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[R/C](#)

ASOCIACIONES TRANSVERSALES ENTRE CONTAMINACIÓN AÉREA Y BRONQUITIS CRÓNICA: METAANÁLISIS ESCAPE A TRAVÉS DE CINCO COHORTES

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[24904021](#)

[R/C](#)

ÁCIDO ÚRICO SÉRICO Y RIESGO DE ENFERMEDAD RESPIRATORIA: ESTUDIO DE COHORTE POBLACIONAL

ANNALS OF INTERNAL MEDICINE

S25329205

Physical symptoms account for more than half of all outpatient visits, yet the predominant disease-focused model of care is inadequate for many of these symptom-prompted encounters. Moreover, the amount of clinician training dedicated to understanding, evaluating, and managing common symptoms is disproportionately small relative to their prevalence, impairment, and health care costs. This narrative review regarding physical symptoms addresses 4 common epidemiologic questions: cause, diagnosis, prognosis, and therapy. Important findings include the following: First, at least one third of common symptoms do not have a clear-cut, disease-based explanation (5 studies in primary care, 1 in specialty clinics, and 2 in the general population). Second, the history and physical examination alone contribute 73% to 94% of the diagnostic information, with costly testing and procedures contributing much less (5 studies of multiple types of symptoms and 4 of specific symptoms). Third, physical and psychological symptoms commonly co-occur, making a dualistic approach impractical. Fourth, because most patients have multiple symptoms rather than a single symptom, focusing on 1 symptom and ignoring the others is unwise. Fifth, symptoms improve in weeks to several months in most patients but become chronic or recur in 20% to 25%. Sixth, serious causes that are not apparent after initial evaluation seldom emerge during long-term follow-up. Seventh, certain pharmacologic and behavioral treatments are effective across multiple types of symptoms. Eighth, measuring treatment response with valid scales can be helpful. Finally, communication has therapeutic value, including providing an explanation and probable prognosis without "normalizing" the symptom.

S25155419

The USPSTF recommends offering or referring adults who are overweight or obese and have additional CVD risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. (B recommendation).

S25232633

Medium- and high-intensity diet and physical activity behavioral counseling in overweight or obese persons with CVD risk factors resulted in consistent improvements across a variety of important cardiovascular intermediate health outcomes up to 2 years. High-intensity combined lifestyle counseling reduced diabetes incidence in the longer term. The applicability of these findings depends largely on the availability of intensive counseling in practice and real-world fidelity and adherence to these interventions.

ATENCION PRIMARIA

S25034722

La hiperlipidemia familiar combinada (HFC) es un trastorno muy frecuente asociado a enfermedad coronaria prematura. Se transmite de forma autosómica dominante, aunque no existe un gen único asociado al trastorno. El diagnóstico se realiza mediante criterios clínicos, y son importantes la variabilidad del fenotipo lipídico y la historia familiar de hiperlipidemia. Es frecuente la asociación con diabetes mellitus tipo 2, hipertensión arterial y obesidad central. Los pacientes con HFC se consideran de riesgo cardiovascular alto y el objetivo terapéutico es un colesterol-LDL < 100 mg/dl, y < 70 mg/dl en presencia de enfermedad cardiovascular establecida o diabetes mellitus. Los pacientes con HFC requieren tratamiento con estatinas potentes y, a veces, tratamiento combinado. La identificación y el manejo de otros factores de riesgo cardiovascular, como la diabetes y la hipertensión, son fundamentales para reducir la carga de enfermedad cardiovascular. Este documento proporciona recomendaciones para el diagnóstico y el tratamiento integral de los pacientes con HFC especialmente dirigidas a médicos de atención primaria.

- La HFC se diagnóstica mediante criterios clínicos. No hay una prueba genética de certeza.
- Para el diagnóstico de la HFC se requiere la presencia de al menos 2 familiares directos con hiperlipidemia (colesterol y/o triglicéridos elevados).
- Se recomienda confirmar la variabilidad fenotípica en el individuo y sus familiares mediante análisis de lípidos repetidos.
- Se debe sospechar la HFC en un sujeto con hiperlipidemia primaria (c-LDL > 160 mg/dl y/o triglicéridos > 200 mg/dl).
- Si está disponible, la determinación de una apo B > 120 mg/dl apoya el diagnóstico clínico.
- No se deben aplicar los criterios de Framingham y SCORE para la valoración del RCV.
- Los pacientes con HFC se deben considerar de alto RCV, y el objetivo en c-LDL debe ser < 100 mg/dl.
- En los pacientes con HFC y ECV o DM tipo 2, el objetivo en c-LDL debe ser < 70 mg/dl.
- El tratamiento farmacológico hipolipemiante se debe comenzar en el momento del diagnóstico, y la mayoría de estos pacientes requieren estatinas potentes o tratamiento combinado con ezetimiba o fibratos.
- En el tratamiento combinado de estatinas y fibratos está contraindicado el uso del gemfibrozilo.
- Si existe un aumento en las transaminasas, se debe realizar una ecografía hepática para descartar esteatosis hepática.
- El objetivo de control glucémico en la HFC es una HbA1c < 7%, siendo menos estricto en pacientes ancianos, con riesgo de hipoglucemias o con enfermedad aterosclerótica muy avanzada (HbA1c 8-8,5%).

•- En los pacientes con DM tipo 2, el tratamiento inicial es metformina, y en caso necesario se pueden asociar otros fármacos, como IDDP-4 y análogos GLP-1, dado su perfil de seguridad y beneficio sobre el peso.

•- En los pacientes con HTA, el objetivo es una PA < 140/90 mmHg.

•- En los pacientes con DM, el objetivo de PAD es 80-85 mmHg, no existiendo beneficio añadido con cifras de PAS < 130 mmHg.

•- En la HTA se deben utilizar fármacos de acción prolongada, siendo los IECA, los ARA II y/o los antagonistas del calcio los recomendables por su efecto neutro sobre el perfil lipídico y glucémico.

S24656757

En la población infantil y adolescente española la alimentación no saludable relacionada con la obesidad muestra un patrón socioeconómico claro.

S24559729

La utilización de AD en la CV ha experimentado un gran incremento entre 2000-2010, mientras que el de A e H ha sido moderado, aunque su consumo todavía está por encima del de AD. A pesar de la reducción en el coste de la DDD en ambos grupos, el importe global de la factura en antidepresivos en la CV sigue en aumento.

BRITISH JOURNAL OF PSYCHIATRY

S25104834

Beyond ADHD symptoms, the likelihood of receiving ADHD medication is predicted by social variables and not by psychiatric comorbidity or by parenting. This emphasises the need to improve global interventions by offering the same therapeutic opportunities (including medication) as those received by the rest of the population to some subgroups (i.e. immigrants) and by diminishing possible unnecessary prescriptions.

S25274315

Psychotherapy may be effective in the treatment of subclinical depression and reduce the incidence of major depression, but more high-quality research is needed.

S25104833

The changes may be related to economic recession and its impact on children from diverse cultural backgrounds, but may also be due to improvements in mortality registration in South America

BRITISH MEDICAL JOURNAL

S25281681

Our analysis shows that the findings obtained from industry sponsored statin trials seem similar in magnitude as those in non-industry sources. There are actual differences in the effectiveness of individual statins at various doses that explain previously observed discrepancies between industry and non-industry sponsored trials.

S25269649

Adherence to a low risk lifestyle before pregnancy is associated with a low risk of gestational diabetes and could be an effective strategy for the prevention of gestational diabetes.

S25249162

From 1991 to 2012, more than one in 10 first line antibiotic monotherapies for the selected infections were associated with treatment failure. Overall failure rates increased by 12% over this period, with most of the increase occurring in more recent years, when antibiotic prescribing in primary care plateaued and then increased.

S25359996

In older patients receiving angiotensin converting enzyme inhibitors or angiotensin receptor blockers, co-trimoxazole is associated with an increased risk of sudden death. Unrecognized severe hyperkalemia may underlie this finding. When appropriate, alternative antibiotics should be considered in such patients.

S25335825

Adolescents who self harm seem to be vulnerable to a range of adverse outcomes in early adulthood. Risks were generally stronger in those who had self harmed with suicidal intent, but outcomes were also poor among those who had self harmed without suicidal intent. These findings emphasise the need for early identification and treatment of adolescents who self harm.

S25274009

Long acting insulin analogs are probably superior to intermediate acting insulin analogs, although the difference is small for hemoglobin A1c. Patients and their physicians should tailor their choice of insulin according to preference, cost, and accessibility.

S25352269

High milk intake was associated with higher mortality in one cohort of women and in another cohort of men, and with higher fracture incidence in women. Given the observational study designs with the inherent possibility of residual confounding and reverse causation phenomena, a cautious interpretation of the results is recommended.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S25246411

In this longitudinal population-based study, metformin use was associated with an increased incidence of low TSH levels in patients with treated hypothyroidism, but not in euthyroid patients. The clinical consequences of this need further investigation.

S25225226

We found that quality improvement strategies for coordination of care reduced hospital admissions among patients with chronic conditions other than mental illness and reduced emergency department visits among older patients. Our results may help clinicians and policy-makers reduce utilization through the use of strategies that target the system (team changes, case management) and the patient (promotion of self-management).

CIRCULATION

S25208551

Numbers of AF-related incident ischemic strokes at age =80 years have trebled over the last 25 years, despite the introduction of anticoagulants, and are projected to treble again by 2050, along with the numbers of systemic emboli. Improved prevention in older people with AF should be a major public health priority.

S25161044

The once-settled roles of all dietary fatty acid classes vis-à-vis coronary heart disease (CHD) seem to be under fire these days. For decades it had been received wisdom that "saturated fats are bad," and that margarines should replace butter to reduce risk for heart attacks. But a recent Time magazine cover that screamed, "EAT BUTTER" illustrates this changing perspective¹. Olive oil, the poster child of the "Mediterranean Diet" and a rich source of oleic acid, has long been nearly worshiped as cardioprotective, but recent meta-analyses² and animal feeding studies³ are challenging this view. Similarly, the marine-derived omega-3 fatty acids, which have historically found a place among the "healthiest" of all dietary fats have fallen on hard times based on the null findings in several recent randomized trials⁴, and now linoleic acid (LA), the principal vegetable-oil derived omega-6 fatty acid - once taken as a medicine by the tablespoon to lower cholesterol - is now being accused of causing, not preventing heart disease⁵. The only class that seems to be holding its own is the industrially-produced trans fats which, although clearly promoting CHD, are also slowly disappearing from the American diet⁶. Understandably, the American public is becoming jaded when it comes to official proclamations of what constitutes a "healthy fat."

S25189213

-In the context of balanced primary and secondary endpoints, saxagliptin treatment was associated with an increased risk for hospitalization for heart failure. This increase in risk was highest among patients with elevated levels of natriuretic peptides, prior heart failure, or chronic kidney disease. Clinical Trial Registration Information-ClinicalTrials.gov. Identifier: NCT01107886.

S25189212

The diabetes pandemic is currently among the most challenging non-communicable disease threats to public health. It is estimated that 382 million people worldwide have diabetes and the majority will likely die from cardiovascular disease. Diabetes is an independent risk factor for atherosclerotic cardiovascular disease as well as heart failure, with a 5-fold increased risk of heart failure in women with diabetes and a 2.4-fold increased risk in men.¹⁻³ In patients with diabetes, the prevalence of heart failure is between 10 to 22%, 4 times higher than that of the general population.² The degree of glycemic control in patients with diabetes has been demonstrated to be associated with the risk of atherosclerotic cardiovascular disease and new onset heart failure.^{1,4} It has been a widely held belief that lowering HbA1c levels with glucose-lowering medications in patients with diabetes would result in clinical benefits, including the reduction of atherosclerotic cardiovascular events. Lowering of the HbA1c levels by glucose-lowering medications in patients with diabetes mellitus has been used as a surrogate measure of their benefit including the potential to reduce cardiovascular risk by clinicians, guideline writing groups, and regulators.⁵

DIABETES CARE

S25011946

Adding exenatide to titrated glargine with metformin resulted in similar glycemic control as adding lispro and was well tolerated. These findings support exenatide as a noninsulin addition for patients failing basal insulin.

S25078900

Gla-300 controls HbA1c as well as Gla-100 for people with type 2 diabetes treated with basal and mealtime insulin but with consistently less risk of nocturnal hypoglycemia.

S25249670

These findings provide, in a large, multicenter data set, objective evidence that testing outside guidance on HbA1c monitoring frequency is associated with a significant detrimental effect on diabetes control. To achieve the optimum downward trajectory in HbA1c, monitoring frequency should be quarterly, particularly in cases with suboptimal HbA1c. While this impact appears small, optimizing monitoring frequency across the diabetes population may have major implications for diabetes control and comorbidity risk.

S25249673

We performed a review of the literature to determine whether the dipeptidyl peptidase-4 inhibitors (DPP4-I) may have the capability to directly and positively influence diabetic microvascular complications. The literature was scanned to identify experimental and clinical evidence that DPP4-I can ameliorate diabetic microangiopathy. We retrieved articles published between 1 January 1980 and 1 March 2014 in English-language peer-reviewed journals using the following terms: ("diabetes" OR "diabetic") AND ("retinopathy" OR "retinal" OR "nephropathy" OR "renal" OR "albuminuria" OR "microalbuminuria" OR "neuropathy" OR "ulcer" OR "wound" OR "bone marrow"); ("dipeptidyl peptidase-4" OR "dipeptidyl peptidase-IV" OR "DPP-4" OR "DPP-IV"); and ("inhibition" OR "inhibitor"). Experimentally, DPP4-I appears to improve inflammation, endothelial function, blood pressure, lipid metabolism, and bone marrow function. Several experimental studies report direct potential beneficial effects of DPP4-I on all microvascular diabetes-related complications. These drugs have the ability to act either directly or indirectly via improved glucose control, GLP-1 bioavailability, and modifying nonincretin substrates. Although preliminary clinical data support that DPP4-I therapy can protect from microangiopathy, insufficient evidence is available to conclude that this class of drugs directly prevents or decreases microangiopathy in humans independently from improved glucose control. Experimental findings and preliminary clinical data suggest that DPP4-I, in addition to improving metabolic control, have the potential to interfere with the onset and progression of diabetic microangiopathy. Further evidence is needed to confirm these effects in patients with diabetes.

S25249668

As diabetes develops, we currently waste the first ~10 years of the natural history. If we found prediabetes and early diabetes when they first presented and treated them more effectively, we could prevent or delay the progression of hyperglycemia and the development of complications. Evidence for this comes from trials where lifestyle change and/or glucose-lowering medications decreased progression from prediabetes to diabetes. After withdrawal of these interventions, there was no "catch-up"-cumulative development of diabetes in the previously treated groups remained less than in control subjects. Moreover, achieving normal glucose levels even transiently during the trials was associated with a substantial reduction in subsequent development of diabetes. These findings indicate that we can change the natural history through routine screening to find prediabetes and early diabetes, combined with management aimed to keep glucose levels as close to normal as possible, without hypoglycemia. We should also test the hypothesis with a randomized controlled trial.

S24989706

Even in this high-risk group, vascular calcification and known CVD risk factors provide useful information for ongoing assessment. The use of cholesterol-lowering medication seemed to be protective for mortality.

S25249672

The incidence and prevalence of diabetes mellitus have grown significantly throughout the world, due primarily to the increase in type 2 diabetes. This overall increase in the number of people with diabetes has had a major impact on development of diabetic kidney disease (DKD), one of the most frequent complications of both types of diabetes. DKD is the leading cause of end-stage renal disease (ESRD), accounting for approximately 50% of cases in the developed world. Although incidence rates for ESRD attributable to DKD have recently stabilized, these rates continue to rise in high-risk groups such as middle-aged African Americans, Native Americans, and Hispanics. The costs of care for people with DKD are extraordinarily high. In the Medicare population alone, DKD-related expenditures

among this mostly older group were nearly \$25 billion in 2011. Due to the high human and societal costs, the Consensus Conference on Chronic Kidney Disease and Diabetes was convened by the American Diabetes Association in collaboration with the American Society of Nephrology and the National Kidney Foundation to appraise issues regarding patient management, highlighting current practices and new directions. Major topic areas in DKD included 1) identification and monitoring, 2) cardiovascular disease and management of dyslipidemia, 3) hypertension and use of renin-angiotensin-aldosterone system blockade and mineralocorticoid receptor blockade, 4) glycemia measurement, hypoglycemia, and drug therapies, 5) nutrition and general care in advanced-stage chronic kidney disease, 6) children and adolescents, and 7) multidisciplinary approaches and medical home models for health care delivery. This current state summary and research recommendations are designed to guide advances in care and the generation of new knowledge that will meaningfully improve life for people with DKD.

[S25024396](#)

Two-year weight loss was the strongest predictor of reduced diabetes risk and improvements in cardiometabolic traits.

[S25048383](#)

Once-weekly albiglutide therapy in renally impaired patients with type 2 diabetes provided statistically superior glycemic improvement with almost similar tolerability compared with daily sitagliptin therapy.

DRUGS

[S25239267](#)

Antiepileptic drugs (AEDs) are a class of medications that have received considerable attention as possible treatments for agitation and aggression in patients with dementia. This attention has been driven in equal measure by promising findings from limited trial and observational data and the desire to find treatments with improved tolerability. Their use, to date, has been largely confined to circumstances where first-line treatments have proven inadequate or are poorly tolerated. In recent years there has been some growth in the evidence base, and we can now make more informed recommendations regarding a number of older AEDs. Carbamazepine continues to have the best evidence to support its use, although the evidence base remains relatively small and concerns regarding tolerability limit its use. There is now more consistent evidence that valproate preparations should not be used for agitation and aggression in dementia. Despite a lack of high-quality data, some results have been reported for several newer medications, including levetiracetam, oxcarbazepine, gabapentin, topiramate and lamotrigine, and a number of these warrant further investigation. Recent findings and implications for clinical practice are discussed.

[S25315029](#)

The humanized monoclonal antibody bevacizumab (Avastin®) has been available in the EU since 2005. Results of phase III trials demonstrate that adding intravenous bevacizumab to antineoplastic agents improves progression-free survival and/or overall survival in patients with advanced cancer, including when used as first- or second-line therapy in metastatic colorectal cancer, as first-line therapy in advanced nonsquamous non-small cell lung cancer, as first-line therapy in metastatic renal cell carcinoma, as first-line therapy in metastatic breast cancer, and as first-line therapy in epithelial ovarian, fallopian tube or primary peritoneal cancer or in recurrent, platinum-sensitive or platinum-resistant disease. Results of these studies are supported by the findings of routine oncology practice studies conducted in real-world settings. The tolerability profile of bevacizumab is well defined and adverse events associated with its use (e.g. hypertension, proteinuria, haemorrhage, wound healing complications, arterial thromboembolism, gastrointestinal perforation) are generally manageable. In conclusion, bevacizumab remains an important option for use in patients with advanced cancer.

[S25270377](#)

Dabigatran etexilate (Pradaxa®, Praxaxa®) has recently been approved for the treatment of acute venous thromboembolism (VTE) and prevention of VTE recurrence. Dabigatran etexilate is an oral prodrug of dabigatran, a selective, reversible, competitive, direct thrombin inhibitor. Dabigatran etexilate has a wide therapeutic range that allows for fixed-dose administration without the need for routine monitoring, a requirement of standard vitamin K antagonist (VKA) therapy. In randomized phase III trials in patients with acute VTE (RE-COVER and RE-COVER II), long-term treatment with oral dabigatran etexilate 150 mg twice daily for 6 months after initial parenteral anticoagulation was noninferior to dose-adjusted warfarin with regard to the incidence of recurrent symptomatic VTE or related death. In randomized trials of patients with previously treated VTE, extended dabigatran etexilate treatment was noninferior to warfarin (RE-MEDY) and significantly more effective than placebo (RE-SONATE) with regard to the incidence of recurrent VTE or related death. Dabigatran etexilate was generally well tolerated, with a similar incidence of major bleeding to that with warfarin in individual studies (although pooled data showed a significantly lower incidence in patients with acute VTE), and significantly lower incidences of the combined endpoint of major or clinically relevant nonmajor bleeding and of any bleeding than with warfarin. However, in the RE-SONATE trial, dabigatran etexilate was associated with a higher risk of bleeding than placebo. In conclusion, dabigatran etexilate is a valuable treatment option for acute VTE and prevention of VTE recurrence, providing an effective and convenient alternative to standard VKA therapy with the potential for a lower overall rate of bleeding.

[S25274537](#)

Oral empagliflozin (Jardiance®), a sodium glucose cotransporter-2 (SGLT2) inhibitor, is a convenient once-daily treatment for adult patients with type 2 diabetes mellitus. By inhibiting reabsorption of glucose from the proximal tubules in the kidney via inhibition of SGLT2, empagliflozin provides a novel insulin-independent mechanism of lowering blood glucose. In several phase III trials (=104 weeks' duration; typically 24 weeks' duration) and extension studies (typically =76 weeks' treatment), empagliflozin monotherapy or add-on therapy to other antihyperglycaemics, including insulin, improved glycaemic control and reduced bodyweight and systolic blood pressure in adult patients with type 2 diabetes. In a large phase III trial, as add-on therapy to metformin, empagliflozin was shown to be noninferior to glimepiride at 52 and 104 weeks and superior to glimepiride at 104 weeks, in terms of reductions in glycated haemoglobin level (primary endpoint). Empagliflozin was well tolerated by participants in these clinical trials, with most adverse events being mild or moderate in intensity. Empagliflozin treatment appeared to have no intrinsic risk of hypoglycaemia, although hypoglycaemia occurred more frequently when empagliflozin was coadministered with insulin and/or a sulfonylurea. With its insulin-independent mechanism of action, empagliflozin monotherapy or combination therapy with other antidiabetic drugs, including insulin, provides a useful addition to the therapeutic options for the management of type 2 diabetes. This article reviews the pharmacological properties and clinical use of empagliflozin in patients with type 2 diabetes.

[S25297911](#)

Linagliptin (Trajenta®, Tradjenta®) is a dipeptidyl peptidase (DPP)-4 inhibitor approved for the treatment of adults with type 2 diabetes mellitus in several countries. A fixed-dose combination of linagliptin/metformin (Jentadueto®) is also available. This article reviews the pharmacology, therapeutic efficacy and tolerability of linagliptin in the management of type 2 diabetes, with the aim of updating its place in therapy based on recently published data. In randomized, controlled trials, oral linagliptin 5 mg once daily (or 2.5 mg twice daily when combined with metformin) improved glycaemic control when used alone or in combination with other antidiabetic agents, including metformin, a sulfonylurea, thiazolidinedione or insulin. Improvements in glycaemic control were also shown in patients with renal impairment, including severe impairment, and the elderly (aged =70 years). Linagliptin is the first DPP-4 inhibitor to be eliminated primarily via a nonrenal route, enabling its use without dosage adjustment in patients with any degree of renal impairment. Linagliptin is generally well tolerated and, as with other DPP-4 inhibitors, it is associated with a low risk of hypoglycaemia and has no effect on bodyweight. Some data indicate that linagliptin may have beneficial effects on cardiovascular and renal safety profiles in

patients with type 2 diabetes, but more data are needed. Meanwhile, the low risk of hypoglycaemia and the nonrenal route of elimination may provide important advantages for some patient groups, including elderly or renally impaired patients.

[S25255924](#)

Despite their transfusion-independence, non-transfusion-dependent thalassemia (NTDT) patients experience a variety of serious clinical complications that require prompt and comprehensive management. Transfusion therapy may still be an important part of management of this disease, in cases of acute stress, to support growth and development in childhood, or to prevent clinical morbidities stemming from ineffective erythropoiesis or hemolytic anemia. Although splenectomy is associated with improvements in hemoglobin levels, it leads to several short- and long-term adverse events, warranting caution in application of this intervention. Fetal hemoglobin induction therapy has been evaluated in

non-randomized studies, with benefits extending beyond hematologic improvements to lowering morbidity risk. Effective and safe iron chelation therapy is now available for NTDT patients in whom iron overload develops, irrespective of transfusions, due to increased intestinal absorption, ultimately leading to clinically high iron burden levels and subsequent morbidity. Optimal management of NTDT patients requires a holistic approach targeting all hallmarks of the disease to ensure favorable patient outcomes.

[S25352391](#)

Oral rifaximin 550 mg (Refero®; Targaxan®; Tixteller®; Xifaxan®) twice daily, either alone or more commonly with medicines containing lactulose, is approved in several countries, including the UK, EU and USA, for use in adults with liver disease to reduce the recurrence of episodes of overt hepatic encephalopathy (HE). Rifaximin is a broad-spectrum antibacterial that acts locally in the gut to reduce intestinal flora, including ammonia-producing species, with hyperammonaemia considered to play a central role in the pathogenesis of HE. In a 6-month, multinational trial in patients with liver disease, rifaximin 550 mg twice daily (\pm lactulose) was an effective and well tolerated treatment for reducing the recurrence of HE episodes. At study end, rifaximin therapy significantly prolonged the time to the first breakthrough HE episode compared with placebo (\pm lactulose), irrespective of geographical region or baseline patient and disease characteristics. Rifaximin treatment also significantly reduced HE-related hospitalizations and improved health-related quality of life compared with placebo. Furthermore, the efficacy of rifaximin with or without lactulose in reducing the recurrence of overt HE episodes was maintained after up to 2.5 years of treatment, with no new safety signals arising during this period. This article reviews the pharmacology and therapeutic efficacy of rifaximin 550 mg twice daily in reducing the recurrence of overt HE episodes in adults with liver disease.

[S25288321](#)

3-Hydroxy-3-methylglutaryl-coenzyme A reductase inhibitors (statins) are currently among the most commonly prescribed pharmaceutical agents worldwide. Apart from their well-established therapeutic value in cardiovascular disease, there is a long-standing debate on their potential association with cancer. To obtain and discuss the existing clinical evidence, an overview of meta-analysis articles addressing this issue was carried out. As of today, the accumulated evidence does not support the hypothesis that statins affect the risk of developing cancer, when they are taken at low doses for managing hypercholesterolaemia. However, current data cannot exclude an increased cancer risk in elderly patients associated with hydrophilic statin use, or decreases in the risks of certain cancers, such as gastric, oesophageal, liver, colorectal and advanced/aggressive prostate cancer. On the other hand, some recent observational studies have provided evidence that statins might be useful in modifying the prognosis of patients diagnosed with malignancy. Until a definitive benefit is demonstrated in randomized controlled trials, statins cannot be recommended either for cancer prevention or for modifying cancer-related outcomes. Further research is warranted to clarify the potential role(s) of statins in the prevention and treatment of cancer.

[S25204470](#)

The prevalence of use of long-term systemic glucocorticoid therapy in the general adult population is 1 %. This figure increases to up to 3 % in elderly women. Metabolic (i.e. diabetes mellitus, dyslipidemia, weight gain, lipodystrophy) and cardiovascular (i.e. hypertension, cardiovascular events) adverse events are commonly observed in these patients and can be life threatening. Paradoxically, there is very few data on some of these adverse events and many of the available studies remain inconclusive. Incidence of and risk factors for dyslipidemia, weight gain and lipodystrophy are poorly defined. The optimal treatment plan for patients diagnosed with glucocorticoid-induced diabetes or hypertension is undetermined. Finally, there is no medical consensus on the best strategies for the prevention and detection of these complications. However, certain of these questions can be answered by looking at available data on patients with endogenous hypercortisolism (i.e. Cushing's syndrome). This article reviews the pathophysiology, incidence, risk factors, screening, and treatment of glucocorticoid-induced weight gain, lipodystrophy, diabetes, dyslipidemia, hypertension, and cardiovascular events. It also focuses on the possible prevention of these adverse events by targeting the glucocorticoid receptor using selective glucocorticoid receptor modulators.

[S25300412](#)

The long-acting anticholinergic agent tiotropium bromide (Spiriva®) is available as a solution for inhalation via Respimat® Soft Mist™ Inhaler in the EU and various other countries for the treatment of chronic obstructive pulmonary disease (COPD). With the Respimat® Soft Mist™ Inhaler there is improved lung deposition of drug (allowing a reduced dosage compared with tiotropium HandiHaler®), the delivered drug dose is independent of inspiratory effort and the prolonged duration of the aerosol cloud should make the co-ordination of actuation and inhalation easier. In patients with COPD, tiotropium Respimat® improved lung function, COPD exacerbations, health-related quality of life and dyspnoea and was at least as effective as tiotropium HandiHaler®. Tiotropium Respimat® was generally well tolerated in patients with COPD, with anticholinergic adverse events among the most commonly reported adverse events. In the TIOSPIR trial, tiotropium Respimat® was noninferior to tiotropium HandiHaler® in terms of all-cause mortality, and the risk of cardiovascular mortality or major adverse cardiovascular events did not significantly differ between the two treatment groups. In conclusion, tiotropium Respimat® Soft Mist™ Inhaler is a useful option for the treatment of patients with COPD.

EUROPEAN HEART JOURNAL

[S24944329](#)

Younger patients with heart failure have different clinical characteristics including different aetiologies, more severe left ventricular dysfunction, and less severe symptoms. Three-year mortality rates are lower for all age groups under 60 years compared with older patients.

FAMILY MEDICINE

[S25275276](#)

This limited descriptive study offers insight into the financial status of GH programs. Despite institutional support, respondents relied on personal funds and were pessimistic about future funding.

[S25275280](#)

This is the 33rd annual report prepared by the American Academy of Family Physicians (AAFP) that reports retrospectively the percentage of graduates from US MD and DO-granting medical schools who entered an Accreditation Council for Graduate Medical Education (ACGME)-accredited family medicine residency program and covers the period between July 2013 and June 2014. Approximately 8.5% of the 18,384 graduates of US MD-granting medical schools entered family medicine in 2014. Seventy of the 130

US LCME-accredited medical schools produced 80% of the graduates who entered family medicine. Schools that received public funding and schools with a department or division of family medicine had higher percentages of students selecting family medicine. Schools are ranked based upon a 3-year rolling average for the percentage of their graduates who entered family medicine. The West North Central, Mountain, and Pacific regions reported the highest percentages of medical school graduates who were first-year residents in family medicine programs (13.3%, 11.8%, and 11.8% respectively).

[S25275281](#)

The 2014 National Residency Matching Program® results reveal that the number of family medicine positions offered in the Match® by programs accredited by the Accreditation Council on Graduate Medical Education has increased compared to 2013 (3,132 versus 3,062), while the total of all other primary care specialties combined has remained unchanged (784). The number of US seniors matching into family medicine also increased in 2014 over the prior year (1,416 versus 1,374). The percentage of US seniors who matched into family medicine programs grew modestly in 2014 compared to 2013 (8.6% versus 8.4%). Approximately four out of five primary care positions offered in the Match are in family medicine residency programs (3,132 versus 784). Similarly, three out of four US seniors matching into a primary care specialty match into a family medicine program (1,416 versus 520). By way of comparison, nearly five times the number of US seniors matched into family medicine as compared to medicine-pediatrics, the next largest primary care specialty.

FAMILY PRACTICE

[S25121977](#)

This study shows that an antidepressant cessation advice given to patients (and their FPs) with inappropriate long-term antidepressant usage, albeit not effective, does seem to result in a reduction of societal costs. This reduction in costs is mostly due to reduction of productivity losses, possibly due to patient empowerment and loss of stigma.

[S25135953](#)

Our results-most notably regarding the demand-satisfying attitude of responding GPs-call into question the classical view of the guidance and gatekeeper role of GPs in the Dutch health care system.

[S25080507](#)

Findings from this study have implications for understanding how families blend emotion-based and problem-focused coping strategies in the face of a CRC diagnosis. Further developing evidence-based interventions that target coping and well-being in cancer patients and extending them to family members is necessary and holds great promise for providers who care for patients with familial cancers.

[S24939655](#)

Despite these barriers, GPs are willing to ask adolescents about their cannabis use. An adolescent's awareness, environment and receptiveness favour a sustainable therapeutic relationship. Brief intervention is a tool that may be of assistance in this relationship and allow GPs to take the initiative.

[S25216664](#)

Available evidence suggests that strong primary care in terms of adequate primary care physician supply and long-term relationships between primary care physicians and patients reduces hospitalizations for chronic ACSCs. There is a lack of evidence for the positive effects of many other organizational primary care aspects, such as specific disease management programs.

[S24997249](#)

In the case of unwanted pregnancy, discussion of all options in a protocolized way by the GP may support patients in their decision-making. Additional training of GPs may enhance awareness of the possible benefits of abortion counselling for the patients.

[S25037854](#)

Among patients with uncomplicated acute bronchitis and discoloured sputum, the CRP concentrations at presentation are not helpful for predicting symptom resolution.

[S24987022](#)

This study quantifies the relative impact of 13 common chronic conditions on HRQL in a UK-based community-dwelling ageing population. Findings indicate that osteoarthritis, depression and neurological disease have a strong clinically important negative effect on HRQL. These findings may help clinical decision making and priority setting for management of individuals with multimorbidity.

[S24987023](#)

There is a high prevalence of patients consulting GPs for abdominal pain. The review identified a comparably high rate of acute underlying diseases in need of further investigation or therapy. At the same time, the underlying cause of the complaints often remains unexplained. Further symptom-evaluating studies are necessary, ideally using standardized methodology in order to gain sufficient evidence for developing much-needed guidelines and decision support tools.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

[S25335150](#)

Immediate antimicrobial therapy with trimethoprim-sulfamethoxazole, nitrofurantoin, or fosfomycin is indicated for acute cystitis in adult women. Increasing resistance rates among uropathogens have complicated treatment of acute cystitis. Individualized assessment of risk factors for resistance and regimen tolerability is needed to choose the optimum empirical regimen.

JAMA INTERNAL MEDICINE

[S25111880](#)

These 2 randomized clinical trials do not support the findings from observational research. Contrary to the results from observational studies, we found that 3 to 4 years of bisphosphonate treatment did not decrease the risk of invasive postmenopausal breast cancer.

[S25133746](#)

A substantial proportion of the US population with limited life expectancy received prostate, breast, cervical, and colorectal cancer screening that is unlikely to provide net benefit. These results suggest that overscreening is common in both men and women, which not only increases health care expenditure but can lead to net patient harm.

[S25173681](#)

These findings from real-world clinical practice indicate that the effectiveness of carvedilol and metoprolol succinate in patients with HF is similar.

[S25179639](#)

Although a steady improvement in AHEI-2010 was observed across the 12-year period, the overall dietary quality remains poor. Better dietary quality was associated with higher socioeconomic status, and the gap widened with time. Future efforts to improve nutrition should address these disparities.

JAMA PSYCHIATRY

S25142196

Cognitive therapy combined with ADM treatment enhances the rates of recovery from MDD relative to ADMs alone, with the effect limited to patients with severe, nonchronic depression.

S25133759

Our results indicate that poor subjective sleep quality is associated with increased risk for death by suicide 10 years later, even after adjustment for depressive symptoms. Disturbed sleep appears to confer considerable risk, independent of depressed mood, for the most severe suicidal behaviors and may warrant inclusion in suicide risk assessment frameworks to enhance detection of risk and intervention opportunity in late life.

MEDICINA CLINICA

S24378145

Durante los primeros años del funcionamiento del PDPCM (2002-2006) los casos de cáncer de intervalo representaron un porcentaje bajo (5,8%) respecto el total de CM diagnosticados en mujeres de 50 a 69 años en la provincia de Girona.

S24461737

La cocaína es la segunda droga ilegal más consumida en el mundo occidental, tras el cannabis. Desde 1998 es la droga que más asistencias genera en los diferentes dispositivos asistenciales de urgencias, siendo responsable de más del 60% de las urgencias directamente relacionadas con el consumo de drogas. Este trabajo revisa los principales artículos científicos españoles publicados en los últimos 10 años, en los que se han analizado diferentes factores relacionados con el uso que hacen los consumidores de cocaína de los servicios de urgencias. Se incluyeron 8.795 pacientes (intervalo 57-1.755), con una edad media (DE) de 32,64 (3,02) años y un porcentaje medio de positivos a cocaína del 54,78 (47,03) %; hubo 7 trabajos con el 100% de sujetos positivos a cocaína. El sexo varón predominaba, con una media del 78,69 (12) %. Presentaron síntomas cardiovasculares el 30 (22,7) %, neurológicos el 11,6 (4,28) %, y psiquiátricos el 49,32 (23,87) %. Hubo policonsumo en el 49,02% de los pacientes (intervalo 4,3-76,2), asociado fundamentalmente a alcohol (media de 57,78 [6,18] %) y cannabis (21,56 [10,72] %). Precisaron ingreso 246 pacientes (2,8%), y 8 fallecieron (0,09%).

S24378144

La entrevista motivacional resulta más eficaz que el abordaje habitual para reducir los errores de medicación en pacientes con polifarmacia mayores de 65 años.

S24703416

Ni Omron ni triple toma tienen una buena concordancia con doppler, por lo que los primeros no parecen adecuados para el cribado de AP en las consultas de atención primaria.

S24210982

En pacientes con EPOC y obstrucción grave al flujo aéreo, la puntuación en el CAT refleja un impacto de la enfermedad moderado-grave y no permite predecir la gravedad de la EPOC evaluada según el índice BODE.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S25278212

Las nuevas recomendaciones supondrían identificar a más pacientes de alto riesgo y tratar con hipolipemiantes a más población que con las recomendaciones europeas, lo que aumentaría los costes.

S24835599

La digoxina no se asoció a un aumento de la mortalidad por cualquier causa, la supervivencia libre de hospitalización por cualquier causa ni la supervivencia libre de hospitalización por causas cardiovasculares, con independencia de la presencia de insuficiencia cardíaca subyacente.

S25091935

La publicación en Estados Unidos de la guía de 2013 de American College of Cardiology/American Heart Association para el tratamiento del colesterol elevado ha tenido gran impacto por el cambio de paradigma que supone. El Comité Español Interdisciplinario de Prevención Cardiovascular y la Sociedad Española de Cardiología han revisado esa guía, en comparación con la vigente guía europea de prevención cardiovascular y de dislipemias.

El aspecto más destacable de la guía estadounidense es el abandono de los objetivos de colesterol unido a lipoproteínas de baja densidad, de modo que proponen el tratamiento con estatinas en cuatro grupos de riesgo aumentado. En pacientes con enfermedad cardiovascular establecida, ambas guías conducen a una estrategia terapéutica similar (estatinas potentes, dosis altas). Sin embargo, en prevención primaria, la aplicación de la guía estadounidense supondría tratar con estatinas a un número de personas excesivo, particularmente de edades avanzadas. Abandonar la estrategia según objetivos de colesterol, fuertemente arraigada en la comunidad científica, podría tener un impacto negativo en la práctica clínica y crear cierta confusión e inseguridad entre los profesionales y quizá menos seguimiento y adherencia de los pacientes. Por todo ello, el presente documento reafirma las recomendaciones de la guía europea. Ambas guías tienen aspectos positivos pero, en general y mientras no se resuelvan las dudas planteadas, la guía europea, además de utilizar tablas basadas en la población autóctona, ofrece mensajes más apropiados para el entorno español y previene del posible riesgo de sobretratamiento con estatinas en prevención primaria.

S25262131

La enfermedad cardiovascular es el principal problema de salud en Europa y el resto del mundo y la primera causa de mortalidad y gasto sanitario. Las estrategias de prevención tienen un papel fundamental en el paciente que ha tenido un síndrome coronario agudo, pues consiguen un declive en la mortalidad de estos pacientes y una reducción en la recurrencia de eventos isquémicos. Sin embargo, estas estrategias de prevención, que se han centrado en la población de alto riesgo con gran éxito, deben utilizarse también para la población general, en la que se está observando un incremento en la prevalencia de obesidad, diabetes mellitus y otras comorbilidades que pueden invertir la tendencia. En este artículo se pretende hacer una puesta al día sobre las principales medidas de prevención cardiovascular, especialmente las novedades aparecidas en el último año, y las particularidades de dichas medidas cuando se orientan al paciente que ha presentado un síndrome coronario agudo.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S25264939

In routine primary care, it was found that favorable healthcare organization was associated with a number of intermediate outcomes in diabetes care. This finding lends support to the findings of trials on organizational changes in diabetes care. Notably, the composite measure of organizational determinants had most impact.

S25142308

After psychological treatment, patients contact their GPs less often and present fewer psychological or social problems. Although contact rates seem to decrease, clients of psychologists are still frequent GP attenders.

S25116790

About two-thirds of CH patients were satisfied with treatment from either GPs or neurologists, and about one-third had used CAM. Despite experiencing diagnostic delay and severe pain, cluster patients seem in general to be satisfied with doctors' conventional treatment.

[S25299613](#)

Use of analgesics and psychotropic drugs seems common in pregnancy. Our results indicate that lack of a support network, stressful life events, and lower status in society may predispose women to more drug use. GPs and midwives responsible for maternity care could take this into account when evaluating risk and gain for women and fetuses in the primary care setting.

THORAX

[S24904021](#)

Low levels of serum uric acid are associated with higher rates of COPD and lung cancer in current smokers after accounting for conventional risk factors.

[S25112730](#)

Results do not show consistent associations between chronic bronchitis symptoms and current traffic-related air pollution in adult European populations.

THE LANCET

[S24998009](#)

In patients with poorly controlled type 2 diabetes despite using multiple daily injections of insulin, pump treatment can be considered as a safe and valuable treatment option.

THE NEW ENGLAND JOURNAL OF MEDICINE

[S25234206](#)

The benefits with respect to mortality that had been observed among patients originally assigned to blood-pressure-lowering therapy were attenuated but still evident at the end of follow-up. There was no evidence that intensive glucose control during the trial led to long-term benefits with respect to mortality or macrovascular events. (Funded by the National Health and Medical Research Council of Australia and others; ADVANCE-ON ClinicalTrials.gov number, NCT00949286.).

[S25196117](#)

In patients with severe COPD receiving tiotropium plus salmeterol, the risk of moderate or severe exacerbations was similar among those who discontinued inhaled glucocorticoids and those who continued glucocorticoid therapy. However, there was a greater decrease in lung function during the final step of glucocorticoid withdrawal. (Funded by Boehringer Ingelheim Pharma; WISDOM ClinicalTrials.gov number, NCT00975195.).