Enero 2012
Selección realizada por Antonio Manteca González

ACADEMIC MEDICINE

Clement RC, Derman PB, Moss HA. Management lessons for improving medical students' clerkship experience. Acad Med. 2012; 87: 4 [AO,I]
22201630
LECCIONES DE GESTIÓN PARA MEJORAR LA EXPERIENCIA DE ROTACIÓN DE LOS ESTUDIANTES DE MEDICINA

Charon R, Hermann N. Commentary: a sense of story, or why teach reflective writing? Acad Med. 2012; 87: 5-7 [AO,I]
22201631 R/C
COMENTARIO: SENTIDO DE LA NARRACIÓN O ¿POR QUÉ ENSEÑAR ESCRITURA REFLEXIVA?

ANNALS OF INTERNAL MEDICINE

Lehouck A, Mathieu C, Carremans C, Baeke F, Verhaegen J, Van Eldere J, et al. High doses of vitamin D to reduce exacerbations in chronic obstructive pulmonary disease: a randomized trial. Ann Intern Med. 2012; 156: 105-114 [EC,I]
22250141 R/C
DOSIS ALTAS DE VITAMINA D PARA REDUCIR LAS EXACERBACIONES EN LA EPOC: ENSAYO ALEATORIZADO

Gill TM, Gahbauer EA, Murphy TE, Han L, Allore HG. Risk factors and precipitants of long-term disability in community mobility: a cohort study of older persons. Ann Intern Med. 2012; 156: 131-140 [S,I]
22250144 R/C
FACTORES DE RIESGO Y PRECIPITANTES DE LA DISCAPACIDAD A LARGO PLAZO EN LA MOVILIDAD DENTRO DE LA COMUNIDAD: ESTUDIO DE COHORTES DE PERSONAS MAYORES

Gold DR, Manson JE. Severe vitamin D deficiency: a prerequisite for COPD responsiveness to vitamin D supplementation? Ann Intern Med. 2012; 156: 156-157 [AO,I]
22250148
DÉFICIT GRAVE DE VITAMINA D: ¿PRERREQUISITO PARA LA RESPUESTA A LOS SUPLEMENTOS DE VITAMINA D?

ARCHIVES OF INTERNAL MEDICINE

Berkowitz SA, Katz MH. Thinking our way to better treatments of chronic pain. Arch Intern Med. 2012; 172: 10-11 [AO,I]
22082710
CAMBIAR NUESTRA FORMA DE PENSAR PARA TRATAR MEJOR EL DOLOR CRÓNICO

McBeth J, Prescott G, Scotland G, Lovell K, Keeley P, Hannaford P, et al. Cognitive behavior therapy, exercise, or both for treating chronic widespread pain. Arch Intern Med. 2012; 172: 48-57 [EC,I]
22082706 R/C
TERAPIA COGNITIVO-CONDUCTUAL, EJERCICIO O AMBOS PARA TRATAR EL DOLOR CRÓNICO EXTENDIDO

Herring MP, Puetz TW, O'Connor PJ, Dishman RK. Effect of exercise training on depressive symptoms among patients with a chronic illness: a systematic review and meta-analysis of randomized controlled trials. Arch Intern Med. 2012; 172: 101-111 [M,II]
22271118 R/C
EFECTO DEL EJERCICIO DE ENTRENAMIENTO SOBRE LOS SÍNTOMAS DEPRESIVOS EN PACIENTES CON ENFERMEDAD CRÓNICA: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS ALEATORIZADOS CONTROLADOS

ATENCION PRIMARIA

Madridejos R. AINE y riesgo cardiovascular. Aten Primaria. 2012; 44: 3-4 [AO,I]
22197201
AINE Y RIESGO CARDIOVASCULAR

Ruiz R, Peralta L, Pérula LÁ, Olloqui J, Carrión T, Sobrino A, et al. Opiniones y percepciones de los pacientes sobre su participación en la toma de decisiones en las consultas de medicina de familia. Aten Primaria. 2012; 44: 5-10 [C-T,I]
21497416 R/C
OPINIONES Y PERCEPCIONES DE LOS PACIENTES SOBRE SU PARTICIPACIÓN EN LA TOMA DE DECISIONES EN LAS CONSULTAS DE MEDICINA DE FAMILIA

Simó J. Doctor, con su conocimiento médico, de la sanidad y de mí, explíqueme, ¿qué haría en mi lugar? Aten Primaria. 2012; 44: 11-12 [AO,I]
21944052
DOCTOR, CON SU CONOCIMIENTO MÉDICO, DE LA SANIDAD Y DE MÍ, EXPLÍQUEME, ¿QUÉ HARÍA EN MI LUGAR?

Simó J. El gasto sanitario en España, 2002-2008: ¿empieza el rescate presupuestario de la atención primaria? Aten Primaria. 2012; 44: 20-29 [T,I]
21496970
EL GASTO SANITARIO EN ESPAÑA, 2002-2008: ¿EMPIEZA EL RESCATE PRESUPUESTARIO DE LA ATENCIÓN PRIMARIA?

Domínguez JM, Herrera F, Villaverde M del C, Padilla I, Martínez ML, Domínguez J. Síndrome de desgaste profesional en trabajadores de atención a la salud en el área sanitaria de Ceuta. Aten Primaria. 2012; 44: 30-35 [T,I]
21496968 R/C
SÍNDROME DE DESGASTE PROFESIONAL EN TRABAJADORES DE ATENCIÓN A LA SALUD EN EL ÁREA SANITARIA DE CEUTA

CANADIAN MEDICAL ASSOCIATION JOURNAL

Flegel K, Macdonald NE, Stanbrook MB, Kappagoda A, Hébert PC. Preventing blindness: seeing is believing. CMAJ. 2012; 184: E1-E2 [AO,I]
22007123
PREVENIR LA CEGUERA: VER PARA CREER

Robitaille C, Dai S, Waters C, Loukine L, Bancej C, Quach S, et al. Diagnosed hypertension in Canada: incidence, prevalence and associated mortality. CMAJ. 2012; 184: E49-E56 [T,I]
22105752 R/C
HIPERTENSIÓN DIAGNOSTICADA EN CANADÁ: INCIDENCIA, PREVALENCIA Y MORTALIDAD ASOCIADA

CIRCULATION

Zimetbaum P. Antiarrhythmic drug therapy for atrial fibrillation. Circulation. 2012; 125: 381-389 [AO,I]
22249528
TRATAMIENTO CON FÁRMACOS ANTIARRÍTMICOS PARA LA FIBRILACIÓN AURICULAR

Moukarbel GV, Bhatt DL. Antiplatelet therapy and proton pump inhibition: clinician update. Circulation. 2012; 125: 375-380 [R,II]
22249527
TRATAMIENTO ANTIPLAQUETARIO E INHIBICIÓN DE LA BOMBA DE PROTONES: ACTUALIZACIÓN CLÍNICA

Eikermann-Haerter K, Hyun Lee J, Yuzawa I, Liu CH, Zhou Z, Kyoung Shin H, et al. Migraine mutations increase stroke vulnerability by facilitating ischemic depolarizations. Circulation. 2012; 125: 335-345 [T,II]
22144569 R/C
LAS MUTACIONES DE LA MIGRAÑA AUMENTAN LA VULNERABILIDAD PARA EL ICTUS AL FACILITAR DESPOLARIZACIONES ISQUÉMICAS

Mostofsky E, Maclure M, Sherwood JB, Tofler GH, Muller JE, Mittleman MA. Risk of acute myocardial infarction after the death of a significant person in one's life: the determinants of myocardial infarction onset study. Circulation. 2012; 125: 491-496 [T,I]
22230481 R/C
RIESGO DE INFARTO AGUDO DE MIOCARDIO TRAS LA MUERTE DE UNA PERSONA SIGNIFICATIVA EN LA VIDA DE UNO: ESTUDIO DE DETERMINANTES DE LA APARICIÓN DE INFARTO DE MIOCARDIO

BRITISH JOURNAL OF PSYCHIATRY

Lewis C, Pearce J, Bisson JI. Efficacy, cost-effectiveness and acceptability of self-help interventions for anxiety disorders: systematic review. Br J Psychiatry. 2012; 200: 15-21 [M,I]
22215865 R/C
EFICACIA, RENTABILIDAD Y GRADO DE ACEPTACIÓN DE LAS INTERVENCIONES DE AUTOAYUDA EN LOS TRASTORNOS DE ANSIEDAD: REVISIÓN SISTEMÁTICA

BRITISH MEDICAL JOURNAL

Oredsson S. Triage and patient safety in emergency departments. BMJ. 2011; 343: d6652 [AO,II]
22016452
TRIAJE Y SEGURIDAD DEL PACIENTE EN LOS SERVICIOS DE URGENCIAS

Seigneurin A, François O, Labarère J, Oudeville P, Monlong J, Colonna M. Overdiagnosis from non-progressive cancer detected by screening mammography: stochastic simulation study with calibration to population based registry data. BMJ. 2011; 343: d7017 [T,I]
22113564 R/C
SOBREDIAGNÓSTICO DE CÁNCER NO PROGRESIVO DETECTADO POR CRIBAJE MAMOGRÁFICO: ESTUDIO DE SIMULACIÓN ESTOCÁSTICA CON CALIBRACIÓN SOBRE DATOS DE REGISTROS POBLACIONALES

Padwal R. Glucagon-like peptide-1 agonists. BMJ. 2012; 344: d7282 [AO,I]
22236410
AGONISTAS DE PÉPTIDO 1 SEMEJANTE A GLUCAGÓN

Mancia G. Antihypertensives in octogenarians. BMJ. 2012; 344: d7293 [AO,I]
22217632
ANTIHIPERTENSIVOS EN OCTOGENARIOS

Wieland LS, Robinson KA, Dickersin K. Understanding why evidence from randomised clinical trials may not be retrieved from Medline: comparison of indexed and non-indexed records. BMJ. 2012; 344: d7501 [T,II]
22214757 R/C
COMPRENDER POR QUÉ LA EVIDENCIA DE ENSAYOS CLÍNICOS ALEATORIZADOS PUEDE NO SER RECUPERADA DE MEDLINE: COMPARACIÓN DE REGISTROS INDIZADOS Y NO INDIZADOS

Beckett N, Peters R, Tuomilehto J, Swift C, Sever P, Potter J, et al; for the HYVET Study Group. Immediate and late benefits of treating very elderly people with hypertension: results from active treatment extension to Hypertension in the Very Elderly randomised controlled trial. BMJ. 2011; 344: d7541 [S,II]
22218098 R/C
BENEFICIOS INMEDIATOS Y TARDÍOS DE TRATAR A LAS PERSONAS MUY ANCIANAS CON HIPERTENSIÓN: RESULTADOS DE LA EXTENSIÓN DEL TRATAMIENTO ACTIVO AL ENSAYO CONTROLADO ALEATORIZADO "HIPERTENSIÓN EN LOS MUY ANCIANOS"

Singh-Manoux A, Kivimaki M, Glymour MM, Elbaz A, Berr C, Ebmeier KP, et al. Timing of onset of cognitive decline: results from Whitehall II prospective cohort study. BMJ. 2011; 344: d7622 [S,II]
22223828 R/C
MOMENTO DE APARICIÓN DEL DECLIVE COGNITIVO: RESULTADOS DEL ESTUDIO DE COHORTES PROSPECTIVO WHITEHALL II

Raftery J, Chorozoglou M. Possible net harms of breast cancer screening: updated modelling of Forrest report. BMJ. 2011; 343: d7627 [T,I]
22155336 R/C
POSIBLES PERJUICIOS NETOS DEL CRIBAJE DE CÁNCER DE MAMA: MODELADO ACTUALIZADO DEL INFORME FORREST

Hamilton W. Computer assisted diagnosis of ovarian cancer in primary care. BMJ. 2012; 344: d7628 [AO,I]
22217633
DIAGNÓSTICO AYUDADO POR ORDENADOR DEL CÁNCER DE OVARIO EN ATENCIÓN PRIMARIA

Grodstein F. How early can cognitive decline be detected? BMJ. 2011; 344: d7652 [AO,I]
22223829
¿CUÁN TEMPRANO SE PUEDE DETECTAR EL DECLIVE COGNITIVO?

Ahmed I, Sutton AJ, Riley RD. Assessment of publication bias, selection bias, and unavailable data in meta-analyses using individual participant data: a database survey. BMJ. 2012; 344: d7762 [T,I]
22214758 R/C
VALORACIÓN DEL SESGO DE PUBLICACIÓN, EL SESGO DE SELECCIÓN Y LOS DATOS NO DISPONIBLES EN METAANÁLISIS QUE USAN DATOS DE PARTICIPANTES INDIVIDUALES: ENCUESTA EN BASE DE DATOS

Vilsbøll T, Christensen M, Junker AE, Knop FK, Gluud LL. Effects of glucagon-like peptide-1 receptor agonists on weight loss: systematic review and meta-analyses of randomised controlled trials. BMJ. 2012; 344: d7771 [M,I]
22236411 R/C
EFECTOS DE LOS AGONISTAS DE RECEPTORES DE PÉPTIDO 1 SEMEJANTE A GLUCAGÓN SOBRE LA PÉRDIDA DE PESO: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS ALEATORIZADOS CONTROLADOS

Bowden-Jones H, George S. Gambling addiction. BMJ. 2011; 343: d7789 [AO,I]
22209819
ADICCIÓN A LOS JUEGOS DE AZAR

Rosario DJ, Lane JA, Metcalfe C, Donovan JL, Doble A, Goodwin L, et al. Short term outcomes of prostate biopsy in men tested for cancer by prostate specific antigen: prospective evaluation within ProtecT study. BMJ. 2012; 344: d7894 [S,I]
22232535 R/C
RESULTADOS A CORTO PLAZO DE LA BIOPSIA DE PRÓSTATA EN HOMBRES A LOS QUE SE LES HA ANALIZADO EL PSA: EVALUACIÓN PROSPECTIVA DENTRO DEL ESTUDIO PROTECT

Identifying women with suspected ovarian cancer in primary care: derivation and validation of algorithm. BMJ. 2011; 344: d8009 [S,I]
22217630 R/C
IDENTIFICACIÓN DE MUJERES CON SOSPECHA DE CÁNCER DE OVARIO EN ATENCIÓN PRIMARIA: DERIVACIÓN Y VALIDACIÓN DE UN ALGORITMO

Chan AW. Out of sight but not out of mind: how to search for unpublished clinical trial evidence. BMJ. 2011; 344: d8013 [AO,II]
22214892
FUERA DE LA VISTA PERO NO DE LA MENTE: CÓMO BUSCAR EVIDENCIAS NO PUBLICADAS DE ENSAYOS CLÍNICOS

Impson SA, Shaw C, McNamara R. What is the most effective way to maintain weight loss in adults? BMJ. 2011; 343: d8042 [R,I]
22205707
¿QUÉ ES LO MÁS EFECTIVO PARA MANTENER LA REDUCCIÓN DE PESO EN ADULTOS?

Sofat R, Casas JP, Grosso AM, Prichard BN, Smeeth L, Macallister R, et al. Could NICE guidance on the choice of blood pressure lowering drugs be simplified? BMJ. 2012; 344: d8078 [R,II]
22246267
¿SE PODRÍA SIMPLIFICAR LA GUÍA NICE PARA ELEGIR FÁRMACOS QUE BAJEN LA PRESIÓN ARTERIAL?

Djavan B, Rocco B. Optimising prostate biopsy. BMJ. 2011; 344: d8201 [AO,I]
22232534
OPTIMIZAR LA BIOPSIA DE PRÓSTATA

Tavare A. Managing research misconduct: is anyone getting it right? BMJ. 2011; 343: d8212 [AO,I]
22207043
MANEJAR LA CONDUCTA INADECUADA EN INVESTIGACIÓN: ¿LO ESTÁ HACIENDO TODO EL MUNDO BIEN?

Brown MJ, Cruickshank JK, Macdonald TM. Navigating the shoals in hypertension: discovery and guidance. BMJ. 2012; 344: d8218 [R,I]
22246268
NAVEGAR ENTRE LOS ESCOLLOS DE LA HIPERTENSIÓN: DESCUBRIMIENTO Y ORIENTACIÓN

Hackshaw A. Benefits and harms of mammography screening. BMJ. 2012; 344: d8279 [AO,I]
22228697
BENEFICIOS Y PERJUICIOS DEL CRIBAJE MEDIANTE MAMOGRAFÍA

Godlee F. Research misconduct is widespread and harms patients. BMJ. 2012; 344: e14 [AO,I]
LA CONDUCTA INADECUADA EN INVESTIGACIÓN ESTÁ AMPLIAMENTE EXTENDIDA Y DAÑA A LOS PACIENTES

McManus RJ, Caulfield M, Williams B. NICE hypertension guideline 2011: evidence based evolution. BMJ. 2012; 344: e181 [AO,I]
22246269
GUÍA NICE DE HIPERTENSIÓN 2011: EVOLUCIÓN BASADA EN LA EVIDENCIA

Heneghan C. The saga of Poly Implant Prosthese breast implants. BMJ. 2012; 344: e306 [AO,I]
22236799
LA SAGA DE LOS IMPLANTES MAMARIOS PIP

McCartney M. How much of a social media profile can doctors have? BMJ. 2012; 344: e440 [AO,I]
22271528
¿QUÉ PERFIL PUEDEN TENER LOS MÉDICOS EN LOS MEDIOS SOCIALES?

Kamerow D. Does nicotine replacement really help smokers quit? BMJ. 2012; 344: e450 [AO,I]
22257979
¿AYUDAN VERDADERAMENTE A ABANDONAR EL TABACO LOS SUSTITUTIVOS DE NICOTINA?

McCartney M. Show us the evidence for telehealth. BMJ. 2012; 344: e469 [AO,I]
22257981
ENSÉÑENNOS LA EVIDENCIA DE LA TELEMEDICINA

Godlee F. Controversies over hypertension guidelines. BMJ. 2012; 344: e653 [AO,I]
CONTROVERSIAS RESPECTO A LAS GUÍAS DE HIPERTENSIÓN

DIABETES CARE

Dushay J, Gao C, Gopalakrishnan GS, Crawley M, Mitten EK, Wilker E, et al. Short-term exenatide treatment leads to significant weight loss in a subset of obese women without diabetes. Diabetes Care. 2012; 35: 4-11 [EC,I]
22040840 R/C
EL TRATAMIENTO CON EXENATIDA A CORTO PLAZO LLEVA A UNA PÉRDIDA DE PESO SIGNIFICATIVA EN UN SUBCONJUNTO DE MUJERES OBESAS SIN DIABETES

Malik VS, Fung TT, van Dam RM, Rimm EB, Rosner B, Hu FB. Dietary patterns during adolescence and risk of type 2 diabetes in middle-aged women. Diabetes Care. 2012; 35: 12-18 [T,I]
22074723 R/C
PAUTAS DIETÉTICAS DURANTE LA ADOLESCENCIA Y RIESGO DE DIABETES TIPO 2 EN MUJERES DE MEDIANA EDAD

Vigersky RA, Fonda SJ, Chellappa M, Walker MS, Ehrhardt NM. Short- and long-term effects of real-time continuous glucose monitoring in patients with type 2 diabetes. Diabetes Care. 2012; 35: 32-38 [EC,I]
22100963 R/C
EFECTOS A CORTO Y A LARGO PLAZO DE LA MONITORIZACIÓN CONTINUA DE GLUCOSA EN PACIENTES CON DIABETES TIPO 2

Balducci S, Zanuso S, Cardelli P, Salerno G, Fallucca S, Nicolucci A, et al; Italian Diabetes Exercise Study (IDES) Investigators. Supervised exercise training counterbalances the adverse effects of insulin therapy in overweight/obese subjects with type 2 diabetes. Diabetes Care. 2012; 35: 39-41 [EC,I]
22011409 R/C
EL ENTRENAMIENTO CON EJERCICIO SUPERVISADO CONTRARRESTA LOS EFECTOS ADVERSOS DEL TRATAMIENTO CON INSULINA EN SUJETOS OBESOS Y CON SOBREPESO CON DIABETES TIPO 2

Lin CC, Li CI, Liu CS, Lin WY, Fuh MM, Yang SY, et al. Impact of lifestyle-related factors on all-cause and cause-specific mortality in patients with type 2 diabetes: the taichung diabetes study. Diabetes Care. 2012; 35: 105-112 [T,I]
22124717 R/C
IMPACTO DE LOS FACTORES RELACIONADOS CON LOS HÁBITOS DE VIDA SOBRE LA MORTALIDAD ESPECÍFICA Y POR CUALQUIER CAUSA EN PACIENTES CON DIABETES TIPO 2: ESTUDIO DIABETES TAICHUNG

Summary of revisions for the 2012 clinical practice recommendations. Diabetes Care. 2012; 35 Suppl 1: S3 [M,II]
22187470
RESUMEN DE LAS REVISIONES DE RECOMENDACIONES DE PRÁCTICA CLÍNICA DE 2012

Executive summary: standards of medical care in diabetes--2012. Diabetes Care. 2012; 35 Suppl 1: S4-S10 [M,II]
22187471
RESUMEN EJECUTIVO: NORMAS DE ATENCIÓN MÉDICA EN DIABETES – 2012

American Diabetes Association. Diagnosis and classification of diabetes mellitus. Diabetes Care. 2012; 35 Suppl 1: S64-S71 [R,II]
22187472
DIAGNÓSTICO Y CLASIFICACIÓN DE LA DIABETES MELLITUS

American Diabetes Association. Diabetes care in the school and day care setting. Diabetes Care. 2012; 35 Suppl 1: S76-S80 [R,I]
22187474
ATENCIÓN A LA DIABETES EN LA ESCUELA Y EN LOS DISPOSITIVOS DE ATENCIÓN DE DÍA

American Diabetes Association. Diabetes and driving. Diabetes Care. 2012; 35 Suppl 1: S81-S86 [R,I]
22187475
DIABETES Y CONDUCCIÓN

American Diabetes Association. Diabetes and employment. Diabetes Care. 2012; 35 Suppl 1: S94-S98 [R,I]
22187477
DIABETES Y EMPLEO

Funnell MM, Brown TL, Childs BP, Haas LB, Hosey GM, Jensen B, et al. National standards for diabetes self-management education. Diabetes Care. 2012; 35 Suppl 1: S101-S108 [R,II]
22187467
ESTÁNDARES NACIONALES PARA LA EDUCACIÓN SOBRE EL AUTOMANEJO DE LA DIABETES

DRUGS

Khandelwal D, Tandon N. Overt and subclinical hypothyroidism: who to treat and how. Drugs. 2012; 72: 17-33 [R,II]
22191793 R/C
HIPOTIROIDISMO SUBCLÍNICO Y DECLARADO: A QUIÉN TRATAR Y CÓMO

Gatwood J, Meltzer MI, Messonnier M, Ortega-Sanchez IR, Balkrishnan R, Prosser LA. Seasonal influenza vaccination of healthy working-age adults: a review of economic evaluations. Drugs. 2012; 72: 35-48 [R,I]
22191794 R/C
VACUNACIÓN CONTRA LA GRIPE ESTACIONAL DE ADULTOS SANOS EN EDAD LABORAL: REVISIÓN DE EVALUACIONES ECONÓMICAS

Sanford M. Vardenafil orodispersible tablet. Drugs. 2012; 72: 87-98 [R,I]
22191797 R/C
TABLETA ORODISPERSABLE DE VARDENAFILO

Garnock-Jones KP. Esmolol: a review of its use in the short-term treatment of tachyarrhythmias and the short-term control of tachycardia and hypertension. Drugs. 2012; 72: 109-132 [R,I]
22191799 R/C
ESMOLOL: REVISIÓN DE SU USO EN EL TRATAMIENTO A CORTO PLAZO DE TAQUIARRITMIAS Y EN EL CONTROL A CORTO PLAZO DE LA TAQUICARDIA Y LA HIPERTENSIÓN

Dhillon S. Aripiprazole: a review of its use in the management of mania in adults with bipolar I disorder. Drugs. 2012; 72: 133-162 [R,I]
22191800 R/C
ARIPIPRAZOL: REVISIÓN DE SU USO EN EL MANEJO DE LA MANÍA EN ADULTOS CON TRASTORNO BIPOLAR I

Majithia R, Johnson DA. Are proton pump iInhibitors safe during pregnancy and lactation? evidence to date. Drugs. 2012; 72: 171-179 [R,II]
22239714 R/C

¿SON SEGUROS LOS INHIBIDORES DE LA BOMBA DE PROTONES EN EL EMBARAZO Y LA LACTANCIA?: EVIDENCIA HASTA LA FECHA

Mercadante S. Pharmacotherapy for breakthrough cancer pain. Drugs. 2012; 72: 181-190 [R,II]
22233484 R/C
FARMACOTERAPIA DEL DOLOR ONCOLÓGICO IRRUPTIVO

Tetrault JM, Fiellin DA. Current and potential pharmacological treatment options for maintenance therapy in opioid-dependent individuals. Drugs. 2012; 72: 217-228 [R,I]
22235870 R/C
OPCIONES DE TRATAMIENTO ACTUALES Y POTENCIALES PARA LA TERAPIA DE MANTENIMIENTO EN LOS INDIVIDUOS CON DEPENDENCIA DE OPIOIDES

Yang LP. Saxagliptin: a review of its use as combination therapy in the management of type 2 diabetes mellitus in the EU. Drugs. 2012; 72: 229-248 [R,I]
22221000 R/C
SAXAGLIPTINA: REVISIÓN DE SU USO COMO TERAPIA DE COMBINACIÓN EN EL MANEJO DE LA DIABETES MELLITUS TIPO 2 EN LA UE

Scott LJ. Repaglinide: a review of its use in type 2 diabetes mellitus. Drugs. 2012; 72: 249-272 [R,I]
22268393 R/C
REPAGLINIDA: REVISIÓN DE SU USO EN LA DIABETES MELLITUS TIPO 2

Keating GM. Tiotropium bromide inhalation powder: a review of its use in the management of chronic obstructive pulmonary disease. Drugs. 2012; 72: 273-300 [R,I]
22217233 R/C
BROMURO DE TIOTROPIO EN POLVO PARA INHALACIÓN: REVISIÓN DE SU USO EN EL MANEJO DE LA EPOC

EUROPEAN HEART JOURNAL

Verschuren JJ, Trompet S, Wessels JA, Guchelaar HJ, de Maat MP, Simoons ML, et al. A systematic review on pharmacogenetics in cardiovascular disease: is it ready for clinical application? Eur Heart J. 2012; 33: 165-175 [M,I]
21804109 R/C
REVISIÓN SISTEMÁTICA DE LA FARMACOGENÉTICA EN LA ENFERMEDAD CARDIOVASCULAR: ¿ESTÁ LISTA PARA SU APLICACIÓN CLÍNICA?

FAMILY MEDICINE

Phillips J, Weismantel D, Gold K, Schwenk T. How do medical students view the work life of primary care and specialty physicians? Fam Med. 2012; 44: 7-13 [T,I]
22241335 R/C
¿CÓMO VEN LOS ESTUDIANTES DE MEDICINA LA VIDA DE TRABAJO DE LOS MÉDICOS DE ATENCIÓN PRIMARIA Y DE ESPECIALIDADES?

Evans L, Trotter DR, Jones BG, Ragain RM, Cook RL, Prabhu FR, et al. Epistemology and uncertainty: a follow-up study with third-year medical students. Fam Med. 2012; 44: 14-21 [T,I]
22241336 R/C
EPISTEMOLOGÍA E INCERTIDUMBRE: ESTUDIO DE SEGUIMIENTO CON ESTUDIANTES MÉDICOS DE TERCER AÑO

Hepworth J. We can get there from here: strategic plans and family medicine. Fam Med. 2012; 44: 55-56 [AO,II]
22241344
PODEMOS LLEGAR ALLÍ DESDE AQUÍ: PLANES ESTRATÉGICOS Y MEDICINA DE FAMILIA

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Phelan EA, Borson S, Grothaus L, Balch S, Larson EB. Association of incident dementia with hospitalizations. JAMA. 2012; 307: 165-172 [S,I]
22235087 R/C
ASOCIACIÓN DE INCIDENCIA DE DEMENCIA CON HOSPITALIZACIONES

Yourman LC, Lee SJ, Schonberg MA, Widera EW, Smith AK. Prognostic indices for older adults: a systematic review. JAMA. 2012; 307: 182-192 [M,I]
22235089 R/C
ÍNDICES PRONÓSTICOS PARA ANCIANOS: REVISIÓN SISTEMÁTICA

Lyketsos CG. Prevention of unnecessary hospitalization for patients with dementia: the role of ambulatory care. JAMA. 2012; 307: 197-198 [AO,I]
22235092
PREVENCIÓN DE HOSPITALIZACIONES INNECESARIAS EN PACIENTES CON DEMENCIA: EL PAPEL DE LA ATENCIÓN AMBULATORIA

Gill TM. The central role of prognosis in clinical decision making. JAMA. 2012; 307: 199-200 [AO,I]
22235093
EL PAPEL CENTRAL DEL PRONÓSTICO EN LA TOMA DE DECISIONES CLÍNICAS

Psaty BM, Rivara FP. Universal screening and drug treatment of dyslipidemia in children and adolescents. JAMA. 2012; 307: 257-258 [R,I]
22174386
CRIBAJE UNIVERSAL Y TRATAMIENTO FARMACOLÓGICO DE LA DISLIPEMIA EN NIÑOS Y ADOLESCENTES

Gillman MW, Daniels SR. Is universal pediatric lipid screening justified? JAMA. 2012; 307: 259-260 [AO,I]
22253390
¿ESTÁ JUSTIFICADO EL CRIBAJE LIPÍDICO PEDIÁTRICO UNIVERSAL?

Steinbrook R. Science, politics, and over-the-counter emergency contraception. JAMA. 2012; 307: 365-366 [AO,I]
22182592
CIENCIA, POLÍTICA Y ANTICONCEPCIÓN DE URGENCIA SIN RECETA

Holbrook JT, Wise RA, Gold BD, Blake K, Brown ED, Castro M, et al; Writing Committee for the American Lung Association Asthma Clinical Research Centers. Lansoprazole for children with poorly controlled asthma: a randomized controlled trial. JAMA. 2012; 307: 373-381 [EC,I]
22274684 R/C
LANSOPRAZOL EN NIÑOS CON ASMA MAL CONTROLADA: ENSAYO CONTROLADO ALEATORIZADO

Martinez FD. Children, asthma, and proton pump inhibitors: costs and perils of therapeutic creep. JAMA. 2012; 307: 406-407 [AO,I]
22274689
NIÑOS, ASMA E INHIBIDORES DE LA BOMBA DE PROTONES: COSTES Y PELIGROS DE LA DERIVA TERAPÉUTICA

MEDICINA CLINICA

Planas F, San Vicente L, Planas F, Viles J, Planas A, Serrado A, et al. Eficacia de un protocolo para el diagnóstico y tratamiento del síncope en una población no seleccionada. Med Clin (Barc). 2012; 138: 7-10 [T,I]
21420131 R/C
EFICACIA DE UN PROTOCOLO PARA EL DIAGNÓSTICO Y TRATAMIENTO DEL SÍNCOPE EN UNA POBLACIÓN NO SELECCIONADA

Pons JM. El déficit de comprensión numérica. Las matemáticas como problema. Med Clin (Barc). 2012; 138: 15-17 [AO,I]
22036456
EL DÉFICIT DE COMPRENSIÓN NUMÉRICA. Las matemáticas como problema

Subirats E, Subirats G, Soteras I. Prescripción de ejercicio físico: indicaciones, posología y efectos adversos. Med Clin (Barc). 2012; 138: 18-24 [R,I]
21411113 R/C
PRESCRIPCIÓN DE EJERCICIO FÍSICO: INDICACIONES, POSOLOGÍA Y EFECTOS ADVERSOS

De Luis DA, Aller R. Efecto del consumo de soja sobre la masa ósea en mujeres menopáusicas. Med Clin (Barc). 2012; 138: 60-61 [AO,I]
22015008
EFECTO DEL CONSUMO DE SOJA SOBRE LA MASA ÓSEA EN MUJERES MENOPÁUSICAS

Fernández-Mondéjar E, Guerrero-López F. Prevención secundaria en patología traumática: ¿influye el interés comercial en la implementación de la evidencia científica? Med Clin (Barc). 2012; 138: 62-63 [AO,I]
22118970
PREVENCIÓN SECUNDARIA EN PATOLOGÍA TRAUMÁTICA: ¿INFLUYE EL INTERÉS COMERCIAL EN LA IMPLEMENTACIÓN DE LA EVIDENCIA CIENTÍFICA?

Sarabia J, Santiago P. Atención a los pacientes con enfermedades en fase terminal: la opinión de los ciudadanos. Med Clin (Barc). 2012; 138: 73-77 [T,I]
21306742
ATENCIÓN A LOS PACIENTES CON ENFERMEDADES EN FASE TERMINAL: LA OPINIÓN DE LOS CIUDADANOS

Martínez NI, Petidier-Torregrosa R, Casas-Herrero A. Delirium en el paciente anciano: actualización en prevención, diagnóstico y tratamiento. Med Clin (Barc). 2012; 138: 78-84 [R,I]
21612802
DELIRIUM EN EL PACIENTE ANCIANO: ACTUALIZACIÓN EN PREVENCIÓN, DIAGNÓSTICO Y TRATAMIENTO

THE LANCET

Addiction--a global problem with no global solution. Lancet. 2012; 379: 2 [AO,I]
22225656
ADICCIÓN: UN PROBLEMA MUNDIAL SIN SOLUCIÓN MUNDIAL

Degenhardt L, Hall W. Extent of illicit drug use and dependence, and their contribution to the global burden of disease. Lancet. 2012; 379: 55-70 [R,II]
22225671 R/C
GRADO DE EXTENSIÓN DEL USO Y DEPENDENCIA DE LAS DROGAS ILEGALES Y SU CONTRIBUCIÓN A LA CARGA MUNDIAL DE ENFERMEDAD

Strang J, Babor T, Caulkins J, Fischer B, Foxcroft D, Humphreys K. Drug policy and the public good: evidence for effective interventions. Lancet. 2012; 379: 71-83 [R,I]
22225672 R/C
POLÍTICA SOBRE DROGAS Y EL BIEN PÚBLICO: EVIDENCIA PARA INTERVENCIONES EFECTIVAS

Silicone breast implants: lessons from the USA. Lancet. 2012; 379: 93 [AO,I]
22243811
IMPLANTES MAMARIOS DE SILICONA: LECCIONES DESDE LOS EE UU

Sattar N, Welsh P, Panarelli M, Forouhi NG. Increasing requests for vitamin D measurement: costly, confusing, and without credibility. Lancet. 2012; 379: 95-96 [AO,I]
22243814
AUMENTO DE LAS PETICIONES DE MEDICIÓN DE LA VITAMINA D: COSTOSAS, CONFUSAS Y SIN CREDIBILIDAD

Jakab Z, Marmot M. Social determinants of health in Europe. Lancet. 2012; 379: 103-105 [AO,I]
22014679
DETERMINANTES SOCIALES DE SALUD EN EUROPA

Hawton K, O'Connor RC. Self-harm in adolescence and future mental health. Lancet. 2012; 379: 198-199 [AO,I]
22100202
AUTOLESIONES EN ADOLESCENTES Y SU SALUD MENTAL FUTURA

Moran P, Coffey C, Romaniuk H, Olsson C, Borschmann R, Carlin JB, et al. The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. Lancet. 2012; 379: 236-243 [S,I]
22100201 R/C
HISTORIA NATURAL DE LAS AUTOLESIONES DESDE LA ADOLESCENCIA A LA JUVENTUD: ESTUDIO DE COHORTES POBLACIONAL

THE NEW ENGLAND JURNAL OF MEDICINE

Wood AJ, Drazen JM, Greene MF. The politics of emergency contraception. N Engl J Med. 2012; 366: 101-102 [AO,I]
22168588

LA POLÍTICA DE LA ANTICONCEPCIÓN DE URGENCIA

Jackevicius CA, Chou MM, Ross JS, Shah ND, Krumholz HM. Generic atorvastatin and health care costs. N Engl J Med. 2012; 366: 201-204 [AO,I]
22149736
ATORVASTATINA GENÉRICA Y COSTES DE LA ATENCIÓN SANITARIA

Gourlay ML, Fine JP, Preisser JS, May RC, Li C, Lui LY, et al; Study of Osteoporotic Fractures Research Group. Bone-density testing interval and transition to osteoporosis in older women. N Engl J Med. 2012; 366: 225-233 [S,I]
22256806 R/C
INTERVALO DE MEDICIÓN DE LA DENSIDAD ÓSEA Y TRANSICIÓN A LA OSTEOPOROSIS EN MUJERES MAYORES

Grayburn PA. Interpreting the coronary-artery calcium score. N Engl J Med. 2012; 366: 294-296 [AO,I]
22276819
INTERPRETACIÓN DE LAS TABLAS CALCIO ARTERIAL CORONARIO

Berry JD, Dyer A, Cai X, Garside DB, Ning H, Thomas A, et al. Lifetime risks of cardiovascular disease. N Engl J Med. 2012; 366: 321-329 [M,I]
22276822 R/C
RIESGOS DE ENFERMEDAD CARDIOVASCULAR A LO LARGO DE LA VIDA

ACADEMIC MEDICINE

S22201631
Reflective writing is being introduced in many medical schools in the United States and abroad for a variety of reasons and with a variety of goals in mind. As Wald and colleagues write, multiple methods, including the rubric introduced in their study, have been proposed for rating or grading this writing to quantify the gains obtained. The authors of this commentary detail the assumptions both about reflection and about writing implied in Wald and colleagues' work. They then describe a reciprocal model of writing as discovery, suggesting that the writing itself is what teaches the skills of reflection. Equipping medical students with a sense of story may well be the active ingredient in whatever gains are observed in teaching reflective writing.

ANNALS OF INTERNAL MEDICINE

S22250141
High-dose vitamin D supplementation in a sample of patients with COPD did not reduce the incidence of exacerbations. In participants with severe vitamin D deficiency at baseline, supplementation may reduce exacerbations

S22250144
Long-term disability in community mobility is common among older persons. Multiple risk factors, together with subsequent precipitants, greatly increase the likelihood of long-term mobility disability

ARCHIVES OF INTERNAL MEDICINE

S22082706
TCBT was associated with substantial, statistically significant, and sustained improvements in patient global assessment.

S22271118
Exercise reduces depressive symptoms among patients with a chronic illness. Patients with depressive symptoms indicative of mild-to-moderate depression and for whom exercise training improves function-related outcomes achieve the largest antidepressant effects.

ATENCION PRIMARIA

S21497416
La mayoría de los pacientes tras una consulta concreta desean poder dar su opinión a la/s propuesta/s de tratamiento que surgen, sin embargo perciben que sus médicos raramente les ofrecen estas oportunidades de

participación. Determinados tipos de preguntas favorecen la detección de estas necesidades y el planteamiento de estrategias para incorporarles al proceso de TD.

S21496968
La prevalencia de desgaste profesional es similar a la de otros estudios. Las diferencias entre trabajadores sanitarios y no sanitarios podría deberse a una mayor motivación para la realización profesional, aunque puntúen de una forma más elevada en agotamiento y despersonalización. La elevación de marcadores inespecíficos de la inflamación parece confirmar los hallazgos de otros estudios.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S22105752
The overall prevalence of diagnosed hypertension in Canada from 1998 to 2008 was high and increasing, whereas the incidence declined during the same period. These findings highlight the need to continue monitoring the effectiveness of efforts for managing hypertension and to enhance public health programs aimed at preventing hypertension.

CIRCULATION

S22144569
We propose that enhanced susceptibility to ischemic depolarizations akin to spreading depression predisposes migraineurs to infarction during mild ischemic events, thereby increasing the stroke risk.

S22230481
Grief over the death of a significant person was associated with an acutely increased risk of MI in the subsequent days. The impact may be greatest among individuals at high cardiovascular risk.

BRITISH JOURNAL OF PSYCHIATRY

S22215865
Self-help interventions appear to be an effective way of treating individuals diagnosed with social phobia and panic disorder. Further research is required to evaluate the cost-effectiveness and acceptability of these interventions.

DIABETES CARE

S22040840
Short-term exenatide treatment was associated with modest weight loss and decreased waist circumference in a cohort of obese nondiabetic women. A subset of individuals demonstrated robust weight loss that was detected very early in the course of treatment.

S22074723
A Western dietary pattern during adolescence may increase risk of T2DM in later life, partly through adult weight gain. Preventive measures should be aimed at developing healthy dietary habits that begin in early life and continue through adulthood.

S22100963
Subjects with type 2 diabetes not on prandial insulin who used RT-CGM intermittently for 12 weeks significantly improved glycemic control at 12 weeks and sustained the improvement without RT-CGM during the 40-week follow-up period, compared with those who used only SMBG.

S22011409
In insulin-treated subjects with type 2 diabetes, supervised exercise is safe and effective in improving glycemic control and markers of adiposity and inflammation, thus counterbalancing the adverse effects of insulin on these parameters.

S22124717
Combined lifestyle behavior is a strong predictor of all-cause and cause-specific mortality in patients with T2DM.

DRUGS

S22239714
Symptoms of gastro-oesophageal reflux disease (GORD or GERD) are estimated to occur in 30-50% of pregnancies, with the incidence approaching 80% in some populations. As with many other conditions in

pregnancy, medical therapy with pharmaceutical agents is a concern, as the potential teratogenicity of medications is not well known. Although prevalence numbers are high, many patients have mild and infrequent symptoms, which often respond to lifestyle and dietary modifications. The exact mechanism and pathogenesis of GERD associated with pregnancy is likely multifactorial. Treatment strategies for patients not responding to conservative therapies include a step-up approach initially starting with antacids and alginates, and progressing to histamine H (2) receptor antagonists followed by proton pump inhibitor (PPI) therapy if indicated by symptoms. Although PPI therapy is the most effective treatment available for GERD, the data related to the safety for use during pregnancy and postpartum breastfeeding are mostly obtained from cohort analysis. Given the significant adverse impact of GERD on quality of life and functionality, the use of this class of medications should not be overly restricted based solely on the pregnancy. Based on the studies presented, exposure to PPI therapy during pregnancy seems to predispose the fetus to minimal risk and, overall, these medications should be discussed with the primary physician if symptomatically necessary in the pregnant patient. This evidence-based review will address the management and safety of PPI therapy during pregnancy and lactation, and briefly review the pathogenesis, clinical presentation and diagnosis of GERD in this population.

S22191800

Aripiprazole (Abilify®) is an atypical antipsychotic indicated for the treatment of mania associated with bipolar I disorder. It is unique in its class, as it is a partial agonist of dopamine D(2) and D(3), and serotonin 5-HT(1A) receptors and a modest antagonist of 5-HT(2A) receptors. This article reviews the pharmacological properties, clinical efficacy and tolerability of oral aripiprazole in the management of mania associated with bipolar I disorder in adults. In well designed clinical trials in patients with recent manic or mixed episodes associated with bipolar I disorder, oral aripiprazole monotherapy or adjunctive therapy to lithium or valproate improved symptoms of mania following short-term (=12 weeks) or maintenance (=100 weeks) treatment. In addition, maintenance treatment with aripiprazole (as monotherapy or adjunctive therapy) prevented the recurrence of any mood episodes or manic episodes (but not depressive episodes) in patients who had previously been stabilized and maintained on aripiprazole. Aripiprazole was generally well tolerated in these studies and was associated with a low risk of prolactin elevation, corrected QT interval prolongation and metabolic disturbances. Extrapyramidal symptoms occurred in up to 28% of aripiprazole recipients, but after longer-term treatment (=100 weeks), symptom severity did not differ significantly from that in placebo recipients. Aripiprazole treatment generally did not increase bodyweight to a clinically relevant extent; however, more patients receiving aripiprazole monotherapy than placebo had clinically significant bodyweight gain during 100 weeks' treatment. Additionally, in a comparative trial, aripiprazole monotherapy was at least as effective as haloperidol monotherapy in terms of improving symptoms of mania, but had the advantage of a lower incidence of some adverse events, such as extrapyramidal symptom-related adverse events. Further trials comparing aripiprazole with other agents, including atypical antipsychotics, would help to definitively position aripiprazole relative to these agents. Current guidelines recommend aripiprazole as a first-line option (as monotherapy or adjunctive therapy) for the short-term treatment of mania associated with bipolar I disorder, and as a first-line (as monotherapy) or second-line (as adjunctive therapy) option for preventing the recurrence of mood episodes during longer-term therapy.

S22235870

Opioid dependence, manifesting as addiction to heroin and pharmaceutical opioids is increasing. Internationally, there are an estimated 15.6million illicit opioid users. The global economic burden of opioid dependence is profound both in terms of HIV and hepatitis C virus transmission, direct healthcare costs, and indirectly through criminal activity, absenteeism and lost productivity. Opioid agonist medications, such as methadone and buprenorphine that stabilize neuronal systems and provide narcotic blockade are the most effective treatments. Prolonged provision of these medications, defined as maintenance treatment, typically produces improved outcomes when compared with short-duration tapers and withdrawal. The benefits of opioid agonist maintenance include decreased illicit drug use, improved retention in treatment, decreased HIV risk behaviours and decreased criminal behaviour. While regulations vary by country, these medications are becoming increasingly available internationally, especially in regions experiencing rapid transmission of HIV due to injection drug use. In this review, we describe the rationale for maintenance treatment of opioid dependence, discuss emerging uses of opioid antagonists such as naltrexone and sustained-release formulations of naltrexone and buprenorphine, and provide a description of the experimental therapies.

S22191799

Supraventricular tachyarrhythmia (including atrial fibrillation), hypertension and tachycardia in the perioperative setting, and acute ischaemic heart disease are generally agreed to require rapid attention and treatment. Prolonged tachyarrhythmia or hypertension can result in significant morbidity, such as cerebrovascular events, myocardial infarction and other end-organ damage. This article reviews the clinical efficacy and tolerability of intravenous infusions of esmolol for the short-term treatment of tachyarrhythmias and the short-term control of tachycardia and hypertension, and provides an overview of the pharmacological properties of the drug. Esmolol, a cardioselective ß-blocker, has been proven effective in the control of elevated haemodynamic parameters in patients with supraventricular tachyarrhythmia, hypertension and tachycardia in the perioperative setting, and acute ischaemic heart disease, as well as being associated with a reduced risk of some clinical sequelae to increased haemodynamic parameters. Esmolol is, moreover, generally well tolerated; while it is associated with

an increased risk of hypotension, this is rapidly reversible. Definitive conclusions on the efficacy of esmolol are difficult to reach, as most trials investigating esmolol have limitations such as small patient populations, and few studies investigate the same parameters. Ideally, several further studies would be beneficial; however, as esmolol is a well established, older drug, these are less likely to occur. Despite this, esmolol, as a fast-acting, rapidly reversible, easily titratable ß-blocker, is an established option for the short-term treatment of tachyarrhythmias and the short-term control of tachycardia and hypertension.

S22191793

Hypothyroidism denotes deficient production of thyroid hormone by the thyroid gland and can be primary (abnormality in thyroid gland itself) or secondary/central (as a result of hypothalamic or pituitary disease). The term 'subclinical hypothyroidism' is used to define that grade of primary hypothyroidism in which there is an elevated thyroid-stimulating hormone (TSH) concentration in the presence of normal serum free thyroxine (T4) and triiodothyronine (T3) concentrations. Subclinical hypothyroidism may progress to overt hypothyroidism in approximately 2-5% cases annually. All patients with overt hypothyroidism and subclinical hypothyroidism with TSH >10 mIU/L should be treated. There is consensus on the need to treat subclinical hypothyroidism of any magnitude in pregnant women and women who are contemplating pregnancy, to decrease the risk of pregnancy complications and impaired cognitive development of the offspring. However, controversy remains regarding treatment of non-pregnant adult patients with subclinical hypothyroidism and serum TSH values =10 mIU/L. In this subgroup, treatment should be considered in symptomatic patients, patients with infertility, and patients with goitre or positive anti-thyroid peroxidase (TPO) antibodies. Limited evidence suggests that treatment of subclinical hypothyroidism in patients with serum TSH of up to 10 mIU/L should probably be avoided in those aged >85 years. Other pituitary hormones should be evaluated in patients with central hypothyroidism, especially assessment of the hypothalamic-pituitary-adrenal axis, since hypocortisolism, if present, needs to be rectified prior to initiating thyroid hormone replacement. Levothyroxine (LT4) monotherapy remains the current standard for management of primary, as well as central, hypothyroidism. Treatment can be started with the full calculated dose for most young patients. However, treatment should be initiated at a low dose in elderly patients, patients with coronary artery disease and patients with long-standing severe hypothyroidism. In primary hypothyroidism, treatment is monitored with serum TSH, with a target of 0.5-2.0 mIU/L. In patients with central hypothyroidism, treatment is tailored according to free or total T4 levels, which should be maintained in the upper half of the normal range for age. In patients with persistently elevated TSH despite an apparently adequate replacement dose of LT4, poor compliance, malabsorption and the presence of drug interactions should be checked. Over-replacement is common in clinical practice and is associated with increased risk of atrial fibrillation and osteoporosis, and hence should be avoided.

S22233484

Breakthrough pain (BTP) is a transient exacerbation of pain that occurs either spontaneously, or in relation to a specific predictable or unpredictable trigger, despite relatively stable and adequately controlled background pain. The principal pharmacological treatment of BTP is represented by the administration of opioids as needed. Oral opioids have traditionally been the only available drugs for BTP. However, the onset and duration of action of oral opioids such as morphine or oxycodone may not be suitable for treating many episodes of BTP that are of short onset and duration. Transmucosal administration of lipophilic substances has gained a growing popularity in recent years due to the rapid effect, clinically observable 10-15 minutes after drug administration, and the non-invasive form. Different technologies have been developed to provide fast pain relief with potent opioid drugs such fentanyl, delivered by non-invasive routes (rapid onset opioids, ROOs). All the studies performed with ROOs have recommended that these drugs should be administered to opioid-tolerant patients receiving doses of oral morphine equivalents of at least 60 mg. These preparations, including oral transmucosal fentanyl citrate, fentanyl buccal tablet, sublingual fentanyl, intranasal fentanyl spray, fentanyl-pectin nasal spray and fentanyl buccal soluble film have shown better efficacy than placebo or oral opioids. Long-term studies have confirmed their efficacy and safety.

S22268393

Oral repaglinide (GlucoNorm®; NovoNorm®; Prandin®; Surepost®) is a rapid-acting insulin secretagogue that lowers postprandial glucose (PPG) excursions by targeting early-phase insulin release, with reductions in PPG considered to be important in reducing long-term cardiovascular complications of diabetes mellitus. Repaglinide, a carbamoylbenzoic acid derivative, is chemically related to the meglitinide class of insulin secretagogues, but unrelated to the sulfonylurea insulin secretagogues. Meglitinides, including repaglinide, have a distinct binding site at the ß-cell membrane, which differs from that of sulfonylureas, and corresponds to greater insulinotropic effects with repaglinide than with glibenclamide and/or glimepiride and a more rapid onset of action in in vitro and in vivo studies. This article reviews the clinical efficacy and tolerability of oral repaglinide in the treatment of patients with type 2 diabetes and provides an overview of its pharmacological properties. In well designed clinical trials of up to 52 weeks' duration and in the clinical practice setting, recommended dosages of repaglinide (0.5-4?mg three times daily up to 30?minutes prior to a meal) provided effective glycaemic control and were generally well tolerated in treatment-naive or -experienced adult patients with type 2 diabetes, including elderly patients and those with renal impairment. Furthermore, as monotherapy or in combination with other oral antihyperglycaemic drugs, repaglinide was at least as effective as other oral antihyperglycaemic drugs at improving or maintaining

glycaemic control, with a tolerability profile that was generally similar to that of sulfonylurea drugs and nateglinide. Thus, repaglinide remains an effective option for the management of patients with type 2 diabetes.

S22221000
Saxagliptin (Onglyza™) is a dipeptidyl peptidase 4 inhibitor widely approved for the treatment of type 2 diabetes mellitus. In the EU, saxagliptin is indicated as combination therapy with metformin, a sulfonylurea, a thiazolidinedione, or insulin (with or without metformin) for the treatment of adult patients with type 2 diabetes, including those with mild to severe renal impairment. This article reviews the clinical efficacy and tolerability of add-on saxagliptin therapy in patients with type 2 diabetes, in line with its approved indications in the EU, and summarizes the drug's pharmacological properties. The clinical efficacy of saxagliptin 5?mg/day in combination with metformin, glibenclamide (glyburide), a thiazolidinedione, or insulin (with or without metformin) has been demonstrated in several randomized, double-blind, placebo-controlled, multicentre, phase III trials (18-104 weeks in duration) in patients with type 2 diabetes. In these trials, glycosylated haemoglobin (HbA(1c)) was changed from baseline (primary endpoint) by a greater extent with add-on saxagliptin 5?mg/day (-1.09% to +0.03%) than with comparator regimens (-0.44% to +0.69%). Two other randomized, double-blind trials showed that saxagliptin 5mg/day as add-on therapy to metformin was noninferior to uptitrated glipizide in terms of lowering HbA(1c) (-0.74% vs -0.80%) at 52 weeks, or sitagliptin (-0.52% vs -0.62%) at 18 weeks. Saxagliptin 2.5?mg/day as add-on to existing anti-diabetic therapy was also effective for up to 52 weeks in a randomized, double-blind, placebo-controlled, multicentre trial in patients with type 2 diabetes and renal impairment (HbA(1c) was reduced by 1.08% vs 0.36%; p?=?0.007). Saxagliptin as add-on therapy for up to 4 years was generally well tolerated in clinical trials. Treatment with saxagliptin did not increase the risk of hypoglycaemia or cardiovascular outcomes relative to placebo or active comparators, and was generally weight neutral. In conclusion, saxagliptin is a useful option as add-on therapy to metformin, a sulfonylurea, a thiazolidinedione, or insulin (with or without metformin) in patients with type 2 diabetes who require combination therapy.

S22191794
The recent impact of influenza on the working-age population of the US has led to changes in the recommendations for vaccination against seasonal influenza; however, the implications of vaccinating such a population have been debated. A review of cost-effectiveness analyses of vaccinating the working-age population of the US against seasonal influenza was conducted using articles published between January 1990 and January 2010. Studies considered for inclusion were identified using MEDLINE, EMBASE and Econlit. Reviewers worked in pairs, and each team member independently extracted relevant data using a standard abstraction form. The source and appropriateness of parameters (epidemiological data, probabilities and costs), the designs employed and the sufficiency of sensitivity analysis were considered during review. Key inputs extracted from the selected studies included influenza or influenza-like illness attack rates, outpatient visits averted, total vaccination days and lost workdays. Seven studies were identified as appropriate for this review. All studies were conducted in the US and from the societal perspective; three were randomized controlled trials and the remaining four were economic simulation models comparing vaccination and influenza antiviral drugs or no intervention; analyses focused on healthy working-age adults aged 18-49 years. Results ranged from net savings of $US68.96 to net costs of $US85.92 per person vaccinated (four studies) and net costs of $US104-1005 per episode of influenza averted (one study). Only two studies reported cost-effectiveness ratios; these ranged from $US26,565 to $US50,512 per quality-adjusted life-year gained. Nearly all of the studies conducted sensitivity analysis; results were most sensitive to variation in wage rates, levels of worker productivity, the costs and effectiveness of vaccination, and the rate of influenza illness. Review of the included studies suggests that seasonal influenza vaccination of healthy, working-age adults is generally not cost saving, requiring an investment to generate health benefits. The decision to vaccinate such a group will depend upon the societal and payer valuation of those benefits.

S22217233
The anticholinergic agent tiotropium bromide (Spiriva®) is a long-acting bronchodilator that is indicated for the treatment of chronic obstructive pulmonary disease (COPD). This article reviews the clinical efficacy and tolerability of tiotropium bromide inhalation powder, administered using the HandiHaler® device, in patients with COPD, as well as reviewing its pharmacological properties and the results of pharmacoeconomic analyses. Shorter-term placebo-controlled trials in patients with COPD demonstrated significantly higher trough forced expiratory volume in 1 second (FEV(1)) responses with tiotropium bromide than with placebo, confirming it has a duration of action of =24 hours and is suitable for once-daily administration. Lung function improved to a greater extent with tiotropium bromide than with ipratropium bromide or, in most instances, salmeterol. Indacaterol was shown to be noninferior to tiotropium bromide in terms of the trough FEV(1) response. The large, 4-year UPLIFT® trial did not show a significant reduction in the annual rate of decline in FEV(1) with tiotropium bromide versus placebo in patients with COPD, although subgroup analyses demonstrated a significantly lower rate of decline with tiotropium bromide than with placebo in some patient groups (e.g. patients with moderate COPD, patients aged =50 years, patients not receiving maintenance therapy at baseline). Tiotropium bromide prevented exacerbations in patients with COPD, with a significantly lower exacerbation rate and a significantly longer time to first exacerbation seen with tiotropium bromide than with placebo or salmeterol. Exacerbation rates did not significantly differ between patients receiving tiotropium bromide and those receiving salmeterol/fluticasone propionate. Tiotropium bromide also had beneficial effects on health-related quality of life (HR-QOL) and other

endpoints, such as dyspnoea and rescue medication use. Combination therapy with tiotropium bromide plus formoterol with or without budesonide improved lung function to a significantly greater extent than tiotropium bromide alone in patients with COPD. In addition, exacerbation rates were lower and HR-QOL was improved with tiotropium bromide plus budesonide/formoterol versus tiotropium bromide alone. Although the addition of salmeterol/fluticasone propionate to tiotropium bromide did not reduce the COPD exacerbation rate, it did improve lung function and HR-QOL. Tiotropium bromide inhalation powder is generally well tolerated in patients with COPD, with anticholinergic adverse events (e.g. dry mouth, constipation, gastrointestinal obstruction, dysuria) among the most commonly reported adverse events. The UPLIFT® trial showed no significant difference between tiotropium bromide and placebo recipients in the risk of stroke, and the risk of serious cardiac adverse events (including congestive heart failure and myocardial infarction) was significantly lower with tiotropium bromide than with placebo. The absence of a detrimental effect on cardiovascular outcomes was supported by the results of a meta-analysis and pooled analyses. In addition, on-treatment mortality was lower with tiotropium bromide than with placebo in the UPLIFT® trial. Pooled analyses showed significantly lower cardiovascular mortality with tiotropium bromide than with placebo, with a meta-analysis demonstrating no significant difference between patients receiving tiotropium bromide and controls in cardiovascular mortality. Results of modelled pharmacoeconomic analyses conducted from a healthcare payer perspective in several developed countries suggest that tiotropium bromide is a cost-effective option in patients with COPD. In conclusion, tiotropium bromide inhalation powder is a useful option for the maintenance treatment of patients with COPD.

S22191797
Vardenafil orodispersible tablet (ODT) is a supralingual formulation of vardenafil that is available for the on-demand treatment of erectile dysfunction. The pharmacokinetics of vardenafil ODT are not equivalent to those of the vardenafil film-coated tablet in that the ODT formulation provides consistently greater vardenafil systemic exposure. Therefore, the two formulations are not interchangeable. The efficacy of on-demand vardenafil ODT 10 mg was established in the POTENT I and II studies, which were 6-week, randomized, double-blind, multinational trials in men with erectile dysfunction of at least 6 months duration. In both trials, vardenafil ODT improved erectile function significantly more than placebo, as indicated by International Index of Erectile Function-Erectile Function subscale scores at week 12 and overall erection success rates during treatment according to responses to questions 2 and 3 of the Sexual Encounter Profile (coprimary endpoints). In a pooled analysis of both trials, vardenafil ODT improved erectile function regardless of age, severity of erectile dysfunction at baseline or the presence or absence of underlying medical conditions. Vardenafil ODT was generally well tolerated in clinical trials, including in men aged =65 years, and adverse events were mostly mild or moderate in severity.

EUROPEAN HEART JOURNAL

21804109
Pharmacogenetics is the search for heritable genetic polymorphisms that influence responses to drug therapy. The most important application of pharmacogenetics is to guide choosing agents with the greatest potential of efficacy and smallest risk of adverse drug reactions. Many studies focusing on drug-gene interactions have been published in recent years, some of which led to adaptation of FDA recommendations, indicating that we are on the verge of the clinical application of genetic information in drug therapy. This systematic review provides a comprehensive overview of the current knowledge on pharmacogenetics of all major drug classes currently used in the treatment of cardiovascular diseases.

FAMILY MEDICINE

S22241335
Students have negative views of the work life of all physicians, especially primary care physicians. Students planning careers in primary care share this negative view of their future work life, suggesting that their career choices are not based on different work life perceptions.

S22241336
The third year is an opportune time for medical educators to help shape and develop students' medical epistemology and stress reactions to uncertainty.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S22235087
Among our cohort aged 65 years or older, incident dementia was significantly associated with increased risk of hospitalization, including hospitalization for ACSCs.

S22274684
In this trial of children with poorly controlled asthma without symptoms of GER who were using inhaled corticosteroids, the addition of lansoprazole, compared with placebo, improved neither symptoms nor lung function but was associated with increased adverse events.

S22235089
We identified several indices for predicting overall mortality in different patient groups; future studies need to independently test their accuracy in heterogeneous populations and their ability to improve clinical outcomes before their widespread use can be recommended.

THE LANCET

S22225672
Debates about which policy initiatives can prevent or reduce the damage that illicit drugs cause to the public good are rarely informed by scientific evidence. Fortunately, evidence-based interventions are increasingly being identified that are capable of making drugs less available, reducing violence in drug markets, lessening misuse of legal pharmaceuticals, preventing drug use initiation in young people, and reducing drug use and its consequences in established drug users. We review relevant evidence and outline the likely effects of fuller implementation of existing interventions. The reasoning behind the final decisions for action might be of a non-scientific nature, focused more on what the public and policy-makers deem of value. Nevertheless, important opportunities exist for science to inform these deliberations and guide the selection of policies that maximise the public good.

S22225671
This paper summarises data for the prevalence, correlates, and probable adverse health consequences of problem use of amphetamines, cannabis, cocaine, and opioids. We discuss findings from systematic reviews of the prevalence of illicit drug use and dependence, remission from dependence, and mortality in illicit drug users, and evidence for acute and chronic effects of illicit drug use. We outline the regional and global distribution of use and estimated health burden from illicit drugs. These distributions are likely to be underestimates because they have not included all adverse outcomes of drug use and exclude those of cannabis--the mostly widely used illicit drug. In high-income countries, illicit drug use contributes less to the burden of disease than does tobacco but a substantial proportion of that due to alcohol. The major adverse health effects of cannabis use are dependence and probably psychotic disorders and other mental disorders. The health-related harms of cannabis use differ from those of amphetamine, cocaine, and opioid use, in that cannabis contributes little to mortality. Intelligent policy responses to drug problems need better data for the prevalence of different types of illicit drug use and the harms that their use causes globally. This need is especially urgent in high-income countries with substantial rates of illicit drug use and in low-income and middle-income countries close to illicit drug production areas.

S22100201
Most self-harming behaviour in adolescents resolves spontaneously. The early detection and treatment of common mental disorders during adolescence might constitute an important and hitherto unrecognised component of suicide prevention in young adults.

MEDICINA CLINICA

S21420131
Este estudio muestra un alto porcentaje de diagnósticos con un bajo número de pruebas diagnósticas, destacando el rendimiento de la tabla basculante. El estudio de pacientes no seleccionados de síncope mediante un protocolo basado en las Guías Europeas y aplicado por un equipo multidisciplinario fue muy efectivo.

S21411113
La prescripción de ejercicio físico es útil especialmente para prevenir la mortalidad prematura de cualquier causa, la cardiopatía isquémica, la enfermedad cerebrovascular, la hipertensión arterial, el cáncer de colon y mama, la diabetes tipo 2, el síndrome metabólico, la obesidad, la osteoporosis, la sarcopenia, la dependencia funcional y las caídas en ancianos, el deterioro cognitivo, la ansiedad y la depresión.
Dicho beneficio se observa en ambos sexos y es mayor cuanto mayor es el volumen o la intensidad del ejercicio físico. Para obtener dichos beneficios, debe realizarse ejercicio aeróbico moderado durante un mínimo de 30 minutos, 5 días por semana, o ejercicio intenso durante un mínimo de 20 minutos, 3 días por semana. Se recomienda añadir un mínimo de 2 días no consecutivos cada semana para practicar 8-10 ejercicios que desarrollen la fuerza de la mayor parte de grupos musculares (brazos, hombros, tórax, abdomen, espalda, caderas y piernas), con 10-15 repeticiones de cada ejercicio. También es recomendable dedicar 2 sesiones de 10 minutos a la semana para realizar 8-10 ejercicios que mantengan la flexibilidad de la mayor parte de grupos de músculos y tendones. El ejercicio físico puede comportar lesiones del aparato locomotor y un riesgo cardiovascular, pero el beneficio supera al riesgo.

NEJM

S22256806

Our data indicate that osteoporosis would develop in less than 10% of older, postmenopausal women during rescreening intervals of approximately 15 years for women with normal bone density or mild osteopenia, 5 years for women with moderate osteopenia, and 1 year for women with advanced osteopenia.

S22276822
Differences in risk-factor burden translate into marked differences in the lifetime risk of cardiovascular disease, and these differences are consistent across race and birth cohorts.

BMJ

S22214758
Publication, availability, and selection biases are a potential concern for meta-analyses of individual participant data, but many reviewers neglect to examine or discuss them. These issues warn against uncritically viewing any meta-analysis that uses individual participant data as the most reliable. Reviewers should seek individual participant data from all studies identified by a systematic review; include, where possible, aggregate data from any studies lacking individual participant data to consider their potential impact; and investigate funnel plot asymmetry in line with recent guidelines.

S22236411
The present review provides evidence that treatment with GLP-1R agonists leads to weight loss in overweight or obese patients with or without type 2 diabetes mellitus.

S22217630
The algorithm has good discrimination and calibration and, after independent validation in an external cohort, could potentially be used to identify those at highest risk of ovarian cancer to facilitate early referral and investigation. Further research is needed to assess how best to implement the algorithm, its cost effectiveness, and whether, on implementation, it has any impact on health outcomes.
S22218098
Very elderly patients with hypertension may gain immediate benefit from treatment. Sustained differences in reductions of total mortality and cardiovascular mortality reinforce the benefits and support the need for early and long term treatment.

S22113564
Overdiagnosis from the detection of non-progressive disease by screening mammography was limited in 1991-2006 in Isère. Because carcinoma in situ accounted for less than 15% of all incident breast cancer cases, its contribution to overdiagnosis was relatively limited and imprecise.

S22155336
This analysis supports the claim that the introduction of breast cancer screening might have caused net harm for up to 10 years after the start of screening.

S22232535
This study with a high response rate of 89% at 35 days in men undergoing biopsy in the context of a randomised controlled trial has shown that although prostate biopsy is well tolerated by most men, it is associated with significant symptoms in a minority and affects attitudes to repeat biopsy and primary care resource use. These findings will inform men who seek PSA testing for detection of prostate cancer and assist their physicians during counselling about the potential risks and effect of biopsy. Variability in the adverse event profile between centres suggests that patients' outcomes could be improved and healthcare use reduced with more effective administration of local anaesthetic and antibiotics

S22214757
Based on the results for 2005, at least 3000 records describing randomised controlled trials but not indexed using RCT [pt] may have been entered into Medline between 2006 and 2011. Researchers and healthcare decision makers relying on using RCT [pt] may be missing important evidence in their searches, particularly for design and methods, baseline characteristics, long term follow-up, and secondary data analyses.

S22223828
Cognitive decline is already evident in middle age (age 45-49).