

## Diciembre 2014

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## ANNALS OF INTERNAL MEDICINE

[S25244227](#)

The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for STIs. (B recommendation).

[S25200125](#)

The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. (B recommendation).

[S25243785](#)

The USPSTF recommends screening for chlamydia in sexually active females aged 24 years or younger and in older women who are at increased risk for infection. (B recommendation) The USPSTF recommends screening for gonorrhea in sexually active females aged 24 years or younger and in older women who are at increased risk for infection. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. (I statement).

[S25244000](#)

Chlamydia screening in young women may reduce the incidence of pelvic inflammatory disease. Nucleic acid amplification tests are accurate for diagnosing gonorrhea and chlamydia in asymptomatic persons.

## ARCHIVOS DE BRONCONEUMOLOGIA

[S25443591](#)

Nuestros datos confirman diferencias clínicas y analíticas entre una AEPOC y una NEPOC en los pacientes que precisan ingreso hospitalario, aunque sin diferencias en la evolución posterior.

[S25059585](#)

El síndrome de apnea-hipopnea del sueño es una enfermedad muy prevalente, con tasas altas de infradiagnóstico en el momento actual, que conlleva un elevado impacto sanitario, económico y social, y consume gran parte de los recursos destinados a las terapias respiratorias domiciliarias. Con motivo del Año SEPAR 2014 del paciente crónico y las terapias respiratorias domiciliarias, patrocinado por la Sociedad Española de Neumología y Cirugía Torácica, en este artículo se revisa la literatura más reciente publicada sobre las indicaciones del tratamiento de la apnea del sueño y sus controversias, las últimas evidencias de las indicaciones de los distintos dispositivos de presión positiva, así como los modos de ajuste, desde el uso de fórmulas empíricas o estimaciones matemáticas, a los modernos equipos de auto-CPAP, pasando por la titulación manual como «gold standard». Además, se hace hincapié en la necesidad de seguimiento que los pacientes precisan para asegurar la adherencia y cumplimiento de la terapia. Por último, se comentan someramente otros tratamientos, que no son el objetivo del artículo.

## ARTHRITIS AND RHEUMATOLOGY

[S25185757](#)

Increased fat mass and fat:muscle mass ratio were significantly associated with musculoskeletal pain among women. Widespread pain was significantly associated with a high fat:muscle mass ratio after adjustment for confounders. Understanding the relationship between fat mass and pain may provide insights into preventative measures and therapeutic strategies for musculoskeletal pain.

## ATENCION PRIMARIA

### CATALA-LOPEZ

Las revisiones sistemáticas y los metaanálisis se han consolidado como una herramienta fundamental para la práctica clínica basada en la evidencia. Inicialmente, el metaanálisis fue propuesto como una técnica que podría mejorar la precisión y la potencia estadística de la investigación procedente de estudios individuales con pequeño tamaño muestral. Sin embargo, uno de sus principales inconvenientes es que suelen comparar no más de 2 intervenciones alternativas a la vez. Los «metaanálisis en red» utilizan técnicas novedosas de análisis que permiten incorporar la información procedente de comparaciones directas e indirectas a partir de una red de estudios que examina los efectos de diversos tratamientos de una manera más completa. Pese a sus potenciales limitaciones, su aplicación en epidemiología clínica podría ser potencialmente útil en situaciones en las que existen varios tratamientos que se han comparado frente a un comparador común.

Además, estas técnicas pueden ser relevantes ante una pregunta clínica o de investigación cuando existen múltiples tratamientos que deben ser considerados, o cuando se dispone tanto de información directa como indirecta en el cuerpo de la evidencia.

S24863857

La prevalencia de inactividad física descendió entre 1987 y 2007, y los mayores descensos fueron en sujetos con estudios universitarios. La brecha de las diferencias en prevalencias y OR de inactividad física en tiempo libre, ha aumentado con el tiempo. Parece necesario contribuir, desde estrategias de Educación para la Salud y promoción de la equidad, a la reducción de las desigualdades en conductas de riesgo.

S24986634

Implementar una intervención educativa breve en AP mejora la calidad del sueño y potencia una menor prescripción de benzodiacepinas.

S24811538

En las publicaciones de atención primaria existe gran diversidad tanto en áreas de investigación como en las revistas donde se publican. La mayoría proceden de centros de salud, tratan aspectos clínicos y se publican en revistas españolas. Se observan diferencias en el volumen de producción científica entre comunidades autónomas.

## BRITISH JOURNAL OF PSYCHIATRY

S25452601

Background Agitation in dementia is common, persistent and distressing and can lead to care breakdown. Medication is often ineffective and harmful. Aims To systematically review randomised controlled trial evidence regarding non-pharmacological interventions. Method We reviewed 33 studies fitting predetermined criteria, assessed their validity and calculated standardised effect sizes (SES). Results Person-centred care, communication skills training and adapted dementia care mapping decreased symptomatic and severe agitation in care homes immediately (SES range 0.3-1.8) and for up to 6 months afterwards (SES range 0.2-2.2). Activities and music therapy by protocol (SES range 0.5-0.6) decreased overall agitation and sensory intervention decreased clinically significant agitation immediately. Aromatherapy and light therapy did not demonstrate efficacy. Conclusions There are evidence-based strategies for care homes. Future interventions should focus on consistent and long-term implementation through staff training. Further research is needed for people living in their own homes.

S25452599

Work-related mental health disorders are a major public health problem. Consequently, psychiatrists encounter many patients whose clinical state is profoundly affected by work conditions. Psychiatrists therefore, need training in occupational/stress medicine. This would help integrate health services for these patients, aimed at preservation of work fitness and mental health.

S25359926

Overall, this study confirms a general relationship between the economic environment and suicide rates; however, it does not support there being a clear causal relationship between the current economic crisis and an increase in the suicide rate.

## BRITISH MEDICAL JOURNAL

S25225003

Urinary incontinence affects women of all ages. History, physical examination, and certain tests can guide specialists in diagnosing stress urinary incontinence, urgency urinary incontinence, and mixed urinary incontinence. First line management includes lifestyle and behavior modification, as well as pelvic floor strength and bladder training. Drug therapy is helpful in the treatment of urgency incontinence that does not respond to conservative measures. In addition, sacral neuromodulation, intravesical onabotulinumtoxinA injections, and posterior tibial nerve stimulation can be used in select patient populations with drug refractory urgency incontinence. Midurethral synthetic slings, including retropubic and transobturator approaches, are safe and efficacious surgical options for stress urinary incontinence and have replaced more invasive bladder neck slings that use autologous or cadaveric fascia. Despite controversy surrounding vaginal mesh for prolapse, synthetic slings for the treatment of stress urinary incontinence are considered safe and minimally invasive.

S25500116

General practice waiting rooms contain mainly old magazines. This phenomenon relates to the disappearance of the magazines rather than to the supply of old ones. Gossipy magazines were more likely to disappear than non-gossipy ones. On the grounds of cost we advise practices to supply old copies of non-gossipy magazines. A waiting room science curriculum is urgently needed.

S25398372

Angiotensin receptor blocker showed beneficial effects comparable with ACE inhibitors in patients with ST segment elevation myocardial infarction with preserved left ventricular systolic function. Angiotensin receptor blockers could be used as an alternative to ACE inhibitors in such patients.

S25498121

Exaggeration in news is strongly associated with exaggeration in press releases. Improving the accuracy of academic press releases could represent a key opportunity for reducing misleading health related news.

## CANADIAN MEDICAL ASSOCIATION JOURNAL

S25349008

We found no significant difference in analgesic efficacy between orally administered morphine and ibuprofen. However, morphine was associated with a significantly greater number of adverse effects. Our results suggest that ibuprofen remains safe and effective for outpatient pain management in children with uncomplicated fractures.

## CIRCULATION

### S25378546

-The current study indicated a U-shaped association of BMI with all-cause mortality risk among African American and white patients with type 2 diabetes. A significantly increased risk of all-cause mortality was observed among African Americans with BMI <30 kg/m<sup>2</sup> and BMI =35 kg/m<sup>2</sup>, and among whites with BMI <25 kg/m<sup>2</sup> and BMI =40 kg/m<sup>2</sup> compared with patients with BMI 30-34.9 kg/m<sup>2</sup>.

### S25378545

Despite the persistence of the obesity epidemic and its contribution to development of metabolic and cardiovascular diseases, a growing number of studies have described a paradoxically longer survival (the "obesity paradox") among overweight and obese adults with and without chronic diseases.<sup>1</sup> Whereas the obesity paradox has previously been observed among adults with chronic kidney disease, heart failure and cancer, a growing number of studies have investigated this question in the setting of diabetes. Whether the obesity paradox is present in diabetes is of particular interest given the importance of obesity in the etiology of diabetes and the development of complications. In this week's issue of *Circulation*, Zhao and colleagues<sup>2</sup> report a U-shaped association between weight status and mortality among adults with diabetes whereby the lowest mortality rates are observed among adults who are overweight or obese. These findings are consistent with some,<sup>3,4</sup> but not all,<sup>5</sup> prior findings.

## DIABETES CARE

### S25414390

A low GI diet was associated with less frequent insulin use and lower birth weight than control diets, suggesting that it is the most appropriate dietary intervention to be prescribed to patients with GDM.

### S25249651

Liraglutide provides robust enhancement of  $\beta$ -cell function that is sustained over 48 weeks in early T2DM but lost upon cessation of therapy.

### S25193531

Gla-300 was as effective as Gla-100 and associated with a lower risk of hypoglycemia during the night and at any time of the day.

### S25336749

Former and current smoking was associated with a higher risk of incident type 2 diabetes compared with never smoking in men and women, independent of educational level, physical activity, alcohol consumption, and diet. Smoking may be regarded as a modifiable risk factor for type 2 diabetes, and smoking cessation should be encouraged for diabetes prevention.

### S25414388

These statistics underscore the importance of finding ways to reduce the burden of prediabetes and diabetes through prevention and treatment.

### S25249652

PHEN/TPM ER plus lifestyle modification can effectively promote weight loss and improve glycemic control as a treatment approach in obese/overweight patients with type 2 diabetes.

## DRUGS

### S25389049

Dapagliflozin (Forxiga®), Farxiga®) is an orally administered sodium-glucose co-transporter-2 (SGLT2) inhibitor used in the management of patients with type 2 diabetes. Dapagliflozin reduces renal glucose reabsorption by inhibiting the transporter protein SGLT2 in the renal proximal tubule, thereby increasing urinary glucose excretion and reducing blood glucose levels. Its mechanism of action is independent of insulin secretion or action; therefore, dapagliflozin provides complementary therapy when used in combination with other antihyperglycaemic drugs. This article updates an earlier review of dapagliflozin and focuses on longer-term efficacy and tolerability data (e.g. from extensions of earlier clinical trials), as well as data from studies in special patient populations (e.g. history of cardiovascular disease). Numerous well-designed clinical trials with dapagliflozin, primarily as add-on therapy for 24 weeks (but also as monotherapy or initial combination therapy), have consistently demonstrated reductions in glycosylated haemoglobin, fasting plasma glucose levels and bodyweight. Extensions of these trials show the effects are maintained over longer-term follow-up periods of ~1-4 years and dapagliflozin is generally well tolerated. Dapagliflozin has a low risk of hypoglycaemia, although the incidence varies depending on background therapy, and genital mycotic infections (particularly in women) are the most common adverse events. Dapagliflozin is not recommended in patients with moderate or severe renal impairment. In view of its unique mechanism of action and now well-established efficacy and tolerability profile, dapagliflozin is a useful treatment option in the management of type 2 diabetes, although its effects on diabetic complications remain to be evaluated.

### S25414121

Most patients with diabetes mellitus require multiple medications to achieve glycemic goals. Considering this and the increasing incidence of type 2 diabetes worldwide, the need for effective combination therapy is pressing. Basal insulin and glucagon-like peptide 1 (GLP-1) receptor agonists are frequently used to treat type 2 diabetes. Though both classes of medication are exclusively injectable, which may cause initial hesitation from providers, evidence for their combined use is substantial. This review summarizes the theoretical benefit, supporting evidence, and implementation of a combined basal insulin-GLP-1 receptor agonist regimen. Basal insulin added to a GLP-1 receptor agonist reduces hemoglobin A1c (HbA1c) without weight gain or significantly increased hypoglycemia. A GLP-1 receptor agonist added to basal insulin reduces HbA1c and body weight. Compared with the addition of meal-time insulin to basal insulin, a GLP-1 receptor agonist produces similar or greater reduction in HbA1c, weight loss instead of weight gain, and less hypoglycemia. Gastrointestinal adverse events are common with GLP-1 receptor agonists, especially during initiation and titration. However, combination with basal insulin is not expected to augment expected adverse events that come with using a GLP-1 receptor agonist. Basal insulin can be added to a GLP-1 receptor agonist with a slow titration to target goal fasting plasma glucose. In patients starting a GLP-1 receptor agonist, the dose of basal insulin should be decreased by 20 % in patients with an HbA1c =8 %. The evidence from 15 randomized prospective studies supports the combined use of a GLP-1 receptor agonist with basal insulin in a broad range of patients with uncontrolled type 2 diabetes.

### S25367717

Subcutaneous liraglutide (Victoza®), a glucagon-like peptide 1 receptor agonist, is approved for the treatment of adult patients with type 2 diabetes mellitus. Once-daily liraglutide, as monotherapy or add-on therapy to other antidiabetic agents (including basal insulin), was an effective and generally well tolerated treatment in adult patients with type 2 diabetes in several well-designed phase III trials and in the real world clinical practice setting. In addition to improving glycaemic control, liraglutide had beneficial effects on bodyweight, systolic blood pressure and surrogate measures of  $\beta$ -cell function in clinical trials, with these benefits maintained during long-term



treatment (=2 years). Liraglutide has a convenient once-daily administration regimen, a low potential for drug-drug interactions and low propensity to cause hypoglycaemia. Thus, liraglutide continues to be a useful option for the management of type 2 diabetes. This article reviews the therapeutic use of liraglutide in adult patients with type 2 diabetes and summarizes its pharmacological properties.

[S25385556](#)

Pramipexole, a non-ergolinic, D3-preferring dopamine agonist (DA), is well established as a treatment option for motor symptoms at all stages of Parkinson's disease (PD). It is administered orally and is available as both a three-times daily immediate-release (IR) formulation and a once-daily extended-release (ER) formulation (Mirapex® ER, Mirapexin® ER; Pexola® ER, Sifrol® ER). The two formulations are bioequivalent; the majority (>80 %) of patients can be switched overnight from pramipexole IR to ER without the need for dosage adjustment. In terms of improving activities of daily living and motor function in short-term (=33-week), double-blind studies, pramipexole ER was noninferior to pramipexole IR and significantly more effective than placebo as monotherapy in patients with early PD, and similar to pramipexole IR and significantly more effective than placebo as adjunctive therapy to levodopa in patients with advanced PD. In long-term (80-week) extensions of these trials, open-label treatment with pramipexole ER was associated with sustained symptomatic benefit. Moreover, the majority of extension participants who responded to a simple convenience questionnaire expressed a preference for once-daily over three-times daily dosing. Pramipexole ER was generally well tolerated in clinical trials; no new or unexpected safety signals were identified compared with the IR formulation. Head-to-head trials are needed in order to fully define the role of pramipexole ER relative to other once-daily formulations of DAs (oral ropinirole and transdermal rotigotine). Nonetheless, by reducing the pill burden, the ER formulation of pramipexole provides a more convenient alternative to the IR formulation; studies specifically testing whether this translates into improved patient compliance and symptom control are worthwhile.

[S25352391](#)

Oral rifaximin 550 mg (Refero®; Targaxan®; Tixteller®; Xifaxan®) twice daily, either alone or more commonly with medicines containing lactulose, is approved in several countries, including the UK, EU and USA, for use in adults with liver disease to reduce the recurrence of episodes of overt hepatic encephalopathy (HE). Rifaximin is a broad-spectrum antibacterial that acts locally in the gut to reduce intestinal flora, including ammonia-producing species, with hyperammonaemia considered to play a central role in the pathogenesis of HE. In a 6-month, multinational trial in patients with liver disease, rifaximin 550 mg twice daily ( $\pm$  lactulose) was an effective and well tolerated treatment for reducing the recurrence of HE episodes. At study end, rifaximin therapy significantly prolonged the time to the first breakthrough HE episode compared with placebo ( $\pm$  lactulose), irrespective of geographical region or baseline patient and disease characteristics. Rifaximin treatment also significantly reduced HE-related hospitalizations and improved health-related quality of life compared with placebo. Furthermore, the efficacy of rifaximin with or without lactulose in reducing the recurrence of overt HE episodes was maintained after up to 2.5 years of treatment, with no new safety signals arising during this period. This article reviews the pharmacology and therapeutic efficacy of rifaximin 550 mg twice daily in reducing the recurrence of overt HE episodes in adults with liver disease.

[S25414119](#)

The mitogen-activated protein kinase kinases (MAPKK) MEK1 and MEK2 are integral members of the MAPK/ERK signaling pathway and are of interest in the development of anti-cancer therapeutics. The MAPK/ERK pathway is dysregulated in more than 30 % of cancers, predominantly by mutations in RAS and BRAF proteins, and MEK serves as a potential downstream target for both of these. The biology of MEK inhibition is complex, as the molecule is differentially regulated by upstream RAS or RAF. This has impacted on the past development of MEK inhibitors as treatments for cancer and may be exploited in more rational, molecularly selected drug development plans in the future. The role of MEK in cancer and the mechanism of action of MEK inhibitors is reviewed. Furthermore, MEK inhibitors that are available in standard practice, as well as those most advanced in clinical development, are discussed. Finally, next steps in the development of MEK inhibitors are considered.

## ENFERMEDADES INFECCIOSAS Y MICROBIOLOGIA CLINICA

[S24813928](#)

Una elevada proporción de tratamientos antibióticos son susceptibles de modificación, generalmente hacia la simplificación. La adherencia a las recomendaciones fue elevada, aunque variable, dependiendo del centro, del tipo de recomendación, del periodo del estudio y de que la recomendación se realizara mediante un comentario verbal además de escrito.

[S25023372](#)

Este artículo pretende realizar una breve revisión de los principales conceptos en los que se basan las medidas de prevención y control de la infección. La antisepsia comprende el conjunto de técnicas destinadas a la eliminación total (esterilización) o mayoritaria (desinfección) de los gérmenes que contaminan un medio. Ambos procedimientos deben ir precedidos de una limpieza del medio donde se vayan a aplicar.

La desinfección se lleva a cabo por medio de biocidas o germicidas, sustancias químicas antimicrobianas cuyos mecanismos de acción y resistencia son muy similares a los de los antibióticos. Esta similitud está generando inquietud por la posibilidad de cruce de información genética que agrave el problema de las resistencias bacterianas. La mayoría de los biocidas pueden actuar como antisépticos, aplicados sobre piel y tejidos, o desinfectantes, sobre materiales inanimados. El espectro de acción de los germicidas depende de las características propias del producto y de factores externos controlables: temperatura, concentración, tiempo de exposición, etc.

Las técnicas de esterilización son fundamentalmente de carácter físico, a través de autoclaves que exponen el material a vapor o gas esterilizante. Los mayores avances están en las exposiciones a bajas temperaturas con tiempos más cortos de exposición, en paralelo con los avances tecnológicos de instrumentación con materiales que no soportan temperaturas elevadas y con rotaciones de uso altas, por la presión asistencial.

## EUROPEAN HEART JOURNAL

[S24497346](#)

The prevalence of masked suboptimal BP control in patients with treated and well-controlled clinic BP is high. Clinic BP monitoring alone is thus inadequate to optimize BP control because many patients have an elevated nocturnal BP. These findings suggest that ABPM should become more routine to confirm BP control, especially in higher risk groups and/or those with borderline control of clinic BP.

[S25265973](#)

Despite evidence-based interventions, coronary heart disease (CHD) remains a leading cause of global mortality. As therapies advance, patient non-adherence to established treatments is well recognized. Non-adherence is a powerful confounder of evidence-based practice and can affect daily patient management, resulting in inappropriate therapeutic escalation with greater costs and potential for harm. Moreover, it increases risk for adverse cardiac events, including mortality. Yet, non-adherence is complex, remains difficult to define, and provider ability to identify its presence accurately remains limited. Improved screening tools are needed to detect at-risk patients, enabling appropriate targeting of interventions. Given the rapidly expanding global population with CHD and emerging clinical and cost-benefits of adherence, addressing non-adherence to prescribed therapies is a top priority.



## FAMILY PRACTICE

S25208544

In patients presenting with transient or minor neurological symptoms, calculation of ACVR did not improve diagnostic accuracy for TIAMS beyond that of age and sex.

S25192904

GPs' initial focus upon tissue injury during acute care, and providing a diagnostic label, may influence patients' subsequent alignment with a biomedical perspective and contribute to consultation conflict and patients' perception of blame when discussion of psychosocial influences is introduced. Demonstrating the relevance of the biopsychosocial model to acute LBP may improve GPs' alignment with guidelines, improve their confidence to manage these patients and ultimately improve outcomes.

S25208543

Spontaneous idiopathic facial nerve (Bell's) palsy leaves residual hemifacial weakness in 29% which is severe and disfiguring in over half of these cases. Acute medical management remains the best way to improve outcomes. Reconstructive surgery can improve long term disfigurement. However, acute and surgical options are time-dependent. As family practitioners see, on average, one case every 2 years, a summary of this condition based on common clinical questions may improve acute management and guide referral for those who need specialist input. We formulated a series of clinical questions likely to be of use to family practitioners on encountering this condition and sought evidence from the literature to answer them. The lifetime risk is 1 in 60, and is more common in pregnancy and diabetes mellitus. Patients often present with facial pain or paraesthesia, altered taste and intolerance to loud noise in addition to facial droop. It is probably caused by ischaemic compression of the facial nerve within the meatal segment of the facial canal probably as a result of viral inflammation. When given early, high dose corticosteroids can improve outcomes. Neither antiviral therapy nor other adjuvant therapies are supported by evidence. As the facial muscles remain viable re-innervation targets for up to 2 years, late referrals require more complex reconstructions. Early recognition, steroid therapy and early referral for facial reanimation (when the diagnosis is secure) are important features of good management when encountering these complex cases.

S25214508

Patient-doctor gender concordance/discordance is associated with their agreement/disagreement on advice given during the consultation. Physicians need to be conscious that their own demographic characteristics and perceptions might influence the quality of prevention counseling delivered to their patients.

S25298510

Behavioural weight loss interventions in primary care yield very small reductions in body weight, which are unlikely to be clinically significant. More effective management strategies are needed for the treatment of overweight and obesity.

S25192902

Very few studies have investigated associations between specific multimorbidity and multi-drug therapy, and most currently focus on chronic disease comorbid depression outcomes. Further research needs to identify this area as key priority for older populations who are prescribed high levels of multiple drug therapy.

S25192903

Discontinuation of PPIs is feasible in a clinical setting, and a substantial number of the patients treated without a clear indication can safely reduce or discontinue treatment. Tapering seems to be the most effective way of doing this.

## GACETA SANITARIA

S25176129

Varones y mujeres se enfrentan a violencia de pareja durante el noviazgo de forma diferente, y sería necesario disponer de recursos para atenderlos de manera específica. Incluir preguntas sobre la sensación de atrapamiento podría contribuir a detectar precozmente la violencia de pareja. Formas de violencia sutiles, como la coerción, deberían tenerse más en cuenta en las campañas de sensibilización.

S25440441

Aunque no se ha observado una mejoría en el control glucémico a lo largo del seguimiento, la transmisión electrónica de la información ha resultado viable y satisfactoria para los pacientes, en quienes se ha comprobado un mayor nivel de salud percibida.

S25127554

En España existen diferencias en la prevalencia de mala salud percibida por CC.AA. Aunque no varía en el periodo analizado, se observan desigualdades en su evolución según el nivel educativo y el sexo, que podrían conllevar un aumento de las desigualdades en mujeres según el nivel educativo.

## JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S25461996

Chemoimmunotherapy is the standard first-line option approach for CLL, the most common leukemia observed in adults. Treatment is initiated when the disease becomes symptomatic, and survival is high following treatment.

S25402757

Among asymptomatic patients with type 1 or type 2 diabetes, use of CCTA to screen for CAD did not reduce the composite rate of all-cause mortality, nonfatal MI, or unstable angina requiring hospitalization at 4 years. These findings do not support CCTA screening in this population.

S25514303

In this 5-week controlled feeding study, diets with low glycemic index of dietary carbohydrate, compared with high glycemic index of dietary carbohydrate, did not result in improvements in insulin sensitivity, lipid levels, or systolic blood pressure. In the context of an overall DASH-type diet, using glycemic index to select specific foods may not improve cardiovascular risk factors or insulin resistance.

S25401325

Once-daily, low-dose aspirin did not significantly reduce the risk of the composite outcome of cardiovascular death, nonfatal stroke, and nonfatal myocardial infarction among Japanese patients 60 years or older with atherosclerotic risk factors.

S25514304

Cognitive decline and MCI have important implications for patients and their families and will require that primary care clinicians be skilled in identifying and managing this common disorder as the number of older adults increases in coming decades. Current evidence supports aerobic exercise, mental activity, and cardiovascular risk factor control in patients with MCI.

## JAMA INTERNAL MEDICINE

S25285455

Statin use, revascularization procedures, and underascertainment of events do not explain the discrepancy between observed rates of ASCVD in the WHS and those predicted by the ACC/AHA pooled cohort equations. Other explanations include changing patterns of risk within more contemporary populations.

[S25317719](#)

We estimate that US adults have had approximately 14 million major medical conditions that were attributable to smoking. This figure is generally conservative owing to the existence of other diseases and medical events that were not included in these estimates. Cigarette smoking remains a leading cause of preventable disease in the United States, underscoring the need for continuing and vigorous smoking-prevention efforts.

[S25317533](#)

In 2013, the US Preventive Services Task Force (USPSTF) recommended low-dose computed tomographic (CT) screening for high-risk current and former smokers with a B recommendation (indicating a level of certainty that it offered moderate to substantial net benefit). Under the Affordable Care Act, the USPSTF recommendation requires commercial insurers to fully cover low-dose CT. The Centers for Medicare & Medicaid Services (CMS) is now considering whether to also offer coverage for Medicare beneficiaries. Although the National Lung Screening Trial (NLST) demonstrated the efficacy of low-dose CT, implementation of national screening may be premature. The magnitude of benefit from routine screening is uncertain; estimates are based on data from a single study and simulation models commissioned by the USPSTF. The potential harms—which could affect a large population—include false-positive results, anxiety, radiation exposure, diagnostic workups, and the resulting complications. It is unclear if routine screening would result in net benefit or net harm. The NLST may not be generalizable to a national screening program for the Medicare age group because 73% of NLST participants were younger than 65 years. Moreover, screening outside of trial conditions is less likely to be restricted to high-risk smokers and qualified imaging centers with responsible referral protocols. Until better data are available for older adults who are screened in ordinary (nontrial) community settings, CMS should postpone coverage of low-dose CT screening for Medicare beneficiaries.

[S25329919](#)

Our findings confirm and extend the evidence that dopamine receptor agonist drugs are associated with these specific impulse control disorders. At present, none of the dopamine receptor agonist drugs approved by the FDA have boxed warnings as part of their prescribing information. Our data, and data from prior studies, show the need for more prominent warnings.

[S25265407](#)

Carotid ultrasonography is performed frequently to identify carotid stenosis in patients with no history of carotid-territory cerebrovascular ischemia. The premises of such testing are that the potential benefit of endarterectomy or stenting exceeds the potential harm in patients with asymptomatic stenosis and that discovery of asymptomatic stenosis may trigger beneficial changes in lifestyle or medical management that otherwise would not have occurred. However, given low contemporary rates of stroke in medically managed patients with asymptomatic carotid stenosis, invasive carotid procedures cannot be justified in this population. Moreover, among patients at increased cardiovascular risk, there is no evidence that carotid imaging motivates behavioral change or improves risk stratification beyond consideration of conventional risk factors. In this focused review, we address topics that should help health care professionals advise patients who inquire about carotid screening and patients in whom asymptomatic carotid stenosis has already been identified. We conclude that there is currently no role for carotid imaging in patients without a history of carotid-territory stroke or transient ischemic attack.

[S25286173](#)

We did not find noninferiority of  $\beta$ -lactam monotherapy in patients hospitalized for moderately severe community-acquired pneumonia. Patients infected with atypical pathogens or with PSI category IV pneumonia had delayed clinical stability with monotherapy.

## JAMA PSYCHIATRY

[S25321867](#)

The relationship between activity and depressive symptoms was bidirectional, albeit more persistent during adult life in the direction from activity to depressive symptoms. Findings suggest that activity may alleviate depressive symptoms in the general population and, in turn, depressive symptoms in early adulthood may be a barrier to activity.

[S25322082](#)

Our analysis suggests that anti-inflammatory treatment, in particular celecoxib, decreases depressive symptoms without increased risks of adverse effects. However, a high risk of bias and high heterogeneity made the mean estimate uncertain. This study supports a proof-of-concept concerning the use of anti-inflammatory treatment in depression. Identification of subgroups that could benefit from such treatment might be warranted.

[S25338187](#)

Including exposure therapy that promotes emotional processing of memories of the death is an important component to achieve optimal reductions in PGD severity. Facilitating emotional responses to the death may promote greater changes in appraisals about the loss, which are associated with symptom reduction. Promotion of emotional processing techniques in therapies to treat patients with PGD is needed.

## MEDICINA CLINICA

[S24268907](#)

La aplicación del ácido tranexámico en gel (Kin Exogel) en pacientes en tratamiento con anticoagulantes orales favorece el grado de cicatrización y la coagulación en las primeras 48-72 h.

[S24529881](#)

El síndrome metabólico y la hipovitaminosis D constituyen 2 trastornos con elevada prevalencia que comparten diversos factores de riesgo y existen amplias evidencias epidemiológicas que los relacionan. Aunque los mecanismos implicados en esta asociación no están bien establecidos, se ha relacionado la hipovitaminosis D con la resistencia a la insulina, la disminución en la secreción de insulina o la activación del sistema renina-angiotensina, mecanismos implicados en la fisiopatología del síndrome metabólico. Sin embargo, la aparente ineficacia de la suplementación con vitamina D sobre los componentes del síndrome metabólico, así como la escasa información acerca del efecto de la mejoría del control de los componentes del síndrome metabólico sobre las concentraciones de vitamina, no permiten establecer los mecanismos ni la dirección de la relación causal entre estas 2 afecciones. En general, por la alta prevalencia y la asociación epidemiológica de ambos procesos, podría considerarse la hipovitaminosis D un componente más del síndrome metabólico.

[S24480290](#)

El doble tratamiento antiagregante con ácido acetilsalicílico y clopidogrel reduce considerablemente las complicaciones trombóticas de las fases aguda y crónica en la cardiopatía isquémica. Pese al buen cumplimiento terapéutico, un porcentaje no despreciable de pacientes continúa presentando episodios adversos. Por ello, nuevos compuestos farmacológicamente más favorables están ya disponibles clínicamente (como es el caso de prasugrel y ticagrelor) o en fases avanzadas de su desarrollo. La presente revisión tiene como objetivo principal la descripción de los nuevos fármacos antiagregantes, en especial prasugrel y ticagrelor.

S24661534

La obesidad y el sobrepeso en la población infantojuvenil catalana se han mantenido estables durante 2006-2012, siendo de las más altas de Europa. Para afrontar este importante problema de salud pública, es necesario un enfoque integral e interdisciplinario que considere tanto los determinantes sociales como los estilos de vida del entorno infantil.

S24725853

Los valores de CTC podrían asociarse con el CAC y con el riesgo de enfermedad coronaria. Es necesaria la aparición de nuevos estudios para conocer la importancia de estos marcadores en la práctica clínica habitual.

S24216017

La concentración de cisC en el momento del diagnóstico de los pacientes con ETEV tiene valor pronóstico, similar al de creatinina sérica e inferior al del NT-proBNP.

## SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S25464863

Among patients with AF without OAC treatment a reason could be identified to withhold OAC in 75%. The underuse of OAC is estimated to be 25%.

S25350313

Antibiotics were most often prescribed in clinic consultations, but, in absolute terms, many were also prescribed by telephone. The high prescription proportion, particularly antibacterial eye drops for young infants, suggests room for improvement in rational antibiotic use.

S25434410

The use of POCT-TnT in primary care may be cost saving but at the expense of missed cases.

S25431340

A total of 352 determinants were identified, of which 99 were prioritized. The most frequently identified factors had to do with dissemination of guidelines, general practitioners' time constraints, the low prioritization of elderly patients with depression, and the patients' or relatives' wish for medication. Approximately three-quarters of the determinants were from three of the seven domains in the generic checklist: individual healthcare professional factors, patient factors, and incentives and resources. The survey did not provide useful information due to a low response rate and a lack of responses to open-ended questions. Implications. The list of prioritized determinants can inform the design of interventions to implement recommendations for elderly patients with depression. The importance of the determinants that were identified may vary across communities, practices. and patients. Interventions that address important determinants are necessary to improve practice.

S25363144

Palliative drug therapy and drug therapy changes are common for nursing home patients on the last day of life. Improvements in end-of-life care in nursing homes imply addressing prognostication and earlier response to palliative needs.

S25347723

The addition of a skilled pharmacist to the primary care team may contribute to reductions in numbers of drugs and maintenance of self-rated health in elderly patients with polypharmacy.

S25434409

Physical activity increased in all study groups of middle-aged men in this health-promotion trial. The interventions had no effect on metabolic syndrome or other cardiovascular outcomes in the participants. The trial increased awareness and collaboration in physical activity promotion among municipal health care and exercise services.

S25421090

Although immigrants account for a small percentage of all FAs, GPs and policy-makers should be aware of differences in socioeconomic and morbidity profiles to provide equality of health care.

S25363143

This interview study of sore throat management in a strategically sampled group of Swedish GPs showed that while two-thirds were non-adherent and had a liberal attitude to antibiotics one-third were guideline adherent with a restricted view on antibiotics. Non-adherent GPs revealed significant knowledge gaps. Adherent GPs had discussed guidelines within the primary care team while non-adherent GPs had not. Guideline implementation thus seemed to be promoted by knowledge shared in team discussions.

## THE LANCET

S25108889

In this update the ERSPC confirms a substantial reduction in prostate cancer mortality attributable to testing of PSA, with a substantially increased absolute effect at 13 years compared with findings after 9 and 11 years. Despite our findings, further quantification of harms and their reduction are still considered a prerequisite for the introduction of population-based screening.

## THE NEW ENGLAND JOURNAL OF MEDICINE

S25517706

When combined with brief behavioral support, cytisine was found to be superior to nicotine-replacement therapy in helping smokers quit smoking, but it was associated with a higher frequency of self-reported adverse events. (Funded by the Health Research Council of New Zealand; Australian New Zealand Clinical Trials Registry number, ACTRN12610000590066.).

## THORAX

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Although CPAP treatment reduces OSA severity and sleepiness, it seems not to have a beneficial effect on BP in patients with minimally symptomatic OSA, except in patients who used CPAP for >4 h/night.