

Enero 2013

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ACADEMIC MEDICINE

P Sklar D. 2013 question of the year: what is a doctor? What is a nurse? Acad Med. 2013; 88:3 [AO,I]

[23267213](#)

PREGUNTA DEL AÑO 2013: ¿QUÉ ES UN MÉDICO? ¿QUÉ ES UNA ENFERMERA?

Stoller JK. Commentary: recommendations and remaining questions for health care leadership training programs. Acad Med. 2013; 88:12-15 [AO,I]

[23267224](#) [R/C](#)

COMENTARIO: RECOMENDACIONES Y PREGUNTAS RESTANTES EN PROGRAMAS DE FORMACIÓN EN LIDERAZGO EN ATENCIÓN SANITARIA

Jochemsen-van der Leeuw HG, van Dijk N, van Etten-Jamaludin FS, Wieringa-de Waard M. The attributes of the clinical trainer as a role model: a systematic review. Acad Med. 2013; 88:26-34 [M,II]

[23165277](#) [R/C](#)

LOS ATRIBUTOS DEL FORMADOR CLÍNICO COMO MODELO DE ROL: REVISIÓN SISTEMÁTICA

Teherani A, Irby DM, Loeser H. Outcomes of different clerkship models: longitudinal integrated, hybrid, and block. Acad Med. 2013; 88:35-43 [QE,I]

[23165275](#) [R/C](#)

RESULTADOS DE DIFERENTES MODELOS DE ROTACIÓN: INTEGRADA LONGITUDINAL, HÍBRIDA Y POR BLOQUES

ANNALS OF INTERNAL MEDICINE

Hodder SL, Justman J, Hughes JP, Wang J, Haley DF, Adimora AA, et al; HIV Prevention Trials Network 064; Women's HIV Seroincidence Study Team. HIV acquisition among women from selected areas of the United States: a cohort study. Ann Intern Med. 2013; 158:10-18 [S,I]

[23277896](#) [R/C](#)

ADQUISICIÓN DEL VIH ENTRE MUJERES DE ÁREAS SELECCIONADAS DE ESTADOS UNIDOS: ESTUDIO DE COHORTES

Hussey PS, Wertheimer S, Mehrotra A. The association between health care quality and cost: a systematic review. Ann Intern Med. 2013; 158:27-34 [M,II]

[23277898](#) [R/C](#)

ASOCIACIÓN ENTRE CALIDAD DE LA ATENCIÓN SANITARIA Y COSTE: REVISIÓN SISTEMÁTICA

Kaplan HG, Malmgren JA. The breast cancer overdiagnosis conundrum: an oncologist's viewpoint. Ann Intern Med. 2013; 158:60-61 [AO,I]

[23277900](#)

EL ENIGMA DEL SOBREDIAGNÓSTICO DE CÁNCER DE MAMA: PUNTO DE VISTA DEL ONCÓLOGO

Guallar E, Manson JE, Laine C, Mulrow C. Postmenopausal hormone therapy: the heart of the matter. Ann Intern Med. 2013; 158:69-70 [AO,I]

[23277904](#)

TERAPIA HORMONAL POSTMENOPÁUSICA: EL CORAZÓN DEL ASUNTO

Cottrell EB, Chou R, Wasson N, Rahman B, Guise JM. Reducing risk for mother-to-infant transmission of hepatitis C virus: a systematic review for the U.S. Preventive Services Task Force. Ann Intern Med. 2013; 158:109-113 [M,II]

[R/C](#)

REDUCIR EL RIESGO DE LA TRANSMISIÓN DE MADRE A HIJO DEL VIRUS DE LA HEPATITIS C: REVISIÓN SISTEMÁTICA PARA EL US PREVENTIVE SERVICES TASK FORCE

Linkins LA, Bates SM, Lang E, Kahn SR, Douketis JD, Julian J, et al. Selective d-dimer testing for diagnosis of a first suspected episode of deep venous thrombosis: a randomized trial. Ann Intern Med. 2013; 158:93-100 [EC,II]

[23318311](#) [R/C](#)

PRUEBA DEL DíMERO D SELECTIVO EN EL DIAGNÓSTICO ANTE SOSPECHA DE UN PRIMER EPISODIO DE TROMBOSIS VENOSA PROFUNDA: ENSAYO ALEATORIZADO

Chou R, Cottrell EB, Wasson N, Rahman B, Guise JM. Screening for hepatitis C virus infection in adults: a systematic review for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2013; 158:101-108 [M,II]
[23183613](#) [R/C](#)
CRIBAJE DE LA INFECCIÓN POR VIRUS DE LA HEPATITIS C EN ADULTOS: REVISIÓN SISTEMÁTICA PARA EL US PREVENTIVE SERVICES TASK FORCE

Chou R, Hartung D, Rahman B, Wasson N, Cottrell EB, Fu R. Comparative effectiveness of antiviral treatment for hepatitis C virus infection in adults: a systematic review. *Ann Intern Med.* 2013; 158:114-123 [M,II]
[R/C](#)
EFFECTIVIDAD COMPARADA DEL TRATAMIENTO ANTIVÍRICO DE LA INFECCIÓN POR VIRUS DE LA HEPATITIS C EN ADULTOS: REVISIÓN SISTEMÁTICA

Meyer T, Shih J, Aurigemma G. Heart failure with preserved ejection fraction (diastolic dysfunction). *Ann Intern Med.* 2013; 158:ITC1-ITC11 [AO,I]
[23277912](#)
INSUFICIENCIA CARDIACA CON FRACCIÓN DE EYECCIÓN PRESERVADA (DISFUNCIÓN DIASTÓLICA)

Moyer VA; on behalf of the U.S. Preventive Services Task Force. Menopausal hormone therapy for the primary prevention of chronic conditions: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2012 [Epub ahead of print] [M,II]
[23090711](#) [R/C](#)
TERAPIA HORMONAL MENOPÁUSICA EN LA PREVENCIÓN PRIMARIA DE ENFERMEDADES CRÓNICAS: DECLARACIÓN DE RECOMENDACIÓN DEL EL US PREVENTIVE SERVICES TASK FORCE

ATENCIÓN PRIMARIA

Novoa AJ. No podemos esperar y cruzar los dedos. *Aten Primaria.* 2013; 45:1-2 [AO,I]
[23351645](#)
NO PODEMOS ESPERAR Y CRUZAR LOS DEDOS

Buitrago F, Pérez FL. Medicamentos retirados de la financiación pública. *Aten Primaria.* 2013; 45:3-5 [AO,I]
[22981134](#)
MEDICAMENTOS RETIRADOS DE LA FINANCIACIÓN PÚBLICA

Galván-Banqueri M, Santos-Ramos B, Vega-Coca MD, Alfaro-Lara ER, Nieto-Martín MD, Pérez-Guerrero C. Adecuación del tratamiento farmacológico en pacientes pluripatológicos. *Aten Primaria.* 2013; 45:6-18 [M,II]
[23218683](#) [R/C](#)
ADECUACIÓN DEL TRATAMIENTO FARMACOLÓGICO EN PACIENTES PLURIPATOLÓGICOS

Buitrago F. Métodos de medida de la adecuación del tratamiento farmacológico en pacientes pluripatológicos, ancianos o polimedicados. *Aten Primaria.* 2013; 45:19-20 [AO,I]
[23177389](#)
MÉTODOS DE MEDIDA DE LA ADECUACIÓN DEL TRATAMIENTO FARMACOLÓGICO EN PACIENTES PLURIPATOLÓGICOS, ANCIANOS O POLIMEDICADOS

Torijano-Casalengua ML, Olivera-Cañadas G, Astier-Peña MP, Maderuelo-Fernández JÁ, Silvestre-Busto C. Validación de un cuestionario para evaluar la cultura de seguridad del paciente de los profesionales de atención primaria en España. *Aten Primaria.* 2013; 45:21-37 [T,I]
[22981282](#) [R/C](#)
VALIDACIÓN DE UN CUESTIONARIO PARA EVALUAR LA CULTURA DE SEGURIDAD DEL PACIENTE DE LOS PROFESIONALES DE ATENCIÓN PRIMARIA EN ESPAÑA

Martín A, Jiménez J, Monreal A, Mundet X, Otero A, Alonso P; por el Grupo de Investigación Universidad y Medicina de Familia (UNIMEDFAM). Los estudiantes de medicina españoles y la medicina de familia. Datos de las 2 fases de una encuesta estatal. *Aten Primaria.* 2013; 45:38-45 [T,II]
[22995410](#) [R/C](#)
LOS ESTUDIANTES DE MEDICINA ESPAÑOLES Y LA MEDICINA DE FAMILIA. DATOS DE LAS 2 FASES DE UNA ENCUESTA ESTATAL

Marin-Torres V, Valverde J, Sánchez I, Sáenz Del Castillo MI, Polentinos-Castro E, Garrido A. Internet como fuente de información sobre salud en pacientes de atención primaria y su influencia en la relación médico-paciente. *Aten Primaria.* 2013; 45:46-53 [T,I]
[23140836](#) [R/C](#)

INTERNET COMO FUENTE DE INFORMACIÓN SOBRE SALUD EN PACIENTES DE ATENCIÓN PRIMARIA Y SU INFLUENCIA EN LA RELACIÓN MÉDICO-PACIENTE

BRITISH MEDICAL JOURNAL

Te Morenga L, Mallard S, Mann J. Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ*. 2012; 346:e7492 [M,II]

[23321486](#) [R/C](#)

AZÚCARES DIETÉTICOS Y PESO CORPORAL: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS CONTROLADOS ALEATORIZADOS Y ESTUDIOS DE COHORTES

Willett WC, Ludwig DS. Science souring on sugar. *BMJ*. 2013; 346:e8077 [R,I]

[23321488](#)

A LA CIENCIA SE LE AMARGA EL AZÚCAR

Downer NJ, Ali NJ, Au-Yong IT. Investigating pleural thickening. *BMJ*. 2013; 346:e8376.[R,I]

[23287997](#)

INVESTIGAR EL ENGROSAMIENTO PLEURAL

Lee SJ, Boscardin WJ, Stijacic-Cenzer I, Conell-Price J, O'Brien S, Walter LC. Time lag to benefit after screening for breast and colorectal cancer: meta-analysis of survival data from the United States, Sweden, United Kingdom, and Denmark. *BMJ*. 2012; 346:e8441 [M,II]

[23299842](#) [R/C](#)

DESFASE TEMPORAL PARA OBTENER BENEFICIO DEL CRIBAJE DE CÁNCER DE MAMA Y COLORRECTAL: METAANÁLISIS DE DATOS DE SUPERVIVENCIA DE LOS ESTADOS UNIDOS, SUECIA, REINO UNIDO Y DINAMARCA

Schriger DL, Savage DF, Altman DG. Presentation of continuous outcomes in randomised trials: an observational study. *BMJ*. 2012; 345:e8486 [T,I]

[23249670](#) [R/C](#)

PRESENTACIÓN DE RESULTADOS CONTINUOS EN ENSAYOS ALEATORIZADOS: ESTUDIO OBSERVACIONAL

Anderson IM, Haddad PM, Scott J. Bipolar disorder. *BMJ*. 2012; 345:e8508 [R,I]

[23271744](#)

TRASTORNO BIPOLAR

Lapi F, Azoulay L, Yin H, Nessim SJ, Suissa S. Concurrent use of diuretics, angiotensin converting enzyme inhibitors, and angiotensin receptor blockers with non-steroidal anti-inflammatory drugs and risk of acute kidney injury: nested case-control study. *BMJ*. 2013; 346:e8525 [CC,I]

[23299844](#) [R/C](#)

USO CONCURRENTE DE DIURÉTICOS, INHIBIDORES DE LA ENZIMA CONVERTORA DE ANGIOTENSINA Y BLOQUEANTES DE RECEPTORES DE ANGIOTENSINA CON AINE Y RIESGO DE DAÑO RENAL AGUDO: ESTUDIO CASOS-CONTROL ANIDADOS

Rong Y, Chen L, Zhu T, Song Y, Yu M, Shan Z, et al. Egg consumption and risk of coronary heart disease and stroke: dose-response meta-analysis of prospective cohort studies. *BMJ*. 2013; 346:e8539 [M,II]

[23295181](#) [R/C](#)

CONSUMO DE HUEVOS Y RIESGO DE ENFERMEDAD CARDIACA CORONARIA E ICTUS: METAANÁLISIS DE DOSIS-RESPUESTA DE ESTUDIOS DE COHORTES PROSPECTIVOS

Torjesen I. Sentinel node biopsy for melanoma: unnecessary treatment? *BMJ*. 2013; 346:e8645 [AO,I]

[23299845](#)

BIOPSIA DE GANGLIO CENTINELA EN EL MELANOMA: ¿TRATAMIENTO INNECESARIO?

Bolland MJ, Jackson R, Gamble GD, Grey A. Discrepancies in predicted fracture risk in elderly people. *BMJ*. 2013; 346:e8669 [R,I]

[23338005](#)

DISCREPANCIAS EN EL RIESGO DE FRACTURA PREDICHO EN PERSONAS ANCIANAS

Murray E. Screening and brief intervention for alcohol use disorders in primary care. *BMJ*. 2013; 346:e8706 [AO,I]

[23303892](#)

CRIBAJE E INTERVENCIONES BREVES EN LOS TRASTORNOS DEL USO DEL ALCOHOL EN ATENCIÓN PRIMARIA

Nitsch D, Tomlinson LA. Safety of coprescribing NSAIDs with multiple antihypertensive agents. BMJ. 2013; 346:e8713 [AO,I]

[23299846](#)

SEGURIDAD DE LA PRESCRIPCIÓN CONJUNTA DE AINE CON AGENTES ANTIHIPERTENSIVOS MÚLTIPLES

Pirmohamed M. Drug-grapefruit juice interactions. BMJ. 2013; 346:f1 [AO,I]

[23297175](#)

INTERACCIONES ENTRE FÁRMACOS Y ZUMO DE POMELO

Kirwan CC. Breast cancer screening: what does the future hold? BMJ. 2013; 346:f87 [AO,I]

[23344320](#)

CRIBAJE DE CÁNCER DE MAMA: ¿QUÉ DEPARA EL FUTURO?

Chalmers I, Glasziou P, Godlee F. All trials must be registered and the results published. BMJ. 2013; 346:f105 [AO,I]

[23303893](#)

TODOS LOS ENSAYOS SE DEBEN REGISTRAR Y PUBLICARSE SUS RESULTADOS

Tsafnat G, Dunn A, Glasziou P, Coiera E. The automation of systematic reviews. BMJ. 2013; 346:f139 [R,I]

[23305843](#)

LO AUTOMATIZACIÓN DE LAS REVISIONES SISTEMÁTICAS

Kendall T, Hollis C, Stafford M, Taylor C; On behalf of the Guideline Development Group. Recognition and management of psychosis and schizophrenia in children and young people: summary of NICE guidance. BMJ. 2013; 346:f150 [M,II]

[23344308](#)

RECONOCIMIENTO Y MANEJO DE LA PSICOSIS Y LA ESQUIZOFRENIA EN NIÑOS Y JÓVENES: RESUMEN DE LA GUÍA NICE

Hersch J, Jansen J, Barratt A, Irwig L, Houssami N, Howard K, et al. Women's views on overdiagnosis in breast cancer screening: a qualitative study. BMJ. 2013; 346:f158 [C,I]

[23344309](#)

[R/C](#)

PUNTOS DE VISTA DE LAS MUJERES RESPECTO AL SOBREDIAGNÓSTICO EN EL CRIBAJE DE CÁNCER DE MAMA: ESTUDIO CUALITATIVO

Javaid MK, Cooper C. Commentary: Opportunities to prevent fracture are being missed. BMJ. 2013; 346:f278 [AO,I]

[23338006](#)

COMENTARIO: SE ESTÁN PERDIENDO OPORTUNIDADES DE PREVENIR FRACTURAS

Patrick J. Benefits of cancer screening take years to appreciate. BMJ. 2013; 346:f299 [AO,I]

[23325877](#)

LOS BENEFICIOS DEL CRIBAJE DEL CÁNCER LLEVAN AÑOS PARA APRECIARSE

Van Os J, Murray RM. Can we identify and treat "schizophrenia light" to prevent true psychotic illness? BMJ. 2013; 346:f304 [AO,I]

[23335475](#)

¿PODEMOS IDENTIFICAR Y TRATAR LA "ESQUIZOFRENIA LIGERA" PARA PREVENIR LA ENFERMEDAD PSICÓTICA VERDADERA?

Jackson T. How science is going sour on sugar. BMJ. 2013; 346:f307 [AO,I]

CÓMO LA CIENCIA SE VUELVE AMARGA CON EL AZÚCAR

Godlee F. Breast screening controversy continues. BMJ. 2013; 346:f477 [AO,I]

LA CONTROVERSI DEL CRIBAJE MAMARIO CONTINÚA

CANADIAN MEDICAL ASSOCIATION JOURNAL

Dawes M. Why is controlling blood pressure after stroke so difficult? CMAJ. 2013; 185:11-12 [AO,I]

[23166288](#)

¿POR QUÉ ES TAN DIFÍCIL CONTROLAR LA PRESIÓN ARTERIAL TRAS EL ICTUS?

Dollin J. Preventing cervical cancer: beyond following guidelines. CMAJ. 2013; 185:13-14 [AO,I]

[23297137](#)

PREVENIR EL CÁNCER DE CÉRVIX: MÁS ALLÁ DEL SEGUIMIENTO DE LAS GUÍAS CLÍNICAS

Canadian Task Force on Preventive Health Care. Recommendations on screening for cervical cancer. CMAJ. 2013; 185:35-45 [M,II]

[23297138](#)

RECOMENDACIONES SOBRE EL CRIBAJE DEL CÁNCER DE CÉRVIX

Roobol MJ, Bangma CH, Loeb S. Prostate-specific antigen screening can be beneficial to younger and at-risk men. CMAJ. 2013; 185:47-51 [R,I]

[22566532](#)

EL CRIBAJE MEDIANTE PSA PUEDE SER BENEFICIOSO PARA LOS MÁS JÓVENES Y LOS HOMBRES EN RIESGO

CIRCULATION

Khan AM, Lubitz SA, Sullivan LM, Sun JX, Levy D, Vasan RS, et al. Low serum magnesium and the development of atrial fibrillation in the community: the Framingham heart study. Circulation. 2013; 127:33-38 [T,I]

[23172839](#)

[R/C](#)

MAGNESIO BAJO EN SUERO Y DESARROLLO DE FIBRILACIÓN AURICULAR EN LA COMUNIDAD: ESTUDIO DEL CORAZÓN FRAMINGHAM

Parker BA, Capizzi JA, Grimaldi AS, Clarkson PM, Cole SM, Keadle J, et al. Effect of statins on skeletal muscle function. Circulation. 2013; 127:96-103 [EC,II]

[23183941](#)

[R/C](#)

EFECTO DE LAS ESTATINAS SOBRE LA FUNCIÓN MUSCULOESQUELÉTICA

Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, et al; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics--2013 update: a report from the American Heart Association. Circulation. 2013; 127:e6-e245 [T,II]

[23239837](#)

ESTADÍSTICAS DE ENFERMEDAD CARDIACA E ICTUS—ACTUALIZACIÓN 2013: INFORME DE LA AHA

DIABETES CARE

Ryan EA. Balancing weight and glucose in gestational diabetes mellitus. Diabetes Care. 2013; 36:6-7 [AO,I]

[23264285](#)

EQUILIBRAR EL PESO Y LA GLUCOSA EN LA DIABETES MELLITUS GESTACIONAL

Saydah SH, Imperatore G, Beckles GL. Socioeconomic status and mortality: contribution of health care access and psychological distress among U.S. adults with diagnosed diabetes. Diabetes Care. 2013; 36:49-55 [T,II]

[22933434](#)

[R/C](#)

ESTATUS SOCIOECONÓMICO Y MORTALIDAD: CONTRIBUCIÓN DEL ACCESO A LA ATENCIÓN SANITARIA Y DISTRÉS PSICOLÓGICO ENTRE ADULTOS ESTADOUNIDENSES CON DIABETES DIAGNOSTICADA

Raynor LA, Pankow JS, Duncan BB, Schmidt MI, Hoogeveen RC, Pereira MA, et al. Novel risk factors and the prediction of type 2 diabetes in the Atherosclerosis Risk in Communities (ARIC) study. Diabetes Care. 2013; 36:70-76 [S,I]

[22933437](#)

[R/C](#)

FACTORES DE RIESGO NOVEDOSOS Y PREDICCIÓN DEL RIESGO DE DIABETES TIPO 2 EN EL ESTUDIO ARIC

Smiechowski BB, Azoulay L, Yin H, Pollak MN, Suissa S. The use of metformin and the incidence of lung cancer in patients with type 2 diabetes. Diabetes Care. 2013; 36:124-129 [S,I]

[22923670](#)

[R/C](#)

USO DE METFORMINA E INCIDENCIA DE CÁNCER DE PULMÓN EN PACIENTES CON DIABETES TIPO 2

Wang X, Bao W, Liu J, Ouyang YY, Wang D, Rong S, et al. Inflammatory markers and risk of type 2 diabetes: a systematic review and meta-analysis. Diabetes Care. 2013; 36:166-175 [M,I]

[23264288](#)

[R/C](#)

MARCADORES INFLAMATORIOS Y RIESGO DE DIABETES TIPO 2: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

Malanda UL, Bot SD, Nijpels G. Self-monitoring of blood glucose in noninsulin-using type 2 diabetic patients: it is time to face the evidence. *Diabetes Care*. 2013; 36:176-178 [AO,I]

[23264289](#) R/C

AUTOMONITORIZACIÓN DE LA GLUCOSA SANGUÍNEA EN PACIENTES DIABÉTICOS TIPO 2 NO USUARIOS DE INSULINA: ES HORA DE AFRONTAR LA EVIDENCIA

Polonsky WH, Fisher L. Self-monitoring of blood glucose in noninsulin-using type 2 diabetic patients: right answer, but wrong question: self-monitoring of blood glucose can be clinically valuable for noninsulin users. *Diabetes Care*. 2013; 36:179-182 [AO,I]

[23264290](#) R/C

AUTOMONITORIZACIÓN DE LA GLUCOSA SANGUÍNEA EN PACIENTES DIABÉTICOS TIPO 2 NO USUARIOS DE INSULINA: RESPUESTA CORRECTA, PERO PREGUNTA EQUIVOCADA: LA AUTOMONITORIZACIÓN DE GLUCOSA PUEDE SER CLÍNICAMENTE VALIOSA PARA LOS QUE NO USAN INSULINA

Executive summary: standards of medical care in diabetes--2013. *Diabetes Care*. 2013; 36 Suppl 1:S4-S10 [M,III]

[23264424](#)

RESUMEN EJECUTIVO: ESTÁNDARES DE ATENCIÓN MÉDICA EN LA DIABETES--2013

American Diabetes Association. Standards of medical care in diabetes--2013. *Diabetes Care*. 2013; 36 Suppl 1:S11-S66 [M,II]

[23264422](#)

ESTÁNDARES DE ATENCIÓN MÉDICA EN LA DIABETES--2013

American Diabetes Association. Diagnosis and classification of diabetes mellitus. *Diabetes Care*. 2013; 36 Suppl 1:S67-S74 [M,III]

[23264425](#)

DIAGNÓSTICO Y CLASIFICACIÓN DE LA DIABETES MELLITUS

Haas L, Maryniuk M, Beck J, Cox CE, Duker P, Edwards L, et al; 2012 Standards Revision Task Force. National standards for diabetes self-management education and support. *Diabetes Care*. 2013; 36 Suppl 1:S100-S108 [M,II]

[23264420](#)

ESTÁNDARES NACIONALES PARA LA FORMACIÓN Y APOYO EN EL AUTOMANEJO DE LA DIABETES

DRUGS

Croxtall JD, Dhillon S. Meningococcal quadrivalent (serogroups A, C, W135 and Y) tetanus toxoid conjugate vaccine (Nimenrix™). *Drugs*. 2012; 72:2407-2430 [EC,I]

[23231026](#) R/C

VACUNA CONJUGADA DE TOXOIDE TETÁNICO Y MENINGOCÓCICA TETRAVALENTE (SEROGRUPOS A, C, W135 E Y)

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

[23186103](#) R/C

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

Garnock-Jones KP. Boceprevir: a review of its use in the management of chronic hepatitis C genotype 1 infection. *Drugs*. 2012; 72:2431-2456 [R,I]

[23231027](#) R/C

BOCEPREVIR: REVISIÓN DE SU USO EN EL TRATAMIENTO DE LA INFECCIÓN CRÓNICA POR HEPATITIS C GENOTIPO 1

EUROPEAN HEART JOURNAL

Iung B, Vahanian A. Towards improved risk scores: the quest for the grail continues. *Eur Heart J*. 2013; 34:10-12 [AO,I]

[23028170](#)

HACIA TABLAS DE RIESGO MEJORADAS: LA BÚSQUEDA DEL GRIAL CONTINÚA

Barili F, Pacini D, Capo A, Rasovic O, Grossi C, Alamanni F, et al. Does EuroSCORE II perform better than its original versions? A multicentre validation study. *Eur Heart J*. 2013; 34:22-29 [T,I]

[23028171](#) R/C

¿RINDE MÁS EL EUROSCORE II QUE SUS VERSIONES ORIGINALES? ESTUDIO DE VALIDACIÓN MULTICÉNTRICO

Fernández-Lozano I, Brugada J. Right bundle branch block: are we looking in the right direction? Eur Heart J. 2013; 34:86-88 [AO,I]

[23136401](#)

BLOQUEO DE RAMA DERECHA: ¿ESTAMOS BUSCANDO EN LA DIRECCIÓN ADECUADA?

Behr ER, Roden D. Drug-induced arrhythmia: pharmacogenomic prescribing? Eur Heart J. 2013; 34:89-95 [R,I]

[23091201](#) R/C

ARRITMIA INDUCIDA POR FÁRMACOS: ¿PRESCRIPCIÓN FARMACOGÉNICA?

Bussink BE, Holst AG, Jespersen L, Deckers JW, Jensen GB, Prescott E. Right bundle branch block: prevalence, risk factors, and outcome in the general population: results from the Copenhagen City Heart Study. Eur Heart J. 2013; 34:138-146 [S,I]

[22947613](#) R/C

BLOQUEO DE RAMA DERECHA: PREVALENCIA,FACTORES DE RIESGO Y RESULTADOS EN LA POBLACIÓN GENERAL: RESULTADOS DEL ESTUDIO COPENHAGEN CITY HEART

Erdogan O. Risk assessment and therapy decision in patients at low risk for stroke: CHA2DS2-VASc vs. CHADS2? Eur Heart J. 2013; 34:168-169 [AO,I]

[23132610](#)

VALORACIÓN DEL RIESGO Y DECISIÓN TERAPÉUTICA EN PACIENTES CON RIESGO BAJO DE ICTUS: ¿CHA2DS2-VASc FRENTE A CHADS2?

Coppens M, Eikelboom JW, Hart RG, Yusuf S, Lip GY, Dorian P, et al. The CHA2DS2-VASc score identifies those patients with atrial fibrillation and a CHADS2 score of 1 who are unlikely to benefit from oral anticoagulant therapy. Eur Heart J. 2013; 34:170-176 [S,II]

[23018151](#) R/C

LA PUNTUACIÓN CHA2DS2-VASc IDENTIFICA A AQUELLOS PACIENTES CON FIBRILACIÓN AURICULAR Y PUNTUACIÓN CHADS2 DE 1 QUE ES IMPROBABLE QUE SE BENEFICIEN DE LA TERAPIA ANTICOAGULANTE ORAL

Banning AS, Ng GA. Driving and arrhythmia: a review of scientific basis for international guidelines. Eur Heart J. 2013; 34:236-244 [R,I]

[23086661](#) R/C

CONDUCCIÓN DE VEHÍCULOS Y ARRITMIA: REVISIÓN DE LAS BASES CIENTÍFICAS PARA LAS PAUTAS INTERNACIONALES

FAMILY MEDICINE

Rabow MW, Evans CN, Remen RN. Professional formation and deformation: repression of personal values and qualities in medical education. Fam Med. 2013; 45:13-18 [C,II]

[23334962](#) R/C

FORMACIÓN Y DEFORMACIÓN PROFESIONAL: REPRESIÓN DE LOS VALORES Y LAS CUALIDADES PERSONALES EN LA FORMACIÓN MÉDICA

Tudiver F, Click IA, Ward P, Basden JA. Evaluation of a quality improvement curriculum for family medicine residents. Fam Med. 2013; 45:19-25 [C,I]

[23334963](#) R/C

EVALUACIÓN DE UN CURRÍCULO DE MEJORA DE LA CALIDAD PARA RESIDENTES DE MEDICINA DE FAMILIA

GACETA SANITARIA

Pasarín MI, Berra S, González A, Segura A, Tebé C, García-Altés A, et al. Evaluación de la atención primaria de salud: Primary Care Assessment Tools - Facility version para el sistema de salud español. Gac Sanit. 2013; 27:12-18 [T,II]

[22921943](#) R/C

EVALUACIÓN DE LA ATENCIÓN PRIMARIA DE SALUD: PRIMARY CARE ASSESSMENT TOOLS - FACILITY VERSION PARA EL SISTEMA DE SALUD ESPAÑOL

Mercader M, Bolívar B; "Salut i escola" study group. Diferencias en los estados de ánimo negativo en estudiantes de secundaria según sexo: encuesta de salud en Cataluña. Gac Sanit. 2013; 27:32-39 [T,I]

[21315492](#)

R/C

DIFERENCIAS EN LOS ESTADOS DE ÁNIMO NEGATIVO EN ESTUDIANTES DE SECUNDARIA SEGÚN SEXO: ENCUESTA DE SALUD EN CATALUÑA

Catalina-Romero C, Martínez-Muñoz P, Quevedo-Aguado L, Ruiz-Moraga M, Fernández-Labandera C, Calvo-Bonacho E. Predictores de la duración de la incapacidad temporal por contingencias comunes en los trastornos de ansiedad. Gac Sanit. 2013; 27:40-46 [S,I]

[22425457](#)

R/C

PREDICTORES DE LA DURACIÓN DE LA INCAPACIDAD TEMPORAL POR CONTINGENCIAS COMUNES EN LOS TRASTORNOS DE ANSIEDAD

López-Torres J, Avarro BN, Párraga I, Andrés F, Rabanales J, Simarro MJ. El estado de salud de las personas mayores que sufren insomnio. Gac Sanit. 2013; 27:47-52 [T,I]

[22402240](#)

R/C

EL ESTADO DE SALUD DE LAS PERSONAS MAYORES QUE SUFREN INSOMNIO

Silva LC, Alonso P. Explicación del tamaño muestral empleado: una exigencia irracional de las revistas biomédicas. Gac Sanit. 2013; 27:53-57 [R,I]

[22483062](#)

R/C

EXPLICACIÓN DEL TAMAÑO MUESTRAL EMPLEADO: UNA EXIGENCIA IRRACIONAL DE LAS REVISTAS BIOMÉDICAS

Tolosana M, Pedrol MA, Soler MA, Taló M, Godoy P. Prevalencia de consumo de tabaco en vehículos privados. Gac Sanit. 2013; 27:58-60 [T,I]

[22943977](#)

R/C

PREVALENCIA DE CONSUMO DE TABACO EN VEHÍCULOS PRIVADOS

Ruiz-Muñoz D, Pérez G. Factores socioeconómicos de las mujeres asociados a la elección del método anticonceptivo en España. Gac Sanit. 2013; 27:64-67 [T,I]

[22749130](#)

R/C

FACTORES SOCIOECONÓMICOS DE LAS MUJERES ASOCIADOS A LA ELECCIÓN DEL MÉTODO ANTICONCEPTIVO EN ESPAÑA

Esteve ME, Gil AC. El hábito de lectura como factor protector de deterioro cognitivo. Gac Sanit. 2013; 27:68-71 [CC,I]

[22749543](#)

R/C

EL HÁBITO DE LECTURA COMO FACTOR PROTECTOR DE DETERIORO COGNITIVO

Pérez MJ, Echaurre M. Educación versus coerción. Una apuesta decidida por la educación para la salud. Gac Sanit. 2013;27:72-74 [AO,I]

[23200769](#)

EDUCACIÓN VERSUS COERCIÓN. UNA APUESTA DECIDIDA POR LA EDUCACIÓN PARA LA SALUD

Novoa AM. Cómo cambiar comportamientos y no morir en el intento: más entornos favorables y menos educación sanitaria. Gac Sanit. 2013; 27:75-76 [AO,I]

[22943975](#)

CÓMO CAMBIAR COMPORTAMIENTOS Y NO MORIR EN EL INTENTO: MÁS ENTORNOS FAVORABLES Y MENOS EDUCACIÓN SANITARIA

Delclós J, Gimeno D, Torá I, Martínez JM, Manzanera R, Jardí J, et al. Distribución de la duración de la incapacidad temporal por contingencia común por diagnóstico médico (Cataluña, 2006-2008) Gac Sanit. 2013; 27:81-83 [T,I]

[22657870](#)

R/C

DISTRIBUCIÓN DE LA DURACIÓN DE LA INCAPACIDAD TEMPORAL POR CONTINGENCIA COMÚN POR DIAGNÓSTICO MÉDICO (CATALUÑA, 2006-2008)

Cabiedes L. A propósito de la excepcionalidad de las innovaciones farmacológicas para el cáncer. Gac Sanit 2013; 27:84-88 [AO,I]

[22695372](#)

R/C

A PROPOSITO DE LA EXCEPCIONALIDAD DE LAS INNOVACIONES FARMACOLÓGICAS PARA EL CÁNCER

GUT

Megraud F, Coenen S, Versporten A, Kist M, Lopez-Brea M, Hirschl AM, et al; on behalf of the Study Group participants. Helicobacter pylori resistance to antibiotics in Europe and its relationship to antibiotic consumption. Gut. 2013; 62:34-42 [S,I]

[22580412](#) R/C

RESISTENCIA DEL HELICOBACTER PYLORI A LOS ANTIBIÓTICOS EN EUROPA Y SU RELACIÓN CON EL CONSUMO DE ANTIBIÓTICOS

Ludvigsson JF, Leffler DA, Bai JC, Biagi F, Fasano A, Green PH, et al. The Oslo definitions for coeliac disease and related terms. Gut. 2013; 62:43-52 [R,I]

[22345659](#) R/C

LAS DEFINICIONES DE OSLO DE ENFERMEDAD CELIACA Y TÉRMINOS RELACIONADOS

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

Lawler FH, Mold JW, McCarthy LH. Do older people benefit from having a confidant? an Oklahoma Physicians Resource/Research Network (OKPRN) study. J Am Board Fam Med. 2013; 26:9-15 [S,I]

[23288275](#) R/C

¿SE BENEFICIAN LAS PERSONAS MAYORES DE TENER UN CONFIDENTE? ESTUDIO OKPRN

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Stephansson O, Kieler H, Haglund B, Artama M, Engeland A, Furu K, et al. Selective serotonin reuptake inhibitors during pregnancy and risk of stillbirth and infant mortality. JAMA. 2013; 309:48-54 [S,II]

[23280224](#)

ISRS DURANTE EL EMBARAZO Y RIESGO DE MORTINATO Y MORTALIDAD INFANTIL

Flegal KM, Kit BK, Orpana H, Graubard BI. Association of all-cause mortality with overweight and obesity using standard body mass index categories: a systematic review and meta-analysis. JAMA. 2013; 309:71-82 [M,I]

[23280227](#) R/C

ASOCIACIÓN DE MORTALIDAD POR CUALQUIER CAUSA CON SOBREPESO Y OBESIDAD USANDO LAS CATEGORÍAS ESTÁNDAR DE IMC: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

Heymsfield SB, Cefalu WT. Does body mass index adequately convey a patient's mortality risk? JAMA. 2013; 309:87-88 [AO,I]

[23280230](#)

¿EXPRESA ADECUADAMENTE EL IMC EL RIESGO DE MORTALIDAD DEL PACIENTE?

Ransohoff DF, Pignone M, Sox HC. How to decide whether a clinical practice guideline is trustworthy. JAMA. 2013; 309:139-140 [AO,I]

[23299601](#)

CÓMO DECIDIR SI UNA GUÍA DE PRÁCTICA CLÍNICA ES FIABLE

McAlindon T, LaValley M, Schneider E, Nuite M, Lee JY, Price LL, et al. Effect of vitamin D supplementation on progression of knee pain and cartilage volume loss in patients with symptomatic osteoarthritis: a randomized controlled trial. JAMA. 2013; 309:155-162 [EC,I]

[23299607](#) R/C

EFFECTO DE LOS SUPLEMENTOS DE VITAMINA D SOBRE LA PROGRESIÓN DE DOLOR DE RODILLA Y PÉRDIDA DE VOLUMEN DEL CARTÍLAGO EN PACIENTES CON ARTROSIS SINTOMÁTICA: ENSAYO CONTROLADO ALEATORIZADO

Kirkcaldy RD, Bolan GA, Wasserheit JN. Cephalosporin-resistant gonorrhoea in North America. JAMA. 2013; 309:185-187 [AO,I]

[23299612](#)

GONORREA RESISTENTE A LA CEFALOSPORINA EN NORTEAMÉRICA

JAMA INTERNAL MEDICINE (anterior Archives of Internal Medicine)

Mehrotra A, Paone S, Martich D, Albert SM, Shevchik GJ. Comparison of care at e-visits and physician office visits for sinusitis and urinary tract infection. JAMA Intern Med. 2013; 173:72-74

COMPARACIÓN DE LA ATENCIÓN ENTRE VISITAS ELECTRÓNICAS Y VISITAS EN LA CONSULTA DEL MÉDICO PARA SINUSITIS E INFECCIÓN DE VÍAS URINARIAS

MEDICINA CLINICA

Segura J, Rulope LM. ¿Qué cifras de presión arterial tienen más influencia en la aparición de lesión orgánica en los pacientes con hipertensión resistente? Med Clin (Barc). 2013; 140:20-21 [AO,I]

[22985868](#)

¿QUÉ CIFRAS DE PRESIÓN ARTERIAL TIENEN MÁS INFLUENCIA EN LA APARICIÓN DE LESIÓN ORGÁNICA EN LOS PACIENTES CON HIPERTENSIÓN RESISTENTE?

Duch J. Tomografía computarizada/tomografía por emisión de positrones con 18F-fluordesoxiglucosa y tumor de origen desconocido. Utilidad actual y perspectivas futuras. Med Clin (Barc). 2013; 140:22-23 [AO,I]

[23122613](#)

TOMOGRAFÍA COMPUTARIZADA/TOMOGRAFÍA POR EMISIÓN DE POSITRONES CON 18F-FLUORDESOXIGLUCOSA Y TUMOR DE ORIGEN DESCONOCIDO. UTILIDAD ACTUAL Y PERSPECTIVAS FUTURAS

Martín-Sánchez FJ, Fernández C, Gil P. Puntos clave en la asistencia al anciano frágil en Urgencias. Med Clin (Barc). 2013; 140:24-29 [R,I]

[22672966](#)

PUNTOS CLAVE EN LA ASISTENCIA AL ANCIANO FRÁGIL EN URGENCIAS

Fidel SG, Eiroa-Orosa FJ, Giannoni-Pastor A, Tasqué-Cebrián R. Confidencialidad en las historias clínicas informatizadas en salud mental hospitalaria. Med Clin (Barc). 2013; 140:30-37 [R,II]

[22595254](#)

CONFIDENCIALIDAD EN LAS HISTORIAS CLÍNICAS INFORMATIZADAS EN SALUD MENTAL HOSPITALARIA

Barrot C, Sánchez C, Abellana R, Ortega M, Gené M. Polimorfismos genéticos como indicadores de la vulnerabilidad individual a la adicción al tabaco. Med Clin (Barc). 2013; 140:49-52 [T,I]

[23177301](#)

POLIMORFISMOS GENÉTICOS COMO INDICADORES DE LA VULNERABILIDAD INDIVIDUAL A LA ADICCIÓN AL TABACO

Serrano-Villar S, Fresco G, Ruiz-Artacho P, Bravo A, Valencia C, Fuentes-Ferrer M, et al. El ictus en pacientes muy ancianos: mitos y realidades. Med Clin (Barc). 2013; 140:53-58 [T,I]

[22985865](#)

EL ICTUS EN PACIENTES MUY ANCIANOS: MITOS Y REALIDADES

Verde Z, Santiago C. Genética del tabaquismo. Med Clin (Barc). 2013; 140:66-67 [AO,I]

[23141044](#)

GENÉTICA DEL TABAQUISMO

Arboix A. El ictus en pacientes muy ancianos: mitos y realidades. Med Clin (Barc). 2013; 140:68-69 [AO,I]

[22982129](#)

EL ICTUS EN PACIENTES MUY ANCIANOS: MITOS Y REALIDADES

Sordo L, Pérez-Vicente S, Rodríguez Del Águila MM, Bravo MJ. Muestreo dirigido por los participantes para el estudio de poblaciones de difícil acceso. Med Clin (Barc). 2013; 140:83-87 [R,I]

[23122609](#)

MUESTREO DIRIGIDO POR LOS PARTICIPANTES PARA EL ESTUDIO DE POBLACIONES DE DIFÍCIL ACCESO

REVISTA ESPAÑOLA DE CARDIOLOGIA

Worner F, Cequier A, Bardají A, Bodí V, Bover R, Martínez-Sellés M. Comentarios a la guía de práctica clínica de la ESC para el manejo del infarto agudo de miocardio en pacientes con elevación del segmento ST. Rev Esp Cardiol. 2013; 66:5-11 [R,II]

COMENTARIOS A LA GUÍA DE PRÁCTICA CLÍNICA DE LA ESC PARA EL MANEJO DEL INFARTO AGUDO DE MIOCARDIO EN PACIENTES CON ELEVACIÓN DEL SEGMENTO ST

Steg G, James SK, Atar D, Badano LP, Lundqvist CB, Borger MA. Guía de práctica clínica de la ESC para el manejo del infarto agudo de miocardio en pacientes con elevación del segmento ST. Rev Esp Cardiol. 2013; 66:53.e1-53.e46 [M,III]

GUÍA DE PRÁCTICA CLÍNICA DE LA ESC PARA EL MANEJO DEL INFARTO AGUDO DE MIOCARDIO EN PACIENTES CON ELEVACIÓN DEL SEGMENTO ST

Camm AJ, Lip GYH, De Caterina R, Savelieva I, Atar D, Hohnloser SH. Actualización detallada de las guías de la ESC para el manejo de la fibrilación auricular de 2012. Rev Esp Cardiol. 2013; 66:54.e1-54.e24 [M,III]
ACTUALIZACIÓN DETALLADA DE LAS GUÍAS DE LA ESC PARA EL MANEJO DE LA FIBRILACIÓN AURICULAR DE 2012

THE LANCET

Global polio eradication: not there yet. Lancet. 2013; 381:1 [AO,I]

[23290953](#)

ERRADICACIÓN MUNDIAL DE LA POLIO: TODAVÍA NO

Opening up about mental health. Lancet. 2013; 381:2 [AO,I]

[23290954](#)

SINCERARSE SOBRE LA SALUD MENTAL

Konstam MA. RELAX-AHF: rising from the doldrums in acute heart failure. Lancet. 2013; 381:5-6 [AO,I]

[23141815](#)

RELAX-AHF: SALIR DEL ABATIMIENTO EN LA INSUFICIENCIA CARDIACA AGUDA

Becker C, Chiari L. What videos can tell us about falling. Lancet. 2013; 381:8-9 [AO,I]

[23083888](#)

LO QUE LOS VIDEOS NOS DICEN SOBRE LAS CAÍDAS

Jorm AF, Reavley NJ. Depression and stigma: from attitudes to discrimination. Lancet. 2013; 381:10-11 [AO,I]

[23083628](#)

DEPRESIÓN Y ESTIGMA: DE LAS ACTITUDES A LA DISCRIMINACIÓN

Teerlink JR, Cotter G, Davison BA, Felker GM, Filippatos G, Greenberg BH, et al; RELAXin in Acute Heart Failure (RELAX-AHF) Investigators. Serelaxin, recombinant human relaxin-2, for treatment of acute heart failure (RELAX-AHF): a randomised, placebo-controlled trial. Lancet. 2013; 381:29-39 [EC,II]

[23141816](#)

[R/C](#)

SERELAXINA, RELAXINA-2 HUMANA RECOMBINANTE, EN EL TRATAMIENTO DE LA INSUFICIENCIA CARDIACA AGUDA (RELAX-AHF): ENSAYO ALEATORIZADO, CONTROLADO CON PLACEBO

Robinovitch SN, Feldman F, Yang Y, Schonnop R, Leung PM, Sarraf T, et al. Video capture of the circumstances of falls in elderly people residing in long-term care: an observational study. Lancet. 2013; 381:47-54 [T,I]

[23083889](#)

[R/C](#)

CAPTURA EN VÍDEO DE LAS CIRCUNSTANCIAS DE LAS CAÍDAS EN LAS PERSONAS ANCIANAS QUE RESIDEN EN CENTROS ASISTENCIALES DE LARGA ESTANCIA: ESTUDIO OBSERVACIONAL

Lasalvia A, Zoppei S, Van Bortel T, Bonetto C, Cristofalo D, Wahlbeck K, et al; ASPEN/INDIGO Study Group. Global pattern of experienced and anticipated discrimination reported by people with major depressive disorder: a cross-sectional survey. Lancet. 2013; 381:55-62 [T,I]

[23083627](#)

[R/C](#)

PATRÓN MUNDIAL DE LA DISCRIMINACIÓN EXPERIMENTADA Y ANTICIPADA INFORMADA POR PERSONAS CON TRASTORNO DEPRESIVO MAYOR: ENCUESTA TRANSVERSAL

Thethi T, Fonseca V. Comparing diabetes drugs--helping clinical decisions? Lancet. 2013; 381:93-94 [AO,I]

[23141811](#)

COMPARAR LOS FÁRMACOS PARA LA DIABETES--¿AYUDA PARA LAS DECISIONES CLÍNICAS?

Detonating a viral time bomb--the hepatitis C pandemic. Lancet. 2013; 381:178 [AO,I]

[23332946](#)

DETONAR UNA BOMBA VÍRICA RETARDADA--LA PANDEMIA DE HEPATITIS C

Greenberg ER, Chey WD. Defining the role of sequential therapy for H pylori infection. Lancet. 2013; 381:180-182 [AO,I]

[23158881](#)

DEFINIR EL PAPEL DE LA TERAPIA SECUENCIAL PARA LA INFECCIÓN POR H PYLORI

Whitney CG. More evidence for use of pneumococcal conjugate vaccines. Lancet. 2013; 381:182-183 [AO,I]

[23158884](#)

MÁS PRUEBAS DEL USO DE VACUNAS CONJUGADAS NEUMOCÓCICAS

Liou JM, Chen CC, Chen MJ, Chen CC, Chang CY, Fang YJ, et al; Taiwan Helicobacter Consortium. Sequential versus triple therapy for the first-line treatment of Helicobacter pylori: a multicentre, open-label, randomised trial. Lancet. 2013; 381:205-213 [EC,I]

[23158886](#) [R/C](#)

TERAPIA SECUENCIAL FRENTE A LA TRIPLE COMO TRATAMIENTO DE PRIMERA LÍNEA DEL HELICOBACTER PYLORI: ENSAYO ALEATORIZADO MULTICÉNTRICO SIN ENMASCARAR

THE NEW ENGLAND JOURNAL OF MEDICINE

Hopkins DR. Disease eradication. N Engl J Med. 2013; 368:54-63 [R,II]

[23281976](#)

ERRADICACIÓN DE LA ENFERMEDAD

Krumholz HM. Post-hospital syndrome--an acquired, transient condition of generalized risk. N Engl J Med. 2013; 368:100-102 [AO,I]

[23301730](#)

SÍNDROME POSTHOSPITAL--UN TRASTORNO ADQUIRIDO, TRANSITORIO, DE RIESGO GENERALIZADO

Stabler SP. Clinical practice. Vitamin B12 deficiency. N Engl J Med. 2013; 368:149-160 [R,I]

[23301732](#)

PRÁCTICA CLÍNICA. DÉFICIT DE VITAMINA B12

Neumann H, Daly MJ. Variant TREM2 as risk factor for Alzheimer's disease. N Engl J Med. 2013; 368:182-184 [AO,I]

[23151315](#)

VARIANTE TREM2 COMO FACTOR DE RIESGO DE ENFERMEDAD DE ALZHEIMER

Espey E. Levonorgestrel intrauterine system--first-line therapy for heavy menstrual bleeding. N Engl J Med. 2013; 368:184-185 [AO,I]

[23301736](#)

SISTEMA INTRAUTERINO DE LEVONORGESTREL--TRATAMIENTO DE PRIMERA LÍNEA PARA EL SANGRADO MENSTRUAL

Spellberg B, Bartlett JG, Gilbert DN. The future of antibiotics and resistance. N Engl J Med. 2013; 368:299-302 [AO,I]

[23343059](#)

EL FUTURO DE LOS ANTIBIÓTICOS Y LA RESISTENCIA A ELLOS

Drüeke TB. Anemia treatment in patients with chronic kidney disease. N Engl J Med. 2013; 368:387-389 [AO,I]

[23343068](#)

TRATAMIENTO DE LA ANEMIA EN PACIENTES CON ENFERMEDAD RENAL CRÓNICA

Schroeder SA. New evidence that cigarette smoking remains the most important health hazard. N Engl J Med. 2013; 368:389-390 [AO,I]

[23343069](#)

NUEVAS PRUEBAS DE QUE FUMAR CIGARRILLOS SIGUE SIENDO EL PELIGRO MÁS IMPORTANTE PARA LA SALUD

Havlir D, Beyrer C. The beginning of the end of AIDS? N Engl J Med. 2012; 367:685-687 [AO,I]

[22809362](#)

¿EL PRINCIPIO DEL FIN DEL SIDA?

Carlsson LM, Peltonen M, Ahlin S, Anveden Å, Bouchard C, Carlsson B, et al. Bariatric surgery and prevention of type 2 diabetes in Swedish obese subjects. N Engl J Med. 2012; 367:695-704 [CC,I]

[22913680](#)

[R/C](#)

CIRUGÍA BARIÁTRICA Y PREVENCIÓN DE LA DIABETES TIPO 2 EN SUJETOS SUECOS OBESOS

Jacobs DO. Bariatric surgery--from treatment of disease to prevention? N Engl J Med. 2012; 367:764-765 [AO,I]

[22913687](#)

CIRUGÍA BARIÁTRICA -- ¿DEL TRATAMIENTO DE LA ENFERMEDAD A LA PREVENCIÓN?

Alcohol Use in Adults. N Engl J Med. 2013 [Epub ahead of print]

[23368409](#)

USO DE ALCOHOL EN ADULTOS

THORAX

Jenkins CR, Beasley R. Tiotropium Respimat increases the risk of mortality. *Thorax*. 2013; 68:5-7 [AO,II]
[23229813](#)

EL TIOTROPIO RESPIMAT INCREMENTA EL RIESGO DE MORTALIDAD

Dong YH, Lin HH, Shau WY, Wu YC, Chang CH, Lai MS. Comparative safety of inhaled medications in patients with chronic obstructive pulmonary disease: systematic review and mixed treatment comparison meta-analysis of randomised controlled trials. *Thorax*. 2013; 68:48-56 [M,II]

[23042705](#) [R/C](#)

SEGURIDAD COMPARADA DE LAS MEDICACIONES INHALADAS EN PACIENTES CON EPOC: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS CONTROLADOS ALEATORIZADOS DE COMPARACIÓN DE TRATAMIENTO MIXTO

Cicccone A, Proserpio P, Roccatagliata DV, Nichelatti M, Gigli GL, Parati G, et al; the D.A.R.I.A (Detection of Sleep Apnea as Risk Factor in Acute Stroke) Investigators. Wake-up stroke and TIA due to paradoxical embolism during long obstructive sleep apnoeas: a cross-sectional study. *Thorax*. 2013; 68:97-104 [S,II]

[23076389](#) [R/C](#)

ICTUS Y AIT AL DESPERTAR DEBIDO A EMBOLISMO PARADÓJICO DURANTE LAS APNEAS OBSTRUCTIVAS DEL SUEÑO: ESTUDIO TRANSVERSAL

Singh S, Loke YK, Enright P, Furberg CD. Pro-arrhythmic and pro-ischaemic effects of inhaled anticholinergic medications. *Thorax*. 2013; 68:114-116 [R,II]

[22764216](#) [R/C](#)

EFFECTOS PROARRÍTMICOS Y PROISQUÉMICOS DE LAS MEDICACIONES ANTICOLINÉRGICAS INHALADAS

ACADEMIC MEDICINE

[S23267224](#)

Effective leadership is critical for optimizing cost, access, and quality in health care. Creating a pipeline of effective health care leaders requires developing leadership competencies that differ from the usual criteria of clinical and scientific excellence by which physicians have traditionally been promoted to leadership positions. Specific competencies that differentiate effective leaders from average leaders, especially emotional intelligence and its component abilities, are essential for effective leadership. Adopting a long-standing practice from successful corporations, some health care institutions, medical societies, and business schools now offer leadership programs that address these differentiating leadership competencies. The author draws on experience with such programs through the Cleveland Clinic Academy to provide recommendations for health care leadership training and to identify unanswered questions about such programs. The author recommends that such training should be broadly available to all health care leadership communities (i.e., nurses, administrators, and physicians). A progressive curriculum, starting with foundational concepts and extending to coaching and feedback opportunities through experiential learning, recognizes the challenge of becoming an effective leader and the long time line needed to do so. Linking leadership courses to continuing medical education and to graduate credit opportunities is appealing to participants. Other recommendations focus on the importance of current leaders' involvement in nominating emerging leaders for participation, embedding leadership development discussions in faculty's professional reviews, and blending discussion of frameworks and theory with practical, experiential lessons. The author identifies questions about the benefits of formal health care leadership training that remain to be answered.

[S23165275](#)

Key differences in student experiences and outcomes between the continuity clerkship models (LIC and hybrid) and BCs reinforce the literature and the educational framework for continuity in clinical learning. The benefits to student outcomes seem to increase with greater opportunities for continuity.

[S23165277](#)

The identified attributes may help trainees recognize which aspects of the clinical trainer's professional behavior to imitate, by adding the important step of apperception to the process of learning professional competencies through observation.

ANNALS OF INTERNAL MEDICINE

SVR rates for genotype 1 infection are higher with triple therapy that includes a protease inhibitor than with standard dual therapy. An SVR after antiviral therapy appears associated with improved clinical outcomes.

No intervention has been clearly demonstrated to reduce the risk for mother-to-infant HCV transmission. Avoidance of breastfeeding does not seem to be indicated for reducing transmission risk.

S23090711

The USPSTF recommends against the use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (Grade D recommendation)The USPSTF recommends against the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. (Grade D recommendation).

S23277896

This study enrolled a cohort of women with HIV incidence substantially higher than the Centers for Disease Control and Prevention national estimate in the general population of U.S. black women. Concerted efforts to improve preventive health care strategies for HIV and overall health status are needed for similar populations.

S23277898

Evidence of the direction of association between health care cost and quality is inconsistent. Most studies have found that the association between cost and quality is small to moderate, regardless of whether the direction is positive or negative. Future studies should focus on what types of spending are most effective in improving quality and what types of spending represent waste.

S23183613

Although screening tests can accurately identify adults with chronic HCV infection, targeted screening strategies based on the presence of risk factors misses some patients with HCV infection. Well-designed prospective studies are needed to better understand the effects of different HCV screening strategies on diagnostic yield and clinical outcomes.

S23318311

A selective d-dimer testing strategy seems as safe as and more efficient than having everyone undergo d-dimer testing when diagnosing a first episode of suspected DVT.

ATENCION PRIMARIA

S22995410

La MFyC y la AP son ámbitos esenciales y han de formar parte de los currículum pero tienen una baja consideración científica.

S22981282

El cuestionario de la AHRQ traducido, adaptado, ampliado y validado es, para nuestro medio, un instrumento fiable y útil y debe emplearse para realizar comparaciones internacionales.

S23218683

Existen diversas herramientas para la medida de la adecuación y, sin embargo, ninguna de ellas ha sido diseñada para una población de PP, que por sus características diferenciales requiere un abordaje específico.

S23140836

El uso de internet para consultar información sobre salud es muy frecuente, con influencia positiva en la relación médico-paciente. Puede ser útil para lograr cambios de comportamiento y usarlo como un aliado en nuestra consulta.

BRITISH MEDICAL JOURNAL

S23299844

A triple therapy combination consisting of diuretics with angiotensin converting enzyme inhibitors or angiotensin receptor blockers and NSAIDs was associated with an increased risk of acute kidney injury. The risk was greatest at the start of treatment. Although antihypertensive drugs have cardiovascular benefits, vigilance may be warranted when they are used concurrently with NSAIDs.

S23295181

Higher consumption of eggs (up to one egg per day) is not associated with increased risk of coronary heart disease or stroke. The increased risk of coronary heart disease among diabetic patients and reduced risk of hemorrhagic stroke associated with higher egg consumption in subgroup analyses warrant further studies.

S23321486

Among free living people involving ad libitum diets, intake of free sugars or sugar sweetened beverages is a determinant of body weight. The change in body fatness that occurs with modifying intakes seems to be mediated via changes in energy intakes, since isoenergetic exchange of sugars with other carbohydrates was not associated with weight change.

S23249670

Trialists present only a small fraction of available data. This paucity of data may increase the potential for incomplete reporting bias, a failure to present all relevant information about a study's findings.Ç

S23299842

Our results suggest that screening for breast and colorectal cancer is most appropriate for patients with a life expectancy greater than 10 years. Incorporating time lag estimates into screening guidelines would encourage a more explicit consideration of the risks and benefits of screening for breast and colorectal cancer.

[S23344309](#)

Women from a range of socioeconomic backgrounds could comprehend the issue of overdiagnosis in mammography screening, and they generally valued information about it. Effects on screening intentions may depend heavily on the rate of overdiagnosis. Overdiagnosis will be new and counterintuitive for many people and may influence screening and treatment decisions in unintended ways, underscoring the need for careful communication.

CIRCULATION

[S23172839](#)

Low serum magnesium is moderately associated with the development of AF in individuals without cardiovascular disease. Because hypomagnesemia is common in the general population, a link with AF may have potential clinical implications. Further studies are warranted to confirm our findings and to elucidate the underlying mechanisms.

[S23183941](#)

These results indicate that high-dose atorvastatin for 6 months does not decrease average muscle strength or exercise performance in healthy, previously untreated subjects. Nevertheless, this blinded, controlled trial confirms the undocumented impression that statins increase muscle complaints. Atorvastatin also increased average creatine kinase, suggesting that statins produce mild muscle injury even among asymptomatic subjects. This increase in creatine kinase should prompt studies examining the effects of more prolonged, high-dose statin treatment on muscular performance.

DIABETES CARE

[S23264289](#)

Given the importance of glycemic control in the development of diabetes complications, the plethora of tools now available to monitor the day-to-day trends in glycemia is remarkable. In this regard, self-monitoring of blood glucose (SMBG) has been considered a key component of patient management. Arguably, there remains almost universal agreement that SMBG should be available to all diabetic patients regardless of current treatment strategy. However, recently there have been reports that have challenged the current paradigm that all patients should use SMBG and concluded that SMBG for type 2 diabetic patients not on insulin may not be beneficial on glycemic control and must be weighed against the expense and inconvenience. In this two-part point-counterpoint narrative, Malanda et al. and Polonsky and Fisher take opposing views on the utility of SMBG to be valuable for individuals with type 2 diabetes not using insulin. In the narrative below, Malanda et al. suggest that the evidence for potentially beneficial SMBG-induced effects on glycemic control, hypoglycemic periods, and potential harms in type 2 diabetic patients who are not treated with insulin does not justify the use of SMBG. Moreover, the use of SMBG is associated with huge costs, which should be better redirected to effective strategies to improve health for this category of patients

[S23264290](#)

Given the importance of glycemic control in the development of diabetes complications, the plethora of tools now available to monitor the day-to-day trends in glycemia is remarkable. In this regard, self-monitoring of blood glucose (SMBG) has been considered a key component of patient management. Arguably, there remains almost universal agreement that SMBG should be available to all diabetic patients regardless of current treatment strategy. However, recently there have been reports that have challenged the current paradigm that all patients should use SMBG and concluded that SMBG for type 2 diabetic patients not on insulin may not be beneficial on glycemic control and must be weighed against the expense and inconvenience. In the counterpoint narrative following the contribution by Malanda et al., Drs. Polonsky and Fisher provide a compelling argument suggesting that while it is evident that implementing SMBG in unstructured ways without training patients and clinicians is likely to be a waste of resources, there are effective and powerful ways to use structured SMBG in insulin-naïve type 2 diabetic patients.

[S23264288](#)

This meta-analysis provides further evidence that elevated levels of IL-6 and CRP are significantly associated with increased risk of type 2 diabetes.

[S22933434](#)

The findings suggest that after adjustments for demographics, health care access, and psychological distress, the level of education attained and financial wealth remain strong predictors of mortality risk among adults with diabetes.

[S22923670](#)

Metformin use is not associated with a decreased risk of lung cancer in patients with type 2 diabetes. The decreased risk reported in other observational studies is likely due to bias from methodological shortcomings. Nonetheless, greater consideration should be given to clarify inconsistencies between experimental models and population studies.

S22933437

Evaluation of a large panel of novel risk factors for type 2 diabetes indicated only small improvements in risk prediction, which are unlikely to meaningfully alter clinical risk reclassification or discrimination strategies.

DRUGS

S23231027

Boceprevir (Victrelis®) is an inhibitor of the hepatitis C virus (HCV) non-structural protein NS3-4A serine protease and is used in combination with pegylated interferon (peginterferon)-alpha and ribavirin in the treatment of adults with chronic HCV (chronic hepatitis C) genotype 1 infection. Of the various genotypes of HCV, genotype 1 is one of the least responsive to interferon and ribavirin-based therapy, and thus most in need of novel treatments. This article reviews the available pharmacological properties of boceprevir and its clinical efficacy and tolerability in the treatment of chronic hepatitis C genotype 1 infection in adult patients who are either treatment-naïve or have failed previous standard therapy. Boceprevir, when co-administered with peginterferon-alpha and ribavirin in patients with chronic hepatitis C genotype 1 infection who were treatment-naïve or had previously not fully responded to or had relapsed following treatment, was associated with a significantly higher sustained virological response rate (defined as the proportion of patients with an undetectable plasma HCV RNA level at week 24 of the follow-up period [week 72 overall]) [primary endpoint] than peginterferon-alpha-2b and ribavirin alone, regardless of the boceprevir administration regimen, in the phase III SPRINT-2 (treatment-naïve patients) and RESPOND-2 (previously treated patients) trials. There was no significant difference between full-duration (44 weeks) and response-guided (24 or 32 weeks followed by follow-up or peginterferon-alpha-2b plus ribavirin alone) boceprevir regimen recipients with regard to sustained virological response rate. All patients received an initial 4-week lead-in treatment period before the comparative treatment period began. Overall, boceprevir is generally well tolerated when administered concomitantly with peginterferon-alpha plus ribavirin in patients with chronic hepatitis C genotype 1 infection. The most common adverse events in any treatment group were flu-like symptoms, which are typically reported in patients receiving peginterferon-ribavirin therapy. The addition of boceprevir to peginterferon-alpha and ribavirin is associated with an increased risk of anaemia and neutropenia. In conclusion, boceprevir in combination with peginterferon-alpha and ribavirin is an effective and generally well tolerated treatment for treatment-naïve or previously treated adult patients with chronic hepatitis C genotype 1 infection. The drug is associated with higher sustained virological response rates in these patients, in whom treatment with interferon and ribavirin alone may not be successful. Thus, boceprevir in combination with peginterferon-alpha and ribavirin is a valuable new treatment option for use in patients with chronic hepatitis C genotype 1 infection.

S23231026

Nimenrix™ (MenACWY-TT) is a quadrivalent meningococcal conjugate vaccine, comprising the polysaccharide serogroups A, C, W135 and Y, and tetanus toxoid (TT) as carrier protein. It is the first quadrivalent vaccine (administered as a single dose) to be approved in Europe for active immunization of individuals aged ≥ 12 months against invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, W135 and Y. Administration of a single dose of Nimenrix™ elicited a strong immune response against all four vaccine serogroups in healthy toddlers aged 12-23 months, children and adolescents aged 2-17 years and adults aged 18-55 years in randomized, multicentre, phase III trials. In toddlers, Nimenrix™ was noninferior to Meningitec® in terms of seroresponse rates against meningococcal serogroup C 42 days post-vaccination. In children, adolescents and adults, Nimenrix™ was noninferior to Mencevax™ in terms of vaccination response rates against all four serogroups 1 month post-vaccination. Furthermore, several phase II studies and a phase III trial showed that the immune response elicited by Nimenrix™ in all age groups persisted for 7-42 months after the primary vaccination (when evaluated by rabbit serum bactericidal activity), with the vaccine also inducing immune memory in toddlers. In addition, several randomized, multicentre, phase III, noninferiority trials showed that when coadministered with other childhood vaccines or a seasonal flu vaccine, the immunogenicity of Nimenrix™ or that of the coadministered vaccine was generally not altered. Nimenrix® was generally well tolerated in all age groups whether administered as a single vaccine or coadministered with other routine vaccines. The incidence of grade 3 local or systemic solicited adverse events during the first 4 days following vaccination and of serious adverse events over an extended follow-up period of up to 6 months was low (<4.5%). Although protective effectiveness and longer-term persistence studies are required, current evidence suggests that Nimenrix™, administered as a single dose, provides a valuable vaccination option for the prevention of meningococcal disease across a broad age group, including children as young as 12 months.

S23186103

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

EUROPEAN HEART JOURNAL

S23091201

Drug-induced Torsades de Pointes is a rare, unpredictable, and life-threatening serious adverse event. It can be caused by both cardiac and non-cardiac drugs and has become a major issue in novel drug development and for

the regulatory authorities. This review describes the problem, predisposing factors, and the underlying genetic predisposition as it is understood currently. The future potential for pharmacogenomic-guided and personalized prescription to prevent drug-induced Torsades de Pointes is discussed. Database searches utilized reports from www.qtdrugs.org up to January 2012, case reports and articles from www.pubmed.com up to January 2012, and the British National Formulary edition at www.bnf.org.

[S22947613](#)

In this cohort study, RBBB and IRBBB were two to three times more common among men than women. Right bundle branch block was associated with increased cardiovascular risk and all-cause mortality, whereas IRBBB was not. Contrary to common perception, RBBB in asymptomatic individuals should alert clinicians to cardiovascular risk.

[S23018151](#)

The CHA(2)DS(2)-VASc score reclassifies 26% of patients with a CHADS(2) score of 1 to a low annual risk of SSE of 1%. This risk seems low enough to consider withholding anticoagulant treatment.

[S23028171](#)

This validation study demonstrated that EuroSCORE II is a good predictor of perioperative mortality. It showed an optimal calibration until 30%-predicted mortality. Nonetheless, it does not seem to significantly improve the performance of older versions in the higher tertiles of risk. Moreover, it could be simplified, as the removal from the algorithm of non-significant factors does not alter its performance.

[S23086661](#)

In patients with arrhythmias, the most feared complication while driving is of driver incapacity resulting in a road traffic accident. Patients with implantable cardioverter-defibrillators (ICDs) may suffer incapacity as a result of device therapy itself. The aim of this review article was to examine the types of arrhythmia that occur while driving, the impact of arrhythmia on driving as well as evidence to support that driving itself can precipitate arrhythmias. We will also review the postulated mechanisms by which driving can precipitate arrhythmias. Finally, we will compare guidelines from the USA, Europe, and UK in fitness to drive in patients with arrhythmias and ICDs.

FAMILY MEDICINE

[S23334963](#)

A formal QI curriculum was successfully developed and implemented into three family medicine residency programs. Residents' QI knowledge and skills improved following training and experience conducting QI projects. Faculty and resident commitment to the program and competing time demands proved challenging to the introduction of QI training. Future studies should assess residents' sustained learning and translating QI residency experiences into practice.

[S23334962](#)

An international cadre of Healer's Art students identified core personal qualities and values that they may not reveal or feel may be diminished in medical school. Medical training involves not only professional formation but exposure to professional deformation as well. Educators must attend to both gains in professional competence and the personal qualities and values that are at risk in the course of professional development.

GACETA SANITARIA

[S21315492](#)

La prevalencia del estado de ánimo negativo entre los adolescentes fue alta. Se observaron diferencias entre sexos respecto a los factores relacionados con este estado de salud. Destacó la asociación del uso de tranquilizantes con el estado de ánimo negativo. Se observó una variabilidad de la prevalencia del estado de ánimo negativo entre las diferentes escuelas no explicada por las variables de estudio.

[S22695372](#)

El objetivo de este artículo es analizar cómo las innovaciones farmacológicas para el cáncer son objeto de frecuentes excepciones al proceso habitual de evaluación económica de tecnologías, así como su impacto en la regulación de estos procesos y de los contratos de riesgo compartido, particularmente utilizados en este ámbito. Con este fin se seleccionaron dos agentes representativos de los primeros tratamientos dirigidos, el trastuzumab y el imatinib, y se procedió a la revisión de algunas experiencias internacionales (Australia, Gales e Inglaterra, pioneros en la aplicación de estudios de evaluación económica de tecnologías), en especial, aunque no exclusivamente, centradas en estos dos casos. De la revisión de las experiencias se desprende que, aparte de la eficiencia, otros criterios pueden resultar particularmente relevantes en los procesos de evaluación de este tipo de innovaciones. En Inglaterra y Gales (donde, a diferencia de Australia, no se aplica la «regla de rescate»), los controvertidos procesos de toma de decisiones han llevado a la regulación de nuevos enfoques en la evaluación de estos tratamientos. Asimismo, el solapamiento de los contratos de riesgo compartido o su aplicación secuencial han llamado la atención sobre posibles problemas de inconsistencia en la toma de decisiones y de equidad en el acceso, resultando en su regulación para el conjunto del sistema. Se concluye con una referencia específica al caso español, centrada en el riesgo de profundizar en la aplicación de fórmulas micro (como los contratos de riesgo compartido) frente a macro, y se sugiere una estrategia de actuación apoyada en el recientemente aprobado Real Decreto-ley 9/2011.

S22657870

Presentamos una herramienta sencilla y práctica que permite consultar la distribución habitual de la duración de la incapacidad temporal por contingencia común, según el diagnóstico médico. Para ello se analizaron 2.646.352 episodios de incapacidad temporal ocurridos en Cataluña y seguidos hasta el alta, entre 2006 y 2008, incorporados a un aplicativo. La duración mediana, dado que sigue una distribución asimétrica, fue de 9 días. Los trastornos musculoesqueléticos fueron el grupo diagnóstico más frecuente (22,5%) y las neoplasias tuvieron la duración mediana más larga (56 días). Los diagnósticos específicos más comunes fueron la diarrea-gastroenteritis (8,2%; mediana: 3 días) y la rinofaringitis aguda (5,2%; mediana: 4 días). La distribución de la duración de la incapacidad temporal en una población varía por diagnóstico y es asimétrica; la mayoría de los episodios duran mucho menos que la media. Esta información es importante para una mejor gestión, tanto clínica como administrativa, de la incapacidad temporal.

S22402240

Comprobamos un peor estado de salud en los mayores con insomnio, ya sea primario o secundario a otras enfermedades mentales u orgánicas, y también cuando consumen hipnóticos/sedantes. La gravedad de las limitaciones es inferior en el insomnio primario.

S22483062

El estudio permite concluir que no hay argumentos convincentes para exigir que en un artículo publicado se explique cómo se llegó a cierto tamaño muestral. Tal exigencia carece de utilidad y no promueve, sino que más bien menoscaba, la transparencia del reporte de las investigaciones.

S22921943

Disponemos de una versión española del PCAT - Equipo de Atención Primaria con unas adecuadas fiabilidad y validez, que facilitará comparaciones nacionales e internacionales, y el análisis de los determinantes de una provisión de servicios de calidad.

S22749543

El hábito de lectura es un factor protector de deterioro cognitivo, y la protección es mayor en los lectores frecuentes cuya historia de lectura supera los 5 años.

S22425457

Los trastornos de ansiedad se asocian con periodos de ITCC largos respecto a otras enfermedades y a los tiempos estándar de duración. Variables demográficas, laborales y clínicas presentes en la evaluación inicial del proceso permiten identificar grupos con mayor riesgo de que la ITCC se prolongue, y que requerirán estrategias orientadas a facilitar la reincorporación laboral.

S22943977

La prevalencia de conductores fumadores se considera elevada y perjudicial. Se recomienda evitar fumar en los vehículos.

S22749130

La elección de un método anticonceptivo concreto parece estar más influenciada por el ciclo vital de la mujer que por sus características socioeconómicas.

GUT

S22345659

This paper presents the Oslo definitions for CD-related terms.

22580412

In many countries the high rate of clarithromycin resistance no longer allows its empirical use in standard anti-H pylori regimens. The knowledge of outpatient antibiotic consumption may provide a simple tool to predict the susceptibility of H pylori to quinolones and to macrolides and to adapt the treatment strategies.

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

S23288275

Older people with a confidant demonstrated enhanced HRQoL maintenance over the short term, but not greater survival.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S23299607

Vitamin D supplementation for 2 years at a dose sufficient to elevate 25-hydroxyvitamin D plasma levels to higher than 36 ng/mL, when compared with placebo, did not reduce knee pain or cartilage volume loss in patients with symptomatic knee OA.

S23280227

Relative to normal weight, both obesity (all grades) and grades 2 and 3 obesity were associated with significantly higher all-cause mortality. Grade 1 obesity overall was not associated with higher mortality, and overweight was associated with significantly lower all-cause mortality. The use of predefined standard BMI groupings can facilitate between-study comparisons.

S23280224

Among women with singleton births in Nordic countries, no significant association was found between use of SSRIs during pregnancy and risk of stillbirth, neonatal mortality, or postneonatal mortality. However, decisions about use of SSRIs during pregnancy must take into account other perinatal outcomes and the risks associated with maternal mental illness.

MEDICINA CLINICA

S22985865

Los sujetos muy ancianos ingresados por ictus isquémico reciben menores recursos diagnósticos y terapéuticos. Sin embargo, en nuestro estudio la edad no fue un factor independiente para la mortalidad, que vino determinada esencialmente por la situación funcional previa y la gravedad del ictus.

S23177301

El polimorfismo del triptófano «TPH1» parece desempeñar un papel como indicador de pronóstico en la deshabituación al tabaquismo.

THE LANCET

S23083627

Discrimination related to depression acts as a barrier to social participation and successful vocational integration. Non-disclosure of depression is itself a further barrier to seeking help and to receiving effective treatment. This finding suggests that new and sustained approaches are needed to prevent stigmatisation of people with depression and reduce the effects of stigma when it is already established.

S23083889

By providing insight into the sequences of events that most commonly lead to falls, our results should lead to more valid and effective approaches for balance assessment and fall prevention in long-term care.

S23158886

Our findings lend support to the use of sequential treatment as the standard first-line treatment for H pylori infection.

S23141816

Treatment of acute heart failure with serelaxin was associated with dyspnoea relief and improvement in other clinical outcomes, but had no effect on readmission to hospital. Serelaxin treatment was well tolerated and safe, supported by the reduced 180-day mortality.

THE NEW ENGLAND JOURNAL OF MEDICINE

S22913680

Bariatric surgery appears to be markedly more efficient than usual care in the prevention of type 2 diabetes in obese persons.

THORAX

S23076389

The study suggests that the combination of LOSA and RLSH could be a new major, potentially treatable risk factor for cerebrovascular ischaemic events.

S23042705

Our study provided a comparative safety spectrum for each category of inhaled medications. Tiotropium Soft Mist Inhaler had a higher risk of mortality and should be used with caution.

S22764216

The majority of deaths in COPD are from cardiovascular causes. Several large randomized controlled trials demonstrate that inhaled anticholinergic agents ipratropium and tiotropium increase the risk of serious cardiovascular events, including cardiovascular mortality. Tiotropium Respimat is associated with a statistically significant increased risk of mortality (RR 1.52; 95% CI 1.06 to 2.16) and cardiovascular death (RR 2.05; 95% CI 1.06 to 3.99) compared with placebo in a meta-analysis of clinical trials. In the largest study, the subgroup of patients with COPD in the Respimat group with known rhythm and cardiac disorders at baseline had an especially high risk for cardiac death (RR 8.6; 95% CI 1.1 to 67.2). Although there was no significantly increased risk of mortality (HR 0.89; 95% CI 0.79 to 1.02) or myocardial infarction (MI) (RR 0.73; 95% CI 0.53 to 1.00) with tiotropium handihaler in the Understanding Potential Long-Term Impacts on Function with Tiotropium (UPLIFT) trial, the reported excess of angina (RR 1.44; 95% CI 0.91 to 2.26), imbalance in strokes related to ischaemia and rates of supraventricular tachyarrhythmias are consistent with the pro-ischemic and pro-arrhythmic effects. The subjects at greatest risk of cardiovascular death, such as those with a recent history of MI, unstable or life-threatening cardiac arrhythmias or hospitalisation with heart failure, were excluded from the UPLIFT trial. The Prevention of Exacerbations with Tiotropium in COPD trial showed an excess of serious coronary ischaemic events of angina, myocardial ischaemia and MI with the tiotropium Handihaler compared with salmeterol. The authors urge caution in prescribing inhaled anticholinergics for patients with pre-existing arrhythmias or cardiac disorders.

