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EFICACIA DE LA CISTINA PARA AYUDAR AL ABANDONO DEL TABACO: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

ACADEMIC MEDICINE

S24072114

For more than half a century, scientific research has documented widespread avoidance and even denial of aging. Though nothing new, aversive reactions to the elderly are not only unfortunate but dangerous today, as increasing life expectancy and consequent demand for specialized geriatric medical care vastly outpace the supply of qualified clinicians equipped to provide it. This discrepancy has led to a crisis that is not easily resolved. At the same time, geriatrics reports the highest level of physician satisfaction among medical specialties. How can this apparent disconnect

be explained, and what can be done about it? Citing evidence from medicine and other health care disciplines, the authors address these questions by emphasizing the role of aging-related attitudes, a complex but theoretically modifiable construct. Successful educational interventions are described, including the authors' experience at the helm of a monthlong geriatrics clerkship for fourth-year medical students. Novel suggestions are provided to combat the daunting challenges to achieving a workforce that is sufficient both in number and training to effectively meet the needs of the fastest-growing segment of the U.S. population. As patients continue to age across most medical specialties, the importance of geriatric curricula, particularly those sensitizing learners to the need for a systems-based, biopsychosocial (i.e., interdisciplinary) model of care, cannot be overemphasized. Such training, it is argued, should be a standard component of medical education, and future research should focus on identifying specific curricular content and teaching methods that most effectively achieve this end.

S24072122

The National Board of Medical Examiners (NBME) reviewed all components of the United States Medical Licensing Examination as part of a strategic planning activity. One recommendation generated from the review called for enhancements of the communication skills component of the Step 2 Clinical Skills (Step 2 CS) examination. To address this recommendation, the NBME created a multidisciplinary team that comprised experts in communication content, communication measurement, and implementation of standardized patient (SP)-based examinations. From 2007 through 2012, the team reviewed literature in physician-patient communication, examined performance characteristics of the Step 2 CS exam, observed case development and quality assurance processes, interviewed SPs and their trainers, and reviewed video recordings of examinee-SP interactions. The authors describe perspectives gained by their team from the review process and outline the resulting enhancements to the Step 2 CS exam, some of which were rolled out in June 2012.

S24072123

Equity in health and health care in America continues to be a goal unmet. Certain demographic groups in the United States—including racial and ethnic minorities and individuals with lower socioeconomic status—have poorer health outcomes across a wide array of diseases, and have higher all-cause mortality. Yet despite growing understanding of how social-, structural-, and individual-level factors maintain and create inequities, solutions to reduce or eliminate them have been elusive. In this article, the authors envision how disparities-related provisions in the Affordable Care Act and other recent legislation could be linked with new value-based health care requirements and payment models to create incentives for narrowing health care disparities and move the nation toward equity. Specifically, the authors explore how recent legislative actions regarding payment reform, health information technology, community health needs assessments, and expanding health equity research could be woven together to build an evidence base for solutions to health care inequities. Although policy interventions at the clinical and payer levels alone will not eliminate disparities, given the significant role the social determinants of health play in the etiology and maintenance of inequity, such policies can allow the health care system to better identify and leverage community assets; provide high-quality, more equitable care; and demonstrate that equity is a value in health.

S24072126

Given recent emphasis on professionalism training in medical schools by accrediting organizations, medical ethics and humanities educators need to develop a comprehensive understanding of this emphasis. To achieve this, the Project to Rebalance and Integrate Medical Education (PRIME) II Workshop (May 2011) enlisted representatives of the three major accreditation organizations to join with a national expert panel of medical educators in ethics, history, literature, and the visual arts. PRIME II faculty engaged in a dialogue on the future of professionalism in medical education. The authors present three overarching themes that resulted from the PRIME II discussions: transformation, question everything, and unity of vision and purpose. The first theme highlights that education toward professionalism requires transformational change, whereby medical ethics and humanities educators would make explicit the centrality of professionalism to the formation of physicians. The second theme emphasizes that the flourishing of professionalism must be based on first addressing the dysfunctional aspects of the current system of health care delivery and financing that undermine the goals of medical education. The third theme focuses on how ethics and humanities educators must have unity of vision and purpose in order to collaborate and identify how their disciplines advance professionalism. These themes should help shape discussions of the future of medical ethics and humanities teaching. The authors argue that improvement of the ethics and humanities-based knowledge, skills, and conduct that fosters professionalism should enhance patient care and be evaluated for its distinctive contributions to educational processes aimed at producing this outcome.

ANNALS OF INTERNAL MEDICINE

S24247673

Evidence that patient portals improve health outcomes, cost, or utilization is insufficient. Patient attitudes are generally positive, but more widespread use may require efforts to overcome racial, ethnic, and literacy barriers. Portals represent a new technology with benefits that are still unclear. Better understanding requires studies that include details about context, implementation factors, and cost.

S24247674

Larger and better-designed studies are needed to draw unequivocal conclusions about the effect of statins on cognition. Published data do not suggest an adverse effect of statins on cognition; however, the strength of available evidence is limited, particularly with regard to high-dose statins.

ARCHIVOS DE BRONCONEUMOLOGIA

S24120308

Las enfermedades respiratorias crónicas con frecuencia provocan alteraciones en las funciones y/o en la estructura del aparato respiratorio que condicionan limitaciones en diferentes actividades de la vida de las personas que las padecen. En los pacientes más jóvenes y con una vida laboral activa estas limitaciones pueden suponer dificultades para el

desempeño de su trabajo habitual. El artículo 41 de la Constitución Española establece que «los poderes públicos mantendrán un régimen público de Seguridad Social para todos los ciudadanos que garantice la asistencia y prestaciones sociales suficientes en casos de necesidad». En este marco se encuadra la evaluación de la incapacidad laboral como un proceso de naturaleza mixta (médico-legal) que tiene por objeto determinar si procede o no el reconocimiento del derecho a una prestación que sustituya las rentas que deja de percibir una persona al no poder desempeñar su trabajo, como consecuencia de una pérdida de la salud.

El papel de neumólogo es imprescindible en la evaluación del diagnóstico, tratamiento, pronóstico y capacidad funcional de los enfermos respiratorios. Estas recomendaciones tratan de acercar el complejo ámbito de la valoración de la capacidad laboral a los neumólogos y cirujanos torácicos, ofreciendo unas pautas de actuación que les permitan asesorar a sus propios pacientes acerca de su incorporación a la vida laboral.

BRITISH JOURNAL OF PSYCHIATRY

S24187064

Somatic symptoms may be classified as either 'medically explained' or 'medically unexplained' - the former being considered medical and the latter psychiatric. In healthcare systems focused on disease, this distinction has pragmatic value. However, new scientific evidence and psychiatric classification urge a more integrated approach with important implications for psychiatry.

S24072756

Total somatic symptom score provides a predictor of health status and healthcare use over and above the effects of anxiety, depression and general medical illnesses.

S24187063

Attention-deficit hyperactivity disorder in adults evokes extreme responses within British psychiatrists, because its diagnostic validity and pharmacological treatments are heavily contested. We propose a model that accommodates apparently divergent evidence, and provides a clinical framework for clinicians and patients, allowing safe, responsible and ethically balanced clinical practice.

S24029535

Combined treatment with escitalopram and telephone-administered CBT significantly improved some self-reported work functioning outcomes, but not symptom-based outcomes, compared with escitalopram alone.

BRITISH MEDICAL JOURNAL

S24179043

A 20% tax on sugar sweetened drinks would lead to a reduction in the prevalence of obesity in the UK of 1.3% (around 180,000 people). The greatest effects may occur in young people, with no significant differences between income groups. Both effects warrant further exploration. Taxation of sugar sweetened drinks is a promising population measure to target population obesity, particularly among younger adults.

S24270055

This study identified factors associated with normal pregnancy through adoption of a novel hypothesis generating approach, which has shifted the emphasis away from adverse outcomes towards uncomplicated pregnancies. Although confirmation in other cohorts is necessary, this study implies that individually targeted lifestyle interventions (normalising maternal weight, increasing prepregnancy fruit intake, reducing blood pressure, stopping misuse of drugs) may increase the likelihood of normal pregnancy outcomes.

S24270505

The use of β blockers started either at the time of hospital admission for myocardial infarction or before a myocardial infarction is associated with improved survival after myocardial infarction in patients with COPD.

S24192967

We observed a temporal association between tamsulosin use for benign prostatic hyperplasia and severe hypotension during the first eight weeks after initiating treatment and the first eight weeks after restarting treatment. This association suggests that physicians should focus on improving counseling strategies to warn patients regarding the "first dose phenomenon" with tamsulosin.

S24169944

Exercise programmes designed to prevent falls in older adults also seem to prevent injuries caused by falls, including the most severe ones. Such programmes also reduce the rate of falls leading to medical care.

S24136634

In participants with a history of admission for exacerbations of COPD, telemonitoring was not effective in postponing admissions and did not improve quality of life. The positive effect of telemonitoring seen in previous trials could be due to enhancement of the underpinning clinical service rather than the telemonitoring communication

CIRCULATION

S24016454

The majority of deaths are not related to stroke in a contemporary anticoagulated atrial fibrillation population. These results emphasize the need to identify interventions beyond effective anticoagulation to further reduce mortality in atrial fibrillation.

S24043299

Following 24 months of potent statin therapy, on-treatment CRP levels associated with MACE. Inflammation may be an important driver of residual cardiovascular risk in patients with coronary artery disease despite aggressive statin therapy.

DIABETES CARE

S23877982

There are delays in treatment intensification in people with type 2 diabetes despite suboptimal glycemic control. A substantial proportion of people remain in poor glycemic control for several years before intensification with OADs and insulin.

S23963895

Empagliflozin 10 and 25 mg for 24 weeks as add-on to metformin plus sulfonylurea improved glycemic control, weight, and systolic blood pressure and were well tolerated

S24026560

Linagliptin administered in addition to stable RAAS inhibitors led to a significant reduction in albuminuria in patients with type 2 diabetes and renal dysfunction. This observation was independent of changes in glucose level or SBP. Further research to prospectively investigate the renal effects of linagliptin is underway.

S24089542

The considerably more rapid insulin absorption after administration by jet injector translated to a significant if modest decrease in postprandial hyperglycemia in patients with type 1 and type 2 diabetes. The improved early postprandial glucose control may specifically benefit patients who have difficulty in limiting postprandial glucose excursions.

S23877981

Individuals with type 2 diabetes, but not individuals with intermediate hyperglycemia, are at increased risk for a recurrent vascular event compared with individuals with normal glucose metabolism. In people with a history of cardiovascular disease, people at increased risk of a recurrent event can be identified based on the patient's risk profile before the first event.

S24089535

Type 2 diabetes was a significant independent risk factor for in-hospital and 1-year mortality in women with STEMI. Women with diabetes had the poorest early and 1-year prognoses after STEMI when compared with women without diabetes and men with diabetes. Although pPCI improves the long-term prognosis of women with diabetes, it is used less frequently than in women without diabetes or men with diabetes.

S24159179

Women with history of early menarche have higher risk of type 2 diabetes in adulthood. Less than half of this association appears to be mediated by higher adult BMI, suggesting that early pubertal development also may directly increase type 2 diabetes risk.

S24159181

The cost of diabetes, driven primarily by the cost of preventable diabetes complications, will continue to increase with the epidemic rise in its prevalence in the U.S. The Diabetes Working Group (DWG), a consortium of professional organizations and individuals, was created to examine the barriers to better diabetes care and to recommend mitigating solutions. We consolidated three sets of guidelines promulgated by national professional organizations into 29 standards of optimal care and empanelled independent groups of diabetes care professionals to estimate the minimum and maximum time needed to achieve those standards of care for each of six clinical vignettes representing typical patients seen by diabetes care providers. We used a standards-of-care economic model to compare provider costs with reimbursement and calculated "reimbursement gaps." The reimbursement gap was calculated using the maximum and minimum provider cost estimate (reflecting the baseline- and best-case provider time estimates from the panels). The cost of guideline-driven care greatly exceeded reimbursement in almost all vignettes, resulting in estimated provider "losses" of 470,000-750,000 USD/year depending on the case mix. Such "losses" dissuade providers of diabetes care from using best practices as recommended by national diabetes organizations. The DWG recommendations include enhancements in care management, workforce supply, and payment reform.

S23877991

Patients initiating insulin glargine rather than NPH do not seem to be at an increased risk for cancer. While our study contributes significantly to our evidence base for long-term effects, this evidence is very limited mainly based on actual dynamics in insulin prescribing.

DRUGS

S24151084

Psychomotor agitation is often associated with aggression. It is important to identify agitation early and achieve results quickly in order to prevent aggressive behavior. Strategies may include verbal de-escalation techniques, reduced stimulation, medications, or a combination of approaches. Historically, pharmacological treatments for agitation have been delivered using oral and intramuscular formulations. Although the types of medication available have not changed dramatically, different formulations have been developed recently to aid in treating this difficult condition. This paper will detail some of the newer, more novel formulations used to deliver medications to treat agitation. Formulations to be described include orally disintegrating tablets, sublingual, buccal and intranasal forms, as well as an inhalation form. Each form has a unique purpose and will aid in treatment of different populations at different levels of agitation. Of note, of the medication formulations to be discussed, only inhaled loxapine is FDA approved for acute agitation in schizophrenia and bipolar disorder and no medications are approved for 'agitation' outside of a specific disease state. The orally disintegrating tablets of olanzapine, risperidone, and aripiprazole are swallowed and enter the circulation via the portal system. They do not have a more rapid onset of action than the standard oral tablets but are useful for patients that might otherwise divert the medication. The sublingual, buccal and intranasal formulations include asenapine and midazolam. Absorption by this route is more rapid and avoids first-pass metabolism. Finally, inhaled loxapine enters the alveoli and appears quickly in the arterial circulation. All of these novel formulations require at least some cooperation but have the potential to prevent escalation and improve the experience of patients and could be considered when negotiation is possible.

S24202878

Fosfomycin trometamol (fosfomycin tromethamine) [Monuril(®), Monurol(®), Monural(®)] is approved in numerous countries worldwide, mainly for the treatment of uncomplicated urinary tract infections (UTIs). Fosfomycin has good in vitro activity against common uropathogens, such as *Escherichia coli* (including extended-spectrum β -lactamase-producing *E. coli*), *Proteus mirabilis*, *Klebsiella pneumoniae* and *Staphylococcus saprophyticus*, and the susceptibility of uropathogens to fosfomycin has remained relatively stable over time. A single oral dose of fosfomycin trometamol 3 g (the approved dosage) achieves high concentrations in urine. Results of recent randomized trials indicate that single-dose fosfomycin trometamol had similar clinical and/or bacteriological efficacy to 3- to 7-day regimens of ciprofloxacin, norfloxacin, cotrimoxazole or nitrofurantoin in women with uncomplicated lower UTIs. In addition, single-dose fosfomycin trometamol had similar bacteriological efficacy to a 5-day course of cefuroxime axetil or a 7-day course of amoxicillin/clavulanic acid in pregnant women with asymptomatic bacteriuria, and similar clinical and/or bacteriological efficacy to a 5-day course of cefuroxime axetil or amoxicillin/clavulanic acid or a 3-day course of ceftibuten in pregnant women with a lower UTI. Single-dose fosfomycin trometamol was generally well tolerated, with gastrointestinal adverse events (e.g. diarrhoea, nausea) reported most commonly. In conclusion, single-dose fosfomycin trometamol is an important option for the first-line empirical treatment of uncomplicated lower UTIs.

ENFERMEDADES INFECCIOSA Y MICROBIOLOGIA CLINICA

S24161378

Este nuevo documento actualiza las recomendaciones previas respecto a cuándo y con qué regímenes iniciar el TAR, cómo monitorizarlo y qué hacer cuando fracasa o desarrolla toxicidad. Asimismo actualiza los criterios específicos del TAR ante la presencia de diversas comorbilidades y situaciones especiales.

S24156952

In the present update of the guidelines, a starting combination antiretroviral treatment (cART) is recommended in symptomatic patients, in pregnant women, in serodiscordant couples with a high risk of transmission, in patients co-infected with hepatitis B virus requiring treatment, and in patients with HIV-related nephropathy. Guidelines on cART are included in the event of a concurrent diagnosis of HIV infection with an AIDS-defining event. In asymptomatic naïve patients, cART is recommended if the CD4+ lymphocyte count is <500 cells/ μ L; if the CD4+ lymphocyte count is >500 cells/ μ L, cART can be delayed, although it may be considered in patients with liver cirrhosis, chronic infection due to hepatitis C virus, high cardiovascular risk, plasma viral load (PVL) >105 copies/mL, CD4+ lymphocyte percentage <14%, cognitive impairment, and age >55 years. cART in naïve patients requires a combination of 3 drugs, and its aim is to achieve undetectable PVL. Treatment adherence plays a key role in sustaining a favorable response. cART can, and should be, changed if virological failure occurs, in order to return to undetectable PVL. Approaches to cART in acute HIV infection, in women, in pregnancy, in tuberculosis, and post-exposure prophylaxis are also examined.

EUROPEAN HEART JOURNAL

S24014389

Cigarette smoking is a major risk factor for cardiovascular disease (CVD) and the leading avoidable cause of death worldwide. Exposure to secondhand smoke (SHS) increases the risk of CVD among non-smokers. Smoking cessation benefits all smokers, regardless of age or amount smoked. The excess risk of CVD is rapidly reversible, and stopping smoking after a myocardial infarction reduces an individual's risk of CVD mortality by 36% over 2 years. Smoking cessation is a key component of primary and secondary CVD prevention strategies, but tobacco use often receives less attention from cardiologists than other risk factors, despite the availability of proven treatments that improve smoking cessation rates. Both psychosocial counselling and pharmacotherapy are effective methods to help smokers quit, but they are most effective when used together. The first-line medications licensed to aid smoking cessation, nicotine replacement therapy, bupropion and varenicline, are effective in and appropriate for patients with CVD. An evidence-based approach for physicians is to routinely ask all patients about smoking status and SHS exposure, advise all smokers to quit and all patients to adopt smoke-free policies for their home and car, and offer all smokers in the office or hospital brief counselling, smoking cessation pharmacotherapy, and referral to local programmes where psychosocial support can be sustained in person or by telephone. Like other chronic diseases, tobacco use requires a long-term management strategy. It deserves to be managed as intensively as other CVD risk factors.

S24014220

In this international study, low physical activity was only partly explained by cardiovascular symptoms. Potentially modifiable societal and health system factors are important determinants of physical inactivity in patients with chronic CHD.

S24067508

Data from CCTA predict both death and myocardial infarction as well as need for subsequent revascularizations out to 5 years. CCTA imaging may be a valuable tool in the assessment of long-term prognosis in patients with suspected CAD.

S23735860

Recently published epidemiological and genetic studies strongly suggest a causal relationship of elevated concentrations of lipoprotein (a) [Lp(a)] with cardiovascular disease (CVD), independent of low-density lipoproteins (LDLs), reduced high density lipoproteins (HDL), and other traditional CVD risk factors. The atherogenicity of Lp(a) at a molecular and cellular level is caused by interference with the fibrinolytic system, the affinity to secretory phospholipase A2, the interaction with extracellular matrix glycoproteins, and the binding to scavenger receptors on macrophages. Lipoprotein (a) plasma concentrations correlate significantly with the synthetic rate of apo(a) and recent studies demonstrate that apo(a) expression is inhibited by ligands for farnesoid X receptor. Numerous gaps in our knowledge on Lp(a) function, biosynthesis, and the site of catabolism still exist. Nevertheless, new classes of therapeutic agents that have a significant Lp(a)-lowering effect such as apoB antisense oligonucleotides, microsomal triglyceride transfer protein inhibitors, cholesterol ester transfer protein inhibitors, and PCSK-9 inhibitors are currently in trials. Consensus reports of scientific societies are still prudent in recommending the measurement of Lp(a) routinely for assessing CVD risk. This is mainly

caused by the lack of definite intervention studies demonstrating that lowering Lp(a) reduces hard CVD endpoints, a lack of effective medications for lowering Lp(a), the highly variable Lp(a) concentrations among different ethnic groups and the challenges associated with Lp(a) measurement. Here, we present our view on when to measure Lp(a) and how to deal with elevated Lp(a) levels in moderate and high-risk individuals.

GACETA SANITARIA

S23280043

La oportunidad de un diagnóstico precoz es el elemento clave para promover la participación en un programa de cribado del cáncer colorrectal. Las diferentes percepciones de hombres y mujeres modulan su predisposición a participar. En concreto, la preocupación por la salud de los hombres y en especial el temor de las mujeres a que se les diagnostique un cáncer son factores a tener en cuenta.

S23643717

Un protocolo común de investigación con el mismo cuestionario estructurado puede proporcionar estimaciones precisas de la frecuencia de violencia de la pareja íntima en la población general, a pesar de las limitaciones existentes en la creación de muestras probabilísticas y en los métodos de administración.

GUT

S23236009

This proof-of-concept study provides an extensive description of gut microbiota responses to follow-up β -lactam therapy. The results demonstrate that ABs targeting specific pathogenic infections and diseases may alter gut microbial ecology and interactions with host metabolism at a much higher level than previously assumed.

JAMA

S24219951

Health care in the United States includes a vast array of complex interrelationships among those who receive, provide, and finance care. In this article, publicly available data were used to identify trends in health care, principally from 1980 to 2011, in the source and use of funds ("economic anatomy"), the people receiving and organizations providing care, and the resulting value created and health outcomes. In 2011, US health care employed 15.7% of the workforce, with expenditures of \$2.7 trillion, doubling since 1980 as a percentage of US gross domestic product (GDP) to 17.9%. Yearly growth has decreased since 1970, especially since 2002, but, at 3% per year, exceeds any other industry and GDP overall. Government funding increased from 31.1% in 1980 to 42.3% in 2011. Despite the increases in resources devoted to health care, multiple health metrics, including life expectancy at birth and survival with many diseases, shows the United States trailing peer nations. The findings from this analysis contradict several common assumptions. Since 2000, (1) price (especially of hospital charges [+4.2%/y], professional services [3.6%/y], drugs and devices [+4.0%/y], and administrative costs [+5.6%/y]), not demand for services or aging of the population, produced 91% of cost increases; (2) personal out-of-pocket spending on insurance premiums and co-payments have declined from 23% to 11%; and (3) chronic illnesses account for 84% of costs overall among the entire population, not only of the elderly. Three factors have produced the most change: (1) consolidation, with fewer general hospitals and more single-specialty hospitals and physician groups, producing financial concentration in health systems, insurers, pharmacies, and benefit managers; (2) information technology, in which investment has occurred but value is elusive; and (3) the patient as consumer, whereby influence is sought outside traditional channels, using social media, informal networks, new public sources of information, and self-management software. These forces create tension among patient aims for choice, personal care, and attention; physician aims for professionalism and autonomy; and public and private payer aims for aggregate economic value across large populations. Measurements of cost and outcome (applied to groups) are supplanting individuals' preferences. Clinicians increasingly are expected to substitute social and economic goals for the needs of a single patient. These contradictory forces are difficult to reconcile, creating risk of growing instability and political tensions. A national conversation, guided by the best data and information, aimed at explicit understanding of choices, tradeoffs, and expectations, using broader definitions of health and value, is needed.

S24281462

In this cohort study based on the general Danish population, oral fluoroquinolone use was not associated with increased risk of retinal detachment. Given its limited power, this study can only rule out more than a 3-fold increase in the relative risk associated with current fluoroquinolone use; however, any differences in absolute risk are likely to be of minor, if any, clinical significance.

S24240933

A novel method to estimate LDL-C using an adjustable factor for the TG:VLDL-C ratio provided more accurate guideline risk classification than the Friedewald equation. These findings require external validation, as well as assessment of their clinical importance. The implementation of these findings into clinical practice would be straightforward and at virtually no cost.

JAMA INTERNAL MEDICINE

S23978950

Thyroid ultrasound imaging could be used to identify patients who have a low risk of cancer for whom biopsy could be deferred. On the basis of these results, these findings should be validated in a large prospective cohort.

S23958741

The functional trajectories before and after a serious fall injury are quite varied but highly interconnected, suggesting that the likelihood of recovery is greatly constrained by the prefall trajectory.

S24043127

Among fee-for-service Medicare beneficiaries older than 65 years, higher continuity of ambulatory care is associated with a lower rate of preventable hospitalization.

JAMA PSYCHIATRY

S24026506

The article "Cognitive-Behavioral Therapy vs Risperidone for Augmenting Serotonin Reuptake Inhibitors in Obsessive-Compulsive Disorder: A Randomized Clinical Trial" by Simpson et al¹ in this issue reports that exposure/ritual prevention (EX/RP) is without question more effective than risperidone or placebo in augmenting serotonin reuptake inhibitor (SRI) response in an 8-week randomized clinical trial with 100 participants. Simpson et al call for a change in practice, because augmentation for SRI nonresponders with atypical antipsychotics is recommended in the American Psychiatric Association guidelines.² This is a well-controlled randomized clinical trial worthy of strong conclusions. Simpson et al have a track record of well-controlled combination studies in obsessive-compulsive disorder (OCD), and the conclusion that EX/RP should be considered first for SRI treatment augmentation is supported by the current data.

S24005242

The CBP program showed significant sustained effects compared with UC in preventing the onset of depressive episodes in at-risk youth over a nearly 3-year period. Important next steps will be to strengthen the CBP intervention to further enhance its preventive effects, improve intervention outcomes when parents are currently depressed, and conduct larger implementation trials to test the broader public health impact of the CBP program for preventing depression in youth

MEDICINA CLINICA

S23246165

Las enfermedades cardiovasculares son la primera causa de morbimortalidad en pacientes con DM2. El estudio DYSIS muestra que la mayoría de los pacientes tratados con estatinas no alcanzan los objetivos lipídicos recomendados por las guías. En el presente estudio se constata que más de la mitad de los diabéticos tratados con estatinas tiene el colesterol LDL fuera de control, el grado de control de la dislipemia es muy limitado a pesar del tratamiento con estatinas, lo que puede determinar la necesidad de una terapia combinada para el tratamiento eficaz de la dislipemia diabética.

S23597954

El objetivo de esta revisión sistemática se centra en la búsqueda de recomendaciones sobre seguridad del paciente que en diferentes contextos sociosanitarios (residencias para personas de edad avanzada y centros de estancia prolongada) se orientan a lograr una atención más segura. Se seleccionaron 134 artículos en MEDLINE, EMBASE y CINAHL hasta octubre de 2012. De ellos, 17 cumplían finalmente los criterios de inclusión, y 5 estudios más se añadieron en la búsqueda secundaria. Fueron escasos los estudios con un nivel de evidencia científica alto o muy alto según la escala SIGN. Los estudios analizados se centran principalmente en el personal de enfermería. La mayoría de las recomendaciones se basan en aspectos relacionados con la medicación, la formación del personal, las úlceras por presión o caídas, la adherencia a guías y protocolos, así como aspectos relacionados con la cultura organizacional.

S23332627

La homocisteína plasmática y la HbA1c son los factores biológicos independientes y modificables que se asociaron con la presencia de PND evaluada con la prueba del monofilamento de SW.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S24161155

La nueva guía ESC-ESH 2013 sobre HTA nos parece un documento de gran interés, que presenta de manera clara las nuevas evidencias y realiza recomendaciones prácticas concretas basadas en su mayor parte en un alto nivel de evidencia, todo ello sin llegar a ser una guía rupturista respecto a las previas. El número de recomendaciones de nivel C no es elevado, lo que aporta solidez a la guía. La aplicación de las nuevas recomendaciones debe suponer un impacto positivo en la calidad y eficiencia de la atención al paciente con HTA. Para ello, es fundamental lograr un consenso con las diferentes sociedades científicas que también tratan la HTA (nefrología, medicina interna, atención primaria, etc.) para llevar a la práctica acciones de difusión conjuntas y en el mismo sentido. No parece racional tener guías sobre la misma patología avaladas cada una por una sociedad diferente, con diferentes mensajes y con estrategias diagnósticas y terapéuticas en muchos casos distintas.

S24012213

El descenso de la mortalidad cardiovascular se torna el principal contribuyente a la esperanza de vida española en las últimas tres décadas, principalmente en las edades avanzadas.

THE LANCET

S24029165

E-cigarettes, with or without nicotine, were modestly effective at helping smokers to quit, with similar achievement of abstinence as with nicotine patches, and few adverse events. Uncertainty exists about the place of e-cigarettes in tobacco control, and more research is urgently needed to clearly establish their overall benefits and harms at both individual and population levels.

S23845860

Food allergy is a serious health issue affecting roughly 4% of children, with a substantial effect on quality of life. Prognosis is good for the most frequent allergens with almost all children outgrowing their allergy. However, the long-

term implications for disease burden are substantial for children with persistent allergies (eg, peanuts, tree nuts, fish, and shellfish) and for those with high concentrations of milk, egg, and wheat IgE. Antigen avoidance has been the time-honoured approach both for prevention and treatment. However, findings from studies done in the past 5 years show that early contact with food can induce tolerance and desensitisation to foods. We review the epidemiology, natural history, and management of food allergy, and discuss the areas of controversy and future directions in research and clinical practice.

THE NEW ENGLAND JOURNAL OF MEDICINE

S24171517

In South Africa, early ART was cost-saving over a 5-year period. In both South Africa and India, early ART was projected to be very cost-effective over a lifetime. With individual, public health, and economic benefits, there is a compelling case for early ART for serodiscordant couples in resource-limited settings.

S24152232

A year after seeing a physician for abdominal pain and obstipation and being told he couldn't be adequately evaluated without insurance, an uninsured man is diagnosed with metastatic colon cancer. Like thousands of other Americans, he will die for lack of insurance.

S24251359

Both once-daily regimens of edoxaban were noninferior to warfarin with respect to the prevention of stroke or systemic embolism and were associated with significantly lower rates of bleeding and death from cardiovascular causes.

S24224626

Short-term trials involving adults with ADHD have shown significant improvements in symptoms with stimulants and atomoxetine; however, data on long-term benefits and risks of these medications, particularly among older persons, have been insufficient.

S24256379

In two large, independent cohorts of nurses and other health professionals, the frequency of nut consumption was inversely associated with total and cause-specific mortality, independently of other predictors of death.

S24206457

Combination therapy with an ACE inhibitor and an ARB was associated with an increased risk of adverse events among patients with diabetic nephropathy

THORAX

S23404838

Cytisine is an effective treatment for smoking cessation with efficacy comparable to that of other currently licensed treatments. Given its low cost and potential for public health benefit, expedited licensing of cytisine for smoking cessation is warranted.

S24130228

ICS use by patients with COPD increases the risk of serious pneumonia. The risk is particularly elevated and dose related with fluticasone. While residual confounding cannot be ruled out, the results are consistent with those from recent randomised trials.