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ACADEMIC MEDICINE

Uchida T, Farnan JM, Schwartz JE, Heiman HL. Teaching the physical examination: a longitudinal strategy for tomorrow's physicians. Acad Med. 2014; 89:373-375 [AO,I]

[24448055](#) [R/C](#)

ENSEÑAR LA EXPLORACIÓN FÍSICA: ESTRATEGIA LONGITUDINAL PARA LOS MÉDICOS DE MAÑANA

Hamstra SJ, Brydges R, Hatala R, Zendejas B, Cook DA. Reconsidering fidelity in simulation-based training. Acad Med. 2014; 89:387-392 [R,II]

[24448038](#) [R/C](#)

RECONSIDERAR LA FIDELIDAD EN LA PRÁCTICA POR SIMULACIÓN

Dyrbye LN, West CP, Satele D, Boone S, Tan L, Sloan J, et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. Population. Acad Med. 2014; 89:443-451 [T,I]

[24448053](#) [R/C](#)

DESGASTE ENTRE LOS ESTUDIANTES DE MEDICINA, LOS RESIDENTES Y LOS MÉDICOS JÓVENES EN EE UU EN RELACIÓN CON LA POBLACIÓN ESTADOUNIDENSE

Steven K, Wenger E, Boshuizen H, Scherpbier A, Dornan T. How clerkship students learn from real patients in practice settings. Acad Med. 2014; 89:469-476 [C,I]

[24448040](#) [R/C](#)

CÓMO LOS ESTUDIANTES EN ROTACIÓN APRENDEN DE PACIENTES REALES EN LOS DISPOSITIVOS DE CONSULTAS

Karani R, Fromme HB, Cayea D, Muller D, Schwartz A, Harris IB. How medical students learn from residents in the workplace: a qualitative study. Acad Med. 2014; 89:490-496 [C,I]

[24448043](#) [R/C](#)

CÓMO APRENDEN LOS ESTUDIANTES DE MEDICINA DE LOS RESIDENTES EN EL LUGAR DE TRABAJO: ESTUDIO CUALITATIVO

ANNALS OF INTERNAL MEDICINE

Denniston MM, Jiles RB, Drobeniuc J, Klevens M, Ward JW, McQuillan GM, et al. Chronic hepatitis C virus infection in the United States, National Health and Nutrition Examination Survey 2003 to 2010. Ann Intern Med. 2014; 160:293-300 [T,I]

[R/C](#)

INFECCIÓN CRÓNICA POR EL VIRUS DE LA HEPATITIS C EN LOS ESTADOS UNIDOS, ENCUESTA HEALTH AND NUTRITION EXAMINATION 2003 A 2010

Kerlin MP. Asthma. Ann Intern Med. 2014; 160:ITC3-1 [R,I]

[R/C](#)

ASMA

Bach PB. Raising the bar for the U.S. Preventive Services Task Force. Ann Intern Med. 2013 [Epub ahead of print] [AO,I]

[24379087](#)

SUBIR EL LISTÓN PARA EL US PREVENTIVE SERVICES TASK FORCE

Moyer VA. Screening for gestational diabetes mellitus: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2014 [Epub ahead of print] [M,II]

[24424622](#) [R/C](#)

CRIBADO DE DIABETES MELLITUS GESTACIONAL: DECLARACIÓN DE RECOMENDACIÓN DEL US PREVENTIVE SERVICES TASK FORCE

Detterbeck FC, Unger M. Screening for lung cancer: moving into a new era. Ann Intern Med. 2013 [Epub ahead of print] [AO,I]

[24379025](#)

CRIBADO DEL CÁNCER DE PULMÓN: ENTRAR EN UNA NUEVA ERA

Moyer VA. Screening for lung cancer: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2013 [Epub ahead of print] [M,II]

[24378917](#) [R/C](#)

CRIBADO DEL CÁNCER DE PULMÓN: DECLARACIÓN DE RECOMENDACIÓN DEL US PREVENTIVE SERVICES TASK FORCE

Stone NJ, Robinson JG, Lichtenstein AH, Goff Jr DC, Lloyd-Jones DM, Smith Jr SC, et al; for the 2013 ACC/AHA Cholesterol Guideline Panel*. Treatment of blood cholesterol to reduce atherosclerotic cardiovascular disease risk in adults: synopsis of the 2013 ACC/AHA Cholesterol Guideline. *Ann Intern Med.* 2014 [Epub ahead of print] [M,II]

[24474185](#) [R/C](#)

TRATAMIENTO DEL COLESTEROL SANGUÍNEO PARA REDUCIR EL RIESGO DE ENFERMEDAD CARDIOVASCULAR ATEROSCLERÓTICA EN ADULTOS: SINOPSIS DE LA GUÍA ACC/AHA SOBRE COLESTEROL DE 2013

Guirguis-Blake JM, Beil TL, Senger CA, Whitlock EP. Ultrasonography screening for abdominal aortic aneurysms: a systematic evidence review for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2014 [Epub ahead of print] [M,II]

[24473919](#) [R/C](#)

CRIBAJE MEDIANTE ECOGRAFÍA DE LOS ANEURISMAS AÓRTICOS ABDOMINALES: REVISIÓN SISTEMÁTICA DE LA EVIDENCIA PARA EL US PREVENTIVE SERVICES TASK FORCE

de Koning HJ, Meza R, Plevritis SK, Ten Haaf K, Munshi VN, Jeon J, et al. Benefits and harms of computed tomography lung cancer screening strategies: a comparative modeling study for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2013 [Epub ahead of print] [CE,II]

[24379002](#) [R/C](#)

BENEFICIOS Y PERJUICIOS DE LAS ESTRATEGIAS DE CRIBADO DEL CÁNCER DE PULMÓN MEDIANTE TAC: ESTUDIO COMPARATIVO DE MODELOS PARA EL US PREVENTIVE SERVICES TASK FORCE

Martin SS, Blumenthal RS. Concepts and controversies: the 2013 American College of Cardiology/American Heart Association Risk Assessment and Cholesterol Treatment Guidelines. *Ann Intern Med.* 2014 [Epub ahead of print]

[24473832](#)

CONCEPTOS Y CONTROVERSIAS: GUÍAS 2013 DE VALORACIÓN DE RIESGO Y TRATAMIENTO DEL COLESTEROL DEL ACC/AHA

Guallar E, Laine C. Controversy over clinical guidelines: listen to the evidence, not the noise. *Ann Intern Med.* 2014 [Epub ahead of print] [AO,I]

[24473997](#)

CONTROVERSIA SOBRE LAS GUÍAS CLÍNICAS: ESCUCHAR LAS PRUEBAS, NO EL RUIDO

Downs J, Good C. New cholesterol guidelines: has Godot finally arrived? *Ann Intern Med.* 2014 [Epub ahead of print] [AO,I]

[24473934](#)

NUEVAS GUÍAS SOBRE EL COLESTEROL: ¿HA LLEGADO GODOT FINALMENTE?

BRITISH MEDICAL JOURNAL

Baldwin DR, Hansell DM, Duffy SW, Field JK. Lung cancer screening with low dose computed tomography. *BMJ.* 2014; 348:g197 [AO,I]

[24609921](#)

CRIBAJE DEL CÁNCER DE PULMÓN CON TC DE BAJA DOSIS

Schmidt D, Schachter SC. Drug treatment of epilepsy in adults. *BMJ.* 2014; 348:g254 [R,I]

[24583319](#) [R/C](#)

TRATAMIENTO FARMACOLÓGICO DE LA EPILEPSIA EN ADULTOS

Wright AA, Zhang B, Keating NL, Weeks JC, Prigerson HG. Associations between palliative chemotherapy and adult cancer patients' end of life care and place of death: prospective cohort study. *BMJ.* 2014; 348:g1219 [S,I]

[24594868](#) [R/C](#)

ASOCIACIONES ENTRE QUIMIOTERAPIA PALIATIVA Y ATENCIÓN A PACIENTES TERMINALES DE CÁNCER Y LUGAR DE LA MUERTE: ESTUDIO PROSPECTIVO DE COHORTE

Rahman A, Underwood M, Carnes D. Fibromyalgia. *BMJ.* 2014; 348:g1224 [R,I]

[24566297](#)

FIBROMIALGIA

Dodd JM, Turnbull D, McPhee AJ, Deussen AR, Grivell RM, Yelland LN, et al; LIMIT Randomised Trial Group. Antenatal lifestyle advice for women who are overweight or obese: LIMIT randomised trial. *BMJ.* 2014; 348:g1285 [EC,I]

[24513442](#) [R/C](#)

CONSEJO ANTENATAL SOBRE ESTILO DE VIDA PARA MUJERES OBESAS O CON SOBREPESO: ENSAYO ALEATORIZADO LIMIT

Geersing GJ, Zuithoff NP, Kearon C, Anderson DR, Ten Cate-Hoek AJ, Elf JL, et al. Exclusion of deep vein thrombosis using the Wells rule in clinically important subgroups: individual patient data meta-analysis. *BMJ*. 2014; 348:g1340 [M,II]

[24615063](#) [R/C](#)

EXCLUSIÓN DE TROMBOSIS VENOSA PROFUNDA USANDO LA REGLA DE WELLS EN SUBGRUPOS CLÍNICAMENTE IMPORTANTES: METAANÁLISIS DE DATOS DE PACIENTES INDIVIDUALES

Schwedt TJ. Chronic migraine. *BMJ*. 2014; 348:g1416 [R,I]

[24662044](#) [R/C](#)

MIGRAÑA CRÓNICA

Englund-Ögge L, Brantsæter AL, Sengpiel V, Haugen M, Birgisdottir BE, Myhre R et al. Maternal dietary patterns and preterm delivery: results from large prospective cohort study. *BMJ*. 2014; 348:g1446 [S,I]

[R/C](#)

PATRONES DIETÉTICOS MATERNOS Y PARTO PRETÉRMINO: RESULTADOS DE UN GRAN ESTUDIO PROSPECTIVO DE COHORTE

Crowe E, Pandeya N, Brotherton JM, Dobson AJ, Kisely S, Lambert SB, et al. Effectiveness of quadrivalent human papillomavirus vaccine for the prevention of cervical abnormalities: case-control study nested within a population based screening programme in Australia. *BMJ*. 2014; 348:g1458 [CC,I]

[24594809](#) [R/C](#)

EFFECTIVIDAD DE LA VACUNA TETRAVALENTE DEL PAPILOMA HUMANO EN LA PREVENCIÓN DE ANORMALIDADES DE CÉRVIX: ESTUDIO DE CASO-CONTROL ANIDADO DENTRO DE UN PROGRAMA DE CRIBAJE POBLACIONAL EN AUSTRALIA

Burgoine T, Forouhi NG, Griffin SJ, Wareham NJ, Monsivais P. Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study. *BMJ*. 2014; 348:g1464 [T,I]

[24625460](#) [R/C](#)

ASOCIACIONES ENTRE EXPOSICIÓN A TIENDAS DE COMIDA PARA LLEVAR, CONSUMO DE COMIDA PARA LLEVAR Y PESO CORPORAL EN CAMBRIDGESHIRE, RU: ESTUDIO TRANSVERSAL POBLACIONAL

Rabow MW. Chemotherapy near the end of life. *BMJ*. 2014; 348:g1529 [AO,I]

[24598123](#)

QUIMIOTERAPIA EN LA FASE TERMINAL

Mooney PD, Hadjivassiliou M, Sanders DS. Coeliac disease. *BMJ*. 2014; 348:g1561 [R,I]

[24589518](#)

ENFERMEDAD CELIACA

Little P, Moore M, Kelly J, Williamson I, Leydon G, McDermott L, et al; PIPS Investigators. Delayed antibiotic prescribing strategies for respiratory tract infections in primary care: pragmatic, factorial, randomised controlled trial. *BMJ*. 2014; 348:g1606 [EC,I]

[24603565](#) [R/C](#)

ESTRATEGIAS DE PRESCRIPCIÓN DIFERIDA DE ANTIBIÓTICOS EN LAS INFECCIONES DE VÍAS RESPIRATORIAS EN ATENCIÓN PRIMARIA: ENSAYO CONTROLADO ALEATORIZADO, FACTORIAL, PRAGMÁTICO

Qi Q, Chu AY, Kang JH, Huang J, Rose LM, Jensen MK, et al. Fried food consumption, genetic risk, and body mass index: gene-diet interaction analysis in three US cohort studies. *BMJ*. 2014; 348:g1610 [S,I]

[24646652](#) [R/C](#)

CONSUMO DE ALIMENTOS FRITOS, RIESGO GENÉTICO E ÍNDICE DE MASA CORPORAL: ANÁLISIS DE INTERACCIÓN GENES-DIETA EN 3 ESTUDIOS DE COHORTES EN EE UU

Berlin I, Grangé G, Jacob N, Tanguy ML. Nicotine patches in pregnant smokers: randomised, placebo controlled, multicentre trial of efficacy. *BMJ*. 2014; 348:g1622 [EC,II]

[24627552](#) [R/C](#)

PARCHES DE NICOTINA EN FUMADORAS EMBARAZADAS: ENSAYO DE EFICACIA ALEATORIZADO CONTROLADO POR PLACEBO MULTICÉNTRICO

Iorio A, Douketis JD. Ruling out DVT using the Wells rule and a D-dimer test. *BMJ*. 2014; 348:g1637 [AO,I]

[24615174](#)

DESCARTAR LA TROMBOSIS VENOSA PROFUNDA USANDO LA REGLA DE WELLS Y LA PRUEBA DEL DÍMERO D

Teale EA, Iliffe S, Young JB. Subdural haematoma in the elderly. *BMJ*. 2014; 348:g1682 [R,I]

[24620354](#)

HEMATOMA SUBDURAL EN LOS ANCIANOS

Poston L. Healthy eating in pregnancy. BMJ. 2014; 348:g1739 [AO,I]

[24598079](#)

ALIMENTACIÓN SALUDABLE EN EL EMBARAZO

Hickey M, Ballard K, Farquhar C. Endometriosis. BMJ. 2014; 348:g1752 [R,I]

[24647161](#)

ENDOMETRIOSIS

Eisman S, Sinclair R. Fungal nail infection: diagnosis and management. BMJ. 2014; 348:g1800 [R,I]

[24661991](#)

INFECCIÓN MICÓTICA EN LAS UÑAS: DIAGNÓSTICO Y MANEJO

Brose LS. Helping pregnant smokers to quit. BMJ. 2014; 348:g1808 [AO,I]

[24620362](#)

AYUDAR A LAS EMBARAZADAS A DEJAR EL TABACO

Neckerman KM. Takeaway food and health. BMJ. 2014; 348:g1817 [AO,I]

[24625461](#)

COMIDA PARA LLEVAR Y SALUD

Anderson AS, Craigie AM, Caswell S, Treweek S, Stead M, Macleod M, et al. The impact of a bodyweight and physical activity intervention (BeWEL) initiated through a national colorectal cancer screening programme: randomised controlled trial. BMJ. 2014; 348:g1823 [EC,I]

[24609919](#)

[R/C](#)

IMPACTO DE UNA INTERVENCIÓN SOBRE ACTIVIDAD FÍSICA Y PESO CORPORAL (BeWEL) INICIADA A TRAVÉS DE UN PROGRAMA NACIONAL DE CRIBADO DE CÁNCER COLORRECTAL

Taylor D, Sparshatt A, Varma S, Olofinjana O. Antidepressant efficacy of agomelatine: meta-analysis of published and unpublished studies. BMJ. 2014; 348:g1888 [M,I]

[24647162](#)

[R/C](#)

EFICACIA ANTIDEPRESIVA DE LA AGOMELATINA: METAANÁLISIS DE ESTUDIOS PUBLICADOS Y NO PUBLICADOS

Blakemore AI, Buxton JL. Obesity, genetic risk, and environment. BMJ. 2014; 348:g1900 [AO,I]

[24646763](#)

OBESIDAD, RIESGO GENÉTICO Y ENTORNO

Lund M, Pasternak B, Davidsen RB, Feenstra B, Krogh C, Diaz LJ, et al. Use of macrolides in mother and child and risk of infantile hypertrophic pyloric stenosis: nationwide cohort study. BMJ. 2014; 348:g1908 [S,I]

[24618148](#)

[R/C](#)

USO DE MACRÓLIDOS EN LA MADRE Y EN EL NIÑO Y RIESGO DE ESTENOSIS PILÓRICA HIPERTRÓFICA INFANTIL: ESTUDIO NACIONAL DE COHORTE

Shun-Shin MJ, Howard JP, Francis DP. Removing the hype from hypertension. BMJ. 2014; 348:g1937 [AO,I]

[24603957](#)

QUITAR LA EXAGERACIÓN DE LA HIPERTENSIÓN

Hedman E. Therapist guided internet delivered cognitive behavioural therapy. BMJ. 2014; 348:g1977 [AO,I]

[24614338](#)

TERAPIA COGNITIVO CONDUCTUAL PROPORCIONADA POR TERAPEUTA A TRAVÉS DE INTERNET

Weich S, Pearce HL, Croft P, Singh S, Crome I, Bashford J, et al. Effect of anxiolytic and hypnotic drug prescriptions on mortality hazards: retrospective cohort study. BMJ. 2014; 348:g1996 [S,II]

[24647164](#)

[R/C](#)

EFFECTO DE LAS PRESCRIPCIONES DE FÁRMACOS ANSIOLÍTICOS E HIPNÓTICOS Y RIESGOS DE MORTALIDAD: ESTUDIO RETROSPECTIVO DE COHORTE

Humphreys RA, Lepper R, Nicholson TR. When and how to treat patients who refuse treatment. BMJ. 2014; 348:g2043 [R,I]

[24668621](#)

CUÁNDO Y CÓMO TRATAR A LOS PACIENTES QUE REHÚSAN EL TRATAMIENTO

Ambresin G, Gunn J. Does agomelatine have a place in the treatment of depression? BMJ. 2014; 348:g2157 [AO,I]

[24650658](#)

¿TIENE LUGAR LA AGOMELATINA EN EL TRATAMIENTO DE LA DEPRESIÓN?

Moore CL, Bomann S, Daniels B, Luty S, Molinaro A, Singh D, et al. Derivation and validation of a clinical prediction rule for uncomplicated ureteral stone--the STONE score: retrospective and prospective observational cohort studies. *BMJ*. 2014; 348:g2191 [S,I]

[24671981](#)

[R/C](#)

DEDUCCIÓN Y VALIDACIÓN DE UNA REGLA PREDICTIVA PARA EL CÁLCULO URETERAL NO COMPLICADO-- TABLA STONE: ESTUDIO DE COHORTES OBSERVACIONALES RETROSPECTIVOS Y PROSPECTIVOS

Henderson M, Madan I, Hotopf M. Work and mental health in the UK. *BMJ*. 2014; 348:g2256 [AO,I]

[24657769](#)

TRABAJO Y SALUD MENTAL EN EL R.U.

Carlsson S, Assel M, Sjoberg D, Ulmert D, Hugosson J, Lilja H. et al. Influence of blood prostate specific antigen levels at age 60 on benefits and harms of prostate cancer screening: population based cohort study. *BMJ*. 2014; 348:g2296 [S,II]

[R/C](#)

INFLUENCIA DE LOS NIVELES DE PSA EN SANGRE A LOS 60 AÑOS SOBRE LOS BENEFICIOS Y PERJUICIOS DEL CRIBADO DE CÁNCER DE PRÓSTATA: ESTUDIO POBLACIONAL DE COHORTE

BRITISH JOURNAL OF PSYCHIATRY

Chen PL, Yang CW, Tseng YK, Sun WZ, Wang JL, Wang SJ, et al. Risk of dementia after anaesthesia and surgery. *Br J Psychiatry*. 2014; 204:188-193 [S,II]

[23887997](#)

[R/C](#)

RIESGO DE DEMENCIA TRAS ANESTESIA Y CIRUGÍA

Richards M, Barnett JH, Xu MK, Croudace TJ, Gaysina D, Kuh D, et al; MRC National Survey of Health and Development scientific and data collection team. Lifetime affect and midlife cognitive function: prospective birth cohort study. *Br J Psychiatry*. 2014; 204:194-199 [S,II]

[24357571](#)

[R/C](#)

AFECTO A LO LARGO DE LA VIDA Y FUNCIÓN COGNITIVA EN LA EDAD MEDIANA: ESTUDIO DE COHORTE PROSPECTIVO DESDE EL NACIMIENTO

CANADIAN MEDICAL ASSOCIATION JOURNAL

Patrick K. Move. Now. *CMAJ*. 2014; 186:243 [AO,I]

[24516090](#)

MUÉVASE. YA.

Wong AM. Amblyopia (lazy eye) in children. *CMAJ*. 2014; 186:292 [AO,I]

[24190990](#)

AMBLIOPÍA (OJO VAGO)

Stephoe A, de Oliveira C, Demakakos P, Zaninotto P. Enjoyment of life and declining physical function at older ages: a longitudinal cohort study. *CMAJ*. 2014; 186:E150-E156 [S,II]

[24446463](#)

[R/C](#)

DISFRUTE DE LA VIDA Y DECLIVE DE LA FUNCIÓN FÍSICA A EDADES AVANZADAS: ESTUDIO LONGITUDINAL DE COHORTE

Daniel S, Koren G, Lunenfeld E, Bilenko N, Ratzon R, Levy A. Fetal exposure to nonsteroidal anti-inflammatory drugs and spontaneous abortions. *CMAJ*. 2014; 186:E177-E182 [S,I]

[24491470](#)

[R/C](#)

EXPOSICIÓN FETAL A FÁRMACOS AINE Y ABORTOS ESPONTÁNEOS

CIRCULATION

Steffen LM. Lower levels of sodium intake and reduced cardiovascular risk: the challenge to achieve lower sodium recommendations. *Circulation*. 2014; 129:956-957 [AO,I]

[24415712](#)

NIVELES MÁS BAJOS DE INGESTA DE SODIO Y RIESGO CARDIOVASCULAR REDUCIDO: EL RETO DE LOGRAR LAS RECOMENDACIONES DE SODIO MÁS BAJO

Hijazi Z, Hohnloser SH, Oldgren J, Andersson U, Connolly SJ, Eikelboom JW, et al. Efficacy and safety of dabigatran compared with warfarin in relation to baseline renal function in patients with atrial fibrillation: a RE-LY (Randomized Evaluation of Long-term Anticoagulation Therapy) trial analysis. *Circulation*. 2014; 129:961-970 [EC,II]

[24323795](#) [R/C](#)

EFICACIA Y SEGURIDAD DEL DABIGATRAN COMPARADO CON WARFARINA EN RELACIÓN CON LA FUNCIÓN RENAL BASAL EN PACIENTES CON FIBRILACIÓN AURICULAR: ANÁLISIS DEL ENSAYO RE-LY

Li J, Agarwal SK, Alonso A, Blecker S, Chamberlain AM, London SJ, et al. Airflow obstruction, lung function, and incidence of atrial fibrillation: the Atherosclerosis Risk in Communities (ARIC) study. *Circulation*. 2014; 129:971-980 [S,I]

[24344084](#) [R/C](#)

OBSTRUCCIÓN AL FLUJO AÉREO, FUNCIÓN PULMONAR E INCIDENCIA DE FIBRILACIÓN AURICULAR: ESTUDIO ARIC

Cook NR, Appel LJ, Whelton PK. Lower levels of sodium intake and reduced cardiovascular risk. *Circulation*. 2014; 129:981-989 [EC,II]

[24415713](#) [R/C](#)

NIVELES MÁS BAJOS DE INGESTA DE SODIO Y RIESGO CARDIOVASCULAR REDUCIDO

Whelton PK. Sodium, blood pressure, and cardiovascular disease: a compelling scientific case for improving the health of the public. *Circulation*. 2014; 129:1085-1087 [AO,I]

[24425752](#)

SODIO, PRESIÓN ARTERIAL Y ENFERMEDAD CARDIOVASCULAR: UN CASO CIENTÍFICO CONVINCENTE PARA MEJORAR LA SALUD PÚBLICA

De Cecco CN, Meinel FG, Chiamida SA, Costello P, Bamberg F, Schoepf UJ. Coronary artery computed tomography scanning. *Circulation*. 2014; 129:1341-1345 [R,I]

[24664217](#)

TAC ARTERIAL CORONARIA

DIABETES CARE

Tsuda A, Ishimura E, Ohno Y, Ichii M, Nakatani S, Machida Y, et al. Poor glycemic control is a major factor in the overestimation of glomerular filtration rate in diabetic patients. *Diabetes Care*. 2014; 37:596-603 [T,I]

[24130341](#) [R/C](#)

EL MAL CONTROL GLUCÉMICO ES UN FACTOR IMPORTANTE DE SOBRESTIMACIÓN DE LA TASA DE FILTRADO GLOMERULAR EN PACIENTES DIABÉTICOS

Zhou K, Donnelly LA, Morris AD, Franks PW, Jennison C, Palmer CN, et al. Clinical and genetic determinants of progression of type 2 diabetes: a DIRECT study. *Diabetes Care*. 2014; 37:718-724 [T,II]

[24186880](#) [R/C](#)

DETERMINANTES GENÉTICOS Y CLÍNICOS DE PROGRESIÓN DE LA DIABETES TIPO 2: ESTUDIO DIRECT

Jabbour SA, Hardy E, Sugg J, Parikh S; Study 10 Group. Dapagliflozin is effective as add-on therapy to sitagliptin with or without metformin: a 24-week, multicenter, randomized, double-blind, placebo-controlled study. *Diabetes Care*. 2014; 37:740-750 [EC,II]

[24144654](#) [R/C](#)

LA DAPLAGLIFOZINA ES EFECTIVA COMO TRATAMIENTO AÑADIDO A LA SITAGLIPTINA CON O SIN METFORMINA: ESTUDIO ALEATORIZADO MULTICÉNTRICO, DOBLE CIEGO, CONTROLADO CON PLACEBO, DE 24 SEMANAS

Díez-Fernández A, Sánchez-López M, Mora-Rodríguez R, Notario-Pacheco B, Torrijos-Niño C, Martínez-Vizcaíno V. Obesity as a mediator of the influence of cardiorespiratory fitness on cardiometabolic risk: a mediation analysis. *Diabetes Care*. 2014; 37:855-862 [T,I]

[24198304](#) [R/C](#)

OBESIDAD COMO MEDIADOR DE LA INFLUENCIA DEL BUEN ESTADO CARDIORRESPIRATORIO SOBRE EL RIESGO CARDIOMETABÓLICO: ANÁLISIS DE MEDIACIÓN

Bakris GL, Molitch M. Microalbuminuria as a risk predictor in diabetes: the continuing saga. *Diabetes Care*. 2014; 37:867-875 [M,II]

[24558077](#) [R/C](#)

MICROALBUMINURIA COMO PREDICTOR DE RIESGO EN LA DIABETES: LA SAGA CONTINÚA

Maruthur NM, Gribble MO, Bennett WL, Bolen S, Wilson LM, Balakrishnan P, et al. The pharmacogenetics of type 2 diabetes: a systematic review. *Diabetes Care*. 2014; 37:876-886 [M,II]

[24558078](#) [R/C](#)

FARMACOGENÉTICA DE LA DIABETES TIPO 2: REVISIÓN SISTEMÁTICA

DRUGS

Plosker GL. Rivaroxaban: a review of its use in acute coronary syndromes. *Drugs*. 2014; 74:451-464 [R,I]

[24535922](#) [R/C](#)

RIVAROXABÁN: REVISIÓN DE SU USO EN EL SÍNDROME CORONARIO AGUDO

Frampton JE. QVA149 (Indacaterol/glycopyrronium fixed-dose combination): a review of its use in patients with chronic obstructive pulmonary disease. *Drugs*. 2014; 74:465-488 [R,I]

[24604791](#) [R/C](#)

QVA149 (COMBINACIÓN DE INDACATEROL/GLICOPIRRONIO A DOSIS FIJA): REVISIÓN DE SU USO EN PACIENTES CON EPOC

EUROPEAN HEART JOURNAL

Graham IM, Cooney MT. Risks in estimating risk. *Eur Heart J*. 2014; 35:537-539 [AO,I]

[24204012](#)

RIESGOS DEL CÁLCULO DEL RIESGO

Mueller C. Biomarkers and acute coronary syndromes: an update. *Eur Heart J*. 2014; 35:552-556 [R,I]

[24357507](#) [R/C](#)

BIOMARCADORES Y SÍNDROMES CORONARIOS AGUDOS: ACTUALIZACIÓN

Burnier M, Vuignier Y, Wuerzner G. State-of-the-art treatment of hypertension: established and new drugs. *Eur Heart J*. 2014; 35:557-562 [R,II]

[24216391](#) [R/C](#)

SITUACIÓN ACTUAL DEL TRATAMIENTO DE LA HIPERTENSIÓN: FÁRMACOS NUEVOS Y ESTABLECIDOS

Vikhireva O, Pajak A, Broda G, Malyutina S, Tamosiunas A, Kubinova R, et al. SCORE performance in Central and Eastern Europe and former Soviet Union: MONICA and HAPIEE results. *Eur Heart J*. 2014; 35:571-577 [S,II]

[23786858](#) [R/C](#)

RENDIMIENTO DE LA PUNTUACIÓN SCORE EN EUROPA CENTRAL Y ORIENTAL Y EN LA ANTERIOR UNIÓN SOVIÉTICA: RESULTADOS MONICA Y HAPIEE

Engelberger RP, Kucher N. Ultrasound-assisted thrombolysis for acute pulmonary embolism: a systematic review. *Eur Heart J*. 2014; 35:758-764 [M,II]

[24497337](#) [R/C](#)

TROMBOLISIS AYUDADA POR ECOGRAFÍA EN EL EMBOLISMO PULMONAR AGUDO: REVISIÓN SISTEMÁTICA

FAMILY MEDICINE

Shakil A, Bardwell J, Sherin K, Sinacore JM, Zitter R, Kindratt TB. Development of verbal HITS for intimate partner violence screening in family medicine. *Fam Med*. 2014; 46:180-185 [T,II]

[24652635](#) [R/C](#)

DESARROLLO DE DIANAS VERBALES PARA EL CRIBAJE DE LA VIOLENCIA DE PAREJA EN MEDICINA DE FAMILIA

Hasnain M, Massengale L, Dykens A, Figueroa E. Health disparities training in residency programs in the United States. *Fam Med*. 2014; 46:186-191 [M,II]

[24652636](#) [R/C](#)

PRÁCTICAS EN DESIGUALDADES DE SALUD EN LOS PROGRAMAS DE RESIDENCIA EN ESTADOS UNIDOS

Perrault EK. The content of family physicians' online videos and biographies. *Fam Med*. 2014; 46:192-197 [T,I]

[24652637](#) [R/C](#)

CONTENIDO DE LOS VIDEOS ONLINE Y LAS BIOGRAFÍAS DE LOS MÉDICOS DE FAMILIA

Korin EC, Odom AJ, Newman NK, Fletcher J, Lechuga C, McKee MD. Teaching family in family medicine residency programs: results of a national survey. *Fam Med*. 2014; 46:209-214 [T,I]

[24652640](#) [R/C](#)

ENSEÑANZA DE LA FAMILIA EN LOS PROGRAMAS DE RESIDENCIA DE MEDICINA DE FAMILIA: RESULTADOS DE UNA ENCUESTA NACIONAL

FAMILY PRACTICE

Muller S. Electronic medical records: the way forward for primary care research? *Fam Pract*. 2014; 31:127-129 [AO,I]

[24627543](#)

HISTORIAS CLÍNICAS ELECTRÓNICAS: ¿EL CAMINO PARA LA INVESTIGACIÓN EN ATENCIÓN PRIMARIA?

Olsen JR, Gallacher J, Pigué V, Francis NA. Epidemiology of molluscum contagiosum in children: a systematic review. *Fam Pract.* 2014; 31:130-136 [M,II]

[24297468](#) R/C

EPIDEMIOLOGÍA DEL MOLLUSCUM CONTAGIOSUM EN NIÑOS: REVISIÓN SISTEMÁTICA

Shim J, Brindle L, Simon M, George S. A systematic review of symptomatic diagnosis of lung cancer. *Fam Pract.* 2014; 31:137-148 [M,II]

[24347594](#) R/C

REVISIÓN SISTEMÁTICA DEL DIAGNÓSTICO SINTOMÁTICO DEL CÁNCER DE PULMÓN

Willems CS, van den Broek D'Obrenan J, Numans ME, Verheij TJ, van der Velden AW. Cystitis: antibiotic prescribing, consultation, attitudes and opinions. *Fam Pract.* 2014; 31:149-155 [T,II]

[24317602](#) R/C

CISTITIS: PRESCRIPCIÓN DE ANTIBIÓTICOS, CONSULTA, ACTITUDES Y OPINIONES

Tschudi-Madsen H, Kjeldsberg M, Natvig B, Ihlebaek C, Straand J, Bruusgaard D. Medically unexplained conditions considered by patients in general practice. *Fam Pract.* 2014; 31:156-163 [T,II]

[24368761](#) R/C

ENFERMEDADES SIN EXPLICACIÓN MÉDICA DESDE EL PUNTO DE VISTA DE LOS PACIENTES EN MEDICINA GENERAL

Gidding LG, Spigt MG, Dinant GJ. Stepped collaborative depression care: primary care results before and after implementation of a stepped collaborative depression programme. *Fam Pract.* 2014; 31:180-192 [QE,II]

[24277384](#) R/C

ATENCIÓN A LA DEPRESIÓN EN COLABORACIÓN POR ETAPAS: RESULTADOS EN ATENCIÓN PRIMARIA ANTES Y DESPUÉS DE LA PUESTA EN MARCHA DE UN PROGRAMA DE DEPRESIÓN EN COLABORACIÓN POR ETAPAS

Dahlhaus A, Vanneman N, Guethlin C, Behrend J, Siebenhofer A. German general practitioners' views on their involvement and role in cancer care: a qualitative study. *Fam Pract.* 2014; 31:209-214 [Q,I]

[24465025](#) R/C

PUNTOS DE VISTA DE LOS MÉDICOS GENERALES ALEMANES SOBRE SU IMPLICACIÓN Y PAPEL EN LA ATENCIÓN AL CÁNCER: ESTUDIO CUALITATIVO

Pettersson A, Björkelund C, Petersson EL. To score or not to score: a qualitative study on GPs views on the use of instruments for depression. *Fam Pract.* 2014; 31:215-221 [Q,II]

[24414275](#) R/C

PUNTUAR O NO PUNTUAR: ESTUDIO CUALITATIVO SOBRE LOS PUNTOS DE VISTA DE LOS MÉDICOS GENERALES SOBRE EL USO DE INSTRUMENTOS PARA LA DEPRESIÓN

Dollard J, Braunack-Mayer A, Horton K, Vanlint S. Why older women do or do not seek help from the GP after a fall: a qualitative study. *Fam Pract.* 2014; 31:222-228 [Q,I]

[24421382](#) R/C

POR QUÉ LAS MUJERES MAYORES BUSCAN O NO BUSCAN AYUDA DEL MÉDICO GENERAL TRAS UNA CAÍDA: ESTUDIO CUALITATIVO

Kortekaas MF, van de Pol AC, van der Horst HE, Burgers JS, Slort W, de Wit NJ. Towards efficient use of research resources: a nationwide database of ongoing primary care research projects in the Netherlands. *Fam Pract.* 2014; 31:229-235 [T,II]

[24277382](#) R/C

HACIA EL USO EFICIENTE DE LOS RECURSOS DE INVESTIGACIÓN: BASE DE DATOS NACIONAL SOBRE LOS PROYECTOS DE INVESTIGACIÓN EN MARCHA EN ATENCIÓN PRIMARIA EN HOLANDA

Abd Aziz A1, Izyan Farhana Nordin N, Mohd Noor N, Bachok N, Nor Ismalina Isa S. Psychometric properties of the 'Skala Kepuasan Interaksi Perubatan-11' to measure patient satisfaction with physician-patient interaction in Malaysia. *Fam Pract.* 2014; 31:236-244 [T,I]

[24317538](#) R/C

PROPIEDADES PSICOMÉTRICAS DE LA "SKALA KEPUASAN INTERAKSI PERUBATAN-11" PARA MEDIR LA SATISFACCIÓN DEL PACIENTE CON LA INTERACCIÓN MÉDICO-PACIENTE EN MALAYSIA

GACETA SANITARIA

Ferro T, Aliste L, Valverde M, Fernández MP, Ballano C, Borràs JM. Estado de salud y uso de recursos sanitarios en largos supervivientes de cáncer de mama, colorectal y próstata. *Gac Sanit.* 2014; 28:129-136 [S,I]

[24439156](#) R/C

ESTADO DE SALUD Y USO DE RECURSOS SANITARIOS EN LARGOS SUPERVIVIENTES DE CÁNCER DE MAMA, COLORECTAL Y PRÓSTATA

Sanz-Barbero B, Prieto-Flores ME, Otero-García L, Abt-Sacks A, Bernal M, Cambas N. Percepción de los factores de riesgo de cáncer por la población española. Gac Sanit. 2014; 28:137-145 [T,I]

[24380798](#) [R/C](#)

PERCEPCIÓN DE LOS FACTORES DE RIESGO DE CÁNCER POR LA POBLACIÓN ESPAÑOLA

Pérez-Fernández MR, Almazán R, Martínez JM, Alves MT, Segura-Iglesias MC, Pérez-Fernández R. Hábitos saludables y prevención de la osteoporosis en mujeres perimenopáusicas de un ámbito rural. Gac Sanit. 2014; 28:163-165 [EC,I]

[24315409](#) [R/C](#)

HÁBITOS SALUDABLES Y PREVENCIÓN DE LA OSTEOPOROSIS EN MUJERES PERIMENOPÁUSICAS DE UN ÁMBITO RURAL

García-Continente X, Pérez-Giménez A, López MJ, Nebot M. Potencial sesgo de selección en las encuestas telefónicas: teléfonos fijos y móviles†. Gac Sanit. 2014; 28:170-172 [T,I]

[24300381](#) [R/C](#)

POTENCIAL SESGO DE SELECCIÓN EN LAS ENCUESTAS TELEFÓNICAS: TELÉFONOS FIJOS Y MÓVILES†

Gavilán E, Jiménez L, Gervas J. Estrategias de promoción del síndrome por déficit de testosterona: un caso paradigmático de invención de enfermedad (disease mongering) Gac Sanit. 2014; 28:173-176 [R,I]

[23916982](#) [R/C](#)

ESTRATEGIAS DE PROMOCIÓN DEL SÍNDROME POR DÉFICIT DE TESTOSTERONA: UN CASO PARADIGMÁTICO DE INVENCION DE ENFERMEDAD (DISEASE MONGERING)

GUT

Petta S, Macaluso FS, Craxi A. Cardiovascular diseases and HCV infection: a simple association or more? Gut. 2014; 63:369-375 [R,I]

[24295849](#)

ENFERMEDADES CARDIOVASCULARES E INFECCIÓN POR VHC: ¿UNA SIMPLE ASOCIACIÓN O MÁS?

Manichanh C, Eck A, Varela E, Roca J, Clemente JC, González A, et al. Anal gas evacuation and colonic microbiota in patients with flatulence: effect of diet. Gut. 2014; 63:401-408 [QE,I]

[23766444](#) [R/C](#)

EVACUACIÓN DE GAS ANAL Y FLORA MICROBIANA COLÓNICA EN PACIENTES CON FLATULENCIA: EFECTO DE LA DIETA

JAMA INTERNAL MEDICINE

Lipska KJ, Krumholz HM. Comparing diabetes medications: where do we set the bar? JAMA Intern Med. 2014; 174:317-318 [AO,I]

[24366351](#)

COMPARAR MEDICACIONES PARA LA DIABETES: ¿DÓNDE PONEMOS EL LISTÓN?

Goodwin JS. Heart disease as the number one cause of death among the elderly. JAMA Intern Med. 2014; 174:322 [AO,I]

[24395276](#)

ENFERMEDAD CARDIACA COMO CAUSA NÚMERO UNO DE MUERTE ENTRE LOS ANCIANOS

Goyal M, Singh S, Sibinga EM, Gould NF, Rowland-Seymour A, Sharma R, et al. Meditation programs for psychological stress and well-being: a systematic review and meta-analysis. JAMA Intern Med. 2014; 174:357-368 [M,II]

[24395196](#) [R/C](#)

PROGRAMAS DE MEDITACIÓN PARA EL ESTRÉS PSICOLÓGICO Y EL BIENESTAR: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

Welch HG, Passow HJ. Quantifying the benefits and harms of screening mammography. JAMA. Intern Med 2014; 174:448-454 [R,II]

[24380095](#) [R/C](#)

CUANTIFICAR LOS BENEFICIOS Y PERJUICIOS DEL CRIBAJE MAMOGRÁFICO

JAMA PSYCHIATRY

Chang Z, Lichtenstein P, D'Onofrio BM, Sjölander A, Larsson H. Serious transport accidents in adults with attention-deficit/hyperactivity disorder and the effect of medication: a population-based study. JAMA. Psychiatry 2014; 71:319-325 [S,II]

[24477798](#) [R/C](#)

ACCIDENTES GRAVES DE TRANSPORTE EN ADULTOS CON TRASTORNO DE HIPERACTIVIDAD/DÉFICIT DE ATENCIÓN Y EFECTO DE LA MEDICACIÓN: ESTUDIO POBLACIONAL

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

Hickner J, Thompson PJ, Wilkinson T, Epner P, Sheehan M, Pollock AM, et al. Primary care physicians' challenges in ordering clinical laboratory tests and interpreting results. J Am Board Fam Med. 2014; 27:268-274 [T,I]

[24610189](#) [R/C](#)

RETOS DE LOS MÉDICOS DE ATENCIÓN PRIMARIA AL PEDIR PRUEBAS DE LABORATORIO CLÍNICO Y AL INTERPRETAR SUS RESULTADOS

Huffman MM, Mounsey AL. Hepatitis C for primary care physicians. J Am Board Fam Med. 2014; 27:284-291 [R,I]

[24610191](#) [R/C](#)

HEPATITIS C PARA MÉDICOS DE ATENCIÓN PRIMARIA

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Winkelmayer WC, Turakhia MP. Warfarin treatment in patients with atrial fibrillation and advanced chronic kidney disease: sins of omission or commission? JAMA. 2014; 311:913-915 [AO,I]

[24595773](#)

TRATAMIENTO CON WARFARINA EN PACIENTES CON FIBRILACIÓN AURICULAR Y ENFERMEDAD RENAL CRÓNICA AVANZADA: ¿PECADOS POR OMISIÓN O POR COMISIÓN?

Halfon N. Socioeconomic influences on child health: building new ladders of social opportunity. JAMA. 2014; 311:915-917 [AO,I]

[24595774](#)

INFLUENCIAS SOCIOECONÓMICAS SOBRE LA SALUD DE LOS NIÑOS: CONSTRUIR NUEVAS ESCALERAS DE OPORTUNIDAD SOCIAL

Vickers AJ, Linde K. Acupuncture for chronic pain. JAMA 2014;311:955-956 [AO,I]

[24595780](#) [R/C](#)

ACUPUNTURA EN EL DOLOR CRÓNICO

Feero WG. Clinical application of whole-genome sequencing: proceed with care. JAMA. 2014; 311:1017-1019 [AO,I]

[24618961](#)

APLICACIÓN CLÍNICA DE LA SECUENCIACIÓN DEL GENOMA COMPLETO: PROCEDER CON CUIDADO

Dewey FE, Grove ME, Pan C, Goldstein BA, Bernstein JA, Chaib H, et al. Clinical interpretation and implications of whole-genome sequencing. JAMA. 2014; 311:1035-1045 [T,I]

[24618965](#) [R/C](#)

INTERPRETACIÓN CLÍNICA E IMPLICACIONES DE LA SECUENCIACIÓN DEL GENOMA COMPLETO

Adelman RD, Tmanova LL, Delgado D, Dion S, Lachs MS. Caregiver burden: a clinical review. JAMA. 2014; 311:1052-1060 [R,II]

[24618967](#) [R/C](#)

CARGA DEL CUIDADOR: REVISIÓN CLÍNICA

Gomes B, Calanzani N, Higginson IJ. Benefits and costs of home palliative care compared with usual care for patients with advanced illness and their family caregivers. JAMA. 2014; 311:1060-1061 [AO,I]

[24618968](#) [R/C](#)

BENEFICIOS Y COSTES DE LOS CUIDADOS PALIATIVOS DOMICILIARIOS COMPARADOS CON LA ATENCIÓN USUAL A LOS PACIENTES CON ENFERMEDAD AVANZADA POR PARTE DE LOS CUIDADORES FAMILIARES

Brennan TA, Schroeder SA. Ending sales of tobacco products in pharmacies. JAMA. 2014; 311:1105-1106 [AO,I]

[24500655](#)

ACABAR CON LAS VENTAS DE PRODUCTOS DEL TABACO EN LAS FARMACIAS

Olfson M, Marcus SC, Bridge JA. Focusing suicide prevention on periods of high risk. JAMA. 2014; 311:1107-1108 [AO,I]

[24515285](#)

CONCENTRARSE EN LA PREVENCIÓN DEL SUICIDIO EN PERIODOS DE ALTO RIESGO

Righini M, Van Es J, Den Exter PL, Roy PM, Verschuren F, Ghuysen A, et al. Age-adjusted D-dimer cutoff levels to rule out pulmonary embolism: the ADJUST-PE study. JAMA. 2014; 311:1117-1124 [S,II]

[24643601](#) [R/C](#)

VALORES DE CORTE DEL DíMERO D AJUSTADOS POR EDAD PARA DESCARTAR EL EMBOLISMO PULMONAR: ESTUDIO ADJUST-PE

Hayes JH, Barry MJ. Screening for prostate cancer with the prostate-specific antigen test: a review of current evidence. JAMA. 2014; 311:1143-1149 [M,II]

[24643604](#)

[R/C](#)

CRIBADO DEL CÁNCER DE PRÓSTATA CON LA PRUEBA DEL PSA: REVISIÓN DE LA EVIDENCIA ACTUAL

Bruins Slot KM, Berge E. Factor Xa inhibitors vs warfarin for preventing stroke and thromboembolism in patients with atrial fibrillation. JAMA. 2014; 311:1150-1151 [AO,II]

[24643605](#)

[R/C](#)

INHIBIDORES DEL FACTOR Xa FRENTE A WARFARINA EN LA PREVENCIÓN DEL ICTUS Y EL TROMBOEMBOLISMO EN PACIENTES CON FIBRILACIÓN AURICULAR

Antman EM, Jessup M. Clinical practice guidelines for chronic cardiovascular disorders: a roadmap for the future. JAMA. 2014; 311:1195-1196 [AO,I]

[24668097](#)

GUÍAS DE PRÁCTICA CLÍNICA EN LOS TRASTORNOS CARDIOVASCULARES CRÓNICOS: HOJA DE RUTA HACIA EL FUTURO

Eisenberg MS, Bobrow BJ, Rea T. Fulfilling the promise of "anyone, anywhere" to perform CPR. JAMA. 2014; 311:1197-1198 [AO,I]

[24668098](#)

CUMPLIR LA PROMESA DE "CUALQUIERA, EN CUALQUIER PARTE" PARA PRACTICAR RCP

Naimi TS, Cole TB. Electronic alcohol screening and brief interventions: expectations and reality. JAMA. 2014; 311:1207-1209 [AO,I]

[24668101](#)

CRIBAJE ELECTRÓNICO DE ALCOHOL E INTERVENCIONES BREVES: EXPECTATIVAS Y REALIDAD

Di Angelantonio E, Gao P, Khan H, Butterworth AS, Wormser D, Kaptoge S, et al; Emerging Risk Factors Collaboration. Glycated hemoglobin measurement and prediction of cardiovascular disease. JAMA. 2014; 311:1225-1233 [M,II]

[24668104](#)

[R/C](#)

MEDICIÓN DE LA HEMOGLOBINA GLUCOSILADA Y PREDICCIÓN DE ENFERMEDAD CARDIOVASCULAR

Rethinking warfarin for atrial fibrillation. JAMA. 2014; 311:1246 [AO,I]

[24668107](#)

RECONSIDERAR LA WARFARINA EN LA FIBRILACIÓN AURICULAR

MEDICINA CLÍNICA

Aragón-Sánchez J. ¿Son útiles las unidades de pie diabético? Med Clin (Barc). 2014; 142:208-210 [AO,I]

[24456918](#)

¿SON ÚTILES LAS UNIDADES DE PIE DIABÉTICO?

García-Pachón E, Padilla-Navas I. El factor de impacto y el índice h de las revistas biomédicas españolas. Med Clin (Barc). 2014; 142:226-227 [AO,I]

[24210975](#)

EL FACTOR DE IMPACTO Y EL ÍNDICE H DE LAS REVISTAS BIOMÉDICAS ESPAÑOLAS

Doménech M, Coca A. Detección de hipertrofia ventricular izquierda en la evaluación del riesgo cardiovascular del paciente hipertenso. Med Clin (Barc). 2014; 142:253-254 [AO,I]

[24315746](#)

DETECCIÓN DE HIPERTROFIA VENTRICULAR IZQUIERDA EN LA EVALUACIÓN DEL RIESGO CARDIOVASCULAR DEL PACIENTE HIPERTENSO

Garriga-Companys S, Labrador-Horrillo M. Urticaria crónica espontánea. Med Clin (Barc). 2014; 142:275-278 [R,I]

[24120109](#)

URTICARIA CRÓNICA ESPONTÁNEA

Mostaza JM, Lahoz C. Nuevas pautas en el tratamiento de las dislipidemias. Med Clin (Barc). 2014; 142:306-309 [R,I]

[23768860](#)

[R/C](#)

NUEVAS PAUTAS EN EL TRATAMIENTO DE LAS DISLIPIDEMIAS

Quirce S, Bobolea I, Barranco P. Asma: actualización terapéutica. Med Clin (Barc). 2014; 142:317-322 [R,I]

[24029450](#)

ASMA: ACTUALIZACIÓN TERAPÉUTICA

MORBIDITY AND MORTALITY WEEKLY REPORT

By P, Papp JR, Schachter J, Gaydos CA, Van Der Pol B; Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC. Recommendations for the laboratory-based detection of Chlamydia trachomatis and Neisseria gonorrhoeae - 2014. MMWR Recomm Rep. 2014; 63:1-19 [M,II]

[24622331](#) [R/C](#)

RECOMENDACIONES PARA LA DETECCIÓN EN LABORATORIO DE CHLAMYDIA TRACHOMATIS Y NEISSERIA GONORRHOEAE

REUMATOLOGIA CLINICA

Lanas A, Benito P, Alonso J, Hernández-Cruz B, Barón-Esquivias G, Perez-Aísa A, et al. Recomendaciones para una prescripción segura de antiinflamatorios no esteroideos: documento de consenso elaborado por expertos nominados por 3 sociedades científicas (SER-SEC-AEG) Reumatol Clin. 2014; 10:68-84 [M,II]

[24462644](#) [R/C](#)

RECOMENDACIONES PARA UNA PRESCRIPCIÓN SEGURA DE ANTIINFLAMATORIOS NO ESTEROIDEOS: DOCUMENTO DE CONSENSO ELABORADO POR EXPERTOS NOMINADOS POR 3 SOCIEDADES CIENTÍFICAS (SER-SEC-AEG)

Lázaro P, Parody E, García-Vicuña R, Gabriele G, Jover JA, Sevilla J. Coste de la incapacidad temporal debida a enfermedades musculoesqueléticas en España. Reumatol Clin. 2014; 10:109-112 [T,I]

[24079952](#) [R/C](#)

COSTE DE LA INCAPACIDAD TEMPORAL DEBIDA A ENFERMEDADES MUSCULOESQUELÉTICAS EN ESPAÑA

REVISTA ESPAÑOLA DE CARDIOLOGIA

Garcia MA. ¿Es posible entrenar a no cardiólogos para realizar ecocardiografía? Rev Esp Cardiol. 2014; 67:168-170 [AO,I]

[24210753](#)

¿ES POSIBLE ENTRENAR A NO CARDIÓLOGOS PARA REALIZAR ECOCARDIOGRAFÍA?

Sørensen R, Gislason G. Tratamiento antitrombótico combinado triple: arriesgado pero a veces necesario. Rev Esp Cardiol. 2014; 67:171-175 [AO,I]

[24289877](#)

TRATAMIENTO ANTITROMBÓTICO COMBINADO TRIPLE: ARRIESGADO PERO A VECES NECESARIO

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

Thulesius H. High LDL cholesterol and statin use were independently associated with lower eight-year mortality in a cohort free from terminal illness, cardiovascular disease, and diabetes at baseline. Scand J Prim Health Care. 2014; 32:1-2 [AO,I]

[24533848](#)

EL COLESTEROL LDL Y EL USO DE ESTATINAS SE ASOCIARON DE FORMA INDEPENDIENTE CON UNA MENOR MORTALIDAD A LOS 8 AÑOS EN UNA COHORTE SIN ENFERMEDAD TERMINAL, ENFERMEDAD CARDIOVASCULAR NI DIABETES BASALES

Erlingsdottir A, Sigurdsson EL, Jonsson JS, Kristjansdottir H, Sigurdsson JA. Smoking during pregnancy: Childbirth and Health Study in Primary Care in Iceland. Scand J Prim Health Care. 2014; 32:11-16 [T,I]

[24533844](#) [R/C](#)

FUMAR DURANTE EL EMBARAZO: ESTUDIO CHILDBIRTH AND HEALTH EN ATENCIÓN PRIMARIA EN ISLANDIA

Bunevicius R, Liaugaudaite V, Peceliuniene J, Raskauskiene N, Bunevicius A, Mickuviene N. Factors affecting the presence of depression, anxiety disorders, and suicidal ideation in patients attending primary health care service in Lithuania. Scand J Prim Health Care. 2014; 32:24-29 [T,I]

[24533847](#) [R/C](#)

FACTORES QUE AFECTAN A LA PRESENCIA DE DEPRESIÓN, TRASTORNOS DE ANSIEDAD E IDEACIÓN SUICIDA EN PACIENTES QUE ACUDEN A SERVICIOS DE ATENCIÓN PRIMARIA DE SALUD EN LITUANIA

Korhonen PE, Järvenpää S, Kautiainen H. Primary care-based, targeted screening programme to promote sustained weight management. Scand J Prim Health Care. 2014; 32:30-36 [S,I]

[24592894](#) [R/C](#)

PROGRAMA DE CRIBAJE EN ATENCIÓN PRIMARIA PARA PROMOVER EL MANEJO SOSTENIDO DE PESO

THE LANCET

Langrish JP, Mills NL. Air pollution and mortality in Europe. Lancet. 2014; 383:758-760 [AO,I]

[24332275](#)

CONTAMINACIÓN AÉREA Y MORTALIDAD EN EUROPA

Burgio KL. Pelvic floor muscle training for pelvic organ prolapse. Lancet. 2014; 383:760-762 [AO,I]

[24290405](#)

ENTRENAMIENTO DE LA MUSCULATURA DEL SUELO PÉLVICO EN EL PROLAPSO DE ÓRGANOS PÉLVICOS

Beelen R, Raaschou-Nielsen O, Stafoggia M, Andersen ZJ, Weinmayr G, Hoffmann B, et al. Effects of long-term exposure to air pollution on natural-cause mortality: an analysis of 22 European cohorts within the multicentre ESCAPE project. Lancet. 2014; 383:785-795 [M,II]

[24332274](#) [R/C](#)

EFFECTOS A LARGO PLAZO DE LA EXPOSICIÓN A LA CONTAMINACIÓN AÉREA SOBRE LA MORTALIDAD POR CAUSA NATURAL: ANÁLISIS DE 22 COHORTES EUROPEAS DENTRO DEL PROYECTO MULTICÉNTRICO ESCAPE

Eggermont AM, Spatz A, Robert C. Cutaneous melanoma. Lancet. 2014; 383:816-827 [R,I]

[24054424](#) [R/C](#)

MELANOMA CUTÁNEO

Loy CT, Schofield PR, Turner AM, Kwok JB. Genetics of dementia. Lancet. 2014; 383:828-840 [R,I]

[23927914](#) [R/C](#)

GENÉTICA DE LA DEMENCIA

Kirsner RS, Margolis DJ. Stockings before bandages: an option for venous ulcers. Lancet. 2014; 383:850-851 [AO,I]

[24315523](#)

MEDIAS ANTES DE LOS VENDAJES: OPCIÓN PARA LAS ÚLCERAS VENOSAS

ten Cate-Hoek AJ. Elastic compression stockings--is there any benefit? Lancet. 2014; 383:851-853 [AO,I]

[24315518](#)

MEDIAS DE COMPRESIÓN ELÁSTICAS ¿HAY BENEFICIO?

Ashby RL, Gabe R, Ali S, Adderley U, Bland JM, Cullum NA, et al. Clinical and cost-effectiveness of compression hosiery versus compression bandages in treatment of venous leg ulcers (Venous leg Ulcer Study IV, VenUS IV): a randomised controlled trial. Lancet. 2014; 383:871-879 [EC,I]

[24315520](#) [R/C](#)

CLÍNICA Y RENTABILIDAD DE LAS MEDIAS FRENTE A LOS VENDAJES COMPRESIVOS EN EL TRATAMIENTO DE LAS ÚLCERAS VENOSAS DE LAS PIERNAS (ESTUDIO VenUS IV): ENSAYO ALEATORIZADO CONTROLADO

Kahn SR, Shapiro S, Wells PS, Rodger MA, Kovacs MJ, Anderson DR, et al; SOX trial investigators. Compression stockings to prevent post-thrombotic syndrome: a randomised placebo-controlled trial. Lancet. 2014; 383:880-888 [EC,I]

[24315521](#) [R/C](#)

MEDIAS DE COMPRESIÓN PARA PREVENIR EL SÍNDROME POSTROMBÓTICO: ENSAYO ALEATORIZADO CONTROLADO CON PLACEBO

Global elderly care in crisis. Lancet. 2014; 383:927 [AO,II]

[24629279](#)

ATENCIÓN MUNDIAL A LOS ANCIANOS EN LA CRISIS

Promoting equity through sex-specific medical research. Lancet. 2014; 383:928 [AO,I]

[24629281](#)

PROMOVER LA EQUIDAD A TRAVÉS DE LA INVESTIGACIÓN MÉDICA ESPECÍFICA POR SEXOS

Macgregor GA, Hashem KM. Action on sugar--lessons from UK salt reduction programme. Lancet. 2014; 383:929-931 [AO,I]

[24629282](#)

ACCIÓN SOBRE EL AZÚCAR--LECCIONES DEL PROGRAMA DE REDUCCIÓN DE SAL EN RU

Larsen TB, Lip GY. Warfarin or novel oral anticoagulants for atrial fibrillation? Lancet. 2014; 383:931-933 [AO,I]

[24315725](#)

¿WARFARINA O NUEVOS ANTICOAGULANTES ORALES PARA LA FIBRILACIÓN AURICULAR?

Van Gaal LF, Maggioni AP. Overweight, obesity, and outcomes: fat mass and beyond. Lancet. 2014; 383:935-936 [AO,I]

[24269110](#)

SOBREPESO, OBESIDAD Y RESULTADOS: MASA GRASA Y MÁS

Ruff CT, Giugliano RP, Braunwald E, Hoffman EB, Deenadayalu N, Ezekowitz MD, et al. Comparison of the efficacy and safety of new oral anticoagulants with warfarin in patients with atrial fibrillation: a meta-analysis of randomised trials. Lancet. 2014; 383:955-962 [M,II]

[24315724](#) [R/C](#)

COMPARACIÓN DE LA EFICACIA Y SEGURIDAD DE LOS NUEVOS ANTICOAGULANTES ORALES CON LA WARFARINA EN PACIENTES CON FIBRILACIÓN AURICULAR: METAANÁLISIS DE ENSAYOS ALEATORIZADOS

Lu Y, Hajifathalian K, Ezzati M, Woodward M, Rimm EB, Danaei G; Global Burden of Metabolic Risk Factors for Chronic Diseases Collaboration (BMI Mediated Effects). Metabolic mediators of the effects of body-mass index, overweight, and obesity on coronary heart disease and stroke: a pooled analysis of 97 prospective cohorts with 1.8 million participants. Lancet. 2014; 383:970-983 [M,II]

[24269108](#) [R/C](#)

MEDIADORES METABÓLICOS DE LOS EFECTOS DEL ÍNDICE DE MASA CORPORAL, EL SOBREPESO Y LA OBESIDAD SOBRE LA ENFERMEDAD CARDIACA CORONARIA Y EL ICTUS: ANÁLISIS COMBINADO DE 97 COHORTES PROSPECTIVAS CON 1,8 MILLONES DE PARTICIPANTES

Mahmood SS, Levy D, Vasan RS, Wang TJ. The Framingham Heart Study and the epidemiology of cardiovascular disease: a historical perspective. Lancet. 2014; 383:999-1008 [R,II]

[24084292](#) [R/C](#)

EL ESTUDIO FRAMINGHAM Y LA EPIDEMIOLOGÍA DE LA ENFERMEDAD CARDIOVASCULAR: PERSPECTIVA HISTÓRICA

Pugliese G, Balducci S. NAVIGATOR: physical activity for cardiovascular health? Lancet. 2014; 383:1022-1023 [AO,I]

[24361241](#)

¿ACTIVIDAD FÍSICA PARA LA SALUD CARDIOVASCULAR?

Cuzick J, Sestak I, Forbes JF, Dowsett M, Knox J, Cawthorn S, et al; IBIS-II investigators. Anastrozole for prevention of breast cancer in high-risk postmenopausal women (IBIS-II): an international, double-blind, randomised placebo-controlled trial. Lancet. 2014; 383:1041-1048 [EC,I]

[24333009](#) [R/C](#)

ANASTROZOL EN LA PREVENCIÓN DEL CÁNCER DE MAMA EN MUJERES POSTMENOPÁUSICAS DE ALTO RIESGO (IBIS-II): ENSAYO INTERNACIONAL ALEATORIZADO DOBLE CIEGO CONTROLADO CON PLACEBO

Yates T, Haffner SM, Schulte PJ, Thomas L, Huffman KM, Bales CW, et al. Association between change in daily ambulatory activity and cardiovascular events in people with impaired glucose tolerance (NAVIGATOR trial): a cohort analysis. Lancet. 2014; 383:1059-1066 [S,I]

[24361242](#) [R/C](#)

ASOCIACIÓN ENTRE CAMBIO EN LA ACTIVIDAD DIARIA AMBULATORIA EN PERSONAS CON TOLERANCIA ALTERADA A LA GLUCOSA (ENSAYO NAVIGATOR): ANÁLISIS DE COHORTE

Kahn SE, Cooper ME, Del Prato S. Pathophysiology and treatment of type 2 diabetes: perspectives on the past, present, and future. Lancet. 2014; 383:1068-1083 [R,II]

[24315620](#) [R/C](#)

PATOFISIOLOGÍA Y TRATAMIENTO DE LA DIABETES TIPO 2: PERSPECTIVAS DEL PASADO, PRESENTE Y FUTURO

Tuomi T, Santoro N, Caprio S, Cai M, Weng J, Groop L. The many faces of diabetes: a disease with increasing heterogeneity. Lancet. 2014; 383:1084-1094 [R,I]

[24315621](#) [R/C](#)

LAS MUCHAS CARAS DE LA DIABETES: UNA ENFERMEDAD CON HETEROGENEIDAD CRECIENTE

THE NEW ENGLAND JOURNAL OF MEDICINE

Crisp N, Chen L. Global supply of health professionals. N Engl J Med. 2014; (370):950-957 [R,I]

[24597868](#)

SUMINISTRO MUNDIAL DE PROFESIONALES DE LA SALUD

Slaughter SR, Hearn-Stokes R, van der Vlugt T, Joffe HV. FDA approval of doxylamine-pyridoxine therapy for use in pregnancy. N Engl J Med. 2014; 370:1081-1083 [AO,I]

[24645939](#)

APROBACIÓN POR PARTE DE LA FDA DEL TRATAMIENTO CON DOXILAMINA-PIRIDOXINA PARA SU USO EN EL EMBARAZO

Solomon SD, Saldana F. Point-of-care ultrasound in medical education--stop listening and look. *N Engl J Med.* 2014; 370:1083-1085 [AO,I]

[24645940](#)

ECOGRAFÍA EN EL PUNTO DE ATENCIÓN EN LA FORMACIÓN MÉDICA--DEJAR DE OIR Y MIRAR

Jüttler E, Unterberg A, Woitzik J, Bösel J, Amiri H, Sakowitz OW, et al; DESTINY II Investigators. Hemispherectomy in older patients with extensive middle-cerebral-artery stroke. *N Engl J Med.* 2014; 370:1091-100 [EC,I]

[24645942](#) [R/C](#)

HEMICRANIECTOMÍA EN PACIENTES MAYORES CON ICTUS EXTENSO DE LA ARTERIA CEREBRAL MEDIA

Ropper AH. Hemispherectomy--to halve or halve not. *N Engl J Med.* 2014; 370:1159-1160 [AO,I]

[24645949](#)

HEMICRANIECTOMÍA--CORTAR POR LA MITAD O NO CORTAR (Juego de palabras entre "to halve" y el dilema hamletiano "to have or have not")

Kim JS, Zee DS. Clinical practice. Benign paroxysmal positional vertigo. *N Engl J Med.* 2014; 370:1138-1147 [R,I]

[24645946](#)

VÉRTIGO POSICIONAL PAROXÍSTICO BENIGNO

Mojtabai R. Diagnosing depression in older adults in primary care. *N Engl J Med.* 2014; 370:1180-1182 [AO,I]

[24670164](#)

DIAGNOSTICAR LA DEPRESIÓN EN ANCIANOS EN ATENCIÓN PRIMARIA

ACADEMIC MEDICINE

[S24448053](#)

Training appears to be the peak time for distress among physicians, but differences in the prevalence of burnout, depressive symptoms, and recent suicidal ideation are relatively small. At each stage, burnout is more prevalent among physicians than among their peers in the U.S. population.

[S24448040](#)

Findings strongly suggest that medical students learn from real patients by participating in patient care within an educational practice. Their learning is affected by clinicians' willingness to engage in supportive dialogue. Promoting an informal, inclusive discourse of workplace learning might enhance clerkship education. This approach should take its place alongside-and perhaps ahead-of-the currently dominant discourse of "clinical teaching."

[S24448043](#)

Residents serve as critically important teachers of students in the clinical workplace. Current RAT models are based largely on the teaching behaviors of faculty. The content and teaching strategies identified by students in this study should serve as the foundation for future RAT program development.Ç

[S24448038](#)

In simulation-based health professions education, the concept of simulator fidelity is usually understood as the degree to which a simulator looks, feels, and acts like a human patient. Although this can be a useful guide in designing simulators, this definition emphasizes technological advances and physical resemblance over principles of educational effectiveness. In fact, several empirical studies have shown that the degree of fidelity appears to be independent of educational effectiveness. The authors confronted these issues while conducting a recent systematic review of simulation-based health professions education, and in this Perspective they use their experience in conducting that review to examine key concepts and assumptions surrounding the topic of fidelity in simulation. Several concepts typically associated with fidelity are more useful in explaining educational effectiveness, such as transfer of learning, learner engagement, and suspension of disbelief. Given that these concepts more directly influence properties of the learning experience, the authors make the following recommendations: (1) abandon the term fidelity in simulation-based health professions education and replace it with terms reflecting the underlying primary concepts of physical resemblance and functional task alignment; (2) make a shift away from the current emphasis on physical resemblance to a focus on functional correspondence between the simulator and the applied context; and (3) focus on methods to enhance educational effectiveness using principles of transfer of learning, learner engagement, and suspension of disbelief. These recommendations clarify underlying concepts for researchers in simulation-based health professions education and will help advance this burgeoning field.

[S24448055](#)

The physical examination is an essential clinical skill. The traditional approach to teaching the physical exam has involved a comprehensive "head-to-toe" checklist, which is often used to assess students before they begin their clinical clerkships. This method has been criticized for its lack of clinical context and for promoting rote memorization without critical thinking. In response to these concerns, Gowda and colleagues surveyed a national sample of clinical skills educators in order to develop a consensus "core" physical exam, which they report in this issue. The core physical exam is intended to be performed for every patient admitted by students during their medicine clerkships and to be supplemented by symptom-driven "clusters" of additional history and physical exam maneuvers. In this commentary, the authors review the strengths and limitations of this Core + Clusters technique as well as the head-to-toe approach. They propose that the head-to-toe still has a place in medical education, particularly for beginning students with little knowledge of pathophysiology and for patients with vague or multiple symptoms. The authors suggest that the ideal curriculum would include teaching both the head-to-toe and the Core + Clusters exams in sequence. This iterative approach to physical exam teaching would allow a student to assess a patient in a comprehensive manner while incorporating more clinical reasoning as further medical knowledge is acquired.

ANNALS OF INTERNAL MEDICINE

S24424622

The USPSTF recommends screening for GDM in asymptomatic pregnant women after 24 weeks of gestation. (B recommendation)The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for GDM in asymptomatic pregnant women before 24 weeks of gestation. (I statement).

S24378917

The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. (B recommendation).

S24474185

This synopsis summarizes key features of the guidelines in 8 areas: lifestyle, groups shown to benefit from statins, statin safety, decision making, estimation of cardiovascular disease risk, intensity of statin therapy, treatment targets, and monitoring of statin therapy.

S24473919

One-time invitation for AAA screening in men aged 65 years or older was associated with decreased AAA rupture and AAA-related mortality rates but had little or no effect on all-cause mortality rates.

S24379002

Annual CT screening for lung cancer has a favorable benefit-to-harm ratio for individuals ages 55 through 80 years with 30 or more pack-years' exposure to smoking.

DENNISTON

This analysis estimated that approximately 2.7 million U.S. residents in the population sampled by NHANES have chronic HCV infection, about 500,000 fewer than estimated in a similar analysis between 1999 and 2002. These data underscore the urgency of identifying the millions of persons who remain infected and linking them to appropriate care and treatment.

KERLIN

Asthma is a common respiratory illness characterized by airway hyperresponsiveness and inflammation. It affects over 300 million people globally (1), including 22 million adults in the United States alone. Although asthma mortality in the United States has declined, the morbidity and costs remain substantial. In certain groups of Americans, such as persons of lower socioeconomic status and minority ethnicity, asthma morbidity and mortality are disproportionately high. Such trends are surprising, given the improvement in air quality in the United States and the availability of effective therapies.

BRITISH JOURNAL OF PSYCHIATRY

S24357571

Affective symptoms are more clearly associated with self-reported memory problems in late midlife than with objectively measured cognitive performance.

S23887997

The results of our nationwide, population-based study suggest that patients who undergo anaesthesia and surgery may be at increased risk of dementia.

BRITISH MEDICAL JOURNAL

S24662044

Chronic migraine is a disabling neurologic condition that affects 2% of the general population. Patients with chronic migraine have headaches on at least 15 days a month, with at least eight days a month on which their headaches and associated symptoms meet diagnostic criteria for migraine. Chronic migraine places an enormous burden on patients owing to frequent headaches; hypersensitivity to visual, auditory, and olfactory stimuli; nausea; and vomiting. It also affects society through direct and indirect medical costs. Chronic migraine typically develops after a slow increase in headache frequency over months to years. Several factors are associated with an increased risk of transforming to chronic migraine. The diagnosis requires a carefully performed patient interview and neurologic examination, sometimes combined with additional diagnostic tests, to differentiate chronic migraine from secondary headache disorders and other primary chronic headaches of long duration. Treatment takes a multifaceted approach that may include risk factor modification, avoidance of migraine triggers, drug and non-drug based prophylaxis, and abortive migraine treatment, the frequency of which is limited to avoid drug overuse. This article provides an overview of current knowledge regarding chronic migraine, including epidemiology, risk factors for its development, pathophysiology, diagnosis, management, and guidelines. The future of chronic migraine treatment and research is also discussed.

S24583319

Epilepsy is a serious, potentially life shortening brain disorder, the symptoms of which can be successfully treated in most patients with one or more antiepileptic drug. About two in three adults with new onset epilepsy will achieve lasting seizure remission on or off these drugs, although around half will experience mild to moderately severe adverse effects. Patients with epilepsy, especially the 20-30% whose seizures are not fully controlled with available drugs (drug resistant epilepsy), have a significantly increased risk of death, as well as psychiatric and somatic comorbidities, and adverse effects from antiepileptic drugs. Newer drugs have brought more treatment options, and some such as levetiracetam cause fewer drug interactions and less hypersensitivity than older ones. However, they do not reduce the prevalence of drug resistant epilepsy or prevent the development of epilepsy in patients at high risk, such as those with a traumatic brain injury. The development of antiepileptic drugs urgently needs to be revitalized so that we can discover more effective antiseizure drugs for the treatment of drug resistant epilepsy, including catastrophic forms. Antiepileptogenic agents to prevent epilepsy before the first seizure in at risk patients and disease modifying agents to control ongoing severe epilepsy associated with progressive underlying disease are also needed.

S24594868

The use of chemotherapy in terminally ill cancer patients in the last months of life was associated with an increased risk of undergoing cardiopulmonary resuscitation, mechanical ventilation or both and of dying in an intensive care unit. Future research should determine the mechanisms by which palliative chemotherapy affects end of life outcomes and patients' attainment of their goals.

S24625460

Exposure to takeaway food outlets in home, work, and commuting environments combined was associated with marginally higher consumption of takeaway food, greater body mass index, and greater odds of obesity. Government strategies to promote healthier diets through planning restrictions for takeaway food could be most effective if focused around the workplace.

[S24513442](#)

For women who were overweight or obese, the antenatal lifestyle advice used in this study did not reduce the risk delivering a baby weighing above the 90th centile for gestational age and sex or improve maternal pregnancy and birth outcomes.

[S24647162](#)

Agomelatine is an effective antidepressant with similar efficacy to standard antidepressants. Published trials generally had more favourable results than unpublished studies.

[S24603565](#)

Strategies of no prescription or delayed antibiotic prescription result in fewer than 40% of patients using antibiotics, and are associated with less strong beliefs in antibiotics, and similar symptomatic outcomes to immediate prescription. If clear advice is given to patients, there is probably little to choose between the different strategies of delayed prescription.

[S24594809](#)

The quadrivalent HPV vaccine conferred statistically significant protection against cervical abnormalities in young women who had not started screening before the implementation of the vaccination programme in Queensland, Australia.

[S24615063](#)

Combined with a negative D-dimer test result (both quantitative and qualitative), deep vein thrombosis can be excluded in patients with an unlikely score on the Wells rule. This finding is true for both sexes, as well as for patients presenting in primary and hospital care. In patients with cancer, the combination is neither safe nor efficient. For patients with suspected recurrent disease, one extra point should be added to the rule to enable a safe exclusion.

[S24646652](#)

Our findings suggest that consumption of fried food could interact with genetic background in relation to obesity, highlighting the particular importance of reducing fried food consumption in individuals genetically predisposed to obesity.

[S24647164](#)

In this large cohort of patients attending UK primary care, anxiolytic and hypnotic drugs were associated with significantly increased risk of mortality over a seven year period, after adjusting for a range of potential confounders. As with all observational findings, however, these results are prone to bias arising from unmeasured and residual confounding.

[S24671981](#)

The STONE score reliably predicts the presence of uncomplicated ureteral stone and lower likelihood of acutely important alternative findings. Incorporation in future investigations may help to limit exposure to radiation and over-utilization of imaging.

[S24627552](#)

The nicotine patch did not increase either smoking cessation rates or birth weights despite adjustment of nicotine dose to match levels attained when smoking, and higher than usual doses.

[S24609919](#)

Significant weight loss can be achieved by a diet and physical activity intervention initiated within a national colorectal cancer screening programme, offering considerable potential for risk reduction of disease in older adults.

[S24618148](#)

Treatment of young infants with macrolide antibiotics was strongly associated with IHPS and should therefore only be administered if potential treatment benefits outweigh the risk. Maternal use of macrolides during the first two weeks after birth was also associated with an increased risk of IHPS. A possible association was also found with use during late pregnancy.

CARLSSON

Conclusions the ratio of benefits to harms of PSA screening varies noticeably with blood PSA levels at age 60. For men with a PSA level <1 ng/mL at age 60, no further screening is recommended. Continuing to screen men with PSA levels >2 ng/mL at age 60 is beneficial, with the number needed to screen and treat being extremely favourable. Screening men with a PSA level of 1-2 ng/mL is an individual decision to be based on a discussion between patient and doctor

ENGLUND-OGGE

This study showed that women adhering to a "prudent" or a "traditional" dietary pattern during pregnancy were at lower risk of preterm delivery compared with other women. Although these findings cannot establish causality, they support dietary advice to pregnant women to eat a balanced diet including vegetables, fruit, whole grains, and fish and to drink water. Our results indicate that increasing the intake of foods associated with a prudent dietary pattern is more important than totally excluding processed food, fast food, junk food, and snacks.

CANADIAN MEDICAL ASSOCIATION JOURNAL

[S24446463](#)

This is an observational study, so causal conclusions cannot be drawn. But our results provide evidence that reduced enjoyment of life may be related to the future disability and mobility of older people.

[S24491470](#)

We found no increased risk of spontaneous abortion following exposure to NSAIDs. Further research is needed to assess the risk following exposure to selective COX-2 inhibitors.

CIRCULATION

[S24415713](#)

Results from the TOHP studies, which overcome the major methodological challenges of prior studies, are consistent with overall health benefits of reducing sodium intake to the 1500 to 2300 mg/d range in the majority of the population, in agreement with current dietary guidelines.

[S24344084](#)

In this large population-based study with a long-term follow-up, reduced FEV1 and obstructive respiratory disease were associated with a higher AF incidence after adjustment for measured confounders.

[S24323795](#)

The efficacy of both dosages of dabigatran was consistent with the overall trial irrespective of renal function. However, with the CKD-EPI and MDRD equations, both dabigatran dosages displayed significantly lower rates of major bleeding in patients with glomerular filtration rate =80 mL/min.

DIABETES CARE

S24558077

MA is a marker of cardiovascular disease risk and should be monitored per guidelines once or twice a year for progression to macroalbuminuria and kidney disease development, especially if plasma glucose, lipids, and blood pressure are at guideline goals.

S24198304

BMI mediates the association between CRF and MetS in schoolchildren. Overall, good levels of CRF are associated with lower cardiometabolic risk, particularly when accompanied by weight reduction.

S24130341

eGFR overestimates Cin as glycemic controls worsen. eGFR corrected by hemoglobin A1c is considered to be clinically useful and feasible.

S24558078

We found evidence of pharmacogenetic interactions for metformin, sulfonylureas, repaglinide, thiazolidinediones, and acarbose consistent with their pharmacokinetics and pharmacodynamics. While high-quality controlled studies with prespecified analyses are still lacking, our results bring the promise of personalized medicine in diabetes one step closer to fruition.

S24186880

Increased TG and low HDL levels are independently associated with increased rate of progression of diabetes. The genetic factors that predispose to diabetes are different from those that cause rapid progression of diabetes, suggesting a difference in biological process that needs further investigation.

S24144654

These results suggest that in patients with type 2 diabetes, inadequately controlled on sitagliptin with or without metformin, add-on treatment with dapagliflozin provides additional clinical benefit and is well tolerated.

DRUGS

S24535922

Rivaroxaban (Xarelto®) is an orally administered highly selective direct inhibitor of factor Xa that has been approved in many countries to reduce the risk of stroke in patients with atrial fibrillation and for the treatment and prevention of venous thromboembolism. More recently, rivaroxaban at a low dosage of 2.5 mg twice daily, co-administered with aspirin alone or aspirin plus either clopidogrel or ticlopidine, was approved for use in the EU for patients with a recent acute coronary syndrome (ACS). The approval of rivaroxaban in ACS was primarily based on findings of the phase III ATLAS ACS 2-TIMI 51 trial, which showed that after a median of 13.1 months of treatment with rivaroxaban 2.5 mg twice daily (combined with aspirin or aspirin plus either clopidogrel or ticlopidine) there was a statistically significant reduction in the rate of the primary composite endpoint, which was death from cardiovascular causes, myocardial infarction or stroke, compared with placebo. Rivaroxaban 2.5 mg twice daily was also associated with a reduction in all-cause and cardiovascular mortality. There was an increase in the risk of major bleeding and intracranial haemorrhage with rivaroxaban 2.5 mg twice daily compared with placebo; however, there was no increase in the risk of fatal bleeding. Aspirin plus either ticagrelor or prasugrel was not evaluated as background dual antiplatelet therapy in ATLAS ACS 2-TIMI 51 and the safety implications of rivaroxaban used in combination with such therapy are unknown. In conclusion, results of the ATLAS ACS 2-TIMI 51 trial suggest a potentially important role for rivaroxaban 2.5 mg twice daily co-administered with aspirin alone or aspirin plus either clopidogrel or ticlopidine in patients with a recent ACS.

S24604791

QVA149 (indacaterol/glycopyrronium) [Xoterna® Breezhaler®, Ultibro® Breezhaler®] is an inhaled fixed-dose combination of indacaterol (a long-acting selective β_2 -adrenergic receptor agonist [LABA]) and glycopyrronium (a long-acting muscarinic receptor antagonist [LAMA]) that has been approved in the EU and Japan for the symptomatic control of chronic obstructive pulmonary disease (COPD) in adults. In phase III studies, QVA149 significantly improved bronchodilation versus indacaterol, glycopyrronium or tiotropium alone and the LABA/inhaled corticosteroid fixed-dose combination salmeterol/fluticasone. These improvements in lung function, which were rapid in onset and maintained during long-term treatment, were generally associated with significant improvements in dyspnoea, health status, COPD exacerbation risk, patient symptoms, and rescue medication use. The SHINE and ILLUMINATE studies in low (exacerbation) risk patients with moderate to severe disease suggest that QVA149 may offer more symptomatic relief than tiotropium and salmeterol/fluticasone. Similarly, the SPARK study in high (exacerbation) risk patients with severe or very severe disease showed that QVA149 was more effective than glycopyrronium in preventing moderate to severe exacerbations, and suggests that QVA149 may offer more symptomatic relief than LAMA monotherapy. Another phase III study comparing QVA149 with salmeterol/fluticasone in high-risk patients with moderate to very severe disease (FLAME) is ongoing. QVA149 is generally well tolerated, with no new safety signals identified compared with its monocomponents. Bronchodilators remain central to the symptomatic management of COPD. When dual bronchodilation is indicated, QVA149 offers the convenience of two bronchodilators in a single inhaler coupled with a simple, once-daily dosing regimen that may encourage better treatment adherence. Therefore, it is a valuable option in the treatment of COPD.

EUROPEAN HEART JOURNAL

S23786858

The high-risk SCORE underestimated the fatal CVD risk in Russian MONICA but performed well in most MONICA samples and Russian HAPIEE. This SCORE version might overestimate the risk in contemporary Czech and Polish populations.

S24216391

The treatment of essential hypertension is based essentially on the prescription of four major classes of antihypertensive drugs, i.e. blockers of the renin-angiotensin system, calcium channel blockers, diuretics and beta-blockers. In recent years, very few new drug therapies of hypertension have become available. Therefore, it is crucial for physicians to optimize their antihypertensive therapies with the drugs available on the market. In each of the classes of antihypertensive drugs, questions have recently been raised: are angiotensin-converting enzyme (ACE) inhibitors superior to angiotensin II receptor blockers (ARB)? Is it possible to reduce the incidence of peripheral oedema with calcium antagonists? Is hydrochlorothiazide really the good diuretic to use in combination therapies? The purpose of this review is to discuss these various questions in the light of the most recent clinical studies and meta-analyses. These latter suggest that ACE inhibitors and ARB are equivalent except for a better tolerability profile of ARB. Third generation calcium channel blockers enable to reduce the incidence of peripheral oedema and chlorthalidone is certainly more effective than hydrochlorothiazide in preventing cardiovascular events in hypertension. At last, studies suggest that

drug adherence and long-term persistence under therapy is one of the major issues in the actual management of essential hypertension.

[S24497337](#)

Pulmonary embolism remains a common and potentially life-threatening disease. For patients with intermediate- and high-risk pulmonary embolism, catheter-based revascularization therapy has emerged as potential alternative to systemic thrombolysis or surgical embolectomy. Ultrasound-assisted catheter-directed thrombolysis is a contemporary catheter-based technique and is the focus of the present review. Ultrasound-assisted catheter-directed thrombolysis is more effective in reversing right ventricular dysfunction and dilatation in comparison with anticoagulation alone in patients at intermediate risk. However, a direct comparison of ultrasound-assisted thrombolysis with systemic thrombolysis or surgical thrombectomy is not available. Ultrasound-assisted thrombolysis with initial intrapulmonary thrombolytic bolus may also be effective in high-risk patients, but evidence from randomized trials is not available. This review summarizes current data on ultrasound-assisted thrombolysis for acute pulmonary embolism.

[S24357507](#)

Biomarkers complement clinical assessment and the 12-lead ECG in the diagnosis, risk stratification, triage, and management of patients with suspected acute coronary syndrome (ACS). While there is broad consensus that cardiac troponin (cTn) I or T is the preferred biomarker in clinical practice, important uncertainties remain regarding the value of high-sensitivity cTn assays, their best clinical use including the most appropriate timing of serial measurements, as well as the added value of other biomarkers reflecting and quantifying other pathophysiological signals including copeptin and natriuretic peptides. This review will address these aspects with a focus on the diagnostic application of biomarkers, as they are associated with immediate therapeutic consequences. In addition, this review will briefly highlight that increased diagnostic accuracy offered by high-sensitivity cTn assays has contributed to improve our understanding of the incidence, pathophysiology, and mortality of the two distinct components currently summarized under the term ACS: acute myocardial infarction and unstable angina.

FAMILY MEDICINE

[S24652640](#)

Teaching about the family in family medicine continues to be highly valued among educators and their trainees; however, it is not perceived to be similarly valued in residency programs. Current changes in health care offer opportunities to promote and affirm family-oriented care. New curricular strategies are needed so that family-oriented care continues to define the uniqueness of family medicine.

[S24652637](#)

The full potential of video is not being utilized by health systems in constructing videos of their physicians to place alongside online biographies. Previous research indicates patients want to know not only what a doctor's office looks like but also how that doctor will treat them in a consultation. The inclusion of footage of the doctor's office, as well as of the doctor interacting with a patient, could help to reduce the uncertainty and apprehension sometimes present when choosing a new physician.

[S24652635](#)

The verbal and written HITS comprise two ways that clinicians can screen for domestic violence.

[S24652636](#)

There are few published reports of graduate medical education programs in the United States that focus on preparing residents to address health disparities. Reported programs are mostly from primary care disciplines. Programs vary in curricular elements, using a wide variety of training aims, learner competencies, learning activities, and evaluation methods. This review highlights the need for published reports of educational programs aimed at training residents in health disparities and underserved medicine to include the evidence for effectiveness of various training models.

FAMILY PRACTICE

[S24297468](#)

MC is a common condition, with the greatest incidence being in those aged 1-4 years. Swimming and eczema are associated with the presence of MC, but the causal relationships are unclear. There is a lack of data regarding the natural history of MC and published data are insufficient to determine temporal or geographic patterns in incidence, risk factors, duration of symptoms or transmission between family members.

[S24465025](#)

Given their long-lasting and close relationships with cancer patients, GPs are in a position to accompany them throughout the whole process of cancer care. However, such general involvement is as yet uncommon. Shared care models may have the potential to take into account the complementary character of primary and specialist care.

[S24347594](#)

Current evidence is insufficient to suggest a symptom profile for LC across the disease stages, nor can it be concluded that classical LC symptoms are predictors of LC apart from, perhaps, haemoptysis. Prospective studies are now needed that systematically record symptoms and explore their predictive values for LC diagnosis.

[S24317602](#)

Increased use of urinary tract infection antibiotics may be caused by increased consultation for cystitis in primary care. Future research should focus on the outcomes of adequate pain medication, enhanced diagnostic procedures and of delaying antibiotic use in cystitis management.

[S24277384](#)

The depression care parameters changed to a different extent and at a different pace than after previous implementation initiatives. Future research should identify whether SCC uptake in primary care is best enhanced by intensive external guidance or by making care providers themselves responsible for the implementation. Analyses of EMR can be valuable in monitoring the implementation effects, especially after research projects are completed.

[S24414275](#)

Using instruments to obtain a quantitative score of depression was of no benefit to the GPs. Given the weak evidence for the clinical relevance of many instruments, there is little reason to introduce them into practice. However, the instruments can facilitate communication with external actors and specific groups of patients.

[S24277382](#)

This survey of ongoing projects demonstrates that primary care research has a firm basis in the Netherlands, with a strong focus on chronic disease. The fit with primary care practice can improve, and future research should address knowledge deficits in professional guidelines more.

S24421382

Given the reasons why some older women do not seek help for falling, GPs should routinely ask older women for their 12-month fall history.

S24368761

Patients frequently considered that they may suffer from UCs. The likelihood of such concerns strongly increased with an increasing symptom load and with the number of life stressors with negative impact on present health. Hence, the number of symptoms may be a strong indicator of whether patients consider their symptoms part of such often controversial multisymptom conditions.

S24317538

The study suggested that the three-factor model with 11 items of the Malay version MISS-21 could be used to assess patient satisfaction on patient-physician interaction in primary health care setting because it is acceptably valid, reliable and simple. The validated Malay version questionnaire was called as 'Skala Kepuasan Interaksi Perubatan-11'.

GACETA SANITARIA

S24315409

Una sencilla intervención educativa en mujeres perimenopáusicas mejora hábitos saludables para la prevención de la osteoporosis.

S24439156

Los supervivientes de cáncer de mama, próstata y colorrectal diagnosticados en estadios tempranos, que no han tenido recurrencia ni segundas neoplasias, presentan limitada morbilidad y tienen buena calidad de vida. Este estudio propone explorar en nuestro sistema sanitario un modelo de seguimiento donde la atención primaria tenga un rol más relevante que el actual para la atención de los supervivientes de cáncer en España.

S24380798

Es necesario dar a conocer la asociación del cáncer con el sobrepeso y las enfermedades de transmisión sexual. Las recomendaciones dadas por los/las profesionales sanitarios para prevenir el cáncer son clave para ampliar nuestra concienciación sobre los factores de riesgo.

S24300381

La aparición del teléfono móvil en las últimas décadas ha hecho disminuir la cobertura de hogares españoles con teléfono fijo. Este estudio analiza características sociodemográficas e indicadores de salud según el tipo de teléfono disponible (sólo móvil frente a fijo o fijo y móvil). Se realizaron dos encuestas telefónicas en muestras españolas (febrero de 2010 y febrero de 2011). Se analizaron diferencias en las principales características sociodemográficas según el tipo de teléfono disponible en el hogar, mediante análisis de regresión logística multivariada. Entre las dos encuestas se obtuvieron 2027 respuestas válidas (1627 en fijos y 400 en móviles). La probabilidad de seleccionar individuos extranjeros, de clase social manual, de menor nivel de estudios y fumadores fue mayor en la población contactada mediante teléfono móvil que mediante fijo. El perfil de la población que sólo dispone de teléfono móvil es diferente al de la que dispone de fijo, por lo que la realización de encuestas telefónicas exclusivamente mediante teléfonos fijos puede conllevar un sesgo de selección.

S23916982

El llamado «síndrome por déficit de testosterona» es más bien una amalgama de síntomas inespecíficos propios del proceso fisiológico del envejecimiento. Sin embargo, ha sido objeto de una intensa actividad promocional que ha presentado el problema como de alta prevalencia y de elevado impacto en la salud pública. Dicha estrategia ha ido acompañada de la irrupción de preparados de testosterona de fácil administración en el mercado farmacéutico, y ha generado importantes ventas a las empresas que los han comercializado. La promoción comercial del síndrome por déficit de testosterona y sus remedios ha explotado los tópicos culturales del envejecimiento y la sexualidad mediante campañas de sensibilización promovidas por los laboratorios implicados y divulgadas por medios de comunicación, con participación de numerosos expertos y con el aval de sociedades científicas, lo que supone un caso paradigmático de invención de enfermedad (disease mongering). Conviene considerar este ejemplo para responder a campañas de invención de enfermedades desde la clínica y desde la salud pública.

GUT

S23766444

Patients complaining of flatulence have a poor tolerance of intestinal gas, which is associated with instability of the microbial ecosystem.

JAMA

S24643605

CLINICAL QUESTION:

Is treatment with factor Xa inhibitors associated with better efficacy and safety compared with the vitamin K antagonist warfarin for preventing strokes or other systemic embolic events in patients with atrial fibrillation?

BOTTOM LINE:

Compared with warfarin, factor Xa inhibitors are associated with a lower risk of stroke and other systemic embolic events in patients with atrial fibrillation. Factor Xa inhibitors were associated with lower rates of intracranial hemorrhage and mortality compared with warfarin. Factor Xa inhibitors were associated with a reduction in major bleeding events, but there was heterogeneity between the included studies, and the reduction was not statistically significant in a prespecified sensitivity analysis.

S24668104

In a study of individuals without known CVD or diabetes, additional assessment of HbA1c values in the context of CVD risk assessment provided little incremental benefit for prediction of CVD risk.

S24643604

Available evidence favors clinician discussion of the pros and cons of PSA screening with average-risk men aged 55 to 69 years. Only men who express a definite preference for screening should have PSA testing. Other strategies to mitigate the potential harms of screening include considering biennial screening, a higher PSA threshold for biopsy, and conservative therapy for men receiving a new diagnosis of prostate cancer.

S24595780

CLINICAL QUESTION:

Is acupuncture associated with reduced pain outcomes for patients with chronic pain compared with sham-acupuncture (placebo) or no-acupuncture control?

BOTTOM LINE:

Acupuncture is associated with improved pain outcomes compared with sham-acupuncture and no-acupuncture control, with response rates of approximately 30% for no acupuncture, 42.5% for sham acupuncture, and 50% for acupuncture.

[S24643601](#)

Compared with a fixed D-dimer cutoff of 500 µg/L, the combination of pretest clinical probability assessment with age-adjusted D-dimer cutoff was associated with a larger number of patients in whom PE could be considered ruled out with a low likelihood of subsequent clinical venous thromboembolism.

[S24618968](#)

CLINICAL QUESTION:

Are home palliative care services associated with benefits to patients with advanced illness and family caregivers, and are they cost-effective?

BOTTOM LINE:

Compared with usual care, home palliative care is associated with increased odds of dying at home and fewer symptoms for patients with advanced illness. It is not associated with changes in caregiver grief. Cost-effectiveness is inconclusive.

[S24618967](#)

Physicians have a responsibility to recognize caregiver burden. Caregiver assessment and intervention should be tailored to the individual circumstances and contexts in which caregiver burden occurs.

[S24618965](#)

In this exploratory study of 12 volunteer adults, the use of WGS was associated with incomplete coverage of inherited disease genes, low reproducibility of detection of genetic variation with the highest potential clinical effects, and uncertainty about clinically reportable findings. In certain cases, WGS will identify clinically actionable genetic variants warranting early medical intervention. These issues should be considered when determining the role of WGS in clinical medicine.

JAMA INTERNAL MEDICINE

[S24395196](#)

Clinicians should be aware that meditation programs can result in small to moderate reductions of multiple negative dimensions of psychological stress. Thus, clinicians should be prepared to talk with their patients about the role that a meditation program could have in addressing psychological stress. Stronger study designs are needed to determine the effects of meditation programs in improving the positive dimensions of mental health and stress-related behavior.

[S24380095](#)

Like all early detection strategies, screening mammography involves trade-offs. If women are to truly participate in the decision of whether or not to be screened, they need some quantification of its benefits and harms. Providing such information is a challenging task, however, given the uncertainty-and underlying professional disagreement-about the data. In this article, we attempt to bound this uncertainty by providing a range of estimates-optimistic and pessimistic-on the absolute frequency of 3 outcomes important to the mammography decision: breast cancer deaths avoided, false alarms, and overdiagnosis. Among 1000 US women aged 50 years who are screened annually for a decade, 0.3 to 3.2 will avoid a breast cancer death, 490 to 670 will have at least 1 false alarm, and 3 to 14 will be overdiagnosed and treated needlessly. We hope that these ranges help women to make a decision: either to feel comfortable about their decision to pursue screening or to feel equally comfortable about their decision not to pursue screening. For the remainder, we hope it helps start a conversation about where additional precision is most needed.

JAMA PSYCHIATRY

[S24477798](#)

Attention-deficit/hyperactivity disorder is associated with an increased risk of serious transport accidents, and this risk seems to be possibly reduced by ADHD medication, at least among male patients. This should lead to increased awareness among clinicians and patients of the association between serious transport accidents and ADHD medication.

JOURNAL OF THE AMERICAN BOARD OF FAMILY PRACTICE

[S24610189](#)

Primary care physicians routinely experience uncertainty and challenges in ordering and interpreting diagnostic laboratory tests. With more than 500 million primary care patient visits per year, the level of uncertainty reported in this study potentially affects 23 million patients per year and raises significant concerns about the safe and efficient use of laboratory testing resources. Improvement in information technology and clinical decision support systems and quick access to laboratory consultations may reduce physicians' uncertainty and mitigate these challenges.

[S24610191](#)

Hepatitis C is a common cause of cirrhosis, hepatocellular carcinoma, and liver transplant. Although it is usually asymptomatic, new screening recommendations will lead to increased recognition by primary care physicians. Rapidly evolving treatment recommendations are making this a treatable infection for many patients. Recognition of the infection and initiation of treatment for appropriate patients will decrease the likelihood of progression to cirrhosis and hepatocellular carcinoma. Primary care physicians have the difficult task of managing comorbid conditions, such as chronic pain and hyperlipidemia, in patients with hepatitis C, as well as a potential for treating hepatitis C.

MEDICINA CLINICA

[S23768860](#)

La reducción del riesgo de complicaciones cardiovasculares a través de la modificación de los lípidos sigue actualmente centrada en el descenso del colesterol unido a lipoproteínas de baja densidad, siendo las estatinas los fármacos de elección. Nuevos tratamientos, en fase de investigación, como los anticuerpos que neutralizan la PCSK9, tendrán un lugar reservado para el tratamiento de pacientes con intolerancia a las estatinas o con dislipidemias graves. Los fármacos dirigidos a modificar la concentración de colesterol unido a lipoproteínas de alta densidad y triglicéridos no se han acompañado de las reducciones esperadas en la tasa de complicaciones cardiovasculares.

MORBIDITY AND MORTALITY WEEKLY REPORT

S24622331

This report updates CDC's 2002 recommendations regarding screening tests to detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections (CDC. Screening tests to detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections-2002. MMWR 2002;51[No. RR-15]) and provides new recommendations regarding optimal specimen types, the use of tests to detect rectal and oropharyngeal *C. trachomatis* and *N. gonorrhoeae* infections, and circumstances when supplemental testing is indicated. The recommendations in this report are intended for use by clinical laboratory directors, laboratory staff, clinicians, and disease control personnel who must choose among the multiple available tests, establish standard operating procedures for collecting and processing specimens, interpret test results for laboratory reporting, and counsel and treat patients. The performance of nucleic acid amplification tests (NAATs) with respect to overall sensitivity, specificity, and ease of specimen transport is better than that of any of the other tests available for the diagnosis of chlamydial and gonococcal infections. Laboratories should use NAATs to detect chlamydia and gonorrhea except in cases of child sexual assault involving boys and rectal and oropharyngeal infections in prepubescent girls and when evaluating a potential gonorrhea treatment failure, in which case culture and susceptibility testing might be required. NAATs that have been cleared by the Food and Drug Administration (FDA) for the detection of *C. trachomatis* and *N. gonorrhoeae* infections are recommended as screening or diagnostic tests because they have been evaluated in patients with and without symptoms. Maintaining the capability to culture for both *N. gonorrhoeae* and *C. trachomatis* in laboratories throughout the country is important because data are insufficient to recommend nonculture tests in cases of sexual assault in prepubescent boys and extragenital anatomic site exposure in prepubescent girls. *N. gonorrhoeae* culture is required to evaluate suspected cases of gonorrhea treatment failure and to monitor developing resistance to current treatment regimens. Chlamydia culture also should be maintained in some laboratories to monitor future changes in antibiotic susceptibility and to support surveillance and research activities such as detection of lymphogranuloma venereum or rare infections caused by variant or mutated *C. trachomatis*.

REUMATOLOGIA CLINICA

S24079952

Las EME producen anualmente en España más de 39 millones de días de baja por IT, con un coste superior a 1.700 millones de euros. El coste de la IT tiene una amplia variabilidad entre CC. AA

S24462644

Este artículo señala las recomendaciones claves para una adecuada prescripción de antiinflamatorios no esteroideos a pacientes que presentan indicación de tratamiento con esta medicación, en base a la evidencia científica actual y teniendo en consideración aspectos de seguridad gastrointestinal y cardiovascular. Las recomendaciones se han consensuado por expertos designados por 3 sociedades científicas (Sociedad Española de Reumatología, Asociación Española de Gastroenterología y Sociedad Española de Cardiología), siguiendo una metodología Delphi a 2 rondas. Las áreas que se han tenido en cuenta engloban: eficacia, riesgo cardiovascular, riesgo gastrointestinal, riesgo hepático, riesgo renal, enfermedad inflamatoria intestinal, anemia, dolor postoperatorio y estrategias de prevención. Se propone un algoritmo de manejo de pacientes que recoge los aspectos fundamentales de las recomendaciones.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S24592894

A primary care screening programme to identify overweight or obese individuals can promote sustained weight management. Psychological factors, especially depressive symptoms, are a critical component to consider before attempts to change the lifestyle of an individual.

S24533844

The majority of Icelandic women who smoke stop when they become pregnant, and the prevalence of smoking during pregnancy in Iceland is still about 5%. Our results indicate stronger nicotine dependence in women who do not stop smoking during pregnancy. Awareness of this can help general practitioners (GPs) and others providing antenatal care to approach these women with more insight and empathy, which might theoretically help them to quit.

S24533847

Depression, anxiety disorders, and suicidal ideation are prevalent but poorly recognized among PC patients. The presence of current MDE is independently associated with marital status and with lower education, while current anxiety disorder is associated with female gender and insomnia. Suicidal ideation is associated with current MDE, and with antidepressants and alcohol use.

THE LANCET

S24361242

In individuals at high cardiovascular risk with impaired glucose tolerance, both baseline levels of daily ambulatory activity and change in ambulatory activity display a graded inverse association with the subsequent risk of a cardiovascular event.

S24315520

Two-layer compression hosiery is a viable alternative to the four-layer bandage-it is equally as effective at healing venous leg ulcers. However, a higher rate of treatment changes in participants in the hosiery group than in the bandage group suggests that hosiery might not be suitable for all patients.

S24315724

This meta-analysis is the first to include data for all four new oral anticoagulants studied in the pivotal phase 3 clinical trials for stroke prevention or systemic embolic events in patients with atrial fibrillation. New oral anticoagulants had a favourable risk-benefit profile, with significant reductions in stroke, intracranial haemorrhage, and mortality, and with similar major bleeding as for warfarin, but increased gastrointestinal bleeding. The relative efficacy and safety of new oral anticoagulants was consistent across a wide range of patients. Our findings offer clinicians a more comprehensive picture of the new oral anticoagulants as a therapeutic option to reduce the risk of stroke in this patient population.

S24315521

ECS did not prevent PTS after a first proximal DVT, hence our findings do not support routine wearing of ECS after DVT.

S24333009

Anastrozole effectively reduces incidence of breast cancer in high-risk postmenopausal women. This finding, along with the fact that most of the side-effects associated with oestrogen deprivation were not attributable to treatment, provides support for the use of anastrozole in postmenopausal women at high risk of breast cancer.

[S23927914](#)

25% of all people aged 55 years and older have a family history of dementia. For most, the family history is due to genetically complex disease, where many genetic variations of small effect interact to increase risk of dementia. The lifetime risk of dementia for these families is about 20%, compared with 10% in the general population. A small proportion of families have an autosomal dominant family history of early-onset dementia, which is often due to mendelian disease, caused by a mutation in one of the dementia genes. Each family member has a 50% chance of inheriting the mutation, which confers a lifetime dementia risk of over 95%. In this Review, we focus on the evidence for, and the approach to, genetic testing in Alzheimer's disease (APP, PSEN1, and PSEN2 genes), frontotemporal dementia (MAPT, GRN, C9ORF72, and other genes), and other familial dementias. We conclude by discussing the practical aspects of genetic counselling.

[S24054424](#)

In the past decade, major advances have been made in the understanding of melanoma. New predisposition genes have been reported and key somatic events, such as BRAF mutation, directly translated into therapeutic management. Surgery for localised melanoma and regional lymph node metastases is the standard of care. Sentinel-node biopsy provides precise staging, but has not been reported to affect survival. The effect of lymph-node dissection on survival is a topic of investigation. Two distinct approaches have emerged to try to extend survival in patients with metastatic melanoma: immunomodulation with anti-CTLA4 monoclonal antibodies, and targeted therapy with BRAF inhibitors or MEK inhibitors for BRAF-mutated melanoma. The combination of BRAF inhibitors and MEK inhibitors might improve progression-free survival further and, possibly, increase overall survival. Response patterns differ substantially—anti-CTLA4 immunotherapy can induce long-term responses, but only in a few patients, whereas targeted drugs induce responses in most patients, but nearly all of them relapse because of pre-existing or acquired resistance. Thus, the long-term prognosis of metastatic melanoma remains poor. Anti-PD1 and anti-PDL1 antibodies have emerged as breakthrough

drugs for melanoma that have high response rates and long durability. Biomarkers that have predictive value remain elusive in melanoma, although emerging data for adjuvant therapy indicate that interferon sensitivity is associated with ulceration of the primary melanoma. Intense investigation continues for clinical and biological markers that predict clinical benefit of immunotherapeutic drugs, such as interferon alfa or anti-CTLA4 antibodies, and the mechanisms that lead to resistance of targeted drugs.

[S24332274](#)

Long-term exposure to fine particulate air pollution was associated with natural-cause mortality, even within concentration ranges well below the present European annual mean limit value.

[S24315620](#)

Glucose metabolism is normally regulated by a feedback loop including islet β cells and insulin-sensitive tissues, in which tissue sensitivity to insulin affects magnitude of β -cell response. If insulin resistance is present, β cells maintain normal glucose tolerance by increasing insulin output. Only when β cells cannot release sufficient insulin in the presence of insulin resistance do glucose concentrations rise. Although β -cell dysfunction has a clear genetic component, environmental changes play an essential part. Modern research approaches have helped to establish the important role that hexoses, aminoacids, and fatty acids have in insulin resistance and β -cell dysfunction, and the potential role of changes in the microbiome. Several new approaches for treatment have been developed, but more effective therapies to slow progressive loss of β -cell function are needed. Recent findings from clinical trials provide important information about methods to prevent and treat type 2 diabetes and some of the adverse effects of these interventions. However, additional long-term studies of drugs and bariatric surgery are needed to identify new ways to prevent and treat type 2 diabetes and thereby reduce the harmful effects of this disease.

[S24269108](#)

Interventions that reduce high blood pressure, cholesterol, and glucose might address about half of excess risk of coronary heart disease and three-quarters of excess risk of stroke associated with high BMI. Maintenance of optimum bodyweight is needed for the full benefits.

[S24084292](#)

On Sept 29, 2013, the Framingham Heart Study will celebrate 65 years since the examination of the first volunteer in 1948. During this period, the study has provided substantial insight into the epidemiology and risk factors of cardiovascular disease. The origins of the study are closely linked to the cardiovascular health of President Franklin D Roosevelt and his premature death from hypertensive heart disease and stroke in 1945. In this Review we describe the events leading to the foundation of the Framingham Heart Study, and provide a brief historical overview of selected contributions from the study.

[S24315621](#)

Diabetes is a much more heterogeneous disease than the present subdivision into types 1 and 2 assumes; type 1 and type 2 diabetes probably represent extremes on a range of diabetic disorders. Both type 1 and type 2 diabetes seem to result from a collision between genes and environment. Although genetic predisposition establishes susceptibility, rapid changes in the environment (ie, lifestyle factors) are the most probable explanation for the increase in incidence of both forms of diabetes. Many patients have genetic predispositions to both forms of diabetes, resulting in hybrid forms of diabetes (eg, latent autoimmune diabetes in adults). Obesity is a strong modifier of diabetes risk, and can account for not only a large proportion of the epidemic of type 2 diabetes in Asia but also the ever-increasing number of adolescents with type 2 diabetes. With improved characterisation of patients with diabetes, the range of diabetic subgroups will become even more diverse in the future.

THE NEW ENGLAND JOURNAL OF MEDICINE

[S24645942](#)

Hemicraniectomy increased survival without severe disability among patients 61 years of age or older with a malignant middle-cerebral-artery infarction. The majority of survivors required assistance with most bodily needs. (Funded by the Deutsche Forschungsgemeinschaft; DESTINY II Current Controlled Trials number, ISRCTN21702227.).