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**R/C**

*DETECCIÓN DE LAS EXACERBACIONES DEL ASMA BASADA EN LOS DATOS DE DIARIO ELECTRÓNICO: RESULTADOS DE 1 AÑO DEL ESTUDIO PROSPECTIVO BIOAIR*

Sims M, Maxwell R, Gilmore A. Short-term impact of the smokefree legislation in England on emergency hospital admissions for asthma among adults: a population-based study. Thorax. 2013; 68:619-624 [S,I]

[23589509](#)

**R/C**

*IMPACTO A CORTO PLAZO DE LA LEGISLACIÓN LIBRE DE HUMO EN INGLATERRA SOBRE LOS INGRESOS DE URGENCIA HOSPITALARIOS POR ASMA EN ADULTOS: ESTUDIO POBLACIONAL*

## **ANALS OF INTERNAL MEDICINE**

**S23817703**

Moderate-strength evidence shows that healing of pressure ulcers in adults is improved with the use of air-fluidized beds, protein supplementation, radiant heat dressings, and electrical stimulation.

**S23712349**

The OGCT and fasting plasma glucose level (at a threshold of 4.7 mmol/L [85 mg/dL]) by 24 weeks' gestation are good at identifying women who do not have GDM. The OGCT is better at identifying women who have GDM. The OGCT has not been validated for the IADPSG diagnostic criteria.

**S23712381**

Treating GDM results in less preeclampsia, shoulder dystocia, and macrosomia; however, current evidence does not show an effect on neonatal hypoglycemia or future poor metabolic outcomes. There is little evidence of short-term harm of treating GDM other than an increased demand for services.

**S23856681**

Long-term use of alternate-day, low-dose aspirin may reduce risk for colorectal cancer in healthy women.

**S23817702**

More advanced static support surfaces are more effective than standard mattresses for preventing ulcers in higher-risk populations. The effectiveness of formal risk assessment instruments and associated intervention protocols compared with less standardized assessment methods and the effectiveness of other preventive interventions compared with usual care have not been clearly established.

## **ARTHRITIS AND RHEUMATISM**

**S23529645**

Our findings indicate altered meniscal position and shape (i.e., more bulging) in both compartments in medial compartment knee OA. These changes may be important features of OA pathogenesis and/or disease consequences.

**S23553508**

QST measures and the PD-Q identified features of neuropathic pain in subjects in this community-based study, with significant overlap between the findings of the two techniques.

**S23553790**

Our findings indicate that tanezumab provides superior pain relief and improvement in physical function and patient's global assessment versus placebo in patients with painful hip OA, and is generally well tolerated.

BRITISH JOURNAL OF PSYCHIATRY

**S23818534**

Lower educational attainment in women was associated with an increased risk of dementia-related death independently of common risk behaviours and comorbidities.

BRITISH MEDICAL JOURNAL

**S23833075**

There was a small increase in the incidence of mental disorders in children born after ovulation induction/intrauterine insemination. Children born after in vitro fertilisation/intracytoplasmic sperm injection were found to have overall risk comparable with children conceived spontaneously.

Conclusions the intervention led to improved antibiotic prescribing for respiratory tract infections in a representative sample of Norwegian general practitioners, and the courses were feasible to the general practitioners.

While some independent replication of meta-analyses by different teams is possibly useful, the overall picture suggests that there is a waste of efforts with many topics covered by multiple overlapping meta-analyses

**S23819963**

Most patients in this survey seemed favorable to the idea of placebo treatments and valued honesty and transparency in this context, suggesting that physicians should consider engaging with patients to discuss their values and attitudes about the appropriateness of using treatments aimed at promoting placebo responses in the context of clinical decision making.

**S23873919**

Tdap vaccination was moderately effective at preventing PCR confirmed pertussis among adolescents and adults.

**S23874437**

The present study provides evidence of a relationship between dietary patterns, fish intake or n-3 PUFA intake from seafood and symptoms of anxiety in pregnancy, and suggests that dietary interventions could be used to reduce high anxiety symptoms during pregnancy.

CANADIAN MEDICAL ASSOCIATION JOURNAL

**S23734036**

We found a small, but significant, increased risk of acute kidney injury among men with the use of oral fluoroquinolones, as well as a significant interaction between the concomitant use of fluoroquinolones and renin-angiotensin-system blockers.

**S23754101**

The extent of overdiagnosis of invasive cancer in our study population was modest and primarily occurred among women over the age of 60 years. However, overdiagnosis of ductal carcinoma in situ was elevated for all age groups. The estimation of overdiagnosis from observational data is complex and subject to many influences. The use of mammography screening in older women has an increased risk of overdiagnosis, which should be considered in screening decisions.

**S23695600**

We found that exposure to suicide predicts suicide ideation and attempts. Our results support school-wide interventions over current targeted interventions, particularly over strategies that target interventions toward children closest to the decedent.

CIRCULATION

**S23877060**

Eating breakfast was associated with significantly lower CHD risk in this cohort of male health professionals.

**S23770747**

During 2.3 years of continued treatment with dabigatran after RE-LY, there was a higher rate of major bleeding with dabigatran 150 mg twice daily in comparison with 110 mg, and similar rates of stroke and death.

**S23780578**

RDN reduced office BP and improved relevant aspects of ambulatory BP monitoring, commonly linked to high cardiovascular risk, in patients with true-treatment resistant hypertension, whereas it only affected office BP in pseudo-resistant hypertension.

**S23817481**

Despite progress, opportunities for improving concomitant hypertension and hypercholesterolemia control persist. Prescribing antihypertensive and antihyperlipidemic medications to achieve treatment goals, especially for older,

minority, diabetic, and cardiovascular disease patients, and accessing healthcare at least biannually could improve concurrent risk factor control and CHD prevention.

**S23801105**

The "2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" increased the focus on methods to ensure that high-quality cardiopulmonary resuscitation (CPR) is performed in all resuscitation attempts. There are 5 critical components of high-quality CPR: minimize interruptions in chest compressions, provide compressions of adequate rate and depth, avoid leaning between compressions, and avoid excessive ventilation. Although it is clear that high-quality CPR is the primary component in influencing survival from cardiac arrest, there is considerable variation in monitoring, implementation, and quality improvement. As such, CPR quality varies widely between systems and locations. Victims often do not receive high-quality CPR because of provider ambiguity in prioritization of resuscitative efforts during an arrest. This ambiguity also impedes the development of optimal systems of care to increase survival from cardiac arrest. This consensus statement addresses the following key areas of CPR quality for the trained rescuer: metrics of CPR performance; monitoring, feedback, and integration of the patient's response to CPR; team-level logistics to ensure performance of high-quality CPR; and continuous quality improvement on provider, team, and systems levels. Clear definitions of metrics and methods to consistently deliver and improve the quality of CPR will narrow the gap between resuscitation science and the victims, both in and out of the hospital, and lay the foundation for further improvements in the future.

**S23780579**

Individuals with persistently elevated BP from childhood to adulthood had increased risk of carotid atherosclerosis. This risk was reduced if elevated BP during childhood resolved by adulthood.

**S23788525**

Among ST-segment-elevation myocardial infarction patients identified with a prehospital ECG, the rate of ED bypass varied significantly across US hospitals, but ED bypass occurred infrequently and was mostly isolated to working hours. Because ED bypass was associated with shorter reperfusion times and numerically lower mortality rates, further exploration of and advocacy for the implementation of this process appear warranted.

## DIABETES CARE

**S23536582**

FPG at 24-28 weeks' gestation could be used as a screening test to identify GDM patients in low-resource regions. Women with an FPG between  $\geq 4.4$  and  $\leq 5.0$  mmol/L would require a 75-g OGTT to diagnose GDM. This would help to avoid approximately one-half (50.3%) of the formal 75-g OGTTs in China.

**S23645885**

There is no question that incretin-based glucose-lowering medications have proven to be effective glucose-lowering agents. Glucagon-like peptide 1 (GLP-1) receptor agonists demonstrate an efficacy comparable to insulin treatment and appear to do so with significant effects to promote weight loss with minimal hypoglycemia. In addition, there are significant data with dipeptidyl peptidase 4 (DPP-4) inhibitors showing efficacy comparable to sulfonylureas but with weight neutral effects and reduced risk for hypoglycemia. However, over the recent past there have been concerns reported regarding the long-term consequences of using such therapies, and the issues raised are in regard to the potential of both classes to promote acute pancreatitis, to initiate histological changes suggesting chronic pancreatitis including associated preneoplastic lesions, and potentially, in the long run, pancreatic cancer. Other issues relate to a potential risk for the increase in thyroid cancer. There are clearly conflicting data that have been presented in preclinical studies and in epidemiologic studies. To provide an understanding of both sides of the argument, we provide a discussion of this topic as part of this two-part point-counterpoint narrative. In the point narrative below, Dr. Butler and colleagues provide their opinion and review of the data to date and that we need to reconsider the use of incretin-based therapies because of the growing concern of potential risk and based on a clearer understanding of the mechanism of action. In the counterpoint narrative following the contribution by Dr. Butler and colleagues, Dr. Nauck provides a defense of incretin-based therapies and that the benefits clearly outweigh any concern of risk. -William T. Cefalu, MD Editor In Chief, Diabetes Care.

**S23645884**

There is no question that incretin-based glucose-lowering medications have proven to be effective glucose-lowering agents. Glucagon-like peptide 1 (GLP-1) receptor agonists demonstrate an efficacy comparable to insulin treatment and appear to do so with significant effects to promote weight loss with minimal hypoglycemia. In addition, there are significant data with dipeptidyl peptidase 4 (DPP-4) inhibitors showing efficacy comparable to sulfonylureas but with weight neutral effects and reduced risk for hypoglycemia. However, over the recent past there have been concerns regarding the long-term consequences of using such therapies, and the issues raised are in regard to the potential of both classes to promote acute pancreatitis, to initiate histological changes suggesting chronic pancreatitis including associated preneoplastic lesions, and potentially, in the long run, pancreatic cancer. Other issues relate to an increase in thyroid cancer. There are clearly conflicting data that have been presented in preclinical studies and in epidemiologic studies. To provide an understanding of both sides of the argument, we provide a discussion of this topic as part of this two-part point-counterpoint narrative. In the point narrative preceding the counterpoint narrative below, Dr. Butler and colleagues provide their opinion and review of the data to date and that we need to reconsider use of incretin-based therapies because of the growing concern of potential risk and based on a clearer understanding of the mechanism of action. In the counterpoint narrative provided below, Dr. Nauck provides a defense of incretin-based therapies and that benefits clearly outweigh any concern of risk. -William T. Cefalu, MD Editor in Chief, Diabetes Care.

**S23801791**

Currently patients with diabetes comprise up to 25-30% of the census of adult wards and critical care units in our hospitals. Although evidence suggests that avoidance of hyperglycemia (>180 mg/dL) and hypoglycemia (<70 mg/dL) is beneficial for positive outcomes in the hospitalized patient, much of this evidence remains controversial and at times somewhat contradictory. We have recently formed a consortium for Planning Research in Inpatient Diabetes (PRIDE) with the goal of promoting clinical research in the area of management of hyperglycemia and diabetes in the hospital. In this article, we outline eight aspects of inpatient glucose management in which randomized clinical trials are needed. We refer to four as system-based issues and four as patient-based issues. We urge further progress in the science of inpatient diabetes management. We hope this call to action is supported by the American Diabetes Association, The Endocrine Society, the American Association of Clinical Endocrinologists, the American Heart Association, the European Association for the Study of Diabetes, the International Diabetes Federation, and the Society of Hospital Medicine. Appropriate federal research funding in this area will help ensure high-quality investigations, the results of which will advance the field. Future clinical trials will allow practitioners to develop optimal approaches for the management of hyperglycemia in the hospitalized patient and lessen the economic and human burden of poor glycemic control and its associated complications and comorbidities in the inpatient setting.

#### **S23393215**

From a health economics perspective, screening for diabetes and high-risk prediabetes should target patients at higher risk, particularly those with BMI >35 kg/m<sup>2</sup>, systolic blood pressure ≥130 mmHg, or age >55 years, for whom screening can be most cost-saving. GCTpI is generally the least expensive test in high-risk groups and should be considered for routine use as an opportunistic screen in these groups.

#### **S23404304**

Exercise improves QOL in individuals with type 2 diabetes. Combined aerobic/resistance exercise produces greater benefit in some QOL domains.

### **DRUGS**

#### **S23839656**

Since the introduction of the first meningococcal conjugate vaccines in 1999, remarkable progress has been made in reducing the morbidity and mortality caused by meningococcal disease. Currently, varying meningococcal conjugate vaccines provide protection against serogroups A, C, Y, and W meningococcal disease. A large impact has been seen after vaccine introduction, particularly in the UK after vaccinating all 1-17 year olds. The introduction of serogroup A conjugate vaccine in the meningitis belt has the potential to control epidemics of disease that disproportionately affect this area of the world. Issues remain that require continued vigilance with disease surveillance and frequent reassessment of vaccine strategies. These issues include duration of protection, potential increases in non-vaccine serogroups, and vaccine safety and potential interference with other routine vaccines. Serogroup B meningococcal vaccines are protein-based vaccines, with the first approved in early 2013. Understanding the potential impact of serogroup B vaccines is critical to developing future meningococcal vaccination strategies.

#### **S23839658**

This article provides an overview of the prevalence, pathogenesis and diagnosis of, and treatment strategies for, depression in cancer patients. Untreated depression can increase the burden of oncology symptoms and worsen the cancer prognosis through the relationship between mood and immunity. The issues to consider when treating a patient with cancer who has depression include when to introduce pharmacotherapy, the criteria for choosing an antidepressant, and the necessary caution regarding side effects and drug interactions. The choice of an antidepressant is a complex decision that has to balance previous pharmacological experiences, different clusters of target symptoms, pharmacological interactions, and objective and subjective risks of side effects, with the aim of tailoring a strategy for each patient.

#### **S23794129**

Very substantial efforts have been made over the past decade or more to develop vaccines against tuberculosis. Historically, this began with a view to replace the current vaccine, Bacillus Calmette Guérin (BCG), but more recently most candidates are either new forms of this bacillus, or are designed to boost immunity in children given BCG as infants. Good progress is being made, but very few have, as yet, progressed into clinical trials. The leading candidate has advanced to phase IIb efficacy testing, with disappointing results. This article discusses the various types of vaccines, including those designed to be used in a prophylactic setting, either alone or BCG-boosting, true therapeutic (post-exposure) vaccines, and therapeutic vaccines designed to augment chemotherapy. While there is no doubt that progress is still being made, we have a growing awareness of the limitations of our animal model screening processes, further amplified by the fact that we still do not have a clear picture of the immunological responses involved, and the precise type of long-lived immunity that effective new vaccines will need to induce.

#### **S23754124**

Atherosclerotic cardiovascular disease (CVD) is the number one cause of death globally, and lipid modification, particularly lowering of low density lipoprotein cholesterol (LDLc), is one of the cornerstones of prevention and treatment. However, even after lowering of LDLc to conventional goals, a sizeable number of patients continue to suffer cardiovascular events. More aggressive lowering of LDLc and optimization of other lipid parameters like triglycerides (TG) and high density lipoprotein cholesterol (HDLc) have been proposed as two potential strategies to address this residual risk. These strategies entail use of maximal doses of highly potent HMG CoA reductase inhibitors (statins) and combination therapy with other lipid modifying agents. Though statins in general are fairly well tolerated, adverse events like myopathy are dose related. There are further risks with combination therapy. In this article, we review the adverse effects of lipid modifying agents used alone and in combination and weigh these effects against the evidence



demonstrating their efficacy in reducing cardiovascular events, cardiovascular mortality, and all cause mortality. For patients with established CVD, statins are the only group of drugs that have shown consistent reductions in hard outcomes. Though more aggressive lipid lowering with high dose potent statins can reduce rates of non fatal events and need for interventions, the incremental mortality benefits remain unclear, and their use is associated with a higher rate of drug related adverse effects. Myopathy and renal events have been a significant concern with the use of high potency statin drugs, in particular simvastatin and rosuvastatin. For patients who have not reached target LDL levels or have residual lipid abnormalities on maximal doses of statins, the addition of other agents has not been shown to improve clinical outcomes and carries an increased risk of adverse events. The clinical benefits of drugs to raise HDLc remain unproven. In patients without known cardiovascular disease, there is conflicting evidence as to the benefits of aggressive pursuit of numerical lipid targets, particularly with respect to all cause mortality. Certainly, in statin intolerant patients, alternative agents with a low side effect profile are desirable. Bile acid sequestrants are an effective and safe choice for decreasing LDLc, and omega-3 fatty acids are safe agents to decrease TG. There remains an obvious need to design and carry out large scale studies to help determine which agents, when combined with statins, have the greatest benefit on cardiovascular disease with the least added risk. These studies should be designed to assess the impact on clinical outcomes rather than surrogate endpoints, and require a comprehensive assessment and reporting of safety outcomes.

#### **S23812923**

NOACs are effective for the extended treatment of venous thromboembolism and may reduce the risk of all-cause mortality. Dabigatran and rivaroxaban may cause more major or clinically relevant bleeding.

#### **S23775528**

Peripheral artery disease (PAD) is the result of extensive atherosclerosis in the arterial supply to the lower extremities. PAD is associated with increased systemic cardiovascular morbidity and mortality as well as substantial disability due to walking impairment. Claudication is the classic symptom of leg pain with walking that is relieved by rest, but patients with PAD without typical claudication also have a walking limitation. Treatment of the patient with PAD is directed towards reducing cardiovascular risk and improving exercise capacity. The pathophysiology of the physical impairment is complex as changes in the muscle distal to the arterial stenoses contribute to the limitations. Current treatment options to improve exercise performance have limitations emphasizing the need for new pharmacotherapies for this highly prevalent condition. The multifactorial contributors to the exercise impairment in PAD suggest potential targets for novel drug therapies. Advances in understanding angiogenesis make pharmacologic revascularization possible. However, ensuring that new blood vessels develop in a distribution relevant to the clinical impairment remains a challenge. Skeletal muscle metabolism and its regulation are altered in patients with PAD and strategies to improve the efficient oxidation of fuel substrates may improve muscle function. PAD is associated with increased oxidative stress which may result in injury to the muscle microvasculature and myocyte. Minimizing this oxidative stress by enhancing cellular defense mechanisms, administration of anti-inflammatory agents or by providing antioxidants, could prevent oxidative injury. Given the central role of atherosclerosis in the flow limitation, therapies to induce regression of atherosclerotic lesions could result in improved blood flow and oxygen delivery. Drugs targeting the distribution of blood flow in the microcirculatory environment of the muscle have the potential to better match oxygen delivery with working myocytes. The physical disability and flow limitations contribute to a loss of leg muscle mass in patients with PAD. Drugs to increase muscle mass and strength could enhance walking ability in these patients. Pharmacotherapies that recapitulate the muscle adaptations induced by preconditioning may result in improved physical performance in patients with PAD. Adjunctive therapies combined with exercise training or revascularization may be important given the complexity of integrative muscle function and the multiple pathologic changes induced by PAD. New research into the pathophysiology of the physical impairment associated with PAD has identified potential new targets for drug therapy, and will likely continue to do so in the years to come. Translation of these opportunities into effective therapeutics will be important as the already high prevalence of PAD is expected to increase as the population ages.

### EUROPEAN HEART JOURNAL

#### **S23616415**

Erectile dysfunction is common in the patient with cardiovascular disease. It is an important component of the quality of life and it also confers an independent risk for future cardiovascular events. The usual 3-year time period between the onset of erectile dysfunction symptoms and a cardiovascular event offers an opportunity for risk mitigation. Thus, sexual function should be incorporated into cardiovascular disease risk assessment for all men. A comprehensive approach to cardiovascular risk reduction (comprising of both lifestyle changes and pharmacological treatment) improves overall vascular health, including sexual function. Proper sexual counselling improves the quality of life and increases adherence to medication. This review explores the critical connection between erectile dysfunction and cardiovascular disease and evaluates how this relationship may influence clinical practice. Algorithms for the management of patient with erectile dysfunction according to the risk for sexual activity and future cardiovascular events are proposed.

### FAMILY MEDICINE

#### **S23846968**

Nearly half of adults with type 2 DM may be at high risk for OSA, and many may be undiagnosed. In a primary care setting, the Berlin Questionnaire is an easily applied screening instrument that identifies patients at increased risk of OSA who may benefit from further diagnostic studies and treatment of OSA.

#### **S23846965**

PCPs and oncologists differ in their involvement in cancer-related follow-up care of survivors, with co-management more often reported by PCPs than by oncologists. Given anticipated national shortages of PCPs and oncologists, study results suggest that improved communication and coordination between these providers is needed to ensure optimal delivery of follow-up care to cancer survivors.

**S23846967**

Availability of family medicine curricular programming, formal advising/mentoring opportunities, and full-time faculty as teachers and senior administrators differed across various characteristics of medical schools. Results can be used to direct future research on medical student engagement with family medicine educational experiences relative to recruitment.

**S23846966**

Supporting self-management of patients with diabetes requires providers to link clinical measurements to patients' symptoms and likely outcomes. It is difficult for providers to know what support or assistance their patients need without knowledge of patients' social contexts.

## GACETA SANITARIA

**S23416027**

Las herramientas diseñadas e implementadas por el Servicio Catalán de la Salud han demostrado ser instrumentos válidos para detectar los temas de actuación prioritarios para la mejora de la prestación de servicios y para fomentar la equidad territorial.

**S23669503**

«Todos los cribados hacen daño; algunos además ofrecen beneficio»<sup>16</sup>. Con este lema en mente, deberían eliminarse la mayoría de los cribados, no por su coste sino por sus perjuicios para la salud de pacientes y poblaciones<sup>17</sup>. Cabe racionalizar el cribado de la hipertensión, el neonatal de metabolopatías y el de cáncer de cuello de útero, entre otros.

**S23287102**

More than half the hypertensive population adhered to physical activity recommendations. To improve physical activity levels, recommendations can be tailored to the attitudes of individual patients.

**S23465729**

In Spain, there is increasing interest in the development of self-management support programs, although their scope is limited and their impact is mostly unknown, except for patient satisfaction. There is a need for studies on results assessment to identify the impact of these initiatives in our setting, as well as for studies on their implementation to encourage the introduction of patient activation initiatives in routine clinical practice.

## JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

**S23833163**

Asthma and chronic obstructive pulmonary disease (COPD) are highly prevalent chronic diseases in the general population. Both are characterized by heterogeneous chronic airway inflammation and airway obstruction. In both conditions, chronic inflammation affects the whole respiratory tract, from central to peripheral airways, with different inflammatory cells recruited, different mediators produced, and thus differing responses to therapy. Airway obstruction is typically intermittent and reversible in asthma but is progressive and largely irreversible in COPD. However, there is a considerable pathologic and functional overlap between these 2 heterogeneous disorders, particularly among the elderly, who may have components of both diseases (asthma-COPD overlap syndrome). The definitions for asthma and COPD recommended by current guidelines are useful but limited because they do not illustrate the full spectrum of obstructive airway diseases that is encountered in clinical practice. Defining asthma and COPD as separate entities neglects a considerable proportion of patients with overlapping features and is largely based on expert opinion rather than on the best current evidence. The presence of different phenotypes or components of obstructive airway diseases, therefore, needs to be addressed to individualize and optimize treatment to achieve the best effect with the fewest side effects for the patient. Although specific interventions vary by disease, the treatment goals of obstructive airway diseases are similar and driven primarily by the need to control symptoms, optimize health status, and prevent exacerbations.

**S23833148**

Patients are more likely to receive education if their primary care providers receive primarily capitated payment. This association is generally important for health policymakers constructing payment strategies for patient populations who would most benefit from interventions that incorporate or depend on patient education, such as populations requiring management of chronic diseases.

**S23833149**

Variability in UPC between providers is strongly correlated with variables that can be modified by practice managers. Our study suggests that patients assigned to nurse practitioners and physician assistants have continuity similar to those assigned to physicians.

**S23833162**

Reproductive health care of adolescent women is focused on prevention of disease. Adolescents are at higher risk for pelvic inflammatory disease than adult women; therefore, screening regularly for sexually transmitted infections is important. Immunization for human papillomavirus is the primary means of cervical cancer prevention because new guidelines recommend not initiating Papanicolaou smears until the age of 21. Contraception for adolescents is a challenge, and clinicians should focus on long-acting, reversible contraception in this group. The treatment of pelvic pain

and menstrual disorders in adolescent women is distinct from adult women and is related to differing prevalence of conditions. Lastly, this article discusses the importance of confidential care when treating adolescent women.

**S23833155**

Efforts are needed to increase physicians' awareness of and adherence to PSA-based screening recommendations. Given that discussions of both advantages and disadvantages increased the uptake of PSA testing and discussion of scientific uncertainties has no effect, additional research about the nature, context, and extent of SDM and about patients' knowledge, values, and preferences regarding PSA-based screening is warranted.

#### JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

**S23821093**

Gradual reduction may not be associated with a clinically significant difference in smoking cessation rates compared with abrupt cessation.

**S23917288**

In this survey about health care cost containment, US physicians reported having some responsibility to address health care costs in their practice and expressed general agreement about several quality initiatives to reduce cost but reported less enthusiasm for cost containment involving changes in payment models.

**S23839753**

Dual antiplatelet therapy remains the cornerstone of medical therapy after PCI. Continuous advances in pharmacotherapy can further enhance our capacity to improve outcomes in this high-risk patient group.

**S23917291**

Among the 2 cohorts of women, a history of kidney stones was associated with a modest but statistically significantly increased risk of CHD; there was no significant association in a separate cohort of men. Further research is needed to determine whether the association is sex-specific.

#### JAMA Internal Medicine

**S23712194**

Discussions about these common tests, medications, and procedures as reported by patients do not reflect a high level of shared decision making, particularly for 5 decisions most often made in primary care.

**S23877079**

Musculoskeletal conditions, arthropathies, injuries, and pain are more common among statin users than among similar nonusers. The full spectrum of statins' musculoskeletal adverse events may not be fully explored, and further studies are warranted, especially in physically active individuals.

**S23700076**

National chain restaurants have been criticized for offering meals with excess dietary energy. This study finds that independent and small-chain restaurants, which provide no nutrition information, also provide excessive dietary energy in amounts apparently greater than popular meals from chain restaurants or information in national food databases. A national requirement for accurate calorie labeling in all restaurants may discourage menus offering unhealthy portions and would allow consumers to make informed choices about ordering meals that promote weight gain and obesity.

**S23689820**

Among older individuals with COPD, new use of long-acting  $\beta$ -agonists and anticholinergics is associated with similar increased risks of cardiovascular events. Close monitoring of COPD patients requiring long-acting bronchodilators is needed regardless of drug class.

**S23779232**

Increasing red meat consumption over time is associated with an elevated subsequent risk of T2DM, and the association is partly mediated by body weight. Our results add further evidence that limiting red meat consumption over time confers benefits for T2DM prevention.

**S23699927**

Based on our sample, reductions in sodium levels in processed and restaurant foods are inconsistent and slow. These findings are in accord with other data indicating the slow pace of voluntary reductions in sodium levels in processed and restaurant foods. Stronger action (eg, phased-in limits on sodium levels set by the federal government) is needed to lower sodium levels and reduce the prevalence of hypertension and cardiovascular diseases.

#### JASMA Psychiatry

**S23699867**

Maternal influenza may be a risk factor for BD. Although replication is required, the findings suggest that prevention of maternal influenza during pregnancy may reduce the risk of BD.

**S23699975**

There is a need for increased awareness of suicide risk in individuals with certain noncancer pain diagnoses, in particular back pain, migraine, and psychogenic pain.

#### MEDICINA CLINICA

**S22766057**

La polifarmacia se asocia a menor cumplimiento y persistencia del tratamiento antihipertensivo, con aumento de ECV y costes sanitarios.

**S23453921**

La ecocardiografía de bolsillo realizada en atención primaria por un médico de familia, como extensión de la valoración clínica convencional en una población afectada de hipertensión arterial, permite realizar un diagnóstico precoz de lesiones cardíacas significativas, pudiendo mejorar el tratamiento de estos pacientes.

**S22704275**

A pesar de evidenciarse la variabilidad en los datos aportados por las distintas CCAA, así como la necesidad de mejorar la homogeneidad de los sistemas de información, en su conjunto, los indicadores evaluados de los programas de cribado de cáncer de mama alcanzan los estándares especificados en las directrices europeas.

## MORBIDITY AND MORTALITY WEEKLY REPORT

**S23784109**

The U. S. Selected Practice Recommendations for Contraceptive Use 2013 (U.S. SPR), comprises recommendations that address a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods. These recommendations are a companion document to the previously published CDC recommendations U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 (U.S. MEC). U.S. MEC describes who can use various methods of contraception, whereas this report describes how contraceptive methods can be used. CDC based these U.S. SPR guidelines on the global family planning guidance provided by the World Health Organization (WHO). Although many of the recommendations are the same as those provided by WHO, they have been adapted to be more specific to U.S. practices or have been modified because of new evidence. In addition, four new topics are addressed, including the effectiveness of female sterilization, extended use of combined hormonal methods and bleeding problems, starting regular contraception after use of emergency contraception, and determining when contraception is no longer needed. The recommendations in this report are intended to serve as a source of clinical guidance for health-care providers; health-care providers should always consider the individual clinical circumstances of each person seeking family planning services. This report is not intended to be a substitute for professional medical advice for individual patients. Persons should seek advice from their health-care providers when considering family planning options.

## REVISTA ESPAÑOLA DE CARDIOLOGIA

**S23721937**

La fibrilación auricular es la arritmia sostenida más frecuente. Debido a sus consecuencias clínicas potencialmente graves (insuficiencia cardíaca, embolias y deterioro cognitivo), tiene importantes implicaciones socioeconómicas y sanitarias. En este artículo se revisan los principales estudios realizados para conocer la epidemiología de la fibrilación auricular en España. Los últimos datos apuntan a que en personas mayores de 40 años la prevalencia de esta arritmia puede ser superior al 4%. Dada la actual demografía española, estos datos supondrían que más de 1 millón de personas en España tendrían fibrilación auricular.

**S23727072**

El 20,1% de las fibrilaciones auriculares de pacientes mayores de 60 años son desconocidas previamente y no se trata con anticoagulantes al 23,5% del total.

## THE LANCET

**S23727171**

Despite an increasing incidence of acute kidney injury in both high-income and low-income countries and growing insight into the causes and mechanisms of disease, few preventive and therapeutic options exist. Even small acute changes in kidney function can result in short-term and long-term complications, including chronic kidney disease, end-stage renal disease, and death. Presence of more than one comorbidity results in high severity of illness scores in all medical settings. Development or progression of chronic kidney disease after one or more episode of acute kidney injury could have striking socioeconomic and public health outcomes for all countries. Concerted international action encompassing many medical disciplines is needed to aid early recognition and management of acute kidney injury.

**S23727169**

Chronic kidney disease is defined as a reduced glomerular filtration rate, increased urinary albumin excretion, or both, and is an increasing public health issue. Prevalence is estimated to be 8-16% worldwide. Complications include increased all-cause and cardiovascular mortality, kidney-disease progression, acute kidney injury, cognitive decline, anaemia, mineral and bone disorders, and fractures. Worldwide, diabetes mellitus is the most common cause of chronic kidney disease, but in some regions other causes, such as herbal and environmental toxins, are more common. The poorest populations are at the highest risk. Screening and intervention can prevent chronic kidney disease, and where management strategies have been implemented the incidence of end-stage kidney disease has been reduced. Awareness of the disorder, however, remains low in many communities and among many physicians. Strategies to reduce burden and costs related to chronic kidney disease need to be included in national programmes for non-communicable diseases.

**S23727165**

In the past decade, kidney disease diagnosed with objective measures of kidney damage and function has been recognised as a major public health burden. The population prevalence of chronic kidney disease exceeds 10%, and is

more than 50% in high-risk subpopulations. Independent of age, sex, ethnic group, and comorbidity, strong, graded, and consistent associations exist between clinical prognosis and two hallmarks of chronic kidney disease: reduced glomerular filtration rate and increased urinary albumin excretion. Furthermore, an acute reduction in glomerular filtration rate is a risk factor for adverse clinical outcomes and the development and progression of chronic kidney disease. An increasing amount of evidence suggests that the kidneys are not only target organs of many diseases but also can strikingly aggravate or start systemic pathophysiological processes through their complex functions and effects on body homeostasis. Risk of kidney disease has a notable genetic component, and identified genes have provided new insights into relevant abnormalities in renal structure and function and essential homeostatic processes. Collaboration across general and specialised health-care professionals is needed to fully address the challenge of prevention of acute and chronic kidney disease and improve outcomes.

**S23727170**

Since the first description of the association between chronic kidney disease and heart disease, many epidemiological studies have confirmed and extended this finding. As chronic kidney disease progresses, kidney-specific risk factors for cardiovascular events and disease come into play. As a result, the risk for cardiovascular disease is notably increased in individuals with chronic kidney disease. When adjusted for traditional cardiovascular risk factors, impaired kidney function and raised concentrations of albumin in urine increase the risk of cardiovascular disease by two to four times. Yet, cardiovascular disease is frequently underdiagnosed and undertreated in patients with chronic kidney disease. This group of patients should, therefore, be acknowledged as having high cardiovascular risk that needs particular medical attention at an individual level. This view should be incorporated in the development of guidelines and when defining research priorities. Here, we discuss the epidemiology and pathophysiological mechanisms of cardiovascular risk in patients with chronic kidney disease, and discuss methods of prevention.

**S23706508**

Our results show the importance of adequate iodine status during early gestation and emphasise the risk that iodine deficiency can pose to the developing infant, even in a country classified as only mildly iodine deficient. Iodine deficiency in pregnant women in the UK should be treated as an important public health issue that needs attention.

**S23643112**

This moderately intense exercise programme did not reduce depressive symptoms in residents of care homes. In this frail population, alternative strategies to manage psychological symptoms are required.

**S23727164**

Although in some parts of the world acute and chronic kidney diseases are preventable or treatable disorders, in many other regions these diseases are left without any care. The nephrology community needs to commit itself to reduction of this divide between high-income and low-income regions. Moreover, new and exciting developments in fields such as pharmacology, genetic, or bioengineering, can give a boost, in the next decade, to a new era of diagnosis and treatment of kidney diseases, which should be made available to more patients.

**S23683600**

Combined teriparatide and denosumab increased BMD more than either agent alone and more than has been reported with approved therapies. Combination treatment might, therefore, be useful to treat patients at high risk of fracture.

**S23598181**

Our findings can inform further research on brief counselling for women disclosing intimate partner violence in primary care settings, but do not lend support to the use of postal screening in the identification of those patients. However, we suggest that family doctors should be trained to ask about the safety of women and children, and to provide supportive counselling for women experiencing abuse, because our findings suggest that, although we detected no improvement in quality of life, counselling can reduce depressive symptoms.

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**S23803136**

Among patients with TIA or minor stroke who can be treated within 24 hours after the onset of symptoms, the combination of clopidogrel and aspirin is superior to aspirin alone for reducing the risk of stroke in the first 90 days and does not increase the risk of hemorrhage.

**S23841730**

Declines in hospitalizations for childhood pneumonia were sustained during the decade after the introduction of PCV7. Substantial reductions in hospitalizations for pneumonia among adults were also observed.

## THORAX

**S23589509**

Our findings add to the expanding body of evidence that smokefree policies are associated with positive health outcomes. Further research evaluating the impact of legislation in other jurisdictions is needed to support these findings.

**S23564399**

Regular electronic monitoring of PEF and asthma symptoms provides an acceptable sensitivity and specificity for the detection of SEs and may be suitable for personal internet-based monitoring of asthma control.