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ACADEMIC MEDICINE

Sklar DP. Sharing new ideas and giving them wings: introducing innovation reports. Acad Med. 2013; 88:1401-1402 [AO,I]

[24064607](#)

COMPARTIR IDEAS Y DARLES ALAS: INTRODUCIR INFORMES DE INNOVACIÓN

Prober CG, Khan S. Medical education reimaged: a call to action. Acad Med. 2013; 88:1407-1410 [AO,I]

[23969367](#) [R/C](#)

LA FORMACIÓN MÉDICA REIMAGINADA: LLAMADA A LA ACCIÓN

Mehta NB, Hull AL, Young JB, Stoller JK. Just imagine: new paradigms for medical education. Acad Med. 2013; 88:1418-1423 [R,I]

[23969368](#) [R/C](#)

SÓLO IMAGINE: NUEVOS PARADIGMAS EN LA FORMACIÓN MÉDICA

Davis NL, Davis DA, Johnson NM, Grichnik KL, Headrick LA, Pingleton SK, et al. Aligning academic continuing medical education with quality improvement: a model for the 21st century. Acad Med. 2013; 88:1437-1441 [R,II]

[23969360](#) [R/C](#)

ALINEAR LA FORMACIÓN MÉDICA CONTINUADA CON LA MEJORA DE LA CALIDAD: MODELO PARA EL SIGLO XXI

Coria A, McKelvey TG, Charlton P, Woodworth M, Lahey T. The design of a medical school social justice curriculum. Acad Med. 2013; 88:1442-1449 [R,II]

[23969356](#) [R/C](#)

DISEÑO DE UN CURRÍCULO DE JUSTICIA SOCIAL EN LA FACULTAD DE MEDICINA

ANNALS OF INTERNAL MEDICINE

Moyer VA; on behalf of the U.S. Preventive Services Task Force*. Screening for glaucoma: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2013; 159:1-28 [M,II]

[23836133](#) [R/C](#)

CRIBAJE DEL GLAUCOMA: DECLARACIÓN DE RECOMENDACIÓN DEL US PREVENTIVE SERVICES TASK FORCE

Lee M, Saver JL, Hong KS, Rao NM, Wu YL, Ovbiagele B. Risk-benefit profile of long-term dual- versus single-antiplatelet therapy among patients with ischemic stroke: a systematic review and meta-analysis. Ann Intern Med. 2013; 159:463-470 [M,II]

[24081287](#) [R/C](#)

PERFIL RIESGO-BENEFICIO DEL TRATAMIENTO ANTIPLAQUETARIO A LARGO PLAZO DUAL FRENTE A SIMPLE EN PACIENTES CON ICTUS ISQUÉMICO: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

Schellenberg ES, Dryden DM, Vandermeer B, Ha C, Korownyk C. Lifestyle interventions for patients with and at risk for type 2 diabetes: a systematic review and meta-analysis. Ann Intern Med. 2013; 159:543-551 [M,II]

[24126648](#) [R/C](#)

INTERVENCIONES SOBRE LOS HÁBITOS DE VIDA EN PACIENTES CON RIESGO DE DIABETES TIPO 2: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

Moyer VA; U.S. Preventive Services Task Force. Primary care interventions to prevent tobacco use in children and adolescents: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2013; 159:552-557 [M,III]

[23974083](#)

INTERVENCIONES EN ATENCIÓN PRIMARIA PARA PREVENIR EL USO DEL TABACO EN NIÑOS Y ADOLESCENTES: DECLARACIÓN DE RECOMENDACIÓN DEL US PREVENTIVE SERVICES TASK FORCE

Qaseem A, Holty JE, Owens DK, Dallas P, Starkey M, Shekelle P; for the Clinical Guidelines Committee of the American College of Physicians. Management of obstructive sleep apnea in adults: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2013 [Epub ahead of print] [M,III]

[24061345](#) [R/C](#)

MANEJO DE LA APNEA OBSTRUCTIVA DEL SUEÑO EN ADULTOS: GUÍA DE PRÁCTICA CLÍNICA DEL AMERICAN COLLEGE OF PHYSICIANS

ARCHIVOS DE BRONCONEUMOLOGÍA

Gáldiz JB, Martínez Llorens J. Nuevos valores espirométricos de referencia. Arch Bronconeumol. 2013; 49:413-414 [AO,I]

[23684313](#)

NUEVOS VALORES ESPIROMÉTRICOS DE REFERENCIA

ATENCION PRIMARIA

Carnero C, Cruz I, Espejo B, Cárdenas S, Torrero P, Olazarán J. Efectividad del Mini-Mental en la detección del deterioro cognitivo en Atención Primaria. Aten Primaria. 2013; 45:426-433 [EC,II]

[23870551](#) R/C

EFFECTIVIDAD DEL MINI-MENTAL EN LA DETECCIÓN DEL DETERIORO COGNITIVO EN ATENCIÓN PRIMARIA

Lizan L. Cuidado con las comparaciones indirectas: a propósito de los nuevos anticoagulantes orales. Aten Primaria. 2013; 45:448-450 [AO,I]

[24206756](#)

CUIDADO CON LAS COMPARACIONES INDIRECTAS: A PROPÓSITO DE LOS NUEVOS ANTICOAGULANTES ORALES

Inoriza JM, Pérez M, Cols M, Sánchez I, Carreras M, Coderch J. Análisis de la población diabética de una comarca: perfil de morbilidad, utilización de recursos, complicaciones y control metabólico. Aten Primaria. 2013; 45:461-475 [T,I]

[23830042](#) R/C

ANÁLISIS DE LA POBLACIÓN DIABÉTICA DE UNA COMARCA: PERFIL DE MORBILIDAD, UTILIZACIÓN DE RECURSOS, COMPLICACIONES Y CONTROL METABÓLICO

Bóveda J, Pérula LA, Campiñez M, Bosch JM, Barragán N, Prados JA; en representación del Grupo Colaborativo Estudio Dislip-EM. Evidencia actual de la entrevista motivacional en el abordaje de los problemas de salud en atención primaria. Aten Primaria. 2013; 45:486-495 [R,II]

[24042074](#) R/C

EVIDENCIA ACTUAL DE LA ENTREVISTA MOTIVACIONAL EN EL ABORDAJE DE LOS PROBLEMAS DE SALUD EN ATENCIÓN PRIMARIA

BRITISH MEDICAL JOURNAL

Morriss R, Kapur N, Byng R. Assessing risk of suicide or self harm in adults. BMJ. 2013; 347:f4572 [R,I]

[23886963](#)

VALORAR EL RIESGO DE SUICIDIO O AUTOLESIÓN EN ADULTOS

Currie GP, Small I, Douglas G. Long acting β_2 agonists in adult asthma. BMJ. 2013; 347:f4662 [R,I]

β_2 AGONISTAS DE ACCIÓN PROLONGADA EN ASMA EN ADULTOS

Jones DA, Timmis A, Wragg A. Novel drugs for treating angina. BMJ. 2013; 347:f4726 [AO,I]

[24018101](#)

NUEVOS FÁRMACOS PARA TRATAR EL ASMA

Binder A, Ellis S. When to order an antinuclear antibody test. BMJ. 2013; 347:f5060 [R,I]

[23965507](#)

CUÁNDO SOLICITAR UNA PRUEBA DE ANTICUERPOS ANTINUCLEARES

de Groot M, Kollen BJ. Course of bereavement over 8-10 years in first degree relatives and spouses of people who committed suicide: longitudinal community based cohort study. BMJ. 2013; 347:f5519 [S,II]

[24089424](#) R/C

CURSO DEL DOLOR POR LA PÉRDIDA A LO LARGO DE 8-10 AÑOS EN LOS FAMILIARES DE PRIMER GRADO Y LOS CÓNYUGES DE LAS PERSONAS QUE HAN COMETIDO SUICIDIO: ESTUDIO DE COHORTE COMUNITARIA LONGITUDINAL

Uthman OA, van der Windt DA, Jordan JL, Dziedzic KS, Healey EL, Peat GM, et al. Exercise for lower limb osteoarthritis: systematic review incorporating trial sequential analysis and network meta-analysis. BMJ. 2013; 347:f5555 [M,II]

[24055922](#) R/C

EJERCICIO PARA LA ARTROSIS DE EXTREMIDADES INFERIORES: REVISIÓN SISTEMÁTICA INCORPORANDO ANÁLISIS DE ENSAYO SECUENCIAL Y METAANÁLISIS EN RED

Correia AW, Peters JL, Levy JI, Melly S, Dominici F. Residential exposure to aircraft noise and hospital admissions for cardiovascular diseases: multi-airport retrospective study. BMJ. 2013; 347:f5561 [T,I]

[24103538](#) R/C

EXPOSICIÓN AL RUIDO DE AVIONES EN LA VIVIENDA E INGRESOS EN HOSPITAL POR ENFERMEDADES CARDIOVASCULARES: ESTUDIO RETROSPECTIVO EN VARIOS AEROPUERTOS

Naci H, Ioannidis JP. Comparative effectiveness of exercise and drug interventions on mortality outcomes: metaepidemiological study. BMJ. 2013;347:f5577 [M,II]

[R/C](#)

EFFECTIVIDAD COMPARADA DEL EJERCICIO Y LAS INTERVENCIONES FARMACOLÓGICAS SOBRE LOS RESULTADOS DE MORTALIDAD: ESTUDIO METAEPIDEMIOLÓGICO

Brotherton JM. Safety of the quadrivalent human papillomavirus vaccine. *BMJ*. 2013;347:f5631 [AO,I]

[24108153](#)

SEGURIDAD DE LA VACUNA TETRAVALENTE DEL VIRUS DEL PAPILOMA HUMANO

Roddy E, Mallen CD, Doherty M. *Gout*. *BMJ*. 2013; 347:f5648 [R,I]

Thomas KH, Martin RM, Davies NM, Metcalfe C, Windmeijer F, Gunnell D. Smoking cessation treatment and risk of depression, suicide, and self harm in the Clinical Practice Research Datalink: prospective cohort study. *BMJ*. 2013; 347:f5704 [S,I]

[24124105](#)

[R/C](#)

TRATAMIENTO DE DESHABITUACIÓN TABÁQUICA Y RIESGO DE DEPRESIÓN, SUICIDIO Y AUTOLESIÓN EN LA CLINICAL PRACTICE RESEARCH DATALINK: ESTUDIO DE COHORTE PROSPECTIVA

Stansfeld S. Airport noise and cardiovascular disease. *BMJ*. 2013; 347:f5752 [AO,I]

[24103539](#)

RUIDO DE AEROPUERTO Y ENFERMEDAD CARDIOVASCULAR

Llor C, Moragas A, Bayona C, Morros R, Pera H, Plana-Ripoll O, et al. Efficacy of anti-inflammatory or antibiotic treatment in patients with non-complicated acute bronchitis and discoloured sputum: randomised placebo controlled trial. *BMJ*. 2013; 347:f5762 [EC,II]

[24097128](#)

[R/C](#)

EFICACIA DEL TRATAMIENTO ANTIINFLAMATORIO O ANTIBIÓTICO EN PACIENTES CON BRONQUITIS AGUDA NO COMPLICADA Y ESPUTO SIN COLOREAR: ENSAYO ALEATORIZADO CONTROLADO CON PLACEBO

Little P, Hobbs FD, Moore M, Mant D, Williamson I, McNulty C, et al; PRISM investigators. Clinical score and rapid antigen detection test to guide antibiotic use for sore throats: randomised controlled trial of PRISM (PRImary care Streptococcal Management). *BMJ*. 2013; 347:f5806 [EC,I]

[24114306](#)

[R/C](#)

PUNTUACIÓN CLÍNICA Y PRUEBA RÁPIDA DE DETECCIÓN DE ANTÍGENO PARA PAUTAR EL USO DE ANTIBIÓTICO EN EL DOLOR DE GARGANTA: ENSAYO ALEATORIZADO CONTROLADO PRISM

Hirschl MM. Smoking status and the effects of antiplatelet drugs. *BMJ*. 2013; 347:f5909 [AO,I]

TABAQUISMO Y EFECTOS DE LOS FÁRMACOS ANTIPLAQUETARIOS

Wu HY, Huang JW, Lin HJ, Liao WC, Peng YS, Hung KY, et al. Comparative effectiveness of renin-angiotensin system blockers and other antihypertensive drugs in patients with diabetes: systematic review and bayesian network meta-analysis. *BMJ*. 2013; 347:f6008 [M,II]

[24157497](#)

[R/C](#)

EFFECTIVIDAD COMPARADA DE LOS BLOQUEADORES DEL SISTEMA RENINA-ANGIOTENSINA Y OTROS FÁRMACOS ANTIHIPERTENSIVOS EN PACIENTES CON DIABETES: REVISIÓN SISTEMÁTICA Y METAANÁLISIS EN RED BAYESIANO

Little P, Moore M, Kelly J, Williamson I, Leydon G, McDermott L, et al. Ibuprofen, paracetamol, and steam for patients with respiratory tract infections in primary care: pragmatic randomised factorial trial. *BMJ*. 2013; 347:f6041 [EC,II]

[R/C](#)

IBUPROFENO, PARACETAMOL Y VAPORES EN PACIENTES CON INFECCIÓN DE VÍAS RESPIRATORIAS EN ATENCIÓN PRIMARIA: ENSAYO PRAGMÁTICO FACTORIAL ALEATORIZADO

Abramson JD, Rosenberg HG, Jewell N, Wright JM. Should people at low risk of cardiovascular disease take a statin? *BMJ*. 2013;347:f6123 [R,II]

[24149819](#)

¿DEBERÍAN TOMAR ESTATINAS LAS PERSONAS CON RIESGO BAJO DE ENFERMEDAD CARDIOVASCULAR?

Malhotra A. Saturated fat is not the major issue. *BMJ*. 2013; 347:f6340 [AO,I]

[24149521](#)

LA GRASA SATURADA NO ES LA CUESTIÓN PRINCIPAL

Heath I. Overdiagnosis: when good intentions meet vested interests—an essay by Iona Heath. *BMJ*. 2013; 347:f6361 [AO,I]

SOBREDIAGNÓSTICO: CUANDO LAS BUENAS INTENCIONES SE ENCUENTRAN CON LOS INTERESES PARTICULARES-- UN ENSAYO DE IONA HEATH

Godlee F. Statins for all over 50? No. *BMJ*. 2013; 347:f6412 [AO,I]

¿ESTATINAS PARA TODOS LOS MAYORES DE 50 AÑOS? NO

[BRITISH JOURNAL OF PSYCHIATRY](#)

Cooper C, Li R, Lyketsos C, Livingston G. Treatment for mild cognitive impairment: systematic review. Br J Psychiatry. 2013; 203:255-264 [M,II]

[24085737](#) [R/C](#)

TRATAMIENTO DEL DETERIORO COGNITIVO LEVE: REVISIÓN SISTEMÁTICA

Washbrook E, Propper C, Sayal K. Pre-school hyperactivity/attention problems and educational outcomes in adolescence: prospective longitudinal study. Br J Psychiatry. 2013; 203:265-271 [S,I]

[23969481](#) [R/C](#)

PROBLEMAS PREESCOLARES DE HIPERACTIVIDAD Y ATENCIÓN Y RESULTADOS EDUCATIVOS EN LA ADOLESCENCIA: ESTUDIO PROSPECTIVO LONGITUDINAL

Crump C, Sundquist K, Winkleby MA, Sundquist J. Mental disorders and risk of accidental death. Br J Psychiatry. 2013; 203:297-302 [S,I]

[23969485](#) [R/C](#)

TRASTORNOS MENTALES Y RIESGO DE MUERTE ACCIDENTAL

Carrière I, Ryan J, Norton J, Scali J, Stewart R, Ritchie K, et al. Anxiety and mortality risk in community-dwelling elderly people. Br J Psychiatry. 2013; 203:303-309 [T,I]

[23929442](#) [R/C](#)

ANSIEDAD Y RIESGO DE MORTALIDAD EN LAS PERSONAS MAYORES RESIDENTES EN LA COMUNIDAD

CANADIAN MEDICAL ASSOCIATION JOURNAL

Flegel K. People with dementia need better pain management. CMAJ. 2013; 185:1195 [AO,I]

[24062177](#)

LAS PERSONAS CON DEMENCIA NECESITAN UN MEJOR MANEJO DEL DOLOR

Bjornson CL, Johnson DW. Croup in children. CMAJ. 2013; 185:1317-1323 [R,I]

[23939212](#)

CRUP EN LOS NIÑOS

Shah HA, Heathcote J, Feld JJ. A Canadian screening program for hepatitis C: Is now the time? CMAJ. 2013; 185:1325-1328 [AO,I]

[24082023](#)

PROGRAMA CANADIENSE DE CRIBAJE DE LA HEPATITIS C: ¿YA ES HORA?

McAlister FA, Youngson E, Bakal JA, Kaul P, Ezekowitz J, van Walraven C. Impact of physician continuity on death or urgent readmission after discharge among patients with heart failure. CMAJ. 2013; 185:E681-E689 [T,I]

[23959284](#) [R/C](#)

IMPACTO DE LA CONTINUIDAD MÉDICA SOBRE LA MUERTE O EL REINGRESO URGENTE TRAS EL ALTA HOSPITALARIA EN PACIENTES CON INSUFICIENCIA CARDIACA

Gorman DA, Abi-Jaoude E. Managing attention-deficit/hyperactivity disorder. CMAJ. 2013; 185:E739 [AO,I]

[23775617](#)

MANEJO DEL TRASTORNO POR DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD

CIRCULATION

Wong KS, Wang Y, Leng X, Mao C, Tang J, Bath PM, et al. Early dual versus mono antiplatelet therapy for acute non-cardioembolic ischemic stroke or transient ischemic attack: an updated systematic review and meta-analysis. Circulation. 2013; 128:1656-1666 [M,II]

[24030500](#) [R/C](#)

TERAPIA ANTIPLAQUETARIA PRECOZ MONO FRENTE A DUAL EN EL ICTUS ISQUÉMICO NO CARDIOEMBÓLICO O EL ATAQUE ISQUÉMICO TRANSITORIO: REVISIÓN SISTEMÁTICA ACTUALIZADA Y METAANÁLISIS

Kelly AS, Barlow SE, Rao G, Inge TH, Hayman LL, Steinberger J, et al; American Heart Association Atherosclerosis, Hypertension, and Obesity in the Young Committee of the Council on Cardiovascular Disease in the Young, Council on Nutrition, Physical Activity and Metabolism, and Council on Clinical Cardiology. Severe obesity in children and adolescents: identification, associated health risks, and treatment approaches: a scientific statement from the American Heart Association. Circulation. 2013; 128:1689-1712 [M,II]

[24016455](#) [R/C](#)

OBESIDAD GRAVE EN NIÑOS Y ADOLESCENTES: IDENTIFICACIÓN, RIESGOS SANITARIOS ASOCIADOS Y ABORDAJES DE TRATAMIENTO: DECLARACIÓN CIENTÍFICA DE LA AHA

Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, et al. 2013 ACCF/AHA Guideline for the Management of Heart Failure: Executive Summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013; 128:1810-1852 [M,III]

[23741057](#)

GUÍA 2013 ACCF/AHA PARA EL MANEJO DE LA INSUFICIENCIA CARDIACA: RESUMEN EJECUTIVO: INFORME DEL GRUPO DE TRABAJO SOBRE GUÍAS DE PRÁCTICA CLÍNICA DE LA ACCF/AHA

WRITING COMMITTEE MEMBERS, Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, et al. 2013 ACCF/AHA Guideline for the Management of Heart Failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013; 128:e240-e319 [M,III]

[23741058](#)

GUÍA 2013 ACCF/AHA PARA EL MANEJO DE LA INSUFICIENCIA CARDIACA: INFORME DEL GRUPO DE TRABAJO SOBRE GUÍAS DE PRÁCTICA CLÍNICA DE LA ACCF/AHA

DIABETES CARE

Simmons D, Moses RG. Gestational diabetes mellitus: to screen or not to screen?: is this really still a question? *Diabetes Care*. 2013; 36:2877-2878 [AO,II]

[24065839](#)

DIABETES MELLITUS GESTACIONAL: ¿CRIBAR O NO CRIBAR?: ¿ES ÉSTA TODAVÍA LA CUESTIÓN?

McIntyre HD. Diagnosing gestational diabetes mellitus: rationed or rationally related to risk? *Diabetes Care*. 2013; 36:2879-2880 [AO,I]

[24065840](#)

DIAGNOSTICAR LA DIABETES MELLITUS GESTACIONAL: ¿REPARTIDA O RELACIONADA DE FORMA RACIONAL CON EL RIESGO?

Bosi E, Scavini M, Ceriello A, Cucinotta D, Tiengo A, Marino R, et al; PRISMA Study Group. Intensive structured self-monitoring of blood glucose and glycemic control in noninsulin-treated type 2 diabetes: the PRISMA randomized trial. *Diabetes Care*. 2013; 36:2887-2894 [EC,II]

[23735724](#) [R/C](#)

AUTOMONITORIZACIÓN INTENSIVA ESTRUCTURADA DE LA GLUCOSA SANGUÍNEA Y CONTROL GLUCÉMICO EN LA DIABETES TIPO 2 NO TRATADA CON INSULINA: ENSAYO ALEATORIZADO PRISMA

ORIGIN Trial Investigators. Characteristics associated with maintenance of mean A1C <6.5% in people with dysglycemia in the ORIGIN trial. *Diabetes Care*. 2013; 36:2915-2922 [EC,II]

[23656980](#) [R/C](#)

CARACTERÍSTICAS ASOCIADAS CON EL MANTENIMIENTO DE UNA HBA1C MEDIA >6,5 % EN PERSONAS CON DISGLUCEMIA EN EL ENSAYO ORIGIN

Rosenstock J, Raccach D, Korányi L, Maffei L, Boka G, Miossec P, et al. Efficacy and safety of lixisenatide once daily versus exenatide twice daily in type 2 diabetes inadequately controlled on metformin: a 24-week, randomized, open-label, active-controlled study (GetGoal-X). *Diabetes Care*. 2013; 36:2945-2951 [EC,II]

[23698396](#) [R/C](#)

EFICACIA Y SEGURIDAD DE LA LIXISENATIDA UNA VEZ AL DÍA FRENTE A LA EXENATIDA DOS VECES AL DÍA EN LA DIABETES TIPO 2 CONTROLADA INADECUADAMENTE CON METFORMINA: ESTUDIO DE 24 SEMANAS ALEATORIZADO SIN ENMASCARAR CONTROLADO ACTIVAMENTE (GETGOAL-X)

Moore EM, Mander AG, Ames D, Kotowicz MA, Carne RP, Brodaty H, et al; AIBL Investigators. Increased risk of cognitive impairment in patients with diabetes is associated with metformin. *Diabetes Care*. 2013; 36:2981-2987 [T,II]

[24009301](#) [R/C](#)

EL AUMENTO DE RIESGO DE ALTERACIÓN COGNITIVA EN PACIENTES CON DIABETES SE ASOCIA CON LA METFORMINA

Leong A, Dasgupta K, Chiasson JL, Rahme E. Estimating the population prevalence of diagnosed and undiagnosed diabetes. *Diabetes Care*. 2013; 36:3002-3008 [T,I]

[23656982](#) [R/C](#)

ESTIMAR LA PREVALENCIA POBLACIONAL DE DIABETES DIAGNOSTICADA Y SIN DIAGNOSTICAR

Avalos GE, Owens LA, Dunne F; ATLANTIC DIP Collaborators. Applying current screening tools for gestational diabetes mellitus to a European population: is it time for change? *Diabetes Care*. 2013; 36:3040-3044 [S,II]

[23757431](#) [R/C](#)

APLICAR LAS HERRAMIENTAS ACTUALES DE CRIBAJE DE LA DIABETES MELLITUS GESTACIONAL A UNA POBLACIÓN EUROPEA: ¿ES HORA DE CAMBIAR?

Odegaard AO, Jacobs DR Jr, Steffen LM, Van Horn L, Ludwig DS, Pereira MA. Breakfast frequency and development of metabolic risk. *Diabetes Care*. 2013; 36:3100-3106 [S,I]

[23775814](#) [R/C](#)

FRECUENCIA DEL DESAYUNO Y DESARROLLO DE RIESGO METABÓLICO

Elley CR, Robinson T, Moyes SA, Kenealy T, Collins J, Robinson E, et al. Derivation and validation of a renal risk score for people with type 2 diabetes. *Diabetes Care*. 2013; 36:3113-3120 [T,I]

[23801726](#) [R/C](#)

DERIVACIÓN Y VALIDACIÓN DE UNA TABLA DE RIESGO RENAL EN PERSONAS CON DIABETES TIPO 2

Katzmarzyk PT, Hu G, Cefalu WT, Mire E, Bouchard C. The importance of waist circumference and BMI for mortality risk in diabetic adults. *Diabetes Care*. 2013; 36:3128-3130 [T,I]

[23757429](#) [R/C](#)

LA IMPORTANCIA DEL PERÍMETRO DE CINTURA Y EL IMC PARA EL RIESGO DE MORTALIDAD EN LOS ADULTOS DIABÉTICOS

Crosby-Nwaobi RR, Sivaprasad S, Amiel S, Forbes A. The relationship between diabetic retinopathy and cognitive impairment. *Diabetes Care*. 2013; 36:3177-3186 [T,I]

[23633523](#) [R/C](#)

RELACIÓN ENTRE RETINOPATÍA DIABÉTICA Y ALTERACIÓN COGNITIVA

Barnard K, Peveler RC, Holt RI. Antidepressant medication as a risk factor for type 2 diabetes and impaired glucose regulation: systematic review. *Diabetes Care*. 2013; 36:3337-3345 [M,II]

[24065841](#) [R/C](#)

MEDICACIÓN ANTIDEPRESIVA COMO FACTOR DE RIESGO DE DIABETES TIPO 2 Y REGULACIÓN ALTERADA DE LA GLUCOSA: REVISIÓN SISTEMÁTICA

DRUGS

Krentz AJ, Hompesch M. Targeting hyperglycaemia with anti-obesity drugs: time for a paradigm shift? *Drugs*. 2013; 73:1649-1651 [AO,I]

[24092613](#)

ATACAR LA HIPERGLUCEMIA CON FÁRMACOS ANTIPOBESIDAD: ¿HORA DE UN CAMBIO DE PARADIGMA?

Matera MG, Calzetta L, Cazzola M. β -adrenoceptor modulation in chronic obstructive pulmonary disease: present and future perspectives. *Drugs*. 2013; 73:1653-1663 [R,I]

[24127222](#) [R/C](#)

MODULACIÓN DE β -ADRENOCEPTORES EN LA EPOC: PERSPECTIVAS PRESENTES Y FUTURAS

Monge-Maillo B, López-Vélez R. Therapeutic options for old world cutaneous leishmaniasis and new world cutaneous and mucocutaneous leishmaniasis. *Drugs*. 2013 [Epub ahead of print] [R,I]

[24170665](#) [R/C](#)

OPCIONES TERAPÉUTICAS PARA LA LEISHMANIASIS CUTÁNEA DEL VIEJO MUNDO Y PARA LA LEISHMANIASIS CUTÁNEA Y MUCOCUTÁNEA DEL NUEVO MUNDO

Monge-Maillo B, López-Vélez R. Therapeutic options for visceral leishmaniasis. *Drugs*. 2013 [Epub ahead of print] [R,I]

[24170666](#) [R/C](#)

OPCIONES TERAPÉUTICAS PARA LA LEISHMANIASIS VISCERAL (KALA-AZAR)

Ciurleo R, Bramanti P, Calabrò RS. Pharmacotherapy for disorders of consciousness: are 'Awakening' drugs really a possibility? *Drugs*. 2013 [Epub ahead of print] [R,I]

[24170667](#) [R/C](#)

FARMACOTERAPIA EN LOS TRASTORNOS DE LA CONCIENCIA: ¿SON UNA POSIBILIDAD REALMENTE LOS FÁRMACOS "DESPERTADORES"?

EUROPEAN HEART JOURNAL

Ruilope LM. Long-term adherence to therapy: the clue to prevent hypertension consequences. *Eur Heart J*. 2013; 34:2931-2932 [AO,I]

[23990601](#)

CUMPLIMIENTO A LARGO PLAZO DEL TRATAMIENTO: LA PISTA PARA PREVENIR LAS CONSECUENCIAS DE LA HIPERTENSIÓN

Chowdhury R, Khan H, Heydon E, Shroufi A, Fahimi S, Moore C, et al. Adherence to cardiovascular therapy: a meta-analysis of prevalence and clinical consequences. *Eur Heart J*. 2013; 34:2940-2948 [M,II]

[23907142](#) [R/C](#)

CUMPLIMIENTO DEL TRATAMIENTO CARDIOVASCULAR: METAANÁLISIS DE PREVALENCIA Y CONSECUENCIAS CLÍNICAS

Task Force Members, Montalescot G, Sechtem U, Achenbach S, Andreotti F, Arden C, Budaj A, et al. 2013 ESC guidelines on the management of stable coronary artery disease: The Task Force on the management of stable coronary artery disease of the European Society of Cardiology. *Eur Heart J*. 2013; 34:2949-3003 [M,III]

[23996286](#)

PAUTAS 2013 DE LA ESC SOBRE EL MANEJO DE LA ENFERMEDAD ARTERIAL CORONARIA ESTABLE: GRUPO DE TRABAJO SOBRE EL MANEJO DE LA ENFERMEDAD ARTERIAL CORONARIA DE LA ESC

Danchin N, Puymirat E, Simon T. The (possibly) deceptive figures of decreased coronary heart disease mortality in Europe. *Eur Heart J*. 2013; 34:3014-3016 [AO,I]

[24057076](#)

LAS (POSIBLEMENTE) DECEPCIONANTES CIFRAS DEL DESCENSO DE MORTALIDAD CARDIACA CORONARIA EN EUROPA

Nichols M, Townsend N, Scarborough P, Rayner M. Cardiovascular disease in Europe: epidemiological update. *Eur Heart J.* 2013; 34:3028-3034 [R,II]

[24014390](#) [R/C](#)

ENFERMEDAD CARDIOVASCULAR EN EUROPA: PUESTA AL DIA EPIDEMIOLOGICA

Authors/Task Force Members, Rydén L, Grant PJ, Anker SD, Berne C, Cosentino F, Danchin N, et al. ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD: The Task Force on diabetes, pre-diabetes, and cardiovascular diseases of the European Society of Cardiology (ESC) and developed in collaboration with the European Association for the Study of Diabetes (EASD). *Eur Heart J.* 2013; 34:3035-3087 [M,III]

[23996285](#)

GUÍAS DE LA ESC SOBRE DIABETES, PREDIABETES Y ENFERMEDADES CARDIOVASCULARES, DESARROLLADAS EN COLABORACIÓN CON LA EASD: GRUPO DE TRABAJO SOBRE DIABETES, PREDIABETES Y ENFERMEDADES CARDIOVASCULARES DESARROLLADO EN COLABORACIÓN CON LA EASD

Cleland JG, Clark AL, Costanzo P, Francis DP. Diabetes, aliskiren, and heart failure: let's bring ASTRONAUT down to earth. *Eur Heart J.* 2013; 34:3097-3099 [AO,I]

[23999453](#)

DIABETES, ALISQUIRENO E INSUFICIENCIA CARDIACA: BAJEMOS AL ASTRONAUTA A LA TIERRA

Ponikowski P, Jankowska EA. Hypoglycaemia in diabetic patients: highly undesirable by cardiologists. *Eur Heart J.* 2013; 34:3102-3105 [AO,I]

[23999451](#)

HIPOGLUCEMIA EN PACIENTES DIABÉTICOS: ALTAMENTE INDESEABLE PARA LOS CARDIÓLOGOS

Zaidi A, Sharma S. Reduced mortality in former Tour de France participants: the benefits from intensive exercise or a select genetic tour de force? *Eur Heart J.* 2013; 34:3106-3108 [AO,I]

[24001717](#)

MORTALIDAD REDUCIDA EN ANTERIORES PARTICIPANTES EN EL TOUR DE FRANCIA: ¿BENEFICIOS DEL EJERCICIO INTENSIVO O HAZAÑA MEDIANTE SELECCIÓN GENÉTICA? Juego de palabras entre tour de Francia y tour de force (hazaña)(en realidad la expresión tour de France es una paráfrasis de la expresión francesa tour de force)

Maggioni AP, Greene SJ, Fonarow GC, Böhm M, Zannad F, Solomon SD, et al; ASTRONAUT Investigators and Coordinators. Effect of aliskiren on post-discharge outcomes among diabetic and non-diabetic patients hospitalized for heart failure: insights from the ASTRONAUT trial. *Eur Heart J.* 2013; 34:3117-3127 [EC,II]

[23999456](#) [R/C](#)

EFEECTO DEL ALISQUIRENO SOBRE LOS RESULTADOS TRAS EL ALTA HOSPITALARIA EN PACIENTES DIABÉTICOS Y NO DIABÉTICOS HOSPITALIZADOS POR INSUFICIENCIA CARDIACA: REFLEXIONES A PARTIR DEL ENSAYO ASTRONAUT

FAMILY MEDICINE

Biggs WS, Crosley PW, Kozakowski SM. Entry of US medical school graduates into family medicine residencies: 2012--2013. *Fam Med.* 2013; 45:642-646 [T,I]

[24136695](#) [R/C](#)

INGRESO DE LOS LICENCIADOS DE LAS FACULTADES DE MEDICINA DE EE UU EN LAS RESIDENCIAS DE MEDICINA DE FAMILIA: 2012-2013

Biggs WS, Crosley PW, Kozakowski SM. Results of the 2013 national resident matching program: family medicine. *Fam Med.* 2013; 45:647-651 [T,I]

[24136696](#) [R/C](#)

RESULTADOS DEL PROGRAMA NACIONAL DE SELECCIÓN DE RESIDENTES 2013: MEDICINA DE FAMILIA

Saultz J. Responsible and capable family physicians. *Fam Med.* 2013; 45:665-666 [AO,I]

[24136704](#)

MÉDICOS DE FAMILIA RESPONSABLES Y CAPACES

FAMILY PRACTICE

Redmond P, Grimes T, McDonnell R, Boland F, Hughes C, Fahey T. Tackling transitions in patient care: the process of medication reconciliation. *Fam Pract.* 2013; 30:483-484 [AO,I]

[24065714](#)

HACER FRENTE A LAS TRANSICIONES EN LA ATENCIÓN AL PACIENTE: EL PROCESO DE LA CONCILIACIÓN DE MEDICACIONES

Fleming P, Godwin M. Low-glycaemic index diets in the management of blood lipids: a systematic review and meta-analysis. *Fam Pract.* 2013; 30:485-491 [M,II]

[23804161](#) [R/C](#)

DIETAS DE BAJO ÍNDICE GLUCÉMICO EN EL MANEJO DE LOS LÍPIDOS SANGUÍNEOS: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

El-Gohary M, Hay AD, Coventry P, Moore M, Stuart B, Little P. Corticosteroids for acute and subacute cough following respiratory tract infection: a systematic review. *Fam Pract.* 2013; 30:492-500 [M,II]

[23836094](#) [R/C](#)

CORTICOIDES PARA LA TOS AGUDA Y SUBAGUDA POSTERIOR A LA INFECCIÓN DE VÍAS RESPIRATORIAS: REVISIÓN SISTEMÁTICA

Wändell P, Carlsson AC, Wettermark B, Lord G, Cars T, Ljunggren G. Most common diseases diagnosed in primary care in Stockholm, Sweden, in 2011. *Fam Pract.* 2013; 30:506-513 [T,I]

[23825186](#) [R/C](#)

LAS ENFERMEDADES MÁS COMUNES DIAGNOSTICADAS EN ATENCIÓN PRIMARIA EN ESTOCOLMO, SUECIA, EN 2011

Strömberg R, Backlund LG, Johansson SE, Löfvander M. Mortality in depressed and non-depressed primary care Swedish patients: a 12-year follow-up cohort study. *Fam Pract.* 2013; 30:514-519 [S,I]

[23913789](#) [R/C](#)

MORTALIDAD EN PACIENTES DE ATENCIÓN PRIMARIA SUECOS DEPRIMIDOS Y NO DEPRIMIDOS: ESTUDIO DE SEGUIMIENTO DE COHORTE A LO LARGO DE 12 AÑOS

Carmona M, García-Olmos LM, García-Sagredo P, Alberquilla A, López-Rodríguez F, Pascual M, et al. Heart failure in primary care: co-morbidity and utilization of health care resources. *Fam Pract.* 2013; 30:520-524 [T,I]

[23776041](#) [R/C](#)

INSUFICIENCIA CARDIACA EN ATENCIÓN PRIMARIA: COMORBILIDAD Y UTILIZACIÓN DE RECURSOS SANITARIOS

Lavela SL, Gering J, Schectman G, Locatelli SM, Weaver FM, Davies M. Improving the quality of telephone-delivered health care: a national quality improvement transformation initiative. *Fam Pract.* 2013; 30:533-540 [T,I]

[23689516](#) [R/C](#)

MEJORAR LA CALIDAD DE LA ATENCIÓN SANITARIA PROPORCIONADA POR TELÉFONO: INICIATIVA NACIONAL DE TRANSFORMACIÓN PARA MEJORA DE LA CALIDAD

Sung NJ, Markuns JF, Park KH, Kim K, Lee H, Lee JH. Higher quality primary care is associated with good self-rated health status. *Fam Pract.* 2013; 30:568-575 [T,I]

[23759366](#) [R/C](#)

LA ATENCIÓN PRIMARIA DE MAYOR CALIDAD SE ASOCIA CON UN ESTADO DE SALUD AUTOCALIFICADO COMO BUENO

GACETA SANITARIA

Rodríguez D, Berenguera A, Pujol-Ribera E, Capella J, Peray JL, Roma J. Identificación de las competencias actuales y futuras de los profesionales de la salud pública. *Gac Sanit.* 2013; 27:388-397 [C,I]

[23218974](#) [R/C](#)

IDENTIFICACIÓN DE LAS COMPETENCIAS ACTUALES Y FUTURAS DE LOS PROFESIONALES DE LA SALUD PÚBLICA

Rodríguez Á, Urdaneta E, de la Fuente M, Galindo E, Yanguas JJ, Rodríguez V. Análisis del sesgo de selección en el piloto de un estudio longitudinal sobre envejecimiento en España. *Gac Sanit.* 2013; 27:425-432 [T,I]

[R/C](#)

ANÁLISIS DEL SESGO DE SELECCIÓN EN EL PILOTO DE UN ESTUDIO LONGITUDINAL SOBRE ENVEJECIMIENTO EN ESPAÑA

Olabarria M, Pérez K, Santamariña-Rubio E, Aragay JM, Capdet M, Peiró R, et al. Trabajo, familia y movilidad diaria: una nueva aproximación al problema a través de una encuesta de movilidad. *Gac Sanit.* 2013; 27:433-439 [T,I]

[23122515](#) [R/C](#)

TRABAJO, FAMILIA Y MOVILIDAD DIARIA: UNA NUEVA APROXIMACIÓN AL PROBLEMA A TRAVÉS DE UNA ENCUESTA DE MOVILIDAD

Sonego M, Gandarillas A, Zorrilla B, Lasheras L, Pires M, Anes A, et al. Violencia de pareja no percibida y salud de las mujeres. *Gac Sanit.* 2013; 27:440-446 [T,I]

[R/C](#)

VIOLENCIA DE PAREJA NO PERCIBIDA Y SALUD DE LAS MUJERES

Zambrana-García JL, Rivas-Ruiz F; en nombre del Grupo para el Análisis de la Calidad del Informe de Alta Hospitalaria en los Hospitales de Alta Resolución de Andalucía. Calidad de los informes de alta hospitalaria respecto a la legislación vigente y las recomendaciones consensuadas por expertos. *Gac Sanit.* 2013; 27:450-453 [T,I]

[23207430](#) [R/C](#)

CALIDAD DE LOS INFORMES DE ALTA HOSPITALARIA RESPECTO A LA LEGISLACIÓN VIGENTE Y LAS RECOMENDACIONES CONSENSUADAS POR EXPERTOS

GUT

Neerincx M, Buffart TE, Mulder CJ, Meijer GA, Verheul HM. The future of colorectal cancer: implications of screening. Gut. 2013; 62:1387-1389 [AO,I]

[23749605](#)

EL FUTURO DEL CÁNCER COLORRECTAL: IMPLICACIONES DEL CRIBAJE

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Nabel EG. The Women's Health Initiative--a victory for women and their health. JAMA. 2013; 310:1349-1350 [AO,I]

[24084919](#)

LA WOMEN'S HEALTH INITIATIVE-- UNA VICTORIA PARA LAS MUJERES Y SU SALUD

Alford DP. Weighing in on opioids for chronic pain: the barriers to change. JAMA. 2013; 310:1351-1352 [AO,I]

[24084920](#)

OPINIÓN SOBRE LOS OPIOIDES EN EL DOLOR CRÓNICO: BARRERAS PARA EL CAMBIO

Wissenberg M, Lippert FK, Folke F, Weeke P, Hansen CM, Christensen EF, et al. Association of national initiatives to improve cardiac arrest management with rates of bystander intervention and patient survival after out-of-hospital cardiac arrest. JAMA. 2013; 310:1377-1384 [S,II]

[24084923](#) [R/C](#)

ASOCIACIÓN DE INICIATIVAS NACIONALES PARA MEJORAR EL MANEJO DE LA PARADA CARDIACA CON TASAS DE INTERVENCIÓN DE TRANSEÚNTES Y SUPERVIVENCIA DEL PACIENTE TRAS PARADA CARDIACA EXTRAHOSPITALARIA

Jepson R, Craig J, Williams G. Cranberry products and prevention of urinary tract infections. JAMA. 2013; 310:1395-1396 [AO,I]

[24084925](#)

PRODUCTOS DE ARÁNDANOS Y PREVENCIÓN DE INFECCIÓN DE VÍAS URINARIAS

Katz SJ, Hawley S. The value of sharing treatment decision making with patients: expecting too much? JAMA. 2013; 310:1559-1560 [AO,I]

[24061082](#)

EL VALOR DE LA TOMA DE DECISIONES DE TRATAMIENTO COMPARTIDAS CON LOS PACIENTES: ¿DEMASIADAS EXPECTATIVAS?

Pasternak B, Svanström H, Mølgaard-Nielsen D, Melbye M, Hviid A. Metoclopramide in pregnancy and risk of major congenital malformations and fetal death. JAMA. 2013; 310:1601-1611 [S,II]

[24129464](#) [R/C](#)

METOCLOPRAMIDA EN EL EMBARAZO Y RIESGO DE MALFORMACIONES CONGÉNITAS IMPORTANTES Y MUERTE FETAL

Anglemyer A, Horvath T, Rutherford G. Antiretroviral therapy for prevention of HIV transmission in HIV-discordant couples. JAMA. 2013; 310:1619-1620 [AO,I]

[24129466](#)

TERAPIA ANTIRRETROVÍRICA EN LA PREVENCIÓN DE LA TRANSMISIÓN DEL VIH EN PAREJAS VIH-DISCORDANTES

Haukoos JS, Thrun MW. Eliminating prevention counseling to improve HIV screening. JAMA. 2013; 310:1679-1680 [AO,I]

[24150464](#)

ELIMINAR EL CONSEJO DE PREVENCIÓN PARA MEJORAR EL CRIBAJE DEL VIH

Metsch LR, Feaster DJ, Gooden L, Schackman BR, Matheson T, Das M, et al. Effect of risk-reduction counseling with rapid HIV testing on risk of acquiring sexually transmitted infections: the AWARE randomized clinical trial. JAMA. 2013; 310:1701-1710 [EC,I]

[24150466](#) [R/C](#)

EFFECTO DEL CONSEJO DE REDUCCIÓN DE RIESGO CON PRUEBA RÁPIDA DE VIH SOBRE EL RIESGO DE ADQUIRIR INFECCIONES DE TRANSMISIÓN SEXUAL: ENSAYO CLÍNICO ALEATORIZADO AWARE

Azari AA, Barney NP. Conjunctivitis: a systematic review of diagnosis and treatment. JAMA. 2013; 310:1721-1729 [M,II]

[24150468](#) [R/C](#)

CONJUNTIVITIS: REVISIÓN SISTEMÁTICA DEL DIAGNÓSTICO Y TRATAMIENTO

JAMA INTERNAL MEDICINE

Gupta S, Halm EA, Rockey DC, Hammons M, Koch M, Carter E, et al. Comparative effectiveness of fecal immunochemical test outreach, colonoscopy outreach, and usual care for boosting colorectal cancer screening among the underserved: a randomized clinical trial. *JAMA Intern Med.* 2013 [Epub ahead of print] [EC,II]

[23921906](#) [R/C](#)

EFFECTIVIDAD COMPARADA DE LA PROMOCIÓN DE PRUEBAS INMUNOQUÍMICAS FECALES, PROMOCIÓN DE COLONOSCOPIAS Y ATENCIÓN CONVENCIONAL PARA INTENSIFICAR EL CRIBAJE DEL CÁNCER COLORRECTAL ENTRE PERSONAS CARENTES DE ATENCIÓN: ENSAYO CLÍNICO ALEATORIZADO

Dunkler D, Dehghan M, Teo KK, Heinze G, Gao P, Kohl M, et al. Diet and kidney disease in high-risk individuals with type 2 diabetes mellitus. *JAMA Intern Med.* 2013 [Epub ahead of print] [T,I]

[23939297](#) [R/C](#)

DIETA Y ENFERMEDAD RENAL EN INDIVIDUOS DE ALTO RIESGO CON DIABETES MELLITUS TIPO 2

Kramer H, Chang A. Moving dietary management of diabetes forward. *JAMA Intern Med.* 2013 [Epub ahead of print] [AO,I]

[23939227](#)

AVANZAR EN EL MANEJO DIETÉTICO DE LA DIABETES

Giovannucci E. Cholecalciferol treatment in older patients with isolated systolic hypertension. *JAMA Intern Med.* 2013 [Epub ahead of print] [AO,I]

[23939050](#)

TRATAMIENTO CON COLECALCIFEROL EN PACIENTES MAYORES CON HIPERTENSIÓN SISTÓLICA AISLADA

Witham MD, Price RJ, Struthers AD, Donnan PT, Messow CM, Ford I, et al. Cholecalciferol treatment to reduce blood pressure in older patients with isolated systolic hypertension: the VitDISH randomized controlled trial. *JAMA Intern Med.* 2013 [Epub ahead of print] [EC,I]

[23939263](#) [R/C](#)

TRATAMIENTO CON COLECALCIFEROL PARA REDUCIR LA PRESIÓN ARTERIAL EN PACIENTES MAYORES CON HIPERTENSIÓN SISTÓLICA AISLADA: ENSAYO ALEATORIZADO CONTROLADO VITDISH

JAMA PSYCHIATRY

Kahn RS, Keefe RS. Schizophrenia is a cognitive illness: time for a change in focus. *JAMA Psychiatry.* 2013;70:1107-1112 [R,I]

[23925787](#) [R/C](#)

LA ESQUIZOFRENIA ES UNA ENFERMEDAD COGNITIVA: HORA DE CAMBIAR EL ENFOQUE

MEDICINA CLINICA

Lobos-Bejarano JM, del Castillo-Rodríguez JC, Mena-González A, Alemán-Sánchez JJ, Cabrera de León A, Barón-Esquivias G, et al; en nombre de los Investigadores del Estudio FIATE (Situación actual de la Fibrilación auricular en Atención primaria en España). Características de los pacientes y abordaje terapéutico de la fibrilación auricular en atención primaria en España: Estudio FIATE. *Med Clin (Barc).* 2013; 141:279-286 [T,II]

[23683967](#) [R/C](#)

CARACTERÍSTICAS DE LOS PACIENTES Y ABORDAJE TERAPÉUTICO DE LA FIBRILACIÓN AURICULAR EN ATENCIÓN PRIMARIA EN ESPAÑA: ESTUDIO FIATE

Segura J, de la Sierra A, Fernández S, Ruilope LM; en representación de los investigadores del estudio IDENTCARE. Influencia de la diabetes sobre la prevalencia de lesión de órganos diana y enfermedad cardiovascular en los pacientes hipertensos de alto riesgo. *Med Clin (Barc).* 2013; 141:287-291 [T,I]

[22841470](#) [R/C](#)

INFLUENCIA DE LA DIABETES SOBRE LA PREVALENCIA DE LESIÓN DE ÓRGANOS DIANA Y ENFERMEDAD CARDIOVASCULAR EN LOS PACIENTES HIPERTENSOS DE ALTO RIESGO

Casado J, Parra P, Vega L, Suárez C. Relación entre hormona paratiroidea y riesgo cardiovascular en pacientes con insuficiencia de vitamina D. *Med Clin (Barc).* 2013; 141:292-294 [QE,I]

[23790578](#) [R/C](#)

RELACIÓN ENTRE HORMONA PARATIROIDEA Y RIESGO CARDIOVASCULAR EN PACIENTES CON INSUFICIENCIA DE VITAMINA D

Barrios V, Escobar C. Fibrilación auricular en la práctica clínica: todavía faltan respuestas. *Med Clin (Barc).* 2013; 141:295-296 [AO,I]

[23743322](#)

FIBRILACIÓN AURICULAR EN LA PRÁCTICA CLÍNICA: TODAVÍA FALTAN RESPUESTAS

Torres F, Pontes C. Datos ausentes: orden de búsqueda y captura. *Med Clin (Barc).* 2013; 141:297-299 [AO,I]

[23706686](#)

DATOS AUSENTES: ORDEN DE BÚSQUEDA Y CAPTURA

Bravo MF, Lahera G, Lalucat L, Fernández-Liria A; en representación del Grupo Elaborador de la Guía. Guía de práctica clínica sobre el trastorno bipolar: tratamiento farmacológico y psicosocial. Med Clin (Barc). 2013; 141:305.e1-305.e10 [M,II]

[23891130](#) [R/C](#)

GUÍA DE PRÁCTICA CLÍNICA SOBRE EL TRASTORNO BIPOLAR: TRATAMIENTO FARMACOLÓGICO Y PSICOSOCIAL

Ramírez M, Pascual JF, Noguerado A. Nuevos fármacos antituberculosos en la tuberculosis resistente y multirresistente. Med Clin (Barc). 2013; 141:306-313 [R,I]

[23540388](#) [R/C](#)

NUEVOS FÁRMACOS ANTITUBERCULOSOS EN LA TUBERCULOSIS RESISTENTE Y MULTIRRESISTENTE

Benítez JM, Jurado J, Ruiz P, González A, Muñoz M, García V, et al. Valoración precoz de la anemia en el paciente con hemorragia digestiva aguda: concordancia entre gasometría venosa y laboratorio convencional. Med Clin (Barc). 2013; 141:332-337 [T,I]

[23103108](#) [R/C](#)

VALORACIÓN PRECOZ DE LA ANEMIA EN EL PACIENTE CON HEMORRAGIA DIGESTIVA AGUDA: CONCORDANCIA ENTRE GASOMETRÍA VENOSA Y LABORATORIO CONVENCIONAL

Sierra C, Ruilope LM. Efectividad del tratamiento antihipertensivo y control de la hipertensión arterial: ¿es mejorable? Med Clin (Barc). 2013; 141:343-345 [AO,I]

[23831401](#)

EFFECTIVIDAD DEL TRATAMIENTO ANTIHIPERTENSIVO Y CONTROL DE LA HIPERTENSIÓN ARTERIAL: ¿ES MEJORABLE?

Páramo JA. Nuevos anticoagulantes orales: el dilema de la anticoagulación en el anciano. Med Clin (Barc). 2013; 141:346-348 [AO,I]

[23831406](#)

NUEVOS ANTICOAGULANTES ORALES: EL DILEMA DE LA ANTICOAGULACIÓN EN EL ANCIANO

[REVISTA ESPAÑOLA DE CARDIOLOGIA](#)

Arós F, Estruch R. Dieta mediterránea y prevención de la enfermedad cardiovascular. Rev Esp Cardiol. 2013; 66:771-774 [AO,I]

[23910508](#)

DIETA MEDITERRÁNEA Y PREVENCIÓN DE LA ENFERMEDAD CARDIOVASCULAR

Mejía-Lancheros C, Estruch R, Martínez-González MA, Salas-Salvadó J, Corella D, Gómez-Gracia E, et al; en nombre de los investigadores del estudio PREDIMED. Nivel socioeconómico y desigualdades de salud en la prevención cardiovascular de la población española de edad avanzada. Rev Esp Cardiol. 2013; 66:803-811 [T,I]

[23993411](#) [R/C](#)

NIVEL SOCIOECONÓMICO Y DESIGUALDADES DE SALUD EN LA PREVENCIÓN CARDIOVASCULAR DE LA POBLACIÓN ESPAÑOLA DE EDAD AVANZADA

[SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE](#)

Berendsen AJ, Nibbelink A, Blaauwbroek R, Berger MY, Tissing WJ. Second cancers after childhood cancer--GPs beware! Scand J Prim Health Care. 2013; 31:147-152 [T,I]

[23906108](#) [R/C](#)

SEGUNDOS CÁNCERES TRAS UN CÁNCER INFANTIL ¡PRECAUCIÓN, MÉDICOS GENERALES!

Strandberg EL, Brorsson A, Hagstam C, Troein M, Hedin K. "I'm Dr Jekyll and Mr Hyde": are GPs' antibiotic prescribing patterns contextually dependent? A qualitative focus group study. Scand J Prim Health Care. 2013; 31:158-165 [C,I]

[23941086](#) [R/C](#)

"SOY EL DR JEKYLL Y MR HYDE": ¿SON DEPENDIENTES DEL CONTEXTO LAS PAUTAS DE PRESCRIPCIÓN DE ANTIBIÓTICOS? ESTUDIO CUALITATIVO DE GRUPO FOCAL

Bathum L, Christensen R, Pedersen L, Pedersen P, Larsen J, Nexøe J. Association of lipoprotein levels with mortality in subjects aged 50 + without previous diabetes or cardiovascular disease: a population-based register study. Scand J Prim Health Care. 2013; 31:172-180 [S,I]

[23941088](#) [R/C](#)

ASOCIACIÓN DE LOS NIVELES DE LIPOPROTEÍNAS CON LA MORTALIDAD EN SUJETOS DE MÁS DE 50 AÑOS SIN DIABETES PREVIA NI ENFERMEDAD CARDIOVASCULAR: ESTUDIO DE REGISTRO POBLACIONAL

[THE LANCET](#)

Child maltreatment in Europe: taking a public health approach. Lancet. 2013; 382:1072 [AO,I]

[24075033](#)

MALOS TRATOS A LOS NIÑOS EN EUROPA: HACER UN ABORDAJE DE SALUD PÚBLICA

Issa K, Mont MA. Total hip replacement: mortality and risks. Lancet. 2013; 382:1074-1076 [AO,I]

[24075035](#)

PRÓTESIS TOTAL DE CADERA: MORTALIDAD Y RIESGOS

Cappa C, Moneti F, Wardlaw T, Bissell S. Elimination of female genital mutilation/cutting. Lancet. 2013; 382:1080-1081 [AO,I]

[23886657](#)

ELIMINACIÓN DE LA MUTILACIÓN GENITAL FEMENINA

Little P, Stuart B, Francis N, Douglas E, Tonkin-Crine S, Anthierens S, et al; GRACE consortium. Effects of internet-based training on antibiotic prescribing rates for acute respiratory-tract infections: a multinational, cluster, randomised, factorial, controlled trial. Lancet. 2013; 382:1175-1182 [EC,II]

[23915885](#)

EFFECTOS DEL ENTRENAMIENTO A TRAVÉS DE INTERNET SOBRE LAS TASAS DE PRESCRIPCIÓN ANTIBIÓTICA PARA LAS INFECCIONES AGUDAS DE VÍAS RESPIRATORIAS: ENSAYO MULTINACIONAL CONTROLADO FACTORIAL ALEATORIZADO POR GRUPOS

How to cope with an ageing population. Lancet. 2013; 382:1225 [AO,I]

[24120186](#)

CÓMO HACER FRENTE A UNA POBLACIÓN ENVEJECIDA

The continuing haemorrhage of UK general practice. Lancet. 2013; 382:1226 [AO,I]

[24120188](#)

LA CONTINUA HEMORRAGIA DE LA MEDICINA GENERAL EN R.U.

Cheung CM, Wong TY. Treatment of age-related macular degeneration. Lancet. 2013; 382:1230-1232 [AO,I]

[23870812](#)

TRATAMIENTO DE LA DEGENERACIÓN MACULAR RELACIONADA CON LA EDAD

Truth versus myth on mental illness, suicide, and crime. Lancet. 2013; 382:1309 [AO,I]

[24139107](#)

VERDAD FRENTE A MITO EN LA ENFERMEDAD MENTAL, EL SUICIDIO Y EL CRIMEN

Hirsch AT, Duval S. The global pandemic of peripheral artery disease. Lancet. 2013; 382:1312-1314 [AO,I]

[23915884](#)

LA PANDEMIA MUNDIAL DE LA ENFERMEDAD ARTERIAL PERIFÉRICA

Bittles AH. Consanguineous marriages and congenital anomalies. Lancet. 2013; 382:1316-1317 [AO,I]

[23830356](#)

MATRIMONIOS CONSANGUÍNEOS Y ANOMALÍAS CONGÉNITAS

THE NEW ENGLAND JOURNAL OF MEDICINE

Hiatt WR, Kaul S, Smith RJ. The cardiovascular safety of diabetes drugs--insights from the rosiglitazone experience. N Engl J Med. 2013; 369:1285-1287 [AO,II]

[23992603](#)

LA SEGURIDAD CARDIOVASCULAR DE LOS FÁRMACOS PARA LA DIABETES--REFLEXIONES A PARTIR DE LA EXPERIENCIA DE LA ROSIGLITAZONA

Scirica BM, Bhatt DL, Braunwald E, Steg PG, Davidson J, Hirshberg B, et al; SAVOR-TIMI 53 Steering Committee and Investigators. Saxagliptin and cardiovascular outcomes in patients with type 2 diabetes mellitus. N Engl J Med. 2013; 369:1317-1326 [EC,II]

[23992601](#)

[R/C](#)

SAXAGLIPTINA Y RESULTADOS CARDIOVASCULARES EN PACIENTES CON DIABETES MELLITUS TIPO 2

White WB, Cannon CP, Heller SR, Nissen SE, Bergenstal RM, Bakris GL, et al; EXAMINE Investigators. Alogliptin after acute coronary syndrome in patients with type 2 diabetes. N Engl J Med. 2013; 369:1327-1335 [EC,I]

[23992602](#)

[R/C](#)

ALOGLIPTINA TRAS SÍNDROME CORONARIO AGUDO EN PACIENTES CON DIABETES TIPO 2

Hunter DJ, Reddy KS. Noncommunicable diseases. N Engl J Med. 2013; 369:1336-1343 [R,I]

[24088093](#)

ENFERMEDADES NO TRANSMISIBLES

Herridge M, Cameron JI. Disability after critical illness. N Engl J Med. 2013; 369:1367-1369 [AO,I]

[24088098](#)

DISCAPACIDAD TRAS ENFERMEDAD CRÍTICA

Colbert JA, Jangi S. Training physicians to manage obesity--back to the drawing board. *N Engl J Med.* 2013; 369:1389-1391 [AO,I]

[24106932](#)

ENTRENAR A LOS MÉDICOS PARA MANEJAR LA OBESIDAD--EMPEZAR DESDE CERO

Wise RA, Anzueto A, Cotton D, Dahl R, Devins T, Disse B, et al; TIOSPIR Investigators. Tiotropium Respimat inhaler and the risk of death in COPD. *N Engl J Med.* 2013; 369:1491-1501 [EC,II]

[23992515](#) [R/C](#)

TIOTROPIO RESPIMAT Y RIESGO DE MUERTE EN LA EPOC

Imazio M, Brucato A, Cemin R, Ferrua S, Maggolini S, Beqaraj F, et al; ICAP Investigators. A randomized trial of colchicine for acute pericarditis. *N Engl J Med.* 2013; 369:1522-1528 [EC,I]

[23992557](#) [R/C](#)

ENSAYO ALEATORIZADO CON COLCHICINA EN LA PERICARDITIS AGUDA

Bauer DC. Clinical practice. Calcium supplements and fracture prevention. *N Engl J Med.* 2013; 369:1537-1543 [R,I]

[24131178](#)

SUPLEMENTOS DE CALCIO Y PREVENCIÓN DE LA FRACTURA

Jenkins CR. More than just reassurance on tiotropium safety. *N Engl J Med.* 2013; 369:1555-1556 [AO,I]

[24131181](#)

MÁS QUE SÓLO RECONFIRMAR LA SEGURIDAD DEL TIOTROPIO

Fröbert O, Lagerqvist B, Olivecrona GK, Omerovic E, Gudnason T, Maeng M, et al. Thrombus aspiration during ST-segment elevation myocardial infarction. *N Engl J Med.* 2013; 369:1587-1597 [EC,II]

[23991656](#) [R/C](#)

ASPIRACIÓN DEL TROMBO DURANTE EL INFARTO DE MIOCARDIO CON ELEVACIÓN DEL SEGMENTO ST

THORAX

Britton J. Electronic cigarettes. *Thorax.* 2013; 68:904-905 [AO,I]

[23939400](#)

CIGARRILLOS ELECTRÓNICOS

Leivseth L, Brumpton BM, Nilsen TI, Mai XM, Johnsen R, Langhammer A. GOLD classifications and mortality in chronic obstructive pulmonary disease: the HUNT Study, Norway. *Thorax.* 2013; 68:914-921 [S,I]

[23611880](#) [R/C](#)

CLASIFICACIONES GOLD Y MORTALIDAD EN LA EPOC: ESTUDIO HUNT

ACADEMIC MEDICINE

S23969368

For all its traditional successes, the current model of medical education in the United States and Canada is being challenged on issues of quality, throughput, and cost, a process that has exposed numerous shortcomings in its efforts to meet the needs of the nations' health care systems. A radical change in direction is required because the current path will not lead to a solution. The 2010 publication *Educating Physicians: A Call for Reform of Medical School and Residency* identifies several goals for improving the medical education system, and proposals have been made to reform medical education to meet these goals. Enacting these recommendations practically and efficiently, while training more health care providers at a lower cost, is challenging. To advance solutions, the authors review innovations that are disrupting higher education and describe a vision for using these to create a new model for competency-based, learner-centered medical education that can better meet the needs of the health care system while adhering to the spirit of the above proposals. These innovations include collaboration amongst medical schools to develop massive open online courses for didactic content; faculty working in small groups to leverage this online content in a "flipped-classroom" model; and digital badges for credentialing entrustable professional activities over the continuum of learning.

S23969360

The recent health care quality improvement (QI) movement has called for significant changes to the way that health care is delivered and taught in academic medical centers (AMCs). This movement also has affected academic continuing medical education (CME). In January 2011, to better align the CME and QI efforts of AMCs, the Association of American Medical Colleges (AAMC) launched a pilot initiative called *Aligning and Educating for Quality (ae4Q)*. The goal of this pilot was to assist 11 AMCs as they moved to a more integrated model of continuous performance improvement by aligning their quality measurement and improvement with their continuing education endeavors. In this article, the authors describe the development of the ae4Q pilot and the resulting outcomes that have led to ongoing improvements. During the 18-month pilot, AAMC consultants conducted readiness assessments and on-site visits and provided consultation services and Web-based resources based on the AMC's needs. Following these interventions at each site, they then conducted both interviews with participants and postintervention assessment surveys to measure the impact of the pilot. Findings included demonstrated increases in the alignment of CME and QI, a greater use of quality data in CME design and delivery, and a greater use of CME as an intervention for clinical improvement. Two sites also attributed measurable improved clinical outcomes to their participation in the ae4Q pilot. The AAMC has used these findings to create resources and ongoing services to support AMCs as they pursue efforts to align QI and CME.

S23969367

The authors propose a new model for medical education based on the "flipped classroom" design. In this model, students would access brief (~10 minute) online videos to learn new concepts on their own time. The content could be viewed by the students as many times as necessary to master the knowledge in preparation for classroom time facilitated by expert faculty leading dynamic, interactive sessions where students can apply their newly mastered knowledge. The authors argue that the modern digitally empowered learner, the unremitting expansion of biomedical knowledge, and the increasing specialization within the practice of medicine drive the need to reimagine medical education. The changes that they propose emphasize the need to define a core curriculum that can meet learners where they are in a digitally oriented world, enhance the relevance and retention of knowledge through rich interactive exercises, and facilitate in-depth learning fueled by individual students' aptitude and passion. The creation and adoption of this model would be meaningfully enhanced by cooperative efforts across medical schools.

S23969356

The acquisition of skills to recognize and redress adverse social determinants of disease is an important component of undergraduate medical education. In this article, the authors justify and define "social justice curriculum" and then describe the medical school social justice curriculum designed by the multidisciplinary Social Justice Vertical Integration Group (SJVIG) at the Geisel School of Medicine at Dartmouth. The SJVIG addressed five goals: (1) to define core competencies in social justice education, (2) to identify key topics that a social justice curriculum should cover, (3) to assess social justice curricula at other institutions, (4) to catalog institutionally affiliated community outreach sites at which teaching could be paired with hands-on service work, and (5) to provide examples of the integration of social justice teaching into the core (i.e., basic science) curriculum. The SJVIG felt a social justice curriculum should cover the scope of health disparities, reasons to address health disparities, and means of addressing these disparities. The group recommended competency-based student evaluations and advocated assessing the impact of medical students' social justice work on communities. The group identified the use of class discussion of physicians' obligation to participate in social justice work as an educational tool, and they emphasized the importance of a mandatory, longitudinal, immersive, mentored community outreach practicum. Faculty and administrators are implementing these changes as part of an overall curriculum redesign (2012-2015). A well-designed medical school social justice curriculum should improve student recognition and rectification of adverse social determinants of disease.

ANNALS OF INTERNAL MEDICINE

S24081287

Compared with monotherapy, dual-antiplatelet therapy lasting more than 1 year after an index ischemic stroke or transient ischemic attack is not associated with a greater reduction in overall recurrent stroke risk. However, long-term dual-antiplatelet therapy is linked to higher risk for ICH than clopidogrel monotherapy in this patient population.

S23836133

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary open-angle glaucoma in adults. (I statement).

S24126648

Comprehensive lifestyle interventions effectively decrease the incidence of type 2 diabetes in high-risk patients. In patients who already have type 2 diabetes, there is no evidence of reduced all-cause mortality and insufficient evidence to suggest benefit on cardiovascular and microvascular outcomes.

S24061345

RECOMMENDATION 1: ACP recommends that all overweight and obese patients diagnosed with OSA should be encouraged to lose weight. (Grade: strong recommendation; low-quality evidence) RECOMMENDATION 2: ACP recommends continuous positive airway pressure treatment as initial therapy for patients diagnosed with OSA. (Grade: strong recommendation; moderate-quality evidence) RECOMMENDATION 3: ACP recommends mandibular advancement devices as an alternative therapy to continuous positive airway pressure treatment for patients diagnosed with OSA who prefer mandibular advancement devices or for those with adverse effects associated with continuous positive airway pressure treatment. (Grade: weak recommendation; low-quality evidence).

ATENCION PRIMARIA

S23870551

El Mini-Mental tiene una UD discreta para la detección de DC en AP que no mejora con la corrección de las puntuaciones por edad y nivel educativo; el mejor punto de corte es 22/23, inferior al habitualmente recomendado.

S23830042

La comorbilidad es determinante en el consumo de recursos. Solo una parte de este consumo está dedicado al manejo de la diabetes. Los resultados obtenidos son consistentes y complementan desde un punto de vista poblacional los estudios existentes de ámbito estatal y autonómico.

S24042074

Como conclusión final de esta revisión resaltamos que las numerosas evidencias indican que la EM puede ser incorporada en una amplia gama de intervenciones de promoción de la salud y prevención de la enfermedad, y parece tener una aplicación potencial a través de diversos profesionales y centros de atención sanitaria, incluyendo los de APS. De los metaanálisis existentes se desprende además la presencia de un efecto positivo de la EM en un elevado número de ensayos al compararse con lo que podemos llamar «tratamiento habitual», y la mejora con el aumento de la intensidad (cantidad de entrevistas), pareciendo ser eficaz incluso con breves encuentros. Sin embargo, como sus autores reconocen, la EM no es una panacea para el abordaje de todas las situaciones y problemas a los que debe enfrentarse el profesional de salud.

S23683967

A high rate of patients with anticoagulant therapy in primary healthcare has been found in this research. INR control, however, remains suboptimal. Heart rate control is the most commonly used strategy. The decision about the anticoagulation should be based on the thromboembolic risk rather than in the arrhythmia type.

S23891130

El trastorno bipolar es una enfermedad crónica y recurrente del estado de ánimo, que generalmente limita seriamente la funcionalidad del paciente y que afecta aproximadamente al 1,6% de la población. Se ha detectado un gran retraso en el diagnóstico y una excesiva disparidad en el tratamiento de estos pacientes. Dentro del Plan de Calidad del Sistema Nacional de Salud español, una de las estrategias fundamentales es mejorar la práctica clínica a través de la elaboración y uso de guías de práctica clínica (GPC). En este contexto, la GPC del trastorno bipolar nace de un convenio suscrito entre el Ministerio de Sanidad y la Universidad de Alcalá, participando la Asociación Española de Neuropsiquiatría como promotora y gestora del proyecto. Su principal objetivo es elaborar unas recomendaciones sobre las actuaciones diagnósticas, terapéuticas y de rehabilitación para la atención a pacientes con trastorno bipolar aplicables sobre todo en los servicios de salud mental públicos. En este artículo se recogen las principales recomendaciones acerca de las intervenciones farmacológicas y psicosociales en el trastorno bipolar.

S22841470

Los pacientes hipertensos diabéticos tipo 2 presentan una mayor prevalencia de LOD y de ECV respecto a los pacientes hipertensos no diabéticos con 3 o más FRCV. Aunque ambas situaciones se incluyen en el estrato de riesgo cardiovascular elevado, cabe esperar que los hipertensos diabéticos tengan una mayor incidencia de complicaciones cardiovasculares.

S23540388

La tuberculosis resistente a fármacos es un problema emergente en todo el mundo, con una incidencia cada vez mayor. Según la OMS, en el año 2008, el 17% de las cepas de Mycobacterium tuberculosis, en los casos no tratados, eran resistentes al menos a un fármaco, y el 3,6% eran resistentes a rifampicina e isoniacida, lo que se denomina tuberculosis multirresistente. El problema es mucho mayor en pacientes previamente tratados y en algunos países, donde las tasas de multirresistencia pueden llegar hasta el 60%. Aproximadamente el 5% de los pacientes con tuberculosis multirresistente son también resistentes a alguna fluoroquinolona y al menos a un fármaco inyectable, denominándose tuberculosis extremadamente resistente. El tratamiento de estas formas de tuberculosis requiere el empleo de fármacos de segunda línea, que ocasionan un mayor corte, elevada toxicidad y un aumento de la duración de los tratamientos. Existe una necesidad de nuevos compuestos con perfiles de seguridad y eficacia mejores que los actualmente utilizados para el tratamiento de estas formas de tuberculosis. En la última década están siendo reevaluados diferentes fármacos ya conocidos y además han aparecido nuevos compuestos que están siendo investigados y se encuentran en diferentes fases de su desarrollo.

S23790578

El incremento de PTH en pacientes con insuficiencia de vitamina D implica un peor control de la presión arterial y una mayor rigidez vascular. La reposición con vitamina D muestra una tendencia a reducir estos parámetros.

S23103108

La determinación precoz de Hb y HTC en pacientes con HD aguda mediante GSV resulta fiable en la valoración inicial de la anemia. La GSV sobreestima sistemáticamente el valor de Hb en al menos 0,5 g/dl, por lo que la evaluación clínica y hemodinámica del sangrante debe prevalecer sobre el resultado analítico.

BRITISH MEDICAL JOURNAL

Although limited in quantity, existing randomised trial evidence on exercise interventions suggests that exercise and many drug interventions are often potentially similar in terms of their mortality benefits in the secondary prevention of coronary heart disease, rehabilitation after stroke, treatment of heart failure, and prevention of diabetes.

S24097128

No significant differences were observed in the number of days with cough between patients with uncomplicated acute bronchitis and discoloured sputum treated with ibuprofen, amoxicillin-clavulanic acid, or placebo.

S24055922

As of 2002 sufficient evidence had accumulated to show significant benefit of exercise over no exercise in patients with osteoarthritis, and further trials are unlikely to overturn this result. An approach combining exercises to increase strength, flexibility, and aerobic capacity is likely to be most effective in the management of lower limb osteoarthritis. The evidence is largely from trials in patients with knee osteoarthritis.

+

Overall advice to use steam inhalation, or ibuprofen rather than paracetamol, does not help control symptoms in patients with acute respiratory tract infections and must be balanced against the possible progression of symptoms during the next month for a minority of patients. Advice to use ibuprofen might help short term control of symptoms in those with chest infections and in children.

S24103538

Despite limitations related to potential misclassification of exposure, we found a statistically significant association between exposure to aircraft noise and risk of hospitalization for cardiovascular diseases among older people living near airports.

S24124105

There is no evidence of an increased risk of suicidal behaviour in patients prescribed varenicline or bupropion compared with those prescribed nicotine replacement therapy. These findings should be reassuring for users and prescribers of smoking cessation medicines.

S24114306

Targeted use of antibiotics for acute sore throat with a clinical score improves reported symptoms and reduces antibiotic use. Antigen tests used according to a clinical score provide similar benefits but with no clear advantages over a clinical score alone.

S24157497

Our analyses show the renoprotective effects and superiority of using ACE inhibitors in patients with diabetes, and available evidence is not able to show a better effect for ARBs compared with ACE inhibitors. Considering the cost of drugs, our findings support the use of ACE inhibitors as the first line antihypertensive agent in patients with diabetes. Calcium channel blockers might be the preferred treatment in combination with ACE inhibitors if adequate blood pressure control cannot be achieved by ACE inhibitors alone.

S24089424

In relatives bereaved by suicide, suicide ideation is associated with an increased risk of long term complicated grief and depression. The risk of complicated grief and depression decreases over time. Although mutual support is associated with an increased risk of complicated grief, we could not draw conclusions about a causal relation.

BRITISH JOURNAL OF PSYCHIATRY

S23969485

All mental disorders were strong independent risk factors for accidental death, which was substantially more common than suicide.

S23969481

Pre-school hyperactivity/inattention and conduct problems carry risk of worse academic outcomes at 16.

S24085737

There was no replicated evidence that any intervention was effective. Cholinesterase inhibitors and rofecoxib are ineffective in preventing dementia. Further good-quality RCTs are needed and preliminary evidence suggests these should include trials of psychological group interventions and piribedil.

S23929442

Our study suggests a gender-specific association of anxiety and mortality.

CIRCULATION

S24030500

For patients with acute noncardioembolic ischemic stroke or TIA, dual therapy was more effective than monotherapy in reducing risks of early recurrent stroke. The results of the CHANCE study are consistent with previous studies done in other parts of the world.

S24016455

Severe obesity afflicts between 4% and 6% of all youth in the United States, and the prevalence is increasing. Despite the serious immediate and long-term cardiovascular, metabolic, and other health consequences of severe pediatric obesity, current treatments are limited in effectiveness and lack widespread availability. Lifestyle modification/behavior-based treatment interventions in youth with severe obesity have demonstrated modest improvement in body mass index status, but participants have generally remained severely obese and often regained weight after the conclusion of the treatment programs. The role of medical management is minimal, because only 1 medication is currently approved for the treatment of obesity in adolescents. Bariatric surgery has generally been effective in reducing body mass index and improving cardiovascular and metabolic risk factors; however, reports of long-term outcomes are few, many youth with severe obesity do not qualify for surgery, and access is limited by lack of insurance coverage. To begin to address these challenges, the purposes of this scientific statement are to (1) provide justification for and recommend a standardized definition of severe obesity in children and adolescents; (2) raise awareness of this serious and growing problem by summarizing the current literature in this area in terms of the epidemiology and trends, associated health risks (immediate and long-term), and challenges and shortcomings of currently available treatment options; and (3) highlight areas in need of future research. Innovative behavior-based treatment, minimally invasive procedures, and medications currently under development all need to be evaluated for their efficacy and safety in this group of patients with high medical and psychosocial risks.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S23959284

Early physician follow-up after discharge and physician continuity were both associated with better outcomes among patients with heart failure. Research is needed to explore whether physician continuity is important for other conditions and in settings other than recent hospital discharge.

DIABETES CARE

S23698396

Add-on lixisenatide once daily in type 2 diabetes inadequately controlled with metformin demonstrated noninferior improvements in HbA1c, with slightly lower mean weight loss, lower incidence of hypoglycemia, and better gastrointestinal tolerability compared with exenatide twice daily.

S23656980

Systematic intervention with basal insulin glargine or standard care early in the natural history of dysglycemia can maintain glycemic control near baseline levels for at least 5 years, whether diabetes is present at baseline or not. Keeping mean A1C <6.5% is more likely in people with lower baseline A1C and with the glargine-based regimen.

S23801726

These 5-year renal risk models performed very well in two large primary care populations with type 2 diabetes. More accurate risk stratification could facilitate earlier intervention than using eGFR and/or albuminuria alone.

S23656982

A substantial proportion of diabetes cases are missed by surveillance methods that use health administrative databases. This finding is concerning because individuals with undiagnosed diabetes are likely to have a delay in treatment and, thus, a higher risk for diabetes-related complications.

[S24009301](#)

Metformin use was associated with impaired cognitive performance. Vitamin B12 and calcium supplements may alleviate metformin-induced vitamin B12 deficiency and were associated with better cognitive outcomes. Prospective trials are warranted to assess the beneficial effects of vitamin B12 and calcium use on cognition in older people with diabetes who are taking metformin.

[S23735724](#)

Use of structured SMBG improves glycemic control and provides guidance in prescribing diabetes medications in patients with relatively well-controlled noninsulin-treated type 2 diabetes.

[S23757429](#)

The results indicate that maintaining a healthy WC and BMI are both important for individuals living with diabetes.

[S23633523](#)

Patients with minimal DR demonstrated more cognitive impairment than those with advanced DR. Therefore, the increased prevalence of cognitive impairment in diabetes may be associated with factors other than evident retinal microvascular disease.

[S24065841](#)

Although evidence exists that antidepressant use may be an independent risk factor for type 2 diabetes, long-term prospective studies of the effects of individual antidepressants rather than class effects are required. Heightened alertness to potential risks is necessary until these are complete.

[S23757431](#)

This analysis provides a strong argument for universal screening. However, if selective screening were adopted, the ADA guidelines would result in the highest rate of diagnosis and the lowest number of missed cases.

[S23775814](#)

Daily breakfast intake is strongly associated with reduced risk of a spectrum of metabolic conditions

DRUGS

[S24170665](#)

Estimated worldwide incidence of tegumentary leishmaniasis (cutaneous leishmaniasis [CL] and mucocutaneous leishmaniasis [MCL]) is over 1.5 million cases per year in 82 countries, with 90 % of cases occurring in Afghanistan, Brazil, Iran, Peru, Saudi Arabia and Syria. Current treatments of CL are poorly justified and have sub-optimal effectiveness. Treatment can be based on topical or systemic regimens. These different options must be based on Leishmania species, geographic regions, and clinical presentations. In certain cases of Old World CL (OWCL), lesions can spontaneously heal without any need for therapeutic intervention. Local therapies (thermotherapy, cryotherapy, paromomycin ointment, local infiltration with antimonials) are good options with less systemic toxicity, reserving systemic treatments (azole drugs, miltefosine, antimonials, amphotericin B formulations) mainly for complex cases. The majority of New World CL (NWCL) types require systemic treatment (mainly with pentavalent antimonials), either to speed the healing or to prevent dissemination to oral-nasal mucosa as MCL (NWMCL). These types of lesions are potentially serious and always require systemic-based regimens, mainly antimonials and pentamidine; however, the associated immunotherapy is promising. This paper is an exhaustive review of the published literature on the treatment of OWCL, NWCL and NWMCL, and provides treatment recommendations stratified according to their level of evidence regarding the species of Leishmania implicated and the geographical location of the infection.

[S24170666](#)

Visceral leishmaniasis (VL), also known as Kala-Azar, is a disseminated protozoal infection caused principally by Leishmania donovani and Leishmania infantum (known as Leishmania chagasi in South America). The therapeutic options for VL are diverse and depend on different factors, such as the geographical area of the infection, development of resistance to habitual treatments, HIV co-infection, malnourishment and other concomitant infections. This article provides an exhaustive review of the literature regarding studies published on the treatment of VL, and gives therapeutic recommendations stratified according to their level of evidence, the species of Leishmania implicated and the geographical location of the infection.

[S24127222](#)

The common coexistence of chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD) presents several therapeutic constraints that have not been comprehensively investigated. Pharmacologic modulation of β -adrenoceptor (β -AR) function is one of the critical issues in the treatment of these patients because inhaled β 2-AR agonists may induce adverse events in patients with COPD, mainly in those with coexisting CVD. Moreover, the use of β -AR blockers has traditionally been contraindicated in COPD, mainly because of the potential for acute bronchospasm and increased airway hyperresponsiveness after their administration. However, there now appears to be good evidence that β -AR blockers are not only safe but may have benefits in COPD that extend beyond a reduction in cardiovascular mortality. This article starts with a succinct outline of the evolution in our understanding of β -AR modulation in COPD, touching on treatment of COPD with β -AR agonists and the issues of β -AR blockade and cardioselectivity in patients with comorbid CVD. We then summarize the current evidence for a COPD benefit from β -AR blockers and hypothesize on the mode of action. Finally, we provide a view of the future landscape in terms of therapeutic possibilities and what still needs to be resolved, based on our opinion.

[S24170667](#)

Disorders of consciousness, including the coma state, vegetative state and minimally conscious state, are among the least understood and least curable conditions in modern neurology. Structural or functional injuries may produce impairments in the neuronal circuits (the ascending reticular activating system and thalamocortical loops) responsible for maintaining the wakefulness state and awareness, associated with a change in neurotransmitter concentrations.

Pharmacological agents that are able to restore the levels of neurotransmitters and, consequently, neural synaptic plasticity and functional connectivity of consciousness networks, may play an important role as drugs useful in improving the consciousness state. Currently, there is growing interest in the scientific community with regard to pharmacological agents that act on the gamma amino-butyric acid (GABA) system, such as zolpidem and baclofen, and monoamine systems, such as dopaminergic agents and some antidepressants. The purpose of this article is to provide a comprehensive overview of these potential 'awakening' drugs in patients with disorders of consciousness. The possible mechanisms by which these drugs may exert their effects in promoting recovery of consciousness are discussed, highlighting how many findings are often the result of sporadic events rather than prospective controlled trials or implementation of standard treatment guidelines.

EUROPEAN HEART JOURNAL

S23907142

A substantial proportion of people do not adhere adequately to cardiovascular medications, and the prevalence of suboptimal adherence is similar across all individual CVD medications. Absolute and relative risk assessments demonstrate that a considerable proportion of all CVD events (~9% in Europe) could be attributed to poor adherence to vascular medications alone, and that the level of optimal adherence confers a significant inverse association with subsequent adverse outcomes. Measures to enhance adherence to help maximize the potentials of effective cardiac therapies in the clinical setting are urgently required.

S24014390

This overview provides a Europe-wide update on the current burden of cardiovascular disease, and specifically of coronary heart disease and stroke. Cardiovascular disease continues to cause a large proportion of deaths and disability in Europe, and places a substantial burden on the health care systems and economies of Europe. The overall picture, and the distribution of the burden, continues to evolve in a developing Europe. There have been major improvements in recent years on many measures of cardiovascular disease; however, these improvements have not been universal, and substantial inequalities persist.

S23999456

This pre-specified subgroup analysis from the ASTRONAUT trial generates the hypothesis that the addition of aliskiren to standard HHF therapy in non-diabetic patients is generally well-tolerated and improves post-discharge outcomes and biomarker profiles. In contrast, diabetic patients receiving aliskiren appear to have worse post-discharge outcomes. Future prospective investigations are needed to confirm potential benefits of renin inhibition in a large cohort of HHF patients without DM.

FAMILY MEDICINE

S24136695

LCME-accredited medical schools with lower percentages of graduates entering family medicine should examine the economic, environmental, and academic factors that may be causing low numbers of their students graduating and entering family medicine residencies.

S24136696

Changes in the NRMP Match process in 2013 make a comparison to prior years' Match results difficult. Medical school admission changes, loan repayment, and improved primary care reimbursement may help increase the number of students pursuing family medicine.

FAMILY PRACTICE

S23836094

There is insufficient evidence to recommend the routine use of inhaled corticosteroids for acute RTI in adults. However, some trials have shown benefits, suggesting the need for further high-quality, adequately powered trials.

S23913789

This study underlines the importance of careful follow-up of all depressed patients' mental and physical health and the intervention on unhealthy lifestyles. Large primary care database studies are needed to explore the association between depression, co-morbid somatic diseases, lifestyle and mortality.

S23825186

The 30 most common diagnoses in primary care reflect the complexity of disorders cared for in the first line of health care. Knowledge of these patterns is important when aiming at using primary health care resources in a proper way.

S23759366

Primary care quality, as assessed by the K-PCAT, was positively associated with good self-rated health status.

S23804161

This meta-analysis suggests that a low-GI diet may help lower total and LDL cholesterol. The generalizability of these findings is likely limited by heterogeneity in individual study definitions of low- or high-GI diets.

S23776041

Patients with HF register a high utilization of resources, and there is great variability in the management of such patients by health professionals, which cannot be accounted for by the degree of case complexity.

S23689516

The QI collaborative led to improvements in timeliness of answering calls, patient satisfaction and perceptions of high-quality telephone care and fewer reports of health care delays. Barriers to optimal telephone care 'quality' include untimely answer, transfers, non-receipt of needed information and urgent care needs.

GACETA SANITARIA

S23218974

Se requieren competencias transversales, en consonancia con un profesional versátil, y competencias específicas según el ámbito de actuación. Estos resultados confirman que la salud pública es un área de conocimiento multidisciplinario que trabaja estableciendo alianzas y colaboraciones más allá de disciplinas, profesiones y organizaciones.

S23122515

This study confirms the different mobility patterns in men and women, related to their distinct positions in the occupational, family and domestic spheres. Gender inequalities in mobility within the working population are largely determined by the greater responsibility of women in the domestic and family sphere. This finding should be taken into account in the design of future transport policies.

UIPV

uIPV is 2.6 times more frequent than pIPV and is associated with at least as many health problems as pIPV.

SESGO

Un muestreo probabilístico en puntos de muestreo elegidos por conveniencia permitiría dedicar más recursos a aumentar las tasas de respuesta en los colectivos menos participativos. Se propone la concentración de las preguntas en un solo cuestionario más breve previo a la extracción de sangre.

S23207430

Los informes de alta hospitalaria ofrecen un excelente grado de cumplimentación de los datos exigidos por la normativa vigente, pero deben mejorar en su calidad intrínseca.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S24150466

Risk-reduction counseling in conjunction with a rapid HIV test did not significantly affect STI acquisition among STD clinic patients, suggesting no added benefit from brief patient-centered risk-reduction counseling.

S24129464

Metoclopramide use in pregnancy was not associated with increased risk of major congenital malformations overall, any of the 20 individual malformation categories assessed, spontaneous abortion, or stillbirth. These safety data may help inform decision making when treatment with metoclopramide is considered in pregnancy.

S24084923

In Denmark between 2001 and 2010, an increase in survival following out-of-hospital cardiac arrest was significantly associated with a concomitant increase in bystander CPR. Because of the co-occurrence of other related initiatives, a causal relationship remains uncertain.

S24150468

The majority of cases in bacterial conjunctivitis are self-limiting and no treatment is necessary in uncomplicated cases. However, conjunctivitis caused by gonorrhea or chlamydia and conjunctivitis in contact lens wearers should be treated with antibiotics. Treatment for viral conjunctivitis is supportive. Treatment with antihistamines and mast cell stabilizers alleviates the symptoms of allergic conjunctivitis.

JAMA INTERNAL MEDICINE

S23921906

Among underserved patients whose CRC screening was not up to date, mailed outreach invitations resulted in markedly higher CRC screening compared with usual care. Outreach was more effective with FIT than with colonoscopy invitation

S23939297

A healthy diet and moderate intake of alcohol may decrease the incidence or progression of CKD among individuals with type 2 diabetes. Sodium intake, within a wide range, and normal protein intake are not associated with CKD

S23939263

Vitamin D supplementation did not improve blood pressure or markers of vascular health in older patients with isolated systolic hypertension.

JAMA PSYCHIATRY

S23925787

Schizophrenia is currently classified as a psychotic disorder. This article posits that this emphasis on psychosis is a conceptual fallacy that has greatly contributed to the lack of progress in our understanding of this illness and hence has hampered the development of adequate treatments. Not only have cognitive and intellectual underperformance consistently been shown to be risk factors for schizophrenia, several studies have found that a decline in cognitive functioning precedes the onset of psychosis by almost a decade. Although the question of whether cognitive function continues to decline after psychosis onset is still debated, it is clear that cognitive function in schizophrenia is related to outcome and little influenced by antipsychotic treatment. Thus, our focus on defining (and preventing) the disorder on the basis of psychotic symptoms may be too narrow. Not only should cognition be recognized as the core component of the disorder, our diagnostic efforts should emphasize the changes in cognitive function that occur earlier in development. Putting the focus back on cognition may facilitate finding treatments for the illness before psychosis ever emerges.

MEDICINA CLINICA

S23891130

El trastorno bipolar es una enfermedad crónica y recurrente del estado de ánimo, que generalmente limita seriamente la funcionalidad del paciente y que afecta aproximadamente al 1,6% de la población. Se ha detectado un gran retraso en el diagnóstico y una excesiva disparidad en el tratamiento de estos pacientes. Dentro del Plan de Calidad del Sistema Nacional de Salud español, una de las estrategias fundamentales es mejorar la práctica clínica a través de la elaboración y uso de guías de práctica clínica (GPC). En este contexto, la GPC del trastorno bipolar nace de un convenio suscrito entre el Ministerio de Sanidad y la Universidad de Alcalá, participando la Asociación Española de Neuropsiquiatría como promotora y gestora del proyecto. Su principal objetivo es elaborar unas recomendaciones sobre las actuaciones diagnósticas, terapéuticas y de rehabilitación para la atención a pacientes con trastorno bipolar aplicables sobre todo en los servicios de salud mental públicos. En este artículo se recogen las principales recomendaciones acerca de las intervenciones farmacológicas y psicosociales en el trastorno bipolar.

S22841470

Los pacientes hipertensos diabéticos tipo 2 presentan una mayor prevalencia de LOD y de ECV respecto a los pacientes hipertensos no diabéticos con 3 o más FRCV. Aunque ambas situaciones se incluyen en el estrato de riesgo cardiovascular elevado, cabe esperar que los hipertensos diabéticos tengan una mayor incidencia de complicaciones cardiovasculares.

S23683967

La proporción de pacientes con FA que reciben anticoagulación en atención primaria es elevada, sin embargo, el control del INR resulta subóptimo. La estrategia adoptada es el control de frecuencia en la mayoría de los casos. La estratificación del riesgo embólico debería sustituir al tipo de arritmia en la decisión terapéutica.

S23540388

La tuberculosis resistente a fármacos es un problema emergente en todo el mundo, con una incidencia cada vez mayor. Según la OMS, en el año 2008, el 17% de las cepas de *Mycobacterium tuberculosis*, en los casos no tratados, eran resistentes al menos a un fármaco, y el 3,6% eran resistentes a rifampicina e isoniacida, lo que se denomina tuberculosis multirresistente. El problema es mucho mayor en pacientes previamente tratados y en algunos países, donde las tasas de multirresistencia pueden llegar hasta el 60%. Aproximadamente el 5% de los pacientes con tuberculosis multirresistente son también resistentes a alguna fluoroquinolona y al menos a un fármaco inyectable, denominándose tuberculosis extremadamente resistente. El tratamiento de estas formas de tuberculosis requiere el empleo de fármacos de segunda línea, que ocasionan un mayor corte, elevada toxicidad y un aumento de la duración de los tratamientos. Existe una necesidad de nuevos compuestos con perfiles de seguridad y eficacia mejores que los actualmente utilizados para el tratamiento de estas formas de tuberculosis. En la última década están siendo reevaluados diferentes fármacos ya conocidos y además han aparecido nuevos compuestos que están siendo investigados y se encuentran en diferentes fases de su desarrollo.

S23790578

El incremento de PTH en pacientes con insuficiencia de vitamina D implica un peor control de la presión arterial y una mayor rigidez vascular. La reposición con vitamina D muestra una tendencia a reducir estos parámetros.

S23103108

La determinación precoz de Hb y HTC en pacientes con HD aguda mediante GSV resulta fiable en la valoración inicial de la anemia. La GSV sobreestima sistemáticamente el valor de Hb en al menos 0,5 g/dl, por lo que la evaluación clínica y hemodinámica del sangrante debe prevalecer sobre el resultado analítico.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S23993411

No se observaron diferencias en el tratamiento recibido en prevención cardiovascular primaria por los pacientes de edad avanzada en relación con el nivel socioeconómico. Un sistema de salud universal y gratuito basado en un modelo de atención primaria puede ser eficaz en la reducción de las desigualdades en la salud.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S23941088

These associations indicate that high lipoprotein levels do not seem to be definitely harmful in the general population. However, high triglyceride levels in females are associated with decreased survival.

S23906108

It is important to inform CCS continuously regarding their increased risk, as a relatively small percentage are aware of this. Since most of these patients first reported their symptoms to the GP, all GPs should be aware of this increased risk, in particular because this concerns cancer at a younger age than normally expected. A survivor care plan might be an effective way of communication with both CCS and GPs.

S23941086

The findings emphasize the importance of the encounter between the GP and the patient for prudent antibiotic prescribing. Furthermore, the importance of an appropriate organization of primary care, which promotes continuity and encourages professional autonomy, is demonstrated.

THE LANCET

S23915885

Internet training achieved important reductions in antibiotic prescribing for respiratory-tract infections across language and cultural boundaries.

THE NEW ENGLAND JOURNAL OF MEDICINE

S23992601

DPP-4 inhibition with saxagliptin did not increase or decrease the rate of ischemic events, though the rate of hospitalization for heart failure was increased. Although saxagliptin improves glycemic control, other approaches are necessary to reduce cardiovascular risk in patients with diabetes. (Funded by AstraZeneca and Bristol-Myers Squibb; SAVOR-TIMI 53 ClinicalTrials.gov number, NCT01107886.).

S23991656

Routine thrombus aspiration before PCI as compared with PCI alone did not reduce 30-day mortality among patients with STEMI. (Funded by the Swedish Research Council and others; ClinicalTrials.gov number, NCT01093404.).

S23992515

Tiotropium Respimat at a dose of 5 µg or 2.5 µg had a safety profile and exacerbation efficacy similar to those of tiotropium HandiHaler at a dose of 18 µg in patients with COPD. (Funded by Boehringer Ingelheim; TIOSPIR ClinicalTrials.gov number, NCT01126437.).

S23992557

In patients with acute pericarditis, colchicine, when added to conventional antiinflammatory therapy, significantly reduced the rate of incessant or recurrent pericarditis. (Funded by former Azienda Sanitaria Locale 3 of Turin [now Azienda Sanitaria Locale 2] and Acarpia; ICAP ClinicalTrials.gov number, NCT00128453.).

S23992602

Among patients with type 2 diabetes who had had a recent acute coronary syndrome, the rates of major adverse cardiovascular events were not increased with the DPP-4 inhibitor alogliptin as compared with placebo. (Funded by Takeda Development Center Americas; EXAMINE ClinicalTrials.gov number, NCT00968708.).

THORAX

S23611880

Spirometric GOLD grades predicted mortality better than the new ABCD groups among people with COPD from a Norwegian general population.