

Julio 2017

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

Selección realizada por Antonio Manteca González

### ACADEMIC MEDICINE

---

Levy BS, Wegman DH. Commentary: public health and preventive medicine: proposing a transformed context for medical education and medical care. Acad Med. 2012; 87:837-839 [AO,I]

[22735558](#) [R/C](#)

COMENTARIO: SALUD PÚBLICA Y MEDICINA PREVENTIVA: PROPUESTA DE UN CONTEXTO TRANSFORMADO PARA LA FORMACIÓN Y LA ATENCIÓN MÉDICAS

Campos-Outcalt D, Calonge N. Commentary: adding realism and perspective to behavioral counseling curricula for medical students. Acad Med. 2012; 87:840-841 [AO,I]

[22735559](#) [R/C](#)

COMENTARIO: AÑADIR REALISMO Y PERSPECTIVA A LOS CURRÍCULOS DE ASESORAMIENTO CONDUCTUAL DE LOS ESTUDIANTES DE MEDICINA

Leape LL, Shore MF, Dienstag JL, Mayer RJ, Edgman-Levitan S, Meyer GS, et al. Perspective: a culture of respect, Part 1: the nature and causes of disrespectful behavior by physicians. Acad Med. 2012; 87:845-852 [R,II]

[22622217](#) [R/C](#)

PERSPECTIVA: CULTURA DEL RESPETO, PARTE I: NATURALEZA Y CAUSAS DEL COMPORTAMIENTO IRRESPECTUOSO DE LOS MÉDICOS

Leape LL, Shore MF, Dienstag JL, Mayer RJ, Edgman-Levitan S, Meyer GS, et al. Perspective: a culture of respect, Part 2: creating a culture of respect. Acad Med. 2012; 87:853-858 [R,II]

[22622219](#) [R/C](#)

PERSPECTIVA: CULTURA DEL RESPETO, PARTE 2: CREAR UNA CULTURA DEL RESPETO

Kornfeld DS. Perspective: research misconduct: the search for a remedy. Acad Med. 2012; 87:877-882 [R,II]

[22622208](#) [R/C](#)

PERSPECTIVA: MALA PRAXIS EN LA INVESTIGACIÓN: BÚSQUEDA DE UN REMEDIO

Schumacher DJ, Slovin SR, Riebschleger MP, Englander R, Hicks PJ, Carraccio C. Perspective: beyond counting hours: the importance of supervision, professionalism, transitions of care, and workload in residency training. Acad Med. 2012; 87:883-888 [R,I]

[22622207](#) [R/C](#)

PERSPECTIVA: MÁS ALLÁ DEL RECUENTO DE HORAS: IMPORTANCIA DE LA SUPERVISIÓN, LA PROFESIONALIDAD, TRANSICIONES EN LA ATENCIÓN Y CARGAS DE TRABAJO EN LA FORMACIÓN DURANTE LA RESIDENCIA

### ANNALS OF INTERNAL MEDICINE

---

Bright TJ, Wong A, Dhurjati R, Bristow E, Bastian L, Coeytaux RR, et al. Effect of clinical decision-support systems: a systematic review. Ann Intern Med. 2012; 157:29-43 [M,II]

[22751758](#) [R/C](#)

EFFECTO DE LOS SISTEMAS DE AYUDA A LA DECISIÓN CLÍNICA: REVISIÓN SISTEMÁTICA

Greenberger NJ, Sharma P. Update in gastroenterology and hepatology: evidence published in 2011. Ann Intern Med. 2012; 157:44-48 [R,II]

[22751759](#)

ACTUALIZACIÓN EN GASTROENTEROLOGÍA Y HEPATOLOGÍA: EVIDENCIA PUBLICADA EN 2011

Radecki RP. Dabigatran: uncharted waters and potential harms. Ann Intern Med. 2012; 157:66-68 [AO,I]

[22751762](#)

DABIGATRÁN: TERRITORIOS NO EXPLORADOS Y DAÑOS POTENCIALES

Angell SY, Cobb LK, Curtis CJ, Konty KJ, Silver LD. Change in trans fatty acid content of fast-food purchases associated with New York city's restaurant regulation: a pre-post study. Ann Intern Med. 2012; 157:81-86 [QE,I]

[22801670](#) [R/C](#)

CAMBIO EN EL CONTENIDO DE GRASAS TRANS DE LAS COMPRAS DE COMIDA RÁPIDA ASOCIADO CON LA REGULACIÓN EN LOS RESTAURANTES DE NUEVA YORK: ESTUDIO PRE-POST

Nelson HD, Walker M, Zakher B, Mitchell J. Menopausal hormone therapy for the primary prevention of chronic conditions: a systematic review to update the U.S. Preventive Services Task Force recommendations. Ann Intern Med.

2012; 157:104-113 [M,II]

[22786830](#) [R/C](#)

*TERAPIA HORMONAL MENOPÁUSICA PARA LA PREVENCIÓN DE ENFERMEDADES CRÓNICAS: REVISIÓN SISTEMÁTICA PARA LA ACTUALIZACIÓN DE LAS RECOMENDACIONES DEL US PREVENTIVE SERVICES TASK FORCE*

Forbess LJ, Bass AR. Update in rheumatology: evidence published in 2011. Ann Intern Med. 2012; 157:114-119 [R,II]

[22801673](#)

*ACTUALIZACIÓN EN REUMATOLOGÍA: EVIDENCIA PUBLICADA EN 2011*

Moyer VA; on behalf of the U.S. Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012; 157:120-134 [M,II]

[22801674](#) [R/C](#)

*CRIBAJE DEL CÁNCER DE PRÓSTATA. DECLARACIÓN DE RECOMENDACIÓN DEL US PREVENTIVE SERVICES TASK FORCE*

Brawley OW. Prostate cancer screening: what we know, don't know, and believe. Ann Intern Med. 2012; 157:135-136 [AO,II]

[22801675](#)

*CRIBAJE DEL CÁNCER DE PRÓSTATA: LO QUE CONOCEMOS, LO QUE NO CONOCEMOS Y LO QUE CREEMOS*

Catalona WJ, D'Amico AV, Fitzgibbons WF, Kosoko-Lasaki O, Leslie SW, Lynch HT, et al. What the U.S. Preventive Services Task Force missed in its prostate cancer screening recommendation. Ann Intern Med. 2012; 157:137-138 [AO,II]

[22801676](#)

*LO QUE EL US PREVENTIVE SERVICES TASK FORCE HA OBVIADO EN SU RECOMENDACIÓN SOBRE EL CRIBAJE DE CÁNCER DE PRÓSTATA*

Lichtenstein AH. New York city trans fat ban: improving the default option when purchasing foods prepared outside of the home. Ann Intern Med. 2012; 157:144-145 [AO,I]

[22801678](#)

*PROHIBICIÓN DE GRASAS TRANS EN LA CIUDAD DE NUEVA YORK: MEJORAR LA OPCIÓN PREDETERMINADA AL COMPRAR COMIDAS PREPARADAS FUERA DE CASA*

McDermott MT. Hyperthyroidism. Ann Intern Med. 2012; 157:ITC1-ITC11 [AO,I]

[22751778](#)

*HIPERTIROIDISMO*

## ARCHIVOS DE BRONCONEUMOLOGÍA

---

Fernández A, Casan P. Depósito pulmonar de partículas inhaladas. Arch Bronconeumol. 2012; 48:240-246 [R,I]

[R/C](#)

*DEPÓSITO PULMONAR DE PARTÍCULAS INHALADAS*

Miravittles M, Soler-Cataluña JJ, Calle M, Molina J, Almagro P, Quintano JA, et al. Guía Española de la EPOC (GesEPOC). Tratamiento farmacológico de la EPOC estable. Arch Bronconeumol. 2012; 48:247-57 [M,II]

[R/C](#)

*GUÍA ESPAÑOLA DE LA EPOC (GESEPOC). TRATAMIENTO FARMACOLÓGICO DE LA EPOC ESTABLE*

## ARCHIVES OF GENERAL PSYCHIATRY

---

El Marroun H, Jaddoe VW, Hudziak JJ, Roza SJ, Steegers EA, Hofman A, et al. Maternal use of selective serotonin reuptake inhibitors, fetal growth, and risk of adverse birth outcomes. Arch Gen Psychiatry. 2012; 69:706-714 [S,I]

[22393202](#)

[R/C](#)

*USO MATERNO DE ISRS, CRECIMIENTO FETAL Y RIESGO DE RESULTADOS ADVERSOS EN EL NACIMIENTO*

## ARCHIVES OF INTERNAL MEDICINE

---

Srinivas SV, Deyo RA, Berger ZD. Application of "Less is more" to low back pain. Arch Intern Med. 2012;1-5 [R,I]

[22664775](#)

[R/C](#)

*APLICACIÓN DE "MENOS ES MÁS" EN LA LUMBALGIA*

Dewland TA, Marcus GM. Rate vs rhythm control in atrial fibrillation: can observational data trump randomized trial results? Arch Intern Med. 2012; 172:983-984 [AO,I]

[22665022](#)

*CONTROL DE FRECUENCIA FRENTE A CONTROL DEL RITMO EN LA FIBRILACIÓN AURICULAR: ¿PUEDEN LOS*

## DATOS OBSERVACIONALES JUGAR EN CONTRA DE LOS RESULTADOS DE LOS ENSAYOS ALEATORIZADOS?

Wang CH, Fang CC, Chen NC, Liu SS, Yu PH, Wu TY, et al. Cranberry-containing products for prevention of urinary tract infections in susceptible populations: a systematic review and meta-analysis of randomized controlled trials. Arch Intern Med. 2012; 172:988-996 [M,I]

[22777630](#) [R/C](#)

*PRODUCTOS QUE CONTIENEN ARÁNDANOS PARA LA PREVENCIÓN DE LAS INFECCIONES DE VÍAS URINARIAS BAJAS EN POBLACIONES SUSCEPTIBLES: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS CONTROLADOS ALEATORIZADOS*

Ionescu-Iltu R, Abrahamowicz M, Jackevicius CA, Essebag V, Eisenberg MJ, Wynant W, et al. Comparative effectiveness of rhythm control vs rate control drug treatment effect on mortality in patients with atrial fibrillation. Arch Intern Med. 2012; 172:997-1004 [S,II]

[22664954](#) [R/C](#)

*EFFECTIVIDAD COMPARADA DEL TRATAMIENTO FARMACOLÓGICO PARA EL CONTROL DEL RITMO FRENTE AL CONTROL DE LA FRECUENCIA SOBRE LA MORTALIDAD EN PACIENTES CON FIBRILACIÓN AURICULAR*

Idris I, Warren G, Donnelly R. Association between thiazolidinedione treatment and risk of macular edema among patients with type 2 diabetes. Arch Intern Med. 2012; 172:1005-1011 [S,II]

[22688528](#) [R/C](#)

*ASOCIACIÓN ENTRE EL TRATAMIENTO CON TIAZOLIDINEDIONAS Y RIESGO DE EDEMA MACULAR EN PACIENTES CON DIABETES TIPO 2*

Singh S, Segal JB. Thiazolidinediones and macular edema: comment on "association between thiazolidinedione treatment and risk of macular edema among patients with type 2 diabetes". Arch Intern Med. 2012; 172:1011-1013 [AO,I]

[22688825](#)

*TIAZOLIDINEDIONAS Y EDEMA MACULAR: COMENTARIO SOBRE "ASOCIACIÓN ENTRE EL TRATAMIENTO CON TIAZOLIDINEDIONAS Y RIESGO DE EDEMA MACULAR EN PACIENTES CON DIABETES TIPO 2"*

Wolfson DB. Are the top 5 recommendations enough to improve clinical practice?: comment on "application of 'less is more' to low back pain". Arch Intern Med. 2012; 172:1020-1022 [AO,I]

[22664829](#)

*¿SON SUFICIENTES LAS 5 RECOMENDACIONES MÁS IMPORTANTES PARA MEJORAR LA PRÁCTICA CLÍNICA?: COMENTARIO SOBRE "APLICACIÓN DE "MENOS ES MÁS" EN LA LUMBALGIA"*

## ATENCIÓN PRIMARIA

---

Marzo-Castillejo M, Nuin-Villanueva MÁ, Vela-Vallespín C. Recomendaciones en contra del cribado de cáncer de próstata con antígeno prostático específico. Aten Primaria. 2012; 44:377-378 [AO,II]

[22520080](#)

*RECOMENDACIONES EN CONTRA DEL CRIBADO DE CÁNCER DE PRÓSTATA CON ANTÍGENO PROSTÁTICO ESPECÍFICO*

Jiménez-De Gracia L, Ruiz-Moral R, Gavilán-Moral E, Hueso-Montoro C, Cano-Caballero D, Alba-Dios MA. Opiniones de los médicos de familia acerca de la implicación de los pacientes en la toma de decisiones: un estudio con grupos focales. Aten Primaria. 2012; 44:379-384 [C,I]

[22019060](#) [R/C](#)

*OPINIONES DE LOS MÉDICOS DE FAMILIA ACERCA DE LA IMPLICACIÓN DE LOS PACIENTES EN LA TOMA DE DECISIONES: UN ESTUDIO CON GRUPOS FOCALES*

Bosch JM. La toma de decisiones conjunta en medicina: una difícil asignatura. Aten Primaria. 2012; 44:385-386 [AO,I]

[22795128](#)

*LA TOMA DE DECISIONES CONJUNTA EN MEDICINA: UNA DIFÍCIL ASIGNATURA*

Miguel PE, Peña I, Niño S, Cruz W, Niño A, Ponce de León D. Ensayo clínico aleatorio: papel de la dieta y ejercicios físicos en mujeres con síndrome metabólico. Aten Primaria. 2012; 44:387-393 [EC,I]

[22071199](#) [R/C](#)

*ENSAYO CLÍNICO ALEATORIO: PAPEL DE LA DIETA Y EJERCICIOS FÍSICOS EN MUJERES CON SÍNDROME METABÓLICO*

Vélez JM, Berbesí D, Cardona D, Segura A, Ordóñez J. Validación de escalas abreviadas de zarit para la medición de síndrome del cuidador primario del adulto mayor en Medellín. Aten Primaria. 2012; 44:411-416 [T,II]

[22055916](#) [R/C](#)

*VALIDACIÓN DE ESCALAS ABREVIADAS DE ZARIT PARA LA MEDICIÓN DE SÍNDROME DEL CUIDADOR PRIMARIO DEL ADULTO MAYOR EN MEDELLÍN*

Borrell F. Seguridad clínica en atención primaria. El enfoque sistémico (I). Aten Primaria. 2012; 44:417-424 [R,II]

[22055915](#) [R/C](#)

## SEGURIDAD CLÍNICA EN ATENCIÓN PRIMARIA. EL ENFOQUE SISTÉMICO (I)

Miravittles M, Soler-Cataluña JJ, Calle M, Molina J, Almagro P, Quintano JA, et al. Guía Española de la EPOC (GesEPOC). Tratamiento farmacológico de la EPOC estable. Aten Primaria. 2012; 44:425-437 [M,II]

[22704760](#) [R/C](#)

GUÍA ESPAÑOLA DE LA EPOC (GESEPOC). TRATAMIENTO FARMACOLÓGICO DE LA EPOC ESTABLE

## BRITISH JOURNAL OF PSYCHIATRY

---

Phillips ML. Neuroimaging in psychiatry: bringing neuroscience into clinical practice. Br J Psychiatry. 2012; 201:1-3 [AO,I]

[22753848](#) [R/C](#)

NEUROIMAGEN EN PSIQUIATRÍA: LLEVAR LA NEUROCIENCIA A LA PRÁCTICA CLÍNICA

Bryant RA. Grief as a psychiatric disorder. Br J Psychiatry. 2012; 201:9-10 [AO,I]

[22753851](#) [R/C](#)

LA PENA PROFUNDA COMO TRASTORNO PSIQUIÁTRICO

## BRITISH MEDICAL JOURNAL

---

Hippisley-Cox J, Coupland C. Derivation and validation of updated QFracture algorithm to predict risk of osteoporotic fracture in primary care in the United Kingdom: prospective open cohort study. BMJ. 2012; 344:e3427 [S,I]

[22619194](#) [R/C](#)

DERIVACIÓN Y VALIDACIÓN DE LA ACTUALIZACIÓN DEL ALGORITMO QFRACTURE PARA PREDECIR EL RIESGO DE FRACTURA OSTEOPORÓTICA EN ATENCIÓN PRIMARIA EN EL REINO UNIDO: ESTUDIO ABIERTO DE COHORTES PROSPECTIVO

Wen LM, Baur LA, Simpson JM, Rissel C, Wardle K, Flood VM. Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial. BMJ. 2012; 344:e3732 [EC,I]

[22735103](#) [R/C](#)

EFFECTIVIDAD DE LA INTERVENCIÓN PRECOZ DOMICILIARIA SOBRE EL IMC DE LOS NIÑOS A LA EDAD DE 2 AÑOS

Aaby P, Whittle H, Stabell Benn C. Vaccine programmes must consider their effect on general resistance. BMJ. 2012; 344:e3769 [AO,I]

[22700785](#)

LOS PROGRAMAS DE VACUNAS DEBEN CONSIDERAR SU EFECTO SOBRE LA RESISTENCIA GENERAL

Floegel A, Pischon T. Low carbohydrate-high protein diets. BMJ. 2012; 344:e3801 [AO,I]

[22718914](#)

DIETAS BAJAS EN CARBOHIDRATOS Y ALTAS EN PROTEÍNAS

Mintzes B. New UK guidance on industry-health professional collaboration. BMJ. 2012; 344:e3952 [AO,I]

[22700788](#)

NUEVA ORIENTACIÓN SOBRE LA COLABORACIÓN ENTRE INDUSTRIA Y PROFESIONALES SANITARIOS EN EL RU

Chong LY, Fenu E, Stansby G, Hodgkinson S; on behalf of the Guideline Development Group. Management of venous thromboembolic diseases and the role of thrombophilia testing: summary of NICE guidance. BMJ. 2012; 344:e3979 [M,II]

[22740565](#)

MANEJO DE LAS ENFERMEDADES TROMBOEMBÓLICAS VENOSAS Y EL PAPEL DE LAS PRUEBAS DE TROMBOFILIA: RESUMEN DE LA GUÍA NICE

Lagiou P, Sandin S, Lof M, Trichopoulos D, Adami HO, Weiderpass E. Low carbohydrate-high protein diet and incidence of cardiovascular diseases in Swedish women: prospective cohort study. BMJ. 2012; 344:e4026 [S,I]

[22735105](#) [R/C](#)

DIETA BAJA EN CARBOHIDRATOS Y ALTA EN PROTEÍNAS E INCIDENCIA DE ENFERMEDADES CARDIOVASCULARES EN MUJERES SUECAS: ESTUDIO DE COHORTES PROSPECTIVO

Walter FM, Morris HC, Humphrys E, Hall PN, Prevost AT, Burrows N, et al. Effect of adding a diagnostic aid to best practice to manage suspicious pigmented lesions in primary care: randomised controlled trial. BMJ. 2012; 345:e4110 [EC,I]

[22763392](#) [R/C](#)

EFECTO DE AÑADIR UNA AYUDA AL DIAGNÓSTICO A LA MEJOR PRÁCTICA PARA MANEJAR LAS LESIONES PIGMENTADAS SOSPECHOSAS EN ATENCIÓN PRIMARIA: ENSAYO ALEATORIZADO CONTROLADO

Mercer SW, Guthrie B, Furler J, Watt GC, Hart JT. Multimorbidity and the inverse care law in primary care. BMJ. 2012; 344:e4152 [R,II]

[22718915](#)

*MULTIMORBILIDAD Y LA LEY DE LOS CUIDADOS INVERSOS EN ATENCIÓN PRIMARIA*

Oakeshott P, Aghaizu A, Reid F, Howell-Jones R, Hay PE, Sadiq ST, et al. Frequency and risk factors for prevalent, incident, and persistent genital carcinogenic human papillomavirus infection in sexually active women: community based cohort study. *BMJ*. 2012; 344:e4168 [S,I]

[22730542](#) [R/C](#)

*FRECUENCIA Y FACTORES DE RIESGO EN LA INFECCIÓN GENITAL POR EL VIRUS DEL PAPILOMA HUMANO CARCINOGENICO PREVALENTE, INCIDENTE Y PERSISTENTE EN MUJERES SEXUALMENTE ACTIVAS: ESTUDIO DE COHORTES COMUNITARIO*

Noakes TD. Commentary: role of hydration in health and exercise. *BMJ*. 2012; 345:e4171 [AO,I]

[22810384](#)

*COMENTARIO: PAPEL DE LA HIDRATACIÓN EN LA SALUD Y EL EJERCICIO*

Collins GS, Altman DG. Predicting the 10 year risk of cardiovascular disease in the United Kingdom: independent and external validation of an updated version of QRISK2. *BMJ*. 2012; 344:e4181 [S,I]

[22723603](#) [R/C](#)

*PREDECIR EL RIESGO DE ENFERMEDAD CARDIOVASCULAR A 10 AÑOS EN EL REINO UNIDO: VALIDACIÓN EXTERNA E INDEPENDIENTE DE UNA VERSIÓN ACTUALIZADA DE QRISK2*

Cooper C, Harvey NC. Osteoporosis risk assessment. *BMJ*. 2012; 344:e4191 [R,I]

[22723605](#)

*VALORACIÓN DEL RIESGO DE OSTEOPOROSIS*

Car J, Huckvale K, Hermens H. Telehealth for long term conditions. *BMJ*. 2012; 344:e4201 [R,I]

*TELEMEDICINA EN LAS ENFERMEDADES DE LARGA DURACIÓN*

McGorrian C, Blake GJ. The risks in risk prediction. *BMJ*. 2012; 344:e4215 [AO,I]

[22723607](#)

*LOS RIESGOS DE LA PREDICCIÓN DEL RIESGO*

Nijman RG, Thompson M, van Veen M, Perera R, Moll HA, Oostenbrink R. Derivation and validation of age and temperature specific reference values and centile charts to predict lower respiratory tract infection in children with fever: prospective observational study. *BMJ*. 2012; 345:e4224 [S,I]

[22761088](#) [R/C](#)

*DERIVACIÓN Y VALIDACIÓN DE LOS VALORES DE REFERENCIA ESPECÍFICOS DE EDAD Y TEMPERATURA Y LOS GRÁFICOS DE CENTILES PARA PREDECIR LA INFECCIÓN DE VÍAS RESPIRATORIAS BAJAS EN NIÑOS CON FIEBRE: ESTUDIO PROSPECTIVO OBSERVACIONAL*

Søgaard R, Laustsen J, Lindholt JS. Cost effectiveness of abdominal aortic aneurysm screening and rescreening in men in a modern context: evaluation of a hypothetical cohort using a decision analytical model. *BMJ*. 2012; 345:e4276 [S,I]

[22767630](#) [R/C](#)

*RENTABILIDAD DEL CRIBAJE Y RECRIBAJE DE ANEURISMA AÓRTICO ABDOMINAL EN HOMBRES EN UN CONTEXTO MODERNO: EVALUACIÓN DE UNA COHORTE HIPOTÉTICA MEDIANTE EL USO DE UN MODELO DE DECISIÓN ANALÍTICA*

Moriarty B, Hay R, Morris-Jones R. The diagnosis and management of tinea. *BMJ*. 2012; 345:e4380 [R,I]

[22782730](#)

*DIAGNÓSTICO Y MANEJO DE LA TIÑA*

Rudkjøbing A, Olejaz M, Birk HO, Nielsen AJ, Hernández-Quevedo C, Krasnik A. Integrated care: a Danish perspective. *BMJ*. 2012; 345: e4451 [R,I]

[22797845](#)

*ATENCIÓN INTEGRAL: PERSPECTIVA DANESA*

Khunti K, Davies M. Should we screen for type 2 diabetes: Yes. *BMJ*. 2012; 345:e4514 [AO,I]

[22777029](#)

*¿DEBERÍAMOS CRIBAR LA DIABETES TIPO 2? Sí*

Goyder E, Irwig L, Payne N. Should we screen for type 2 diabetes? No. *BMJ*. 2012; 345:e4516 [AO,I]

[22777030](#)

*¿DEBERÍAMOS CRIBAR LA DIABETES TIPO 2? No*

Rugg-Gunn FJ, Sander JW. Management of chronic epilepsy. *BMJ*. 2012; 345:e4576 [R,I]

[22807075](#)

*MANEJO DE LA EPILEPSIA CRÓNICA*

Gornall J. Does telemedicine deserve the green light? BMJ. 2012; 345:e4622 [AO,I]

[22782733](#)

*¿MERECE LUZ VERDE LA TELEMEDICINA?*

Chatterton H, Younger T, Fischer A, Khunti K; on behalf of the Programme Development Group. Risk identification and interventions to prevent type 2 diabetes in adults at high risk: summary of NICE guidance. BMJ. 2012; 345:e4624 [M,II]

[22791792](#)

*IDENTIFICACIÓN DEL RIESGO E INTERVENCIONES PASRA PREVENIR LA DIABETES TIPO 2 EN ADULTOS CON RIESGO ALTO: RESUMEN DE LA GUÍA NICE*

Altiner A. Patients' concepts of hypertension. BMJ. 2012; 345:e4688 [AO,I]

[22802350](#)

*CONCEPTOS DE LOS PACIENTES SOBRE LA HIPERTENSIÓN*

Godlee F. Telehealth: only part of the solution. BMJ. 2012; 345:e4724 [AO,I]

*TELEMEDICINA: SÓLO UNA PARTE DE LA SOLUCIÓN*

Cohen D. The truth about sports drinks. BMJ. 2012; 345:e4737 [AO,I]

[22810386](#)

*LA VERDAD SOBRE LAS BEBIDAS DEPORTIVAS*

Thompson M, Heneghan C, Cohen D. How valid is the European Food Safety Authority's assessment of sports drinks? BMJ. 2012; 345:e4753 [AO,II]

[22810387](#)

*¿CUÁN VÁLIDA ES LA VALORACIÓN DE LA EUROPEAN FOOD SAFETY AUTHORITY SOBRE LAS BEBIDAS DEPORTIVAS?*

Delamothe T. Water, water, every where. BMJ. 2012; 345:e4903 [AO,I]

*AGUA, AGUA POR TODAS PARTES*

Delamothe T. Monkey business: reflections on testosterone. BMJ. 2012; 345:e4967 [AO,I]

[22826580](#)

*HACER EL GANSO: REFLEXIONES SOBRE LA TESTOSTERONA*

Saltman RB, Vrangbaek K, Lehto J, Winblad U. Commentary: Denmark's health reforms are part of a wider trend. BMJ. 2012; 345:e4994 [AO,I]

[22833583](#)

*COMENTARIO: LAS REFORMAS SANITARIAS DE DINAMARCA FORMAN PARTE DE UNA TENDENCIA MÁS AMPLIA*

## CANADIAN MEDICAL ASSOCIATION JOURNAL

---

Martino R, Martin RE, Black S. Dysphagia after stroke and its management. CMAJ. 2012; 184:1127-1128 [AO,I]

[22125328](#)

*DISFAGIA TRAS ICTUS Y SU TRATAMIENTO*

Corey-Bloom J, Wolfson T, Gamst A, Jin S, Marcotte TD, Bentley H, et al. Smoked cannabis for spasticity in multiple sclerosis: a randomized, placebo-controlled trial. CMAJ. 2012; 184:1143-1150 [EC,I]

[22586334](#)

[R/C](#)

*CANABIS FUMADO PARA LA ESPASTICIDAD EN LA ESCLEROSIS MÚLTIPLE: ENSAYO ALEATORIZADO CONTROLADO CON PLACEBO*

Bogoch II, Scully EP, Zachary KC. Antiretroviral medication for preventing HIV infection in nonoccupational settings. CMAJ. 2012; 184:1153-1157 [R,II]

[22641683](#)

*MEDICACIÓN ANTIRRETROVÍRICA PARA PREVENIR LA INFECCIÓN POR VIH EN INSTALACIONES NO OCUPACIONALES*

Kakinami L, Henderson M, Delvin EE, Levy E, O'Loughlin J, Lambert M, et al. Association between different growth curve definitions of overweight and obesity and cardiometabolic risk in children. CMAJ. 2012; 184:E539-E550 [T,I]

[22546882](#)

[R/C](#)

*ASOCIACIÓN ENTRE DEFINICIONES DE SOBREPESO Y OBESIDAD EN DISTINTAS CURVAS DE CRECIMIENTO Y RIESGO CARDIOMETABÓLICO EN NIÑOS*

Science M, Johnstone J, Roth DE, Guyatt G, Loeb M. Zinc for the treatment of the common cold: a systematic review and meta-analysis of randomized controlled trials. CMAJ. 2012; 184:E551-E561 [M,I]

[22566526](#)

[R/C](#)

*ZINC PARA EL TRATAMIENTO DEL RESFRIADO COMÚN: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE*

**CIRCULATION**

---

Hill JO, Wyatt HR, Peters JC. Energy balance and obesity. *Circulation*. 2012; 126:126-132 [R,I]

[22753534](#)

*BALANCE ENERGÉTICO Y OBESIDAD*

Spinler SA, Shafir V. New oral anticoagulants for atrial fibrillation. *Circulation*. 2012; 126:133-137 [AO,I]

[22753535](#)

*NUEVOS ANTICOAGULANTES ORALES EN LA FIBRILACIÓN AURICULAR*

Pan A, Malik VS, Hu FB. Exporting diabetes mellitus to Asia: the impact of Western-style fast food. *Circulation*. 2012; 126:163-165 [AO,I]

[22753305](#)

*EXPORTAR LA DIABETES MELLITUS A ASIA: IMPACTO DE LA COMIDA RÁPIDA OCCIDENTAL*

Odegaard AO, Koh WP, Yuan JM, Gross MD, Pereira MA. Western-style fast food intake and cardiometabolic risk in an eastern country. *Circulation*. 2012; 126:182-188 [T,I]

[22753304](#)

[R/C](#)

*INGESTA DE COMIDA RÁPIDA OCCIDENTAL Y RIESGO CARDIOMETABÓLICO EN LOS PAÍSES ORIENTALES*

Tung R, Buch E, Shivkumar K. Catheter ablation of atrial fibrillation. *Circulation*. 2012; 126:223-229 [R,I]

[22777665](#)

*ABLACIÓN MEDIANTE CATÉTER EN LA FIBRILACIÓN AURICULAR*

Jorde R, Grimnes G. Vitamin d and lipids: do we really need more studies? *Circulation*. 2012; 126:252-254 [AO,I]

[22718801](#)

*VITAMINA D Y LÍPIDOS: ¿NECESITAMOS MÁS ESTUDIOS REALMENTE?*

Ponda MP, Huang X, Odeh MA, Breslow JL, Kaufman HW. Vitamin d may not improve lipid levels: a serial clinical laboratory data study. *Circulation*. 2012; 126:270-277 [T,I]

[22718799](#)

[R/C](#)

*LA VITAMINA D PUEDE QUE NO MEJORE LOS NIVELES DE LÍPIDOS: ESTUDIO CON DATOS SERIADOS DE LABORATORIO CLÍNICO*

Cho I, Chang HJ, Sung JM, Pencina MJ, Lin FY, Dunning AM, et al; on behalf of the CONFIRM Investigators. Coronary computed tomographic angiography and risk of all-cause mortality and nonfatal myocardial infarction in subjects without chest pain syndrome from the CONFIRM registry (Coronary CT angiography evaluation for clinical outcomes: an international multicenter registry). *Circulation*. 2012; 126:304-313 [T,I]

[22685117](#)

[R/C](#)

*ANGIOTAC CORONARIO Y RIESGO DE MORTALIDAD POR CUALQUIER CAUSA Y DE IM NO MORTAL EN SUJETOS SIN DOLOR TORÁCICO PROCEDENTES DEL REGISTRO CONFIRM (EVALUACIÓN DEL ANGIOTAC CORONARIO POR RESULTADOS CLÍNICOS: REGISTRO INTERNACIONAL MULTICÉNTRICO)*

Juhola J, Oikonen M, Magnussen CG, Mikkilä V, Siitonen N, Jokinen E, et al. Childhood physical, environmental, and genetic predictors of adult hypertension: the cardiovascular risk in young Finns study. *Circulation*. 2012; 126:402-409 [S,I]

[22718800](#)

[R/C](#)

*PREDICTORES FÍSICOS, AMBIENTALES Y GENÉTICOS EN LA INFANCIA PARA LA HIPERTENSIÓN DEL ADULTO: ESTUDIO DE RIESGO CARDIOVASCULAR EN JÓVENES FINESSES*

Gupta D, Georgiopoulou VV, Kalogeropoulos AP, Dunbar SB, Reilly CM, Sands JM, et al. Dietary sodium intake in heart failure. *Circulation*. 2012; 126:479-485 [R,I]

[22825409](#)

*INGESTA DE SODIO EN LA DIETA EN LA INSUFICIENCIA CARDIACA*

Berger JS, Hiatt WR. Medical therapy in peripheral artery disease. *Circulation*. 2012; 126:491-500 [R,I]

[22825411](#)

*TRATAMIENTO MÉDICO EN LA ENFERMEDAD ARTERIAL PERIFÉRICA*

Desai AS, Stevenson LW. Rehospitalization for heart failure: predict or prevent? *Circulation*. 2012; 126:501-506 [AO,I]

[22825412](#)

*REHOSPITALIZACIÓN POR INSUFICIENCIA CARDIACA: ¿PREDECIR O PREVENIR?*

**DIABETES CARE**

---

Barzilay JI, Howard AG, Evans GW, Fleg JL, Cohen RM, Booth GL, et al. Intensive blood pressure treatment does not improve cardiovascular outcomes in centrally obese hypertensive individuals with diabetes: the Action to Control Cardiovascular Risk in Diabetes (ACCORD) blood pressure trial. *Diabetes Care*. 2012; 35:1401-1405 [S,II]

[22723577](#) [R/C](#)

*EL TRATAMIENTO INTENSIVO DE LA PRESIÓN ARTERIAL NO MEJORA LOS RESULTADOS CARDIOVASCULARES EN LOS INDIVIDUOS HIPERTENSOS CON DIABETES CON OBESIDAD CENTRAL: EL ENSAYO DE PRESIÓN ARTERIAL DE ACCORD*

Harrison LB, Adams-Huet B, Raskin P, Lingvay I.  $\beta$ -cell function preservation after 3.5 years of intensive diabetes therapy. *Diabetes Care*. 2012; 35:1406-1412 [EC,I]

[22723578](#) [R/C](#)

*PRESERVACIÓN DE LA FUNCIÓN DE LA CÉLULA BETA TRAS 3,5 AÑOS DE TERAPIA INTENSIVA DE LA DIABETES*

Devries JH, Bain SC, Rodbard HW, Seufert J, D'Alessio D, Thomsen AB, et al; on behalf of the Liraglutide-Detemir Study Group. Sequential intensification of metformin treatment in type 2 diabetes with liraglutide followed by randomized addition of basal insulin prompted by A1C targets. *Diabetes Care*. 2012; 35:1446-1454 [EC,II]

[22584132](#) [R/C](#)

*INTENSIFICACIÓN SECUENCIAL DEL TRATAMIENTO CON METFORMINA EN LA DIABETES TIPO 2 CON LIRAGLUTIDA SEGUIDA DE LA ADICIÓN ALEATORIZADA DE INSULINA BASAL, MOTIVADA POR LOS OBJETIVOS DE HBA1C*

Williams ED, Magliano DJ, Zimmet PZ, Kavanagh AM, Stevenson CE, Oldenburg BF, et al. Area-level socioeconomic status and incidence of abnormal glucose metabolism: The Australian Diabetes, Obesity and Lifestyle (AusDiab) study. *Diabetes Care*. 2012; 35:1455-1461 [S,II]

[22619081](#) [R/C](#)

*ESTATUS SOCIOECONÓMICO E INCIDENCIA DE METABOLISMO ANORMAL DE LA GLUCOSA: ESTUDIO AUSDIAB*

Van Woudenberg GJ, Kuijsten A, Tigcheler B, Sijbrands EJ, van Rooij FJ, Hofman A, et al. Meat consumption and its association with C-reactive protein and incident type 2 diabetes: the Rotterdam study. *Diabetes Care*. 2012; 35:1499-1505 [S,I]

[22596177](#) [R/C](#)

*CONSUMO DE CARNE Y SU ASOCIACIÓN CON PROTEÍNA C REACTIVA E INCIDENCIA DE DIABETES TIPO 2: ESTUDIO ROTTERDAM*

Sosenko JM, Skyler JS, Mahon J, Krischer JP, Beam CA, Boulware DC, et al; the Type 1 Diabetes TrialNet and Diabetes Prevention Trial–Type 1 study groups. The application of the diabetes prevention trial-type 1 risk score for identifying a preclinical state of type 1 diabetes. *Diabetes Care*. 2012; 35:1552-1555 [T,I]

[22547092](#) [R/C](#)

*APLICACIÓN DE LA TABLA DE RIESGO DEL ENSAYO DE PREVENCIÓN DE DIABETES TIPO 1 PARA IDENTIFICAR ESTADO PRECLÍNICO DE DIABETES TIPO 1*

Cozma AI, Sievenpiper JL, de Souza RJ, Chiavaroli L, Ha V, Wang DD, et al. Effect of fructose on glycemic control in diabetes: a systematic review and meta-analysis of controlled feeding trials. *Diabetes Care*. 2012; 35:1611-1620 [M,I]

[22723585](#) [R/C](#)

*EFFECTO DE LA FRUCTOSA SOBRE EL CONTROL GLUCÉMICO EN LA DIABETES: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS DE ALIMENTACIÓN CONTROLADOS*

## DRUGS

---

Hakim A, Adcock IM, Usmani OS. Corticosteroid resistance and novel anti-inflammatory therapies in chronic obstructive pulmonary disease: current evidence and future direction. *Drugs*. 2012; 72:1299-1312 [R,I]

[22731962](#) [R/C](#)

*RESISTENCIA A LOS CORTICOIDES Y TERAPIAS ANTIINFLAMATORIAS NOVEDOSAS EN LA EPOC: EVIDENCIA ACTUAL Y DIRECCIÓN FUTURA*

Georgiopoulou VV, Kalogeropoulos AP, Butler J. Heart failure in hypertension: prevention and treatment. *Drug*. 2012; 72:1373-1398 [R,I]

[22747449](#) [R/C](#)

*INSUFICIENCIA CARDIACA EN LA HIPERTENSIÓN: PREVENCIÓN Y TRATAMIENTO*

## ENFERMEDADES INFECCIOSAS Y MICROBIOLOGÍA CLÍNICA

---

Letang E, Battegay M. Do we need national guidelines on human immunodeficiency virus treatment? *Enferm Infecc Microbiol Clin*. 2012; 30:281-282 [AO,I]

[22726536](#)

*¿NECESITAMOS GUÍAS NACIONALES SOBRE EL TRATAMIENTO PARA EL VIH?*



Documento de consenso de Gesida/Plan Nacional sobre el Sida respecto al tratamiento antirretroviral en adultos infectados por el virus de la inmunodeficiencia humana (actualización enero de 2012) *Enferm Infecc Microbiol Clin.* 2012; 30:e1-e89 [M,II]

[R/C](#)

*DOCUMENTO DE CONSENSO DE GESIDA/PLAN NACIONAL SOBRE EL SIDA RESPECTO AL TRATAMIENTO ANTIRRETROVIRAL EN ADULTOS INFECTADOS POR EL VIRUS DE LA INMUNODEFICIENCIA HUMANA (ACTUALIZACIÓN ENERO DE 2012)*

## EUROPEAN HEART JOURNAL

---

Nordmann AJ, Briel M. Statins: pleiotropic, but less than previously thought. *Eur Heart J.* 2012; 33:1551-1552 [AO,I]

[22665371](#)

*ESTATINAS: PLEIOTRÓPICAS, PERO MENOS DE LO QUE ANTES SE PENSABA*

Laufs U, Schirmer SH. Margarines supplemented with low dose n-3 fatty acids are not effective in secondary prevention. *Eur Heart J.* 2012; 33:1555-1557 [AO,I]

[22453655](#)

*LAS MARGARINAS SUPLEMENTADAS CON ÁCIDOS GRASOS OMEGA 3 NO SON EFECTIVAS EN LA PREVENCIÓN SECUNDARIA*

Perk J, De Backer G, Gohlke H, Graham I, Reiner Z, Verschuren M, et al;Authors/Task Force Members. European Guidelines on cardiovascular disease prevention in clinical practice (version 2012): The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts) \* Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR). *Eur Heart J.* 2012; 33:1635-1701 [M,II]

[22555213](#)

*GUÍAS EUROPEAS PARA LA PREVENCIÓN DE LA ENFERMEDAD CARDIOVASCULAR EN LA PRÁCTICA CLÍNICA (VERSIÓN 2012): EL FIFTH JOINT TASK FORCE DE LA SOCIEDAD EUROPEA DE CARDIOLOGÍA Y OTRAS SOCIEDADES SOBRE PREVENCIÓN DE LA ENFERMEDAD CARDIOVASCULAR EN LA PRÁCTICA CLÍNICA (CONSTITUIDO POR REPRESENTANTES DE NUEVE SOCIEDADES Y POR INVITADOS EXPERTOS)-DESARROLLADAS CON LA CONTRIBUCIÓN ESPECIAL DE LA ASOCIACIÓN EUROPEA PARA LA PREVENCIÓN Y REHABILITACIÓN CARDIOVASCULARES (EACPR)*

Burkhoff D. Mortality in heart failure with preserved ejection fraction: an unacceptably high rate. *Eur Heart J.* 2012; 33:1718-1720 [AO,I]

[21900293](#)

*MORTALIDAD EN LA INSUFICIENCIA CARDIACA CON FRACCIÓN DE EYECCIÓN PRESERVADA: UNA FRECUENCIA INACEPTABLEMENTE ELEVADA*

Angermann CE, Frey A, Ertl G. Cognition matters in cardiovascular disease and heart failure. *Eur Heart J.* 2012; 33:1721-1723 [AO,I]

[22645187](#)

*LA COGNICIÓN IMPORTA EN LA ENFERMEDAD CARDIOVASCULAR Y LA INSUFICIENCIA CARDIACA*

Almeida OP, Garrido GJ, Beer C, Lautenschlager NT, Arnolda L, Flicker L. Cognitive and brain changes associated with ischaemic heart disease and heart failure. *Eur Heart J.* 2012; 33:1769-1776 [T,I]

[22296945](#)

[R/C](#)

*CAMBIOS COGNITIVOS Y CEREBRALES ASOCIADOS A LA ENFERMEDAD CARDIACA ISQUÉMICA Y LA INSUFICIENCIA CARDIACA*

McMurray JJ, Adamopoulos S, Anker SD, Auricchio A, Böhm M, Dickstein K, et al;Authors/Task Force Members. ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012: The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology. Developed in collaboration with the Heart Failure Association (HFA) of the ESC. *Eur Heart J.* 2012; 33:1787-1847 [M,II]

[22611136](#)

*GUÍAS DE LA SOCIEDAD EUROPEA DE CARDIOLOGÍA (ESC) PARA EL DIAGNÓSTICO Y TRATAMIENTO DE LA INSUFICIENCIA CARDIACA AGUDA Y CRÓNICA 2012: GRUPO DE TRABAJO PARA EL DIAGNÓSTICO Y TRATAMIENTO DE LA INSUFICIENCIA CARDIACA AGUDA Y CRÓNICA 2012 DE LA SOCIEDAD EUROPEA DE CARDIOLOGÍA. DESARROLLADAS EN COLABORACIÓN CON LA ASOCIACIÓN DE INSUFICIENCIA CARDIACA (HFA) DE LA ESC*

## FAMILY MEDICINE

---

Kruse J. The organization of health care: the contrasting role of primary care and consulting specialties. *Fam Med.* 2012; 44:516-518 [AO,I]

[22791539](#)

## GACETA SANITARIA

---

Hernández-Aguado I, Benavides FG, Porta M. Los profesionales españoles de la salud pública ante la Ley General de Salud Pública. *Gac Sanit.* 2012; 26:295-297 [AO,I]

[22695367](#)

*LOS PROFESIONALES ESPAÑOLES DE LA SALUD PÚBLICA ANTE LA LEY GENERAL DE SALUD PÚBLICA*

López-Fernández LA, Millán JI, Ajuria AF, Cerdà JC, Suess A, Danet AD, et al. ¿Está en peligro la cobertura universal en nuestro Sistema Nacional de Salud? *Gac Sanit.* 2012; 26:298-300 [AO,I]

[22748918](#)

*¿ESTÁ EN PELIGRO LA COBERTURA UNIVERSAL EN NUESTRO SISTEMA NACIONAL DE SALUD?*

Dolores M, Castaño-Vinyals G, Altzibar JM, Ascunce N, Moreno V, Tardon A, et al; en nombre de los investigadores del MCC-Spain. Prácticas de cribado de cáncer y estilos de vida asociados en la población de controles del estudio español multi-caso control (MCC-Spain) *Gac Sanit.* 2012; 26:301-310 [T,I]

[22522032](#) [R/C](#)

*PRÁCTICAS DE CRIBADO DE CÁNCER Y ESTILOS DE VIDA ASOCIADOS EN LA POBLACIÓN DE CONTROLES DEL ESTUDIO ESPAÑOL MULTI-CASO CONTROL (MCC-SPAIN)*

Ayala A, Rodríguez-Blázquez C, Frades-Payo B, Forjaz MJ, Martínez-Martín P, Fernández-Mayoralas G, et al; en nombre del Grupo Español de Investigación en Calidad de Vida y Envejecimiento. Propiedades psicométricas del Cuestionario de Apoyo Social Funcional y de la Escala de Soledad en adultos mayores no institucionalizados en España. *Gac Sanit.* 2012; 26:317-324 [T,I]

[22265651](#) [R/C](#)

*PROPIEDADES PSICOMÉTRICAS DEL CUESTIONARIO DE APOYO SOCIAL FUNCIONAL Y DE LA ESCALA DE SOLEDAD EN ADULTOS MAYORES NO INSTITUCIONALIZADOS EN ESPAÑA*

López-Cuadrado T, de Mateo S, Jiménez-Jorge S, Savulescu C, Larrauri A. Mortalidad relacionada con la gripe. España, 1999-2005. *Gac Sanit.* 2012; 26:325-329 [T,I]

[22284214](#) [R/C](#)

*MORTALIDAD RELACIONADA CON LA GRIPE. ESPAÑA, 1999-2005*

Escobar MÁ, Puga MA, Martín M. Análisis de la esperanza de vida libre de discapacidad a lo largo de la biografía: de la madurez a la vejez. *Gac Sanit.* 2012; 26:330-335 [S,I]

[22464022](#) [R/C](#)

*ANÁLISIS DE LA ESPERANZA DE VIDA LIBRE DE DISCAPACIDAD A LO LARGO DE LA BIOGRAFÍA: DE LA MADUREZ A LA VEJEZ*

Segura A. La supuesta asociación entre la vacuna triple vírica y el autismo y el rechazo a la vacunación. *Gac Sanit.* 2012; 26:366-371 [R,II]

[22444516](#) [R/C](#)

*LA SUPUESTA ASOCIACIÓN ENTRE LA VACUNA TRIPLE VÍRICA Y EL AUTISMO Y EL RECHAZO A LA VACUNACIÓN*

## JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

---

Jerant A, Franks P. Body mass index, diabetes, hypertension, and short-term mortality: a population-based observational study, 2000-2006. *J Am Board Fam Med.* 2012; 25:422-431 [T,I]

[22773710](#) [R/C](#)

*ÍNDICE DE MASA CORPORAL, DIABETES, HIPERTENSIÓN Y MORTALIDAD A CORTO PLAZO: ESTUDIO OBSERVACIONAL POBLACIONAL*

Viera AJ. Resistant hypertension. *J Am Board Fam Med.* 2012; 25:487-495 [R,I]

[22773717](#) [R/C](#)

*HIPERTENSIÓN RESISTENTE*

Wolfe RM. Update on adult immunizations. *J Am Board Fam Med.* 2012; 25:496-510 [R,II]

[22773718](#) [R/C](#)

*ACTUALIZACIÓN EN INMUNIZACIÓN EN ADULTOS*

## JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

---

Kim SC, Gostin LO, Cole TB. Child abuse reporting: rethinking child protection. *JAMA.* 2012; 308:37-38 [AO,I]

[22760287](#)

## INFORME SOBRE MALOS TRATOS A LOS NIÑOS: REPENSAR LA PROTECCIÓN DE LOS NIÑOS

Glass RI, Guttmacher AE, Black RE. Ending preventable child death in a generation. JAMA. 2012; 308:141-142 [AO,I]  
[22695930](#)

*ACABAR CON LA MUERTE INFANTIL PREVENIBLE EN UNA GENERACIÓN*

Dietz WH, Scanlon KS. Eliminating the use of partially hydrogenated oil in food production and preparation. JAMA. 2012; 308:143-144 [AO,II]

[22782414](#)

*ELIMINAR EL USO DEL ACEITE PARCIALMENTE HIDROGENADO EN LA PRODUCCIÓN Y PREPARACIÓN DE ALIMENTOS*

Steinhoff MC, MacDonald NE. Influenza pandemics--pregnancy, pathogenesis, and perinatal outcomes. JAMA. 2012; 308:184-185 [AO,I]

[22782421](#)

*PANDEMIA DE GRIPE--EMBARAZO, PATOGÉNESIS Y RESULTADOS PERINATALES*

LoBue PA, Castro KG. Is it time to replace the tuberculin skin test with a blood test? JAMA. 2012; 308:241-242 [AO,I]

[22797639](#)

*¿ES HORA DE SUSTITUIR LA PRUEBA DÉRMICA DE TUBERCULINA POR UN ANÁLISIS DE SANGRE?*

Fauci AS, Folkers GK. Toward an AIDS-free generation. JAMA. 2012; 308:343-344 [AO,I]

[22820783](#)

*HACIA UNA GENERACIÓN SIN SIDA*

Mermin J, Fenton KA. The future of HIV prevention in the United States. JAMA. 2012; 308:347-348 [AO,I]

[22820785](#)

*EL FUTURO DE LA PREVENCIÓN DEL VIH EN LOS ESTADOS UNIDOS*

## MEDICINA CLINICA

---

Costa JA, Rodilla E, Cardona J, González C, Pascual JM. Síndrome metabólico y complicaciones cardiovasculares en el paciente hipertenso. Med Clin (Barc). 2012; 139:150-156 [S,I]

[21813141](#)

[R/C](#)

*SÍNDROME METABÓLICO Y COMPLICACIONES CARDIOVASCULARES EN EL PACIENTE HIPERTENSO*

Valls T, Mach N. Riesgo de malnutrición en la población mayor de 75 años. Med Clin (Barc). 2012; 139:157-160 [T,I]

[22592079](#)

[R/C](#)

*RIESGO DE MALNUTRICIÓN EN LA POBLACIÓN MAYOR DE 75 AÑOS*

Pérez-Llamas F. Riesgo de desnutrición en la población española de edad avanzada. Evaluación de la situación actual y necesidad de intervención nutricional. Med Clin (Barc). 2012; 139:163-164 [AO,I]

[22571850](#)

*RIESGO DE DESNUTRICIÓN EN LA POBLACIÓN ESPAÑOLA DE EDAD AVANZADA. EVALUACIÓN DE LA SITUACIÓN ACTUAL Y NECESIDAD DE INTERVENCIÓN NUTRICIONAL*

López-Parra M, Moreno-Quiroga C, Lechuga-Pérez J. Revisión de las observaciones más frecuentes en la hoja de información al paciente para ensayos clínicos. Med Clin (Barc). 2012; 139:176-179 [R,I]

[22560053](#)

*REVISIÓN DE LAS OBSERVACIONES MÁS FRECUENTES EN LA HOJA DE INFORMACIÓN AL PACIENTE PARA ENSAYOS CLÍNICOS*

Vallejo I, Fernández A. Continuidad asistencial en el paciente pluripatológico. Med Clin (Barc). 2012; 139:206-207 [AO,I]

[22459572](#)

*CONTINUIDAD ASISTENCIAL EN EL PACIENTE PLURIPATOLÓGICO*

López-Pelayo I, Fernández-Suárez A, Romero-De-Castilla-Y-Gil RJ, Zambrana-García JL. Repercusión clínica en la seguridad del paciente de la comunicación de valores críticos de laboratorio. Med Clin (Barc). 2012; 139:221-226 [R,I]

[22459577](#)

*REPERCUSIÓN CLÍNICA EN LA SEGURIDAD DEL PACIENTE DE LA COMUNICACIÓN DE VALORES CRÍTICOS DE LABORATORIO*

## MORBIDITY AND MORTALITY WEEKLY REPORT

---

Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Updated CDC Recommendations for the management of hepatitis B virus-infected health-care providers and students. MMWR

Recomm Rep. 2012; 61:1-12 [MM,II]

[22763928](#) [R/C](#)

RECOMENDACIONES ACTUALIZADAS DEL CDC PARA EL MANEJO DE LOS PROFESIONALES Y ESTUDIANTES SANITARIOS INFECTADOS POR EL VIRUS DE LA HEPATITIS B

## REVISTA ESPAÑOLA DE CARDIOLOGIA

---

Bonaque JC, Pascual-Figal DA, Manzano-Fernández S, González-Cánovas C, Vidal A, Muñoz-Esparza C, et al. El ancho de distribución eritrocitaria aporta valor pronóstico adicional en pacientes ambulatorios con insuficiencia cardiaca crónica. Rev Esp Cardiol. 2012; 65:606-612 [T,I]

[22440296](#) [R/C](#)

EL ANCHO DE DISTRIBUCIÓN ERITROCITARIA APORTA VALOR PRONÓSTICO ADICIONAL EN PACIENTES AMBULATORIOS CON INSUFICIENCIA CARDIACA CRÓNICA

Verdú JM, Comín-Colet J, Domingo M, Lupón J, Gómez M, Molina L, et al. Punto de corte óptimo de NT-proBNP para el diagnóstico de insuficiencia cardiaca mediante un test de determinación rápida en atención primaria. Rev Esp Cardiol. 2012; 65:613-619 [T,II]

[22541282](#) [R/C](#)

PUNTO DE CORTE ÓPTIMO DE NT-PROBNP PARA EL DIAGNÓSTICO DE INSUFICIENCIA CARDIACA MEDIANTE UN TEST DE DETERMINACIÓN RÁPIDA EN ATENCIÓN PRIMARIA

Vogler J, Breithardt G, Eckardt L. Bradirritmias y bloqueos de la conducción. Rev Esp Cardiol. 2012; 65:656-667 [R,I]

[22627074](#) [R/C](#)

BRADIARRITMIAS Y BLOQUEOS DE LA CONDUCCIÓN

## THE LANCET

---

Pre-exposure HIV prophylaxis: the world is waiting. Lancet. 2012; 379:2402 [AO,I]

[22748574](#)

PROFILAXIS PREEXPOSICIÓN AL VIH: EL MUNDO ESTÁ ESPERANDO

Kemper AR, Martin GR. Screening of newborn babies: from blood spot to bedside. Lancet. 2012; 379:2407-2408 [AO,I]

[22554861](#)

CRIBAJE DE LOS NIÑOS RECIÉN NACIDOS: DE LA GOTA DE SANGRE A LA CABECERA

Kashuba AD, Patterson KB, Dumond JB, Cohen MS. Pre-exposure prophylaxis for HIV prevention: how to predict success. Lancet. 2012; 379:2409-2411 [R,I]

[22153566](#)

PROFILAXIS PREEXPOSICIÓN PARA LA PREVENCIÓN DEL VIH: CÓMO PREDECIR EL ÉXITO

Thangaratnam S, Brown K, Zamora J, Khan KS, Ewer AK. Pulse oximetry screening for critical congenital heart defects in asymptomatic newborn babies: a systematic review and meta-analysis. Lancet. 2012; 379:2459-2464 [M,II]

[22554860](#) [R/C](#)

CRIBAJE POR PULSIOXIMETRÍA DE LOS DEFECTOS CARDIACOS CONGÉNITOS EN NIÑOS RECIÉN NACIDOS ASINTOMÁTICOS: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

Sijbrands EJ. Inhibition of PCSK9 in familial hypercholesterolaemia. Lancet. 2012; 380:6-7 [AO,I]

[22633823](#)

INHIBICIÓN DEL PCSK9 EN LA HIPERCOLESTEROLEMIA FAMILIAR

Salisbury C. Multimorbidity: redesigning health care for people who use it. Lancet. 2012; 380:7-9 [AO,I]

[22579042](#)

PLURIMORBILIDAD: REDISEÑAR LA ATENCIÓN SANITARIA PARA LA GENTE QUE LA USA

Kirchhof P, Andresen D, Bosch R, Borggrefe M, Meinertz T, Parade U, et al. Short-term versus long-term antiarrhythmic drug treatment after cardioversion of atrial fibrillation (Flec-SL): a prospective, randomised, open-label, blinded endpoint assessment trial. Lancet. 2012; 380:238-246 [EC,II]

[22713626](#) [R/C](#)

TRATAMIENTO FARMACOLÓGICO ANTIARRÍTMICO A CORTO Y A LARGO PLAZO TRAS LA CARDIOVERSIÓN DE LA FIBRILACIÓN AURICULAR (FLEC-SL): ENSAYO DE VALORACIÓN DE PUNTO FINAL PROSPECTIVO, ALEATORIZADO Y NO ENMASCARADO

Hallal PC, Andersen LB, Bull FC, Guthold R, Haskell W, Ekelund U; Lancet Physical Activity Series Working Group. Global physical activity levels: surveillance progress, pitfalls, and prospects. Lancet. 2012; 380:247-257 [R,II]

[22818937](#) [R/C](#)

NIVELES DE ACTIVIDAD FÍSICA MUNDIALES: PROGRESO EN LA VIGILANCIA, DIFICULTADES Y PERSPECTIVAS

Bauman AE, Reis RS, Sallis JF, Wells JC, Loos RJ, Martin BW; Lancet Physical Activity Series Working Group. Correlates of physical activity: why are some people physically active and others not? Lancet. 2012; 380:258-271 [R,II]  
[22818938](#) [R/C](#)  
*CORRELATOS DE ACTIVIDAD FÍSICA: ¿POR QUÉ ALGUNAS PERSONAS SON FÍSICAMENTE ACTIVAS Y OTRAS NO?*

Heath GW, Parra DC, Sarmiento OL, Andersen LB, Owen N, Goenka S, et al; Lancet Physical Activity Series Working Group. Evidence-based intervention in physical activity: lessons from around the world. Lancet. 2012; 380:272-281 [M,II]  
[22818939](#) [R/C](#)  
*INTERVENCIÓN BASADA EN LA EVIDENCIA EN ACTIVIDAD FÍSICA: LECCIONES DE ALREDEDOR DEL MUNDO*

Pratt M, Sarmiento OL, Montes F, Ogilvie D, Marcus BH, Perez LG, et al; Lancet Physical Activity Series Working Group. The implications of megatrends in information and communication technology and transportation for changes in global physical activity. Lancet. 2012; 380:282-293 [R,II]  
[22818940](#) [R/C](#)  
*IMPLICACIONES DE LAS MEGATENDENCIAS EN TECNOLOGÍA DE LA INFORMACIÓN Y LA COMUNICACIÓN Y EN EL TRANSPORTE SOBRE LOS CAMBIOS EN LA ACTIVIDAD FÍSICA MUNDIAL*

Kohl HW 3rd, Craig CL, Lambert EV, Inoue S, Alkandari JR, Leetongin G, et al; Lancet Physical Activity Series Working Group. The pandemic of physical inactivity: global action for public health. Lancet. 2012; 380:294-305 [R,I]  
[22818941](#) [R/C](#)  
*PANDEMIA DE INACTIVIDAD FÍSICA: ACCIÓN MUNDIAL POR LA SALUD PÚBLICA*

## THE NEW ENGLAND JOURNAL OF MEDICINE

---

Inker LA, Schmid CH, Tighiouart H, Eckfeldt JH, Feldman HI, Greene T, et al; CKD-EPI Investigators. Estimating glomerular filtration rate from serum creatinine and cystatin C. N Engl J Med. 2012; 367:20-29 [T,I]  
[22762315](#) [R/C](#)  
*ESTIMAR LA TASA DE FILTRACIÓN GLOMERULAR A PARTIR DE LA CREATININA SÉRICA Y LA CISTATINA C*

Bischoff-Ferrari HA, Willett WC, Orav EJ, Lips P, Meunier PJ, Lyons RA, et al. A pooled analysis of vitamin D dose requirements for fracture prevention. N Engl J Med. 2012; 367:40-49 [EC,I]  
[22762317](#) [R/C](#)  
*ANÁLISIS COMBINADO DE LAS NECESIDADES DE VITAMINA D PARA LA PREVENCIÓN DE LAS FRACTURAS*

Pearle MS. Shock-wave lithotripsy for renal calculi. N Engl J Med. 2012; 367:50-57 [R,I]  
[22762318](#)  
*LITOTRIZIA POR ONDAS DE CHOQUE PARA LOS CÁLCULOS RENALES*

Weir MR. Improving the estimating equation for GFR--a clinical perspective. N Engl J Med. 2012; 367:75-76 [AO,I]  
[22762323](#)  
*MEJORAR LA ESTIMACIÓN DE LA ECUACIÓN PARA LA TASA DE FILTRACIÓN GLOMERULAR-PERSPECTIVA CLÍNICA*

Heaney RP. Vitamin D--baseline status and effective dose. N Engl J Med. 2012; 367:77-78 [AO,I]  
[22762324](#)  
*VITAMINA D- ESTATUS BASAL Y DOSIS EFECTIVA*

Klass P. Zen and the art of pediatric health maintenance. N Engl J Med. 2012; 367:103-105 [AO,I]  
[22784114](#)  
*EL ZEN Y EL ARTE DEL MANTENIMIENTO DE LA SALUD PEDIÁTRICA (Paráfrasis del título del célebre libro "El zen y el arte del mantenimiento de la motocicleta")*

Boyer EW. Management of opioid analgesic overdose. N Engl J Med. 2012; 367:146-155 [R,I]  
[22784117](#)  
*MANEJO DE LA SOBREDOSIS DE ANALGÉSICOS OPIOIDES*

Shea SA. Obesity and pharmacologic control of the body clock. N Engl J Med. 2012; 367:175-178 [AO,I]  
[22784121](#)  
*OBESIDAD Y CONTROL FARMACOLÓGICO DEL RELOJ CORPORAL*

Wilt TJ, Brawer MK, Jones KM, Barry MJ, Aronson WJ, Fox S, et al; Prostate Cancer Intervention versus Observation Trial (PIVOT) Study Group. Radical prostatectomy versus observation for localized prostate cancer. N Engl J Med. 2012; 367:203-213 [EC,I]  
[22808955](#) [R/C](#)  
*PROSTATECTOMÍA RADICAL FRENTE A OBSERVACIÓN EN EL CÁNCER DE PRÓSTATA LOCALIZADO*

Thompson IM Jr, Tangen CM. Prostate cancer--uncertainty and a way forward. N Engl J Med. 2012; 367:270-271 [AO,I]  
[22808963](#)

*CÁNCER DE PRÓSTATA--INCERTIDUMBRE Y UN CAMINO POR DELANTE*

Hoffmann U, Truong QA, Schoenfeld DA, Chou ET, Woodard PK, Nagurney JT, et al; ROMICAT-II Investigators. Coronary CT angiography versus standard evaluation in acute chest pain. N Engl J Med. 2012; 367:299-308 [EC,I]

[22830462](#) [R/C](#)

*ANGIOTAC CORONARIO FRENTE A EVALUACIÓN ESTÁNDAR EN EL DOLOR TORÁCICO AGUDO*

Wenzel RP, Fowler AA 3rd, Edmond MB. Antibiotic prevention of acute exacerbations of COPD. N Engl J Med. 2012; 367:340-347 [R,I]

[22830464](#)

*PREVENCIÓN ANTIBIÓTICA DE LAS EXACERBACIONES AGUDAS DE LA EPOC*

Perez-Velez CM, Marais BJ. Tuberculosis in children. N Engl J Med. 2012; 367:348-361 [R,I]

[22830465](#)

*TUBERCULOSIS EN NIÑOS*

Redberg RF. Coronary CT angiography for acute chest pain. N Engl J Med. 2012; 367:375-376 [AO,I]

[22830468](#)

*ANGIOTAC CORONARIO EN EL DOLOR TORÁCICO AGUDO*

## THORAX

---

Brusasco V. Spirometric definition of COPD: exercise in futility or factual debate? Thorax. 2012; 67:569-570 [AO,I]

*DEFINICIÓN ESPIROMÉTRICA DE LA EPOC: ¿EJERCICIO DE FUTILIDAD O DEBATE BASADO EN LOS HECHOS?*

de Groot EP, Nijkamp A, Duiverman EJ, Brand PL. Allergic rhinitis is associated with poor asthma control in children with asthma. Thorax. 2012; 67:582-587 [T,I]

[22213738](#) [R/C](#)

*LA RINITIS ALÉRGICA SE ASOCIA CON UN MAL CONTROL DEL ASMA EN LOS NIÑOS ASMÁTICOS*

Leynaert B, Sunyer J, Garcia-Esteban R, Svanes C, Jarvis D, Cerveri I, et al. Gender differences in prevalence, diagnosis and incidence of allergic and non-allergic asthma: a population-based cohort. Thorax. 2012; 67:625-631 [S,I]

[22334535](#) [R/C](#)

*DIFERENCIAS DE SEXO EN LA PREVALENCIA, DIAGNÓSTICO E INCIDENCIA DEL ASMA ALÉRGICO Y NO ALÉRGICO: COHORTE POBLACIONAL*

## ACADEMIC MEDICINE

### S22735559

Hauer and colleagues have made an important contribution to medical education by documenting how best to teach behavioral counseling skills to medical students. Although the authors of this commentary agree that these skills are important for physicians to learn, they argue that physicians must acknowledge realities regarding the role of physicians as behavioral counselors and the limited effectiveness of counseling during clinical encounters. Students and physicians need to understand the limited role that the medical care system plays in determining lifestyles and the more potent effect that community-wide interventions can have. The authors call for education about behavioral counseling that teaches necessary skills, yet develops realistic expectations of what physicians can and cannot do by themselves, understanding of when to refer patients for intensive counseling, and recognition of the importance of societal factors in effecting behavior change.

### S22735558

Because medical students and residents receive inadequate education and training in public health and preventive medicine, they will miss many opportunities, as they practice medicine, to improve the health of individual patients and populations. Although there is an ongoing need to expand the number and improve the specialist training of public health and preventive medicine residents, all medical students and residents should enter practice with substantive knowledge and practical skills in public health and preventive medicine. This knowledge and these skills will make them more effective in such areas as enabling patients to make lifestyle changes, identifying and reducing occupational and environmental risk factors, and empowering patients to manage their chronic health conditions. The authors propose a paradigm shift to establish public health and preventive medicine as the context for medical education and medical care.

### S22622217

A substantial barrier to progress in patient safety is a dysfunctional culture rooted in widespread disrespect. The authors identify a broad range of disrespectful conduct, suggesting six categories for classifying disrespectful behavior in the health care setting: disruptive behavior; humiliating, demeaning treatment of nurses, residents, and students; passive-aggressive behavior; passive disrespect; dismissive treatment of patients; and systemic disrespect. At one end of the spectrum, a single disruptive physician can poison the atmosphere of an entire unit. More common are everyday humiliations of nurses and physicians in training, as well as passive resistance to collaboration and change. Even more common are lesser degrees of disrespectful conduct toward patients that are taken for granted and not recognized by health workers as disrespectful. Disrespect is a threat to patient safety because it inhibits collegiality and cooperation essential to teamwork, cuts off communication, undermines morale, and inhibits compliance with and implementation of new practices. Nurses and students are particularly at risk, but disrespectful treatment is also devastating for patients. Disrespect underlies the tensions and dissatisfactions that diminish joy and fulfillment in work for all health care workers and contributes to turnover of highly qualified staff. Disrespectful behavior is rooted, in part, in characteristics of the individual, such as insecurity or aggressiveness, but it is also learned, tolerated, and reinforced in the hierarchical hospital culture. A major contributor to disrespectful behavior is the stressful health care environment, particularly the presence of "production pressure," such as the requirement to see a high volume of patients.

### S22622219

Creating a culture of respect is the essential first step in a health care organization's journey to becoming a safe, high-reliability organization that provides a supportive and nurturing environment and a workplace that enables staff to engage wholeheartedly in their work. A culture of respect requires that the institution develop effective methods for responding to episodes of disrespectful behavior while also initiating the cultural changes needed to prevent such episodes from occurring. Both responding to and preventing disrespect are major challenges for the organization's leader, who must create the preconditions for change, lead in establishing and enforcing policies, enable frontline worker engagement, and facilitate the creation of a safe learning environment. When disrespectful behavior occurs, it must be addressed consistently and transparently. Central to an effective response is a code of conduct that establishes unequivocally the expectation that everyone is entitled to be treated with courtesy, honesty, respect, and dignity. The code must be enforced fairly through a clear and explicit process and applied consistently regardless of rank or station. Creating a culture of respect requires action on many fronts: modeling respectful conduct; educating students, physicians, and nonphysicians on appropriate behavior; conducting performance evaluations to identify those in need of help; providing counseling and training when needed; and supporting frontline changes that increase the sense of fairness, transparency, collaboration, and individual responsibility.

### S22622207

The medical education community's conversations about residents' duty hours have long focused solely on the number of those hours. In July 2011, the Accreditation Council for Graduate Medical Education (ACGME) enacted its most recent iteration of standards regarding duty hours. Those standards, as well as a 2008 Institute of Medicine report, look beyond the quantity of duty hours to address their quality as well. Indeed, the majority of the 2011 ACGME standards specify requirements for the qualitative components of residents' working and learning environments, including supervision of residents; professionalism, personal responsibility, and patient safety; transitions of care; and clinical responsibilities (including workload). The authors believe that focusing on these qualitative (rather than quantitative) components of the

resident's working and learning environment provides the greatest promise for balancing patient care with resident education, thus optimizing the safety and effectiveness of both. For each of the four qualitative components that the authors discuss (enhancing supervision, nurturing professionalism and personal responsibility, ensuring safe transitions of care, and optimizing workloads and cognitive loads), they offer agendas for faculty development, educational program planning, and research. Thus, the authors call on the medical education community to expand its discussion beyond counting duty hours to focus on these critical issues that ensure quality resident education and patient care and to implement necessary strategies to address them.

#### **S22622208**

Research misconduct-fabrication, falsification, and plagiarism-is an insidious problem in the scientific community today with the capacity to harm science, scientists, and the public. Federal agencies require that research trainees complete a course designed to deter such behavior, but the author could find no evidence to suggest that this effort has been effective. In fact, research shows that most cases of misconduct continue to go unreported. The author conducted a detailed examination of 146 individual Office of Research Integrity reports from 1992 to 2003 and determined that these acts of misconduct were the results of individual psychological traits and the circumstances in which the researchers found themselves. Therefore, a course in research misconduct, such as is now federally mandated, should not be expected to have a significant effect. However, a course developed specifically for support staff, who currently do not receive such training, might prove effective. Improving the quality of mentoring is essential to meaningfully deal with this issue. Therefore, the quality of mentorship should be a factor in the evaluation of training grants for funding. In addition, mentors should share responsibility for their trainees' published work. The whistleblower can also play a significant role in this effort. However, the potential whistleblower is deterred by a realistic fear of retaliation. Therefore, institutions must establish policies that acknowledge the whistleblower's contribution to the integrity of science and provide truly effective protection from retaliation. An increase in whistleblowing activity would provide greater, earlier exposure of misconduct and serve as a deterrent.

### **ANNALS OF INTERNAL MEDICINE**

#### **S22801670**

The introduction of a local restaurant regulation was associated with a substantial and statistically significant decrease in the trans fat content of purchases at fast-food chains, without a commensurate increase in saturated fat. Restaurant patrons from high- and low-poverty neighborhoods benefited equally. However, federal regulation will be necessary to fully eliminate population exposure to industrial trans fat sources.

#### **S22751758**

Both commercially and locally developed CDSSs are effective at improving health care process measures across diverse settings, but evidence for clinical, economic, workload, and efficiency outcomes remains sparse. This review expands knowledge in the field by demonstrating the benefits of CDSSs outside of experienced academic centers.

#### **S22786830**

Estrogen plus progestin and estrogen alone decreased risk for fractures but increased risk for stroke, thromboembolic events, gallbladder disease, and urinary incontinence. Estrogen plus progestin increased risk for breast cancer and probable dementia, whereas estrogen alone decreased risk for breast cancer.

#### **S22801674**

The USPSTF recommends against PSA-based screening for prostate cancer (grade D recommendation). This recommendation applies to men in the general U.S. population, regardless of age. This recommendation does not include the use of the PSA test for surveillance after diagnosis or treatment of prostate cancer; the use of the PSA test for this indication is outside the scope of the USPSTF.

### **ATENCION PRIMARIA**

#### **S22071199**

Se demuestra la efectividad del programa de intervención sobre la presión arterial y el perfil de lípidos en sangre.

#### **S22704760**

El reconocimiento de la heterogeneidad clínica de la EPOC sugiere un abordaje terapéutico específico dirigido por los llamados fenotipos clínicos de la enfermedad. La Guía Española de la EPOC (GesEPOC) es una iniciativa de la SEPAR que, conjuntamente con las sociedades científicas implicadas en la atención a pacientes con EPOC y el Foro Español de Pacientes, ha elaborado una nueva guía de práctica clínica. En el presente artículo se describe la clasificación de gravedad y el tratamiento farmacológico de la EPOC estable. La GesEPOC identifica 4 fenotipos clínicos con tratamiento diferencial: no agudizador, mixto EPOC-asma, agudizador con enfisema y agudizador con bronquitis crónica. La base del tratamiento farmacológico de la EPOC es la broncodilatación, a la que se añaden diversos fármacos según el fenotipo clínico y la gravedad. La gravedad se establecerá por las escalas multidimensionales BODE/BODEx. Una



aproximación a la gravedad también se puede conseguir a partir de la obstrucción del flujo aéreo, la disnea, el nivel de actividad física y la historia de agudizaciones. La GesEPOC supone una nueva aproximación al tratamiento de la EPOC más individualizada según las características clínicas de los pacientes.

#### **S22019060**

La explicación de los médicos de familia sobre cómo involucrarían al paciente en las decisiones se enfrenta a las teorías más divulgadas sobre el tema e, igualmente, se opone a la visión de los pacientes, que desearían ser involucrados más activamente. Observando algunas reflexiones disonantes sobre la pertinencia de considerar el proceso así expuesto como verdadera implicación del paciente, se hace necesario describir para nuestro medio un modelo teórico realista que permita desarrollar posteriormente estrategias para mejorar la actitud y formación de los profesionales hacia la implicación del paciente en las decisiones clínicas.

#### **S22037162**

La proporción de ABS con materiales, especialistas y/o centros de referencia especializados, fue baja. Entre los centros quirúrgicos/hospitalarios, el modelo básico/insuficiente era el más frecuente. La mayoría de las amputaciones se realizaban en centros con modelo excelente e intermedio; no obstante, un porcentaje considerable se practicaban en centros con modelos básico/insuficiente.

#### **S22055915**

La presente colaboración se compone de dos artículos. En el primero analizaremos la seguridad clínica desde la perspectiva sistémica. En el segundo nos centraremos en los errores propiamente médicos, con atención particular al error diagnóstico. Los estudios epidemiológicos se basan en auditorias de documentación clínica, informes de eventos adversos, pacientes estandarizados –que a su vez pueden adoptar la metodología de «pacientes incógnito»- y observación directa del acto clínico. A partir del estudio APEAS y ENEAS se han puesto en marcha iniciativas institucionales para crear entornos organizativos más seguros, con énfasis en la seguridad de las prescripciones. Examinaremos estas iniciativas con especial interés en las estrategias que se apoyan en la historia clínica electrónica, y que son capaces de mejorar el acto clínico en el mismo instante en que se produce.

#### **S22055916**

La escala que mejor determinó la sobrecarga del cuidador en atención primaria es la Escala de De Bédard de Cribado con una sensibilidad del 81,58%, una especificidad del 96,35% y unos valores predictivos positivos de 75,61% y negativo de 97,42%.

## **ARCHIVOS DE BRONCONEUMOLOGIA**

El reconocimiento de la heterogeneidad clínica de la EPOC sugiere un abordaje terapéutico específico dirigido por los llamados fenotipos clínicos de la enfermedad. La Guía Española de la EPOC (GesEPOC) es una iniciativa de la SEPAR que, conjuntamente con las sociedades científicas implicadas en la atención a pacientes con EPOC y el Foro Español de Pacientes, ha elaborado una nueva guía de práctica clínica. En el presente artículo se describe la clasificación de gravedad y el tratamiento farmacológico de la EPOC estable. GesEPOC identifica 4 fenotipos clínicos con tratamiento diferencial: no agudizador, mixto EPOC-asma, agudizador con enfisema y agudizador con bronquitis crónica. La base del tratamiento farmacológico de la EPOC es la broncodilatación, a la que se añaden diversos fármacos según el fenotipo clínico y la gravedad. La gravedad se establecerá por las escalas multidimensionales BODE/BODEx. Una aproximación a la gravedad también se puede conseguir a partir de la obstrucción al flujo aéreo, la disnea, el nivel de actividad física y la historia de agudizaciones. GesEPOC supone una nueva aproximación al tratamiento de la EPOC más individualizada según las características clínicas de los pacientes.

La medicación inhalada constituye el tratamiento de primera línea de enfermedades como el asma o la enfermedad pulmonar obstructiva crónica. Su efectividad está en relación con la cantidad de fármaco que logre depositarse más allá de la región orofaríngea, con el lugar en que se produzca el depósito y con la distribución uniforme o no del mismo. Otros factores trascendentes son el tamaño de las partículas inhaladas, las condiciones de respiración, la geometría de las vías aéreas y los mecanismos de aclaramiento mucociliar.

Actualmente se están aplicando modelos matemáticos que permiten describir el depósito de fármacos inhalados a partir del tamaño de las moléculas, el flujo inspiratorio y la distribución anatómica del árbol bronquial. El depósito de partículas en las vías aéreas pequeñas recibe la máxima atención de las empresas farmacéuticas y es del máximo interés para poder controlar mejor a los pacientes que reciben estos fármacos.

## **ARCHIVES OF GENERAL PSYCHIATRY**

#### **22393202**

Untreated maternal depression was associated with slower rates of fetal body and head growth. Pregnant mothers treated with SSRIs had fewer depressive symptoms and their fetuses had no delay in body growth but had delayed head growth and were at increased risk for preterm birth. Further research on the implications of these findings is needed.

## ARCHIVES OF INTERNAL MEDICINE

### S22664775

An initiative of the National Physicians Alliance, the project titled "Promoting Good Stewardship in Clinical Practice," developed a list of the top 5 activities in primary care for which changes in practice could lead to higher-quality care and better use of finite clinical resources. One of the top 5 recommendations was "Don't do imaging for low back pain within the first 6 weeks unless red flags are present." This article presents data that support this recommendation. We selectively reviewed the literature, including recent reviews, guidelines, and commentaries, on the benefits and risks of routine imaging in low back pain. In particular, we searched PubMed for systematic reviews or meta-analyses published in the past 5 years. We also assessed the cost of spine imaging using data from the National Ambulatory Medical Care Survey. One high-quality systematic review and meta-analysis focused on clinical outcomes in patients with low back pain and found no clinically significant difference in pain or function between those who received immediate lumbar spine imaging vs usual care. Published data also document harms associated with early imaging for low back pain, including patient "labeling," unneeded follow-up tests for incidental findings, irradiation exposure, unnecessary surgery, and significant cost. Routine imaging should not be pursued in acute low back pain. Not imaging patients with acute low back pain will reduce harms and costs, without affecting clinical outcomes.

S22688528

Among patients with T2D, treatment with a thiazolidinedione was associated with an increased risk of DME at 1-year and 10-year follow-up evaluations.

### S22664954

In this population-based sample of patients with AF, we found little difference in mortality within 4 years of treatment initiation between patients with AF initiating rhythm control therapy vs those initiating rate control therapy. However, rhythm control therapy seems to be superior in the long-term.

### S22777630

Our findings indicate that cranberry-containing products are associated with protective effect against UTIs. However, this result should be interpreted in the context of substantial heterogeneity across trials.

## BRITISH JOURNAL OF PSYCHIATRY

### S22753851

The revisions DSM-5 and ICD-11 are attempting to describe psychopathological reactions to bereavement. The delineation between depressive disorder and normal bereavement-related depressed state lacks sufficient data to guide diagnostic development. In contrast, there is strong evidence for a diagnosis of prolonged grief that is distinguished from depression and involves marked impairment.

### S22753848

The past 20 years have seen a remarkable development of neuroimaging methodologies that allow fine-tuned examination of abnormalities in the structure and function of neural circuitry, supporting cognition and emotion in individuals with psychiatric disorders. This editorial highlights the potential of neuroimaging to address major challenges in psychiatric clinical practice.

## CANADIAN MEDICAL ASSOCIATION JOURNAL

### S22546882

The WHO growth curves show no significant discriminatory advantage over the CDC growth curves in detecting cardiometabolic abnormalities in children aged 9-16 years.

### S22586334

Smoked cannabis was superior to placebo in symptom and pain reduction in participants with treatment-resistant spasticity. Future studies should examine whether different doses can result in similar beneficial effects with less cognitive impact.

### S22566526

The results of our meta-analysis showed that oral zinc formulations may shorten the duration of symptoms of the common cold. However, large high-quality trials are needed before definitive recommendations for clinical practice can be made. Adverse effects were common and should be the point of future study, because a good safety and tolerance profile is essential when treating this generally mild illness.

## DRUGS

### S22731962

Corticosteroids are widely used in the treatment of chronic obstructive pulmonary disease (COPD). However, in contrast to their use in mild-to-moderate asthma, they are much less effective in enhancing lung function and have little or no effect on controlling the underlying chronic inflammation. In most clinical trials in COPD patients, corticosteroids have shown little benefit as monotherapy, but have shown a greater clinical effect in combination with long-acting bronchodilators. Several mechanisms of corticosteroid resistance have been postulated, including a reduction in histone deacetylase (HDAC)-2 activity and expression, impaired corticosteroid activation of the glucocorticoid receptor (GR) and increased pro-inflammatory signalling pathways. Reversal of corticosteroid resistance in COPD patients by restoring HDAC2 levels has proved effective in a small study, and long-term studies are needed to determine whether novel HDAC2 activators or theophylline improve disease progression, exacerbations or mortality. Advances in the understanding of the cellular and molecular mechanisms of corticosteroid resistance in COPD pathophysiology have supported the development of new emerging classes of anti-inflammatory drugs in COPD treatment. These include treatments such as inhibitors of phosphoinositide-3-kinase-delta (PI3K $\delta$ ), phosphodiesterase-4 (PDE4), p38 mitogen-activated protein kinase (MAPK) and nuclear factor kappa B (NF- $\kappa$ B), and therapeutic agents such as chemokine receptor antagonists. Of these, PI3K $\delta$ , PDE4, p38 MAPK inhibitors and chemokine receptor antagonists are in clinical patient trials. Of importance, patient adverse effects associated with oral administration of these novel agents needs to be addressed in order to optimize therapy and patient compliance. Combinations of these drugs with corticosteroids may have additional benefits.

### S22747449

The heart failure epidemic calls for urgent prevention efforts. Hypertension is present in the majority of individuals who develop heart failure and carries the highest population-attributable risk for heart failure together with coronary heart disease. Therefore, hypertension is a natural prime target for prevention interventions. However, a substantial proportion of heart failure develops among individuals with a systolic BP (SBP) level below current therapeutic target recommendations (140 mmHg or 130 mmHg for high-risk groups), which are accepted as 'normal' levels, underlining the importance of prehypertension for heart failure development. Prevalence and incidence of both hypertension and prehypertension are high. Efforts to prevent or attenuate BP rise could lead to a substantial reduction of complications, including heart failure development. Lifestyle modifications play a crucial role in preventing elevation of BP levels and better control of high BP. Weight loss, control of sodium intake and diet, and physical activity are essential steps towards this direction. However, when medications are needed to reduce BP levels, the selection of the appropriate agent is important not only for effective control of BP but also to reduce hypertension-related complications. Diuretics and renin-angiotensin system modulators seem to be the most effective agents for heart failure prevention according to the existing evidence. Patients with heart failure and hypertension should be treated for hypertension based on the same principles, although medication selection should take into account concomitant medications, other risk factors and type of heart failure (reduced vs preserved left ventricular ejection fraction).

## ENFERMEDADES INFECCIOSAS Y MICROBIOLOGIA CLINICA

El tratamiento antirretroviral (TAR) con la combinación de 3 fármacos constituye el tratamiento de inicio de elección de la infección crónica por el VIH. El TAR se recomienda siempre en los pacientes sintomáticos, en las embarazadas, en las parejas serodiscordantes con alto riesgo de transmisión, en la hepatitis B que requiera tratamiento y en la nefropatía relacionada con el VIH. Se incluyen directrices sobre el inicio del TAR en enfermos con diagnóstico simultáneo de infección VIH y un episodio definitorio de sida. En los pacientes asintomáticos el inicio de TAR se basará en la cifra de linfocitos CD4, la carga viral plasmática, la edad y las comorbilidades del paciente: 1) si los linfocitos CD4 son inferiores a 350 células/ $\mu$ L se recomienda TAR; 2) igualmente se recomienda si la cifra de linfocitos CD4 se encuentra entre 350 y 500 células/ $\mu$ L, y solo podría diferirse en caso de poca disposición del paciente cuando los CD4 se mantienen estables y la CVP es baja; 3) si los linfocitos CD4 son superiores a 500 células/ $\mu$ L se puede diferir el tratamiento, pero puede considerarse en los pacientes con cirrosis hepática, hepatitis crónica por virus C, riesgo cardiovascular elevado, CVP > 105 copias/ml, proporción de CD4 inferior a 14% y edad superior a 55 años. El esquema terapéutico debe incluir 2 inhibidores de la transcriptasa inversa análogos de nucleósido o nucleótido y un tercer fármaco (inhibidor de la transcriptasa inversa no nucleósido, inhibidor de la proteasa potenciado o inhibidor de la integrasa). Se han seleccionado por consenso y priorizado según el método elaborado por Gesida combinaciones concretas de fármacos, algunas de ellas coformuladas. El objetivo del TAR es conseguir CVP indetectable. La adherencia al TAR juega un papel fundamental en la duración de la respuesta antiviral. Las opciones terapéuticas tras el fracaso virológico son limitadas, pero actualmente puede conseguirse el objetivo de CVP indetectable. La toxicidad es un factor cada vez menos limitante del tratamiento. Se comentan igualmente los criterios de TAR en la infección aguda, en la mujer, en el

embarazo y la prevención de la transmisión materno-fetal, así como la profilaxis pre y postexposición (laboral o no), el manejo de la coinfección con los virus de la hepatitis B y C y otras comorbilidades. Se indican las características del TAR en la infección por el VIH-2.

## DIABETES CARE

### S22619081

Our findings suggest that characteristics of the physical, social, and economic aspects of local areas influence diabetes risk. Future research should focus on identifying the aspects of local environment that are associated with diabetes risk and how they might be modified.

### S22723585

Isocaloric exchange of fructose for other carbohydrate improves long-term glycemic control, as assessed by glycated blood proteins, without affecting insulin in people with diabetes. Generalizability may be limited because most of the trials were <12 weeks and had relatively low MQS (<8). To confirm these findings, larger and longer fructose feeding trials assessing both possible glycemic benefit and adverse metabolic effects are required.

### S22723577

Intensive lowering of blood pressure versus standard treatment does not ameliorate CVD risk in individuals with DM and hypertension. These results did not vary by quartile of waist-to-height ratio.

### S22584132

Supplementation of metformin with liraglutide and then insulin detemir was well tolerated in the majority of patients, with good glycemic control, sustained weight loss, and very low hypoglycemia rates.

### S22596177

Intake of processed meat is associated with higher risk of type 2 diabetes. It appears unlikely that CRP mediates this association.

### S22547092

A DPTRS threshold of 9.00 identifies individuals who are very highly likely to progress to the conventional diagnosis of T1D within 2 years and, thus, are essentially in a preclinical diabetic state. The 9.00 threshold is exceeded well before diagnosis, when stimulated C-peptide levels are substantially higher.

### S22723578

$\beta$ -Cell function can be preserved for at least 3.5 years with early and intensive therapy for type 2 diabetes with either insulin plus metformin or triple oral therapy after an initial 3-month insulin-based treatment period.

## CIRCULATION

### S22718800

Prediction of adult hypertension was enhanced by taking into account known physical and environmental childhood risk factors, family history of hypertension, and novel genetic variants. A multifactorial approach may be useful in identifying children at high risk for adult hypertension.

### S22685117

Although the prognosis for individuals without CPS is stratified by cCTA, the additional risk-predictive advantage by cCTA is not clinically meaningful compared with a risk model based on CACS. Therefore, at present, the application of cCTA for risk assessment of individuals without CPS should not be justified.

### S22718799

Although vitamin D deficiency is associated with an unfavorable lipid profile in cross-sectional analyses, correcting for a deficiency might not translate into clinically meaningful changes in lipid concentrations; however, data from intervention trials are required to confirm these findings.

### S22753304

Western-style fast food intake is associated with increased risk of developing type 2 diabetes mellitus and of coronary heart disease mortality in an Eastern population. These findings suggest the need for further attention to global dietary acculturation in the context of ongoing epidemiological and nutrition transitions.

## EUROPEAN HEART JOURNAL

### **S22296945**

Adults with HF have worse immediate and long-term memory and psychomotor speed than controls without IHD. Heart failure is associated with changes in brain regions that are important for demanding cognitive and emotional processing.

## **GACETA SANITARIA**

### **S22464022**

Se pone de manifiesto el importante peso que para la autonomía de la población masculina de estas edades tiene la falta de habilidad instrumental para cuestiones domésticas. Además, las mujeres ostentan un peor pronóstico de supervivencia sin discapacidad, tanto para cualquier tipo de discapacidad como para la discapacidad básica. Para ambos sexos, desde los 40 hasta los 60 años de edad, hay un ligero descenso de la supervivencia sin discapacidad, y a partir de esa edad el descenso se acelera notablemente.

### **S22444516**

La publicación del artículo de Wakefield et al. en The Lancet desencadenó una reacción de rechazo a la vacuna triple vírica, a pesar de que se trataba solo de una serie de casos y la asociación entre la vacunación y el autismo hubiera podido muy bien ser anecdótica. Sin embargo, más tarde se comprobó que tal asociación era espuria, debido no solo a sesgos ocultados sino también a alteraciones interesadas de los datos y a otros comportamientos impropios de dos de los autores que por ello fueron expulsados del colegio de médicos. Finalmente el artículo fue retirado de la revista. Este episodio invita a reflexionar sobre la credibilidad y la confianza que merecen las autoridades y los profesionales a la población, así como sobre los celos que pueden plantearse cuando se producen potenciales conflictos de intereses entre los profesionales, la industria, las revistas y la población. Un aspecto de particular interés es el de las expectativas distorsionadas sobre las posibilidades de las intervenciones sanitarias, incluida la vacunación, especialmente respecto de la dimensión individual y la colectiva de la prevención.

### **S22522032**

Este estudio muestra una elevada prevalencia de prácticas de cribado de cáncer de mama, cuello uterino y próstata, y baja del cáncer colorrectal. No se observa un patrón común de estilos de vida asociado al cribado, sino que hay diferencias por sexo y tipo de prueba. Estos resultados pueden ser útiles para orientar nuevos estudios sobre las prácticas de cribado y revisar posibles ineficiencias.

### **S22265651**

El cuestionario DUFSS, con algunas modificaciones, cumple las asunciones del modelo Rasch, y aporta medidas lineales. Sin embargo, hacen falta más estudios de análisis Rasch con la Escala de Soledad. Según la teoría clásica de los tests, el DUFSS tiene buena consistencia interna para comparación de personas y la Escala de Soledad la tiene para comparación de grupos. Ambas escalas presentan una validez de constructo satisfactoria

### **S22284214**

The GLM model, which takes viral activity into account, yields systematically lower estimates of excess mortality than the Serfling model. The GLM model provides independent estimates associated with the activity of different viruses and even with other factors, which is a significant advantage when trying to understand the impact of viral respiratory infections on mortality in the Spanish population.

El MLG tiene en cuenta la actividad viral y produce de forma sistemática estimaciones de exceso de mortalidad más bajas que el modelo Serfling. El MLG tiene la ventaja de dar estimaciones independientes asociadas a la actividad de diferentes virus y otros factores, lo cual representa un paso importante cuando intentamos entender el impacto de las infecciones virales respiratorias en la mortalidad de nuestra población.

## **JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE**

### **S22773710**

Obesity-associated mortality risk was lower than estimated in studies employing older BMI data. Only severe obesity (but not milder obesity or overweight) was associated with increased mortality, an association accounted for by coexisting diabetes and hypertension. Mortality in diabetes was lower among obese versus normal weight individuals.

### **S22773717**

Resistant hypertension (RH) is defined as blood pressure above a goal despite adherence to at least 3 optimally dosed antihypertensive medications of different classes, one of which is a diuretic. Evaluation of possible RH begins with an assessment of adherence to medications. The white-coat effect should be ruled out by out-of-office blood pressure monitoring. Obesity, heavy alcohol intake, and interfering substances all contribute to RH. Dietary sodium restriction is an important part of management. RH may be secondary to problems such as renal disease, obstructive sleep apnea, or aldosteronism, and testing for these conditions should be considered. Adequate diuretic treatment is a key part of therapy. Chlorthalidone is more effective than hydrochlorothiazide in reducing blood pressure because it is more potent

and lasts longer. In addition, it may reduce cardiovascular events to a greater extent than hydrochlorothiazide. When glomerular filtration rate is <30 mL/min, a loop diuretic usually is needed. The addition of spironolactone, with careful attention to potassium levels, is an evidence-based strategy for the treatment of RH. Other strategies include use of a vasodilating  $\beta$ -blocker, adding a long-acting nondihydropyridine calcium channel blocker, or adding clonidine. When blood pressure is not coming under control despite 4 or 5 agents, referral to a hypertension specialist may be warranted.

#### **S22773718**

The past few years have seen numerous additions and modifications to the current immunization schedules. Starting with the 2010 to 2011 influenza season, the Centers for Disease Control and Prevention have recommended universal annual influenza vaccination for all persons without a contraindication who are 6 months of age and older, including healthy persons aged 19 to 49 years. Hepatitis B vaccination is now recommended for all susceptible diabetics  $\geq$ 60 years of age. One dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed, is recommended to replace one tetanus and diphtheria toxoids adsorbed (adult) vaccination for all adults, including those 65 years of age or older, who are anticipating contact with infants and unvaccinated pregnant women (preferably during the second or third trimester). All adult vaccines remain underused. This article will summarize the most recent changes in the adult immunization recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

### **MORBIDITY AND MORTALITY WEEKLY REPORT**

#### **S22763928**

This report updates the 1991 CDC recommendations for the management of hepatitis B virus (HBV)-infected health-care providers and students to reduce risk for transmitting HBV to patients during the conduct of exposure-prone invasive procedures (CDC. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR 1991;40[No. RR-8]). This update reflects changes in the epidemiology of HBV infection in the United States and advances in the medical management of chronic HBV infection and policy directives issued by health authorities since 1991. The primary goal of this report is to promote patient safety while providing risk management and practice guidance to HBV-infected health-care providers and students, particularly those performing exposure-prone procedures such as certain types of surgery. Because percutaneous injuries sustained by health-care personnel during certain surgical, obstetrical, and dental procedures provide a potential route of HBV transmission to patients as well as providers, this report emphasizes prevention of operator injuries and blood exposures during exposure-prone surgical, obstetrical, and dental procedures. These updated recommendations reaffirm the 1991 CDC recommendation that HBV infection alone should not disqualify infected persons from the practice or study of surgery, dentistry, medicine, or allied health fields. The previous recommendations have been updated to include the following changes: no prenotification of patients of a health-care provider's or student's HBV status; use of HBV DNA serum levels rather than hepatitis B e-antigen status to monitor infectivity; and, for those health-care professionals requiring oversight, specific suggestions for composition of expert review panels and threshold value of serum HBV DNA considered "safe" for practice (<1,000 IU/ml). These recommendations also explicitly address the issue of medical and dental students who are discovered to have chronic HBV infection. For most chronically HBV-infected providers and students who conform to current standards for infection control, HBV infection status alone does not require any curtailing of their practices or supervised learning experiences. These updated recommendations outline the criteria for safe clinical practice of HBV-infected providers and students that can be used by the appropriate occupational or student health authorities to develop their own institutional policies. These recommendations also can be used by an institutional expert panel that monitors providers who perform exposure-prone procedures.

### **REVISTA ESPAÑOLA DE CARDIOLOGIA**

#### **S22627074**

Las bradiarritmias son una observación clínica frecuente y comprenden diversos trastornos del ritmo, como la disfunción del nódulo sinusal y las alteraciones de la conducción auriculoventricular. La forma de presentación clínica varía entre los signos electrocardiográficos asintomáticos (p. ej., en un examen médico ordinario) y una amplia gama de síntomas como los de insuficiencia cardíaca, el casi síncope o síncope, síntomas del sistema nervioso central o síntomas inespecíficos y crónicos como mareo o fatiga. Los trastornos que llevan a la bradiarritmia se dividen en trastornos intrínsecos y extrínsecos que causan daños en el sistema de conducción. Además, las bradiarritmias pueden ser una reacción fisiológica normal en determinadas circunstancias. Un diagnóstico correcto, que incluya la correlación entre síntomas y ritmo cardíaco, es de extraordinaria importancia y por lo general se establece con exploraciones diagnósticas no invasivas (electrocardiograma de 12 derivaciones, electrocardiograma Holter, prueba de esfuerzo, dispositivo de registro de eventos, monitor cardíaco implantable de bucle continuo). Excepcionalmente se necesitan pruebas electrofisiológicas invasivas. Si se descartan las posibles causas extrínsecas reversibles de las bradiarritmias, como los fármacos (generalmente bloqueadores beta, glucósidos y/o antagonistas del calcio) o enfermedades subyacentes tratables, el marcapasos cardíaco suele ser el tratamiento de elección para las bradiarritmias sintomáticas. En este artículo de la serie que se está publicando sobre las arritmias, se examinan la fisiopatología, el diagnóstico y las

opciones de tratamiento de las bradiarritmias, en especial, la disfunción del nódulo sinusal y los bloqueos de la conducción auriculoventricular.

#### **S22440296**

El ancho de distribución eritrocitaria es un marcador de riesgo independiente y añade información pronóstica sobre pacientes ambulatorios con insuficiencia cardíaca crónica. Los hallazgos indican su incorporación al manejo de estos pacientes.

#### **S22541282**

En una población ambulatoria atendida en atención primaria, el mejor punto de corte de fracción N-terminal del péptido natriurético tipo B para descartar insuficiencia cardíaca fue 280 pg/ml. La determinación de fracción N-terminal del péptido natriurético tipo B mejora los procesos diagnósticos y podría ser coste-efectiva.

### **THORAX**

#### **S22213738**

Allergic rhinitis is common in children with asthma, and has a major impact on asthma control. The authors hypothesise that recognition and treatment of this condition with nasal corticosteroids may improve asthma control in children, but randomised clinical trials are needed to test this hypothesis.

#### **S22334535**

This study shows that female sex is an independent risk factor for non-allergic asthma, and stresses the need for more careful assessment of possible non-allergic asthma in clinical practice, in men and women.

### **THE LANCET**

#### **S22818938**

Physical inactivity is an important contributor to non-communicable diseases in countries of high income, and increasingly so in those of low and middle income. Understanding why people are physically active or inactive contributes to evidence-based planning of public health interventions, because effective programmes will target factors known to cause inactivity. Research into correlates (factors associated with activity) or determinants (those with a causal relationship) has burgeoned in the past two decades, but has mostly focused on individual-level factors in high-income countries. It has shown that age, sex, health status, self-efficacy, and motivation are associated with physical activity. Ecological models take a broad view of health behaviour causation, with the social and physical environment included as contributors to physical inactivity, particularly those outside the health sector, such as urban planning, transportation systems, and parks and trails. New areas of determinants research have identified genetic factors contributing to the propensity to be physically active, and evolutionary factors and obesity that might predispose to inactivity, and have explored the longitudinal tracking of physical activity throughout life. An understanding of correlates and determinants, especially in countries of low and middle income, could reduce the effect of future epidemics of inactivity and contribute to effective global prevention of non-communicable diseases.

#### **S22818939**

Promotion of physical activity is a priority for health agencies. We searched for reviews of physical activity interventions, published between 2000 and 2011, and identified effective, promising, or emerging interventions from around the world. The informational approaches of community-wide and mass media campaigns, and short physical activity messages targeting key community sites are recommended. Behavioural and social approaches are effective, introducing social support for physical activity within communities and worksites, and school-based strategies that encompass physical education, classroom activities, after-school sports, and active transport. Recommended environmental and policy approaches include creation and improvement of access to places for physical activity with informational outreach activities, community-scale and street-scale urban design and land use, active transport policy and practices, and community-wide policies and planning. Thus, many approaches lead to acceptable increases in physical activity among people of various ages, and from different social groups, countries, and communities.

#### **S22818937**

To implement effective non-communicable disease prevention programmes, policy makers need data for physical activity levels and trends. In this report, we describe physical activity levels worldwide with data for adults (15 years or older) from 122 countries and for adolescents (13-15-years-old) from 105 countries. Worldwide, 31.1% (95% CI 30.9-31.2) of adults are physically inactive, with proportions ranging from 17.0% (16.8-17.2) in southeast Asia to about 43% in the Americas and the eastern Mediterranean. Inactivity rises with age, is higher in women than in men, and is increased in high-income countries. The proportion of 13-15-year-olds doing fewer than 60 min of physical activity of moderate to vigorous intensity per day is 80.3% (80.1-80.5); boys are more active than are girls. Continued improvement in monitoring of physical activity would help to guide development of policies and programmes to increase activity levels and to reduce the burden of non-communicable diseases.

### **S22554860**

Pulse oximetry is highly specific for detection of critical congenital heart defects with moderate sensitivity, that meets criteria for universal screening.

### **S22713626**

Short-term antiarrhythmic drug treatment after cardioversion is less effective than is long-term treatment, but can prevent most recurrences of atrial fibrillation.

### **S22818940**

Physical inactivity accounts for more than 3 million deaths per year, most from non-communicable diseases in low-income and middle-income countries. We used reviews of physical activity interventions and a simulation model to examine how megatrends in information and communication technology and transportation directly and indirectly affect levels of physical activity across countries of low, middle, and high income. The model suggested that the direct and potentiating effects of information and communication technology, especially mobile phones, are nearly equal in magnitude to the mean effects of planned physical activity interventions. The greatest potential to increase population physical activity might thus be in creation of synergistic policies in sectors outside health including communication and transportation. However, there remains a glaring mismatch between where studies on physical activity interventions are undertaken and where the potential lies in low-income and middle-income countries for population-level effects that will truly affect global health.

### **S22818941**

Physical inactivity is the fourth leading cause of death worldwide. We summarise present global efforts to counteract this problem and point the way forward to address the pandemic of physical inactivity. Although evidence for the benefits of physical activity for health has been available since the 1950s, promotion to improve the health of populations has lagged in relation to the available evidence and has only recently developed an identifiable infrastructure, including efforts in planning, policy, leadership and advocacy, workforce training and development, and monitoring and surveillance. The reasons for this late start are myriad, multifactorial, and complex. This infrastructure should continue to be formed, intersectoral approaches are essential to advance, and advocacy remains a key pillar. Although there is a need to build global capacity based on the present foundations, a systems approach that focuses on populations and the complex interactions among the correlates of physical inactivity, rather than solely a behavioural science approach focusing on individuals, is the way forward to increase physical activity worldwide.

## **MEDICINA CLINICA**

### **S22592079**

Los pacientes de más de 81 años demostraron un alto riesgo de malnutrición, sugiriendo la necesidad de intervenciones nutricionales personalizadas para mejorar su calidad de vida y disminuir la posibilidad de aparición de enfermedades asociadas a la desnutrición.

### **S21813141**

El diagnóstico de SM no mostró una aportación significativa a los factores clásicos de riesgo cardiovascular como predictor de ECV, en hipertensos no diabéticos en prevención primaria. La presión arterial sistólica =160mm Hg y el colesterol LDL =160mg/dl durante el seguimiento sí que se asociaron a la aparición de ECV.

## **THE NEW ENGLAND JOURNAL OF MEDICINE**

### **S22762317**

High-dose vitamin D supplementation (=800 IU daily) was somewhat favorable in the prevention of hip fracture and any nonvertebral fracture in persons 65 years of age or older.

### **S22830462**

In patients in the emergency department with symptoms suggestive of acute coronary syndromes, incorporating CCTA into a triage strategy improved the efficiency of clinical decision making, as compared with a standard evaluation in the emergency department, but it resulted in an increase in downstream testing and radiation exposure with no decrease in the overall costs of care.

### **S22762315**

The combined creatinine-cystatin C equation performed better than equations based on either of these markers alone and may be useful as a confirmatory test for chronic kidney disease.

### **S22808955**



Among men with localized prostate cancer detected during the early era of PSA testing, radical prostatectomy did not significantly reduce all-cause or prostate-cancer mortality, as compared with observation, through at least 12 years of follow-up. Absolute differences were less than 3 percentage points.

## BRITISH MEDICAL JOURNAL

### S22767630

This study confirms the cost effectiveness of screening versus no screening and lends further support to considerations of rescreening men at least once for abdominal aortic aneurysm.

### S22761088

Age specific and temperature dependent centile charts describe new reference values for respiratory rate in children with fever. Cut-off values at the 97th centile were more useful in detecting the presence of LRTI than existing respiratory rate thresholds.

### S22619194

Two QFracture algorithms were updated to predict risk of osteoporotic and hip fracture in primary care populations to include ethnic origin, all classes of antidepressants, chronic obstructive pulmonary disease, epilepsy, dementia, Parkinson's disease, cancer, systemic lupus erythematosus, chronic renal disease, type 1 diabetes, previous fragility fracture, and care home residence. These updated algorithms showed improved performance compared with previous QFracture algorithms reported in 2009.

### S22763392

We found no evidence that the MoleMate system improved appropriateness of referral. The systematic application of best practice guidelines alone was more accurate than the MoleMate system, and both performed better than reports of current practice. Therefore the systematic application of best practice guidelines (including the seven point checklist) should be the paradigm for management of suspicious skin lesions in primary care.

### S22735103

The home based early intervention delivered by trained community nurses was effective in reducing mean BMI for children at age 2.

### S22730542

In the first UK cohort study of carcinogenic HPV in young women in the community, multiple sexual partners was an independent predictor of both prevalent and incident infection. Infection with non-vaccine carcinogenic genotypes was common. Although current HPV vaccines offer partial cross protection against some non-vaccine carcinogenic HPV types, immunised women will still need cervical screening.

### S22735105

Low carbohydrate-high protein diets, used on a regular basis and without consideration of the nature of carbohydrates or the source of proteins, are associated with increased risk of cardiovascular disease.

### S22723603

QRISK2-2011 seems to be a useful model, with good discriminative and calibration properties when compared with the NICE version of the Framingham equation. Furthermore, based on current high risk thresholds, concerns exist on the clinical usefulness of the NICE version of the Framingham equation for identifying women at high risk of developing cardiovascular disease. At current thresholds the NICE version of the Framingham equation has no clinical benefit in either men or women.