbate A. La onda R prominente en V1 pero no en V2 es un signo específico de infarto transmural lateral grande. Rev Esp Cardiol. 2012; 65:1101-1105 [T,I]

[23010493](#)

[R/C](#)

LA ONDA R PROMINENTE EN V1 PERO NO EN V2 ES UN SIGNO ESPECÍFICO DE INFARTO TRANSMURAL LATERAL GRANDE

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

Liira H. Young GPs and transforming primary care. Scand J Prim Health Care. 2012; 30:197-198 [AO,I]

[23173998](#)

LOS JÓVENES MÉDICOS GENERALES Y LA ATENCIÓN PRIMARIA EN TRANSFORMACIÓN

Hetlevik O, Gjesdal S. Personal continuity of care in Norwegian general practice: a national cross-sectional study. *Scand J Prim Health Care*. 2012; 30:214-221 [T,I]

[23113798](#) [R/C](#)

CONTINUIDAD ASISTENCIAL PERSONAL EN LA MEDICINA GENERAL NORUEGA: ESTUDIO TRANSVERSAL NACIONAL

Halvorsen PA, Steinert S, Araas IJ. Remuneration and organization in general practice: do GPs prefer private practice or salaried positions? *Scand J Prim Health Care*. 2012; 30:229-233 [T,I]

[23050804](#) [R/C](#)

REMUNERACIÓN Y ORGANIZACIÓN EN LA MEDICINA GENERAL: ¿PREFIEREN LOS MÉDICOS GENERALES LA PRÁCTICA PRIVADA O SITUACIONES ASALARIADAS?

Thorsen O, Hartveit M, Baerheim A. General practitioners' reflections on referring: an asymmetric or non-dialogical process? *Scand J Prim Health Care*. 2012; 30:241-246 [C,I]

[23050793](#) [R/C](#)

REFLEXIONES DE LOS MÉDICOS GENERALES SOBRE LAS DERIVACIONES: ¿PROCESO ASIMÉTRICO O NO DIALÓGICO?

Tilli V, Suominen K, Karlsson H. Panic disorder in primary care: Comorbid psychiatric disorders and their persistence. *Scand J Prim Health Care*. 2012; 30:247-253 [T,I]

[23113695](#) [R/C](#)

TRASTORNO DE PÁNICO EN ATENCIÓN PRIMARIA: TRASTORNOS PSIQUIÁTRICOS COMÓRBIDOS Y SU PERSISTENCIA

Suija K, Rajala U, Jokelainen J, Liukkonen T, Härkönen P, Keinänen-Kiukaanniemi S, et al. Validation of the Whooley questions and the Beck Depression Inventory in older adults. *Scand J Prim Health Care*. 2012; 30:259-264 [T,I]

[23113732](#) [R/C](#)

VALIDACIÓN DE LAS PREGUNTAS DE WHOOLEY Y EL CUESTIONARIO DE DEPRESIÓN DE BECK EN ANCIANOS

THE LANCET

Janes CR, Corbett KK, Jones JH, Trostle J. Emerging infectious diseases: the role of social sciences. *Lancet*. 2012; 380:1884-1886 [AO,I]

[23200487](#)

ENFERMEDADES INFECCIOSAS EMERGENTES: EL PAPEL DE LAS CIENCIAS SOCIALES

The beginning of the end of AIDS? *Lancet*. 2012; 380:1967 [AO,I]

[23217850](#)

¿EL PRINCIPIO DEL FIN DEL SIDA?

Tonkin AM, Watts GF. Into the future: diversifying lipid management. *Lancet*. 2012; 380:1971-1974 [AO,I]

[23141810](#)

HACIA EL FUTURO: DIVERSIFICAR EL MANEJO DE LOS LÍPIDOS

Nikfardjam M. Omega-3 fatty acids and cardioprotection-IIb or not IIb? *Lancet*. 2012; 380:1976-1977 [AO,I]

[23217853](#)

ÁCIDOS GRASOS OMEGA-3 Y CARDIOPROTECCIÓN - ¿IIb O NO IIb? (juego de palabras con la isofonía en inglés con el ser o no ser hamletiano)

Wang H, Dwyer-Lindgren L, Lofgren KT, Rajaratnam JK, Marcus JR, Levin-Rector A, et al. Age-specific and sex-specific mortality in 187 countries, 1970-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2013; 380:2071-2094 [M,II]

[23245603](#) [R/C](#)

MORTALIDAD ESPECÍFICA POR EDAD Y POR SEXO EN 187 PAÍSES, 1970-2010: ANÁLISIS SISTEMÁTICO PARA EL ESTUDIO CARGA MUNDIAL DE ENFERMEDAD 2010

Lozano R, Naghavi M, Foreman K, Lim S, Shibuya K, Aboyans V, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2013; 380:2095-2128 [M,II]

[23245604](#) [R/C](#)

MORTALIDAD MUNDIAL Y REGIONAL POR 235 CAUSAS DE MUERTE EN 20 GRUPOS DE EDAD EN 1990 Y 2010: ANÁLISIS SISTEMÁTICO PARA EL ESTUDIO CARGA MUNDIAL DE ENFERMEDAD 2010

Salomon JA, Wang H, Freeman MK, Vos T, Flaxman AD, Lopez AD, et al. Healthy life expectancy for 187 countries, 1990-2010: a systematic analysis for the Global Burden Disease Study 2010. *Lancet*. 2013; 380:2144-2162 [M,II]

[23245606](#) [R/C](#)

ESPERANZA DE VIDA SANA EN 187 PAÍSES, 1990-2010: ANÁLISIS SISTEMÁTICO PARA EL ESTUDIO CARGA MUNDIAL DE ENFERMEDAD 2010

Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, Ezzati M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2013; 380:2163-2196 [M,II]

[23245607](#) [R/C](#)

AÑOS VIVIDOS CON DISCAPACIDAD (YLD) PARA 1160 SECUELAS DE 289 ENFERMEDADES Y DAÑOS 1990-2010: ANÁLISIS SISTEMÁTICO PARA EL ESTUDIO CARGA MUNDIAL DE ENFERMEDAD 2010

Murray CJ, Vos T, Lozano R, Naghavi M, Flaxman AD, Michaud C, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2013; 380:2197-2223 [M,II]

[23245608](#) [R/C](#)

AÑOS DE VIDA AJUSTADOS POR DISCAPACIDAD (DALY) PARA 291 ENFERMEDADES Y DAÑOS EN 21 REGIONES, 1990-2010: ANÁLISIS SISTEMÁTICO PARA EL ESTUDIO CARGA MUNDIAL DE ENFERMEDAD 2010

Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair-Rohani H, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2013; 380:2224-2260 [M,II]

[23245609](#) [R/C](#)

VALORACIÓN DE RIESGO COMPARADO DE CARGA DE ENFERMEDAD Y DAÑO ATRIBUIBLE A 67 FACTORES DE RIESGO Y GRUPOS DE FACTORES DE RIESGO EN 21 REGIONES, 1990-2010: ANÁLISIS SISTEMÁTICO PARA EL ESTUDIO CARGA MUNDIAL DE ENFERMEDAD 2010

THE NEW ENGLAND JOURNAL OF MEDICINE

Parving HH, Brenner BM, McMurray JJ, de Zeeuw D, Haffner SM, Solomon SD, et al; ALTITUDE Investigators. Cardiorenal end points in a trial of aliskiren for type 2 diabetes. *N Engl J Med*. 2012; 367:2204-2213 [EC,I]

[23121378](#) [R/C](#)

VARIABLES FINALES CARDIORRENALES EN UN ENSAYO DE ALISQUIRENO EN LA DIABETES TIPO 2

Dugoff L. Application of genomic technology in prenatal diagnosis. *N Engl J Med*. 2012; 367:2249-2251 [AO,I]

[23215562](#)

APLICACIÓN DE TECNOLOGÍA GENÉTICA AL DIAGNÓSTICO PRENATAL

Agnandji ST, Lell B, Fernandes JF, Abossolo BP, Methogo BG, Kabwende AL, et al; RTS,S Clinical Trials Partnership. A phase 3 trial of RTS,S/AS01 malaria vaccine in African infants. *N Engl J Med*. 2012; 367:2284-2295 [EC,II]

[23136909](#) [R/C](#)

ENSAYO EN FASE 3 DE LA VACUNA RTS,S/AS01 CONTRA LA MALARIA EN NIÑOS AFRICANOS

Daily JP. Malaria vaccine trials--beyond efficacy end points. *N Engl J Med*. 2012; 367:2349-2351 [AO,I]

[23136910](#)

ENSAYOS DE LA VACUNA CONTRA LA MALARIA -- MÁS ALLÁ DE LAS VARIABLES FINALES DE EFICACIA

Prockop DJ. New targets for osteoporosis. *N Engl J Med*. 2012; 367:2353-2354 [AO,I]

[23234518](#)

NUEVAS DIANAS EN LA OSTEOPOROSIS

Fugger L, McVean G, Bell JI. Genomewide association studies and common disease--realizing clinical utility. *N Engl J Med*. 2012; 367:2370-2371 [AO,I]

[23252523](#)

ESTUDIOS DE ASOCIACIÓN DE AMPLITUD GENÉTICA Y ENFERMEDADES COMUNES -- DESCUBRIR LA UTILIDAD CLÍNICA

THORAX

Scott M, Roberts G, Kurukulaaratchy RJ, Matthews S, Nove A, Arshad SH. Multifaceted allergen avoidance during infancy reduces asthma during childhood with the effect persisting until age 18 years. *Thorax*. 2012; 67:1046-1051 [EC,II]

[22858926](#) [R/C](#)

LA EVITACIÓN DE ALERGENO POLIFACÉTICO REDUCE EL ASMA DURANTE LA NIÑEZ CON UN EFECTO PERSISTENTE HASTA LOS 18 AÑOS

Hoyos CM, Killick R, Yee BJ, Phillips CL, Grunstein RR, Liu PY. Cardiometabolic changes after continuous positive airway pressure for obstructive sleep apnoea: a randomised sham-controlled study. *Thorax*. 2012; 67:1081-1089 [EC,I]

[22561530](#) [R/C](#)

CAMBIOS METABÓLICOS TRAS LA PRESIÓN AÉREA POSITIVA EN LA APNEA OBSTRUCTIVA DEL SUEÑO: ENSAYO ALEATORIZADO CONTROLADO CON INTERVENCIÓN SIMULADA

ACADEMIC MEDICINE

[S23095932](#)

Despite recognizing and articulating basic guiding principles of professionalism, physicians' approaches to professional challenges were subject to multiple, interdependent, idiosyncratic forces unique to each situation. A deeper understanding of these factors and how they interact is critical for the development of strategies to teach and evaluate professionalism in practice.

[S23187916](#)

Traditional medical schools in modern academic health centers make discoveries, create new knowledge and technology, provide innovative care to the sickest patients, and educate future academic and practicing physicians. Unfortunately, the growth of the research and clinical care missions has sometimes resulted in a loss of emphasis on the general professional education of medical students. The author concludes that it may not be practical for many established medical schools to functionally return to the reason they were created: for the education of medical students. He had the opportunity to discover a different model of medical student education at the first new MD-granting medical school created in the United States in 25 years (in 2000), the Florida State University College of Medicine. He was initially skeptical about how its distributed regional campuses model, using practicing primary care physicians to help medical students learn in mainly ambulatory settings, could be effective. But his experience as a faculty member at the school convinced him that the model works very well. He proposes a better alignment of form and function for many established medical schools and an extension of the regional community-based model to the formation of community-based primary care graduate medical education programs determined by physician workforce needs and available resources.

ANNALS OF INTERNAL MEDICINE

[S23247939](#)

Application of the U.K. guidelines in the United States could identify a subset of high-risk patients who may warrant a 1-year clearing colonoscopy without substantially increasing rates of colonoscopy.

[S23247940](#)

The effect of P4P targeting individual practitioners on quality of care and outcomes remains largely uncertain. Implementation of P4P models should be accompanied by robust evaluation plans.

Conclusion: The available evidence suggests that epidural corticosteroid injections offer only short-term relief of leg pain and disability for patients with sciatica. The small size of the treatment effects, however, raises questions about the clinical utility of this procedure in the target population.

[S22964825](#)

The USPSTF recommends against screening for ovarian cancer in women (D recommendation).

ARCHIVES OF INTERNAL MEDICINE

[S23147400](#)

Fasting times showed little association with lipid subclass levels in a community-based population, which suggests that fasting for routine lipid levels is largely unnecessary.

*

Imagine a primary care provider in her clinic at 3 PM on a Tuesday afternoon. She is seeing a 62-year-old man who took time off from work to go see his physician at the urging of his wife. The patient has not been seen for several years. He is obese and his blood pressure is elevated, but he has no complaints today. After discussing weight loss and hypertension, the diligent primary care provider is quickly moving through the well care checklist and comes to the issue of a lipid profile. It has been several years since the patient's lipid levels have been checked. The provider is confronted with a dilemma. Does she suggest that the patient take more time off from work to return for a fasting lipid profile, or should she just send him directly to the laboratory? What is the chance that her patient might miss the follow-up appointment to get the fasting lipid profile? Does she really need a fasting profile?

[S23165923](#)

Antihypertensive drugs were associated with an immediate increased hip fracture risk during the initiation of treatment in hypertensive community-dwelling elderly patients. Caution is advised when initiating antihypertensive drugs in the elderly.

*

Unemployment status, multiple job losses, and short periods without work are all significant risk factors for acute cardiovascular events.

[S23108588](#)

Overweight and obesity in adolescents were associated with significantly increased risk for all-cause treated ESRD during a 25-year period. Elevated BMI constitutes a substantial risk factor for diabetic and nondiabetic ESRD.

[S23089999](#)

Incorporation of legumes as part of a low-GI diet improved both glycemic control and reduced calculated CHD risk score in type 2 DM

*

Lipid testing plays a major role in cardiovascular risk stratification and the assessment of lipid responses to clinical interventions. Current guidelines suggest that blood samples for lipid profiles should be obtained after a 9- to 12-hour fast.¹ This requirement is not always practical for patients, who rarely present to health care providers in a fasting state. Patients often expend additional resources to return to a laboratory while fasting, and some may forgo coming back altogether. A report by Sidhu and Naugler in this issue challenges the necessity of fasting before blood collection.²

ATENCION PRIMARIA

[S23036729](#)

La finalidad de la Guía de Práctica Clínica (GPC) sobre el Manejo del Paciente con Dispepsia es generar unas recomendaciones acerca del manejo óptimo de la dispepsia en el ámbito de la atención primaria y especializada ambulatoria. Su objetivo principal es ayudar a optimizar el proceso diagnóstico, identificando a los pacientes con bajo riesgo de tener una patología orgánica grave (fundamentalmente tumoral), los cuales podrían ser manejados de forma segura sin necesidad de realizar pruebas diagnósticas invasivas y/o derivaciones al especialista. La importancia de este objetivo radica en la necesidad de no dejar de diagnosticar a los pacientes con un cáncer esófago-gástrico, tratar correctamente la úlcera péptica y, a la vez, reducir las endoscopias negativas para, en definitiva, utilizar de manera adecuada los recursos sanitarios disponibles.

En esta GPC se revisan las posibles estrategias iniciales en el paciente con dispepsia no investigada, valorando la posible decisión de iniciar o no un tratamiento empírico o de investigar la existencia de una lesión que justifique los síntomas. Asimismo, en esta GPC se aborda la dispepsia funcional, la cual engloba a todos los pacientes con dispepsia sin una causa orgánica objetivable a través de la endoscopia. En esta GPC también se presentan las recomendaciones para el diagnóstico y tratamiento de la úlcera péptica y de la infección por *Helicobacter pylori*.

[S22784661](#)

La técnica de resolución de problemas es una herramienta terapéutica útil para la disminución de los síntomas de malestar emocional de las cuidadoras familiares de pacientes crónicos.

[S22980946](#)

En hipertensión, se encontró asociación entre algunos indicadores de proceso del Sermas, medidos sobre historia electrónica, y un aumento moderado de la probabilidad de alcanzar resultados intermedios en salud. Parece recomendable integrar en la cartera de servicios la medición de resultados e incorporar otras intervenciones de impacto, priorizar mejoras en indicadores de baja realización y alto impacto y eliminar o modificar sustancialmente indicadores sin asociación con resultados.

[S22980944](#)

Recomendaciones

Las recomendaciones de antiagregación se han clasificado según la gradación de la US Preventive Services Task Force elaborada después de mayo de 2007:

Grado A:

- Aspirina en prevención secundaria. El tratamiento con aspirina a dosis bajas se debe utilizar en todos los pacientes diagnosticados de enfermedad coronaria o ictus o accidente isquémico transitorio de forma indefinida.
- Clopidogrel como alternativa a la aspirina. El tratamiento con clopidogrel está indicado en casos de alergia o intolerancia a la aspirina.
- Doble antiagregación en el síndrome coronario agudo. La doble antiagregación (aspirina y clopidogrel) se debe utilizar después de un síndrome coronario agudo sin elevación segmento ST o revascularización coronaria e implantación de stent durante un año.

Grado C:

- Aspirina en prevención primaria. No se recomienda el uso de aspirina de forma sistemática en prevención primaria de la enfermedad cardiovascular, en diabéticos o en pacientes asintomáticos con un índice tobillo-brazo < 0,95. De forma individualizada y valorando la preferencia del paciente se podría valorar su utilización si el riesgo SCORE = 10%.

Grado D:

- Doble antiagregación en la enfermedad cardiovascular crónica y estable. La doble antiagregación no es más eficaz que la aspirina sola y no está indicada en los pacientes con enfermedad cardiovascular crónica y estable, ya sea coronaria o de otra localización.

[S23089244](#)

El programa de «Elaboración de guías de práctica clínica en enfermedades digestivas, desde la atención primaria a la especializada» es un proyecto compartido por la Asociación Española de Gastroenterología (AEG), la Sociedad Española de Medicina de Familia y Comunitaria (semFYC) y el Centro Cochrane Iberoamericano (CCI). Presentamos la actualización de la guía sobre el manejo de la dispepsia que se publicó en el año 2003. En su elaboración se han tenido en cuenta los criterios esenciales contemplados en el instrumento Appraisal of Guidelines, Research and Evaluation for Europe (AGREE). Para clasificar la evidencia científica y fuerza de las recomendaciones se ha utilizado el sistema Grading of Recommendations Assessment, Development and Evaluation Working Group (GRADE).

BRITISH MEDICAL JOURNAL

S23236032

Vulvovaginal swabs are significantly better than endocervical swabs at detecting chlamydia in women with and without symptoms suggestive of sexually transmitted infections. In those with symptoms, using endocervical samples rather than vulvovaginal swabs would have missed 9% of infections, or 1 in every 11 cases of chlamydia.

S23236033

Self taken vulvovaginal swabs analysed by nucleic acid amplification tests are significantly more sensitive at detecting gonorrhoea than culture of clinician taken urethral and endocervical samples, and are equivalent to endocervical swabs analysed by nucleic acid amplification tests. Self taken vulvovaginal swabs are the sample of choice in women without symptoms and have the advantage of being non-invasive. In women who need a clinical examination, either a clinician taken or self taken vulvovaginal swab is recommended.

S23190905

Comprehensive self management or routine monitoring did not show long term benefits in terms of quality of life or self efficacy over usual care alone in COPD patients in general practice. Patients in the self management group seemed to be more capable of appropriately managing exacerbations than did those in the usual care group.

S23248080

Compared with placebo, Z drugs produce slight improvements in subjective and polysomnographic sleep latency, especially with larger doses and regardless of type of drug. Although the drug effect and the placebo response were rather small and of questionable clinical importance, the two together produced to a reasonably large clinical response.

S23257063

Though the highest familial risks of cancer are seen in offspring whose parents received a diagnosis of a concordant cancer at earlier ages, increased risks exist even in cancers of advanced ages. Familial cancers might not be early onset in people whose family members were affected at older ages and so familial cancers might have distinct early and late onset components.

S23220130

There is high quality, consistent evidence that reduction of total fat intake has been achieved in large numbers of both healthy and at risk trial participants over many years. Lower total fat intake leads to small but statistically significant and clinically meaningful, sustained reductions in body weight in adults in studies with baseline fat intakes of 28-43% of energy intake and durations from six months to over eight years. Evidence supports a similar effect in children and young people.

S23186910

The risk of atrial fibrillation was closely associated with thyroid activity, with a low risk in overt hypothyroidism, high risk in hyperthyroidism, and a TSH level dependent association with risk of atrial fibrillation across the spectrum of subclinical thyroid disease.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S23091184

Although individual healthy behaviours are moderately associated with successful aging, their combined impact is substantial. We did not investigate the mechanisms underlying these associations, but we saw clear evidence of the importance of healthy behaviours for successful aging.

S23128285

Compared with controls, the offspring of nonagenarians who had at least one nonagenarian sibling had a reduced frequency of a common variant in the CYP2R1 gene, which predisposes people to high vitamin D levels; they also had lower levels of vitamin D that persisted over the 2 most prevalent genotypes. These results cast doubt on the causal nature of previously reported associations between low levels of vitamin D and age-related diseases and mortality.

CIRCULATION

S23151344

Our findings underscore the importance of higher weight and weight gain in increasing the risk of hypertension from young adulthood through middle age and into late life.

S23230315

Compression-only CPR is more effective than conventional CPR for patients in whom out-of-hospital cardiac arrest is witnessed and shocked with public-access defibrillation. Compression-only CPR is the most likely scenario in which lay rescuers can witness a sudden collapse and use public-access AEDs.

S23035209

Nationwide improvements of favorable neurological outcome from OHCA were observed in Japan and differed by age group and origin of OHCA.

S23124030

Recent reports of selected observational studies and a meta-analysis have stirred controversy and have become the impetus for calls to abandon recommendations for reduced sodium intake by the US general population. A detailed review of these studies documents substantial methodological concerns that limit the usefulness of these studies in setting, much less reversing, dietary recommendations. Indeed, the evidence base supporting recommendations for reduced sodium intake in the general population remains robust and persuasive. The American Heart Association is committed to improving the health of all Americans through implementation of national goals for health promotion and disease prevention, including its recommendation to reduce dietary sodium intake to <1500 mg/d.

DIABETES CARE

S23173139

There is no difference between ILPS and insulin glargine or detemir for targeting hyperglycemia, but nocturnal hypoglycemia occurred more frequently with ILPS than with comparator insulins. Nocturnal hypoglycemia was not significantly different in people who injected insulin once daily.

S22933430

Lower adiponectin levels were observed already a decade before the diagnosis of diabetes. The marked sex difference in trajectories suggests that sex-specific mechanisms affect the association between adiponectin levels and diabetes development.

[S23173137](#)

Behavioral interventions increased free-living PA/exercise and produced clinically significant improvements in long-term glucose control. Future studies should consider use of theory and multiple behavior change techniques associated with clinically significant improvements in HbA(1c), including structured training for care providers on the delivery of behavioural interventions.

[S22991449](#)

There was no significant difference in analgesic efficacy between amitriptyline, duloxetine, and pregabalin. However, there were significant differences in the secondary parameters, which may be of relevance when deciding the optimal treatment for DPNP.

[S23173135](#)

Although observational studies are important to better understand the effects of drugs, their proper design and analysis is essential to avoid major time-related biases. With respect to metformin, the scientific evidence of its potential beneficial effects on cancer would need to be reassessed critically before embarking on further long and expensive trials.

[S23033248](#)

This 8-year follow-up study shows that higher BNP levels in a non-heart failure range were associated with an increased LV mass and deteriorated LV diastolic function, particularly in individuals with type 2 diabetes. This implies that the presence or absence of type 2 diabetes should be taken into account if BNP levels are used to assess future heart failure risk.

[S22875228](#)

The excess risk of mortality in diabetic versus nondiabetic individuals cannot be explained by mortality risk factors or by the presence of cardiovascular disease or cancer.

DRUGS

[S23145524](#)

The basal-bolus concept of delivering insulin to diabetic patients makes physiological sense, as it mimics normal insulin release in people without diabetes. In line with this concept, a major effort put forth by insulin manufacturers has been to develop the ideal exogenous basal insulin product. The perfect basal insulin product would be injected into subcutaneous tissue without causing irritation, release insulin continuously at a constant rate for at least 24 hours, be stable, not contribute to weight gain, have a low risk of allergic reactions and, very importantly, minimize the risk of hypoglycaemia. While the perfect insulin has not yet been discovered, advancements are still being made. Insulin degludec is an ultra-long-acting basal insulin analogue that possesses a flat, stable glucose-lowering effect in patients with type 1 or type 2 diabetes mellitus. Insulin degludec achieves these pharmacokinetic properties by forming soluble multihexamers upon subcutaneous injection, resulting in the formation of a depot in the subcutaneous tissue that is slowly released and absorbed into circulation. Insulin degludec has been associated with slightly less weight gain and fewer nocturnal hypoglycaemic episodes when compared with insulin glargine in some, but not all, clinical studies. This article briefly reviews current evidence for the use of insulin degludec in patients with type 1 or type 2 diabetes mellitus and discusses the potential impact of this new basal insulin on clinical practice.

[S23181971](#)

Extra-intestinal manifestations (EIMs) are reported frequently in patients with inflammatory bowel disease (IBD) and may be diagnosed before, concurrently or after the diagnosis of IBD. EIMs in IBD may be classified based on their association with IBD disease activity. The first group has a direct relationship with the activity of the bowel disease and includes pauciarticular arthritis, oral aphthous ulcers, erythema nodosum and episcleritis. The second group of EIMs appears to follow an independent course from the underlying bowel disease activity and include ankylosing spondylitis and uveitis. The third group includes EIMs that may or may not be related to intestinal inflammation, such as pyoderma gangrenosum and probably primary sclerosing cholangitis (PSC). Genetic susceptibility, aberrant self-recognition and immunopathogenic autoantibodies against organ-specific cellular antigens shared by the colon and extra-colonic organs may contribute to the pathogenesis and development of these EIMs. The use of biological agents in the IBD armamentarium has expanded the treatment options for some of the disabling EIMs and these agents form the cornerstone in managing most of the disabling EIMs. PSC is one of the most common hepatobiliary manifestations associated with IBD in which no clear treatment options exist other than endoscopic therapy and liver transplantation. Future research targeting the pathogenesis, early diagnosis and treatment of these EIMs is required.

[S23186103](#)

Treatment with statins in primary prevention among diabetic patients has a significant beneficial effect on event rates of the first-time occurrence of a major cardiovascular or cerebrovascular event, fatal/non-fatal stroke and fatal/non-fatal myocardial infarction. There was a non-significant RR reduction in all-cause mortality

[S23116252](#)

Prescriptions for opioid analgesics to manage moderate-to-severe chronic non-cancer pain have increased markedly over the last decade. An unintentional consequence of greater prescription opioid utilization has been the parallel increase in misuse, abuse and overdose, which are serious risks associated with all opioid analgesics. In response to disturbing rises in prescription opioid abuse, the US Food and Drug Administration (FDA) has proposed the implementation of aggressive Risk Evaluation and Mitigation Strategies (REMS). While REMS could dramatically change the development, release, marketing and prescription of extended-release opioids, questions remain on how these programmes may influence prescribing practices, patient safety and ultimately patient access to these agents. The extent of the availability and misuse of prescription opioids in Europe is difficult to assess from the data currently available, due in large part to the considerable differences in prescribing patterns and regulations between countries. Balancing the availability of prescription opioids for those patients who have pain, while discouraging illicit use, is a complex challenge and requires effective efforts on many levels, particularly in Europe where policies are quite different between countries.

EUROPEAN HEART JOURNAL

[S22961946](#)

Acute pulmonary embolism (PE) poses a significant burden on health and survival. Its severity ranges from asymptomatic, incidentally discovered subsegmental thrombi to massive, pressor-dependent PE complicated by cardiogenic shock and multisystem organ failure. Rapid and accurate risk stratification is therefore of paramount importance to ensure the highest

quality of care. This article critically reviews currently available and emerging tools for risk-stratifying acute PE, and particularly for distinguishing between elevated (intermediate) and low risk among normotensive patients. We focus on the potential value of risk assessment strategies for optimizing severity-adjusted management. Apart from reviewing the current evidence on advanced early therapy of acute PE (thrombolysis, surgery, catheter interventions, vena cava filters), we discuss recent advances in oral anticoagulation with vitamin K antagonists, and with new direct inhibitors of factor Xa and thrombin, which may contribute to profound changes in the treatment and secondary prophylaxis of venous thrombo-embolism in the near future.

[S22991455](#)

This study of real-world, unselected STEMI patients demonstrates that thrombus aspiration during PPCI is associated with a significant reduction in mortality, especially in those with a short total ischaemic time. These findings support the use of thrombectomy during PPCI in this group of patients.

FAMILY PRACTICE

[S22516128](#)

Network meta-analysis shows some clear efficacy differences between different antibiotic treatments for UTI in women. It provides a useful tool for clinical decision making in everyday practice. Moreover, the method can be used for meta-analyses of RCTs across primary care and beyond.

[S22447979](#)

Physicians with access to CRP tests significantly reduced antibiotic prescription in patients with rhinosinusitis.

[S22523390](#)

This study has yielded original data on the incidence and management of depression in Belgian general practice. Our findings show that efforts are needed to improve depression management in Belgian general practice.

[S22843637](#)

It is feasible to recruit and retain older adults from primary care and help them increase walking. A larger trial is necessary to confirm findings and consider cost-effectiveness.

[S22565110](#)

There was no impact of the moderate intervention and no additional impact of the intensive intervention on BP.

[S22427439](#)

Patients do not receive nutrition care from GPs as often as they would like, and despite being satisfied with the overall care received, are concerned about the effectiveness of the nutrition care component.

[S22523392](#)

Half a year after diagnosis, half of patients continue to visit their GP and 60% of those patients remain depressed. The delivery of non-pharmacological GP support takes place for less than half of the patients for whom that intervention is initiated. Our follow-up findings reinforce the policy recommendations made by stakeholders, i.e. the introduction and reimbursement of a mental health consultation in family practice and integration of primary care psychologists. Quality improvement interventions may be a strategy to overcome premature discontinuation of non-pharmacological support by GPs.

[S22389427](#)

Despite strong guideline recommendations to restrict the use of antibiotics and INCS, we found only a modest decrease in antibiotic prescription rates, whereas INCS prescription rates even increased.

[S22421060](#)

EHR data indicate that some of the preventative care practices recommended to detect chronic problems in primary care are unevenly implemented across PCUs. Notably, there is less variation in the case of conditions for which evidence-based clinical practice guidelines have been published. The level of monitoring is inadequate for all the conditions studied; particularly in those in which it is less evident that primary care is the right level of the health service to provide this care.

[S22379187](#)

To optimize CVD prevention, PC actors recommend focussing mainly on three CCM domains. Electronic medical records, collaborative practices and self-management support are perceived as pivotal aspects of successful PC prevention programme. Developing and implementing such models are challenging and will require the mobilization of the whole PC community

GUT

[S22895392](#)

The British Society of Gastroenterology guidelines on the management of cholangiocarcinoma were originally published in 2002. This is the first update since then and is based on a comprehensive review of the recent literature, including data from randomised controlled trials, systematic reviews, meta-analyses, cohort, prospective and retrospective studies.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

[S23288372](#)

In these exploratory analyses of overweight adults, an intensive lifestyle intervention was associated with a greater likelihood of partial remission of type 2 diabetes compared with diabetes support and education. However, the absolute remission rates were modest.

[S23128163](#)

In this phase 2 study in statin-intolerant patients, subcutaneous administration of a monoclonal antibody to PCSK9 significantly reduced LDL cholesterol levels and was associated with short-term tolerability.

[S23288416](#)

Among an adult cohort, aspirin use 5 years prior to observed incidence was not associated with incident early or late AMD. However, regular aspirin use 10 years prior was associated with a small but statistically significant increase in the risk of incident late and neovascular AMD

MEDICINA CLINICA

[S22209597](#)

Exenatida es un fármaco efectivo no solo para el control de la glucemia (HbA1c), sino también para otros parámetros como perfil lipídico, PA y peso corporal.

[S22985869](#)

El fenotipo «hipertrigliceridemia-cintura abdominal aumentada» es un factor de riesgo de aterosclerosis subclínica en pacientes con infección por VIH y podría constituir un marcador indirecto asociado a la presencia de lipodistrofia, síndrome metabólico y riesgo cardiovascular elevado.

[S22436384](#)

El estudio PRESCAP 2010 indica que casi 5 de cada 10 hipertensos tienen bien controlada la PA. Existen diferencias importantes según el horario de consulta y la toma previa de antihipertensivos. El control ha mejorado respecto al PRESCAP 2006.

[S22459575](#)

A partir de los 65 años casi la mitad de las mujeres posmenopáusicas con osteoporosis referidas a una consulta especializada tienen FV y la mayoría de ellas presentan un déficit de vitamina D. En este grupo de pacientes es aconsejable realizar una radiografía de columna y determinar los valores séricos de 25-OH-D, ya que van a determinar la actitud terapéutica.

[S22982131](#)

Los alfa-bloqueantes se consideran en la actualidad el tratamiento de primera elección en los síntomas del tracto urinario inferior secundarios al crecimiento prostático benigno, pero sus indicaciones van más allá, pudiendo mejorar solos o en adyuvancia con otros fármacos los procesos patológicos anteriormente citados. La uroselectividad de alguno de ellos les hace que tengan una seguridad muy alta en su utilización.

REVISTA ESPAÑOLA DE CARDIOLOGIA

[S23010493](#)

Tan sólo la presencia de una onda R prominente en V1 constituye un signo específico de un infarto lateral grande y transmural.

[S22727798](#)

La disminución de la mortalidad por infarto de miocardio ha sido más pronunciada en Estados Unidos que en España, y las proyecciones para los próximos años apuntan a que en Estados Unidos habrá una evolución hacia tasas inferiores a las esperadas en España para los varones e iguales para las mujeres.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

[S23113798](#)

Overall, the Norwegian goal of a personal GP has been achieved; however, there are substantial variations between GPs and lower UPCs among young patients and in smaller municipalities.

[S23050804](#)

The majority of Norwegian GPs had and preferred private practice, but a significant minority would prefer a salaried position. The current private practice based system in Norway seems best suited to the preferences of experienced GPs in urban communities.

[S23113732](#)

The Beck Depression Inventory is a valid instrument for the diagnosis of depression in older adults. As a screening measure, the optimal cut-off score should be 11 or higher. Our results indicate that the sensitivity of the Whooley questions is not high enough to be used as a screening scale among the elderly.

[S23050793](#)

The referral process is essential for good patient care between general practice and specialist services. GPs consider referring as asymmetric and sometimes humiliating. The dichotomy between the wish for mutual dialogue and the convenience of using templates should be kept in mind when assuring quality of the referral process.

[S23113695](#)

Also in primary care panic disorder is comorbid, chronic, and disabling. It is important to recognize the comorbid disorders. High remission rates of comorbid alcohol use disorders encourage active treatment of patients also suffering from these disorders.

THE LANCET

[S23245608](#)

Global disease burden has continued to shift away from communicable to non-communicable diseases and from premature death to years lived with disability. In sub-Saharan Africa, however, many communicable, maternal, neonatal, and nutritional disorders remain the dominant causes of disease burden. The rising burden from mental and behavioural disorders, musculoskeletal disorders, and diabetes will impose new challenges on health systems. Regional heterogeneity highlights the importance of understanding local burden of disease and setting goals and targets for the post-2015 agenda taking such patterns into account. Because of improved definitions, methods, and data, these results for 1990 and 2010 supersede all previously published Global Burden of Disease results.

[S23245609](#)

Worldwide, the contribution of different risk factors to disease burden has changed substantially, with a shift away from risks for communicable diseases in children towards those for non-communicable diseases in adults. These changes are related to the ageing population, decreased mortality among children younger than 5 years, changes in cause-of-death composition, and changes in risk factor exposures. New evidence has led to changes in the magnitude of key risks including unimproved water and sanitation, vitamin A and zinc deficiencies, and ambient particulate matter pollution. The extent to which the epidemiological shift has occurred and what the leading risks currently are varies greatly across regions. In much of sub-Saharan Africa, the leading risks are still those associated with poverty and those that affect children.

[S23245603](#)

Despite global and regional health crises, global life expectancy has increased continuously and substantially in the past 40 years. Yet substantial heterogeneity exists across age groups, among countries, and over different decades. 179 of 187 countries have had increases in life expectancy after the slowdown in progress in the 1990s. Efforts should be directed to reduce mortality in low-income and middle-income countries. Potential underestimation of achievement of the Millennium

Development Goal 4 might result from limitations of demographic data on child mortality for the most recent time period. Improvement of civil registration system worldwide is crucial for better tracking of global mortality.

[S23245604](#)

Population growth, increased average age of the world's population, and largely decreasing age-specific, sex-specific, and cause-specific death rates combine to drive a broad shift from communicable, maternal, neonatal, and nutritional causes towards non-communicable diseases. Nevertheless, communicable, maternal, neonatal, and nutritional causes remain the dominant causes of YLLs in sub-Saharan Africa. Overlaid on this general pattern of the epidemiological transition, marked regional variation exists in many causes, such as interpersonal violence, suicide, liver cancer, diabetes, cirrhosis, Chagas disease, African trypanosomiasis, melanoma, and others. Regional heterogeneity highlights the importance of sound epidemiological assessments of the causes of death on a regular basis.

[S23245606](#)

HALE differs substantially between countries. As life expectancy has increased, the number of healthy years lost to disability has also increased in most countries, consistent with the expansion of morbidity hypothesis, which has implications for health planning and health-care expenditure. Compared with substantial progress in reduction of mortality over the past two decades, relatively little progress has been made in reduction of the overall effect of non-fatal disease and injury on population health. HALE is an attractive indicator for monitoring health post-2015.

[S23245607](#)

Rates of YLDs per 100,000 people have remained largely constant over time but rise steadily with age. Population growth and ageing have increased YLD numbers and crude rates over the past two decades. Prevalences of the most common causes of YLDs, such as mental and behavioural disorders and musculoskeletal disorders, have not decreased. Health systems will need to address the needs of the rising numbers of individuals with a range of disorders that largely cause disability but not mortality. Quantification of the burden of non-fatal health outcomes will be crucial to understand how well health systems are responding to these challenges. Effective and affordable strategies to deal with this rising burden are an urgent priority for health systems in most parts of the world.

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[S23121378](#)

The addition of aliskiren to standard therapy with renin-angiotensin system blockade in patients with type 2 diabetes who are at high risk for cardiovascular and renal events is not supported by these data and may even be harmful.

[S23136909](#)

The RTS,S/AS01 vaccine coadministered with EPI vaccines provided modest protection against both clinical and severe malaria in young infants

THORAX

[S22858926](#)

Comprehensive allergen avoidance in the first year of life is effective in preventing asthma onset in individuals considered at high risk due to heredity. The effect occurs in the early years, but persists through to adulthood.

[S22561530](#)

Reducing visceral adiposity in men with OSA cannot be achieved with CPAP alone and is likely to require weight-loss interventions. Longer-term effects of CPAP on other cardiometabolic markers such as ISx require further investigation to fully examine time dependencies.