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## SELECCIÓN DE REFERENCIAS BIBLIOGRÁFICAS DE LO PUBLICADO EN RELACIÓN CON ATENCIÓN PRIMARIA

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SERVICIOS DE PREVENCIÓN INTEGRAL PARA LA INFECCIÓN POR VIH, HEPATITIS VÍRICA, ENFERMEDADES DE TRANSMISIÓN SEXUAL Y TUBERCULOSIS EN PERSONAS QUE USAN DROGAS ILÍCITAMENTE: GUÍA RESUMIDA DE LOS CDC Y DEL DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE EE UU

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*HISTORIA NATURAL A LARGO PLAZO DE LA EPOC: REAGUDIZACIONES GRAVES Y MORTALIDAD*

## ANNALS OF INTERNAL MEDICINE

**S23007881** Behavioral counseling interventions improve behavioral outcomes for adults with risky drinking.

**S23165665** The guideline includes 48 specific recommendations that address the following issues: patient education, management of proven risk factors (dyslipidemia, hypertension, diabetes, physical activity body weight, and smoking), risk factor reduction strategies of unproven benefit, medical therapy to prevent myocardial infarction and death and to relieve symptoms, alternative therapy, revascularization to improve survival and symptoms, and patient follow-up.

**S23128863** Low-strength evidence suggested that only a few PT interventions were effective. Future studies should compare combined PT interventions (which is how PT is generally administered for pain associated with knee osteoarthritis).

**S22893115** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults aged 50 years or older. (I statement).

**S23165662** Previous studies have shown that HIV screening is accurate, targeted screening misses a substantial proportion of cases, and treatments are effective in patients with advanced immunodeficiency. New evidence indicates that ART reduces risk for AIDS-defining events and death in persons with less advanced immunodeficiency and reduces sexual transmission of HIV.



**S23128861** Compared with the currently recommended strategy of continuing colonoscopy every 10 years after an initial negative examination, rescreening at age 60 years with annual HSFOBT, annual FIT, or CTC every 5 years provides approximately the same benefit in life-years with fewer complications at a lower cost. Therefore, it is reasonable to use other methods to rescreen persons with negative colonoscopy results.

**S23128859** Use of sulfonyleureas compared with metformin for initial treatment of diabetes was associated with an increased hazard of CVD events or death.

## ARCHIVOS DE BRONCONEUMOLOGIA

La exposición a niveles más elevados de NO<sub>2</sub> y O<sub>3</sub> se asoció a un aumento del riesgo de asma y neumonía en los niños; sin embargo, el lugar en el que se determinan los contaminantes influye en los resultados. Las determinaciones realizadas en el interior y las determinaciones personales fueron las más exactas.

## ARCHIVES OF GENERAL PSYCHIATRY

**S22752149** Findings from these 3 registers along with consistent findings from a similar study in Denmark suggest that ASD, schizophrenia, and bipolar disorder share common etiologic factors.

## ARCHIVES OF INTERNAL MEDICINE

**S23147454** The PLAN clinical prediction rule identifies patients who will have a poor outcome after hospitalization for acute ischemic stroke. The score comprises clinical data available at the time of admission and may be determined by nonspecialist clinicians. Additional studies to independently validate the PLAN rule in different populations and settings are required.

**S23007264** The use of anti-Xa or direct thrombin inhibitors is associated with a dramatic increase in major bleeding events, which might offset all ischemic benefits in patients receiving antiplatelet therapy after an ACS.

**S23147455** Zonisamide at the daily dose of 400 mg moderately enhanced weight loss achieved with diet and lifestyle counseling but had a high incidence of adverse events

## ATENCION PRIMARIA

**S22704941** Las intervenciones sobre tabaquismo en AP son eficientes. Una propuesta para el abordaje del tabaquismo en AP, desde una perspectiva coste-efectiva, podría ser la IB sobre todos los fumadores e II sobre aquellos con más dificultad para abandonar.

**S22257526** Poner de manifiesto las estrategias empleadas por la industria tabaquera para hacer frente a las medidas gubernamentales de regulación de sus productos. Evidenciar la relación existente entre la industria del tabaco y el sector de la hostelería. Constatar que los argumentos y estrategias utilizados de manera habitual por la industria hostelera han sido previamente aportados por la industria del tabaco. Localización de documentos claves mediante metabuscadores, enlaces a sitios de documentos desclasificados, documentos de webs específicas sobre tabaco y del sector de la hostelería, fuentes periodísticas y artículos científicos publicados en revistas especializadas en salud.

Se pone en evidencia la estrecha relación entre industria del tabaco y el sector hostelero. Se ponen de manifiesto las estrategias llevadas a cabo por la industria del tabaco que incluyen acaparamiento de información estratégica, relaciones públicas, lobbys, programa de consultoría, grupos de defensa de los fumadores, creación de alianzas, intimidación y patrocinio. Los argumentos y estrategias utilizados por la industria de la hostelería coinciden punto por punto con los utilizados por la industria del tabaco. Estos argumentos son rebatibles desde el punto de vista de la Salud Pública, ya que científicamente está totalmente comprobado que los ambientes libres de humo son la única manera de proteger a los no fumadores de la exposición al humo del tabaco y de sus efectos nocivos sobre la salud.

**S22296794** La producción de AP supone cerca del 1% del total de la producción científica, con un crecimiento notorio y mayor que la media en 20 años. La proporción de ensayos clínicos es similar a otras disciplinas. Aunque los países y revistas anglosajones son los más productores, España y la revista Aten Primaria se encuentra entre los destacados.

## BRITISH JOURNAL OF PSYCHIATRY

**S23118031** In this editorial, we propose that the association between depression and cardiovascular disease may be conceptualised as a continuous, bidirectional process that originates in youth. The paper by Å (berg) and colleagues in this issue adds to this literature showing that low cardiovascular fitness at adolescence increases the risk of future depression.

**S22700083** Lower cardiovascular fitness at age 18 was associated with increased risk of serious depression in adulthood. These results strengthen the theory of a cardiovascular contribution to the aetiology of depression.

**S23118034** The findings from the meta-synthesis can help to inform the development and evaluation of psychosocial interventions in care homes and support their widespread implementation in clinical settings.

**S22790678** Low levels of serum 25(OH)D are associated with depressive symptoms, but no effect was found with vitamin D supplementation.

**S23118032** This editorial critiques the recent literature concerning both vitamin D deficiency in major depression and supplementation as a treatment strategy, and contextualises it within a broader approach to the prevention of depression, based on the recent evidence for lifestyle as a risk factor for depression and anxiety.

**S23118033** The new generation of psychosocial interventions for dementia has been characterised by great improvements in methodology and high-quality randomised controlled trials, including cost-effectiveness analyses. There are a growing number of interventions with established effectiveness but despite this there can be difficulties with implementation in practice.

## BRITISH MEDICAL JOURNAL

**S23129488** Children gained little additional sleep on melatonin; though they fell asleep significantly faster, waking times became earlier. Child behaviour and family functioning outcomes did not significantly improve. Melatonin was tolerable over this three month period. Comparisons with slow release melatonin preparations or melatonin analogues are required.

**S23112118** Available observational data indicate moderate, inverse associations of fish consumption and long chain omega 3 fatty acids with cerebrovascular risk. Long chain omega 3 fatty acids measured as circulating biomarkers in observational studies or supplements in primary and secondary prevention trials were not associated with cerebrovascular disease. The beneficial effect of fish intake on cerebrovascular risk is likely to be mediated through the interplay of a wide range of nutrients abundant in fish.

**S23048011** After 10 years of randomised treatment, women receiving hormone replacement therapy early after menopause had a significantly reduced risk of mortality, heart failure, or myocardial infarction, without any apparent increase in risk of cancer, venous thromboembolism, or stroke.

**S23150473** Compared with vitamin K antagonists, the novel oral anticoagulants had a similar risk of recurrence of acute venous thromboembolism and all cause mortality, though rivaroxaban was associated with a reduced risk of bleeding.

**S23169868** General health checks did not reduce morbidity or mortality, neither overall nor for cardiovascular or cancer causes, although they increased the number of new diagnoses. Important harmful outcomes were often not studied or reported.

**S23100333** The lower smoking related hazards reported previously in Japan may have been due to earlier birth cohorts starting to smoke when older and smoking fewer cigarettes per day. In Japan, as elsewhere, those who start smoking in early adult life and continue smoking lose on average about a decade of life. Much of the risk can, however, be avoided by giving up smoking before age 35, and preferably well before age 35.

**S23169869** Low muscular strength in adolescents is an emerging risk factor for major causes of death in young adulthood, such as suicide and cardiovascular diseases. The effect size observed for all cause mortality was equivalent to that for well established risk factors such as elevated body mass index or blood pressure.

**S23129490** For secondary prevention, apixaban, ivaroxaban, and dabigatran had broadly similar efficacy for the main endpoints, although the endpoints of haemorrhagic stroke, vascular death, major bleeding, and intracranial bleeding were less common with dabigatran 110 mg twice daily than with rivaroxaban. For primary prevention, the three drugs showed some differences in relation to efficacy and bleeding. These results are hypothesis generating and should be confirmed in a head to head randomised trial.

**S23103369** Under base case assumptions it is unlikely that a pneumococcal vaccination programme aimed at risk groups could be considered cost effective. Uncertainty could be substantially reduced by establishing the effectiveness of the 13 valent pneumococcal conjugate vaccine against non-bacteraemic pneumococcal pneumonia, particularly in at risk groups.

**S23138033** This cohort study found no increased risk of major cardiovascular events associated with use of varenicline compared with bupropion for smoking cessation. On the basis of the upper confidence limit, the data allowed the exclusion of a 40% increased risk of the composite outcome of any major cardiovascular event. While the estimates were less precise for specific outcomes, any differences would be small in absolute terms.

**S23097549** Parameters for diagnostic performance significantly decrease if non-evaluable results are included by a 3x2 table for analysis (intention to diagnose approach). This approach provides a more realistic picture of the clinical potential of diagnostic tests.

## CANADIAN MEDICAL ASSOCIATION JOURNAL

**S23071369** Not wearing a helmet while cycling was associated with an increased risk of dying as a result of sustaining a head injury (adjusted odds ratio [OR] 3.1, 95% confidence interval [CI] 1.3-7.3). We saw the same relationship when we excluded people younger than 18 years from the analysis (adjusted OR 3.5, 95% CI 1.4-8.5) and when we used a more stringent case definition (i.e., only a head injury with no other substantial injuries; adjusted OR 3.6, 95% CI 1.2-10.2).

**S23027910** Moderate to high alcohol intake was associated with an increased incidence of atrial fibrillation among people aged 55 or older with cardiovascular disease or diabetes. Among moderate drinkers, the effect of binge drinking on the risk of atrial fibrillation was similar to that of habitual heavy drinking.

## CIRCULATION

**S23091065** CPX is generally a safe procedure, even in a population with underlying high-risk cardiovascular diagnoses.

**S23109514** Smoke-free legislation was associated with a lower risk of smoking-related cardiac, cerebrovascular, and respiratory diseases, with more comprehensive laws associated with greater changes in risk.

**S23071159** NOACs are associated with an overall clinical benefit compared with vitamin K antagonists. Additional research is required to confirm these findings outside the context of randomized trials.

## DIABETES CARE

**S22837366** Our findings suggest that increased PP independently predicts incident AF in patients with type 2 diabetes.

**S22851599** The costs of a telephonic intervention for diabetes self-management support are moderate and commensurate to the modest associated improvement in glycemic control.

**S23093685** Metabolic syndrome is associated with increased risk of common cancers; for some cancers, the risk differs between sexes, populations, and definitions of metabolic syndrome.

**S22837362** In patients with uncomplicated type 1 diabetes, aliskiren-based dual RAS blockade is associated with greater arterial compliance, FMD, and renal vasodilatation.

**S22787177** In patients with type 2 diabetes, LY2605541 and GL had comparable glucose control and total hypoglycemia rates, but LY2605541 showed reduced intraday variability, lower nocturnal hypoglycemia, and weight loss relative to GL.

**S22837367** Our findings suggest that the estimation of GFR using the CKD-EPI equation more appropriately stratifies patients with type 2 diabetes according to the risk of all-cause and cardiovascular mortality compared with the MDRD study equation.

**S22773702** A 9-month curcumin intervention in a prediabetic population significantly lowered the number of prediabetic individuals who eventually developed T2DM. In addition, the curcumin treatment appeared to improve overall function of  $\beta$ -cells, with very minor adverse effects. Therefore, this study demonstrated that the curcumin intervention in a prediabetic population may be beneficial.

**S22829522** Fatty liver and HOMA-IR are both associated with a CAC score >0 (independently of each other), features of MetS, conventional cardiovascular risk factors, and existing CVD.

## DRUGS

**S23046179** The generalized term 'peripheral vascular disease' (PVD) may be used to refer to vascular disorders in any non-coronary arterial bed. The more specific term 'peripheral arterial disease' (PAD) is used to refer to a more specific process, atherosclerotic disease of the lower extremities. PAD is common. Conservative estimates

suggest more than 8 million Americans may be affected by PAD. Since atherosclerosis is a systemic process, PAD should be identified as a coronary heart disease risk equivalent. However, PAD remains an under-diagnosed and under-recognized risk for cardiovascular morbidity and mortality. PAD symptoms may range from non-specific ambulatory leg complaints, to typical symptoms of intermittent claudication to critical limb ischaemia with rest pain, gangrene or ulceration. These symptoms directly impact quality of life and may affect functional capacity. There are two therapeutic goals for patients with PAD: first, to reduce the risk of cardiovascular events and second, to manage the lower extremity symptoms. This manuscript reviews the medical management of patients with PAD, briefly discussing the goals of cardiovascular risk factor modification and then focusing on pharmacological management strategies for patients with intermittent claudication and critical limb ischaemia.

**S23061805** Central retinal vein occlusion (CRVO) remains an important cause of visual loss. Impaired venous drainage leads to retinal hypoxia with upregulation and release of vascular endothelial growth factor (VEGF). VEGF increases vascular permeability and leads to the breakdown of the blood-retinal barrier, with the development of macular oedema. Treatment strategies for macular oedema in CRVO currently under evaluation focus on VEGF blockage. Bevacizumab is a humanized monoclonal antibody that blocks VEGF. It has been evaluated in a clinical trial that compared intravitreal injections of bevacizumab 1.25 mg with sham injections every 6 weeks. At the end of a 24-week follow-up period, 60.0% of patients in the bevacizumab group had gained  $\geq 15$  letters compared with 20.0% in the control group ( $p = 0.003$ ). Aflibercept (previously VEGF Trap-Eye) is a 115 kD decoy receptor fusion protein. Aflibercept is capable of binding both VEGF and placental growth factor (PlGF). By blocking both VEGF and PlGF, aflibercept could be more effective than other anti-VEGF drugs. Two clinical trials have evaluated the efficacy of aflibercept for the treatment of macular oedema in CRVO: COPERNICUS and GALILEO. Both included a similar 6-month phase, during which patients were randomized to receive either an intravitreal injection of aflibercept 2 mg or a sham injection every month. In a second 6-month phase of the GALILEO study, patients in the treatment group were treated on an as needed (PRN) basis with aflibercept, while patients in the placebo group continued with sham injections. In the second 6-month phase in the COPERNICUS study, all patients were treated with aflibercept on a PRN basis. Treatment with aflibercept led to an improvement in visual acuity of  $\geq 15$  letters in 55.3% (COPERNICUS) and 60.2% of patients (GALILEO). Patients initially in the placebo group and then treated PRN gained only a mean of 3.8 letters, with 30.1% achieving a visual gain of  $\geq 15$  letters (COPERNICUS). The percentage of patients that improved by  $\geq 15$  letters was 32.4% for the group receiving sham injections throughout the GALILEO study. In summary, VEGF blockage has been proven to improve visual outcomes in patients with macular oedema due to CRVO. However, an important disadvantage of anti-VEGF drugs is the need for frequent reinjections and even more frequent control visits. Further advances are needed in order to improve quality of life and reduce the burden to healthcare systems.

## ENFERMEDADES INFECCIOSAS Y MICROBIOLOGIA CLINICA

**S22409952** La red +Redivi permite conocer y cuantificar las infecciones importadas por inmigrantes y viajeros, su origen geográfico, el tipo de paciente que las padece y su patrón temporal. Los datos preliminares de la red muestran la presencia significativa de enfermedades transmisibles y con potencial reintroducción en nuestro medio, así como la importancia del cribado sistemático en sujetos que proceden de zonas tropicales. El objetivo de +Redivi es el de evaluar el impacto de la patología importada en España con el fin de contribuir a la mejora en la asistencia a los pacientes e incidir en la prevención y el tratamiento de las enfermedades importadas más prevalentes, y detectar la posible existencia de brotes epidémicos.

## EUROPEAN HEART JOURNAL

**S22942339** Mineralocorticoid receptor antagonists (MRAs) improve survival and reduce morbidity in patients with heart failure, reduced ejection fraction (HF-REF), and mild-to-severe symptoms, and in patients with left ventricular systolic dysfunction and heart failure after acute myocardial infarction. These clinical benefits are observed in addition to those of angiotensin converting enzyme inhibitors or angiotensin receptor blockers and beta-blockers. The morbidity and mortality benefits of MRAs may be mediated by several proposed actions, including antifibrotic mechanisms that slow heart failure progression, prevent or reverse cardiac remodelling, or reduce arrhythmogenesis. Both eplerenone and spironolactone have demonstrated survival benefits in individual clinical trials. Pharmacologic differences exist between the drugs, which may be relevant for therapeutic decision making in individual patients. Although serious hyperkalaemia events were reported in the major MRA clinical trials, these risks can be mitigated through appropriate patient selection, dose selection, patient education, monitoring, and follow-up. When used appropriately, MRAs significantly improve outcomes across the spectrum of patients with HF-REF.

**S22977225** Independent from sex, increased height is significantly associated with the risk of AF.

## FAMILY MEDICINE

**S23148003** While numerous recommendations have recently been made, most responding FMRD feel that changing reimbursement for primary care physicians would have the greatest impact on the workforce.

**S23148007** Based on the current research, physicians are encouraged to follow practice guidelines, asking all patients about smoking behavior and assisting in their efforts to quit, especially those who have previously been unsuccessful in the past.

**S23148001** This study supports previous findings indicating that the PHQ-2 can be an effective tool in screening for postpartum depression.

**S23148002** Physicians are willing and feel competent to identify and treat patients with mental disorders in the family medicine outpatient setting, including the provision of brief office counseling. Further research is needed to understand what effective mental health interventions can efficiently be taught to family physicians. Having family physicians treat mental health disorders may lead to greater patient satisfaction, improved chronic care management, and a positive impact on quality of care.

## GACETA SANITARIA

**S22444520** Los mayores muestran una actitud positiva hacia las voluntades anticipadas, pero la proporción de personas que conocen el documento es baja.

**S22483409** Uno de cada seis estudiantes de ESO de Andalucía ha mantenido relaciones sexuales con penetración; de ellos, dos tercios las mantienen en la actualidad, sobre todo las chicas. Valorado junto con un escaso conocimiento (menos del 50%) del doble método y de las infecciones de transmisión sexual, nos lleva a considerar necesario incluir la educación sexual como específica dentro del currículo de la enseñanza secundaria.

**S22464023** El cuidado familiar encargado a mujeres inmigrantes, unido al duelo migratorio, tiene importantes repercusiones en su salud. Si las relaciones interpersonales son de buen trato e igualitarias, se constituyen como factor de protección para todas las personas en contacto.

**S22554458** Este trabajo explora las posibilidades de la Carpeta Personal de Salud e identifica la brecha entre el potencial de esta herramienta y las aplicaciones que ofrece a través de Internet. Se presenta la Carpeta Personal de Salud, un proyecto vinculado a la Historia Clínica Compartida de Cataluña, que ofrece un punto de acceso a la información sobre la propia salud que es seguro, personalizado y soportado por las tecnologías de la información y la comunicación. La experiencia, realizada íntegramente por la Consejería de Salud de la Generalitat de Cataluña, escogió una metodología mediante encuesta anónima. Los resultados han sido de gran relevancia para obtener información sobre la idoneidad de los datos publicados y las expectativas de una herramienta dirigida a la población en general.

**S22342049** Este estudio encontró que el dolor crónico de cabeza, cervical y lumbar es un problema de salud en las mujeres, ya que presentan mayor prevalencia de dolor que los hombres. El dolor se asocia a un mayor consumo de fármacos y de recursos sanitarios.

**S22424970** Estos resultados se incorporarán a los modelos matemáticos sobre evaluación de la eficiencia de los programas que se están desarrollando actualmente. Modelos que pueden ser de gran utilidad como herramienta dirigida a informar y guiar las decisiones clínicas y de planificación sanitaria sobre el control del cáncer.

**S22361642** Las recomendaciones hacen referencia a la actividad física aeróbica y apenas tienen en cuenta el fortalecimiento muscular. Una comunidad autónoma se ajusta a las recomendaciones de la OMS. Las comunidades con mayores índices de envejecimiento y mayor porcentaje de infancia/adolescentes casi no hacen recomendaciones sobre actividad física de acuerdo con las directrices de la OMS.

**S22521341** El contexto familiar y de socialización de las chicas se basa en una distribución tradicional de roles en función del género, en el cual posicionamiento y rol tradicional de mujer cuidadora está muy interiorizado. Las motivaciones para el embarazo adolescente no están claras; hay una falta de sentido de la autodeterminación y son las circunstancias las que deciden.

## JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

**S23136329** The symptom, night sweats, appears to be nonspecific. Many questions about causation, evaluation, and management remain unanswered.

**S23136315** Encouraging providers to use risk-specific messaging about the consequences of CRC, offering screening option choices, and promoting a problem-solving approach to surmount barriers are potential strategies for increasing CRC screening rates.

#### JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

**S23128104** In this large multinational trial among patients undergoing cardiac surgery, perioperative supplementation with n-3-PUFAs, compared with placebo, did not reduce the risk of postoperative AF.

**S23168823** Among patients with traumatic brain injury, the use of citicoline compared with placebo for 90 days did not result in improvement in functional and cognitive status.

**S23162860** In this large prevention trial of male physicians, daily multivitamin supplementation modestly but significantly reduced the risk of total cancer.

**S23168825** Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are a core clinical feature of Alzheimer disease and related dementias. If untreated, these behaviors can accelerate disease progression, worsen functional decline and quality of life, cause significant caregiver distress, and result in earlier nursing home placement. Systematic screening for behavioral symptoms in dementia is an important prevention strategy that facilitates early treatment of behavioral symptoms by identifying underlying causes and tailoring a treatment plan. First-line nonpharmacologic treatments are recommended because available pharmacologic treatments are only modestly effective, have notable risks, and do not effectively treat some of the behaviors that family members and caregivers find most distressing. Examples of nonpharmacologic treatments include provision of caregiver education and support, training in problem solving, and targeted therapy directed at the underlying causes for specific behaviors (eg, implementing nighttime routines to address sleep disturbances). Based on an actual case, we characterize common behavioral symptoms and describe a strategy for selecting evidence-based nonpharmacologic dementia treatments. Nonpharmacologic management of behavioral symptoms in dementia can significantly improve quality of life and patient-caregiver satisfaction.

**S23117775** Among this population of US male physicians, taking a daily multivitamin did not reduce major cardiovascular events, MI, stroke, and CVD mortality after more than a decade of treatment and follow-up.

**S23150008** In a community-based cohort followed up after 9 years, women with migraine had a higher incidence of deep white matter hyperintensities but did not have significantly higher progression of other MRI-measured brain changes. There was no association of migraine with progression of any MRI-measured brain lesions in men.

#### MEDICINA CLINICA

**S22015009** El cuestionario COPD-PS demostró buenas propiedades psicométricas. Un punto de corte 4 presenta propiedades predictivas óptimas. El cociente FEV1/FEV6 < 0,75 ofrece una excelente correlación con el cociente FEV1/FVC y es útil para el cribado de obstrucción crónica al flujo aéreo.

**S22981085** There is a controversy among different scientific societies in relation to the recommendations on whether universal screening for the detection of thyroid dysfunction during gestation should be performed or not. Although various studies have shown an association between subclinical hypothyroidism or hypothyroxinemia with obstetric problems and/or neurocognitive impairment in the offspring, no evidence on the possible positive effects of treatment of such conditions with thyroxin has been demonstrated so far. However, there is a general agreement about the need for treatment of clinical hypothyroidism during pregnancy and the risks of not doing so. Because it is a common, easily diagnosed and effectively treated disorder without special risk, the working Group of Iodine Deficiency Disorders and Thyroid Dysfunction of the Spanish Society of Endocrinology and Nutrition and Spanish Society of Gynaecology and Obstetrics recommends an early evaluation (before week 10) of thyroid function in all pregnant women. Given the complex physiology of thyroid function during pregnancy, hormone assessment should be performed according to reference values for each gestational trimester and generated locally in each reference laboratory. Thyrotropin determination would be sufficient for screening purposes and only if it is altered, free thyroxin or total thyroxin would be required. Adequate iodine nutrition is also highly recommended before and during pregnancy to contribute to a normal thyroid function in the pregnant women and fetus.

**S22592080** Hospital admission among EDLH patients is related to comorbidity, gender, subjective health status and the use of uncoordinated emergency services as measured at recruitment, rather than to the use of services during the one-year follow-up.

**S22206796** El infarto de miocardio presenta ritmo circadiano. El tabaquismo y la diabetes modifican el patrón de ritmo circadiano habitual del infarto.

**S22677049** En los últimos años, varios estudios han estimado la prevalencia de malnutrición en la población anciana. El objetivo de esta revisión sistemática es obtener una visión global sobre el estado nutricional de la población anciana. Esta revisión se ha basado en la recopilación de estudios con información sobre la prevalencia de malnutrición publicados entre 1995-2011. Un total de 43.235 ancianos procedentes de 47 trabajos han sido seleccionados. Según el Mini Nutritional Assessment, se observó un 16,6% (intervalo de confianza del 95% [IC 95%] 0-62) de malnutrición; con los parámetros antropométricos o bioquímicos, se observó un 21,4% (IC 95% 2-77,3) de malnutrición; y con otros índices de evaluación nutricional, se observó una malnutrición de 47,3% (IC 95% 10,6-94,7). Las tasas de prevalencia de desnutrición fueron más altas en los estudios con gran proporción de pacientes con discapacidad grave, fractura de cadera o problemas de deglución. Se puede concluir que la malnutrición entre la población anciana está generalizada y es muy variable en función de los parámetros utilizados, los problemas de salud asociados o el ámbito de la población. En los futuros estudios, el uso sistemático de cribados nutricionales en los hospitales, residencias o centros asistenciales mejoraría mucho el pronóstico y la calidad de vida de las personas mayores, y facilitaría la comparación entre los resultados de los estudios.

## MORBIDITY AND MORTALITY WEEKLY REPORT

**S23135062** This report summarizes current (as of 2011) guidelines or recommendations published by multiple agencies of the U.S. Department of Health and Human Services (DHHS) for prevention and control of human immunodeficiency virus (HIV) infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB) for persons who use drugs illicitly. It also summarizes existing evidence of effectiveness for practices to support delivery of integrated prevention services. Implementing integrated services for prevention of HIV infection, viral hepatitis, STDs, and TB is intended to provide persons who use drugs illicitly with increased access to services, to improve timeliness of service delivery, and to increase effectiveness of efforts to prevent infectious diseases that share common risk factors, behaviors, and social determinants. This guidance is intended for use by decision makers (e.g., local and federal agencies and leaders and managers of prevention and treatment services), health-care providers, social service providers, and prevention and treatment support groups. Consolidated guidance can strengthen efforts of health-care providers and public health providers to prevent and treat infectious diseases and substance use and mental disorders, use resources efficiently, and improve health-care services and outcomes in persons who use drugs illicitly. An integrated approach to service delivery for persons who use drugs incorporates recommended science-based public health strategies, including 1) prevention and treatment of substance use and mental disorders; 2) outreach programs; 3) risk assessment for illicit use of drugs; 4) risk assessment for infectious diseases; 5) screening, diagnosis, and counseling for infectious diseases; 6) vaccination; 7) prevention of mother-to-child transmission of infectious diseases; 8) interventions for reduction of risk behaviors; 9) partner services and contact follow-up; 10) referrals and linkage to care; 11) medical treatment for infectious diseases; and 12) delivery of integrated prevention services. These strategies are science-based, public health strategies to prevent and treat infectious diseases, substance use disorders, and mental disorders. Treatment of infectious diseases and treatment of substance use and mental disorders contribute to prevention of transmission of infectious diseases. Integrating prevention services can increase access to and timeliness of prevention and treatment.

## REUMATOLOGIA CLINICA

**S22789463** Based on our results and on the good quality of the included studies, we can conclude that rheumatic diseases increase in general the risk of death, and especially inflammatory diseases.

## REVISTA ESPAÑOLA DE CARDIOLOGIA

**S22959179** La muerte súbita probablemente sea el desafío más importante de la cardiología moderna. En este artículo, después de realizar una revisión histórica de la muerte súbita, se comentan la epidemiología y las enfermedades asociadas a ella y se hace énfasis en los aspectos fisiopatológicos, especialmente los factores desencadenantes que actuando sobre un miocardio vulnerable precipitan la arritmia final, que en general lleva a la fibrilación ventricular y en menor medida a bradiarritmia y muerte súbita. Se comentan especialmente la importancia de la isquemia aguda y la disfunción ventricular y el papel de la genética, no sólo en las cardiopatías de origen genético, sino también su posible efecto desencadenante en la cardiopatía isquémica aguda y crónica. Por último, se describe cuál es la mejor forma de identificar a los pacientes en riesgo, cómo prevenir la muerte súbita y qué conducta seguir ante un paciente resucitado de una parada cardíaca.

## THE LANCET

**S23101718** Catheter ablation is at the forefront of the management of a range of atrial arrhythmias. In this Series paper, we discuss the underlying mechanisms and the current role of catheter ablation for the three most common atrial arrhythmias encountered in clinical practice: focal atrial tachycardia, atrial flutter, and atrial fibrillation. The mechanisms of focal atrial tachycardia and atrial flutter are well understood, and these arrhythmias are amenable to curative catheter ablation with high success rates. In most cases, paroxysmal atrial fibrillation is

initiated by triggers located within pulmonary vein musculature. Circumferential ablation to isolate this musculature is associated with high success rates for elimination of paroxysmal atrial fibrillation in selected populations. Because of the problem of recurrent pulmonary vein connection, more than one procedure will be needed in about 30% of patients, and new technologies are being developed to reduce this occurrence. The mechanisms that sustain persistent atrial fibrillation are not well understood and are the subject of continuing investigation. As such, ablation approaches and technologies for this arrhythmia are still evolving.

**S23036896** Because apixaban has benefits over warfarin that are consistent across patient risk of stroke and bleeding as assessed by the CHADS<sub>2</sub>, CHA<sub>2</sub>DS<sub>2</sub>-VASc, and HAS-BLED scores, these scores might be less relevant when used to tailor apixaban treatment to individual patients than they are for warfarin. Further improvement in risk stratification for both stroke and bleeding is needed, particularly for patients with atrial fibrillation at low risk for these events.

**S22951084** The treatment of refractory chronic cough with gabapentin is both effective and well tolerated. These positive effects suggest that central reflex sensitisation is a relevant mechanism in refractory chronic cough.

**S22981903** Our findings suggest that prevention of workplace stress might decrease disease incidence; however, this strategy would have a much smaller effect than would tackling of standard risk factors, such as smoking.

**S23117178** Whether breast cancer screening does more harm than good has been debated extensively. The main questions are how large the benefit of screening is in terms of reduced breast cancer mortality and how substantial the harm is in terms of overdiagnosis, which is defined as cancers detected at screening that would not have otherwise become clinically apparent in the woman's lifetime. An independent Panel was convened to reach conclusions about the benefits and harms of breast screening on the basis of a review of published work and oral and written evidence presented by experts in the subject. To provide estimates of the level of benefits and harms, the Panel relied mainly on findings from randomised trials of breast cancer screening that compared women invited to screening with controls not invited, but also reviewed evidence from observational studies. The Panel focused on the UK setting, where women aged 50-70 years are invited to screening every 3 years. In this Review, we provide a summary of the full report on the Panel's findings and conclusions. In a meta-analysis of 11 randomised trials, the relative risk of breast cancer mortality for women invited to screening compared with controls was 0.80 (95% CI 0.73-0.89), which is a relative risk reduction of 20%. The Panel considered the internal biases in the trials and whether these trials, which were done a long time ago, were still relevant; they concluded that 20% was still a reasonable estimate of the relative risk reduction. The more reliable and recent observational studies generally produced larger estimates of benefit, but these studies might be biased. The best estimates of overdiagnosis are from three trials in which women in the control group were not invited to be screened at the end of the active trial period. In a meta-analysis, estimates of the excess incidence were 11% (95% CI 9-12) when expressed as a proportion of cancers diagnosed in the invited group in the long term, and 19% (15-23) when expressed as a proportion of the cancers diagnosed during the active screening period. Results from observational studies support the occurrence of overdiagnosis, but estimates of its magnitude are unreliable. The Panel concludes that screening reduces breast cancer mortality but that some overdiagnosis occurs. Since the estimates provided are from studies with many limitations and whose relevance to present-day screening programmes can be questioned, they have substantial uncertainty and should be regarded only as an approximate guide. If these figures are used directly, for every 10,000 UK women aged 50 years invited to screening for the next 20 years, 43 deaths from breast cancer would be prevented and 129 cases of breast cancer, invasive and non-invasive, would be overdiagnosed; that is one breast cancer death prevented for about every three overdiagnosed cases identified and treated. Of the roughly 307,000 women aged 50-52 years who are invited to begin screening every year, just over 1% would have an overdiagnosed cancer in the next 20 years. Evidence from a focus group organised by Cancer Research UK and attended by some members of the Panel showed that many women feel that accepting the offer of breast screening is worthwhile, which agrees with the results of previous similar studies. Information should be made available in a transparent and objective way to women invited to screening so that they can make informed decisions.

**S23101719** Management strategies for ventricular arrhythmias are guided by the risk of sudden death and severity of symptoms. Patients with a substantial risk of sudden death usually need an implantable cardioverter defibrillator (ICD). Although ICDs effectively end most episodes of ventricular tachycardia or ventricular fibrillation and decrease mortality in specific populations of patients, they have inherent risks and limitations. Generally, antiarrhythmic drugs do not provide sufficient protection from sudden death, but do have a role in reducing arrhythmias that cause symptoms. Catheter ablation is likewise important for reducing the frequency of spontaneous arrhythmias and is curative for some patients, usually those with idiopathic arrhythmias and no heart disease. Arrhythmia surgery is now infrequent, offered by only a few specialised centres for refractory arrhythmias. Advances in understanding of genetic arrhythmia syndromes and in technology for mapping and ablation of ventricular arrhythmias, and enhanced algorithms in implantable devices for rhythm management, have contributed to improved outcomes.



**S23040422** In this large UK sample, screening for type 2 diabetes in patients at increased risk was not associated with a reduction in all-cause, cardiovascular, or diabetes-related mortality within 10 years. The benefits of screening might be smaller than expected and restricted to individuals with detectable disease.

## THE NEW ENGLAND JOURNAL OF MEDICINE

**S23113833** In a randomized trial involving patients with primary hypercholesterolemia, adding SAR236553 to either 10 mg of atorvastatin or 80 mg of atorvastatin resulted in a significantly greater reduction in LDL cholesterol than that attained with 80 mg of atorvastatin alone.

**S23171096** Despite substantial increases in the number of cases of early-stage breast cancer detected, screening mammography has only marginally reduced the rate at which women present with advanced cancer. Although it is not certain which women have been affected, the imbalance suggests that there is substantial overdiagnosis, accounting for nearly a third of all newly diagnosed breast cancers, and that screening is having, at best, only a small effect on the rate of death from breast cancer.

**S23121403** In this study, aspirin, as compared with placebo, did not significantly reduce the rate of recurrence of venous thromboembolism but resulted in a significant reduction in the rate of major vascular events, with improved net clinical benefit. These results substantiate earlier evidence of a therapeutic benefit of aspirin when it is given to patients after initial anticoagulant therapy for a first episode of unprovoked venous thromboembolism.

**S23171097** Among patients with ADHD, rates of criminality were lower during periods when they were receiving ADHD medication. These findings raise the possibility that the use of medication reduces the risk of criminality among patients with ADHD.

**S23150959** Both survival and neurologic outcomes after in-hospital cardiac arrest have improved during the past decade at hospitals participating in a large national quality-improvement registry.

**S23134381** Statin use in patients with cancer is associated with reduced cancer-related mortality. This suggests a need for trials of statins in patients with cancer.

## THORAX

**S22684094** The course of COPD involves a rapid decline in health status after the second severe exacerbation and high mortality in the weeks following every severe exacerbation. Two strategic targets for COPD management should include delaying the second severe exacerbation and improving treatment of severe exacerbations to reduce their excessive early mortality.