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Selección realizada por Antonio Manteca González

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*MORBILIDAD CARDIOVASCULAR Y APNEA OBSTRUCTIVA DEL SUEÑO*

## ACADEMIC MEDICINE

[S24662199](#)

All physicians take a leadership role at some point in their career--some exert influence in their practices and communities as informal leaders, and others hold formal leadership roles to which they are appointed or elected. These formal leadership roles convey power to those individuals who hold such positions. Formal leadership, however, is limited in its influence unless it is accompanied by a series of personal and interpersonal competencies that characterize both formal and informal leaders. Many physicians who do not hold formal leadership roles will be called on to provide (or will wish to provide) informal leadership at various times in their careers. Both formal and informal leaders should be trained in the personal and interpersonal competencies necessary for effective leadership to advance the principles-driven and values-oriented goals inherent in the health care enterprise. In this article, the author defines leadership and describes the characteristics of formal and informal leaders, then discusses the types of leadership and the power derived from different

leadership roles. He concludes by arguing in favor of expanding the scope of leadership training to include informal as well as formal leaders.

S24871243

Findings suggest that important predictors of physician performance on competence assessment include personal characteristics, practice context, and reasons for assessment referral. These findings have implications for development of policies and programs designed to assess risk of poor physician performance and quality of care improvement efforts through organizational/practice design or remedial education.

## ANNALS OF INTERNAL MEDICINE

S24862434

Prenatal HBV screening followed by postnatal prophylaxis is highly effective in preventing vertical transmission of HBV. A negative e antigen status or a viral load less than  $5 \times 10^7$  IU/mL (90.9% of women tested) identifies women at extremely low risk for transmission after immunoprophylaxis who are unlikely to benefit from further interventions.

S24935489

This synopsis of the guideline summarizes the evidence about risk factors for stroke in women and suggests prevention strategies. It also describes the new recommendations relevant to identifying and treating hypertensive disorders in pregnancy that increase risk for stroke.

S24887617

Pharmacologic rate- and rhythm-control strategies have comparable efficacy across outcomes in primarily older patients with mild AF symptoms. Pulmonary vein isolation is better than antiarrhythmic medications at reducing recurrences of AF in younger patients with paroxysmal AF and mild structural heart disease. Future research should address uncertainties related to subgroups of interest and the effect of different therapies on long-term clinical outcomes.

S24887616

In unscreened elderly persons CRC screening should be considered well beyond age 75 years. A colonoscopy is indicated at most ages.

S24663815

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment. (I statement).

## ARCHIVOS DE BRONCONEUMOLOGIA

S24387877

En estudios recientes ha quedado perfectamente establecido que el tabaco incrementa la susceptibilidad a la infección bacteriana pulmonar, incluso en fumadores pasivos. Este efecto muestra también dosis-respuesta, ya que disminuye espectacularmente el riesgo 10 años después de abandonar el hábito tabáquico, situándose a niveles de no fumadores.

*Streptococcus pneumoniae* es el microorganismo causante de neumonía adquirida en la comunidad (NAC) que más se ha relacionado con el tabaquismo, especialmente en situaciones de enfermedad neumocócica invasiva y shock séptico.

Su influencia sobre la evolución de la neumonía no parece clara, aunque existen evidencias que sugieren un peor pronóstico de la neumonía neumocócica.

En NAC causadas por *Legionella pneumophila* también se ha observado que el hábito tabáquico es el factor de riesgo más remarcable, ya que puede suponer un aumento del riesgo del 121% por cada paquete diario de cigarrillos consumidos.

Por otro lado, el consumo de tabaco puede también favorecer la presencia de enfermedades que a su vez son factores de riesgo conocidos de NAC, como enfermedades periodontales e infecciones víricas de la vía aérea superior.

Como medida preventiva, si bien cabe proponer el abandono del tabaco, también es recomendable la vacuna neumocócica, independientemente de la presencia de comorbilidad.

## ATENCION PRIMARIA

S24768654

A pesar de la accesibilidad a la EF deben realizarse esfuerzos para estandarizar la formación, incrementar el número de exploraciones y promover el control de calidad sistemático.

S24768653

El grado de satisfacción de los pacientes de atención primaria domiciliaria parece depender de las características propias de cada modelo organizativo, siendo el modelo dispensarizado el que presenta un mayor grado de satisfacción o calidad asistencial percibida. Se debería realizar un mayor número de estudios para generalizar estos resultados a otros centros de atención primaria pertenecientes a otras instituciones.

S24704194

El cigarrillo electrónico (e-cig) es un dispositivo con forma de cigarrillo convencional que libera determinadas dosis de vapores de nicotina a través de un proceso de calentamiento electrónico.

Los cartuchos de nicotina tienen mucha variabilidad en la cantidad de nicotina liberada, incluso dentro de la misma marca. No todas las marcas admiten que contienen nicotina, pero esta se detecta en la mayoría de unidades analizadas. El e-cig contiene habitualmente propelentes como el propilenglicol, que es un producto irritante pulmonar. El efecto respiratorio a corto plazo del vapor de un e-cig es similar al causado por el humo del cigarrillo y es causa de broncoconstricción. La mayoría de marcas contienen glicerina, y se ha detectado al menos un caso de neumonía lipóidea por esta sustancia. Muchas marcas contienen trazas de N-nitrosaminas, metales pesados y otros productos que se encuentran en el humo de los cigarrillos convencionales en mucha mayor proporción. Actualmente no se dispone de evidencia científica de que sea un dispositivo eficaz para dejar de fumar, por lo que no debe recomendarse de forma proactiva para este fin y puede interferir en el uso de tratamientos de evidencia científica demostrada para dejar de fumar. Puede tener un efecto indeseable al promover el inicio del consumo en adolescentes o retener a fumadores adultos en el consumo de nicotina y en la dependencia gestual. No se conoce bien la toxicidad de los vapores pero se sabe que no son inocuos, por lo que no deberían utilizarse en espacios públicos cerrados.

S24661973

La prescripción inapropiada en mayores es frecuente y está relacionada con el uso de benzodiazepinas de vida media larga. Existen diabéticos con factores de riesgo cardiovascular en los que se omiten las estatinas. La polimedición juega un papel importante en las PPI y OP.

S24703389



El EAT-26 modificado y abreviado es un instrumento multidimensional, con excelentes valores de confiabilidad y sensibilidad, y con un adecuado valor de especificidad, apropiado para el cribado de posible TCA en población de riesgo y útil en atención primaria para su detección temprana en mujeres jóvenes.

## BRITISH MEDICAL JOURNAL

S24865600

Screening for lung cancer with low dose computed tomography can reduce mortality from the disease by 20% in high risk smokers. This review covers the state of the art knowledge on several aspects of implementing a screening program. The most important are to identify people who are at high enough risk to warrant screening and the appropriate management of lung nodules found at screening. An accurate risk prediction model is more efficient than age and pack years of smoking alone at identifying those who will develop lung cancer and die from the disease. Algorithms are available for assessing people who screen positive to determine who needs additional imaging or invasive investigations. Concerns about low dose computed tomography screening include false positive results, overdiagnosis, radiation exposure, and costs. Further work is needed to define the frequency and duration of screening and to refine risk prediction models so that they can be used to assess the risk of lung cancer in special populations. Another important area is the use of computer vision software tools to facilitate high throughput interpretation of low dose computed tomography images so that costs can be reduced and the consistency of scan interpretation can be improved. Sufficient data are available to support the implementation of screening programs at the population level in stages that can be expanded when found to perform well to improve the outcome of patients with lung cancer.

WINDECKER

Among patients with stable coronary artery disease, coronary artery bypass grafting reduces the risk of death, myocardial infarction, and subsequent revascularisation compared with medical treatment. All stent based coronary revascularisation technologies reduce the need for revascularisation to a variable degree. Our results provide evidence for improved survival with new generation drug eluting stents but no other percutaneous revascularisation technology compared with medical treatment.

REES

Lower urinary tract symptoms (LUTS) in men have many causes and are often multifactorial

A full assessment helps in making a diagnosis and avoids the assumption that LUTS in all men are due to benign prostatic hyperplasia (BPH)

Frequency volume charts are underused but often provide important diagnostic clues

Lifestyle measures, in particular altering fluid intake, can be useful for men with LUTS

Blockers are the usual treatment for LUTS due to BPH, and antimuscarinics for overactive bladder

5 $\alpha$  reductase inhibitors reduce the risk of clinical progression and should be targeted at those at high risk of clinical progression

A range of surgical options are available for men who fail initial medical management

Lower urinary tract symptoms (LUTS) are common in men and increase in frequency and severity with age. Over one third of men aged 50 or more are living with moderate to severe symptoms, equating to 3.4 million men in the United Kingdom alone and 24 million in countries of the European Union.<sup>1</sup> Most men with LUTS can be managed effectively in primary care, with either conservative lifestyle measures or medical treatment.<sup>2</sup> We discuss the causes of LUTS in men and summarise the current evidence on assessment and management of patients

S24874977

Higher potency statin use is associated with a moderate increase in the risk of new onset diabetes compared with lower potency statins in patients treated for secondary prevention of cardiovascular disease. Clinicians should consider this risk when prescribing higher potency statins in secondary prevention patients.

S24906901

Community based specialist palliative care teams, despite variation in team composition and geographies, were effective at reducing acute care use and hospital deaths at the end of life.

S24879819

The effectiveness of thrombolytic therapy in daily clinical practice might be comparable with the effectiveness shown in randomised clinical trials and pooled analysis. Early treatment was associated with favourable outcome in daily clinical practice, which underlines the importance of speeding up the process for thrombolytic therapy in hospital and before admission to achieve shorter time from door to needle and from onset to treatment for thrombolytic therapy.

S24938302

Despite levels of 25(OH)D strongly varying with country, sex, and season, the association between 25(OH)D level and all-cause and cause-specific mortality was remarkably consistent. Results from a long term randomised controlled trial addressing longevity are being awaited before vitamin D supplementation can be recommended in most individuals with low 25(OH)D levels.

S24899650

Clinical study reports contained extensive data on major harms that were unavailable in journal articles and in trial registry reports. There were inconsistencies between protocols and clinical study reports and within clinical study reports. Clinical study reports should be used as the data source for systematic reviews of drugs, but they should first be checked against protocols and within themselves for accuracy and consistency.

S24942789

Safety warnings about antidepressants and widespread media coverage decreased antidepressant use, and there were simultaneous increases in suicide attempts among young people. It is essential to monitor and reduce possible unintended consequences of FDA warnings and media reporting.

S24942388

This study found no evidence for a positive association between the use of drug treatments for ADHD and the risk of concomitant suicidal behaviour among patients with ADHD. If anything, the results pointed to a potential protective effect of drugs for ADHD on suicidal behaviour, particularly for stimulant drugs. The study highlights the importance of using within patient designs to control for confounding in future pharmacoepidemiological studies.

S24868083

Among this well treated primary care population, fixed dose combination treatment improved adherence to the combination of all recommended drugs but improvements in clinical risk factors were small and did not reach statistical significance. Acceptability was high for both general practitioners and patients, although the discontinuation rate was high.

S24912589

A community based, individually tailored intervention programme with screening for risk of ischaemic heart disease and repeated lifestyle intervention over five years had no effect on ischaemic heart disease, stroke, or mortality at the population level after 10 years. Trial registration Clinical trials NCT00289237.

S24951459

Invitation to modern mammography screening may reduce deaths from breast cancer by about 28%.

## BRITISH JOURNAL OF PSYCHIATRY

S24676963

Continuing CST improves quality of life; and improves cognition for those taking AChEIs.

S24676966

High levels of early childhood conduct problems are particularly associated with increased health, social care and criminal justice costs in adulthood.

S24578445

Suicide risk in physically ill people varies substantially by presence of psychiatric comorbidity, particularly the relative timing of onset of the two types of illness. Closer collaboration between general and mental health services should be an essential component of suicide prevention strategies.

S24526745

Both interventions led to significant reductions in long-term benzodiazepine use in patients without severe comorbidity. A structured intervention with a written individualised stepped-dose reduction is less time-consuming and as effective in primary care as a more complex intervention involving follow-up visits.

## CANADIAN MEDICAL ASSOCIATION JOURNAL

S24664649

In this trial, the rate of successful radial-head subluxation performed by nurses was inferior to the physician success rate. Although the success rate in the nurse-initiated care group did not meet the non-inferiority margin, nurses were able to reduce radial head subluxation for almost 85% of children who presented with probable radial-head subluxation. Trial registration: ClinicalTrials.gov, no. NCT00993954.

S24756625

We found robust associations between child abuse and mental conditions. Health care providers, especially those assessing patients with mental health problems, need to be aware of the relation between specific types of child abuse and certain mental conditions. Success in preventing child abuse could lead to reductions in the prevalence of mental disorders, suicidal ideation and suicide attempts.

## CIRCULATION

S24842943

Hospitalization rates for AF have increased exponentially among US adults from 2000 to 2010. The proportion of comorbid chronic diseases has also increased significantly. The last decade has witnessed an overall decline in hospital mortality; however, the hospitalization cost has significantly increased.

S24799511

A well-established body of scientific research shows that there is a strong relationship between excess sodium intake and high blood pressure and other adverse health outcomes. With Americans getting >75% of their sodium from processed and restaurant food, this evidence creates mounting pressure for less sodium in the food supply. The reduction of sodium in the food supply is a complex issue that involves multiple stakeholders. The success of new technological approaches for reducing sodium will depend on product availability, health effects (both intended and unintended), research and development investments, quality and taste of reformulated foods, supply chain management, operational modifications, consumer acceptance, and cost. The conference facilitated an exchange of ideas and set the stage for potential collaboration opportunities among stakeholders with mutual interest in reducing sodium in the food supply and in Americans' diets. Population-wide sodium reduction remains a critically important component of public health efforts to promote cardiovascular health and prevent cardiovascular disease and will remain a priority for the American Heart Association.

## DIABETES CARE

S24855154

Given the continued interest in defining the optimal management of individuals with type 2 diabetes, the Editor of Diabetes Care convened a working party of diabetes specialists to examine this topic in the context of insulin therapy. This was prompted by recent new evidence on the use of insulin in such people. The group was aware of evidence that the benefits of insulin therapy are still usually offered late, and thus the aim of the discussion was how to define the optimal timing and basis for decisions regarding insulin and to apply these concepts in practice. It was noted that recent evidence had built upon that of the previous decades, together confirming the benefits and safety of insulin therapy, albeit with concerns about the potential for hypoglycemia and gain in body weight. Insulin offers a unique ability to control hyperglycemia, being used from the time of diagnosis in some circumstances, when metabolic control is disturbed by medical illness, procedures, or therapy, as well as in the longer term in ambulatory care. For those previously starting insulin, various other forms of therapy can be added later, which offer complementary effects appropriate to individual needs. Here we review current evidence and circumstances in which insulin can be used, consider individualized choices of alternatives and combination regimens, and offer some guidance on personalized targets and tactics for glycemic control in type 2 diabetes.

S24595629

In the ACCORD BP trial, compared with combined standard treatment, intensive BP or intensive glycemia treatment alone improved major CVD outcomes, without additional benefit from combining the two. In the ACCORD lipid trial, neither intensive lipid nor glycemia treatment produced an overall benefit, but intensive glycemia treatment increased mortality.

S24705610

The presence of a minor lesion was clearly the strongest predictor, while recommended use of adequately offloading footwear was a strong protector against ulcer recurrence from unrecognized repetitive trauma. These outcomes define clear targets for diabetic foot screening and ulcer prevention.

S24667462

Although measuring SMB is difficult and the used operationalization might be limited, our results give some indication that a high level of SMB is associated with prolonged life expectancy in patients with type 2 diabetes and highlight the potential impact of the patients' active contribution on the long-term trajectory of the disease. We assume that the used proxy for SMB is associated with unmeasured, but important, dimensions of health behavior.

S24705609

The incidence of both GDM and pre-GDM in pregnancy has doubled over the last 14 years, and the overall burden of diabetes in pregnancy on society is growing. Although congenital anomaly rates have declined in women with diabetes, perinatal mortality rates remain unchanged, and the risk of both remains significantly elevated compared with nondiabetic women. Increased efforts are needed to reduce these adverse outcomes.

S24855158

Computer-based diabetes self-management interventions to manage type 2 diabetes appear to have a small beneficial effect on blood glucose control, and this effect was larger in the mobile phone subgroup. There was no evidence of benefit for other biological, cognitive, behavioral, or emotional outcomes.

S24722494

Empagliflozin 10 and 25 mg for 24 weeks as add-on to metformin therapy significantly improved glycemic control, weight, and BP, and were well-tolerated.

S24855159

The availability of insulin analogs has offered insulin replacement strategies that are proposed to more closely mimic normal human physiology. Specifically, there are a considerable number of reports demonstrating that prandial insulin analogs (lispro, aspart, glulisine) have pharmacokinetic and pharmacodynamic profiles closer to normal, with resulting faster onset and offset of insulin effect when compared with regular human insulin. In addition, basal insulin analogs (glargine, detemir) have been reported to offer longer duration of action, less variability, more predictability, less hypoglycemia (especially nocturnal), and a favorable effect on weight. However, an argument against use of analog insulins as compared with use of regular or NPH insulin is one that states that the effectiveness and risk of hypoglycemia are the only two valid clinical outcomes that should be used to compare the analog and human insulins. Thus, there remains a debate in some circles that analog insulins are no more effective than human insulins, yet at a much higher financial cost. To provide an in-depth 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 counterpoint narrative, Dr. Davidson provides his argument and defends his opinion that outside of a few exceptions, analog insulins provide no clinical benefit compared with human insulins but cost much more. In the point narrative presented here, Dr. Grunberger provides a defense of analog insulins and their value in clinical management and suggests that when evaluating the "cost" of therapy, a much more global assessment is needed.-William T. Cefalu Editor in Chief, Diabetes Care.

S24855160

The availability of insulin analogs has offered insulin replacement strategies that are proposed to more closely mimic normal human physiology. Specifically, there are a considerable number of reports demonstrating that prandial insulin analogs (lispro, aspart, glulisine) have pharmacokinetic and pharmacodynamic profiles closer to normal, with resulting faster onset and offset of insulin effect when compared with regular human insulin. In addition, basal insulin analogs (glargine, detemir) have been reported to offer longer duration of action, less variability, more predictability, less hypoglycemia (especially nocturnal), and a favorable effect on weight. However, an argument against use of analog insulins as compared with use of regular or NPH insulin is one that states that the effectiveness and risk of hypoglycemia are the only two valid clinical outcomes that should be used to compare the analog and human insulins. Thus, there remains a debate in some circles that analog insulins are no more effective than human insulins, yet at a much higher financial cost. To provide an in-depth 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 counterpoint narrative presented here, Dr. Davidson provides his argument and defends his opinion that outside of a few exceptions, analog insulins provide no clinical benefit compared with human insulins but cost much more. In the preceding point narrative, Dr. Grunberger provides a defense of analog insulins and their value in clinical management and suggests that when evaluating the "cost" of therapy, a much more global assessment is needed.-William T. Cefalu Editor in Chief, Diabetes Care.

## DRUGS

S24825489

Recent high-quality studies have confirmed the central role of lithium in the treatment of bipolar disorder and have established lithium as the drug of first choice for long-term prophylaxis in this condition. However, several indications for its use in unipolar major depression are also based on sound evidence. This includes lithium augmentation as a main strategy for depressed patients not responding to an antidepressant, lithium prophylaxis for recurrent unipolar depression as an alternative to prophylaxis with an antidepressant, and lithium's unique anti-suicidal properties. Lithium monotherapy, on the other hand, is not established for acute treatment of depression. Lithium therapy should be a core competency of every psychiatrist, enabling the safe use of lithium, to the benefit of our patients.

S24866023

The epoch-making discovery of insulin heralded a new dawn in the management of diabetes. However, the earliest, unmodified soluble insulin preparations were limited by their short duration of action, necessitating multiple daily injections. Initial attempts to protract the duration of action of insulin involved the use of various additives, including vasoconstrictor substances, which met with limited success. The subsequent elucidation of the chemical and three-dimensional structure of insulin and its chemical synthesis and biosynthesis allowed modification of the insulin molecule itself, resulting in insulin analogs that are designed to mimic normal endogenous insulin secretion during both fasting and prandial conditions. Insulin glargine was the first once-daily, long-acting insulin analog to be introduced into clinical practice more than 10 years ago and is specifically designed to provide basal insulin requirements. It has a prolonged duration of action and no distinct insulin peak, making it suitable for once-daily administration and reducing the risk of nocturnal hypoglycemia that is seen with intermediate-acting insulins. Insulin glargine can be used in combination with prandial insulin preparations and non-insulin anti-diabetic agents according to individual requirements.

S24846578

Tuberculosis (TB) is the world's second leading infectious killer. Cases of multidrug-resistant (MDR-TB) and extremely drug-resistant (XDR-TB) have increased globally. Therapeutic drug monitoring (TDM) remains a standard clinical technique for using plasma drug concentrations to determine dose. For TB patients, TDM provides objective information for the clinician to make informed dosing decisions. Some patients are slow to respond to treatment, and TDM can shorten the time to response and to treatment completion. Normal plasma concentration ranges for the TB drugs have been defined. For practical reasons, only one or two samples are collected post-dose. A 2-h post-dose sample approximates the peak serum drug concentration (C<sub>max</sub>) for most TB drugs. Adding a 6-h sample allows the clinician to distinguish between delayed absorption and malabsorption. TDM requires that samples are promptly centrifuged, and that the serum is promptly harvested and frozen. Isoniazid and ethionamide, in particular, are not stable in human serum at room temperature. Rifampicin is stable for more than 6 h under these conditions. Since our 2002 review, several papers regarding TB drug pharmacokinetics, pharmacodynamics, and TDM have been published. Thus, we have better information regarding the concentrations required for effective TB therapy. In vitro and animal model data clearly show concentration responses for most TB drugs. Recent studies emphasize the importance of rifamycins and pyrazinamide as sterilizing agents. A strong argument can be made for maximizing patient exposure to these drugs, short of toxicity. Further, the very concept behind 'minimal inhibitory concentration' (MIC) implies that one should achieve concentrations above the minimum in order to maximize response. Some, but not all clinical data are consistent with the utility of this approach. The low ends of the TB drug normal ranges set reasonable 'floors' above which plasma concentrations should be maintained. Patients with diabetes and those infected with HIV have a particular risk for poor drug absorption, and for drug-drug interactions. Published guidelines typically describe interactions between two drugs, whereas the clinical situation often is considerably more complex. Under 'real-life' circumstances, TDM often is the best available tool for sorting out these multi-drug interactions, and for providing the patient safe and adequate doses. Plasma concentrations cannot explain all of the variability in patient responses to TB treatment, and cannot guarantee patient outcomes. However, combined with clinical and bacteriological data, TDM can be a decisive tool, allowing clinicians to successfully treat even the most complicated TB patients.

S24902800

Trimetazidine is a cytoprotective drug whose cardiovascular effectiveness, especially in patients with stable ischemic heart disease, has been the source of much controversy in recent years; some have gone so far as to treat the medication as a 'placebo drug' whose new side effects, such as Parkinsonian symptoms, outweigh its benefits. This article is an attempt to present the recent key studies, including meta-analyses, on the use of trimetazidine in chronic heart failure, also in patients with diabetes mellitus and arrhythmia, as well as in peripheral artery disease. This paper also includes the most recent European Society of Cardiology guidelines, including those of 2013, on the use of trimetazidine in cardiovascular disease.

S24866024

Approximately 30 % of HIV-infected patients are co-infected with hepatitis C virus (HCV). After the release of highly active antiretroviral therapy, liver disease has become the leading cause of morbidity and mortality in HIV patients. Prior to 2011, HCV treatment with pegylated-interferon and ribavirin in HCV/HIV co-infected patients only allowed 14-38 % of patients with HCV genotype 1 to achieve a sustained virologic response (SVR). Additionally, treatment was commonly discontinued as a result of adverse events. Recently, simeprevir and sofosbuvir have been approved by the US Food and Drug Administration (FDA) for HCV mono-infection. Sofosbuvir has been given FDA approval in co-infected patients offering unprecedented SVR rates and the potential for interferon-free therapy. HCV therapies that are in the pipeline offer improved treatment times, safety profiles, and rates of SVR. Despite these improvements, several new issues including adherence, drug-drug interactions with antiretroviral therapies, adverse events, resistance, and patient selection may complicate therapy. This article reviews the current status of direct-acting antivirals (DAA)-containing regimens for HIV/HCV co-infected patients in the USA. New results investigating telaprevir and boceprevir are also discussed as they are relevant for locations where new DAAs are not available. The impact future interferon-free therapies may have on co-infected patients is also discussed.

## EUROPEAN HEART JOURNAL

S24057077

Self-reported symptoms of depression and anxiety, especially if recurrent, were moderately associated with the risk of incident AMI. We had some indications that these associations might partly reflect reverse causation or confounding from common chronic diseases.

S24639425

Atrial fibrillation (AF) is the most common arrhythmia and has gained increasingly more attention due to new treatment options, particularly catheter ablation. Growing experience with this technique and better AF suppression compared with antiarrhythmic medication have paved the way for its extended use and indication. At this point, it is recommended for symptomatic patients if antiarrhythmic drugs failed and in selected young symptomatic patients as first line therapy. It is a tempting concept to improve prognosis in young AF patients by rhythm control irrespective of symptoms. In this review, we summarize epidemiological data on young AF, efficacy, and limitations of rate and rhythm control by means of medication and catheter ablation in young patients, information on arrhythmia progression and outcome, and the consequences of these data for AF treatment in young, asymptomatic patients.

S24282187

Cardiovascular disease (CVD) and depression are common. Patients with CVD have more depression than the general population. Persons with depression are more likely to eventually develop CVD and also have a higher mortality rate than the general population. Patients with CVD, who are also depressed, have a worse outcome than those patients who are not depressed. There is a graded relationship: the more severe the depression, the higher the subsequent risk of mortality and other cardiovascular events. It is possible that depression is only a marker for more severe CVD which so far cannot be detected using our currently available investigations. However, given the increased prevalence of depression in patients with CVD, a causal relationship with either CVD causing more depression or depression causing more CVD and a worse prognosis for CVD is probable. There are many possible pathogenetic mechanisms that have been described, which are plausible and that might well be important. However, whether or not there is a causal relationship, depression is the main driver of quality of life and requires prevention, detection, and management in its own right. Depression after an acute cardiac event is commonly an adjustment disorder than can improve spontaneously with comprehensive cardiac management. Additional management strategies for depressed cardiac patients include cardiac rehabilitation and exercise programmes, general support, cognitive behavioural therapy, antidepressant medication, combined approaches, and probably disease management programmes.

S24536084

Atrial fibrillation (AF) is generally considered a progressive disease, typically evolving from paroxysmal through persistent to 'permanent' forms, a process attributed to electrical and structural remodelling related to both the underlying disease and AF itself. Medical treatment has yet to demonstrate clinical efficacy in preventing progression. Large clinical trials performed to date have failed to show benefit of rhythm control compared with rate control, but these trials primarily included patients at late stages in the disease process. One possible explanation is that intervention at only an early stage of progression may improve prognosis. Evolving observations about the progressive nature of AF, along with the occurrences of major complications such as strokes upon AF presentation, led to the notion that earlier and more active approaches to AF detection, rhythm-reversion, and maintenance of sinus rhythm may be a useful strategy in AF management. Approaches to early and sustained rhythm control include measures that prevent development of the AF substrate, earlier catheter ablation, and novel antiarrhythmic drugs. Improved classifications of AF mechanism, pathogenesis, and remodelling may be helpful to enable patient-specific pathophysiological diagnosis and therapy. Potential novel therapeutic options under development include microRNA-modulation, heatshock protein inducers, agents that influence Ca<sup>2+</sup> handling, vagal stimulators, and more aggressive mechanism-based ablation strategies. In this review, of research into the basis and management of AF in acute and early settings, it is proposed that progression from paroxysmal to persistent AF can be interrupted, with potentially favourable prognostic impact.

S24591550

There is a higher risk of cardiovascular events shortly after outbursts of anger.

## FAMILY MEDICINE

S24911300

Our findings show that primary care hypertension patients who use a lipophilic beta-blocker are more likely to have higher depression scores than those who do not use a lipophilic beta-blocker.

S24911299

Successful implementation of innovative PCMH curricula is key to preparing a workforce ready to practice in a new model of health care delivery. This qualitative study demonstrates that an experiential PCMH curriculum can enhance third-year medical student self-assessed knowledge of and attitudes toward the PCMH and may improve perceptions of a career in primary care.

S24911296

Despite increased emphasis on quality improvement activities in practice, most family medicine clerkships do not currently offer PBLI curricula. Additionally, less than one in four family medicine clerkships plan on increasing the amount of PBLI curricula in the next 12 months. Continued research in this area is needed to identify successful models for PBLI curricular offerings.

S24911298

A successful curriculum redesign requires considerable planning and coordination. We designed and implemented a comprehensive CSC that was both well received and effective. Peer teaching programs can provide medical education leadership experiences with benefits for learners, teachers, and medical educators.

## FAMILY PRACTICE

S24435069

Based on a literature search and expert opinion, we have developed an information leaflet for GPs to provide as a supplement to oral shoe advice. Women using this leaflet were able to select shoes of better quality and better fit than women selecting shoes without using the leaflet.

S24639564

The data showed high levels of involvement by German PCPs in CVD prevention and dietary counselling. The rather low perceived success of dietary intervention and differences with respect to patients' health insurance status indicate a need to address both communication skills in medical training and appropriate reimbursement of preventive services.

S24736294

Although the findings are in favour of purposeful selection, observed differences in detected problems between the two selection procedures are relatively small. GPs should at least target older people with  $\geq 2$  chronic conditions, using  $\geq 5$  medications, being female, of an older age, living alone and the less educated.

S24728774

Stroke risk profiles of patients detected via opportunistic and systematic screenings were similar. Data derived from the SAFE study suggest that active screening for AF in patients aged  $\geq 65$  years in primary care is a useful screening programme with 78-83% of patients identified eligible for anticoagulation treatment according to the CHADS2 criteria.

S24736295

This study has elucidated specific costs, benefits and ethical barriers to placebo use as perceived by a large sample of UK GPs. Stand-alone qualitative work would provide a more in-depth understanding of GPs' views. Continuing education and professional guidance could help GPs update and contextualize their understanding of placebos and their clinical effects.

S24532609

Our study shows a high burden of care for fall-related injuries in older general practice patients and provides baseline data for its future monitoring.

S24367069

The use of implementation strategies for the distribution of guidelines on CVD can be convincingly effective on physician adherence, regardless whether based on a unimodal or multimodal design. Three distinct strategies should be well considered in such an attempt: organizational changes in the primary care team, patient education and provider education.

S24473676

The Stepping Up model allowed technical care to be embedded within generalist whole-person care, supported clinicians and practice system to overcome clinical inertia and supported patients to make the timely transition to insulin. Testing of the model's effectiveness is now underway.

S24621557

Clear, comprehensive criteria, particularly with regards to comorbidities, are required for GPs to confidently screen patients for potential participation in research. Future studies should promote inclusivity and encourage GPs to adopt a liberal approach when screening patient lists. This would enhance the validity and generalizability of primary care research and encourage greater patient autonomy.

## JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S24915260

Among patients with diabetes who were receiving metformin, the addition of insulin vs a sulfonylurea was associated with an increased risk of a composite of nonfatal cardiovascular outcomes and all-cause mortality. These findings require further investigation to understand risks associated with insulin use in these patients.

S24915263

Insulin can help achieve ideal hemoglobin A1c goals for patients with type 2 diabetes. Barriers such as adherence, patient preferences, clinician preferences, and resource allocation must be addressed.

S24893088

Among Medicare beneficiaries hospitalized for heart failure and with an LVEF between 30% and 35% and less than 30%, survival at 3 years was better in patients who received a prophylactic ICD than in comparable patients with no ICD. These findings support guideline recommendations to implant prophylactic ICDs in eligible patients with an LVEF of 35% or less.

S24893087

Among older patients hospitalized with pneumonia, treatment that included azithromycin compared with other antibiotics was associated with a lower risk of 90-day mortality and a smaller increased risk of myocardial infarction. These findings are consistent with a net benefit associated with azithromycin use.

S24892770

Declines in estimated GFR smaller than a doubling of serum creatinine concentration occurred more commonly and were strongly and consistently associated with the risk of ESRD and mortality, supporting consideration of lesser declines in estimated GFR (such as a 30% reduction over 2 years) as an alternative end point for CKD progression.

S24866862

A structured, moderate-intensity physical activity program compared with a health education program reduced major mobility disability over 2.6 years among older adults at risk for disability. These findings suggest mobility benefit from such a program in vulnerable older adults.

S24938566

CLINICAL QUESTION:

Is exercise an effective treatment for depression?

BOTTOM LINE:

Exercise is associated with a greater reduction in depression symptoms compared with no treatment, placebo, or active control interventions, such as relaxation or meditation. However, analysis of high-quality studies alone suggests only small benefits.

S24893090

CLINICAL QUESTION Is prophylactic antibiotic treatment associated with fewer exacerbations or improved health-related quality of life (HRQOL) in patients with chronic obstructive pulmonary disease (COPD)? BOTTOM LINE Continuous macrolide antibiotic use for

prophylaxis was associated with a clinically significant reduction in COPD exacerbations. Pulsed antibiotic use was not associated with benefit. Continuous and pulsed antibiotics were associated with improved HRQOL, but this was not clinically significant.

S24893089

Resistant hypertension-uncontrolled hypertension with 3 or more antihypertensive agents-is increasingly common in clinical practice. Clinicians should exclude pseudoresistant hypertension, which results from nonadherence to medications or from elevated blood pressure related to the white coat syndrome. In patients with truly resistant hypertension, thiazide diuretics, particularly chlorthalidone, should be considered as one of the initial agents. The other 2 agents should include calcium channel blockers and angiotensin-converting enzyme inhibitors for cardiovascular protection. An increasing body of evidence has suggested benefits of mineralocorticoid receptor antagonists, such as eplerenone and spironolactone, in improving blood pressure control in patients with resistant hypertension, regardless of circulating aldosterone levels. Thus, this class of drugs should be considered for patients whose blood pressure remains elevated after treatment with a 3-drug regimen to maximal or near maximal doses. Resistant hypertension may be associated with secondary causes of hypertension including obstructive sleep apnea or primary aldosteronism. Treating these disorders can significantly improve blood pressure beyond medical therapy alone. The role of device therapy for treating the typical patient with resistant hypertension remains unclear.

OMEARA

Clinical Question: Is treatment with topical or systemic antimicrobial agents associated with better venous leg ulcer healing compared with usual care (dressings and bandages without antimicrobials) or an alternative topical or systemic antimicrobial agent?

Bottom Line: Available evidence, from underpowered pooled data, neither supports nor refutes an association of systemic antibiotic therapy with improved venous leg ulcer healing. Among topical antimicrobials, cadexomer iodine may be associated with better healing compared with usual care.

PISANO

Another spirited debate has ensued over the benefits of breast cancer screening,<sup>1</sup> freshly stimulated by the recent publication of the 25-year follow-up results of the Canadian National Breast Screening Study (CNBSS) that showed no difference in breast cancer-related mortality in screened women vs controls.<sup>2</sup> This latest controversy developed even though the CNBSS is the only one of 8 randomized clinical trials of screening mammography that failed to find a reduction in mortality,<sup>3</sup> and despite substantial and well-described limitations in the CNBSS methods,<sup>4</sup> including poor image quality and problems in the randomization schema that created a screened cohort with more large palpable cancers than the control group. Fourteen more recent studies published between 2001 and 2010 using more modern technology have shown a 25% to 50% reduction in breast cancer-related mortality for women aged 40 to 74 years.<sup>5</sup> In the interval since the randomized trials of screening and with the demonstration of improved diagnostic accuracy for women with dense breasts,<sup>6</sup> digital mammography has supplanted film mammography as the screening technology of choice,<sup>7</sup> and treatment of breast cancer has improved substantially.<sup>8</sup>

FRIEDEWALD

Addition of tomosynthesis to digital mammography was associated with a decrease in recall rate and an increase in cancer detection rate. Further studies are needed to assess the relationship to clinical outcomes

## JAMA INTERNAL MEDICINE

S24733354

Direct-to-consumer education effectively elicits shared decision making around the overuse of medications that increase the risk of harm in older adults. TRIAL REGISTRATION [clinicaltrials.gov](https://clinicaltrials.gov) Identifier: NCT01148186.

S24756610

False-positive mammograms were associated with increased short-term anxiety but not long-term anxiety, and there was no measurable health utility decrement. False-positive mammograms increased women's intention to undergo future breast cancer screening and did not increase their stated willingness to travel to avoid a false-positive result. Our finding of time-limited harm after false-positive screening mammograms is relevant for clinicians who counsel women on mammographic screening and for screening guideline development groups.

S24710960

Sildenafil use may be associated with an increased risk of developing melanoma. Although this study is insufficient to alter clinical recommendations, we support a need for continued investigation of this association.

S24733277

A novel telephone-based, low-intensity model to concurrently manage cardiac patients with depression and/or anxiety disorders was effective for improving mental health-related quality of life in a 24-week trial. TRIAL REGISTRATION [clinicaltrials.gov](https://clinicaltrials.gov) Identifier: NCT01201967.

## JAMA PSYCHIATRY

S24789675

Many pharmacotherapies and psychotherapies are effective, but there is a lot of room for improvement. Because of the multiple differences in the methods used in pharmacotherapy and psychotherapy trials, indirect comparisons of their effect sizes compared with placebo or no treatment are problematic. Well-designed direct comparisons, which are scarce, need public funding. Because patients often benefit from both forms of therapy, research should also focus on how both modalities can be best combined to maximize synergy rather than debate the use of one treatment over the other.

## MEDICINA CLINICA

S24387955

La comorbilidad FM empeora los parámetros clínicos, la fatiga y la percepción de la calidad de vida en los pacientes con SFC.

S23622897

Aproximadamente la mitad de los pacientes con DM2 no insulinizados y en tratamiento con HO presenta ICP. Cuatro de cada 10 pacientes cumplen adecuadamente el tratamiento con HO. El sexo femenino y una menor duración de la DM2 se asocian independientemente a ICP.

S24183117

El exceso de peso es un grave problema de salud pública, con una importante mortalidad asociada. El análisis de los fallecimientos atribuibles es una útil herramienta para conocer la situación real y la monitorización de las medidas encaminadas a su control.

S23683969

La DM2 se asocia a sobrepeso y obesidad y aumenta con el grado de IMC. Dislipidemia, hipertensión y sedentarismo en DM2 se incrementan con el aumento del IMC. Los pacientes con peor control metabólico se asocian a mayor grado de obesidad.

S24480288

La encefalopatía hepática (EH) es una complicación frecuente de la cirrosis, con un gran impacto social, que deteriora la calidad de vida del paciente y se considera un signo de enfermedad hepática avanzada y, por tanto, una indicación clínica para la evaluación de trasplante hepático.

Los pacientes que han presentado episodios de EH tienen un elevado riesgo de recurrencia, por lo que una vez superado el episodio de EH se recomienda el control y la prevención de factores precipitantes (hemorragia digestiva, peritonitis bacteriana espontánea, uso de los diuréticos con precaución, evitar medicación depresora del sistema nervioso), la administración continuada de disacáridos no absorbibles, como lactitol o lactulosa, o de antibióticos poco o no absorbibles como rifaximina, y la valoración de la necesidad de un trasplante hepático, dado que la presencia de un episodio de EH conlleva un mal pronóstico en la cirrosis.

S24216018

El déficit de vitamina D y el síndrome metabólico son 2 entidades muy frecuentes en población española. Se ha sugerido que los pacientes con síndrome metabólico pueden tener déficit de vitamina D con mayor frecuencia que los sujetos sin él, y que unos valores bajos de vitamina D pueden predisponer al desarrollo de síndrome metabólico. No obstante, los resultados de estudios prospectivos y de intervención han sido diversos, sin que se haya aclarado por el momento si existe esta relación. El objetivo de este trabajo fue evaluar la relación entre los valores de 25-hidroxivitamina D y la prevalencia e incidencia del síndrome metabólico.

## REVISTA ESPAÑOLA DE CARDIOLOGIA

S24863590

La aparición de los nuevos anticoagulantes orales como tratamiento de prevención de fenómenos de tromboembolia en la fibrilación auricular no valvular ha supuesto sin duda un significativo avance. Se ha estudiado la eficacia y la seguridad de los tres nuevos fármacos en ECA de no inferioridad (hipótesis principal), en los que también se analizaban hipótesis de superioridad. Aunque existe un lógico entusiasmo por conocer qué fármaco es más eficaz, efectivo y eficiente, sin las pertinentes comparaciones directas no se podrá obtener de manera fiable esa información. En todo caso, resulta razonable pensar que, conforme vaya pasando el tiempo y se tenga más datos de estudios observacionales, se irán definiendo las características de la enfermedad —pero, sobre todo, del paciente (comorbilidades, riesgo hemorrágico, factores psicosociales, etc.)— y del entorno que definirán las indicaciones precisas de cada fármaco para grupos de pacientes concretos.

S24863597

Actualmente está bien establecido que la alta reactividad plaquetaria a la adenosina difosfato durante el tratamiento con clopidogrel es un factor independiente predictivo del riesgo de eventos isquémicos en pacientes a los que se ha practicado una intervención coronaria percutánea. Sin embargo, el papel exacto de las pruebas de la función plaquetaria sigue siendo objeto de controversia. Las pruebas de la función plaquetaria para asegurar una inhibición plaquetaria óptima han sido recomendadas por algunos autores para mejorar los resultados en los pacientes tratados con clopidogrel. En ensayos prospectivos y aleatorizados recientes sobre tratamiento antiagregante plaquetario personalizado, no se ha podido demostrar un efecto favorable de las pruebas de la función plaquetaria en cuanto a mejora de los resultados clínicos. En este artículo se analizan los mecanismos de la falta de respuesta a clopidogrel, los ensayos recientes de las pruebas de la función plaquetaria y otros nuevos avances en el campo del tratamiento antiagregante plaquetario personalizado.

S24863592

Este estudio aporta información desde una perspectiva nacional y muestra una prevalencia de factores de riesgo cardiovascular superior en el sur de España, con estrecha correlación con la obesidad, el estilo de vida sedentario e indicadores de una situación socioeconómica desfavorecida.

## SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S24914458

Experienced GPs seem to better tolerate uncertainty and also seem to fear medical errors less than their young colleagues. Young and more experienced GPs use different coping strategies for dealing with medical errors. Implications. When GPs become more experienced, they seem to get better at coping with medical errors. Means to support these skills should be studied in future research.

S24920316

GAD is rather common among high utilizers of primary care, although the prevalence of 4% is lower than that previously reported. GAD-7 is a valid and useful tool for detecting GAD among primary health care patients.

S24779455

OGTT may be a useful screening method for IGT in risk groups such as hypertensive patients.

S24931511

Overall, patients with a high CV risk were less likely to be prescribed an NSAID for musculoskeletal complaints than patients with a low CV risk. Nevertheless, one in five high CV risk patients received an NSAID, indicating that there is still room for improvement.

## THE LANCET

S24613026

The excess risk of stroke associated with diabetes is significantly higher in women than men, independent of sex differences in other major cardiovascular risk factors. These data add to the existing evidence that men and women experience diabetes-related diseases differently and suggest the need for further work to clarify the biological, behavioural, or social mechanisms involved.

S24881994

The widely held assumptions that blood pressure has strong associations with the occurrence of all cardiovascular diseases across a wide age range, and that diastolic and systolic associations are concordant, are not supported by the findings of this high-resolution study. Despite modern treatments, the lifetime burden of hypertension is substantial. These findings emphasise the need for new blood pressure-lowering strategies, and will help to inform the design of randomised trials to assess them.

S24630777

Increased BMI in adults of European origin is associated with increased methylation at the HIF3A locus in blood cells and in adipose tissue. Our findings suggest that perturbation of hypoxia inducible transcription factor pathways could have an important role in the response to increased weight in people.

S24881995

If the same systematic improvement in all aspects of hypertension management continues until 2022, 80% of patients with treated hypertension will have controlled blood pressure levels with a potential annual saving of about 50,000 major cardiovascular events.

S24881993

Nebivolol and valsartan fixed-dose combination is an effective and well-tolerated treatment option for patients with hypertension.

S24910231

In the past couple of decades, evidence from prospective observational studies and clinical trials has converged to support the importance of individual nutrients, foods, and dietary patterns in the prevention and management of type 2 diabetes. The quality of dietary fats and carbohydrates consumed is more crucial than is the quantity of these macronutrients. Diets rich in wholegrains, fruits, vegetables, legumes, and nuts; moderate in alcohol consumption; and lower in refined grains, red or processed meats, and sugar-sweetened beverages have been shown to reduce the risk of diabetes and improve glycaemic control and blood lipids in patients with diabetes. With an emphasis on overall diet quality, several dietary patterns such as Mediterranean, low glycaemic index, moderately low carbohydrate, and vegetarian diets can be tailored to personal and cultural food preferences and appropriate calorie needs for weight control and diabetes prevention and management. Although much progress has been made in development and implementation of evidence-based nutrition recommendations in developed countries, concerted worldwide efforts and policies are warranted to alleviate regional disparities.

## THE NEW ENGLAND JOURNAL OF MEDICINE

**S24795142**

Among children with vesicoureteral reflux after urinary tract infection, antimicrobial prophylaxis was associated with a substantially reduced risk of recurrence but not of renal scarring. (Funded by the National Institute of Diabetes and Digestive and Kidney Diseases and others; RIVUR ClinicalTrials.gov number, NCT00405704.).

**S24941178**

The results of this large, population-based cohort study suggested no substantial increase in the risk of cardiac malformations attributable to antidepressant use during the first trimester. (Funded by the Agency for Healthcare Research and Quality and the National Institutes of Health.).

**S24918371**

In adults with obesity and obstructive sleep apnea, CPAP combined with a weight-loss intervention did not reduce CRP levels more than either intervention alone. In secondary analyses, weight loss provided an incremental reduction in insulin resistance and serum triglyceride levels when combined with CPAP. In addition, adherence to a regimen of weight loss and CPAP may result in incremental reductions in blood pressure as compared with either intervention alone. (Funded by the National Heart, Lung, and Blood Institute; ClinicalTrials.gov number, NCT0371293 .).

**S24918372**

In patients with cardiovascular disease or multiple cardiovascular risk factors, the treatment of obstructive sleep apnea with CPAP, but not nocturnal supplemental oxygen, resulted in a significant reduction in blood pressure. (Funded by the National Heart, Lung, and Blood Institute and others; HeartBEAT ClinicalTrials.gov number, NCT01086800 .).

**S24897082**

Once-weekly intravenous dalbavancin was not inferior to twice-daily intravenous vancomycin followed by oral linezolid for the treatment of acute bacterial skin and skin-structure infection. (Funded by Durata Therapeutics; DISCOVER 1 and DISCOVER 2 ClinicalTrials.gov numbers, NCT01339091 and NCT01431339.).

**S24896818**

Treatment with naloxegol, as compared with placebo, resulted in a significantly higher rate of treatment response, without reducing opioid-mediated analgesia. (Funded by AstraZeneca; KODIAC-04 and KODIAC-05 ClinicalTrials.gov numbers, NCT01309841 and NCT01323790, respectively.).

**S24897083**

A single dose of oritavancin was noninferior to twice-daily vancomycin administered for 7 to 10 days for the treatment of acute bacterial skin and skin-structure infections caused by gram-positive pathogens. (Funded by the Medicines Company; SOLO I ClinicalTrials.gov number, NCT01252719.).