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CAMBIOS DE HÁBITO Y MOVILIDAD EN ADULTOS OBESOS CON DIABETES TIPO 2

THORAX

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[R/C](#)

CURSO TEMPORAL Y PATRÓN DE LA APARICIÓN DE EXACERBACIONES DE EPOC

ACADEMIC MEDICINE

[S22373617](#)

The authors describe a conceptual framework for implementation and dissemination science (IDS) and propose competencies for IDS training. Their framework is designed to facilitate the application of theories and methods from the distinct domains of clinical disciplines (e.g., medicine, public health), population sciences (e.g., biostatistics, epidemiology), and translational disciplines (e.g., social and behavioral sciences, business administration education). They explore three principles that guided the development of their conceptual framework: Behavior change among organizations and/or individuals (providers, patients) is inherent in the translation process; engagement of stakeholder organizations, health care delivery systems, and individuals is imperative to achieve effective translation and sustained improvements; and IDS research is iterative, benefiting from cycles and collaborative, bidirectional relationships. The authors propose seven domains for IDS training: team science, context identification, literature identification and assessment, community engagement, intervention design and research implementation, evaluation of effect of translational activity, behavioral change communication strategies-and define 12 IDS training competencies within these domains. As a model, they describe specific courses introduced at the University of California, San Francisco, which they designed to develop these competencies. The authors encourage other training programs and institutions to use or adapt the design principles, conceptual framework, and proposed competencies to evaluate their current IDS training needs and to support new program development.

[S22373619](#)

Community engagement (CE) and community-engaged research (CEnR) are increasingly viewed as the keystone to translational medicine and improving the health of the nation. In this article, the authors seek to assist academic health centers (AHCs) in learning how to better engage with their communities and build a CEnR agenda by suggesting five steps: defining community and identifying partners, learning the etiquette of CE, building a sustainable network of CEnR researchers, recognizing that CEnR will require the development of new methodologies, and improving translation and dissemination plans. Health disparities that lead to uneven access to and quality of care as well as high costs will persist without a CEnR agenda that finds answers to both medical and public health questions. One of the biggest barriers toward a national CEnR agenda, however, are the historical structures and processes of an AHC-including the complexities of how institutional review boards operate, accounting practices and indirect funding policies, and tenure and promotion paths. Changing institutional culture starts with the leadership and commitment of top decision makers in an institution. By aligning the motivations and goals of their researchers, clinicians, and community members into a vision of a healthier population, AHC leadership will not just improve their own institutions but also improve the health of the nation-starting with improving the health of their local communities, one community at a time.

BRITISH JOURNAL OF PSYCHIATRY

[S21984801](#)

The severity of current anxiety symptoms within depressive episodes correlates strongly with the persistence of subsequent depressive symptoms and this relationship is stable over decades.

EUROPEAN HEART JOURNAL

[S22067089](#)

Elderly HF patients are willing to address their end-of-life preferences. The majority prefers longevity over QoL and half wished resuscitation if necessary. Prediction of individual preferences was inaccurate.

GASTROENTEROLOGIA Y HEPATOLOGIA

S22177265

La enteropatía sensible al gluten (ESG) cada vez se diagnostica con mayor frecuencia en el adulto, siendo frecuente su presentación con síntomas que en ocasiones se solapan con los de la dispepsia funcional. Se ha descrito una prevalencia de la ESG en la dispepsia entre el 1,2-6,2%, que podría ser superior si se tiene presente todo el espectro de lesiones relacionadas con la sensibilidad al gluten, incluida la enteropatía linfocítica. Un paciente con dispepsia secundaria a ESG podría ser erróneamente diagnosticado de dispepsia funcional, si la endoscopia digestiva alta no se completa con la toma de biopsias de duodeno y se realiza inmunotinción para linfocitos intraepiteliales. Este hecho podría tener importantes consecuencias en términos de morbimortalidad y calidad de vida de los pacientes. En consecuencia, la biopsia de duodeno debería completar el estudio endoscópico del paciente con dispepsia cuando el contexto clínico sugiere una ESG.

REUMATOLOGIA CLINICA

S22089064

No existe un acuerdo para definir la osteoporosis en mujeres premenopáusicas y el diagnóstico debe realizarse cuidadosamente y sin basarse únicamente en parámetros densitométricos. Hay que tener en cuenta la presencia de otros factores de riesgo como los antecedentes de fracturas por fragilidad, enfermedades o fármacos osteopenizantes. Más del 50% de las mujeres con osteoporosis premenopáusica van a presentar una causa secundaria, el resto serán diagnosticadas de osteoporosis idiopática. Las consideraciones terapéuticas están limitadas por los escasos estudios en este grupo de pacientes, sobre todo en lo que se refiere al riesgo de fracturas. Por otro lado, no disponemos del índice de FRAX, ya que no se puede aplicar a pacientes premenopáusicas. Este artículo pretende realizar una revisión sobre la actitud que se debe seguir según el tipo de osteoporosis premenopáusica basándonos en la evidencia científica actual.

THORAX

S22008189

COPD exacerbations exhibit two distinct patterns-sudden and gradual onset. Sudden onset exacerbations are associated with increased respiratory symptoms but shorter exacerbation recovery times.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S22453571

Among statin-treated patients, on-treatment levels of LDL-C, non-HDL-C, and apoB were each associated with risk of future major cardiovascular events, but the strength of this association was greater for non-HDL-C than for LDL-C and apoB.

S22436959

Hearing loss is common in older adults. Patients, clinicians, and health care staff often do not recognize hearing loss, particularly in its early stages, and it is undertreated. Age-related hearing loss or presbycusis, the most common type of hearing loss in older adults, is a multifactorial sensorineural loss that frequently includes a component of impaired speech discrimination. Simple office-based screening and evaluation procedures can identify potential hearing disorders, which should prompt audiologic referral to confirm the diagnosis with audiometric testing. The mainstay of treatment is amplification. For many older adults, accepting the need for amplification, selecting and purchasing a hearing aid, and getting accustomed to its use is a daunting and often frustrating process. There are numerous barriers to hearing aid use, the most common of which is dissatisfaction with its performance across a range of sonic environments. Newer digital hearing aids have many features that improve performance, making them potentially more acceptable to users, but they are expensive and are not covered by Medicare. Hearing aids have been demonstrated to improve hearing function and hearing-related quality of life (QOL), but evidence is less robust for improving overall QOL. Depending upon the etiology of the hearing loss, other medical and surgical procedures, including cochlear implantation, may benefit older adults. Older adults with multiple morbidities and who are frail pose specific challenges for the management of hearing loss. These patients may require integration of hearing assessment and treatment as part of functional assessment in an interdisciplinary, team-based approach to care.

DIABETES CARE

S22301125

There are approximately 93 million people with DR, 17 million with proliferative DR, 21 million with diabetic macular edema, and 28 million with VTDR worldwide. Longer diabetes duration and poorer glycemic and blood pressure control are strongly associated with DR. These data highlight the substantial worldwide public health burden of DR and the importance of modifiable risk factors in its occurrence. This study is limited by data pooled from studies at different time points, with different methodologies and population characteristics.

S22279028

We demonstrated for the first time that *H. pylori* infection leads to an increased rate of incident diabetes in a prospective cohort study. Our findings implicate a potential role for antibiotic and gastrointestinal treatment in preventing diabetes.

S22238278

Appropriately trained imagers can accurately identify stDR at the time of imaging.

S22266735

The IADPSG recommendation for glucose screening in pregnancy is cost-effective. The model is most sensitive to the likelihood of preventing future diabetes in patients identified with GDM using postdelivery counseling and intervention.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S22175269

The intervention seems to have had no effect on quality of prescriptions or quality of life. This underlines the major challenge of finding new strategies for improving prescription quality to improve patient outcome measures such as quality of life and reduce the known risks of polypharmacy for the elderly.

S22324633

The physician's place of graduation appears to be associated with career choice. The universities' total contribution in pre-graduate general practice education may be associated with future GP career choice.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S22331970

The total number of referrals increased after automatic reporting of the eGFR began, especially among women and elderly people. The number of appropriate referrals also increased, but the proportion of appropriate referrals did not change significantly. Future research should be directed to understanding the reasons for inappropriate referral and to develop novel interventions for improving the referral process.

S22291171

The high-sensitivity troponin T assay at the cut-off point of the 99th percentile was highly sensitive for the diagnosis of myocardial infarction by two hours after presentation and had prognostic utility beyond that of the conventional assay. To rule out myocardial infarction, the optimal time to test a second sample using the high-sensitivity troponin T level may be four to six hours after symptom onset, but this finding needs verification in future studies before it can become routine practice.

THE LANCET

S22293369

A difference in SBP of 10 mm Hg or more, or of 15 mm Hg or more, between arms might help to identify patients who need further vascular assessment. A difference of 15 mm Hg or more could be a useful indicator of risk of vascular disease and death.

S22305766

Unipolar depressive disorder in adolescence is common worldwide but often unrecognised. The incidence, notably in girls, rises sharply after puberty and, by the end of adolescence, the 1 year prevalence rate exceeds 4%. The burden is highest in low-income and middle-income countries. Depression is associated with substantial present and future morbidity, and heightens suicide risk. The strongest risk factors for depression in adolescents are a family history of depression and exposure to psychosocial stress. Inherited risks, developmental factors, sex hormones, and psychosocial adversity interact to increase risk through hormonal factors and associated perturbed neural pathways. Although many similarities between depression in adolescence and depression in adulthood exist, in adolescents the use of antidepressants is of concern and opinions about clinical management are divided. Effective treatments are available, but choices are dependent on depression severity and available resources. Prevention strategies targeted at high-risk groups are promising.

S22277570

Dutasteride could provide a beneficial adjunct to active surveillance for men with low-risk prostate cancer.

S22305767

Our findings suggest that aspects of provision of mental health services can affect suicide rates in clinical populations. Investigation of the relation between new initiatives and suicide could help to inform future suicide prevention efforts and improve safety for patients receiving mental health care.

S22341824

Syndromic management of STIs, mobile-team outreach to FSWs, presumptive treatment for trichomoniasis in FSWs, and condom promotion might reduce the composite prevalence of any of the four curable STIs investigated in this trial.

ATENCION PRIMARIA

S21641689

El gasto en atención primaria es superior en mujeres aunque las mayores diferencias se aprecian con la edad. En mayores de 74 años la mediana sextuplica a la de 15-44 años. En pediatría el mayor peso lo tienen las visitas, hasta los 2 años representa el 80% del total. A partir de los 45 es principalmente por farmacia que supera el 60% en mayores de 74 años.

S21802790

La investigación es una de las funciones básicas que debe desarrollarse en atención primaria. La información clínica almacenada en distintos registros y que deriva de la atención médica constituye una herramienta fundamental para esta actividad. El uso de los datos de carácter personal con fines de investigación está legitimado por nuestra legislación, sin embargo, esta información debe ser tratada de forma confidencial en todo momento. Para esto, se ofrecen dos alternativas, o bien la obtención del consentimiento informado del paciente o bien el tratamiento dissociado de la información. Pero, en algunos supuestos, el cumplimiento de las exigencias legales a la hora de obtener datos para investigar se hace realmente difícil, planteándose una serie de dificultades que en muchos casos imposibilita el desarrollo de la investigación. En este documento marcaremos una orientación sobre el acceso a la información contenida en registros, respetando los derechos de los pacientes y la legislación vigente.

S21719156

Se presentan los valores normativos de diferentes instrumentos de valoración funcional de una cohorte de ancianos de Albacete de base poblacional. Éstos pueden ser útiles para su empleo en clínica o en investigación.

ANNALS OF INTERNAL MEDICINE

S22431675

A vitamin D (3) dosage of 800 IU/d increased serum 25-(OH)D levels to greater than 50 nmol/L in 97.5% of women; however, a model predicted the same response with a vitamin D(3) dosage of 600 IU/d. These results can be used as a guide for the RDA of vitamin D(3), but prospective trials are needed to confirm the clinical significance of these results

S22351711

Systematically collecting family history increases the proportion of persons identified as having high cardiovascular risk for further targeted prevention and seems to have little or no effect on anxiety

S22431676

Among 12 CHD risk markers, improvements in FRS predictions were most statistically and clinically significant with the addition of CAC scores. Further investigation is needed to assess whether risk refinements using CAC scores lead to a meaningful change in clinical outcome. Whether to use CAC score screening as a more routine test for risk prediction requires full consideration of the financial and clinical costs of performing versus not performing the test for both persons and health systems.

S22393133

Guidance Statement 1: ACP recommends that clinicians perform individualized assessment of risk for colorectal cancer in all adults. Guidance Statement 2: ACP recommends that clinicians screen for colorectal cancer in average-risk adults starting at the age of 50 years and in high-risk adults starting at the age of 40 years or 10 years younger than the age at which the youngest affected relative was diagnosed with colorectal cancer. Guidance Statement 3: ACP recommends using a stool-based test, flexible sigmoidoscopy, or optical colonoscopy as a screening test in patients who are at average risk. ACP recommends using optical colonoscopy as a screening test in patients who are at high risk. Clinicians should select the test based on the benefits and harms of the screening test, availability of the screening test, and patient preferences. Guidance Statement 4: ACP recommends that clinicians stop screening for colorectal cancer in adults over the age of 75 years or in adults with a life expectancy of less than 10 years.

S22393148

This issue provides a clinical overview of urinary tract infection focusing on prevention, diagnosis, treatment, practice improvement, and patient information. Readers can complete the accompanying CME quiz for 1.5 credits. Only ACP members and individual subscribers can access the electronic features of In the Clinic. Non-subscribers who wish to access this issue of In the Clinic can elect "Pay for View." Subscribers can receive 1.5 category 1 CME credits by completing the CME quiz that accompanies this issue of In the Clinic. The content of In the Clinic is drawn from the clinical information and education resources of the American College of Physicians (ACP), including PIER (Physicians' Information and Education Resource) and MKSAP (Medical Knowledge and Self Assessment Program). Annals of Internal Medicine editors develop In the Clinic from these primary sources in collaboration with the ACP's Medical Education and Publishing division and with assistance of science writers and physician writers. Editorial consultants from PIER and MKSAP provide expert review of the content. Readers who are interested in these primary resources for more detail can consult www.acponline.org, <http://pier.acponline.org>, and other resources referenced within each issue of In the Clinic.

CIRCULATION

S22291127

Maintaining a healthy lifestyle throughout young adulthood is strongly associated with a low cardiovascular disease risk profile in middle age. Public health and individual efforts are needed to improve the adoption and maintenance of healthy lifestyles in young adults.

S22354940

Associations between higher BPA exposure (reflected in higher urinary concentrations) and incident CAD during >10 years of follow-up showed trends similar to previously reported cross-sectional findings in the more highly exposed NHANES respondents. Further work is needed to accurately estimate the prospective exposure-response curve and to establish the underlying mechanisms.

ARCHIVES OF INTERNAL MEDICINE

S22231617

Dabigatran is associated with an increased risk of MI or ACS in a broad spectrum of patients when tested against different controls. Clinicians should consider the potential of these serious harmful cardiovascular effects with use of dabigatran.

S22269590

In smokers, carotid plaque screening performed in addition to thorough smoking cessation counseling is not associated with increased rates of smoking cessation or control of cardiovascular risk factors.

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S22397651

In patients with moderate or severe Alzheimer's disease, continued treatment with donepezil was associated with cognitive benefits that exceeded the minimum clinically important difference and with significant functional benefits over the course of 12 months.

S22455415

Weight loss and improved fitness slowed the decline in mobility in overweight adults with type 2 diabetes.

MEDICINA CLINICA

S21696786

El objetivo de este trabajo es revisar las escalas específicas de calidad de vida (CV) en el ámbito de la demencia, concretamente, las escalas de autoevaluación que pueden ser contestadas por la propia persona con demencia. A partir de estudios cualitativos en los que se ha recogido información de las propias personas con demencia, de cuidadores y de profesionales, se han construido diversas escalas, principalmente en EE.UU. e Inglaterra. Estas escalas incluyen aspectos comunes, como son aspectos relacionados con las actividades de la vida diaria, aspectos psicológicos, y sociales; algunas ya se han adaptado y validado a otros idiomas. En comparación con revisiones previas sobre el tema, la presente revisión actualiza la validación reciente de algunas de estas escalas al español. La evaluación de la CV en personas con demencia contribuye a reducir el estigma, a considerar a la persona como tal, e introduce un elemento humanístico en los sistemas de salud y social.

S21511312

Con el fin de diagnosticar en jóvenes adultos situaciones de obesidad, sobrepeso y posibles complicaciones a ellas asociadas se debe realizar un seguimiento especial a hijos de padres y hermanos de personas con factores de riesgo, fundamentalmente hipertensos, diabéticos y obesos.

S21696785

El resultado del programa de tratamiento estuvo condicionado por las siguientes variables del fumador: la dependencia a la nicotina, la patología psiquiátrica y el soporte social.

FAMILY MEDICINE

S22399484

Residents agreed that participating in this clinic increased the likelihood of adding procedures to their clinical practice and enhanced their appreciation for practice in a rural setting but may not have impacted their likelihood of practicing in a rural area.

S22399481

There is wide variation in patients' ability to estimate the length of time they spend with their physician. Some physician and patient characteristics were related to patient perceptions of the length of the encounter. Reflective statements might lead patients to perceive encounters as shorter. Physicians, especially family physicians, appear able to conceal that they are feeling rushed.

S22399477

Use of a nurse-driven protocol for digital retinal imaging at the point of care dramatically improves rates of annual retinopathy screening in academic family medicine practice and can identify patients who require subspecialty referral. However, DRI screening does not improve visit compliance rates with ophthalmologists for evaluation and management.

S22399480

Data obtained from the focus groups revealed findings relating to the following categories: (1) perceived facilitators to practicing primary care obstetrics, (2) perceived barriers to practicing primary care obstetrics, and (3) learner experiences at the fulcrum of career decision making. Conclusion: Family medicine residents were encouraged by favorable learning experiences and group shared-call arrangements by their primary care obstetrics preceptors. Some concerns about a career including obstetrics persisted; however, positive experiences, including influential fulcrum points, may inspire family medicine residents to pursue a career involving primary care obstetrics.

S22399479

ETPC program showed success in recruiting a large number of physicians and students to participate in training. The program enhanced perceptions about the value of colon cancer screening and providing screening endoscopy in primary care practice. Providing sites for simulation training throughout Colorado provided opportunity for providers in rural regions to participate. As a result of this training, thousands of patients underwent testing to prevent colon cancer. Future research relating to colonoscopy training by family physicians should focus on quality assurance and determining best methods for procedural competence.

DRUGS

S22356291

Indacaterol inhalation powder (Onbrez® Breezhaler®) is a long-acting, selective $\beta(2)$ -adrenoceptor agonist that is indicated for the maintenance bronchodilator treatment of airflow obstruction in adults with chronic obstructive pulmonary disease (COPD). This article reviews the clinical efficacy and tolerability of indacaterol 150 and 300 μ g once daily in adults with moderate to severe COPD, as well as reviewing indacaterol's pharmacological properties and results of a cost-utility analysis. Indacaterol has a fast onset of action after the first dose and is effective over 24 hours, allowing for once-daily administration. In short-term trials (≤ 21 days) in patients with COPD, once-daily indacaterol 150 or 300 μ g significantly improved lung function, exercise endurance and lung hyperinflation relative to placebo. In large, longer-term clinical studies (12 weeks to 1 year) in patients with moderate to severe COPD, once-daily indacaterol 150 or 300 μ g improved lung function (primary endpoint) significantly more than placebo, and improvements were significantly greater than twice-daily formoterol 12 μ g or salmeterol 50 μ g, and noninferior to once-daily tiotropium bromide 18 μ g (all agents were administered via inhalation). Overall, indacaterol improved dyspnoea, use of rescue medication and general health status significantly more than placebo, salmeterol or tiotropium bromide, and the degree of improvement in these endpoints was similar to or greater than that achieved with formoterol. Improvements were sustained over the long term (1 year), with no evidence of tolerance. Combination therapy with indacaterol plus tiotropium bromide improved lung function, dyspnoea, rescue medication use and general health status significantly more than tiotropium bromide alone in patients with moderate to severe COPD. Indacaterol is generally well tolerated when used alone or in combination with tiotropium bromide in patients with COPD and has not been associated with any safety issues. The most common adverse event in clinical trials was COPD worsening, which occurred more commonly with placebo than indacaterol. Indacaterol was not associated with an increased risk of cardiovascular adverse events. In a cost-utility analysis from a German healthcare payer perspective, once-daily indacaterol 150 μ g was dominant (i.e. more effective with lower total costs) to once-daily tiotropium bromide 18 μ g and twice-daily salmeterol 50 μ g in

the treatment of patients with COPD. In conclusion, indacaterol provides a valuable option for the maintenance treatment of adults with COPD.

S22356286

Proton pump inhibitors (PPIs) are among the most widely used agents in the world. The prevalence of reflux disease is increasing, as is the incidence of oesophageal adenocarcinoma, a complication that is strongly correlated with chronic reflux disease. Although these agents are generally safe, a number of potential side effects have been described and a careful assessment of the risks and benefits of PPI therapy is required in all patients being prescribed long-term therapy. Overutilization of PPIs is a problem in clinical practice and needs further attention. PPI use has been associated with osteoporosis and bone fracture, hypomagnesaemia, the development of gastric polyps, enteric infections, interstitial nephritis and pneumonia. Patients on long-term therapy should be periodically evaluated for the indications for continued therapy. Despite widespread publicity in the lay press, and regulatory guidance regarding a number of associations, the evidence for serious side effects is poor and the risk of confounding remains a real possibility for many associations. Patients are more concerned about the absolute risk of developing a complication than a relative risk. The absolute risk of all the complications attributed to PPIs is low and patients who need long-term PPI therapy need a clear discussion of the available data on the risk of therapy and also a discussion of the risk of continued reflux.

S22413761

Based on the currently available literature, it appears that the addition of boys to a vaccination programme generally exceeds traditional cost-effectiveness thresholds. The MSM population represents a potential additional target for routine HPV vaccination; however, more cost-effectiveness studies are required before making such a policy change.

BRITISH MEDICAL JOURNAL

S22411919

In patients with type 2 diabetes who do not achieve the glycaemic targets with metformin alone, DPP-4 inhibitors can lower HbA(1c), in a similar way to sulfonylureas or pioglitazone, with neutral effects on body weight. Increased unit cost, which largely exceeds that of the older drugs, and uncertainty about their long term safety, however, should also be considered.

S22451477

Promotion of physical activity to sedentary adults recruited in primary care significantly increases physical activity levels at 12 months, as measured by self report. We found insufficient evidence to recommend exercise referral schemes over advice or counselling interventions. Primary care commissioners should consider these findings while awaiting further trial evaluation of exercise referral schemes and other primary care interventions, with longer follow-up and use of objective measures of outcome.

S22374932

Referring people with established schizophrenia to group art therapy as delivered in this trial did not improve global functioning, mental health, or other health related outcomes.

S22362115

Our analysis supports the extension of the screening interval for people with type 2 diabetes mellitus beyond the currently recommended 12 months, with the possible exception of those with diabetes duration of 10 years or more and on insulin treatment.

S22411920

Cancer survivors had a lower risk of Alzheimer's disease than those without cancer, and patients with Alzheimer's disease had a lower risk of incident cancer. The risk of Alzheimer's disease was lowest in survivors of smoking related cancers, and was not primarily explained by survival bias. This pattern for cancer is similar to that seen in Parkinson's disease and suggests an inverse association between cancer and neurodegeneration.

S22371867

Evidence from this meta-analysis of individual patient data was not convincing for a clinically meaningful effect of clinical management of non-insulin treated type 2 diabetes by self monitoring of blood glucose levels compared with management without self monitoring, although the difference in HbA(1c) level between groups was statistically significant. The difference in levels was consistent across subgroups defined by personal and clinical characteristics.

S22391612

Most European countries should consider switching from primary cytology to HPV screening for cervical cancer. HPV screening must, however, only be implemented in situations where screening is well controlled.

S22381677

Screening is associated with improved cure of cervical cancer. Confounding cannot be ruled out, but the effect was not attributable to lead time bias and was larger than what is reflected by down-staging. Evaluations of screening programmes should consider the assessment of cure proportions.

S22427307

The rate of sudden infant death syndrome declined throughout Scotland in the early 1990s. The decline had a later onset and was slower among women living in areas of high deprivation, probably because of slower uptake of recommended changes in infant sleeping position. The effect was to create a strong independent association between deprivation and sudden infant death syndrome where one did not exist before.