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NÚMERO NECESARIO DE TRATAR EN EPOC: EXACERBACIONES FRENTE A NEUMONIAS

ACADEMIC MEDICINE

S23619078

In the last decade, electronic medical record (EMR) use in academic medical centers has increased. Although many have lauded the clinical and operational benefits of EMRs, few have considered the effect these systems have on medical education. The authors review what has been documented about the effect of EMR use on medical learners through the lens of the Accreditation Council for Graduate Medical Education's six core competencies for medical education. They examine acknowledged benefits and educational risks to use of EMRs, consider factors that promote their successful use when implemented in academic environments, and identify areas of future research and optimization of EMRs' role in medical education.

ANNALS OF INTERNAL MEDICINE

S23778904

In older adults, coprescription of clarithromycin or erythromycin with a statin that is metabolized by CYP3A4 increases the risk for statin toxicity.

S23732714

Many blood tests are moderately useful for identifying clinically significant fibrosis or cirrhosis in HCV-infected patients.

S23732715

The full guideline included 110 recommendations. This synopsis focuses on 10 key recommendations pertinent to definition, classification, monitoring, and management of CKD in adults.

S23732711

Regular sunscreen use retards skin aging in healthy, middle-aged men and women. No overall effect of β -carotene on skin aging was identified, and further study is required to definitively exclude potential benefit or potential harm.

S23778903

The efficacy of rivaroxaban in VKA-experienced and VKA-naive patients was similar to that of the overall trial. There were more bleeding events within 7 days of study drug initiation with rivaroxaban, but after 30 days, rivaroxaban was associated with less bleeding in VKA-naive patients and similar bleeding in VKA-experienced patients. This information may be useful to clinicians considering a transition to rivaroxaban for patients receiving VKA therapy.

S23778902

Among these men, observation is more effective and costs less than initial treatment, and WW is most effective and least expensive under a wide range of clinical scenarios.

ARCHIVOS DE BRONCONEUMOLOGIA

S23317767

La EPOC está más infradiagnosticada en mujeres que en hombres en España.

S23477946

La implementación de la GPC SEMES-SEPAR 2008 con el uso del PSI y los biomarcadores mejoró de forma significativa todo el proceso asistencial de la NAC, siendo beneficiosa para los enfermos y para el sistema al lograr disminuir la mortalidad y el resto de indicadores de resultados y de manejo.

BRITISH MEDICAL JOURNAL

S23775799

Changes in global food prices will have a greater effect on food consumption in lower income countries and in poorer households within countries. This has important implications for national responses to increases in food prices and for the definition of policies designed to reduce the global burden of undernutrition.

S23778271

Men treated with 5-ARI for lower urinary tract symptoms had a decreased risk of cancer with Gleason scores 2-7, and showed no evidence of an increased risk of cancer with Gleason scores 8-10 after up to four years' treatment.

S23794316

Daily prenatal use of iron substantially improved birth weight in a linear dose-response fashion, probably leading to a reduction in risk of low birth weight. An improvement in prenatal mean haemoglobin concentration linearly increased birth weight.

S23661112

Under the base case scenario (using input parameters derived from the Independent Panel Review), there were 1521 fewer deaths from breast cancer and 2722 overdiagnosed breast cancers. Discounting future costs and benefits at a rate of 3.5% resulted in an additional 6907 person years of survival in the screened cohort, at a cost of 40? 946 additional years of survival after a diagnosis of breast cancer. Screening was associated with 2040 additional quality adjusted life years (QALYs) at an additional cost of £42.5m (€49.8m; \$64.7m) in total or £20? 800 per QALY gained. The gain in person time survival over 35 years was 9.2 days per person and 2.7 quality adjusted days per person screened. Probabilistic sensitivity analysis showed that this incremental cost effectiveness ratio varied widely across a range of plausible scenarios. Screening was cost effective at a threshold of £20? 000 per QALY gained in 2260 (45%) scenarios, but in 588 (12%) scenarios, screening was associated with a reduction in QALYs. CONCLUSION: The NHS breast screening programme is only moderately likely to be cost effective at a standard threshold. However, there is substantial uncertainty in the model parameter estimates, and further primary research will be needed for cost effectiveness studies to provide definitive data to inform policy.

S23738992

Older adults with major depression in practices provided with additional resources to intensively manage depression had a mortality risk lower than that observed in usual care and similar to older adults without depression.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S23670152

The risk of coronary artery disease was highest among participants who reported job strain and an unhealthy lifestyle; those with job strain and a healthy lifestyle had half the rate of disease. A healthy lifestyle may substantially reduce disease risk among people with job strain.

CIRCULATION

S23640971

The benefits of apixaban compared with warfarin for stroke or systemic embolism, bleeding, and mortality appear similar across the range of centers' and patients' predicted quality of international normalized ratio control.

S23658438

Atorvastatin plus etidronate combination therapy for 12 months significantly reduced both thoracic and abdominal aortic plaques, whereas atorvastatin monotherapy reduced only thoracic aortic plaques and etidronate monotherapy reduced only abdominal aortic plaques. The effectiveness of combination therapy in reducing atherosclerotic plaques in the abdominal aorta was significantly greater than for both atorvastatin and etidronate monotherapy.

DIABETES CARE

S23300287

Pregnant women with lower adiponectin levels at 1st trimester have higher levels of insulin resistance and are more likely to develop GDM independently of adiposity or glycemic measurements

S23275359

WC-mid is a better measurement to define central obesity than WC-IC, particularly in women.

S23275374

Along with glycemic control, nonophthalmologic manifestations of diabetes mellitus (e.g., nephropathy and nonhealing ulcers) are associated with an increased risk of diabetic retinopathy progression. Our retinopathy progression risk score can help clinicians stratify patients who are most at risk for disease progression.

S23300289

Lower CER was strongly associated with increased all-cause mortality in patients with type 2 diabetes and nephropathy. As the CER can be considered a proxy for muscle mass, this puts renewed emphasis on physical condition and exercise in this population.

S23315603

The findings suggest that, compared with younger adults, older adults receive equal glycemic benefit from participating in self-management interventions. Moreover, older adults showed the greatest glycemic improvement in the two group conditions. Clinicians can safely recommend group diabetes interventions to community-dwelling older adults with poor glycemic control.

DRUGS

S23677803

This article describes the mechanism of action, pharmacokinetics, and pharmacodynamics of aspirin at doses used for cardiovascular prevention and provides specific management recommendations for optimal use in clinical practice. The paper highlights practical aspects related to antiplatelet therapy, including the optimal dose of aspirin, concomitant treatment with other NSAIDs, and strategies for the prevention of gastrointestinal toxicity. Specifically, we revise the benefits and hazards in different clinical settings to help the clinician in the decision-making process for individuals who have different risks for cardiovascular and gastrointestinal bleeding events.

S23625272

While the majority of the RCTs have shown superior eradication rates with sequential therapy, the largest RCT from Latin America did not find a significant difference between the two treatment regimens. Sequential therapy has good efficacy; however, further trials other than those from Asia and Italy are required to assess its superiority over existing regimens before recommending sequential therapy as the first line of treatment for H. pylori infection.

S23677804

The direct factor Xa inhibitor apixaban (Eliquis®) has predictable pharmacodynamics and pharmacokinetics and does not require routine anticoagulation monitoring. This article reviews the efficacy and tolerability of oral apixaban to reduce the risk of stroke or systemic embolism in patients with nonvalvular atrial fibrillation (AF). In the ARISTOTLE (Apixaban for Reduction in Stroke and Other Thromboembolic Events in Atrial Fibrillation) trial in patients with AF and at least one additional risk factor for stroke, apixaban recipients were significantly less likely than warfarin recipients to experience stroke or systemic embolism, major bleeding or death; the beneficial effects of treatment with apixaban versus warfarin were generally maintained across various patient subgroups. Apixaban recipients also had a significantly lower risk of intracranial haemorrhage than warfarin recipients. In the AVERROES (Apixaban Versus Acetylsalicylic Acid to Prevent Stroke in Atrial Fibrillation Patients who have Failed or are Unsuitable for Vitamin K Antagonist Therapy) trial in patients with AF and at least one additional risk factor

for stroke for whom vitamin K antagonist therapy was unsuitable, apixaban was associated with a significantly lower risk of stroke or systemic embolism than aspirin, without an increase in the risk of major bleeding. In conclusion, although longer-term efficacy and safety data are needed, apixaban is an important new option for use in patients with nonvalvular AF to reduce the risk of stroke or systemic embolism.

EUROPEAN HEART JOURNAL

S23509227

Dyslipidaemias play a key role in determining cardiovascular risk; the discovery of statins has contributed a very effective approach. However, many patients do not achieve, at the maximal tolerated dose, the recommended goals for low-density lipoprotein-cholesterol (LDL-C), non-high-density lipoprotein-cholesterol, and apolipoprotein B (apoB). Available agents combined with statins can provide additional LDL-C reduction, and agents in development will increase therapeutic options impacting also other atherogenic lipoprotein classes. In fact, genetic insights into mechanisms underlying regulation of LDL-C levels has expanded potential targets of drug therapy and led to the development of novel agents. Among them are modulators of apoB containing lipoproteins production and proprotein convertase subtilisin/kexin type-9 inhibitors. Alternative targets such as lipoprotein(a) also require attention; however, until we have a better understanding of these issues, further LDL-C lowering in high and very high-risk patients will represent the most sound clinical approach.

S23569199

On an empirical basis, exercise has been regarded as a fundamental pre-requisite for human well-being and physical integrity since classical times. Only in the last decades, however, scientific evidence has accumulated proving its role in the prevention and treatment of multiple chronic diseases beyond any reasonable doubt. Few treatment strategies in medicine have been tested so rigorously in large cohorts of patients as regular physical exercise. With the advent of molecular biology, the underlying mechanisms, such as NO bioavailability and mobilization of progenitor cells, could be identified. This enhances our understanding of this therapeutic tool. Unfortunately, the low compliance rate of the patients is the major drawback of the intervention exercise training (ET). The objective of this manuscript is to summarize the current knowledge with respect to ET on cardiovascular disease (CVD) and the molecular changes elicited by ET. Finally, we will critically assess reasons why ET as therapeutic option is not as effective at the population level in preventing CVD and what we may change in the future to make ET the most effective intervention to fight the development of CVD.

FAMILY MEDICINE

S23743938

The majority of respondents agreed that a baseline intern evaluation is useful; few are actually doing it. This area is not well-described in the literature; residency programs could benefit from information sharing. The next step is to encourage interest in and implementation of such strategies.

S23743941

We describe a longitudinal, practical, developmental, and clinically based experiential improvement curriculum that has been successfully integrated into a family medicine residency program.

FAMILY PRACTICE

S23315222

The identified trials included a range of case management interventions. Nine of the 11 trials showed no reduction of unplanned hospital admissions with case management compared with the same with usual care.

S23302818

The avoidance of NSAIDs in the medium term is unnecessary in patients with moderate to severe CKD, if not otherwise contraindicated. As the definition of high-dose of NSAID use remains unclear, the lowest effective dose of NSAIDs should be prescribed where indicated.

S23382502

Anticipatory cancer care from diagnosis to cure or death, 'in primary care', is feasible in the UK and acceptable to patients, although there are barriers. The process promoted continuity of care and holism. A reliable system for proactive cancer care in general practice supported by hospital specialists may allow more survivorship care to be delivered in primary care, as in other long-term conditions.

S23248235

Mortality in those with CKD is high, with non-cardiovascular diseases accounting for more than half of all deaths. While there is evidence that intervention may benefit those at risk of cardiovascular death, most of the non-cardiovascular causes of death identified were not readily amenable to prevention. A mechanism to identify which patients may benefit from intervention to prevent cardiovascular disease or renal disease progression is needed.

S23307818

This method provided a denominator that was reasonably similar to the enrolled population and was stable over time and by location, provider and practice characteristics. In regions without patient enrollment, this may provide an estimate of practice denominators.

S23132894

The frequency of medication errors is high in patients with polypharmacy in primary care. Development of strategies (e.g. external medication review) is required to counteract medication errors.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S23757083

Simultaneously elevated levels of CRP and fibrinogen and leukocyte count in individuals with COPD were associated with increased risk of having exacerbations, even in those with milder COPD and in those without previous exacerbations. Further investigation is needed to determine the clinical value of these biomarkers for risk stratification.

S23695200

In patients presenting to the emergency department with acute exacerbations of COPD, 5-day treatment with systemic glucocorticoids was noninferior to 14-day treatment with regard to reexacerbation within 6 months of follow-up but significantly reduced glucocorticoid exposure. These findings support the use of a 5-day glucocorticoid treatment in acute exacerbations of COPD.

S23780462

What are the benefits and harms of general health checks for adult populations? BOTTOM LINE: Compared with usual care, offers of health checks were not associated with lower rates of all-cause mortality, mortality from cardiovascular disease, or mortality from cancer. Health checks may be associated with more diagnoses and more drug treatment. Morbidity was infrequently reported, as were most harms, such as use of diagnostic procedures.

JAMA Internal Medicine

S23588999

Performance of prostate biopsy is uncommon in older men with abnormal screening PSA levels and decreases with advancing age and worsening comorbidity. However, once cancer is detected on biopsy, most men undergo immediate treatment regardless of advancing age, worsening comorbidity, or low-risk cancer. Understanding downstream outcomes in clinical practice should better inform individualized decisions among older men considering PSA screening.

S23553143

Officials and professional societies treat influenza as a major public health threat for which the annual vaccine offers a safe and effective solution. In this article, I challenge these basic assumptions. I show that there is no good evidence that vaccines reduce serious complications of influenza, the outcomes the policy is meant to address. Moreover, promotional messages conflate "influenza" (disease caused by influenza viruses) with "flu" (a syndrome with many causes, of which influenza viruses appear to be a minor contributor). This lack of precision causes physicians and potential vaccine recipients to have unrealistic assumptions about the vaccine's potential benefit, and impedes dissemination of the evidence on nonpharmaceutical interventions against respiratory diseases. In addition, there are potential vaccine-related harms, as unexpected and serious adverse effects of influenza vaccines have occurred. I argue that decisions surrounding influenza vaccines need to include a discussion of these risks and benefits.

S23699646

Exposure to CAT can improve anxiety, depression, and pain symptoms and QOL among cancer patients, but this effect is reduced during follow-up.

S23589097

An intensive and long-term exercise program had beneficial effects on the physical functioning of patients with AD without increasing the total costs of health and social services or causing any significant adverse effects

THE LANCET

S23518316

We found no relevant association between maternal vitamin D status in pregnancy and offspring BMC in late childhood.

MEDICINA CLINICA

S23199830

La progresión de la PA desde la normotensión a la hipertensión en los siguientes 7 años en varones jóvenes es alta y se puede estimar con una simple escala de riesgo.

S22717352

Se observa una asociación positiva entre la TSHp y ECV en varones=55 años y en mujeres=75 años. La combinación de la regresión múltiple y el análisis estratificado ha mostrado la compleja influencia de la edad en la relación entre ambas variables.

MORBIDITY AND MORTALITY WEEKLY REPORT

S23760231

This report is a compendium of all current recommendations for the prevention of measles, rubella, congenital rubella syndrome (CRS), and mumps. The report presents the recent revisions adopted by the Advisory Committee on Immunization Practices (ACIP) on October 24, 2012, and also summarizes all existing ACIP recommendations that have been published previously during 1998-2011 (CDC. Measles, mumps, and rubella-vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 1998;47[No. RR-8]; CDC. Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. MMWR 2001;50:1117; CDC. Updated recommendations of the Advisory Committee on Immunization Practices [ACIP] for the control and elimination of mumps. MMWR 2006;55:629-30; and, CDC. Immunization of healthcare personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60[No. RR-7]). Currently, ACIP recommends 2 doses of MMR vaccine routinely for children with the first dose administered at age 12 through 15 months and the second dose administered at age 4 through 6 years before school entry. Two doses are recommended for adults at high risk for exposure and transmission (e.g., students attending colleges or other post-high school educational institutions, healthcare personnel, and international travelers) and 1 dose for other adults aged ≥ 18 years. For prevention of rubella, 1 dose of MMR vaccine is recommended for persons aged ≥ 12 months. At the October 24, 2012 meeting, ACIP adopted the following revisions, which are published here for the first time. These included: • For acceptable evidence of immunity, removing documentation of physician diagnosed disease as an acceptable criterion for evidence of immunity for measles and mumps, and including laboratory confirmation of disease as a criterion for acceptable evidence of immunity for measles, rubella, and mumps. • For persons with human immunodeficiency virus (HIV) infection, expanding recommendations for vaccination to all persons aged ≥ 12 months with HIV infection who do not have evidence of current severe immunosuppression; recommending revaccination of persons with perinatal HIV infection who were vaccinated before establishment of effective antiretroviral therapy (ART) with 2 appropriately spaced doses of MMR vaccine once effective ART has been established; and changing the recommended timing of the 2 doses of MMR vaccine for HIV-infected persons to age 12 through 15 months and 4 through 6 years. • For measles postexposure prophylaxis, expanding recommendations for use of immune globulin administered intramuscularly (IGIM) to include infants aged birth to 6 months exposed to measles; increasing the recommended dose of IGIM for immunocompetent persons; and recommending use of immune globulin administered intravenously (IGIV) for severely immunocompromised persons and pregnant women without evidence of measles immunity who are exposed to measles. As a compendium of all current recommendations for the prevention of measles, rubella, congenital rubella syndrome (CRS), and mumps, the information in this report is intended for use by clinicians as baseline guidance for scheduling of vaccinations for these conditions and considerations regarding vaccination of special populations. ACIP recommendations are reviewed periodically and are revised as indicated when new information becomes available.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S23664322

El síndrome coronario agudo es una de las principales causas de mortalidad, morbilidad y coste sanitario en España. Los objetivos del presente estudio son estimar el número de casos de síndrome coronario agudo en España en 2013 y 2021, así como la tendencia en el periodo 2005-2049. Se estimó el número de casos de síndrome coronario agudo según el sexo y la comunidad autónoma utilizando datos de los registros más actualizados. Se presenta el número de casos estimado y el intervalo de confianza exacto del 95% asumiendo una distribución de Poisson. En 2013 habrá unos 115.752 (intervalo de confianza del 95%, 114.822-116.687) casos de síndrome coronario agudo en España. De estos, 39.086 morirán durante los primeros 28 días y 85.326 serán hospitalizados. Los diagnósticos más comunes al ingreso y al alta serán síndrome coronario agudo sin elevación del ST (56%) e infarto agudo de miocardio (81%) respectivamente. En 2021 el número de casos de síndrome coronario agudo se situará en 109.772 (intervalo de confianza del 95%, 108.868-110.635). La tendencia en el número de casos de síndrome coronario agudo entre 2005 y 2049 tenderá a estabilizarse en la población de 25 a 74 años y aumentar significativamente en la población mayor de 74 años. Los casos de síndrome coronario agudo aumentarán hasta el año 2049 debido al envejecimiento de la población, aunque parece estabilizarse en la población menor de 75 años. La letalidad del síndrome coronario agudo entre los pacientes hospitalizados se ha reducido, pero la proporción de muertes súbitas se mantiene sin cambios.

S23490258

Teniendo en cuenta la relación dinámica entre la presión arterial y la mortalidad, nuestros datos muestran una relación en forma de U para la presión arterial sistólica y una relación negativa para la presión arterial diastólica y mortalidad por todas las causas. La menor mortalidad correspondió a un valor de presión arterial sistólica ligeramente superior al valor diagnóstico de hipertensión, lo que indica que 140 mmHg podría no ser adecuado como valor diagnóstico y objetivo terapéutico en la población anciana.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S23320900

A high intake of dairy fat was associated with a lower risk of central obesity and a low dairy fat intake was associated with a higher risk of central obesity.

S23659708

Confidence from both personal and professional contacts is crucial. GPs have an important and appreciated role in this aspect.

S23465039

This study could not prove that specially tailored EBDI using MI implements guidelines more effectively than EBDI provided as usual.

S23607368

A referral system increases the flow of information and mutual communications between general practitioners and specialists to the benefit of the patients. The geographical location of the health care centre may be of importance regarding the value of the referrals.

S23301541

It was found that distance to hospital and SES influence SHC use after adjusting for comorbidity level, age, and gender. These results suggest that GPs and health care managers should pay a higher degree of attention to this when planning primary care services in order to minimize the potentially redundant use of SHC.

THORAX

S23125170

The NNT is a useful measure of the effect of drugs, but its proper calculation is essential to prevent misleading clinical practice guidelines.