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

Selección realizada por Antonio Manteca González

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TIOTROPIO EN EL ASMA--PROMESA Y PRECAUCIÓN

ACADEMIC MEDICINE

[S22929426](#)

The crisis of the rising cost of health care in the United States is stimulating major changes in the way care is being delivered. New models such as patient-centered medical homes and accountable care organizations are being developed with the expectation that health care professionals will address and improve the health of populations. Electronic health records and interprofessional teams will be critical to achieving the goal of better health. It is now time to bring together educators and clinicians at academic health centers, public health educators and practitioners, along with researchers, representatives from the health care delivery and financing systems, and community partners to reengineer health professions education to prepare health professions students for the health care system of the future.

[S22836847](#)

Despite a multipronged approach at DGSOM across a 13-year period to eradicate medical student mistreatment, it persists. Aspects of the hidden curriculum may be undermining these efforts. Thus, eliminating mistreatment requires an aggressive approach both locally at the institution level and nationally across institutions.

[S22836850](#)

Despite ongoing efforts to improve working conditions, address well-being of faculty and students, and promote professionalism, many still feel the culture of academic medicine is problematic. Depression and burnout persist among physicians and trainees. The authors propose that culture change is so challenging in part because of an evolutionary construct known as the negativity bias that is reinforced serially in medical education. The negativity bias drives people to attend to and be more greatly affected by the negative aspects of experience. Some common teaching methods such as simulations, pimping, and instruction in clinical reasoning inadvertently reinforce the negativity bias and thereby enhance physicians' focus on the negative. Here, the authors examine the concept of negativity bias in the context of academic medicine, arguing that culture is affected by serially emphasizing the inherent bias to recognize and remember the negative. They explore the potential role of practices rooted in positive psychology as powerful tools to counteract the negativity bias and aid in achieving desired culture change.

ANNALS OF INTERNAL MEDICINE

[S22944875](#)

The published literature lacks strong evidence that organic foods are significantly more nutritious than conventional foods. Consumption of organic foods may reduce exposure to pesticide residues and antibiotic-resistant bacteria.

[S22733153](#)

RECOMMENDATION:

Although the correlation among healthful diet, physical activity, and the incidence of CVD is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small. Clinicians may choose to selectively counsel patients rather than incorporate counseling into the care of all adults in the general population. Considerations: Issues to consider include other risk factors for CVD, a patient's readiness for change, social support and community resources that support behavioral change, and other health care and preventive service priorities. Potential Harms: Harms may include the lost opportunity to provide other services that have a greater health effect.

GRADE:

This is a grade C recommendation.

[S22986376](#)

A CHD risk prediction model that accounts for deaths from noncoronary causes among older adults provided well-calibrated risk estimates but was not substantially more accurate than Framingham point scores. Moreover, adding newer risk markers did not improve accuracy. These findings emphasize the difficulties of predicting CHD risk in elderly persons and the need to improve these predictions.

[S22986379](#)

Many interventions have positive effects on patient care. However, given the complexity of interventions and outcome measures, the literature does not permit firm conclusions about which interventions have these effects.

[S22777524](#)

Continuous subcutaneous insulin infusion and MDI have similar effects on glycemic control and hypoglycemia, except CSII has a favorable effect on glycemic control in adults with type 1 diabetes mellitus. For glycemic control, rt-CGM is superior to SMBG and sensor-augmented insulin pumps are superior to MDI and SMBG without increasing the risk for hypoglycemia.

[S22733087](#)

The USPSTF recommends that clinicians screen adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. (Grade B recommendation).

S22986377

Thalidomide improved cough and respiratory quality of life in patients with IPF. A larger trial is warranted to assess these promising results.

S22986378

Available evidence shows that hospital-initiated transitional care can improve some outcomes in adults hospitalized for stroke or MI. Finding additional transitional care interventions that improve functional outcomes and prevent rehospitalizations and adverse events is a high priority for the growing population of patients who have an MI or a stroke.

S22944874

The NA-ACCORD is the largest cohort of HIV-infected adults in clinical care in the United States that is demographically similar to PLWH-US in 2008. From 2000 to 2008, increases were observed in the percentage of prescribed HAART, the percentage who achieved a suppressed HIV VL, and the median CD4 cell count at death.

ATENCION PRIMARIA

S22018794

El método científico es susceptible de ser aplicado en atención primaria. Nosotros defendemos en este artículo la figura del «animador científico» como estratégica y necesaria. Su trabajo ha de tener un contenido «lúdico». Exploramos algunos términos en lengua inglesa que nos ayudan a comprender el concepto de «animador científico» desde un punto de vista semántico (showman, master of ceremony, entrepreneur, go-between), analizamos otros en lengua castellana (consejero, mediador, metodólogo) y otros en latín y griego (tripalium, negotium, chronos, kairos). Definimos como primariólogo al sanitario clínico, gestor o investigador que sea experto en atención primaria.

S22551625

La versión española del MGH-SFQ se presenta como un autoinforme fiable y válido para la evaluación de las disfunciones sexuales en España. Sus bondades psicométricas, junto con su brevedad y sencillez en la aplicación, le convierten en un instrumento idóneo para identificar dificultades en el funcionamiento sexual en general o en alguna de las fases de la respuesta sexual en particular.

S22608368

Se aportan valores de referencia de la batería completa SPPB por edad y sexo, basadas en las puntuaciones categóricas, para personas de 70 y más años en atención primaria. La batería mostró además su validez como medida objetiva de funcionamiento físico. Estos resultados pueden favorecer la valoración rápida y válida del estado funcional de las personas mayores en atención primaria.

S22824152

La coordinación entre niveles asistenciales constituye un elemento esencial para incrementar la eficiencia del sistema sanitario; en este sentido, la enfermedad vascular ocupa un lugar destacado por incluir entidades frecuentes, graves y vulnerables.

Los documentos de consenso constituyen una herramienta fundamental para conseguir este objetivo. Este documento no pretende sustituir a las guías clínicas, sino que trata de establecer las bases del manejo compartido del paciente con enfermedad vascular (enfermedad arterial periférica, pie diabético e insuficiencia venosa crónica) en tres aspectos: determinar el perfil del paciente cuyo seguimiento ha de ser realizado de forma prioritaria en cada nivel; establecer las competencias que debe asumir cada profesional, y fijar y priorizar los criterios de derivación en ambos sentidos.

S22578398

La Sociedad Española de Medicina Familiar y Comunitaria (semFYC) y la Sociedad Española de Angiología y Cirugía Vascular (SEACV) han elaborado, mediante un grupo de trabajo conjunto, un documento de derivación entre niveles asistenciales de los pacientes con las principales patologías vasculares: enfermedad arterial periférica, insuficiencia venosa y pie diabético. Se han definido las responsabilidades y habilidades requeridas de cada nivel asistencial y también los criterios de derivación mutua, así como los de priorización. La elaboración de este documento consensuado pretende aportar una herramienta eficiente que asegure la continuidad en la asistencia sanitaria, respetando siempre las particularidades y necesidades específicas de cada zona sanitaria.

S22608784

La importancia de asumir responsabilidades y de coordinar la actuación desde los ámbitos sanitario, educativo y familiar requiere la formación específica de los profesionales sanitarios y la adecuación de la normativa vigente.

S22608369

El aumento de la prevalencia hallado es compatible con la idea del burnout como desarrollo dinámico y el modelo teórico descrito.

El empleo estable y de calidad es una vía para mitigar indirectamente (favoreciendo la comunicación interna) el desgaste profesional.

En el análisis multivariado la variable más determinante en la aparición de burnout es la inadecuada coordinación con enfermería.

ARCHIVOS DE BRONCONEUMOLOGIA

S22341911

Es preciso profundizar en el conocimiento de este fenotipo para establecer pautas y recomendaciones adecuadas para su diagnóstico y tratamiento.

BRITISH JOURNAL OF PSYCHIATRY

[S22945926](#)

Our findings suggest that, for older people who present with clinically meaningful symptoms of depression, prescribing structured exercise tailored to individual ability will reduce depression severity.

[S22945922](#)

The UK has seen a dramatic increase in alcohol consumption and alcohol-related harm over the past 30 years. Alcohol taxation has long been considered a key method of controlling alcohol-related harm but a combination of factors has recently led to consideration of methods which affect the price of the cheapest alcohol as a means of improved targeting of alcohol control measures to curb the consumption of the heaviest drinkers. Although much of the evidence in favour of setting a minimum price of a unit of alcohol is based on complex econometric models rather than empirical data, all jurisdictions within the UK now intend to make selling alcohol below a set price illegal, which will provide a naturalistic experiment allowing assessment of the impact of minimum pricing.

[S22945924](#)

Evidence favours the population approach over high-risk approaches to suicide prevention, but methodological problems may have obscured the contribution of the latter. This editorial uses the findings of a recent evaluation of a high-risk approach used in England to consider the role of high-risk interventions in national suicide prevention strategies.

[S22790679](#)

The data reveal areas of relatively good current practice, including consideration of alternatives to antipsychotic medication and clear documentation of target symptoms. They also suggest areas for improvement, such as the frequency and quality of review of long-term medication. Strategies to reduce antipsychotic use should take account of the demographic and clinical variables predicting increased likelihood of antipsychotic prescription.

BMJ

[S22936794](#)

Blood pressure below 130/80 mm Hg was not associated with reduced risk of all cause mortality in patients with newly diagnosed diabetes, with or without known cardiovascular disease. Low blood pressure, particularly below 110/75 mm Hg, was associated with an increased risk for poor outcomes.

[S23015032](#)

Having a body mass index outside the normal range significantly worsens risk parameters for cardiovascular disease in school aged children. This effect, already substantial in overweight children, increases in obesity and could be larger than previously thought. There is a need to establish whether acceptable parameter cut-off levels not considering weight are a valid measure of risk in modern children and whether methods used in their study and reporting should be standardised.

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This review provides strong evidence that physical activity interventions have had only a small effect (approximately 4 minutes more walking or running per day) on children's overall activity levels. This finding may explain, in part, why such interventions have had limited success in reducing the body mass index or body fat of children.

[S22936786](#)

Even after age 75 lifestyle behaviours such as not smoking and physical activity are associated with longer survival. A low risk profile can add five years to women's lives and six years to men's. These associations, although attenuated, were also present among the oldest old (≥85 years) and in people with chronic conditions.

[S22936795](#)

A low glycaemic index diet in pregnancy did not reduce the incidence of large for gestational age infants in a group at risk of fetal macrosomia. It did, however, have a significant positive effect on gestational weight gain and maternal glucose intolerance.

[S22945950](#)

Evidence on the care of patients with multimorbidity is limited, despite the prevalence of multimorbidity and its impact on patients and healthcare systems. Interventions to date have had mixed effects, although are likely to be more effective if targeted at risk factors or specific functional difficulties. A need exists to clearly identify patients with multimorbidity and to develop cost effective and specifically targeted interventions that can improve health outcomes.

[S22875950](#)

In this prospective cohort of women, migraine status was not associated with faster rates of cognitive decline.

[S22990994](#)

Most basic prediction models can identify people at high risk of developing diabetes in a time frame of five to 10 years. Models including biomarkers classified cases slightly better than basic ones. Most models overestimated the actual risk of diabetes. Existing prediction models therefore perform well to identify those at high risk, but cannot sufficiently quantify actual risk of future diabetes.

[S22890029](#)

Results suggest no difference in effectiveness between bevacizumab and ranibizumab, but the wide credible intervals cannot exclude the possibility that either drug might be superior. Sufficiently powered, direct head to head trials are needed.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S22847969

The shared decision-making program DECISION+2 enhanced patient participation in decision-making and led to fewer patients deciding to use antibiotics for acute respiratory infections. This reduction did not have a negative effect on patient outcomes 2 weeks after consultation.

S22711734

Psychological distress was associated with increased risk of death due to cerebrovascular disease in a large population-representative cohort. These data suggest that the cardiovascular effects of psychological distress are not limited to coronary artery disease.

CIRCULATION

S22869839

High risk of bleeding is immediately evident with TT after myocardial infarction/percutaneous coronary intervention in patients with atrial fibrillation. A continually elevated risk associated with TT indicates no safe therapeutic window, and TT should only be prescribed after thorough bleeding risk assessment of patients.

S22879367

The results of the current study indicate that the risk of a cardiovascular event is low after both high-intensity exercise and moderate-intensity exercise in a cardiovascular rehabilitation setting. Considering the significant cardiovascular adaptations associated with high-intensity exercise, such exercise should be considered among patients with coronary heart disease.

S22874581

Despite improvement in the use of cardioprotective medications over time, patients with PAD alone remain less likely than those with CAD alone to use these agents.

S22907934

This systematic review identified and graded the evidence for a range of population-based strategies to promote lifestyle change. The findings provide a framework for policy makers, advocacy groups, researchers, clinicians, communities, and other stakeholders to understand and implement the most effective approaches. New strategic initiatives and partnerships are needed to translate this evidence into action.

S22907935

Multiple biomarkers of cardiovascular stress are detectable in ambulatory individuals and add prognostic value to standard risk factors for predicting death, overall cardiovascular events, and heart failure.

DIABETES CARE

S22699293

HbA(1c) =6.5% is a specific but not sensitive early indicator for T1D in high-risk subjects <21 years of age diagnosed by OGTT or asymptomatic hyperglycemia. Redefining the HbA(1c) threshold is recommended if used as an alternative criterion in diagnosing T1D.

S22787173

Implementing IADPSG recommendations will substantially increase GDM diagnosis. Risk stratification in IADPSG-positive women may reduce over-treatment. Screening with FPG or BMI may be a practical alternative.

S22773703

Contrary to our hypothesis, higher adiponectin level was related to higher all-cause mortality. This association was not explained by confounding by other characteristics, including medications or preceding weight loss.

S22699292

In this population-based study, almost one in four individuals with diabetes reported stroke symptoms, which suggests that screening for stroke symptoms in diabetes may be warranted.

S22699290

Diabetes is associated with higher risk of death for many diseases, including several specific forms of cancer.

DRUGS

S22931521

Oral anticoagulant therapy (OAT) is widely used to prevent and treat thromboembolic events. Traditionally, warfarin has been the drug of choice and, indeed, this drug is effective and provides a more than 60% reduction in stroke risk in patients with atrial fibrillation. However, OAT entails an increased bleeding risk, and management of this is challenging. Among other things, new oral anticoagulant drugs offer fixed dosing, more predictable pharmacokinetics and fewer interactions with drugs and food. Moreover, these drugs seem to provide an improved benefit-risk ratio with respect to thromboembolic events and bleeding complications in a broad patient population.

The new drugs differ from traditional OAT with respect to their mechanism of action and pharmacokinetics, especially with respect to elimination through the kidneys. These drugs may potentially cause bleeding complications in patients with reduced drug excretion due to impaired renal function. Dabigatran etexilate and rivaroxaban carry the highest risk due to a high degree of renal excretion, whereas the risk for apixaban, edoxaban and betrixaban seems lower. Pharmacokinetic studies and data from clinical studies have provided information on how to guide dosing in patients with renal impairment. However, the risk of drug accumulation and bleeding may be amplified by several drug-drug interactions. This article provides a review of the literature on the pharmacology of new anticoagulant drugs with particular focus on the impact of impaired renal function.

S22876779

In acute medically ill patients, prolonged thromboprophylaxis with an oral FXa inhibitor is more protective than regular short-term treatment with enoxaparin. However, treatment with FXa inhibitors is significantly associated with major bleeding, both in long- and short-term treatment compared with enoxaparin.

S22913735

Linagliptin (Trajenta®, Tradjenta™, Trazenta™, Trayenta™) is an oral, highly selective inhibitor of dipeptidyl peptidase-4 and is the first agent of its class to be eliminated predominantly via a nonrenal route. Linagliptin is indicated for once-daily use for the treatment of adults with type 2 diabetes mellitus, and a twice-daily fixed-dose combination of linagliptin/metformin (Jentadueto®) is also available. In this article, the pharmacological, clinical efficacy and tolerability data relevant to the use of linagliptin in patients with type 2 diabetes are reviewed. The efficacy of oral linagliptin in the treatment of adults with type 2 diabetes has been investigated in several double-blind, multicentre trials. Following 12-24 weeks of treatment, improvements in glycaemic control parameters, including glycosylated haemoglobin (HbA(1c); primary endpoint in all trials), were seen with linagliptin relative to placebo when used as monotherapy, initial combination therapy (with metformin or pioglitazone) or add-on therapy to other oral antihyperglycaemia agents (metformin and/or a sulfonylurea) or basal insulin (with or without metformin and/or pioglitazone). In terms of lowering HbA(1c), linagliptin was more effective than voglibose in a 26-week monotherapy trial and noninferior to glimepiride when used as add-on therapy to metformin in a 104-week study. Additional trials and subgroup analyses of pooled data suggest that linagliptin improves glycaemic control regardless of factors such as age, duration of type 2 diabetes, ethnicity and renal function, and as linagliptin is eliminated primarily via a nonrenal route, it can be used without dosage adjustment in patients with renal impairment of any degree. Oral linagliptin was generally well tolerated and was associated with a low likelihood of hypoglycaemia (except when used in combination with a sulfonylurea) and had little effect on bodyweight. Further long-term and comparative efficacy and tolerability data are required to help position linagliptin more definitively with respect to other antihyperglycaemia agents. However, clinical data currently available indicate that linagliptin is an effective and generally well tolerated treatment option for use in patients with type 2 diabetes, including those with renal impairment for whom other antihyperglycaemia agents require dosage adjustment or are not suitable.

EUROPEAN HEART JOURNAL

S22173910

Flavanol-rich chocolate acutely improves vascular function in patients with CHF. A sustained effect was seen after daily consumption over a 4-week period, even after 12 h abstinence. These beneficial effects were paralleled by an inhibition of platelet function in the presence of FRC only.

S22752615

Aims the availability of new antithrombotic agents, each with a unique efficacy and bleeding profile, has introduced a considerable amount of clinical uncertainty with physicians. We have developed a clinical decision aid in order to assist clinicians in determining an optimal antithrombotic regime for the prevention of stroke in patients who are newly diagnosed with non-valvular atrial fibrillation. Methods and results The CHA(2)DS(2)-VASc and HAS-BLED scoring systems were used to assess patients' baseline risks of stroke and major bleeding, respectively. The relative risks of stroke and major bleeding for each antithrombotic agent were then used to identify the agent associated with the lowest net risk. Individual patient factors such as the treatment threshold, bleeding ratio, and cost threshold modified the recommendations in order to generate a final recommendation. By considering both patient factors and clinical research concurrently, this clinical decision aid is able to provide specific advice to clinicians regarding an optimal stroke prevention strategy. The resulting treatment recommendation tables are consistent with the recommendations of the European Society of Cardiology and Canadian Cardiovascular Society Guidelines, which can be incorporated into either a paper-based or electronic format to allow clinicians to have decision support at the point of care. Conclusion The use of a clinical decision aid that considers both patient factors and evidence-based medicine will serve to bridge the knowledge gap and provide practical guidance to clinicians in the prevention of stroke due to atrial fibrillation.

S22888113

Renal dysfunction is common in patients with heart failure and is associated with high morbidity and mortality. Cardiac and renal dysfunction may worsen each other through multiple mechanisms such as fluid overload and increased venous pressure, hypo-perfusion, neurohormonal and inflammatory activation, and concomitant treatment. The interaction between cardiac and renal dysfunction may be critical for disease progression and prognosis. Renal dysfunction is conventionally defined by a reduced glomerular filtration rate, calculated from serum creatinine levels. This definition has limitations as serum creatinine is dependent on age, gender, muscle mass, volume status, and renal haemodynamics. Changes in serum creatinine related to treatment with diuretics or

angiotensin-converting enzyme inhibitors are not necessarily associated with worse outcomes. New biomarkers might be of additional value to detect an early deterioration in renal function and to improve the prognostic assessment, but they need further validation. Thus, the evaluation of renal function in patients with heart failure is important as it may reflect their haemodynamic status and provide a better prognostic assessment. The prevention of renal dysfunction with new therapies might also improve outcomes although strong evidence is still lacking.

[S22745356](#)

Cardiac troponin testing is commonly performed in patients with heart failure (HF). Despite being strongly linked to spontaneous (Type I) acute myocardial infarction (MI)-a common cause of acute HF syndromes-it is well recognized that concentrations of circulating troponins above the 99th percentile of a normal population in the context of both acute and chronic HF are highly prevalent, and frequently unrelated to Type I MI. Other mechanism(s) leading to troponin elevation in HF syndromes remain elusive in many cases but prominently includes supply-demand inequity (Type II MI), which may be associated with coronary artery obstruction and endothelial dysfunction, or may occur in the absence of coronary obstruction due to increased oxygen demand related to increased wall tension, anaemia, or other factors provoking subendocardial injury. Non-coronary triggers, such as cellular necrosis, apoptosis, or autophagy in the context of wall stress may explain the troponin release in HF, as can toxic effects of circulating neurohormones, toxins, inflammation, and infiltrative processes, among others. Nonetheless, across a wide spectrum of HF syndromes, when troponin elevation occurs, independent of mechanism, it is strongly predictive of an adverse outcome. Clinicians should be aware of the high frequency of troponin elevation when measuring the marker in patients with HF, should keep in mind the possible causes of this phenomenon, and, independent of a diagnosis of 'acute MI', should recognize the considerable ramifications of troponin elevation in this setting.

FAMILY MEDICINE

[S22930119](#)

This study of mid-career physicians supports that a fourth-year (PGY4) curriculum in family medicine may enhance subsequent career satisfaction. Further studies of residents in other PGY4 training programs are necessary to assess outcomes comparing our findings as well as guide the discipline's leaders in residency redesign.

[S22930117](#)

Implementation of resident duty hours appears to have little overall association with self-reported preparedness for practice. An association was noted in the patient care services and procedures performed.

[S22930122](#)

QI training during residency is associated with involvement in specific QI activities following graduation. Further, participation in a PBRN or having staff QI leaders is also associated with involvement in QI activities. Further evaluation of residency QI curricula is warranted to identify effective strategies that positively impact future practice.

GACETA SANITARIA

[S22342047](#)

La CVRS en los pacientes con insuficiencia cardiaca crónica está alterada en todos los dominios. Ser mujer, estar en clase funcional de la NYHA III-IV, la presencia de otras afecciones tales como depresión o enfermedad osteoarticular, el ingreso hospitalario, el índice de masa corporal y la edad, se asocian con una peor percepción de la CVRS.

[S22342046](#)

El número de fármacos y las alteraciones sensoriales son los factores de riesgo que se asociaron de forma más consistente con el estado funcional en nuestra población de ancianos no dependientes.

[S22424969](#)

El control de acceso basado en roles es el mecanismo preferido para implementar la política de acceso por los diseñadores de historias clínicas electrónicas. El control de acceso es gestionado por usuarios y profesionales médicos en la mayoría de los sistemas, lo que promulga el derecho del paciente a controlar su información. Por último, la seguridad en entornos inalámbricos no es considerada en muchos casos, y sin embargo, una línea de investigación es la eSalud en entornos móviles, conocida como mHealth.

[S22284911](#)

Existe un patrón diferente en la asociación entre inteligencia materna y desarrollo cognitivo infantil según la clase social materna. Mientras la asociación no es confundida por la educación ni por otras variables en las clases sociales manuales, el nivel educativo materno explica esta asociación en las clases sociales no manuales.

[S22265650](#)

A igualdad de estados de ánimo, la comunicación intergeneracional atenúa el riesgo de consumo diario de tabaco entre los/las adolescentes. Las intervenciones de prevención y deshabituación tabáquica que incluyan este tipo de factores pueden ser más efectivas.

[S22365816](#)

El cuestionario muestra una alta consistencia interna y fiabilidad, además de validez; así pues, es una herramienta válida para evaluar conductas, conocimientos y actitudes relacionadas con la higiene de manos en los profesionales médicos. Además, detecta deficiencias en conocimientos básicos.

[S22560239](#)

Las necesidades y las expectativas de los/as pacientes crónicos/as hacia la competencia médica se organizan en torno a habilidades técnicas y relacionales.

La situación económica, el apoyo social y el estado de salud se asocian de forma independiente con la satisfacción vital en los adultos mayores de Santiago. Se requieren nuevos estudios para evaluar la dirección temporal del efecto, así como las implicaciones de estos hallazgos en las políticas públicas de salud en esta población.

[S22444519](#)

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GUT

[S22684483](#)

Approximately a third of patients with suspected gastro-oesophageal reflux disease are resistant or partial responders to proton pump inhibitors (PPIs). Many of these patients do not have gastro-oesophageal reflux disease, but suffer from functional heartburn or dyspepsia. The potential mechanisms underlying failure of PPI treatment in patients with reflux-related symptoms include persistence of isolated or mixed acid, weakly acidic, bile or gas reflux, impaired oesophageal mucosal integrity, chemical or mechanical hypersensitivity to refluxates and psychological comorbidity. After thorough clinical evaluation and failure of empirical changes in PPI dose regime, diagnostic investigations include endoscopy and reflux monitoring with pH or pH-impedance monitoring. If symptoms are clearly related to persistent reflux, baclofen, antireflux surgery or pain modulators can be considered. If not, pain modulators are the only currently available therapy.

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

[S22956709](#)

A variety of classic and emerging soil-related bacterial and fungal pathogens cause serious human disease that frequently presents in primary care settings. Typically, the growth of these microorganisms is favored by particular soil characteristics and may involve complex life cycles including amoebae or animal hosts. Specific evolved virulence factors or the ability to grow in diverse, sometimes harsh, microenvironments may promote pathogenesis. Infection may occur by direct inoculation or ingestion, ingestion of contaminated food, or inhalation. This narrative review describes the usual presentations and environmental sources of soil-related infections. In addition to tetanus, anthrax, and botulism, soil bacteria may cause gastrointestinal, wound, skin, and respiratory tract diseases. The systemic fungi are largely acquired via inhalation from contaminated soil and near-soil environments. These fungal infections are particularly life-threatening in those with compromised immune systems. Questions regarding soil exposure should be included in the history of any patient with syndromes consistent with tetanus, botulism or anthrax, traumatic wounds, recalcitrant skin lesions, gastroenteritis, and nonresponsive, overwhelming, or chronic pneumonia.

[S22956694](#)

This study demonstrated the value of adding PHQ-9 data and prescription fulfillment data to EHRs to improve diagnosis and management of depression in primary care and to enable more robust comparative effectiveness research on antidepressants.

[S22956706](#)

Although some patients in these 7 PBRNs improved in several health behaviors and quality of life, the strength of evidence for field-ready methods to address multiple health risk behaviors remains elusive. The use of common measures to assess changes in 4 unhealthy behaviors was achieved practically in PBRNs testing diverse strategies to improve behaviors; however, variations in implementation, instrumentation performance, and some features of study design overwhelmed potential cross-PBRN comparisons. For common measures to be useful for comparisons across practices or PBRNs, greater standardization of study designs and careful attention to practicable implementation strategies are necessary.

[S22956707](#)

Our results suggest that the intervention has been counterproductive because the proportion of patients reducing their levels of alcohol consumption to low-risk levels was lower in the intervention group compared with the control group. Furthermore, our study demonstrated that patients' attitudes toward alcohol use are an important determinant of the success of the program. Therefore, future research should focus on the effectiveness of methods to change patients' attitudes.

[S22956696](#)

A computer-assisted counseling tool for alcohol misuse and abuse can be implemented in primary care settings and shows promise for improving physician screening and interventions for alcohol misuse. To enhance utility in daily clinical practice we recommend design enhancements and strategies to enhance usage as described in this research.

THE LANCET

[S22795511](#)

The results of this systematic review confirm that children with disabilities are more likely to be victims of violence than are their peers who are not disabled. However, the continued scarcity of robust evidence, due to a lack of well designed research studies, poor standards of measurement of disability and violence, and insufficient assessment of whether violence precedes the development of disability, leaves gaps in knowledge that need to be addressed.

[S22964159](#)

The European region has seen remarkable health gains in those populations that have experienced progressive improvements in the conditions in which people are born, grow, live, and work. However, inequities, both between and within countries, persist. The review reported here, of inequities in health between and within countries across the 53 Member States of the WHO European region, was commissioned to support the development of the new health policy framework for Europe: Health 2020. Much more is understood now about the extent, and social causes, of these inequities, particularly since the publication in 2008 of the report of the Commission on Social Determinants of Health. The European review builds on the global evidence and recommends policies to ensure that progress can be made in reducing health inequities and the health divide across all countries, including those with low incomes. Action is needed--on the social determinants of health, across the life course, and in wider social and economic spheres--to achieve greater health equity and protect future generations.

MEDICINA CLINICA

[S22459571](#)

En los últimos años se ha incrementado notablemente el uso de colquicina fuera de sus indicaciones autorizadas (off-label), fundamentalmente en la enfermedad cardiovascular y, en concreto, en la prevención de recurrencias tras pericarditis aguda o recurrente y de pericarditis tras cirugía cardíaca.

Sin embargo, no es un fármaco exento de riesgos debido a su estrecho margen terapéutico, interacciones farmacológicas potencialmente graves y toxicidad asociada a una elevada morbimortalidad. En esta revisión analizamos los beneficios aportados por la colquicina en la enfermedad cardiovascular, los riesgos derivados de su utilización y las últimas recomendaciones para un uso seguro de este antiguo fármaco.

[S22015007](#)

Los resultados son congruentes con un escenario de compresión de la morbilidad, en que aumenta la esperanza de vida en buena salud, concentrando los años de mala salud y dependencia en las edades más avanzadas. Se constata una evolución distinta según sexo y edad.

[S22459574](#)

Desde hace años, el cáncer de pulmón es el tumor que origina un mayor número de muertes en los países industrializados y emergentes. Un cuidado meticuloso de los aspectos nutricionales, insistiendo en altos niveles de consumo de frutas y verduras, puede suponer un importante elemento de prevención primaria. Investigando el efecto de sustancias con poder antioxidante, numerosos estudios epidemiológicos han centrado su atención en los flavonoides. El objetivo de esta revisión es analizar la evidencia científica disponible en la literatura médica respecto al papel de los flavonoides en el cáncer de pulmón. Tras una revisión bibliográfica sistemática, se identificaron un metaanálisis, una revisión sistemática, 11 estudios prospectivos de cohortes y 5 estudios de casos y controles.

Tras analizar la evidencia científica establecida por estos trabajos, se observó un pequeño efecto protector del consumo de flavonoides (especialmente a altas dosis) frente al desarrollo de cáncer de pulmón, aunque no todos los estudios lo confirman. En este sentido, parecen no existir diferencias entre la ingesta selectiva de distintos tipos de flavonoides y el consumo de flavonoides totales, pero sí se observan diferencias entre las distintas poblaciones estudiadas.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

[S22794194](#)

Treatment for psychological disorders is mostly delivered in general practice. Although in recent years restraint has been advocated in prescribing medication and collaboration between primary and secondary care has been recommended, these recommendations are only partially reflected in the treatment provided.

[S22794135](#)

While GPs report frequently providing PA counselling, this often lacks specific advice on how to perform the exercise. GPs who have received training on PA promotion more often report providing advice on duration and frequency of exercise compared with GPs who have not received training on PA promotion.

THE NEW ENGLAND JOURNAL OF MEDICINE

[S22894553](#)

Enzalutamide significantly prolonged the survival of men with metastatic castration-resistant prostate cancer after chemotherapy.

[S22938706](#)

In patients with poorly controlled asthma despite the use of inhaled glucocorticoids and LABAs, the addition of tiotropium significantly increased the time to the first severe exacerbation and provided modest sustained bronchodilation.

JAMA

S22948697

In this cohort, higher aortic stiffness, FWA, and augmentation index were associated with higher risk of incident hypertension; however, initial blood pressure was not independently associated with risk of progressive aortic stiffening.

S22990270

Urinary BPA concentration was significantly associated with obesity in this cross-sectional study of children and adolescents. Explanations of the association cannot rule out the possibility that obese children ingest food with higher BPA content or have greater adipose stores of BPA.

S22968891

Overall, omega-3 PUFA supplementation was not associated with a lower risk of all-cause mortality, cardiac death, sudden death, myocardial infarction, or stroke based on relative and absolute measures of association.

S22922562

Although the study did not achieve its prespecified primary outcome goal for the level of per-patient diagnostic accuracy, use of noninvasive FFR(CT) plus CT among stable patients with suspected or known CAD was associated with improved diagnostic accuracy and discrimination vs CT alone for the diagnosis of hemodynamically significant CAD when FFR determined at the time of ICA was the reference standard.

S22922590

Physicians commonly encounter patients reporting chest discomfort. In these cases, the physician needs to determine whether the patient has obstructive coronary artery disease (CAD), and if so, whether the patient is at increased risk of future cardiovascular events. The ultimate goal of this evaluation is to direct optimal medical therapy and potentially lead to ischemia-driven coronary revascularization. The fractional flow reserve (FFR) performed during invasive coronary angiography has been shown to provide lesion-specific data on ischemia, which, when used to direct revascularization, leads to improved clinical outcomes.¹ -Å 2 Fractional flow reserve is the ratio of the mean coronary artery pressure distal to an obstructive coronary lesion relative to the mean aortic pressure during maximal coronary blood flow and represents a physiologic measure of coronary stenosis.

S23011715

Chronic obstructive pulmonary disease (COPD), a common disease in elderly patients, is characterized by high symptom burden, health care utilization, mortality, and unmet needs of patients and caregivers. Respiratory failure and dyspnea may be exacerbated by heart failure, pulmonary embolism, and anxiety; by medication effects; and by other conditions, including deconditioning and malnutrition. Randomized controlled trials, which provide the strongest evidence for guideline recommendations, may underestimate the risk of adverse effects of interventions for older patients with COPD. The focus of guidelines on disease-modifying therapies may not address the full spectrum of patient and caregiver needs, particularly the high rates of bothersome symptoms, risk of functional and cognitive decline, and need for end-of-life care planning. Meeting the many needs of older patients with COPD and their families requires that clinicians supplement guideline-recommended care with treatment decision making that takes into account older persons' comorbid conditions, recognizes the trade-offs engendered by the increased risk of adverse events, focuses on symptom relief and function, and prepares patients and their loved ones for further declines in the patient's health and their end-of-life care. A case of COPD in an 81-year-old man hospitalized with severe dyspnea and respiratory failure highlights both the challenges in managing COPD in the elderly and the limitations in applying guidelines to geriatric patients.

S22968888

Among adults with mild to moderate persistent asthma controlled with low-dose inhaled corticosteroid therapy, the use of either biomarker-based or symptom-based adjustment of inhaled corticosteroids was not superior to physician assessment-based adjustment of inhaled corticosteroids in time to treatment failure.

S23011714

Multiple treatment comparison (MTC) meta-analysis uses both direct (head-to-head) randomized clinical trial (RCT) evidence as well as indirect evidence from RCTs to compare the relative effectiveness of all included interventions. The methodological quality of MTCs may be difficult for clinicians to interpret because the number of interventions evaluated may be large and the methodological approaches may be complex. Clinicians and others evaluating an MTC should be aware of the potential biases that can affect the interpretation of these analyses. Readers should consider whether the primary studies are sufficiently homogeneous to combine; whether the different interventions are sufficiently similar in their populations, study designs, and outcomes; and whether the direct evidence is sufficiently similar to the indirect evidence to consider combining. This article uses the existing Users' Guides format to address study validity, interpretation of results, and application to a patient scenario.

S22990269

In this trial, after 13 weeks, 20 or 40 min/d of aerobic training improved fitness and demonstrated dose-response benefits for insulin resistance and general and visceral adiposity in sedentary overweight or obese children, regardless of sex or race.

S22990271

Among severely obese patients, compared with nonsurgical control patients, the use of RYGB surgery was associated with higher rates of diabetes remission and lower risk of cardiovascular and other health outcomes over 6 years.

