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*¿PUEDE LA PARTICIPACIÓN EN ACTIVIDADES MENTALES Y FÍSICAS PROTEGER LA COGNICIÓN EN LOS ANCIANOS? COMENTARIO SOBRE "ENSAYO MAX: ENSAYO CONTROLADO ALEATORIZADO PARA REFORZAR LA FUNCIÓN COGNITIVA EN ANCIANOS"*

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*PAPEL DE LA RADIOLOGÍA INTERVENCIONISTA EN EL DIAGNÓSTICO Y TRATAMIENTO DE LA COLUMNA VERTEBRAL DOLOROSA*

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Iglehart JK. Expanding the role of advanced nurse practitioners--risks and rewards. N Engl J Med. 2013; 368:1935-1941 [AO,I]

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*AMPLIAR EL PAPEL DE LAS ENFERMERAS AVANZADAS -- RIESGOS Y RECOMPENSAS*

## ANNALS OF INTERNAL MEDICINE

S23609101

Primary care-feasible screening tools might help to identify some adults at increased risk for suicide but have limited ability to detect suicide risk in adolescents. Psychotherapy may reduce suicide attempts in some high-risk adults, but effective interventions for high-risk adolescents are not yet proven.

S23567643

GUIDANCE STATEMENT 1: ACP recommends that clinicians inform men between the age of 50 and 69 years about the limited potential benefits and substantial harms of screening for prostate cancer. ACP recommends that clinicians base the decision to screen for prostate cancer using the prostate-specific antigen test on the risk for prostate cancer, a discussion of the benefits and harms of screening, the patient's general health and life expectancy, and patient preferences. ACP recommends that clinicians should not screen for prostate cancer using the prostate-specific antigen test in patients who do not express a clear preference for screening. GUIDANCE STATEMENT 2: ACP recommends that clinicians should not screen for prostate cancer using the prostate-specific antigen test in average-risk men under the age of 50 years, men over the age of 69 years, or men with a life expectancy of less than 10 to 15 years.

S23689766

Since 2002, reports to FAERS of methadone-associated arrhythmia have increased substantially and are disproportionately represented relative to other events with the drug. Coadministration of methadone with antiretrovirals in patients with HIV may pose particular risk.

S23440163

The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women or in men. (I statement)The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of daily supplementation with greater than 400 IU of vitamin D3 and greater than 1000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women. (I statement)The USPSTF recommends against daily supplementation with 400 IU or less of vitamin D3 and 1000 mg or less of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women. (D recommendation).

S23648949

Future RCTs of asymptomatic carotid artery stenosis should explore whether revascularization interventions provide benefit to patients treated by best-available medical therapy.

## ATENCION PRIMARIA

S23623519

A pesar de la elevada incidencia de incontinencia urinaria (IU) existe una escasa sensibilización de los profesionales sanitarios hacia esta afección, que no es grave, pero que sí autolimita de forma importante la vida de las personas que la presentan. Las sociedades científicas de Atención Primaria (Sociedad Española de Médicos de Atención Primaria [SEMERGEN], Sociedad Española de Médicos Generales y de Familia [SEMG], Sociedad Española de Medicina de Familia y Comunitaria [semFYC]) y la Asociación Española de Urología [AEU] han elaborado este documento de consenso con los objetivos de sensibilizar al médico de atención primaria y ayudarle a la evaluación diagnóstica, tratamiento y derivación al especialista de la IU. El primer objetivo desde atención primaria (AP) debe ser la detección de la IU, por lo que se recomienda realizar un cribado oportunista al menos, una vez a lo largo de la vida en mujeres asintomáticas > 40 años y en varones asintomáticos > 55 años. En la evaluación diagnóstica, basada en la anamnesis y la exploración física, se deberá determinar el tipo y gravedad de la IU con el objetivo de derivar al especialista los casos de IU complicada. Con excepción de la vejiga hiperactiva (VH), el tratamiento conservador no farmacológico constituye el abordaje principal de la IU no complicada, tanto en mujeres como en varones. En la IU de urgencia/VH (IUU/VH), los antimuscarínicos son los únicos fármacos que han demostrado eficacia y seguridad. En el caso de los varones con síntomas mixtos, excluyendo los casos de obstrucción severa, se debe optar por un tratamiento combinado de alfa-bloqueantes y antimuscarínicos.

S23218832

Uno de los problemas de nuestro sistema sanitario es el consumo inapropiado cuyas consecuencias más notorias son el despilfarro de recursos y la iatrogenia que no está justificada por la expectativa de ningún beneficio en términos de salud. Entre las posibles causas del consumo inadecuado se destaca la banalización de la medicina, que conlleva la pérdida de respeto y la ausencia de miramientos y por eso facilita cuando no estimula la temeridad en el consumo. Una temeridad de la que son responsables tanto pacientes como sanitarios y seguramente todavía más gestores y políticos. Sin una efectiva emancipación que lleve a los usuarios y ciudadanos a controlar los determinantes de su salud no parece posible disminuir el consumo inapropiado ni la iatrogenia asociada.

S23337466

El gran número de inadecuaciones detectadas pone de manifiesto la importancia de evaluar la adecuación del tratamiento farmacológico en el paciente pluripatológico. Para ello es recomendable utilizar una estrategia de intervención farmacéutica combinada que incluya tanto un método implícito como un método explícito.

## BRITISH JOURNAL OF PSYCHIATRY

**S23732933**

Depressive symptoms and depressive illness are associated with impairments in sexual function and satisfaction but the findings of randomised placebo-controlled trials demonstrate that antidepressant drugs can be associated with the development or worsening of sexual dysfunction. Sexual difficulties during antidepressant treatment often resolve as depression lifts but may persist over long periods, and can reduce self-esteem and affect mood and relationships adversely. Sexual dysfunction during antidepressant treatment is typically associated with many possible causes, but the risk of dysfunction varies with differing antidepressants, and should be considered when selecting an antidepressant.

**S23732934**

Dietary constituents have been increasingly researched as both potential aetiological factors and interventions for attention-deficit hyperactivity disorder (ADHD) symptoms. Although the involvement of dietary factors in ADHD is biologically plausible, the literature to date does not indicate causality and there are no grounds yet for the routine recommendation of dietary manipulation in ADHD.

**S23732935**

The systematically derived spectrum of ethical issues in clinical dementia care presented in this paper can be used as training material for healthcare professionals, students and the public for raising awareness and understanding of the complexity of ethical issues in dementia care. It can also be used to identify ethical issues that should be addressed in dementia-specific training programmes, national strategy plans and clinical practice guidelines. Further research should evaluate whether this new genre of systematic reviews can be applied to the identification of ethical issues in other cognitive and somatic diseases. Also, the practical challenges in addressing ethical issues in training material, guidelines and policies need to be evaluated.

**S23587564**

This study is the first to explore the benefit of treating asymptomatic or mildly symptomatic men with an enlarged prostate. Dutasteride significantly decreased the incidence of benign prostatic hyperplasia clinical progression.

**S23645857**

The application of age adjusted cut-off values for D-dimer tests substantially increases specificity without modifying sensitivity, thereby improving the clinical utility of D-dimer testing in patients aged 50 or more with a non-high clinical probability.

**S23694687**

The increased incidence of cancer after CT scan exposure in this cohort was mostly due to irradiation. Because the cancer excess was still continuing at the end of follow-up, the eventual lifetime risk from CT scans cannot yet be determined. Radiation doses from contemporary CT scans are likely to be lower than those in 1985-2005, but some increase in cancer risk is still likely from current scans. Future CT scans should be limited to situations where there is a definite clinical indication, with every scan optimised to provide a diagnostic CT image at the lowest possible radiation dose.

**S23618722**

Sitagliptin use was not associated with an excess risk of all cause hospital admission or death compared with other glucose lowering agents among newly treated patients with type 2 diabetes. Most patients prescribed sitagliptin in this cohort were concordant with clinical practice guidelines, in that it was used as add-on treatment.

**S23637132**

The research published to date suggests that cosmetic breast augmentation adversely affects the survival of women who are subsequently diagnosed as having breast cancer. These findings should be interpreted with caution, as some studies included in the meta-analysis on survival did not adjust for potential confounders. Further investigations are warranted regarding diagnosis and prognosis of breast cancer among women with breast implants.

**S23641033**

QStroke provides a valid measure of absolute stroke risk in the general population of patients free of stroke or transient ischaemic attack as shown by its performance in a separate validation cohort. QStroke also shows some improvement on current risk scoring methods, CHADS2 and CHA2DS2VASc, for the subset of patients with atrial fibrillation for whom anticoagulation may be required. Further research is needed to evaluate the cost effectiveness of using these algorithms in primary care.

**S23704171**

Compared with pravastatin, treatment with higher potency statins, especially atorvastatin and simvastatin, might be associated with an increased risk of new onset diabetes.

**S23596126**

Measurement of PSA concentration in early midlife can identify a small group of men at increased risk of prostate cancer metastasis several decades later. Careful surveillance is warranted in these men. Given existing data on the risk of death by PSA concentration at age 60, these results suggest that three lifetime PSA tests (mid to late 40s, early 50s, and 60) are probably sufficient for at least half of men.

Conclusions Supported self monitoring by telemonitoring is an effective method for achieving clinically important reductions in blood pressure in patients with uncontrolled hypertension in primary care settings. However, it was associated with increase in use of National Health Service resources. Further research is required to determine if the reduction in blood pressure is maintained in the longer term and if the intervention is cost effective.

**S23633005**

A clinical rule based on symptoms and signs to predict pneumonia in patients presenting to primary care with acute cough performed best in patients with mild or severe clinical presentation. Addition of CRP concentration at the optimal cut off of >30 mg/L improved diagnostic information, but measurement of procalcitonin concentration did not add clinically relevant information in this group.

**S23674137**

Reductions in the rates of admissions to hospital for cycling related head injuries were greater in provinces with helmet legislation, but injury rates were already decreasing before the implementation of legislation and the rate of decline was not appreciably altered on introduction of legislation. While helmets reduce the risk of head injuries and we encourage their use, in the Canadian context of existing safety campaigns, improvements to the cycling infrastructure, and the passive uptake of helmets, the incremental contribution of provincial helmet legislation to reduce hospital admissions for head injuries seems to have been minimal.

**S23670660**

An intervention to enhance self management support in routine primary care did not add noticeable value to existing care for long term conditions. The active components required for effective self management support need to be better understood, both within primary care and in patients' everyday lives.

## CANADIAN MEDICAL ASSOCIATION JOURNAL

**S23549975**

There was no significant difference in the number of episodes of severe pharyngitis between the control and treatment groups, and episodes were rare. However, tonsillectomy resulted in fewer symptoms of pharyngitis, consequently decreasing the number of medical visits and days absent from school or work. For this reason, surgery may benefit some patients

## CIRCULATION

**S23575355**

The decision as to which calculator to use for risk estimation has an important impact on both risk categorization and absolute risk estimates. This has broad implications for guidelines recommending therapies based on specific calculators.

## DIABETES CARE

**S23340887**

CVD risk factors are increased up to 30 years before diagnosis of diabetes. These findings highlight the importance of a life course approach to CVD risk factor identification among individuals at risk for diabetes.

**S23230096**

Treatment with metformin for 3 years substantially reduced major cardiovascular events in a median follow-up of 5.0 years compared with glipizide. Our results indicated a potential benefit of metformin therapy on cardiovascular outcomes in high-risk patients.

**S23248197**

In patients with T2DM and chronic renal insufficiency, sitagliptin and glipizide provided similar A1C-lowering efficacy. Sitagliptin was generally well-tolerated, with a lower risk of hypoglycemia and weight loss versus weight gain, relative to glipizide.

**S23359362**

Aggressive monitoring of CVD risk in diabetic patients with depressive symptoms or who are treated with ADM may be warranted.

**S23223405**

A 4-year ILLI increased fitness and PA in overweight/obese individuals with T2DM. Change in fitness was associated with improvements in glycemic control, which provides support for interventions to improve fitness in adults with T2DM.

**S23613602**

Our meta-analysis showed an inverse and significant association between circulating 25(OH)D levels and risk of type 2 diabetes across a broad range of blood 25(OH)D levels in diverse populations.

**S23393216**

Vitamin D deficiency appears to be an independent risk factor for the development of IFG and diabetes.

**S23238658**

Both the severity of retinopathy and its progression are determinants of incident CV outcomes. The retina may provide an anatomical index of the effect of metabolic and hemodynamic factors on future CV outcomes.

**S23248193**

Longer duration of abdominal obesity was associated with substantially higher risk for diabetes independent of the degree of abdominal adiposity. Preventing or at least delaying the onset of abdominal obesity in young adulthood may lower the risk of developing diabetes through middle age.

**S23704672**

Prevalence of hypertension and microalbuminuria increased over time among adolescents with type 2 diabetes regardless of diabetes treatment. The greatest risk for hypertension was male sex and higher BMI. The risk for microalbuminuria was more closely related to glycemic control.

**S23248196**

In this sample of the general population, statin therapy was associated with 14% increased risk of type 2 diabetes. Differential survival did not explain this increased risk.

**S23275370**

The UKPDS-OM has good predictive accuracy for two of four risk factor time paths and for 10-year clinical outcome probabilities with the exception of stroke, amputation, heart failure, and death from any cause. An updated version of the model incorporating PTM data is being developed.

**S23589542**

The workgroup reconfirmed the previous definitions of hypoglycemia in diabetes, reviewed the implications of hypoglycemia on both short- and long-term outcomes, considered the implications of hypoglycemia on treatment outcomes, presented strategies to prevent hypoglycemia, and identified knowledge gaps that should be addressed by future research. In addition, tools for patients to report hypoglycemia at each visit and for clinicians to document counseling are provided.

**S23230095**

PCPs provide better care through higher rates of medication intensification and lifestyle counseling. Covering physicians and midlevel providers may enable more frequent encounters when PCP resources are constrained.

**S23275365**

Diabetes is associated with increased risk of peripheral neuropathy defined by monofilament insensitivity, but prediabetes and undiagnosed diabetes may be associated with only a modest increase in risk.

**S23404305**

The risk engine accurately predicts macro- and microvascular complications and would provide helpful information in risk classification and health economic simulations.

## **DRUGS**

**S23677802**

Inhaled glycopyrronium bromide (Seebri®) Breezhaler® capsules; NVA237) is a once-daily, long-acting muscarinic receptor antagonist (LAMA) that is approved in several countries, including the EU, as a maintenance bronchodilator for the symptomatic treatment of adult patients with chronic obstructive pulmonary disease (COPD). In the randomized, controlled, phase III GLOW (GLycopirronium bromide in chronic Obstructive pulmonary disease airWays clinical study)-1 and -2 trials, treatment with inhaled glycopyrronium bromide 50 µg once daily was associated with significantly better lung function than placebo in patients with moderate to severe COPD in terms of the trough forced expiratory volume in one second (FEV1) at 12 weeks (primary endpoint). Significant between-group differences in trough FEV1 in favour of inhaled glycopyrronium bromide were maintained for up to 52 weeks. Dyspnoea scores, health status and exacerbation rates were also improved to a greater extent in the inhaled glycopyrronium bromide than placebo groups in these trials. In the randomized, controlled, phase III GLOW3 trial, inhaled glycopyrronium bromide was associated with a significantly longer exercise endurance time than placebo after 3 weeks' treatment in patients with moderate to severe COPD. The drug was generally well tolerated over the 26-week (GLOW1) or 52-week (GLOW2) study duration, and had a tolerability profile that was generally similar to that of tiotropium bromide. Serious adverse events were consistent with those expected in patients with moderate to severe COPD. In conclusion, inhaled glycopyrronium bromide is a once-daily LAMA that is an effective bronchodilator for use in the treatment of patients with moderate to severe COPD.

**S23620200**

Insulin degludec (Tresiba®) is an ultra-long-acting insulin analogue that is also available as a coformulation with rapid-acting insulin aspart (insulin degludec/insulin aspart) [Ryzodeg®]. Insulin degludec has a flat, stable glucose-lowering profile with a duration of action of >42 h, and less within-patient day-to-day variability in glucose-lowering effect than the long-acting insulin analogue insulin glargine. In clinical trials, insulin degludec achieved similar glycaemic control to that seen with insulin glargine in patients with type 1 or 2 diabetes, but with a lower risk of nocturnal hypoglycaemia. In addition, trials examining a flexible dosing regimen of insulin degludec in patients with type 1 or 2 diabetes show the potential for adjusting the injection time, without compromising glycaemic control or safety. A 200 U/mL formulation of insulin degludec is also available for use in patients who require large volumes of basal insulin. Insulin degludec/insulin aspart was noninferior to the long-acting insulin analogue insulin detemir in patients with type 1 diabetes and has the potential to reduce the number of daily injections. Trial results also indicate that insulin degludec/insulin aspart may be an appropriate option for initiating insulin therapy in patients with type 2 diabetes inadequately controlled with oral antidiabetic drugs. Subcutaneous insulin degludec was generally well tolerated in patients with type 1 or 2 diabetes. In conclusion, insulin degludec and insulin degludec/insulin aspart represent a useful advance in the treatment of type 1 or 2 diabetes.

**S23677801**

Rivaroxaban (Xarelto®), a direct factor Xa inhibitor, is approved for the prevention of stroke and systemic embolism in patients with atrial fibrillation (AF) in Canada or those with nonvalvular AF (NVAf) in the EU, US and Japan. It is administered at a fixed oral dose and generally does not require routine monitoring of coagulation parameters. In the ROCKET AF trial in patients with NVAf and a moderate to high risk of stroke, oral rivaroxaban



20 mg once daily (15 mg once daily in patients with moderate renal impairment) was noninferior to oral dose-adjusted warfarin once daily in preventing primary endpoint events (i.e. stroke and systemic embolism) in the per-protocol population (primary noninferiority analysis) and superior in the on-treatment safety population (primary superiority analysis). Several ROCKET AF subgroup analyses indicated that the treatment effect of rivaroxaban was consistent across patient subgroups stratified according to baseline factors, including the presence or absence of previous stroke or transient ischaemic attack. Patients with moderate renal impairment receiving the reduced rivaroxaban dosage (15 mg once daily) showed a treatment effect consistent with that seen with rivaroxaban 20 mg once daily in patients with normal renal function. The tolerability profile of rivaroxaban was generally acceptable in ROCKET AF, with no significant difference between rivaroxaban and warfarin in the incidence of major or nonmajor clinically-relevant bleeding events (primary safety endpoint). In the Japanese ROCKET AF trial, rivaroxaban 15 mg once daily (10 mg once daily in patients with moderate renal impairment) was noninferior to oral dose-adjusted warfarin once daily in the incidence of major or nonmajor clinically-relevant bleeding (primary study outcome). Thus, rivaroxaban is a reasonable alternative to warfarin for the prevention of stroke and systemic embolism in patients with NVAf.

## EUROPEAN HEART JOURNAL

### S23186806

Digoxin was associated with a significant increase in all-cause mortality in patients with AF after correcting for clinical characteristics and comorbidities, regardless of gender or of the presence or absence of HF. These findings call into question the widespread use of digoxin in patients with AF.

### S23592708

In patients with paroxysmal and persistent AF, we found no evidence of increased mortality or hospitalization in those taking digoxin as baseline initial therapy.

### S23095984

In patients with HF of both reduced and preserved EF, the influences of readily available predictors of mortality can be quantified in an integer score accessible by an easy-to-use website [www.heartfailurerisk.org](http://www.heartfailurerisk.org). The score has the potential for widespread implementation in a clinical setting.

### S23257953

Despite strong inverse and apparently independent associations of 25(OH)D with vascular and non-vascular mortality, causality remains uncertain. Large-scale randomized trials, using high doses of vitamin D, are required to assess the clinical relevance of these associations.

### S23315905

Deficient 25(OH)D levels are prevalent in cardiac surgical patients in Central Europe and are independently associated with the risk of MACCE. Further research should clarify the potential of vitamin D supplements in reducing cardiovascular risk in vitamin D-deficient patients and also the mechanisms leading to adverse effects on the cardiovascular system in the small group of patients with 25(OH)D levels >100 nmol/L.

### S23487517

Betrixaban was well tolerated and had similar or lower rates of bleeding compared with well-controlled warfarin in patients with AF at risk for stroke.

### S23386711

Assessment of atrial fibrillation (AF)-associated stroke risk is at present mainly based on clinical risk scores such as CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc, although these scores provide only modest discrimination of risk for individual patients. Biomarkers derived from the blood may help refine risk assessment in AF for stroke outcomes and for mortality. Recent studies of biomarkers in AF have shown that they can substantially improve risk stratification. Cardiac biomarkers, such as troponin and natriuretic peptides, significantly improve risk stratification in addition to current clinical risk stratification models. Similar findings have recently been described for markers of renal function, coagulation, and inflammation in AF populations based on large randomized prospective clinical trials or large community-based cohorts. These new findings may enable development of novel tools to improve clinical risk assessment in AF. Biomarkers in AF may also improve the understanding of the pathophysiology of AF further as well as potentially elucidate novel treatment targets. This review will highlight novel associations of biomarkers and outcomes in AF as well as recent progress in the use of biomarkers for risk stratification.

### S23449857

In this European cohort, JUPITER-eligible individuals had significantly higher event rates compared with those with LDL-C <3.4 mmol/L/C-reactive protein <2 mg and LDL-C ≥3.4 mmol/L/C-reactive protein <2 mg/L. Application of the JUPITER criteria qualified almost one-fifth of the population for statin therapy that otherwise would not have qualified based on SCORE or ATP III criteria.

## FAMILY MEDICINE

### S23681682

Patients with diabetes regularly discussed self-care activities during follow-up visits at family medicine clinics. Providers varied in their capacity to incorporate self-care planning into routine medical care for patients with

diabetes. Interventions are needed that help improve goal-setting and documentation. Documentation of self-care discussions will be important for meeting Meaningful Use criteria.

**S23681681**

Family physicians perceived that their approaches to patient care result in medical decision making priorities and care delivery processes that contribute to more cost-effective health care. These outcomes were achieved less by providing preventive services and strictly adhering to guidelines but rather by how they individualized the management of new symptoms and chronic conditions.

**S23681686**

In 2010, six ministries of the Chinese government jointly issued a plan for building team-based primary care led by family physicians, prompting the creation of new models of family medicine training across the country. The purpose of this paper is to describe examples of existing family physician training models in China, to present advantages and disadvantages of the various models, and to present a specific model of family medicine residency training implemented at the Zhejiang University Medical School-affiliated Sir Run Run Shaw Hospital in collaboration with the Michigan State University-affiliated Genesys Regional Medical Center.

## **GACETA SANITARIA**

**S22840438**

Los usuarios perciben una continuidad asistencial, aunque identifican elementos de discontinuidad, explicados parcialmente por el área de salud y por algunos factores individuales. Su abordaje contribuiría a adecuar la atención a las necesidades de los pacientes.

**S23207428**

La innovación del estudio AMIEHS es una aproximación rigurosa a la nueva concepción de la mortalidad tratable que incluye validación empírica. Para evaluar la calidad de los sistemas de salud en comparación con otros países sólo pueden usarse con éxito indicadores validados.

**S23103093**

La versión corta del Cuestionario Internacional de Actividad Física en su adaptación al catalán muestra una validez aceptable para medir la actividad física total y el tiempo dedicado a realizar actividad física vigorosa. Puede utilizarse para medir la adherencia a las recomendaciones de actividad física en la población catalana.

**S23291031**

Este estudio corrobora la estratificación social de la funcionalidad y de la muerte, sugiriendo que la edad no es un nivelador. En Latinoamérica, las políticas sociales deberían orientarse a reducir estas desigualdades, buscando prevenir la exposición a riesgos y compensar carencias (en particular entre los más pobres) para minimizar la transformación de un impedimento en limitación y de una limitación en discapacidad.

**S23140979**

La evolución de la cantidad y de la calidad de los servicios sanitarios que consume cada persona es un factor importante en la evolución del gasto sanitario, que es necesario introducir en el cálculo de proyecciones.

**S22981418**

Los usuarios perciben una continuidad asistencial, aunque identifican elementos de discontinuidad, explicados parcialmente por el área de salud y por algunos factores individuales. Su abordaje contribuiría a adecuar la atención a las necesidades de los pacientes.

## **JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION**

**S23644932**

Addition of lutein + zeaxanthin, DHA + EPA, or both to the AREDS formulation in primary analyses did not further reduce risk of progression to advanced AMD. However, because of potential increased incidence of lung cancer in former smokers, lutein + zeaxanthin could be an appropriate carotenoid substitute in the AREDS formulation.

## **JAMA INTERNAL MEDICINE**

**S23460413**

The risk for hip fracture is elevated among nursing home residents using a nonbenzodiazepine hypnotic drug. New users and residents having mild to moderate cognitive impairment or requiring limited assistance with transfers may be most vulnerable to the use of these drugs. Caution should be exercised when prescribing sleep medications to nursing home residents.

**S23552817**

Women aged 50 to 74 years, even those with high breast density or HT use, who undergo biennial screening mammography have similar risk of advanced-stage disease and lower cumulative risk of false-positive results than those who undergo annual mammography. When deciding whether to undergo mammography, women aged 40 to 49 years who have extremely dense breasts should be informed that annual mammography may minimize their risk of advanced-stage disease but the cumulative risk of false-positive results is high

**S23545598**

In inactive older adults with cognitive complaints, 12 weeks of physical plus mental activity was associated with significant improvements in global cognitive function with no evidence of difference between intervention and active

control groups. These findings may reflect practice effects or may suggest that the amount of activity is more important than the type in this subject population. TRIAL REGISTRATION clinicaltrials.gov Identifier:NCT00522899.

## JAMA PSYCHIATRY

S23536105

In a community sample, varenicline exerts a robust and favorable effect on smoking cessation relative to placebo and may have a favorable (suppressive) effect on symptoms of depression and other affective measures, with no clear unfavorable effect on neuropsychiatric adverse events.

## MEDICINA CLINICA

S22578993

La aplicación de una propuesta de criterios de indicación de densitometría ósea en mujeres posmenopáusicas basada en la edad y en el riesgo de fractura calculado por FRAX® tendría como consecuencia una disminución significativa de la actividad de la unidad de densitometría ósea.

S23177315

En este artículo se realiza una revisión general de los diferentes procedimientos intervencionistas percutáneos, guiados mediante técnicas de imagen, y utilizados para el diagnóstico y tratamiento de las diversas causas responsables del dolor de raquis. Estos procedimientos pueden ser meramente diagnósticos, como la discografía y la biopsia, diagnósticos y terapéuticos, como las infiltraciones, o puramente terapéuticos, como la vertebroplastia, las técnicas descompresivas del disco intervertebral o la ablación tumoral. Se revisan las indicaciones, ventajas y complicaciones de las diferentes técnicas.

S23337456

En pacientes con ICA los valores elevados del ADE se asocian a una mayor mortalidad a largo plazo.

## THE NEW ENGLAND JOURNAL OF MEDICINE

S23577628

Novel reassortant H7N9 viruses were associated with severe and fatal respiratory disease in three patients

S23675658

Current policy recommendations that are aimed at expanding the supply and scope of practice of primary care nurse practitioners are controversial. Physicians and nurse practitioners do not agree about their respective roles in the delivery of primary care