

Marzo 2013

Selección realizada por Antonio Manteca González

ACADEMIC MEDICINE

Sklar DP. Financial incentives, health care delivery, and the crucial role of academic medicine. Acad Med. 2013; 88:293-294 [AO,I]

23442419

INCENTIVOS FINANCIEROS, SUMINISTRO DE ATENCIÓN SANITARIA Y EL PAPEL CRUCIAL DE LA MEDICINA DOCENTE

Epstein RM, Krasner MS. Physician resilience: what it means, why it matters, and how to promote it. Acad Med 2013; 88:301-303 [AO,I]

[23442430](#) [R/C](#)

RESISTENCIA EMOCIONAL DEL MÉDICO: QUÉ SIGNIFICA, POR QUÉ ES IMPORTANTE Y CÓMO PROMOVERLA

Cornetta K, Brown CG. Balancing personalized medicine and personalized care. Acad Med. 2013; 88:309-313 [AO,I]

[23348082](#) [R/C](#)

EQUILIBRAR LA MEDICINA PERSONALIZADA Y LA ATENCIÓN PERSONALIZADA

Armstrong EG, Barsion SJ. Creating "Innovator's DNA" in health care education. Acad Med. 2013; 88:343-348 [R,I]

[23348085](#) [R/C](#)

CREAR "ADN DE INNOVADOR" EN LA FORMACIÓN EN ATENCIÓN SANITARIA

ANNALS OF INTERNAL MEDICINE

Green BB, Wang CY, Anderson ML, Chubak J, Meenan RT, Vernon SW, et al. An automated intervention with stepped increases in support to increase uptake of colorectal cancer screening: a randomized trial. Ann Intern Med. 2013; 158:301-311 [EC,II]

[23460053](#) [R/C](#)

INTERVENCIÓN AUTOMATIZADA CON INCREMENTOS ESCALONADOS PARA APOYAR EL AUMENTO DE LA CAPTACIÓN DEL CRIBAJE DEL CÁNCER COLORRECTAL: ENSAYO ALEATORIZADO

Kirkcaldy RD, Zaidi A, Hook EW, Holmes KH, Soge O, Del Rio C, et al. Neisseria gonorrhoeae antimicrobial resistance among men who have sex with men and men who have sex exclusively with women: The Gonococcal Isolate Surveillance Project, 2005-2010. Ann Intern Med. 2013; 158:321-328 [S,I]

[23460055](#) [R/C](#)

RESISTENCIA ANTIMICROBIANA DE LA NEISSERIA GONORRHOEAE ENTRE HOMBRES QUE PRACTICAN SEXO CON HOMBRES Y HOMBRES QUE PRACTICAN SEXO EXCLUSIVAMENTE CON MUJERES: PROYECTO GONOCOCCAL ISOLATE SURVEILLANCE, 2005-2010

Morgan RL, Baack B, Smith BD, Yartel A, Pitasi M, Falck-Ytter Y. Eradication of hepatitis C virus infection and the development of hepatocellular carcinoma: a meta-analysis of observational studies. Ann Intern Med. 2013; 158:329-337 [M,II]

[23460056](#) [R/C](#)

ERRADICACIÓN DE LA INFECCIÓN POR VIRUS DE LA HEPATITIS C Y DEL DESARROLLO DE CARCINOMA HEPATOCELULAR: METAANÁLISIS DE ESTUDIOS OBSERVACIONALES

Kalantarian S, Stern TA, Mansour M, Ruskin JN. Cognitive impairment associated with atrial fibrillation: a meta-analysis. Ann Intern Med. 2013; 158:338-346 [M,II]

[23460057](#) [R/C](#)

ALTERACIÓN COGNITIVA ASOCIADA CON LA FIBRILACIÓN AURICULAR: METAANÁLISIS

Wachter RM, Pronovost P, Shekelle P. Strategies to improve patient safety: the evidence base matures. Ann Intern Med. 2013; 158:350-352 [R,I]

[23460060](#)

ESTRATEGIAS PARA MEJORAR LA SEGURIDAD DEL PACIENTE: LA BASE DE EVIDENCIAS MADURA

Shine KI. Patient safety strategies: a call for physician leadership. Ann Intern Med. 2013; 158:353-354 [AO,I]

[23460061](#)

ESTRATEGIAS PARA LA SEGURIDAD DEL PACIENTE: LLAMAMIENTO AL LIDERAZGO MÉDICO

Dhalla IA, Gomes T, Yao Z, Nagge J, Persaud N, Helings C et al. Chlorthalidone versus hydrochlorothiazide for the treatment of hypertension in older adults: a population-based cohort study. *Ann Intern Med.* 2013; 158:447-455 [S,II]

[R/C](#)

CLORTALIDONA FRENTE A HIDROCLOROTIAZIDA EN EL TRATAMIENTO DE LA HIPERTENSIÓN EN ADULTOS MAYORES: ESTUDIO DE COHORTE POBLACIONAL

Moyer VA; U.S. Preventive Services Task Force*. Screening for intimate partner violence and abuse of elderly and vulnerable adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2013; 158:478-486 [M,II]

[23338828](#)

[R/C](#)

CRIBAJE DE LA VIOLENCIA DEL COMPAÑERO ÍNTINO Y EL MALTRATO A LOS ANCIANOS Y A LOS ADULTOS VULNERABLES: DECLARACIÓN DE RECOMENDACIÓN DEL U.S. Preventive Services Task Force

Kim CS, Flanders SA. Transitions of care. *Ann Intern Med.* 2013; 158:ITC3-1 [AO,I]

[23460071](#)

TRANSICIONES DE LA ATENCIÓN SANITARIA

ARCHIVOS DE BRONCONEUMOLOGIA

Martínez-Moratalla J, Almar E, Antó JM. Changes in asthma treatment in the Spanish Cohort of the European Community Respiratory Health Survey (ECRHS) from 1991-2001: a perspective over time. *Arch Bronconeumol.* 2013; 49:113-118 [R,I]

[22974768](#)

CAMBIOS EN EL TRATAMIENTO DEL ASMA EN LA COHORTE ESPAÑOLA DEL ECRHS DESDE 1991 A 2001: PERSPECTIVA A LO LARGO DEL TIEMPO

ATENCIÓN PRIMARIA

Cofiño R. Tú código postal es más importante para tu salud que tu código genético (1). *Aten Primaria.* 2013; 45:127-128 [AO,I]

[23499154](#)

TU CÓDIGO POSTAL ES MÁS IMPORTANTE PARA TU SALUD QUE TU CÓDIGO GENÉTICO (1)

Prados JA. Telemedicina, una herramienta también para el médico de familia. *Aten Primaria.* 2013; 45:129-132 [AO,I]

[22981128](#)

TELEMEDICINA, UNA HERRAMIENTA TAMBIÉN PARA EL MÉDICO DE FAMILIA

Calzón S, Mercader JJ, Montero JC, Sánchez-Cantalejo C, Valencia R. Incorporación de la prescripción electrónica en un distrito de atención primaria: implicaciones en el gasto farmacéutico y factores determinantes de su utilización. *Aten Primaria.* 2013; 45:133-139 [T,I]

[23199884](#)

[R/C](#)

INCORPORACIÓN DE LA PRESCRIPCIÓN ELECTRÓNICA EN UN DISTRITO DE ATENCIÓN PRIMARIA: IMPLICACIONES EN EL GASTO FARMACÉUTICO Y FACTORES DETERMINANTES DE SU UTILIZACIÓN

Acezat J. ¿Impacta el uso de las TICS en el gasto farmacéutico? Incorporación de la receta electrónica. *Aten Primaria.* 2013; 45:139-140 [AO,I]

[23434152](#)

¿IMPACTA EL USO DE LAS TICS EN EL GASTO FARMACÉUTICO? INCORPORACIÓN DE LA RECETA ELECTRÓNICA

Rodríguez LC, Gómez de Cádiz A, Pérez J, Muñoz JJ, García G, Alonso MT. Implantación del cribado de retinopatía diabética mediante retinografía digital en atención primaria. *Aten Primaria.* 2013; 45:149-156 [T,I]

[23207248](#)

[R/C](#)

IMPLANTACIÓN DEL CRIBADO DE RETINOPATÍA DIABÉTICA MEDIANTE RETINOGRAFÍA DIGITAL EN ATENCIÓN PRIMARIA

Juan-Quilis V. Recursos bibliográficos para Atención Primaria en las bibliotecas virtuales de salud de las comunidades autónomas. *Aten Primaria.* 2013; 45:165-171 [T,I]

[22824151](#)

[R/C](#)

RECURSOS BIBLIOGRÁFICOS PARA ATENCIÓN PRIMARIA EN LAS BIBLIOTECAS VIRTUALES DE SALUD DE LAS COMUNIDADES AUTÓNOMAS

Bower P, Kontopantelis E, Sutton A, Kendrick T, Richards DA, Gilbody S, et al. Influence of initial severity of depression on effectiveness of low intensity interventions: meta-analysis of individual patient data. *BMJ*. 2013; 346:f540 [M,II]

[23444423](#) [R/C](#)

INFLUENCIA DE LA GRAVEDAD INICIAL DE LA DEPRESIÓN SOBRE LA EFECTIVIDAD DE LAS INTERVENCIONES DE BAJA INTENSIDAD: METAANÁLISIS DE DATOS INDIVIDUALES DE PACIENTES

Roshanov PS, Fernandes N, Wilczynski JM, Hemens BJ, You JJ, Handler SM, et al. Features of effective computerised clinical decision support systems: meta-regression of 162 randomised trials. *BMJ*. 2013; 346:f657 [M,II]

[23412440](#) [R/C](#)

CARACTERÍSTICAS DE LOS SISTEMAS EFECTIVOS DE AYUDA INFORMATIZADA A LA DECISIÓN CLÍNICA: METARREGRESIÓN DE 162 ENSAYOS ALEATORIZADOS

Dormuth CR, Hemmelgarn BR, Paterson JM, James MT, Teare GF, Raymond CB, et al; Canadian Network for Observational Drug Effect Studies (CNODES). Use of high potency statins and rates of admission for acute kidney injury: multicenter, retrospective observational analysis of administrative databases. *BMJ*. 2013; 346:f880 [T,I]

[23511950](#) [R/C](#)

USO DE ESTATINAS DE GRAN POTENCIA Y TASAS DE ADMISIÓN POR DAÑO RENAL AGUDO: ANÁLISIS OBSERVACIONAL RETROSPECTIVO DE BASES DE DATOS ADMINISTRATIVAS

Prague JK, May S, Whitelaw BC. Cushing's syndrome. *BMJ*. 2013; 346:f945 [R,I]

[23535464](#)

SÍNDROME DE CUSHING

Henderson C, Knapp M, Fernández JL, Beecham J, Hirani SP, Cartwright M, et al; Whole System Demonstrator evaluation team. Cost effectiveness of telehealth for patients with long term conditions (Whole Systems Demonstrator telehealth questionnaire study): nested economic evaluation in a pragmatic, cluster randomised controlled trial. *BMJ*. 2013; 346:f1035 [CE,I]

[23520339](#) [R/C](#)

RENTABILIDAD DE LA TELEMEDICINA EN PACIENTES CON ENFERMEDADES CRÓNICAS (ESTUDIO CUESTIONARIO DE TELEMEDICINA WHOLE SYSTEMS DEMONSTRATOR): EVALUACIÓN ECONÓMICA ANIDADA EN UN ENSAYO CONTROLADO ALEATORIZADO AGRUPADO PRAGMÁTICO

Njor SH, Olsen AH, Blichert-Toft M, Schwartz W, Vejborg I, Lyng E. Overdiagnosis in screening mammography in Denmark: population based cohort study. *BMJ*. 2013; 346:f1064 [S,II]

[23444414](#) [R/C](#)

SOBREDIAGNÓSTICO EN EL CRIBAJE MAMOGRÁFICO EN DINAMARCA: ESTUDIO DE COHORTE POBLACIONAL

Clark T, Berger U, Mansmann U. Sample size determinations in original research protocols for randomised clinical trials submitted to UK research ethics committees: review. *BMJ*. 2013; 346:f1135 [R,II]

[23518273](#) [R/C](#)

DETERMINACIONES DEL TAMAÑO MUESTRAL EN LOS PROTOCOLOS ORIGINALES DE INVESTIGACIÓN REMITIDOS A LOS COMITÉS DE ÉTICA DE INVESTIGACIÓN DEL RU: REVISIÓN

Sharwood LN, Elkington J, Meuleners L, Ivers R, Boufous S, Stevenson M. Use of caffeinated substances and risk of crashes in long distance drivers of commercial vehicles: case-control study. *BMJ*. 2013; 346:f1140 [CC,I]

[23511947](#) [R/C](#)

USO DE SUSTANCIAS CON CAFEÍNA Y RIESGO DE ACCIDENTES EN CONDUCTORES DE VEHÍCULOS COMERCIALES DE LARGO RECORRIDO: ESTUDIO CASO-CONTROL

Arya M, Kalsi J, Kelly J, Muneer A. Malignant and premalignant lesions of the penis. *BMJ*. 2013; 346:f1149 [R,I]

[23468288](#)

LESIONES MALIGNAS Y PREMALIGNAS DEL PENE

Wallace WH, Thompson L, Anderson RA; Guideline Development Group. Long term follow-up of survivors of childhood cancer: summary of updated SIGN guidance. *BMJ*. 2013; 346:f1190 [M,II]

[23535255](#)

SEGUIMIENTO A LARGO PLAZO DE LOS SUPERVIVIENTES DE CÁNCER EN LA INFANCIA: RESUMEN DE LA GUÍA SIGN ACTUALIZADA

Butler CC, Simpson SA, Hood K, Cohen D, Pickles T, Spanou C, et al. Training practitioners to deliver opportunistic multiple behaviour change counselling in primary care: a cluster randomised trial. *BMJ*. 2013; 346:f1191 [EC,I]

[23512758](#)

[R/C](#)

FORMAR A LOS MÉDICOS PARA PROPORCIONAR CONSEJOS CONDUCTUALES OPORTUNÍSTICOS MÚLTIPLES EN ATENCIÓN PRIMARIA: ENSAYO ALEATORIZADO AGRUPADO

Hastings G, Sheron N. Alcohol marketing: grooming the next generation. *BMJ*. 2013; 346:f1227 [AO,I]

[23449659](#)

PUBLICIDAD DEL ALCOHOL: ADIESTRAMIENTO DE LA PRÓXIMA GENERACIÓN

Schembri S, Williamson PA, Short PM, Singanayagam A, Akram A, Taylor J, et al. Cardiovascular events after clarithromycin use in lower respiratory tract infections: analysis of two prospective cohort studies. *BMJ*. 2013; 346:f1235 [S,II]

[23525864](#)

[R/C](#)

ACONTECIMIENTOS CARDIOVASCULARES TRAS EL USO DE CLARITROMICINA EN INFECCIONES DE VÍAS RESPIRATORIAS BAJAS: ANÁLISIS DE DOS ESTUDIOS DE COHORTES PROSPECTIVOS

Asplund CA, Best TM. Achilles tendon disorders. *BMJ*. 2013; 346:f1262 [R,I]

[23482943](#)

TRASTORNOS DEL TENDÓN DE AQUILES

Gale EA. GLP-1 based agents and acute pancreatitis. *BMJ*. 2013; 346:f1263 [AO,I]

[23447344](#)

AGENTES BASADOS EN EL GLP-1 Y PANCREATITIS AGUDA

Steventon A. Making the best use of administrative data. *BMJ*. 2013; 346:f1284 [AO,I]

[23447347](#)

HACER EL MEJOR USO DE LOS DATOS ADMINISTRATIVOS

Stuckler D, Basu S. Getting serious about obesity. *BMJ*. 2013; 346:f1300 [AO,I]

[23479659](#)

PONERSE SERIO CON LA OBESIDAD

Playford ED. Increasing activity in patients with Parkinson's disease. *BMJ*. 2013; 346:f1429 [AO,I]

[23468292](#)

AUMENTAR LA ACTIVIDAD EN PACIENTES CON ENFERMEDAD DE PARKINSON

Helmerhorst FM, Rosendaal FR. Is an EMA review on hormonal contraception and thrombosis needed? *BMJ*. 2013; 346:f1464 [AO,I]

[23471363](#)

¿SE NECESITA UNA REVISIÓN EMA SOBRE LA ANTICONCEPCIÓN HORMONAL Y LA TROMBOSIS?

Newcombe VFJ, Menon DK. Cognitive deficits and mild traumatic brain injury. *BMJ*. 2013; 346:f1522 [AO,I]

DÉFICIT COGNITIVO Y DAÑO CEREBRAL TRAUMÁTICO LIGERO

Fassett RG, Coombes JS. Statins in acute kidney injury: friend or foe? *BMJ*. 2013; 346:f1531 [AO,I]

[23511948](#)

ESTATINAS EN EL DAÑO RENAL AGUDO: ¿AMIGO O ENEMIGO?

Lobach DF. The road to effective clinical decision support: are we there yet? *BMJ*. 2013; 346:f1616 [AO,I]

[23487164](#)

EL CAMINO HACIA LA AYUDA EFECTIVA A LA DECISIÓN CLÍNICA: ¿YA ESTAMOS AHÍ?

Storz-Pfennig P, Schmedders M, Dettloff M. Trials are needed before new devices are used in routine practice in Europe. *BMJ*. 2013; 346:f1646 [AO,I]

[23507537](#)

SE NECESITAN ENSAYOS ANTES DEL USO DE NUEVOS DISPOSITIVOS EN LA PRÁCTICA CLÍNICA DIARIA EN EUROPA

Kramer CK, Zinman B, Gross JL, Canani LH, Rodrigues TC, Azevedo MJ et al. Coronary artery calcium score prediction of all cause mortality and cardiovascular events in people with type 2 diabetes: systematic review and meta-analysis. *BMJ*. 2013; 346:f1654 [M,II]

[R/C](#)

TABLAS DE PREDICCIÓN CON CALCIO ARTERIAL CORONARIO DE MORTALIDAD POR CUALQUIER CAUSA Y DE ACONTECIMIENTOS CARDIOVASCULARES EN PERSONAS CON DIABETES TIPO 2: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

McCartney M. Would doctors routinely asking older patients about their memory improve dementia outcomes? *No*. *BMJ*. 2013; 346:f1745 [AO,I]

¿MEJORARÍA LOS RESULTADOS SOBRE LA DEMENCIA EL QUE LOS MÉDICOS PREGUNTARAN SOBRE LA MEMORIA DE FORMA RUTINARIA A SUS PACIENTES MÁS MAYORES? NO

Rasmussen J. Would doctors routinely asking older patients about their memory improve dementia outcomes? *Yes*. *BMJ*. 2013; 346:f1780 [AO,I]

¿MEJORARÍA LOS RESULTADOS SOBRE LA DEMENCIA EL QUE LOS MÉDICOS PREGUNTARAN SOBRE LA MEMORIA DE FORMA RUTINARIA A SUS PACIENTES MÁS MAYORES? SÍ

Kaner E, McGovern R. Training practitioners in primary care to deliver lifestyle advice. *BMJ*. 2013; 346:f1763 [AO,I]

[23512762](#)

FORMAR A LOS MÉDICOS DE ATENCIÓN PRIMARIA PARA PROPORCIONAR CONSEJO SOBRE HáBITOS DE VIDA

Davies E. DSM-5 and the rough ride from approval to publication. *BMJ*. 2013; 346:f1918 [AO,I]

DSM-5 Y EL DIFÍCIL CAMINO DESDE SU APROBACIÓN HASTA SU PUBLICACIÓN

CANADIAN MEDICAL ASSOCIATION JOURNAL

Bailey DG, Dresser G, Arnold JM. Grapefruit-medication interactions: Forbidden fruit or avoidable consequences? *CMAJ*. 2013; 185:309-316 [R,I]

[23184849](#)

INTERACCIONES MEDICACIÓN-POMELO: ¿FRUTA PROHIBIDA O CONSECUENCIAS EVITABLES?

Stoopler ET, Sollecito TP. Temporomandibular disorders. *CMAJ*. 2013; 185:324 [R,I]

[23128277](#)

ALTERACIONES TEMPOROMANDIBULARES

Sun D, Lazo-Langner A. New oral anticoagulants. *CMAJ*. 2013; 185:E212 [R,I]

[23148053](#)

NUEVOS ANTICOAGULANTES ORALES

CIRCULATION

Scirica BM. Prevalence, incidence, and implications of silent myocardial infarctions in patients with diabetes mellitus. *Circulation*. 2013; 127:965-967 [AO,I]

[23459575](#)

PREVALENCIA, INCIDENCIA E IMPLICACIONES DE LOS INFARTOS DE MIOCARDIO SILENTES EN PACIENTES CON DIABETES MELLITUS

Saklani P, Krahn A, Klein G. Syncope. *Circulation*. 2013; 127:1330-1339 [R,I]

[23529534](#)

SÍNCOPE

DIABETES CARE

Rosenstock J, Bergenstal RM, Blevins TC, Morrow LA, Prince MJ, Qu Y, et al. Better glycemic control and weight loss with the novel long-acting basal insulin LY2605541 compared with insulin glargine in type 1 diabetes: a randomized, crossover study. *Diabetes Care*. 2013; 36:522-528 [EC,II]

[23193209](#)

[R/C](#)

MEJOR CONTROL GLUCÉMICO Y PÉRDIDA DE PESO CON LA NUEVA INSULINA BASAL DE ACCIÓN PROLONGADA LY2605541 COMPARADA CON LA INSULINA GLARGINA EN LA DIABETES TIPO 1: ESTUDIO CRUZADO ALEATORIZADO

Munshi MN, Segal AR, Suhl E, Ryan C, Sternthal A, Giusti J, et al. Assessment of barriers to improve diabetes management in older adults: a randomized controlled study. *Diabetes Care*. 2013; 36:543-549 [EC,I]

[23193208](#) [R/C](#)

VALORACIÓN DE LAS BARRERAS PARA MEJORAR EL MANEJO DE LA DIABETES EN LOS ADULTOS MAYORES: ESTUDIO CONTROLADO ALEATORIZADO

Stratton IM, Aldington SJ, Taylor DJ, Adler AI, Scanlon PH. A simple risk stratification for time to development of sight-threatening diabetic retinopathy. *Diabetes Care*. 2013; 36:580-585 [S,II]

[23150285](#) [R/C](#)

ESTRATIFICACIÓN SIMPLE DEL RIESGO PARA EL MOMENTO DE DESARROLLAR RETINOPATÍA DIABÉTICA QUE AMENACE LA VISIÓN

Moe B, Eilertsen E, Nilsen TI. The combined effect of leisure-time physical activity and diabetes on cardiovascular mortality: the Nord-Trøndelag Health (HUNT) cohort study, Norway. *Diabetes Care*. 2013; 36:690-695 [S,II]

[23160724](#) [R/C](#)

EFFECTO COMBINADO DE LA ACTIVIDAD FÍSICA EN EL TIEMPO LIBRE Y LA DIABETES SOBRE LA MORTALIDAD CARDIOVASCULAR: ESTUDIO DE COHORTE HUNT, NORUEGA

Breton MC, Guénette L, Amiche MA, Kayibanda JF, Grégoire JP, Moisan J. Burden of diabetes on the ability to work: a systematic review. *Diabetes Care*. 2013; 36:740-749 [M,II]

[23431092](#)

CARGA DE LA DIABETES SOBRE LA CAPACIDAD PARA TRABAJAR: REVISIÓN SISTEMÁTICA

DRUGS

Navari RM. Management of chemotherapy-induced nausea and vomiting : focus on newer agents and new uses for older agents. *Drugs*. 2013; 73:249-262 [R,I]

[23404093](#) [R/C](#)

MANEJO DE LA NAUSEA Y EL VÓMITO INDUCIDO POR QUIMIOTERAPIA: ENFOQUE SOBRE NUEVOS AGENTES Y NUEVOS USOS DE ANTIGUOS AGENTES

EUROPEAN HEART JOURNAL

Fosbøl EL, Peterson ED, Weeke P, Wang TY, Mathews R, Kober L, et al. Spousal depression, anxiety, and suicide after myocardial infarction. *Eur Heart J*. 2013; 34:649-656 [CC,I]

[22915163](#) [R/C](#)

DEPRESIÓN, ANSIEDAD Y SUICIDIO DEL CÓNYUGE TRAS EL INFARTO DE MIOCARDIO

FAMILY MEDICINE

Voorhees KI, Prado-Gutierrez A, Epperly T, Dirkson D. A proposal for reform of the structure and financing of primary care graduate medical education. *Fam Med*. 2013; 45:164-170 [T,I]

[23463428](#) [R/C](#)

PROPÓSITO DE REFORMA DE LA ESTRUCTURA Y FINANCIACIÓN DE LA FORMACIÓN MÉDICA EN ATENCIÓN PRIMARIA DURANTE LA LICENCIATURA

Wallace R, Dehlendorf C, Vittinghoff E, Gold KJ, Dalton VK. Early pregnancy failure management among family physicians. *Fam Med*. 2013; 45:173-179 [T,I]

[23463430](#) [R/C](#)

MANEJO DEL FRACASO DEL EMBARAZO INICIAL POR LOS MÉDICOS DE FAMILIA

Blake GH, Skye E, Biggs WS, Pugno PA. Residency program solutions: making a difference in quality residency education. *Fam Med* 2013; 45: 187-192 [T,I]

[23463432](#) [R/C](#)

SOLUCIONES A LOS PROGRAMAS DE RESIDENCIA: MARCAR LA DIFERENCIA EN LA CALIDAD DE LA FORMACIÓN DURANTE LA RESIDENCIA

Ray SM, Helmer RS, Stevens AB, Franks AS, Wallace LS. Clinical utility of the chronic obstructive pulmonary disease knowledge questionnaire. *Fam Med*. 2013; 45:197-200 [T,I]

[23463434](#) [R/C](#)

UTILIDAD CLÍNICA DEL CUESTIONARIO DE CONOCIMIENTO DE LA EPOC

GACETA SANITARIA

Domínguez A. ¿Qué nos enseñan los brotes de enfermedades inmunoprevenibles? Gac Sanit. 2013; 27:101-103 [AO,I]

[23200768](#)

¿QUÉ NOS ENSEÑAN LOS BROTES DE ENFERMEDADES INMUNOPREVENIBLES?

Ruiz-Ramos M, Juárez S. Mortalidad general y por causas en la población autóctona e inmigrante en Andalucía. Gac Sanit. 2013; 27:116-122 [T,I]

[22633801](#)

[R/C](#)

MORTALIDAD GENERAL Y POR CAUSAS EN LA POBLACIÓN AUTÓCTONA E INMIGRANTE EN ANDALUCÍA

Eustaquio-Raga MV, Montiel-Company JM, Almerich-Silla JM. Factores asociados con el edentulismo en población anciana de Valencia (España). Gac Sanit. 2013; 27:123-127 [T,I]

[22591636](#)

[R/C](#)

FACTORES ASOCIADOS CON EL EDENTULISMO EN POBLACIÓN ANCIANA DE VALENCIA (ESPAÑA)

Córdoba R, Nerín I, Galindo V, Alayeto C, Villaverde-Royo MA, Sanz C. Impacto de la nueva legislación sobre tabaquismo (Ley 42/2010) en los niveles de humo ambiental de tabaco en locales de hostelería. Gac Sanit. 2013; 27:161-163 [QE,I]

[22657871](#)

[R/C](#)

IMPACTO DE LA NUEVA LEGISLACIÓN SOBRE TABAQUISMO (LEY 42/2010) EN LOS NIVELES DE HUMO AMBIENTAL DE TABACO EN LOCALES DE HOSTELERÍA

Campillo-Artero C, Bernal-Delgado E. Reinversión en sanidad: fundamentos, aclaraciones, experiencias y perspectivas. Gac Sanit. 2013; 27:175-179 [R,I]

[22459740](#)

[R/C](#)

REINVERSIÓN EN SANIDAD: FUNDAMENTOS, ACLARACIONES, EXPERIENCIAS Y PERSPECTIVAS

GUT

Canto MI, Harinck F, Hruban RH, Offerhaus GJ, Poley JW, Kamel I, et al; International Cancer of the Pancreas Screening (CAPS) Consortium. International Cancer of the Pancreas Screening (CAPS) Consortium summit on the management of patients with increased risk for familial pancreatic cancer. Gut. 2013; 62:339-347 [M,II]

[23135763](#)

[R/C](#)

CUMBRE DEL INTERNATIONAL CANCER OF THE PANCREAS SCREENING CONSORTIUM SOBRE EL MANEJO DE PACIENTES CON AUMENTO DEL RIESGO DE CÁNCER DE PÁNCREAS FAMILIAR

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Stine NW, Chokshi DA, Gourevitch MN. Improving population health in US cities. JAMA. 2013; 309:449-450 [AO,I]

[23385269](#)

MEJORAR LA SALUD DE LA POBLACIÓN DE LAS CIUDADES DE EE UU

Ahimastros AA, Walker PJ, Askew C, Leicht A, Pappas E, Blombery P, et al. Effect of ramipril on walking times and quality of life among patients with peripheral artery disease and intermittent claudication: a randomized controlled trial. JAMA. 2013; 309:453-460 [EC,I]

[23385271](#)

[R/C](#)

EFFECTO DEL RAMIPRIL SOBRE LA DURACIÓN DE LA DEAMBULACIÓN Y LA CALIDAD DE VIDA EN PACIENTES CON ENFERMEDAD ARTERIAL PERIFÉRICA Y CLAUDICACIÓN INTERMITENTE: ENSAYO CONTROLADO ALEATORIZADO

Surén P, Roth C, Bresnahan M, Haugen M, Hornig M, Hirtz D, et al. Association between maternal use of folic acid supplements and risk of autism spectrum disorders in children. JAMA. 2013; 309:570-577 [S,II]

[23403681](#)

[R/C](#)

ASOCIACIÓN ENTRE USO MATERNO DE SUPLEMENTOS DE ÁCIDO FÓLICO Y RIESGO DE TRASTORNOS EN EL ESPECTRO DEL AUTISMO EN NIÑOS

Berry RJ, Crider KS, Yeamgin-Allsopp M. Periconceptional folic acid and risk of autism spectrum disorders. JAMA. 2013; 309:611-613 [AO,I]

[23403688](#)

ÁCIDO FÓLICO PERICONCEPCIONAL Y RIESGO DE TRASTORNOS EN EL ESPECTRO DEL AUTISMO

Juurlink DN, Dhalla IA, Nelson LS. Improving opioid prescribing: the New York City recommendations. JAMA. 2013; 309:879-880 [AO,I]

[23462783](#)

MEJORAR LA PRESCRIPCIÓN DE OPIOIDES: RECOMENDACIONES DE LA CIUDAD DE NUEVA YORK

Talbot TR, Talbot HK. Influenza prevention update: examining common arguments against influenza vaccination. JAMA. 2013; 309:881-882. [AO,I]

[23334755](#)

ACTUALIZACIÓN EN LA PREVENCIÓN DE LA GRIPE: EXAMEN DE LOS ARGUMENTOS COMUNES CONTRA LA VACUNACIÓN DE LA GRIPE

Wong PF, Chong LY, Stansby G. Antiplatelet therapy to prevent cardiovascular events and mortality in patients with intermittent claudication. JAMA. 2013; 309:926-927 [AO,I]

[23462789](#)

[R/C](#)

TERAPIA ANTIPLAQUETARIA PARA PREVENIR ACONTECIMIENTOS CARDIOVASCULARES Y MORTALIDAD EN PACIENTES CON CLAUDICACIÓN INTERMITENTE

Cimino JJ. Improving the electronic health record--are clinicians getting what they wished for? JAMA. 2013; 309:991-992 [AO,I]

[23483171](#)

MEJORAR LA HISTORIA CLÍNICA ELECTRÓNICA ¿ESTÁN OBTENIENDO LOS CLÍNICOS LO QUE DESEAN?

Clair C, Rigotti NA, Porneala B, Fox CS, D'Agostino RB, Pencina MJ, et al. Association of smoking cessation and weight change with cardiovascular disease among adults with and without diabetes. JAMA. 2013; 309:1014-1021 [S,I]

[23483176](#)

[R/C](#)

ASOCIACIÓN DE ABANDONO TABÁQUICO Y CAMBIO DE PESO CON ENFERMEDAD CARDIOVASCULAR EN ADULTOS CON Y SIN DIABETES

Fiore MC, Baker TB. Should clinicians encourage smoking cessation for every patient who smokes? JAMA. 2013; 309:1032-1033 [AO,I]

[23483179](#)

¿DEBERÍAN LOS CLÍNICOS ANIMAR A DEJAR DE FUMAR A TODO PACIENTE QUE FUME?

Agrawal S, Taitsman J, Cassel C. Educating physicians about responsible management of finite resources. JAMA. 2013; 309:1115-1116 [AO,I]

[23512056](#)

FORMAR A LOS MÉDICOS RESPECTO AL MANEJO RESPONSABLE DE LOS RECURSOS LIMITADOS

Rutten-Jacobs LC, Arntz RM, Maaijwee NA, Schoonderwaldt HC, Dorresteijn LD, van Dijk EJ, et al. Long-term mortality after stroke among adults aged 18 to 50 years. JAMA. 2013; 309:1136-1144 [S,I]

[23512060](#)

[R/C](#)

MORTALIDAD A LARGO PLAZO TRAS ICTUS EN ADULTOS ENTRE 18 Y 50 AÑOS

Hankey GJ. Stroke in young adults: implications of the long-term prognosis. JAMA. 2013; 309:1171-1172 [AO,I]

[23512064](#)

ICTUS EN ADULTOS JÓVENES: IMPLICACIONES DEL PRONÓSTICO A LARGO PLAZO

Altenburg J, de Graaff CS, Stienstra Y, Sloos JH, van Haren EH, Koppers RJ, et al. Effect of azithromycin maintenance treatment on infectious exacerbations among patients with non-cystic fibrosis bronchiectasis: the BAT randomized controlled trial. JAMA. 2013; 309:1251-1259 [EC,II]

[23532241](#)

[R/C](#)

EFFECTO DEL TRATAMIENTO DE MANTENIMIENTO CON AZITROMICINA SOBRE LAS EXACERBACIONES INFECCIOSAS EN PACIENTES CON BRONQUIECTASIAS NO CAUSADAS POR FIBROSIS QUÍSTICA: ENSAYO CONTROLADO ALEATORIZADO BAT

Serisier DJ, Martin ML, McGuckin MA, Lourie R, Chen AC, Brain B, et al. Effect of long-term, low-dose erythromycin on pulmonary exacerbations among patients with non-cystic fibrosis bronchiectasis: the BLESS randomized controlled trial. JAMA. 2013; 309:1260-1267 [EC,II]

[23532242](#)

[R/C](#)

EFFECTO DE LA ERITROMICINA A BAJA DOSIS Y A LARGO PLAZO SOBRE LAS EXACERBACIONES PULMONARES EN PACIENTES CON BRONQUIECTASIAS NO CAUSADAS POR FIBROSIS QUÍSTICA: ENSAYO CONTROLADO ALEATORIZADO BLESS

Lin SY, Ereksomima N, Kim JM, Ramanathan M, Suarez-Cuervo C, Chelladurai Y, et al. Sublingual immunotherapy for the treatment of allergic rhinoconjunctivitis and asthma: a systematic review. JAMA. 2013; 309:1278-1288 [M,I]

[23532243](#) [R/C](#)

INMUNOTERAPIA SUBLINGUAL EN EL TRATAMIENTO DE LA RINOCONJUNTIVITIS ALÉRGICA Y EL ASMA: REVISIÓN SISTEMÁTICA

Elborn JS, Tunney MM. Macrolides and bronchiectasis: clinical benefit with a resistance price. JAMA. 2013; 309:1295-1296 [AO,I]

[23532247](#)

MACRÓLIDOS Y BRONQUIECTASIAS: BENEFICIO CLÍNICO CON UN PRECIO EN RESISTENCIA

MEDICINA CLINICA

de Abajo FJ, Rodríguez A, Blas J. El seguro de responsabilidad civil en los ensayos clínicos: reflexiones a propósito de una reclamación. Med Clin (Barc). 2013; 140:224-228 [T,I]

[23337451](#)

EL SEGURO DE RESPONSABILIDAD CIVIL EN LOS ENSAYOS CLÍNICOS: REFLEXIONES A PROPÓSITO DE UNA RECLAMACIÓN

Masson W, Siniawski D, Toledo G, Vita T, Fernández G, Del Castillo S, et al. Estimación de la «edad vascular» basada en el índice de masa corporal en una población en prevención primaria. Asociación con la aterosclerosis carotídea subclínica. Med Clin (Barc). 2013; 140:255-259 [T,I]

[23122608](#) [R/C](#)

ESTIMACIÓN DE LA «EDAD VASCULAR» BASADA EN EL ÍNDICE DE MASA CORPORAL EN UNA POBLACIÓN EN PREVENCIÓN PRIMARIA. ASOCIACIÓN CON LA ATEROSCLEROSIS CAROTÍDEA SUBCLÍNICA

Cruz-Jentoft AJ, Rexach L. Pronóstico vital en cuidados paliativos: ¿una realidad esquiva o un paradigma erróneo? Med Clin (Barc). 2013; 140:260-262 [AO,I]

[23141047](#)

PRONÓSTICO VITAL EN CUIDADOS PALIATIVOS: ¿UNA REALIDAD ESQUIVA O UN PARADIGMA ERRÓNEO?

Puerta JL. Análisis de redes y medicina: una nueva perspectiva. Med Clin (Barc). 2013; 140:273-277 [AO,I]

[23199836](#)

ANÁLISIS DE REDES Y MEDICINA: UNA NUEVA PERSPECTIVA

Camarellas F, Dalmau R, Clemente L, Díaz-Maroto JL, Lozano A, Pinet MC; grupo colaborador Comité Nacional para la Prevención del Tabaquismo (CNPT). Documento de consenso para la atención clínica al tabaquismo en España. Med Clin (Barc). 2013; 140:272.e1-e12 [M,I]

[23246167](#) [R/C](#)

DOCUMENTO DE CONSENSO PARA LA ATENCIÓN CLÍNICA AL TABAQUISMO EN ESPAÑA

REVISTA ESPAÑOLA DE CARDIOLOGIA

Rademakers FE. Necesidad clínica de evaluación de la isquemia. Rev Esp Cardiol. 2013; 66:161-162 [AO,I]

[23021835](#)

NECESIDAD CLÍNICA DE EVALUACIÓN DE LA ISQUEMIA

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

Sigurdsson EL. Up and running: an underutilized prescription in primary care. Scand J Prim Health Care. 2013; 31:1-2 [AO,I]

[23331335](#)

LEVÁNTATE Y CORRE: PRESCRIPCIÓN INFRAUTILIZADA EN ATENCIÓN PRIMARIA

Sigurdsson JA. Milestones in the development of Nordic general practice*. Scand J Prim Health Care. 2013; 31:3-5 [AO,I]

[23336114](#) [R/C](#)

HITOS EN EL DESARROLLO DE LA MEDICINA GENERAL NÓRDICA

Kvitting AS, Wimo A, Johansson MM, Marcusson J. A quick test of cognitive speed (AQT): usefulness in dementia evaluations in primary care. Scand J Prim Health Care. 2013; 31:13-19 [S,I]

[23293859](#) [R/C](#)

TEST RÁPIDO DE VELOCIDAD COGNITIVA (AQT): ÚTIL EN LAS EVALUACIONES DE LA DEMENCIA EN ATENCIÓN PRIMARIA

Magnil M, Janmarker L, Gunnarsson R, Björkelund C. Course, risk factors, and prognostic factors in elderly primary care patients with mild depression: a two-year observational study. *Scand J Prim Health Care*. 2013; 31:20-25 [T,I]

[23330583](#) [R/C](#)

CURSO, FACTORES DE RIESGO Y FACTORES PRONÓSTICOS EN LOS PACIENTES ANCIANOS DE ATENCIÓN PRIMARIA CON DEPRESIÓN LIGERA: ESTUDIO OBSERVACIONAL DE DOS AÑOS

Gude T, Vaglum P, Anvik T, Bærheim A, Grimstad H. A few more minutes make a difference? The relationship between content and length of GP consultations. *Scand J Prim Health Care*. 2013; 31:31-35 [S,I]

[23282010](#) [R/C](#)

¿MARCAN LA DIFERENCIA ALGUNOS MINUTOS MÁS? RELACIÓN ENTRE CONTENIDO Y DURACIÓN DE LAS CONSULTAS DE MEDICINA GENERAL

Rosendal M, Vedsted P, Christensen KS, Moth G. Psychological and social problems in primary care patients - general practitioners' assessment and classification. *Scand J Prim Health Care*. 2013; 31:43-49 [T,I]

[23281962](#) [R/C](#)

PROBLEMAS PSICOLÓGICOS Y SOCIALES EN LOS PACIENTES DE ATENCIÓN PRIMARIA: VALORACIÓN Y CLASIFICACIÓN POR PARTE DE LOS MÉDICOS GENERALES

Björkman I, Berg J, Viberg N, Stålsby Lundborg C. Awareness of antibiotic resistance and antibiotic prescribing in UTI treatment: a qualitative study among primary care physicians in Sweden. *Scand J Prim Health Care*. 2013; 31:50-55 [C,I]

[23281925](#) [R/C](#)

CONCIENCIA DE LA RESISTENCIA ANTIBIÓTICA Y LA PRESCRIPCIÓN DE ANTIBIÓTICOS EN EL TRATAMIENTO DE LAS INFECCIONES DE VÍAS BAJAS URINARIAS: ESTUDIO CUALITATIVO ENTRE MÉDICOS DE ATENCIÓN PRIMARIA EN SUECIA

van Dijk CE, Verheij RA, Spreeuwenberg P, van den Berg MJ, Groenewegen PP, Braspenning J, et al. Impact of remuneration on guideline adherence: empirical evidence in general practice. *Scand J Prim Health Care*. 2013; 31:56-63 [S,I]

[23330604](#) [R/C](#)

IMPACTO DE LA REMUNERACIÓN SOBRE EL SEGUIMIENTO DE LAS GUÍAS CLÍNICAS: EVIDENCIA EMPÍRICA EN MEDICINA GENERAL

THE LANCET

Nylenna A. Occasional smoking: a new campaign target in Norway. *Lancet*. 2013; 381:708-709 [AO,I]

[23465425](#)

TABAQUISMO OCASIONAL: UN NUEVO OBJETIVO DE CAMPAÑA EN NORUEGA

Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. *Lancet*. 2013; 381:752-762 [R,II]

[23395245](#) [R/C](#)

FRAGILIDAD Y PERSONAS MAYORES

Air pollution: Europe's avoidable health risk. *Lancet*. 2013; 381:876 [AO,I]

[23499024](#)

CONTAMINACIÓN DEL AIRE: RIESGO EVITABLE PARA LA SALUD EN EUROPA

Blakemore SJ. Teenage kicks: cannabis and the adolescent brain. *Lancet*. 2013; 381:888-889 [AO,I]

[23117180](#)

LOCURAS ADOLESCENTES: EL CANNABIS Y EL CEREBRO ADOLESCENTE

Miller JW, Ulrich CM. Folic acid and cancer-where are we today? *Lancet*. 2013 [Epub ahead of print] [R,I]

[23352551](#)

ÁCIDO FÓLICO Y CÁNCER ¿DÓNDE ESTAMOS EN ESTE MOMENTO?

Powles TJ. Extended adjuvant tamoxifen for breast cancer-a new era? *Lancet*. 2012 [Epub ahead of print] [AO,I]

[23219287](#)

TAMOXIFENO COADYUVANTE AMPLIADO PARA EL CÁNCER ¿UNA NUEVA ERA?

Davies C, Pan H, Godwin J, Gray R, Arriagada R, Raina V, et al; for the Adjuvant Tamoxifen: Longer Against Shorter (ATLAS) Collaborative Group. Long-term effects of continuing adjuvant tamoxifen to 10 years versus

stopping at 5 years after diagnosis of oestrogen receptor-positive breast cancer: ATLAS, a randomised trial. Lancet. 2012 [Epub ahead of print] [EC,II]

[23219286](#) [R/C](#)

EFFECTOS A LARGO PLAZO DEL TAMOXIFENO COADYUVANTE CONTINUO HASTA LOS 10 AÑOS EN VEZ DE HASTA LOS 5 AÑOS TRAS EL DIAGNÓSTICO DE CÁNCER DE MAMA CON RECEPTORES DE ESTRÓGENOS POSITIVOS: ENSAYO ALEATORIZADO ATLAS

Hansel TT, Johnston SL, Openshaw PJ. Microbes and mucosal immune responses in asthma. Lancet. 2013 [Epub ahead of print] [R,I]

[23428115](#) [R/C](#)

MICROBIOS Y RESPUESTAS INMUNES MUCOSAS EN EL ASMA

Toroyan T, Peden M, Ilaych K, Krug E. More action needed to protect vulnerable road users. More action needed to protect vulnerable road users. Lancet. 2013 [Epub ahead of print] [AO,I]

[23499438](#)

SE NECESITAN MÁS ACTUACIONES PARA PROTEGER A LOS USUARIOS DE LA CARRETERA VULNERABLES

THE NEW ENGLAND JOURNAL OF MEDICINE

Bayer R, Oppenheimer GM. Routine HIV testing, public health, and the USPSTF--an end to the debate. N Engl J Med. 2013; 368:881-884 [AO,I]

[23425134](#)

ANÁLISIS DE VIH DE RUTINA, SALUD PÚBLICA Y EL USPSTF: FIN DEL DEBATE

Martin EG, Schackman BR. Updating the HIV-testing guidelines--a modest change with major consequences. N Engl J Med. 2013; 368:884-886 [AO,I]

[23425132](#)

ACTUALIZACIÓN DE LAS PAUTAS DE ANÁLISIS DEL VIH: CAMBIO MODESTO CON IMPORTANTES CONSECUENCIAS

Taitsman JK, Grimm CM, Agrawal S. Protecting patient privacy and data security. N Engl J Med. 2013; 368:977-979 [AO,I]

[23444980](#)

PROTEGER LA INTIMIDAD DE LOS PACIENTES Y LA SEGURIDAD DE LOS DATOS

Biller-Andorno N, Lee TH. Ethical physician incentives--from carrots and sticks to shared purpose. N Engl J Med. 2013; 368:980-982 [AO,I]

[23484824](#)

INCENTIVOS ÉTICOS PARA LOS MÉDICOS: DEL PALO Y LA ZANAHORIA A LOS PROPÓSITOS COMPARTIDOS

el Barzouhi A, Vleggeert-Lankamp CL, Lycklama à Nijeholt GJ, Van der Kallen BF, van den Hout WB, Jacobs WC, et al; Leiden-The Hague Spine Intervention Prognostic Study Group. Magnetic resonance imaging in follow-up assessment of sciatica. N Engl J Med. 2013; 368:999-1007 [EC,I]

[23484826](#) [R/C](#)

RESONANCIA MAGNÉTICA Y SEGUIMIENTO DE VALORACIÓN DE LA CIÁTICA

Chan PS, Nallamothu BK, Krumholz HM, Spertus JA, Li Y, Hammill BG, et al; American Heart Association Get with the Guidelines--Resuscitation Investigators. Long-term outcomes in elderly survivors of in-hospital cardiac arrest. N Engl J Med. 2013; 368:1019-1026 [S,II]

[23484828](#) [R/C](#)

RESULTADOS A LARGO PLAZO DE LOS SUPERVIVIENTES ANCIANOS DE PARADA CARDIACA INTRAHOSPITALARIA

Kramer DB, Mitchell SL. Weighing the benefits and burdens of witnessed resuscitation. N Engl J Med. 2013; 368:1058-1059 [AO,I]

[23484835](#)

SOPESTAR LOS BENEFICIOS Y PERJUICIOS DE LA REANIMACIÓN FRENTE A TESTIGOS

Downar J, Kritek PA. Family presence during cardiac resuscitation. N Engl J Med. 2013; 368:1060-1062 [AO,I]

[23484836](#)

PRESENCIA DE FAMILIARES DURANTE LA REANIMACIÓN CARDIACA

Quill TE, Abernethy AP. Generalist plus specialist palliative care--creating a more sustainable model. *N Engl J Med.* 2013; 368:1173-1175 [AO,I]

[23465068](#)

CUIDADOS PALIATIVOS GENERALISTAS FRENTE A ESPECIALIZADOS: CREAR UN MODELO MÁS SOSTENIBLE

Dawson SJ, Tsui DW, Murtaza M, Biggs H, Rueda OM, Chin SF, et al. Analysis of circulating tumor DNA to monitor metastatic breast cancer. *N Engl J Med.* 2013; 368:1199-1209 [T,II]

[23484797](#) [R/C](#)

ANÁLISIS DE ADN TUMORAL CIRCULANTE PARA MONITORIZAR EL CÁNCER DE MAMA METASTÁSICO

Allen DB, Cuttler L. Clinical practice. Short stature in childhood--challenges and choices. *N Engl J Med.* 2013; 368:1220-1228 [R,II]

[23534561](#)

BAJA ESTATURA EN LA NIÑEZ: RETOS Y ELECCIONES

Kotchen TA, Cowley AW Jr, Frohlich ED. Salt in health and disease--a delicate balance. *N Engl J Med.* 2013; 368:1229-1237 [R,II]

[23534562](#)

SAL EN LA SALUD Y EN LA ENFERMEDAD: EQUILIBRIO DELICADO

Lippman M, Osborne CK. Circulating tumor DNA--ready for prime time? *N Engl J Med.* 2013; 368:1249-1250 [AO,I]

[23484798](#)

ADN TUMORAL CIRCULANTE ¿PREPARADO PARA LA MÁXIMA AUDIENCIA?

ACADEMIC MEDICINE

S23348082

The current description of personalized medicine by the National Institutes of Health is "the science of individualized prevention and therapy." Although physicians are beginning to see the promise of genetic medicine coming to fruition, the rapid pace of sequencing technology, informatics, and computer science predict a revolution in the ability to care for patients in the near future. The enthusiasm expressed by researchers is well founded, but the expectations voiced by the public do not center on advancing technology. Rather, patients are asking for personalized care: a holistic approach that considers physical, mental, and spiritual well-being. This perspective considers psychological, religious, and ethical challenges that may arise as the precision of preventive medicine improves. Psychological studies already highlight the barriers to single gene testing and suggest significant barriers to the predictive testing envisioned by personalized medicine. Certain religious groups will likely mount opposition if they believe personalized medicine encourages embryo selection. If the technology prompts cost-containment discussions, those concerned about the sanctity of life may raise ethical objections. Consequently, the availability of new scientific developments does not guarantee advances in treatment because patients may prove unwilling to receive and act on personalized genetic information. This perspective highlights current efforts to incorporate personalized medicine and personalized care into the medical curriculum, genetic counseling, and other aspects of clinical practice. Because these efforts are generally independent, the authors offer recommendations for physicians and educators so that personalized medicine can be implemented in a manner that meets patient expectations for personalized care.

S23348085

Serious deficits in health care education have been identified recently, yet proposed solutions call for faculty skill sets not typically developed in health professional schools or in continuing professional development (CPD) programs. The authors propose that addressing the oft-cited problems in health care education (e.g., it is not learner-centered and does not take advantage of insights gained from the learning sciences) requires faculty to develop "innovator's skills" including the ability to facilitate organizational change. Given increased social responsibilities and decreased financial resources, it is imperative that more health care educators and health care delivery system leaders not only become innovators themselves but also develop systems that support the next generation of innovators. Dyer et al conducted a comprehensive study of successful innovators and found five behavioral and cognitive "discovery" skill sets that constitute the "innovator's DNA": associating, questioning, observing, networking, and experimenting. This article uses the prism of innovator's DNA to examine a CPD program for health care educators, the Harvard Macy Institute (HMI), whose overarching purpose is to develop innovation skills in participants so that they can build their own educational models customized for implementing changes in their home institutions. A retrospective review of HMI alumni from 1995 to 2010 suggests that innovator skills can be taught and applied. The conceptual framework of the innovator's DNA provides a useful model for other CPD program leaders seeking to enable health care educators to develop the capacity for successfully examining problems and then customizing and implementing organizational change to solve them.

S23442430

Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals "bounce back" after challenges while also growing stronger. Resilience is a key to enhancing quality of care, quality of caring, and sustainability of the health care workforce. Yet, ways of identifying and promoting resilience have been elusive. Resilience depends on individual, community, and institutional factors. The study by Zwack and Schweitzer in this issue of Academic Medicine illustrates that individual factors of resilience include the capacity for mindfulness, self-monitoring, limit setting, and attitudes that promote constructive and healthy engagement with (rather than withdrawal from) the often-difficult challenges at work. Cultivating these specific skills, habits, and attitudes that promote resilience is possible for medical students and practicing clinicians alike. Resilience-promoting programs should also strive to build community among clinicians and other members of the health care workforce. Just as patient safety is the responsibility of communities of practice, so is clinician well-being and support. Finally, it is in the self-interest of health care institutions to support the efforts of all members of the health care workforce to enhance their capacity for resilience; it will increase quality of care while reducing errors, burnout, and attrition. Successful organizations outside of medicine offer insight about institutional structures and values that promote individual and collective resilience. This commentary proposes methods for enhancing individuals' resilience while building community, as well as directions for future interventions, research, and institutional involvement.

ANNALS OF INTERNAL MEDICINE

As typically prescribed, chlorthalidone in older adults was not associated with fewer adverse cardiovascular events or deaths than hydrochlorothiazide. However, it was associated with a greater incidence of electrolyte abnormalities, particularly hypokalemia.

S23460057

Evidence suggests that AF is associated with a higher risk for cognitive impairment and dementia, with or without a history of clinical stroke. Further studies are required to elucidate the association between AF and subtypes of dementia as well as the cause of cognitive impairment.

S23460053

Compared with usual care, a centralized, EHR-linked, mailed CRC screening program led to twice as many persons being current for screening over 2 years. Assisted and navigated interventions led to smaller but significant stepped increases compared with the automated intervention only. The rapid growth of EHRs provides opportunities for spreading this model broadly.

S23338828

The USPSTF recommends that clinicians screen women of childbearing age for IPV, such as domestic violence, and provide or refer women who screen positive to intervention services (B recommendation). The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect (I statement).

S23460056

Sustained virologic response after treatment among HCV-infected persons at any stage of fibrosis is associated with reduced HCC. The evidence was determined to be of moderate quality.

S23460055

Men who have sex with men are vulnerable to the emerging threat of antimicrobial-resistant *N. gonorrhoeae*. Because antimicrobial susceptibility testing is not routinely done in clinical practice, clinicians should monitor for treatment failures among MSM diagnosed with gonorrhea. Strengthened prevention strategies for MSM and new antimicrobial treatment options are needed.

ATENCION PRIMARIA

S23199884

La prescripción mediante receta electrónica parece ser una variable predictora del gasto farmacéutico, relacionándose cada incremento porcentual con un incremento medio anual de 1.027 euros. Esta variable, junto con la prescripción mediante principio activo, el número de TAFE asignadas, la frecuentación y la presión asistencial media, contribuyen a explicar más del 65% de la variabilidad en el GF entre facultativos. El incremento del gasto relacionado con la receta electrónica parece producirse a expensas del aumento en el número de prescripciones por paciente.

S22824151

Los resultados sugieren una cobertura amplia en 8 CCAA. A la cabeza se encuentran la Biblioteca Virtual de Ciencias de la Salud de Navarra, la Biblioteca Virtual de Ciències de la Salut de les Illes Balears y la Biblioteca Virtual del Sistema Sanitario Público de Andalucía.

S23207248

La RNM en AP se acompaña de un incremento del número de diabéticos con exploración de FO. Es posible implementar el cribado de RD mediante RNM si se dispone de los recursos necesarios, de la motivación de los profesionales implicados y del compromiso directivo.

Un seguimiento más prolongado permitirá conocer su impacto en la tasa de interconsultas a oftalmología, llegando a derivar solo las imágenes dudosas.

DIABETES CARE

S23193209

In type 1 diabetes, compared with insulin glargine, LY2605541, a novel, long-acting basal insulin, demonstrated greater improvements in glycemic control, increased total hypoglycemia, and reduced nocturnal hypoglycemia, as well as reduced weight and lowered mealtime insulin doses.

S23160724

The data suggest that even modest physical activity may cancel out the adverse impact of diabetes on cardiovascular mortality.

S23150285

Combining the results from 2 consecutive years of photographic screening enables estimation of the risk of future development of STDR. In countries with systematic screening programs, these results could inform decisions about screening frequency.

S23193208

Only attention between clinic visits lowers diabetes-related distress in older adults. However, communication with an educator cognizant of patients' barriers improves glycemic control and self-care frequency, maintains functionality, and lowers distress in this population.

DRUGS

S23404093

Chemotherapy-induced nausea and vomiting (CINV) is associated with a significant deterioration in quality of life. The emetogenicity of the chemotherapeutic agents, repeated chemotherapy cycles, and patient risk factors significantly influence CINV. The use of a combination of a serotonin 5-HT receptor antagonist, dexamethasone and a neurokinin 1 (NK) receptor antagonist has significantly improved the control of acute and delayed emesis in single-day chemotherapy. Palonosetron, a second-generation 5-HT receptor antagonist with a different half-life, a different binding capacity and a different mechanism of action than the first-generation 5-HT receptor antagonists appears to be the most effective agent in its class. Aprepitant, the first and only agent clinically available in the NK receptor antagonist drug class has been used effectively as an additive agent to the 5-HT receptor antagonists and dexamethasone to control CINV. Rolapitant and netupitant are other NK receptor antagonists that are currently in phase III clinical trials. Despite the control of emesis, nausea has not been well controlled by current agents. Olanzapine, a US-FDA approved antipsychotic, has emerged in recent trials as an effective preventative agent for CINV, as well as a very effective agent for the treatment of breakthrough emesis and nausea. Clinical trials using gabapentin, cannabinoids and ginger have not been definitive regarding their efficacy in the prevention of CINV. Additional studies are necessary for the control of nausea and for the control of CINV in the clinical settings of multiple-day chemotherapy and bone marrow transplantation.

EUROPEAN HEART JOURNAL

S22915163

Spouses of those who experience AMIs-both fatal and non-fatal-are at elevated risk for psychological consequences; therefore, the care needs of AMI patients and their spouses need to be considered.

FAMILY MEDICINE

S23463432

The RPS Criteria have positively impacted iterations of RC-FM requirements. Family medicine residency programs concerned about successful accreditation by the RC-FM will likely benefit from RPS CAP consultations by increased length of accreditation cycle and/or a decreased number of citations.

S23463428

Accessible, high-quality, cost-effective health care systems are anchored in primary care, yet decreasing production from graduate medical education (GME) jeopardizes the primary care workforce and the nation's health. The GME Initiative recommends Congress (1) invigorates primary care physician (PCP) supply through GME benchmarking and enforcement by creating a workforce that is at least 40% PCPs, holding teaching hospitals accountable, and increasing the primary care residency position cap, (2) establishes a GME system supported by all insurers-public and private-and implements a fixed floor funding of direct GME (DME) at \$100,000 per resident per year for residencies that produce graduates who truly go on to practice primary care, (3) reallocates some indirect GME (IME) to support primary care residency education, including enhanced PCP education outside hospitals, including teaching health centers, (4) restores funding for the 1997 full-time equivalent (FTE) PCP residency slots cut for training outside the teaching hospital, (5) allows states expanding Medicaid through the Patient Protection and Affordable Care Act (ACA) to increase PCP education capacity through Medicaid DME and/or IME at the enhanced Federal Medical Assistance Percentage (FMAP).

S23463430

Family physicians are capable of providing a comprehensive range of options for EPF management in the outpatient setting but few providers currently do so. To create a more patient-centered and cost-effective model of

care for EPF, additional resources should be directed at education, skills training, and system change initiatives to prepare family physicians to offer misoprostol and office-based aspiration to women with EPF.

S23463434

The COPD-Q is a valid, reliable tool used to assess COPD knowledge in a setting that includes patients with limited health literacy. It is useful in identifying key knowledge deficits that will allow the clinician to offer focused, individualized patient education and counseling.

GACETA SANITARIA

S22657871

La prohibición total de fumar en los locales de hostelería protege a trabajadores y clientes de los riesgos para la salud de la exposición al humo ambiental de tabaco.

S22633801

Las diferencias en la mortalidad entre la población inmigrante y la autóctona dependen de la edad, el sexo, las causas y la zona geográfica de nacimiento. Se observa una mayor mortalidad de las personas de edad avanzada autóctonas debido a enfermedades crónicas degenerativas, y al contrario en edades jóvenes ocasionadas por accidentes.

S22459740

En estos tiempos de crisis económica aumenta mucho más la presión por reducir el gasto como medida aislada que por aplicar fórmulas para maximizar la eficiencia de los servicios sanitarios. Disponemos de información, métodos y experiencias para obtener mejores resultados en salud con los recursos disponibles. En varios países se han adoptado diversas medidas para hacerlo. Una de ellas es la reinversión (también conocida como desinversión). Al tratarse de una táctica necesaria, pero compleja, alérgica y a menudo confundida, en este artículo se aclara su significado, se enmarca en su debido contexto y se describen los métodos y criterios empleados para identificar y priorizar las tecnologías médicas candidatas a la reinversión. Incluido el caso de España, se revisan las experiencias en reinversión de Nueva Zelanda, Australia, Canadá, Reino Unido e Italia, los obstáculos que afrontan y sus perspectivas a medio plazo. El desconocimiento no debería eximir socialmente de su aplicación, estemos o no en crisis. La mejora de la eficiencia social es una obligación del Sistema Nacional de Salud.

S22591636

El edentulismo es un fenómeno complejo, con diversos factores sociales y económicos implicados.

GUT

S23135763

Screening is recommended for high-risk individuals, but more evidence is needed, particularly for how to manage patients with detected lesions. Screening and subsequent management should take place at high-volume centres with multidisciplinary teams, preferably within research protocols.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S23385271

Among patients with intermittent claudication, 24-week treatment with ramipril resulted in significant increases in pain-free and maximum treadmill walking times compared with placebo. This was associated with a significant increase in the physical functioning component of the SF-36 score.

S23403681

Use of prenatal folic acid supplements around the time of conception was associated with a lower risk of autistic disorder in the MoBa cohort. Although these findings cannot establish causality, they do support prenatal folic acid supplementation.

S23483176

In this community-based cohort, smoking cessation was associated with a lower risk of CVD events among participants without diabetes, and weight gain that occurred following smoking cessation did not modify this association. This supports a net cardiovascular benefit of smoking cessation, despite subsequent weight gain.

S23462789

CLINICAL QUESTION: Do antiplatelet therapies reduce risk of all-cause mortality, cardiovascular disease (CVD) mortality, and cardiovascular events in patients with intermittent claudication? Which antiplatelet is most strongly associated with a reduced risk of all-cause and CVD mortality? **BOTTOM LINE:** In patients with intermittent claudication, antiplatelet therapies are associated with lower all-cause and CVD mortality compared with placebo. Compared with all antiplatelet therapies, the strongest evidence exists for thienopyridines, such as clopidogrel.

S23532241

Among adults with non-CF bronchiectasis, the daily use of azithromycin for 12 months compared with placebo resulted in a lower rate of infectious exacerbations. This could result in better quality of life and might influence survival, although effects on antibiotic resistance need to be considered.

S23532242

Among patients with non-CF bronchiectasis, the 12-month use of erythromycin compared with placebo resulted in a modest decrease in the rate of pulmonary exacerbations and an increased rate of macrolide resistance.

S23512060

Among adults aged 18 through 50 years, 20-year mortality following acute stroke was relatively high compared with expected mortality. These findings may warrant further research evaluating secondary prevention strategies in these patients.

S23532243

The overall evidence provides a moderate grade level of evidence to support the effectiveness of sublingual immunotherapy for the treatment of allergic rhinitis and asthma, but high-quality studies are still needed to answer questions regarding optimal dosing strategies. There were limitations in the standardization of adverse events reporting, but no life-threatening adverse events were noted in this review.

S23525864

The use of clarithromycin in the setting of acute exacerbations of chronic obstructive pulmonary disease or community acquired pneumonia may be associated with increased cardiovascular events. These findings require confirmation in other datasets.

S23444423

The data suggest that patients with more severe depression at baseline show at least as much clinical benefit from low intensity interventions as less severely depressed patients and could usefully be offered these interventions as part of a stepped care model.

S23444414

On the basis of combined data from the two screening programmes, this study indicated that overdiagnosis most likely amounted to 2.3% (95% confidence interval -3% to 8%) in targeted women. Among participants, it was most likely 1-5%. At least eight years after the end of screening were needed to compensate for the excess incidence during screening.

S23518273

Most research protocols did not contain sufficient information to allow the sample size to be reproduced or the plausibility of the design assumptions to be assessed. Greater transparency in the reporting of the determination of the sample size and more focus on study design during the ethical review process would allow deficiencies to be resolved early, before the trial begins. Guidance for research ethics committees and statisticians advising these committees is needed.

Conclusion In people with type 2 diabetes, a coronary artery calcium score of ≥ 10 predicts all cause mortality or cardiovascular events, or both, and cardiovascular events alone, with high sensitivity but low specificity. Clinically, the finding of a coronary artery calcium score of < 10 may facilitate risk stratification by enabling the identification of people at low risk within this high risk population.

S23520339

The QALY gain by patients using telehealth in addition to usual care was similar to that by patients receiving usual care only, and total costs associated with the telehealth intervention were higher. Telehealth does not seem to be a cost effective addition to standard support and treatment.

S23412440

We identified several factors that could partially explain why some systems succeed and others fail. Presenting decision support within electronic charting or order entry systems are associated with failure compared with other ways of delivering advice. Odds of success were greater for systems that required practitioners to provide reasons when over-riding advice than for systems that did not. Odds of success were also better for systems that provided advice concurrently to patients and practitioners. Finally, most systems were evaluated by their own developers and such evaluations were more likely to show benefit than those conducted by a third party.

S23511947

Caffeinated substances are associated with a reduced risk of crashing for long distance commercial motor vehicle drivers. While comprehensive mandated strategies for fatigue management remain a priority, the use of caffeinated substances could be a useful adjunct strategy in the maintenance of alertness while driving.

S23511950

Use of high potency statins is associated with an increased rate of diagnosis for acute kidney injury in hospital admissions compared with low potency statins. The effect seems to be strongest in the first 120 days after initiation of statin treatment.

S23512758

Training primary care clinicians in behaviour change counselling using a brief blended learning programme did not increase patients reported beneficial behaviour change at three months or improve biometric and a biochemical measure at 12 months, but it did increase patients' recollection of discussing behaviour change with their clinicians, intentions to change, attempts to change, and perceptions of having made a lasting change at three months. Enduring behaviour change and improvements in biometric measures are unlikely after a single routine consultation with a clinician trained in behaviour change counselling without additional intervention.

MEDICINA CLINICA

S23122608

La EV basada en el IMC podría constituir una sencilla herramienta para estimar la presencia de PAC y mejorar la estratificación del riesgo cardiovascular en sujetos en prevención primaria.

S23246167

El consumo de tabaco presenta una rara confluencia de circunstancias: es una significativa y alta amenaza para la salud, hay una escasa motivación entre el personal sanitario para intervenir consecuentemente y, sin embargo, disponemos de intervenciones efectivas. Realmente es difícil identificar ningún otro condicionante de la salud que presente esta mezcla de letalidad, prevalencia y desatención, pese a que disponemos de tratamientos eficaces fácilmente disponibles. Por otra parte, la intervención en tabaco está considerada como el patrón oro de las intervenciones preventivas, muy por encima de otras medidas preventivas usadas comúnmente. Todo ello ha motivado al Comité Nacional de Prevención de Tabaquismo a elaborar un Documento de Consenso para la Atención Clínica al Tabaquismo en España. La finalidad de este trabajo, de carácter técnico y científico, es consensuar una propuesta básica de calidad sobre el abordaje de las personas fumadoras que sirva como guía orientativa en la práctica clínica en el contexto de nuestro país. Los objetivos de consenso son revisar la eficacia de los tratamientos existentes del tabaquismo, sintetizar la evidencia disponible sobre el tratamiento de las personas fumadoras, consensuar unos mínimos básicos que permitan orientar las actuaciones asistenciales de calidad en España, proponiendo recomendaciones clínicas para el manejo del paciente que fuma. El consenso aborda las estrategias y las evidencias que las sustentan, para intervenir sobre los fumadores en la consulta tanto en aquellos que no quieren dejar de fumar, como en el que quiere dejar de fumar, estableciendo los pasos para intervenir de la forma más adecuada.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S23293859

Our results suggest AQT is a usable test for dementia assessments in primary care. Sensitivity for AQT is superior to CDT, equivalent to MMSE, and comparable to the combination MMSE and CDT. MMSE in combination with AQT improves sensitivity. Because AQT is user-friendly and quickly administered, it could be applicable for primary care settings.

S23282010

A strong association was found between consultation length and information, especially psychosocial information, obtained by the physicians at internship completion. This finding should be considered by faculty members and organizers of the internship period. Further research is needed to detect when, during the educational process, increased emphasis on communication skills training would be most beneficial for students/residents, and how the medical curriculum and internship period should be designed to optimize young physicians' use of time in consultations.

S23281925

There was a hierarchal scale of how GPs viewed resistance as an issue in UTI treatment. Only GPs who expressed concerns about resistance followed prescribing guidelines completely. This offers valuable insights into the planning and most likely the outcome of awareness or educational activities aimed at changed antibiotic prescribing behaviour.

S23330583

It is desirable to identify elderly individuals with less severe depression. Three course patterns were observed; this finding requires further study of the clinical characteristics related to the different patterns. Awareness of risk factors may facilitate identification of those at highest risk of poor prognosis.

S23330604

The change in the remuneration system had a limited impact on guideline adherence.

S23336114

The common history and development of Nordic family medicine is important and interesting. This paper looks back on the aspects and factors influencing academic family medicine in the Nordic countries and especially the central position of the Nordic Congresses and the Scandinavian Journal of Primary Health Care. The importance of pioneers and bringing people together is emphasized. More than 30 years of Nordic academic family medicine has indeed had an incredible impact and has initiated development from only a few people to become world leading.

S23281962

Psychological problems are frequently seen and managed in primary care and most are classified within a few diagnostic categories. Social matters are rarely considered or classified.

THE LANCET

S23219286

For women with ER-positive disease, continuing tamoxifen to 10 years rather than stopping at 5 years produces a further reduction in recurrence and mortality, particularly after year 10. These results, taken together with results from previous trials of 5 years of tamoxifen treatment versus none, suggest that 10 years of tamoxifen treatment can approximately halve breast cancer mortality during the second decade after diagnosis.

S23428115

The substantial increase in the worldwide prevalence of asthma and atopy has been attributed to lifestyle changes that reduce exposure to bacteria. A recent insight is that the largely bacterial microbiome maintains a state of basal immune homeostasis, which modulates immune responses to microbial pathogens. However, some respiratory viral infections cause bronchiolitis of infancy and childhood wheeze, and can exacerbate established asthma; whereas allergens can partly mimic infectious agents. New insights into the host's innate sensing systems, combined with recently developed methods that characterise commensal and pathogenic microbial exposure, now allow a unified theory for how microbes cause mucosal inflammation in asthma. The respiratory mucosa provides a key microbial interface where epithelial and dendritic cells interact with a range of functionally distinct lymphocytes. Lymphoid cells then control a range of pathways, both innate and specific, which organise the host mucosal immune response. Fundamental to innate immune responses to microbes are the interactions between pathogen-associated molecular patterns and pattern recognition receptors, which are associated with production of type I interferons, proinflammatory cytokines, and the T-helper-2 cell pathway in predisposed people. These coordinated, dynamic immune responses underlie the differing asthma phenotypes, which we delineate in terms of Seven Ages of Asthma. An understanding of the role of microbes in the atopic march towards asthma, and in causing exacerbations of established asthma, provides the rationale for new specific treatments that can be assessed in clinical trials. On the basis of these new ideas, specific host biomarkers might then allow personalised treatment to become a reality for patients with asthma.

S23395245

Frailty is the most problematic expression of population ageing. It is a state of vulnerability to poor resolution of homeostasis after a stressor event and is a consequence of cumulative decline in many physiological systems during a lifetime. This cumulative decline depletes homeostatic reserves until minor stressor events trigger disproportionate changes in health status. In landmark studies, investigators have developed valid models of frailty and these models have allowed epidemiological investigations that show the association between frailty and adverse health outcomes. We need to develop more efficient methods to detect frailty and measure its severity in routine clinical practice, especially methods that are useful for primary care. Such progress would greatly inform the appropriate selection of elderly people for invasive procedures or drug treatments and would be the basis for a shift in the care of frail elderly people towards more appropriate goal-directed care.

THE NEW ENGLAND JOURNAL OF MEDICINE

S23484797

This proof-of-concept analysis showed that circulating tumor DNA is an informative, inherently specific, and highly sensitive biomarker of metastatic breast cancer.

S23484826

MRI performed at 1-year follow-up in patients who had been treated for sciatica and lumbar-disk herniation did not distinguish between those with a favorable outcome and those with an unfavorable outcome.

S23484828

Among elderly survivors of in-hospital cardiac arrest, nearly 60% were alive at 1 year, and the rate of 3-year survival was similar to that among patients with heart failure. Survival and readmission rates differed according to the demographic characteristics of the patients and neurologic status at discharge.