

Diciembre 2013

Selección realizada por Antonio Manteca González

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ÍNDICE GLUCÉMICO, CARGA GLUCÉMICA, CARBOHIDRATOS Y DIABETES TIPO 2: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DOSIS-RESPUESTA DE ESTUDIOS PROSPECTIVOS

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GASTO EN ATENCIÓN SANITARIA ¿UN GIGANTE MUERTO O DURMIENDO?

ACADEMIC MEDICINE

S24128631

It is widely recognized that the United States is going to experience a serious shortage of physicians in the coming years unless the number of physicians completing residency training and entering practice is greatly increased. Members of the academic medicine community have approached this issue by calling on Congress to eliminate the cap that currently limits the number of residency positions that Medicare will support. Simply eliminating the cap, however, will not ensure an adequate supply of physicians. In this commentary the author argues that decreasing the length of training required in core clinical specialties will be required to effectively address the workforce shortage by allowing more residents to be trained in core specialties without greatly increasing the number of training programs and the aggregate amount that Medicare currently spends on graduate medical education.

S24128642

U.S. health care is changing, and it will continue to change across multiple dimensions: a different mix of patients; more ambulatory, chronic care and less acute, inpatient care; an older population; expanded insurance coverage; a team approach to care; rapid growth of subspecialty care; growing emphasis on cost-effective care; and rapid technological change. These changes demand a corresponding evolution in physician roles and training. However, despite innovation in content and teaching methods, there has been little alteration to the basic structure of medical education since the Flexner Report sparked widespread reform in 1910. Looking to the future, medical education might evolve to include preparation for a team approach to care via practical training for multispecialty collaborative practice and preparing physicians to be leaders of primary care teams that include nonphysician providers; shorter training for some physicians via flexible pathways and "fast tracks" at each phase of training; cost-effective care in clinical practice; increased training in geriatrics; and "on ramps" and "off ramps" along the physician career path for flexible training over a lifetime. Although the challenges facing the health care system are great, meeting changing health care needs must begin at the foundation, in medical education.

S24128626

Recent U.S. health care reform efforts have focused on three main goals: improving health care for individuals, improving population health, and lowering costs. Physicians, who traditionally have practiced with considerable autonomy, will be required to become members of the team-based patient care models necessary to achieve these goals. In this perspective, the authors assert that medical school admissions, the selection of the future physician workforce, is a key component of health care reform. They review the historical context for medical school admission processes, which have placed a premium on grades and standardized test scores, and examine how admission practices are undergoing fundamental changes in order to select physicians with both the academic and interpersonal and intrapersonal competencies necessary to operate in the health care system of the future. The authors describe how new techniques, such as holistic review and multiple mini-interviews, are contributing to the shift toward competency-based medical education. Innovations underway at the Association of American Medical Colleges to transform medical school admissions also are explored. The authors conclude by arguing that although the admission process has great potential to transform the future health care workforce, major overhauls of the health care payment and delivery systems must be achieved alongside innovations in health professions education to truly transform the U.S. health care system.

S24128635

In this commentary, the author describes how the meaning of the health care workforce has changed, focusing on the physician workforce. Some questions have been asked consistently over the years: How many should we have? What type? Where should they work? In 1830 there were no licensing laws, and every literate American could be a member of the health care workforce by following detailed instructions in a popular handbook. Subsequent years saw the initiation of state licensing laws and the reform of medical education. Medical specialties and specialty boards were created, although it was not until after World War II that the dominance of the general practitioner gave way to specialists. For over a century, estimates of physician supply have swung between "too many" and "too few." Rural and economically disadvantaged communities have long struggled with access to health care providers. The author also identifies some issues that have only been considered fairly recently, such as the ethnic and gender diversity of the workforce. Wars have played a major role in changing ideas about the workforce, often in ways that long outlast the actual dates of the conflict. The meaning of the health care workforce has always been deeply embedded in a specific social, political, and economic context.

S24128627

Workforce planning in an era of health care reform is a challenge as both delivery systems and patient demographics change. Current workforce projections are based on a future health care system that is either an identified "ideal" or a modified version of the existing system. The desire to plan for such an "ideal system," however, may threaten access to necessary services if it does not come to fruition or is based on theoretical rather than empirical data. Historically, workforce planning that concentrated only on an "ideal system" has been centered on incorrect assumptions. Two examples of such failures presented in the 1980s when the Graduate Medical Education National Advisory Committee recommended a decrease in the physician workforce on the basis of predetermined "necessary and appropriate" services and in the 1990s, when planners expected managed care and health maintenance organizations to completely overhaul the existing health care system. Neither accounted for human behavior, demographic changes, and actual demand for health care services, leaving the nation ill-prepared to care for an aging population with chronic disease. In this article, the authors argue that workforce planning should begin with the current system and make adjustments based on empirical data that accurately reflect current trends. Actual health care use patterns will become evident as systemic changes are realized-or not-over time. No single approach will solve the looming physician shortage, but the danger of planning only for an ideal system is being unprepared for the actual needs of the population.

S24128628

Recent studies suggest that team-based primary care models could contribute to eliminating the predicted physician shortages. In this article, the authors explore existing team-based clinical care delivery models, comparing specialist and primary care teams, that include patient-centered medical homes and accountable care organizations. Next, the authors describe the barriers to adopting these models on a large scale, particularly the regulatory, financial, and cultural factors as well as scope of practice considerations for nonphysician providers. The authors' aim is not to evaluate the merits of team-based primary care models but, rather, to ascertain whether such models should be at the center of current physician workforce planning policies. The authors argue that although emerging evidence indicates that primary care teams can improve patient outcomes, few data exist to suggest that these models will drastically reduce the need for additional physicians or other providers. Thus, the authors conclude that additional research is needed to evaluate the ability of such models to alleviate provider deficits. And, while policy makers should work toward their ideal health care system, they also must expand the physician workforce to meet the growing demand for health care services in the existing one.

ANNALS OF INTERNAL MEDICINE

GRODESTEIN

Conclusion: In male physicians aged 65 years or older, long-term use of a daily multivitamin did not provide cognitive benefits.

LAMAS

Conclusion: High-dose oral multivitamins and multiminerals did not statistically significantly reduce cardiovascular events in patients after MI who received standard medications. However, this conclusion is tempered by the nonadherence rate.

S24145991

This guideline is based on a systematic evidence review evaluating the published literature on this topic from 1985 through November 2011 that was identified by using MEDLINE and the Cochrane Database of Systematic Reviews. Searches were limited to English-language publications. The clinical outcomes evaluated for this guideline included all-cause mortality, cardiovascular mortality, myocardial infarction, stroke, chronic heart failure, composite vascular outcomes, composite renal outcomes, end-stage renal disease, quality of life, physical function, and activities of daily living. This guideline grades the evidence and recommendations by using ACP's clinical practice guidelines grading system. RECOMMENDATION 1: ACP recommends against screening for chronic kidney disease in asymptomatic adults without risk factors for chronic kidney disease. (Grade: weak recommendation, low-quality evidence) RECOMMENDATION 2: ACP recommends against testing for proteinuria in adults with or without diabetes who are currently taking an angiotensin-converting enzyme inhibitor or an angiotensin II-receptor blocker. (Grade: weak recommendation, low-quality evidence) RECOMMENDATION 3: ACP recommends that clinicians select pharmacologic therapy that includes either an angiotensin-converting enzyme inhibitor (moderate-quality evidence) or angiotensin II-receptor blocker (high-quality evidence) in patients with hypertension and stage 1 to 3 chronic kidney disease. (Grade: strong recommendation) RECOMMENDATION 4: ACP recommends that clinicians choose statin therapy to manage elevated low-density lipoprotein in patients with stage 1 to 3 chronic kidney disease. (Grade: strong recommendation, moderate-quality evidence)

S24217421

Limited evidence supports any benefit from vitamin and mineral supplementation for the prevention of cancer or CVD. Two trials found a small, borderline-significant benefit from multivitamin supplements on cancer in men only and no effect on CVD.

ARCHIVOS DE BRONCONEUMOLOGIA

S23871526

La frecuencia de SAHS en normopeso era menor que en los sobrepeso y obesos. La frecuencia de SAHS y SM simultáneamente en normopeso frente a obesos fue menor. Los pacientes normopeso eran con más frecuencia mujeres, más jóvenes y sin hábitos tóxicos. Los factores predictores de SAHS en normopeso eran sexo y edad, sin que existiera relación entre SM y SAHS.

ATENCION PRIMARIA

S23891031

El CAPPAP es un instrumento de fácil y rápida administración, que es bien aceptado por los profesionales y que presenta unos resultados psicométricos aceptables, tanto a nivel global como a nivel de cada dimensión.

S23910056

La incidencia de NAC fue de 8,3 casos/1.000 habitantes/año. Algo más de una de cada 4 neumonías precisaron ingreso y fallecieron el 2,7% de los pacientes con NAC. Solo la edad se asoció con la mortalidad.

S23906721

La administración del cuestionario ACT® mejoró la puntuación indicativa de control del asma en ambas poblaciones del estudio, obteniendo una mayor puntuación aquellos pacientes atendidos por médicos con experiencia previa en el uso del ACT®. La administración del ACT® podría contribuir a mejorar la evolución longitudinal del paciente favoreciendo la adecuación del tratamiento.

S24055131

El poder de la medicina ha hecho atractiva la idea de «medicalizar» aspectos de la vida que se pueden percibir como problemas médicos aun sin serlo. La medicina, como reflejo de la cultura del bienestar, genera en ocasiones falsas necesidades, y aspectos de la vida cotidiana son medicalizados con el pretexto de tratar falsas enfermedades como astenia primaveral y timidez, o procesos biológicos naturales como la menopausia.

A pesar del mayor bienestar material, cada día atendemos a más personas que se quejan de malestares que quizá tengan más que ver con «estar mal» que con auténticas «enfermedades». La lista puede ser interminable: tristeza, niños hiperactivos, vigorexias o adolescentes problemáticos, entre otros. En este artículo se revisan algunas intervenciones que desde la consulta contribuyen a fomentar dichas situaciones. La adversidad cotidiana adquiere hoy rango de enfermedad, de ahí el notable aumento de las consultas en los diferentes dispositivos sanitarios.

S24035766

El consumo de fármacos en Aragón es elevado, así como la prevalencia de autoconsumo. Resulta de gran interés conocer el perfil de estos pacientes para poder realizar intervenciones dirigidas a reducir el consumo innecesario y mejorar la adecuación y seguridad de los fármacos utilizados

BRITISH MEDICAL JOURNAL

THOMPSON

The durations of earache and common colds are considerably longer than current guidance given to parents in the United Kingdom and the United States; for other symptoms such as sore throat, acute cough, bronchiolitis, and croup the current guidance is consistent with our findings. Updating current guidelines with new evidence will help support parents and clinicians in evidence based decision making for children with respiratory tract infections.

S24284017

Exposure to sodium-containing formulations of effervescent, dispersible, and soluble medicines was associated with significantly increased odds of adverse cardiovascular events compared with standard formulations of those same drugs. Sodium-containing formulations should be prescribed with caution only if the perceived benefits outweigh these risks.

S24270505

The use of β blockers started either at the time of hospital admission for myocardial infarction or before a myocardial infarction is associated with improved survival after myocardial infarction in patients with COPD.

S24326886

Pre-hospital administration of adrenaline by emergency medical services improves the long term outcome in patients with out of hospital cardiac arrest, although the absolute increase of neurologically intact survival was minimal.

S24277339

Important suppurative complications after an episode of acute sore throat in primary care are uncommon. History and examination and scores to predict bacterial infection cannot usefully identify those who will develop complications. Clinicians will need to rely on strategies such as safety netting or delayed prescription in managing the uncertainty and low risk of complications.

S24304677

We found no evidence to support a protective association between perinatal use of probiotics and doctor diagnosed asthma or childhood wheeze. Randomised controlled trials to date have not yielded sufficient evidence to recommend probiotics for the primary prevention of these disorders. Extended follow-up of existing trials, along with further clinical and basic research, are needed to accurately define the role of probiotics in the prevention of childhood asthma.

S24322398

Among people with impaired glucose tolerance and other cardiovascular risk factors and with serial glucose measurements, diuretics and statins were associated with an increased risk of new onset diabetes, whereas the effect of β blockers was non-significant.

S24355537

Greater dietary fibre intake is associated with a lower risk of both cardiovascular disease and coronary heart disease. Findings are aligned with general recommendations to increase fibre intake. The differing strengths of association by fibre type or source highlight the need for a better understanding of the mode of action of fibre components.

CIRCULATION

S19364980

A brief period of doxycycline treatment has a profound but selective effect on vascular inflammation and reduces aortic wall neutrophil and cytotoxic T-cell content. Results of this study are relevant for pharmaceutical stabilization of the abdominal aneurysm and possibly for other inflammatory conditions that involve neutrophils and/or cytotoxic T cells.

DIABETES CARE

S24170756

Results of this study should be viewed cautiously, given the relatively short duration of glargine use to date and the large number of potential associations examined.

S24130354

Increased consumption of F&Vs, as advocated in public-health advice, has no effect on IR in overweight individuals who are at high risk of CVD when body weight is maintained. Recent evidence from systematic reviews indicates that particular classes or types of F&Vs may have particular antidiabetic properties; hence, it is possible that benefits may only be observed in response to a more specific fruit or vegetable intervention.

S24130357

Offloading-improved custom-made footwear does not significantly reduce the incidence of plantar foot ulcer recurrence in diabetes compared with custom-made footwear that does not undergo such improvement, unless it is worn as recommended.

S24101695

The presence of OSA in nonobese individuals is significantly associated with impaired glucose metabolism, which can be responsible for future risk for diabetes and cardiovascular disease.

S24135387

Older adults with both IFG and elevated HbA1c have a substantially increased odds of developing diabetes over 7 years. Combined screening with FPG and HbA1c may identify older adults at very high risk for diabetes.

S24170761

Progression and regression of DR were strongly associated with blood pressure and glycemic exposure.

S24265366

Included studies were observational and should be interpreted cautiously. However, our findings are consistent with protective effects of low dietary GI and GL, quantifying the range of intakes associated with lower risk. Future research could focus on the type of sugars and other carbohydrates associated with greatest risk.

S24130350

In new-onset type 1 diabetes, HCLC followed by SAP therapy did not provide benefit in preserving β -cell function compared with current standards of care.

S24062327

Linagliptin added to basal insulin therapy significantly improved glycemic control relative to placebo without increasing hypoglycemia or body weight.

S24186878

Long-term empagliflozin treatment provided sustained glycemic and weight control and was well tolerated with a low risk of hypoglycemia in patients with type 2 diabetes.

S23990523

Prepregnancy low adiponectin concentrations, a marker of decreased insulin sensitivity and altered adipocyte endocrine function, is associated with reduced glucose tolerance during pregnancy and may identify women at high risk for GDM to target for early intervention.

S24144651

The New Chinese Diabetes Risk Score based on nonlaboratory data appears to be a reliable screening tool to detect undiagnosed type 2 diabetes in Chinese population.

S24170762

Increased dietary fiber, particularly soluble fiber, and vegetables and fruits were associated with lower incident stroke but not CHD in patients with type 2 diabetes.

DRUGS

S24214364

Chronic obstructive pulmonary disease (COPD) is a common and often progressive inflammatory disease of the airways that is both preventable and treatable. It is well established that those with mild-to-moderate disease severity represent the majority of patients with COPD, yet this subpopulation is relatively under-studied. Because of an insidious pre-clinical phase, COPD is both under-diagnosed and under-treated. Recent studies have confirmed that even patients with mild, grade 1 COPD [i.e. those with a reduced forced expiratory volume in one second (FEV1)/forced vital capacity ratio but normal FEV1], have measurable physiological impairment with increased morbidity and a higher risk of mortality compared with non-smoking healthy controls. Beyond the imperative of smoking cessation-the pivotal intervention in all COPD stages-the role of pharmacotherapy for prevention of disease progression has yet to be established. The main objective of this review is to provide a concise overview of the heterogeneous pathophysiology of COPD with only mild airway obstruction on spirometry and obstacles for early diagnosis. We emphasize that the absence of sufficiently

powered trials involving a large number of patients precludes definitive recommendations in support of (or against) long-term pharmacological treatment in mild COPD. Despite these limitations, we present a rationale for earlier pharmacological intervention derived from recent physiological studies performed in symptomatic patients with mild COPD.

S24249648

Prednisone is a well-established treatment option in rheumatoid arthritis. Low-dose glucocorticoid therapy alleviates disease signs and symptoms, is better tolerated than high-dose therapy, and its addition to disease-modifying anti-rheumatic drugs (DMARDs) inhibits radiographic disease progression. A low-dose, modified-release (MR) formulation of prednisone, administered in the evening, was developed to counter the circadian rise in pro-inflammatory cytokine levels that contributes to disease activity. In a 12-week, randomized trial (CAPRA-2) in adult patients with rheumatoid arthritis who were receiving stable DMARD therapy, the addition of MR prednisone reduced disease signs and symptoms by =20 % according to the American College of Rheumatology criteria (in 48 % of patients vs. 29 % with placebo; $p < 0.002$ [primary endpoint]). In another 12-week trial (CAPRA-1), addition of evening MR prednisone to stable DMARD therapy reduced the mean duration of morning stiffness to a greater extent than addition of morning immediate-release (IR) prednisone (22.7 vs. 0.4 %; $p = 0.045$ [primary endpoint]). The improvement in morning stiffness with MR prednisone was maintained for 9-12 months during the open-label extension of CAPRA-1. These findings were supported by data from observational studies in various adult populations with rheumatoid arthritis. Treatment with evening MR prednisone for up to 12 months was generally well tolerated, with an overall similar tolerability profile compared with evening placebo or morning IR prednisone, and no new safety concerns. MR prednisone was estimated to be cost effective relative to IR prednisone in patients with rheumatoid arthritis in a UK pharmacoeconomic model.

EUROPEAN HEART JOURNAL

S24096330

Exercise-related OHCA has a low incidence, particularly in the young. Cardiac arrests occurring during or shortly after exercise carry a markedly better prognosis than non-exercise-related arrests in persons >35 years. This study establishes the favourable outcome of exercise-related OHCA and should have direct implications for public health programs to prevent exercise-related sudden death.

S23756332

Among male participants of a 90 km cross-country skiing event, a faster finishing time and a high number of completed races were associated with higher risk of arrhythmias. This was mainly driven by a higher incidence of AF and bradyarrhythmias. No association with SVT or VT/VF/CA was found.

S23751422

Vitamin D deficiency, prevalent in 30-50% of adults in developed countries, is largely due to inadequate cutaneous production that results from decreased exposure to sunlight, and to a lesser degree from low dietary intake of vitamin D. Serum levels of 25-hydroxyvitamin D (25-OH D) <20 ng/mL indicate vitamin D deficiency and levels >30 ng/mL are considered optimal. While the endocrine functions of vitamin D related to bone metabolism and mineral ion homeostasis have been extensively studied, robust epidemiological evidence also suggests a close association between vitamin D deficiency and cardiovascular morbidity and mortality. Experimental studies have demonstrated novel actions of vitamin D metabolites on cardiomyocytes, and endothelial and vascular smooth muscle cells. Low 25-OH D levels are associated with left ventricular hypertrophy, vascular dysfunction, and renin-angiotensin system activation. Despite a large body of experimental, cross-sectional, and prospective evidence implicating vitamin D deficiency in the pathogenesis of cardiovascular disease, a causal relationship remains to be established. Moreover, the cardiovascular benefits of normalizing 25-OH D levels in those without renal disease or hyperparathyroidism have not been established, and questions of an epiphenomenon where vitamin D status merely reflects a classic risk burden have been raised. Randomized trials of vitamin D replacement employing cardiovascular endpoints will provide much needed evidence for determining its role in cardiovascular protection.

S24186898

This article describes recent progress on a novel disease that started as a scientific curiosity and has not yet found its end as a scientific revolution.

FAMILY MEDICINE

S24347189

Early experience with this model of GF development indicates that new fellowships can be established in community-based residencies that competitively recruit and train fellows who are inclined to practice in areas of greatest need. Creation of more non-metropolitan GF programs could provide a means to stabilize and redistribute the geriatrician workforce.

S24347188

We successfully developed and tested a survey designed to measure family medicine identity in residencies, with five domains. Survey item responses were different between residents and faculty, which indicates the instrument may be sensitive to important changes over time.

S24347186

We developed and tested a measure of team development that has strong psychometric properties. This tool could be used to study how team functioning affects clinical outcomes and as a quality improvement tool to improve team function.

FAMILY PRACTICE

S24115012

The study confirms that previous exacerbations strongly predict future exacerbations in patients with COPD or asthma. Identification and a closer follow-up of patients at risk of such events could promote earlier treatment when necessary and prevent a rapid deterioration of their condition.

S24055993

Screening of asymptomatic men for PCa is widely practiced. Most of the costs of screening were incurred in general practice. Calls for men to receive increased information on the harms and benefits of screening will substantially increase the costs. The current costs could be reduced by better targeting of screening.

S23960104

Theory-based interventions have limited impact on reducing the prescription of antibiotics against URTIs in primary care. Future studies are needed to draw firm conclusions about their effects.

S24107269

From 2002 to 2011, PSA incidence testing rates increased, particularly in men with urinary symptoms and cardiovascular disease, despite several international guidelines that suggest a judicious use of PSA tests.

S24000262

Using the Internet to diagnose mental health problems in primary care seems very promising. This system of using eDiagnostics before referral to a mental health institution may change the management of mental health care. Further research should investigate whether this tool is valid, reliable and (cost) effective.

S24115013

The analysis provides an insight into the determinants and patterns of health service use by families with young children at two stages of development. While some of our findings are expected or supported by previous research, others highlight areas that require further investigation.

JAMA

S24327037

Among patients with OSA and resistant hypertension, CPAP treatment for 12 weeks compared with control resulted in a decrease in 24-hour mean and diastolic blood pressure and an improvement in the nocturnal blood pressure pattern. Further research is warranted to assess longer-term health outcomes.

S24381967

Among patients with mild to moderate AD, 2000 IU/d of alpha tocopherol compared with placebo resulted in slower functional decline. There were no significant differences in the groups receiving memantine alone or memantine plus alpha tocopherol. These findings suggest benefit of alpha tocopherol in mild to moderate AD by slowing functional decline and decreasing caregiver burden.

S24327038

Previous and current gastric acid inhibitor use was significantly associated with the presence of vitamin B12 deficiency. These findings should be considered when balancing the risks and benefits of using these medications.

S24327039

It is important to evaluate elderly patients for dermatological, systemic, and neurological etiologies of itch. A simple-to-apply diagnostic and therapeutic algorithm can be used. Xerosis, drug reactions, and neuropathy should be considered when evaluating pruritus.

S24276813

CLINICAL QUESTION:

Do statins reduce rates of cardiovascular events when used for primary prevention?

BOTTOM LINE:

When used for primary prevention, statins are associated with lower rates of all-cause mortality, major vascular events, and revascularizations compared with placebo. Statin therapy is not associated with increased rates of life-threatening adverse effects such as cancer.

S24177257

In patients with stable coronary artery disease or low-risk ACS treated with zotarolimus-eluting stents, 3 months of dual antiplatelet therapy was noninferior to 12 months for NACCE, without significantly increasing the risk of stent thrombosis.

S24346990

Among older adults taking a calcium-channel blocker, concurrent use of clarithromycin compared with azithromycin was associated with a small but statistically significant greater 30-day risk of hospitalization with acute kidney injury. These findings support current safety warnings regarding concurrent use of CYP3A4 inhibitors and calcium-channel blockers.

S24368463

Among young persons with chronic migraine, the use of CBT plus amitriptyline resulted in greater reductions in days with headache and migraine-related disability compared with use of headache education plus amitriptyline. These findings support the efficacy of CBT in the treatment of chronic migraine in children and adolescents.

S24327035

Most academic medical centers (AMCs) have developed financial conflict of interest (COI) policies to govern relationships between their faculty and the drug and medical device industries. The purpose of these policies is to prevent the prospect of personal financial gain by physicians and staff from adversely affecting the core AMC missions of patient care, medical education, and research. Such policies typically regulate a wide range of activities, such as promotional speakers bureaus, industry-funded continuing medical education (CME) programs, access of sales representatives to trainees and staff, and the composition of purchasing and formulary committees.

MEDICINA CLINICA

S23597953

Los inhibidores de la vitamina K han sido los fármacos más eficaces en el tratamiento anticoagulante de la fibrilación auricular durante las últimas décadas. Su abordaje presenta muchos inconvenientes, que han hecho aunar los esfuerzos en el diseño de nuevas moléculas. Dabigatrán, rivaroxabán y, próximamente, apixabán, están disponibles en el mercado como alternativa al acenocumarol. Todos ellos han demostrado una eficacia al menos similar a warfarina en la prevención del ictus y fenómenos embólicos, y dabigatrán 150 mg y apixabán, incluso superior. Todo ello con un perfil de seguridad mejor, especialmente en lo que a hemorragias graves/fatales e intracraneales se refiere. Esto supone una verdadera revolución. El avance de estos nuevos anticoagulantes únicamente va a estar limitado por el mayor coste económico, ya que de un modo progresivo probablemente pasen a ser los protagonistas de la anticoagulación oral en los pacientes con fibrilación auricular de origen no valvular.

S23481870

Los datos obtenidos permiten avanzar en el conocimiento de los malos tratos hacia personas mayores en España, donde los precedentes de investigación en este área son aislados. No obstante, la cifra estimada de prevalencia de malos tratos no debe caer dentro del alarmismo social ni, por el contrario, en una «dejadez social».

S23522799

Los grupos que consumieron ácidos grasos poliinsaturados n-3 y los contenidos en la nuez de castilla en dosis diarias moderadas durante 6 semanas mejoraron el componente dislipidemia del SM, hipertrigliceridemia y nivel bajo de HDL.

S24018253

La mejoría de parámetros objetivos relacionados con la osteoporosis indica la validez de la educación sanitaria como medida preventiva en este grupo de mujeres. Sería interesante analizar la repercusión de esta mejoría a largo plazo en términos de reducir la incidencia de osteoporosis y de fracturas.

MORBIDITY AND MORTALITY WEEKLY REPORT

S24352112

This report contains CDC guidance that augments the 2011 recommendations of the Advisory Committee on Immunization Practices (ACIP) for evaluating hepatitis B protection among health-care personnel (HCP) and administering post-exposure prophylaxis. Explicit guidance is provided for persons working, training, or volunteering in health-care settings who have documented hepatitis B (HepB) vaccination years before hire or matriculation (e.g., when HepB vaccination was received as part of routine infant [recommended since 1991] or catch-up adolescent [recommended since 1995] vaccination). In the United States, 2,890 cases of acute hepatitis B were reported to CDC in 2011, and an estimated 18,800 new cases of hepatitis B occurred after accounting for underreporting of cases and asymptomatic infection. Although the rate of acute hepatitis B virus (HBV) infections have declined approximately 89% during 1990-2011, from 8.5 to 0.9 cases per 100,000 population in the United States, the risk for occupationally acquired HBV among HCP persists, largely from exposures to patients with chronic HBV infection. ACIP recommends HepB vaccination for unvaccinated or incompletely vaccinated HCP with reasonably anticipated risk for blood or body fluid exposure. ACIP also recommends that vaccinated HCP receive postvaccination serologic testing (antibody to hepatitis B surface antigen [anti-HBs]) 1-2 months after the final dose of vaccine is administered (CDC. Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 2011;60 [No. RR-7]). Increasing numbers of HCP have received routine HepB vaccination either as infants (recommended since 1991) or as catch-up vaccination (recommended since 1995) in adolescence. HepB vaccination results in protective anti-HBs responses among approximately 95% of healthy-term infants. Certain institutions test vaccinated HCP by measuring anti-HBs upon hire or matriculation, even when anti-HBs testing occurs greater than 2 months after vaccination. This guidance can assist clinicians, occupational health and student health providers, infection-control specialists, hospital and health-care training program administrators, and others in selection of an approach for assessing HBV protection for vaccinated HCP. This report emphasizes the importance of administering HepB vaccination for all HCP, provides explicit guidance for evaluating hepatitis B protection among previously vaccinated HCP (particularly those who were vaccinated in infancy or adolescence), and clarifies recommendations for postexposure management of HCP exposed to blood or body fluids.

REVISTA ESPAÑOLA DE CARDIOLOGIA

COLL

Existe una clara disociación entre la estratificación del riesgo cardiovascular mediante los factores de riesgo tradicionales y la presencia de placa ateromatosa, ya que 1/4 sujetos con riesgo cardiovascular bajo-intermedio presentaba ateromatosis carotídea.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S24299045

GP use of partners of cancer patients is increased 6-24 months after diagnosis, but health problems vary between cancer types. GPs should be alert for somatic and psychosocial problems in partners of cancer patients.

S24106821

In almost 90% of children included in this study the GP suspected no organic cause for the abdominal pain. GPs diagnose FAP in children without alarm symptoms and order diagnostic testing in one out of four children presenting with abdominal pain. No difference was found in GPs' management between children with a diagnosis of GPFAP and other diagnoses. Only about half of the children with a GP diagnosis of FAP fulfilled time-criteria of FAP as defined in the literature

S24102498

Within the European countries there are considerable differences in recommendations for empiric first-choice antibiotic treatment of uUTI. In order to reduce the increasing antimicrobial resistance in Europe, it is important to agree on the most appropriate antibiotics for empiric treatment of uUTI.

THE NEW ENGLAND JOURNAL OF MEDICINE

S24350950

We did not detect a significant association between maternal use of SSRIs during pregnancy and autism spectrum disorder in the offspring. On the basis of the upper boundary of the confidence interval, our study could not rule out a relative risk up to 1.61, and therefore the association warrants further study. (Funded by the Danish Health and Medicines Authority.).