

Septiembre 2013

Selección realizada por Antonio Manteca González

ACADEMIC MEDICINE

Sklar DP. What you might hear in the waiting room. Acad Med. 2013; 88:1191-1193 [AO,I]

[23982493](#)

LO QUE SE PUEDE OIR EN LA SALA DE ESPERA

ANNALS OF INTERNAL MEDICINE

Vasilakou D, Karagiannis T, Athanasiadou E, Mainou M, Liakos A, Bekiari E, et al. Sodium-glucose cotransporter 2 inhibitors for type 2 diabetes: a systematic review and meta-analysis. Ann Intern Med. 2013; 159:262-274 [M,II]

[24026259](#) [R/C](#)

INHIBIDORES DEL COTRANSPORTADOR 2 SODIO-GLUCOSA EN LA DIABETES TIPO 2: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

Moyer VA; U.S. Preventive Services Task Force. Primary care interventions to prevent child maltreatment: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2013; 159:289-295 [M,II]

[23752681](#) [R/C](#)

INTERVENCIONES EN ATENCIÓN PRIMARIA PARA PREVENIR EL MALTRATO INFANTIL: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Rifkin DE, Sarnak MJ. How low can you go? Blood pressure and mortality in chronic kidney disease. Ann Intern Med. 2013; 159:302-303 [AO,I]

[24026262](#)

¿HASTA CUÁN BAJO SE PUEDE IR? PRESIÓN ARTERIAL Y MORTALIDAD EN LA ENFERMEDAD RENAL CRÓNICA

Atroshi I, Flondell M, Hofer M, Ranstam J. Methylprednisolone injections for the carpal tunnel syndrome: a randomized, placebo-controlled trial. Ann Intern Med. 2013; 159:309-317 [EC,I]

[24026316](#) [R/C](#)

INYECCIONES DE METILPREDNISOLONA EN EL SÍNDROME DEL TÚNEL CARPIANO: ENSAYO ALEATORIZADO CONTROLADO CON PLACEBO

Lin JS, Olson CM, Johnson ES, Whitlock EP. The ankle-brachial index for peripheral artery disease screening and cardiovascular disease prediction among asymptomatic adults: a systematic evidence review for the U.S. Preventive Services Task Force. Ann Intern Med. 2013; 159:333-341 [M,II]

[24026319](#) [R/C](#)

ÍNDICE TOBILLO-BRAZO PARA EL CRIBAJE DE LA ENFERMEDAD ARTERIAL PERIFÉRICA Y DE LA ENFERMEDAD CARDIOVASCULAR EN ADULTOS ASINTOMÁTICOS: REVISIÓN SISTEMÁTICA DE LA EVIDENCIA PARA EL USPSTF

Moyer VA; U.S. Preventive Services Task Force. Screening for peripheral artery disease and cardiovascular disease risk assessment with the ankle-brachial index in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2013; 159:342-348 [M,II]

[24026320](#) [R/C](#)

CRIBAJE DE LA ENFERMEDAD ARTERIAL PERIFÉRICA Y VALORACIÓN DEL RIESGO DE ENFERMEDAD CARDIOVASCULAR CON EL ÍNDICE TOBILLO-BRAZO EN ADULTOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Moyer VA; U.S. Preventive Services Task Force. Screening for hepatitis C virus infection in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2013; 159:349-357 [M,II]

[23798026](#) [R/C](#)

CRIBAJE DE LA INFECCIÓN POR VIRUS DE LA HEPATITIS C EN ADULTOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

McDermott MM. Ankle-brachial index screening to improve health outcomes: where is the evidence? Ann Intern Med. 2013; 159:362-363 [AO,I]

[24026321](#)

CRIBAJE MEDIANTE ÍNDICE TOBILLO-BRAZO PARA MEJORAR LOS RESULTADOS DE SALUD: ¿DÓNDE ESTÁ LA EVIDENCIA?

Anthenelli RM, Morris C, Ramey TS, Dubrava SJ, Tsilkos K, Russ C, et al. Effects of varenicline on smoking cessation in adults with stably treated current or past major depression: a randomized trial. Ann Intern Med. 2013; 159:390-400 [EC,II]

[24042367](#) [R/C](#)

EFFECTOS DE LA VARENICILINA SOBRE EL ABANDONO TABÁQUICO EN ADULTOS CON DEPRESIÓN MAYOR PASADA O ACTUAL TRATADA ESTABLE: ENSAYO ALEATORIZADO

Humphrey LL, Deffebach M, Pappas M, Baumann C, Artis K, Mitchell JP, et al. Screening for lung cancer with low-dose computed tomography: a systematic review to update the U.S. Preventive Services Task Force recommendation. *Ann Intern Med.* 2013; 159:411-420 [M,II]

[23897166](#) [R/C](#)

CRIBAJE DEL CÁNCER DE PULMÓN CON TC DE BAJA DOSIS: REVISIÓN SISTEMÁTICA PARA ACTUALIZAR LA RECOMENDACIÓN DEL USPSTF

Tsai AG, Wadden TA. Obesity. *Ann Intern Med.* 2013; 159:ITC3-1 [AO,I]

[24026335](#)

OBESIDAD

ATENCION PRIMARIA

Repullo JR. Primaria y estrategias de crónicos: venciendo reticencias propias e ignorando despropósitos ajenos. *Aten Primaria.* 2013; 45:335-337 [AO,I]

[23931963](#)

PRIMARIA Y ESTRATEGIAS DE CRÓNICOS: VENCIENDO RETICENCIAS PROPIAS E IGNORANDO DESPROPÓSITOS AJENOS

Ruiz M, Borrell-Carrió F, Ortodó C, Fernández N, Fité A. Auditorías en seguridad clínica para centros de atención primaria. Estudio piloto. *Aten Primaria.* 2013; 45:341-348 [T,I]

[23478066](#) [R/C](#)

AUDITORÍAS EN SEGURIDAD CLÍNICA PARA CENTROS DE ATENCIÓN PRIMARIA. ESTUDIO PILOTO

Rodríguez-Sánchez E, García-Ortiz L, Gómez-Marcos MA, Recio-Rodríguez JI, Mora-Simón S, Pérez-Arechaederra D, et al. Prevalencia de enfermedades cardiovasculares y de factores de riesgo cardiovascular en mayores de 65 años de un área urbana: estudio DERIVA. *Aten Primaria.* 2013; 45:349-357 [T,I]

[23528294](#) [R/C](#)

PREVALENCIA DE ENFERMEDADES CARDIOVASCULARES Y DE FACTORES DE RIESGO CARDIOVASCULAR EN MAYORES DE 65 AÑOS DE UN ÁREA URBANA: ESTUDIO DERIVA

Ramos JA, Pérez A, Enguix N, Alvarez C, Martínez ML. Diagnóstico comunitario mediante técnicas cualitativas de las expectativas y vivencias en salud de una zona necesitada de transformación social. *Aten Primaria.* 2013; 45:358-367 [C,II]

[23618560](#) [R/C](#)

DIAGNÓSTICO COMUNITARIO MEDIANTE TÉCNICAS CUALITATIVAS DE LAS EXPECTATIVAS Y VIVENCIAS EN SALUD DE UNA ZONA NECESITADA DE TRANSFORMACIÓN SOCIAL

ARCHIVOS DE BRONCONEUMOLOGIA

Comeche L, Echave-Sustaeta JM, García R, Albarrán I, Alonso P, Llorente MJ. Prevalencia de anemia asociada a la enfermedad pulmonar obstructiva crónica. Estudio de las variables asociadas. *Arch Bronconeumol.* 2013; 49:383-387 [T,I]

[23791383](#) [R/C](#)

PREVALENCIA DE ANEMIA ASOCIADA A LA ENFERMEDAD PULMONAR OBSTRUCTIVA CRÓNICA. ESTUDIO DE LAS VARIABLES ASOCIADAS

García-Río F, Calle M, Burgos F, Casan P, Del Campo F, Galdiz JB, et al. Espirometría. *Arch Bronconeumol* 2013;49:388-401 [M,II]

[23726118](#) [R/C](#)

ESPIROMETRÍA

BRITISH MEDICAL JOURNAL

Hamilton W, Coleman MG, Rubin G. Colorectal cancer. *BMJ.* 2013; 346:f3172 [R,I]

[23693056](#)

CÁNCER COLORRECTAL

O'Regan DP, Harden SP, Cook SA. Investigating stable chest pain of suspected cardiac origin. *BMJ.* 2013; 347:f3940 [R,I]

[23878151](#)

INVESTIGAR EL DOLOR TORÁCICO ESTABLE CON SOSPECHA DE ORIGEN CARDIACO

Shah AS, Newby DE, Mills NL. High sensitivity cardiac troponin in patients with chest pain. *BMJ.* 2013; 347:f4222 [R,I]

[23878152](#)

TROPONINA CARDIACA DE ALTA SENSIBILIDAD EN PACIENTES CON DOLOR TORÁCICO

Långström N, Enebrink P, Laurén EM, Lindblom J, Werkö S, Hanson RK. Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions. *BMJ*. 2013; 347:f4630 [M,II]

[23935058](#) [R/C](#)

PREVENIR LA REINCIDENCIA DE LOS PEDÓFILOS: REVISIÓN SISTEMÁTICA DE LAS INTERVENCIONES MÉDICAS Y PSICOLÓGICAS

Ftough S, Thomas M; Acute Kidney Injury Guideline Development Group. Acute kidney injury: summary of NICE guidance. *BMJ*. 2013; 347:f4930 [M,II]

[23985310](#)

DAÑO RENAL AGUDO: RESUMEN DE LA GUÍA NICE

Read TR, Hocking JS, Bradshaw CS, Morrow A, Grulich AE, Fairley CK, et al. Provision of rapid HIV tests within a health service and frequency of HIV testing among men who have sex with men: randomised controlled trial. *BMJ*. 2013; 347:f5086 [EC,II]

[24004988](#) [R/C](#)

PROVISIÓN DE PRUEBAS RÁPIDAS DE VIH DENTRO DE UN SERVICIO DE SALUD Y FRECUENCIA DE LAS PRUEBAS DE VIH ENTRE HOMBRES QUE PRACTICAN SEXO CON HOMBRES: ENSAYO CONTROLADO ALEATORIZADO

Castellucci LA, Cameron C, Le Gal G, Rodger MA, Coyle D, Wells PS, et al. Efficacy and safety outcomes of oral anticoagulants and antiplatelet drugs in the secondary prevention of venous thromboembolism: systematic review and network meta-analysis. *BMJ*. 2013; 347:f5133 [M,II]

[23996149](#) [R/C](#)

RESULTADOS DE EFICACIA Y SEGURIDAD DE LOS FÁRMACOS ANTICOAGULANTES ORALES Y ANTIPLAQUETARIOS EN LA PREVENCIÓN SECUNDARIA DEL TROMBOEMBOLISMO VENOSO: REVISIÓN SISTEMÁTICA Y METAANÁLISIS EN RED

Smith A, Bevan D, Douglas HR, James D. Management of urinary incontinence in women: summary of updated NICE guidance. *BMJ*. 2013; 347:f5170 [M,II]

[24021756](#)

MANEJO DE LA INCONTINENCIA URINARIA EN MUJERES: RESUMEN DE LA GUÍA NICE ACTUALIZADA

Metzelthin SF, van Rossum E, de Witte LP, Ambergen AW, Hobma SO, Sipers W, et al. Effectiveness of interdisciplinary primary care approach to reduce disability in community dwelling frail older people: cluster randomised controlled trial. *BMJ*. 2013; 347:f5264 [EC,II]

[24022033](#) [R/C](#)

EFFECTIVIDAD DEL ABORDAJE INTERDISCIPLINARIO EN ATENCIÓN PRIMARIA PARA REDUCIR LA DISCAPACIDAD EN LOS ANCIANOS FRÁGILES QUE RESIDEN EN LA COMUNIDAD: ENSAYO CONTROLADO ALEATORIZADO AGRUPADO

Scott J, Fowler D, McGorry P, Birchwood M, Killackey E, Christensen H, et al. Adolescents and young adults who are not in employment, education, or training. *BMJ*. 2013; 347:f5270 [AO,I]

[24048295](#)

ADOLESCENTES Y JÓVENES QUE NO ESTÁN TRABAJANDO NI ESTUDIANDO NI PRACTICANDO

Gask L, Evans M, Kessler D. Personality disorder. *BMJ*. 2013; 347:f5276 [R,I]

[24022034](#)

TRASTORNO DE PERSONALIDAD

Stegeman BH, de Bastos M, Rosendaal FR, van Hylckama Vlieg A, Helmerhorst FM, Stijnen T, et al. Different combined oral contraceptives and the risk of venous thrombosis: systematic review and network meta-analysis. *BMJ*. 2013; 347:f5298 [M,II]

[24030561](#) [R/C](#)

DIFERENTES ANTICONCEPTIVOS ORALES COMBINADOS Y RIESGO DE TROMBOSIS VENOSA: REVISIÓN SISTEMÁTICA Y METAANÁLISIS EN RED

Craissati J. Treatment for sexual offenders against children. *BMJ*. 2013; 347:f5397 [AO,I]

[24014341](#)

TRATAMIENTO DE LOS PEDÓFILOS

Ludman S, Shah N, Fox AT. Managing cows' milk allergy in children. *BMJ*. 2013; 347:f5424 [R,I]

[24041704](#)

MANEJO DE LA ALERGIA INFANTIL A LA LECHE DE VACA

Schulman S, Douketis J. Secondary prevention of venous thromboembolism. *BMJ*. 2013; 347:f5440 [AO,I]

[24018259](#)

PREVENCIÓN SECUNDARIA DEL TROMBOEMBOLISMO VENOSO

Cooper ME. Choosing the right angiotensin-receptor blocker for patients with diabetes: still controversial. CMAJ. 2013; 185:1023-1024. doi [AO,I]

[23836856](#)

ELEGIR EL BLOQUEADOR DE LOS RECEPTORES DE ANGIOTENSINA CORRECTO EN PACIENTES CON DIABETES: AÚN CONTROVERTIDO

Antoniou T, Camacho X, Yao Z, Gomes T, Juurlink DN, Mamdani MM. Comparative effectiveness of angiotensin-receptor blockers for preventing macrovascular disease in patients with diabetes: a population-based cohort study. CMAJ. 2013; 185:1035-1041 [S,II]

[23836857](#)

[R/C](#)

EFFECTIVIDAD COMPARADA DE LOS BLOQUEADORES DE LOS RECEPTORES DE ANGIOTENSINA PARA PREVENIR LA ENFERMEDAD CARDIOVASCULAR EN PACIENTES CON DIABETES: ESTUDIO DE COHORTE POBLACIONAL

Forlini C, Gauthier S, Racine E. Should physicians prescribe cognitive enhancers to healthy individuals? CMAJ. 2013; 185:1047-1050 [AO,I]

[23251020](#)

¿DEBERÍAN LOS MÉDICOS PRESCRIBIR REFORZADORES COGNITIVOS A LOS INDIVIDUOS SANOS?

Beaulieu MD, Haggerty J, Tousignant P, Barnsley J, Hogg W, Geneau R, et al. Characteristics of primary care practices associated with high quality of care. CMAJ. 2013; 185:E590-E596 [T,II]

[23877669](#)

[R/C](#)

CARACTERÍSTICAS DE LAS PRÁCTICAS DE ATENCIÓN PRIMARIA ASOCIADAS A UNA GRAN CALIDAD DE LA ATENCIÓN

Fibromyalgia: evolving concepts over the past 2 decades. CMAJ. 2013; 185:E645-E651 [R,I]

[23649418](#)

FIBROMIALGIA: CONCEPTOS EN EVOLUCIÓN A LO LARGO DE LAS 2 PASADAS DÉCADAS

CIRCULATION

Patrono C, Andreotti F. Antithrombotic therapy for patients with atrial fibrillation and atherothrombotic vascular disease: striking the right balance between efficacy and safety. Circulation. 2013; 128:684-686 [AO,I]

[23861513](#)

TERAPIA ANTITROMBÓTICA EN PACIENTES CON FIBRILACIÓN AURICULAR Y ENFERMEDAD VASCULAR ATERTROMBÓTICA: ALCANZAR EL EQUILIBRIO CORRECTO ENTRE EFICACIA Y SEGURIDAD

Gerstein HC. Rosiglitazone and cardiovascular outcomes: is there a clear answer? Circulation. 2013; 128:777-779 [AO,I]

[23857319](#)

ROSIGLITAZONA Y RESULTADOS CARDIOVASCULARES: ¿HAY UNA RESPUESTA CLARA?

Stackelberg O, Björck M, Larsson SC, Orsini N, Wolk A. Fruit and vegetable consumption with risk of abdominal aortic aneurysm. Circulation. 2013; 128:795-802 [S,II]

[23960255](#)

[R/C](#)

CONSUMO DE FRUTA Y VERDURAS CON RIESGO DE ANEURISMA AORTOABDOMINAL

Fletcher GF, Ades PA, Kligfield P, Arena R, Balady GJ, Bittner VA, et al; American Heart Association Exercise, Cardiac Rehabilitation, and Prevention Committee of the Council on Clinical Cardiology, Council on Nutrition, Physical Activity and Metabolism, Council on Cardiovascular and Stroke Nursing, and Council. Exercise standards for testing and training: a scientific statement from the American Heart Association. Circulation. 2013; 128:873-934 [M,II]

[23877260](#)

ESTÁNDARES DE EJERCICIO PARA LAS PRUEBAS Y EL ENTRENAMIENTO: DECLARACION CIENTÍFICA DE LA AHA

Kizer JR. Enhancing detection of subclinical end-organ damage: echocardiographic left ventricular strain holds up a mirror to the brain. Circulation. 2013; 128:1045-1047 [AO,I]

[23902758](#)

REFUERZO DE LA DETECCIÓN DE DAÑO ORGÁNICO FINAL SUBCLÍNICO: EL ESFUERZO VENTRICULAR IZQUIERDO ECOGRÁFICO SUPONE UN ESPEJO DEL CEREBRO

Pletcher MJ, Sibley CT, Pignone M, Vittinghoff E, Greenland P. Interpretation of the coronary artery calcium score in combination with conventional cardiovascular risk factors: the Multi-Ethnic Study of Atherosclerosis (MESA). Circulation. 2013; 128:1076-1084 [T,II]

[23884352](#)

[R/C](#)

INTERPRETACIÓN DE LA TABLA DE CALCIO ARTERIAL CORONARIO EN COMBINACIÓN CON LOS FACTORES DE RIESGO CARDIOVASCULAR CONVENCIONALES: ESTUDIO MESA

Zakeri R, Chamberlain AM, Roger VL, Redfield MM. Temporal relationship and prognostic significance of atrial fibrillation in heart failure patients with preserved ejection fraction: a community-based study. *Circulation*. 2013; 128:1085-1093 [S,I]
[23908348](#) [R/C](#)
RELACIÓN TEMPORAL Y SIGNIFICACIÓN PRONÓSTICA DE LA FIBRILACIÓN AURICULAR EN PACIENTES CON INSUFICIENCIA CARDIACA CON FRACCIÓN DE EYECCIÓN PRESERVADA: ESTUDIO BASADO EN LA COMUNIDAD

Russo C, Jin Z, Homma S, Elkind MS, Rundek T, Yoshita M, et al. Subclinical left ventricular dysfunction and silent cerebrovascular disease: the Cardiovascular Abnormalities and Brain Lesions (CABL) study. *Circulation*. 2013; 128:1105-1111 [T,I]
[23902759](#) [R/C](#)
DISFUNCIÓN VENTRICULAR IZQUIERDA SUBCLÍNICA Y ENFERMEDAD CEREBROVASCULAR SILENTE: ESTUDIO CABL

Hata J, Arima H, Rothwell PM, Woodward M, Zoungas S, Anderson C, et al; on behalf of the ADVANCE Collaborative Group. Effects of visit-to-visit variability in systolic blood pressure on macrovascular and microvascular complications in patients with type 2 diabetes mellitus: the ADVANCE trial. *Circulation*. 2013; 128:1325-1334 [EC,II]
[23926207](#) [R/C](#)
EFFECTOS DE LA VARIABILIDAD ENTRE VISITAS EN LA PRESIÓN ARTERIAL SISTÓLICA SOBRE LAS COMPLICACIONES MICRO Y MACROVASCULARES EN PACIENTES CON DIABETES MELLITUS TIPO 2: ENSAYO ADVANCE

Douiri A, McKeivitt C, Emmett ES, Rudd AG, Wolfe CD. Long-term effects of secondary prevention on cognitive function in stroke patients. *Circulation*. 2013; 128:1341-1348 [S,II]
[23935013](#) [R/C](#)
EFFECTOS A LARGO PLAZO DE LA PREVENCIÓN SECUNDARIA SOBRE LA FUNCIÓN COGNITIVA EN PACIENTES DE ICTUS

DIABETES CARE

Tesfaye S, Boulton AJ, Dickenson AH. Mechanisms and management of diabetic painful distal symmetrical polyneuropathy. *Diabetes Care*. 2013; 36:2456-2465 [R,I]
[23970715](#) [R/C](#)
MECANISMOS Y MANEJO DE LA POLINEUROPATÍA DIABÉTICA DISTAL SIMÉTRICA DOLOROSA

Schernthaner G, Gross JL, Rosenstock J, Guarisco M, Fu M, Yee J, et al. Canagliflozin compared with sitagliptin for patients with type 2 diabetes who do not have adequate glycemic control with metformin plus sulfonylurea: a 52-week randomized trial. *Diabetes Care*. 2013; 36:2508-2515 [EC,II]
[23564919](#) [R/C](#)
CANGLIFLOZINA COMPARADA CON SITAGLIPTINA EN PACIENTES CON DIABETES TIPO 2 QUE NO TIENEN UN ADECUADO CONTROL GLUCÉMICO CON METFORMINA MÁS SULFONILUREA: ENSAYO ALEATORIZADO DE 52 SEMANAS

Newsom SA, Everett AC, Hinko A, Horowitz JF. A single session of low-intensity exercise is sufficient to enhance insulin sensitivity into the next day in obese adults. *Diabetes Care*. 2013; 36:2516-2522 [QE,I]
[23757424](#) [R/C](#)
UNA SESIÓN SIMPLE DE EJERCICIO DE BAJA INTENSIDAD ES SUFICIENTE PARA REFORZAR LA SENSIBILIDAD A LA INSULINA AL DÍA SIGUIENTE EN ADULTOS OBESOS

Gough SC, Bhargava A, Jain R, Mersebach H, Rasmussen S, Bergenstal RM. Low-volume insulin degludec 200 units/mL once daily improves glycemic control similarly to insulin glargine with a low risk of hypoglycemia in insulin-naive patients with type 2 diabetes: a 26-week, randomized, controlled, multinational, treat-to-target trial: the BEGIN LOW VOLUME trial. *Diabetes Care*. 2013; 36:2536-2542 [EC,II]
[23715753](#) [R/C](#)
200 UNIDADES/ML DE INSULINA DEGLUDEC DE BAJO VOLUMEN UNA VEZ AL DÍA MEJORAN EL CONTROL GLUCÉMICO DE FORMA SIMILAR A LA INSULINA GLARGINA CON UN RIESGO BAJO DE DE HIPOGLUCEMIA EN PACIENTES CON DIABETES TIPO 2 QUE NUNCA HAN RECIBIDO INSULINA: ENSAYO MULTINACIONAL DE 26 SEMANAS DE TRATAMIENTO HASTA EL OBJETIVO, CONTROLADO ALEATORIZADO

Ahrén B, Leguizamo A, Miossec P, Saubadu S, Aronson R. Efficacy and safety of lixisenatide once-daily morning or evening injections in type 2 diabetes inadequately controlled on metformin (GetGoal-M). *Diabetes Care*. 2013; 36:2543-2550 [EC,II]
[23536584](#) [R/C](#)
EFICACIA Y SEGURIDAD DE INYECCIONES MATUTINAS O VESPERTINAS DE LIXISENATIDA UNA VEZ AL DÍA EN LA DIABETES TIPO 2 INADECUADAMENTE CONTROLADA CON METFORMINA (GETGOAL-M)

Vaccaro O, Franzini L, Miccoli R, Cavalot F, Ardigo D, Boemi M, et al; MIND.IT Study Group. Feasibility and effectiveness in clinical practice of a multifactorial intervention for the reduction of cardiovascular risk in patients with type 2 diabetes: the 2-year interim analysis of the MIND.IT study: a cluster randomized trial. *Diabetes Care*. 2013; 36:2566-2572 [EC,II]

[23863908](#) [R/C](#)

VIABILIDAD Y EFECTIVIDAD EN LA PRÁCTICA CLÍNICA DE UNA INTERVENCIÓN MULTIFACTORIAL PARA LA REDUCCIÓN DEL RIESGO CARDIOVASCULAR EN PACIENTES CON DIABETES TIPO 2: ANÁLISIS PROVISIONAL A LOS 2 AÑOS DEL ESTUDIO MIND.IT: ENSAYO ALEATORIZADO AGRUPADO

Roche MM, Wang PP. Sex differences in all-cause and cardiovascular mortality, hospitalization for individuals with and without diabetes, and patients with diabetes diagnosed early and late. *Diabetes Care*. 2013; 36:2582-2590 [S,II]

[23564923](#) [R/C](#)

DIFERENCIAS DE SEXO EN LA MORTALIDAD CARDIOVASCULAR Y POR CUALQUIER CAUSA, EN LA HOSPITALIZACIÓN POR INDIVIDUOS CON Y SIN DIABETES Y EN LOS PACIENTES CON DIAGNÓSTICO PRECOZ Y TARDÍO DE DIABETES

Stone MA, Charpentier G, Doggen K, Kuss O, Lindblad U, Kellner C, et al; GUIDANCE Study Group. Quality of care of people with type 2 diabetes in eight european countries: findings from the Guideline Adherence to Enhance Care (GUIDANCE) study. *Diabetes Care*. 2013; 36:2628-2638 [T,II]

[23628621](#) [R/C](#)

CALIDAD DE LA ATENCIÓN A PERSONAS CON DIABETES TIPO 2 EN OCHO PAÍSES EUROPEOS: HALLAZGOS DEL ESTUDIO GUIDANCE

Bardenheier BH, Bullard KM, Caspersen CJ, Cheng YJ, Gregg EW, Geiss LS. A novel use of structural equation models to examine factors associated with prediabetes among adults aged 50 years and older: National Health and Nutrition Examination Survey 2001-2006. *Diabetes Care*. 2013; 36:2655-2662 [T,II]

[23649617](#) [R/C](#)

UN NUEVO USO DE LOS MODELOS DE ECUACIÓN ESTRUCTURAL PARA EXAMINAR LOS FACTORES ASOCIADOS CON LA PREDIABETES EN ADULTOS DE 50 AÑOS O MÁS: ENCUESTA DEL EXAMEN NACIONAL DE SALUD Y NUTRICIÓN 2001-2006

Forster AS, Forbes A, Dодhia H, Connor C, Du Chemin A, Sivaprasad S, et al. Changes in detection of retinopathy in type 2 diabetes in the first 4 years of a population-based diabetic eye screening program: retrospective cohort study. *Diabetes Care*. 2013; 36:2663-2669 [S,I]

[23620476](#) [R/C](#)

CAMBIOS EN LA DETECCIÓN DE RETINOPATÍA EN LA DIABETES TIPO 2 EN LOS PRIMEROS 4 AÑOS DE UN PROGRAMA POBLACIONAL DE CRIBAJE DEL OJO DIABÉTICO: ESTUDIO DE COHORTES RETROSPECTIVO

Cheng YJ, Imperatore G, Geiss LS, Wang J, Saydah SH, Cowie CC, et al. Secular changes in the age-specific prevalence of diabetes among U.S. adults: 1988-2010. *Diabetes Care*. 2013; 36:2690-2696 [T,II]

[23637354](#) [R/C](#)

CAMBIOS SECULARES EN LA PREVALENCIA DE DIABETES POR EDADES EN ADULTOS ESTADOUNIDENSES: 1988-2010

Backholer K, Peeters A, Herman WH, Shaw JE, Liew D, Ademi Z, et al. Diabetes prevention and treatment strategies: are we doing enough? *Diabetes Care*. 2013; 36:2714-2719 [T,I]

[23637353](#) [R/C](#)

PREVENCIÓN DE LA DIABETES Y ESTRATEGIAS DE TRATAMIENTO: ¿ESTAMOS HACIENDO LO SUFICIENTE?

Solis-Herrera C, Triplitt C, Garduno-Garcia Jde J, Adams J, Defronzo RA, Cersosimo E. Mechanisms of glucose lowering of dipeptidyl peptidase-4 inhibitor sitagliptin when used alone or with metformin in type 2 diabetes: a double-tracer study. *Diabetes Care*. 2013; 36:2756-2762 [EC,II]

[23579178](#) [R/C](#)

MECANISMOS DE DESCENSO GLUCÉMICO DEL INHIBIDOR DE LA DIPEPTIDILPEPTIDASA-4 SITAGLIPTINA CUANDO SE USA SOLO O CON METFORMINA EN LA DIABETES TIPO 2: ESTUDIO DE DOBLE TRAZADOR

De Cosmo S, Copetti M, Lamacchia O, Fontana A, Massa M, Morini E, et al. Development and validation of a predicting model of all-cause mortality in patients with type 2 diabetes. *Diabetes Care*. 2013; 36:2830-2835 [S,II]

[23637348](#) [R/C](#)

DESARROLLO Y VALIDACIÓN DE UN MODELO PREDICTIVO DE MORTALIDAD POR CUALQUIER CAUSA EN PACIENTES CON DIABETES TIPO 2

DRUGS

Anderson A, Walker BR. 11 β -HSD1 inhibitors for the treatment of type 2 diabetes and cardiovascular disease. *Drugs*. 2013; 73:1385-1393. [R,I]

[23990334](#) [R/C](#)

INHIBIDORES DE LA 11 β -HSD1 EN EL TRATAMIENTO DE LA DIABETES TIPO 2 Y DE LA ENFERMEDAD CARDIOVASCULAR

Fox SH. Non-dopaminergic treatments for motor control in Parkinson's disease. *Drugs*. 2013; 73:1405-1415 [R,I]

[23917951](#) [R/C](#)

TRATAMIENTOS NO DOPAMINÉRGICOS PARA EL CONTROL MOTOR EN LA ENFERMEDAD DE PARKINSON

McKay RR, Choueiri TK, Taplin ME. Rationale for and review of neoadjuvant therapy prior to radical prostatectomy for patients with high-risk prostate cancer. *Drugs*. 2013; 73:1417-1430 [R,I]

[23943203](#) [R/C](#)

LÓGICA Y REVISIÓN DE LA NUEVA TERAPIA ADYUVANTE PREVIA A LA PROSTATECTOMÍA RADICAL EN PACIENTES CON ALTO RIESGO DE CÁNCER DE PRÓSTATA

Dhillon S. Eplerenone: a review of its use in patients with chronic systolic heart failure and mild symptoms. *Drugs*. 2013; 73:1451-1462 [R,I]

[23881669](#) [R/C](#)

ESPLERENONA: REVISIÓN DE SU USO EN PACIENTES CON INSUFICIENCIA CARDIACA SISTÓLICA CRÓNICA Y SÍNTOMAS LEVES

Garnock-Jones KP. Sumatriptan iontophoretic transdermal system: a review of its use in patients with acute migraine. *Drugs*. 2013; 73:1483-1490 [R,I]

[23912626](#) [R/C](#)

SISTEMA TRANSDÉRMICO IONTOFORÉTICO PARA EL SUMATRIPTÁN: REVISIÓN DE SU USO EN PACIENTES CON MIGRAÑA AGUDA

EUROPEAN HEART JOURNAL

Paneni F, Beckman JA, Creager MA, Cosentino F. Diabetes and vascular disease: pathophysiology, clinical consequences, and medical therapy: part I. *Eur Heart J*. 2013; 34:2436-2443 [R,II]

[23641007](#) [R/C](#)

DIABETES Y ENFERMEDAD VASCULAR: PATOFISIOLOGÍA, CONSECUENCIAS CLÍNICAS Y TRATAMIENTO MÉDICO: PARTE I

Beckman JA, Paneni F, Cosentino F, Creager MA. Diabetes and vascular disease: pathophysiology, clinical consequences, and medical therapy: part II. *Eur Heart J*. 2013; 34:2444-2452 [R,I]

[23625211](#) [R/C](#)

DIABETES Y ENFERMEDAD VASCULAR: PATOFISIOLOGÍA, CONSECUENCIAS CLÍNICAS Y TRATAMIENTO MÉDICO: PARTE II

Lawlor DA, Nordestgaard BG, Benn M, Zuccolo L, Tybjaerg-Hansen A, Davey Smith G. Exploring causal associations between alcohol and coronary heart disease risk factors: findings from a Mendelian randomization study in the Copenhagen General Population Study. *Eur Heart J*. 2013; 34:2519-2528 [T,II]

[23492672](#) [R/C](#)

EXPLORAR ASOCIACIONES CAUSALES EN TRE EL ALCOHOL Y FACTORES DE RIESGO DE ENFERMEDAD CARDIACA CORONARIA: HALLAZGOS DEL ESTUDIO DE ALEATORIZACIÓN MENDELIANA EN EL ESTUDIO DE POBLACIÓN GENERAL DE COPENHAGUE

Jeger RV. Mens sana in corpore sano revisited. *Eur Heart J*. 2013; 34:2580-2581 [AO,I]

[23828832](#)

MENS SANA IN CORPORE SANO REVISITADA

Barth J. Neglecting the subjective relevance of stress on health: a protective strategy for your heart? *Eur Heart J*. 2013; 34:2658-2659 [AO,I]

[23886916](#)

OLVIDO DE LA RELEVANCIA SUBJETIVA DEL ESTRÉS SOBRE LA SALUD: ¿ESTRATEGIA PROTECTORA PARA SU CORAZÓN?

Laufs U, Weintraub WS, Packard CJ. Beyond statins: what to expect from add-on lipid regulating therapy? *Eur Heart J*. 2013; 34:2660-2665 [R,I]

[23832488](#)

MÁS ALLÁ DE LAS ESTATINAS: ¿QUÉ ESPERAR DE LA TERAPIA REGULADORA DE LOS LÍPIDOS AÑADIDOS?

Nabi H, Kivimäki M, Batty GD, Shipley MJ, Britton A, Brunner EJ, et al. Increased risk of coronary heart disease among individuals reporting adverse impact of stress on their health: the Whitehall II prospective cohort study. *Eur Heart J*. 2013; 34:2697-2705 [S,II]

[23804585](#) [R/C](#)

AUMENTO DEL RIESGO DE ENFERMEDAD CARDIACA CORONARIA EN INDIVIDUOS QUE INFORMAN DE IMPACTO ADVERSO DEL ESTRÉS SOBRE SU SALUD: ESTUDIO PROSPECTIVO DE COHORTES WHITEHALL II

Diener HC. Secondary prevention by stroke subtype: impact of the Korean experience. *Eur Heart J*. 2013; 34:2723-2724 [AO,I]

[23828827](#)

PREVENCIÓN SECUNDARIA SEGÚN SUBTIPO DE ICTUS: IMPACTO DE LA EXPERIENCIA COREANA

Kappenberger L. A new look at atrial fibrillation: lessons learned from drugs, pacing, and ablation therapies. *Eur Heart J*. 2013; 34:2739-2745 [R,I]

[23864134](#) [R/C](#)

NUEVA MIRADA SOBRE LA FIBRILACIÓN AURICULAR: LECCIONES APRENDIDAS DE LAS TERAPIAS CON FÁRMACOS, MARCAPASOS Y ABLACIÓN

Krijthe BP, Kunst A, Benjamin EJ, Lip GY, Franco OH, Hofman A, et al. Projections on the number of individuals with atrial fibrillation in the European Union, from 2000 to 2060. *Eur Heart J.* 2013; 34:2746-2751 [T,I]

[23900699](#) [R/C](#)

PROYECCIONES SOBRE EL NÚMERO DE INDIVIDUOS CON FIBRILACIÓN AURICULAR EN LA UNIÓN EUROPEA, DE 2000 A 2060

Kim D, Lee SH, Joon Kim B, Jung KH, Yu KH, Lee BC, et al; for Korean Stroke Registry investigators. Secondary prevention by stroke subtype: a nationwide follow-up study in 46 108 patients after acute ischaemic stroke. *Eur Heart J.* 2013; 34:2760-2767 [S,II]

[23729692](#) [R/C](#)

PREVENCIÓN SECUNDARIA SEGÚN SUBTIPO DE ICTUS: ESTUDIO DE SEGUIMIENTO DE ÁMBITO NACIONAL EN 46.108 PACIENTES TRAS ICTUS AGUDO ISQUÉMICO

FAMILY MEDICINE

Lebensohn P, Dodds S, Benn R, Brooks AJ, Birch M, Cook P et al. Resident wellness behaviors: relationship to stress, depression, and burnout. *Fam Med.* 2013; 45:541-549 [T,I]

[24129866](#) [R/C](#)

CONDUCTAS DE BIENESTAR EN RESIDENTES: RELACIÓN CON EL ESTRÉS, LA DEPRESIÓN Y EL DESGASTE

Schmidt S, Rice A, Kolas K. Teaching by example—educating medical students through a weight management experience. *Fam Med.* 2013; 45:572-575 [QE,I]

[24129870](#) [R/C](#)

ENSEÑAR CON EL EJEMPLO--FORMAR A LOS ESTUDIANTES DE MEDICINA A TRAVÉS DE UNA EXPERIENCIA DE MANEJO DEL PESO

GUT

Chen Y, Segers S, Blaser MJ. Association between *Helicobacter pylori* and mortality in the NHANES III study. *Gut.* 2013; 62:1262-1269 [S,II]

[23303440](#) [R/C](#)

ASOCIACIÓN ENTRE EL HELICOBACTER PYLORI Y LA MORTALIDAD EN EL ESTUDIO NHANES III

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

Green BB. Caring for patients with multiple chronic conditions: balancing evidenced-based and patient-centered care. *J Am Board Fam Med.* 2013; 26:484-485 [AO,I]

[24004699](#)

ATENDER A PACIENTES CON MÚLTIPLES PROBLEMAS CRÓNICOS: EQUILIBRAR LA ATENCIÓN BASADA EN LA EVIDENCIA Y LA BASADA EN EL PACIENTE

Scheid DC, Hamm RM, Ramakrishnan K, McCarthy LH, Mold JW; Oklahoma Physicians Resource/Research Network. Improving colorectal cancer screening in family medicine: an Oklahoma Physicians Resource/Research Network (OKPRN) study. *J Am Board Fam Med.* 2013; 26:498-507 [C,T,I]

[24004701](#) [R/C](#)

MEJORAR EL CRIBAJE DE CÁNCER COLORRECTAL EN MEDICINA DE FAMILIA: ESTUDIO OKPRN

Ornstein SM, Nietert PJ, Jenkins RG, Litvin CB. The prevalence of chronic diseases and multimorbidity in primary care practice: a PPRNet report. *J Am Board Fam Med.* 2013; 26:518-524 [T,I]

[24004703](#) [R/C](#)

PREVALENCIA DE ENFERMEDADES CRÓNICAS Y MULTIMORBILIDAD EN LA PRÁCTICA DE ATENCIÓN PRIMARIA: INFORME PPRNet

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Benowitz NL, Goniewicz ML. The regulatory challenge of electronic cigarettes. *JAMA.* 2013; 310:685-686 [AO,I]

[23856948](#)

EL RETO DE LA REGULACIÓN DE LOS CIGARRILLOS ELECTRÓNICOS

Pagoto SL, Appelans BM. A call for an end to the diet debates. *JAMA.* 2013; 310:687-688 [AO,I]

[23989081](#)

LLAMAMIENTO PARA ACABAR CON LOS DEBATES SOBRE LAS DIETAS

Lieberman JA, Dixon LB, Goldman HH. Early detection and intervention in schizophrenia: a new therapeutic model. *JAMA.* 2013; 310:689-690 [AO,I]

[23989167](#)

DETECCIÓN PRECOZ E INTERVENCIÓN EN LA ESQUIZOFRENIA

Myers KA, Mrkobrada M, Simel DL. Does this patient have obstructive sleep apnea?: The Rational Clinical Examination systematic review. JAMA. 2013; 310:731-741 [M,II]

[23989984](#) [R/C](#)

¿TIENE ESTE PACIENTE APNEA OBSTRUCTIVA DEL SUEÑO?

Esserman LJ, Thompson IM Jr, Reid B. Overdiagnosis and overtreatment in cancer: an opportunity for improvement. JAMA. 2013; 310:797-798 [AO,I]

[23896967](#)

SOBREDIAGNÓSTICO Y SOBRETREATAMIENTO EN EL CÁNCER: OPORTUNIDAD PARA LA MEJORA

Hermans J, Luime JJ, Meuffels DE, Reijman M, Simel DL, Bierma-Zeinstra SM. Does this patient with shoulder pain have rotator cuff disease?: The Rational Clinical Examination systematic review. JAMA. 2013; 310:837-847 [M,II]

[23982370](#) [R/C](#)

¿TIENE ESTE PACIENTE CON DOLOR DE HOMBRO UNA ENFERMEDAD DEL MANGUITO DE ROTADORES? REVISIÓN SISTEMÁTICA THE RATIONAL CLINICAL EXAMINATION

Chan JC. Diabetes and noncommunicable disease: prevent the preventables. JAMA. 2013; 310:916-917 [AO,I]

[24002277](#)

DIABETES Y ENFERMEDAD NO TRANSMISIBLE: PREVENIR LAS PREVENIBLES

Halegoua-De Marzio DL, Fenkel JM. Treatment of severe alcoholic hepatitis with corticosteroids and pentoxifylline. JAMA. 2013; 310:1029-1030 [AO,I]

[24026596](#)

TRATAMIENTO DE LA HEPATITIS ALCOHÓLICA GRAVE CON CORTICOIDES Y PENTOXIFILINA

Dolor RJ, Schulman KA. Financial incentives in primary care practice: the struggle to achieve population health goals. JAMA. 2013; 310:1031-1032 [AO,I]

[24026597](#)

INCENTIVOS ECONÓMICOS EN LA PRÁCTICA DE LA ATENCIÓN PRIMARIA: LA LUCHA POR ALCANZAR LOS OBJETIVOS SANITARIOS EN LA POBLACIÓN

Petersen LA, Simpson K, Pietz K, Urech TH, Hysong SJ, Profit J, et al. Effects of individual physician-level and practice-level financial incentives on hypertension care: a randomized trial. JAMA. 2013; 310:1042-1050 [EC,II]

[24026599](#) [R/C](#)

EFFECTOS DE LOS INCENTIVOS FINANCIEROS EN EL ÁMBITO MÉDICO Y EN EL ÁMBITO DE LA CONSULTA SOBRE LA ATENCIÓN DE LA HIPERTENSIÓN: ENSAYO ALEATORIZADO

Bardach NS, Wang JJ, De Leon SF, Shih SC, Boscardin WJ, Goldman LE, et al. Effect of pay-for-performance incentives on quality of care in small practices with electronic health records: a randomized trial. JAMA. 2013; 310:1051-1059 [EC,II]

[24026600](#) [R/C](#)

EFFECTO DE LOS INCENTIVOS DE PAGO POR RENDIMIENTO SOBRE LA CALIDAD DE LA ATENCIÓN EN PEQUEÑAS CONSULTAS CON HISTORIAS CLÍNICAS ELECTRÓNICAS: ENSAYO ALEATORIZADO

Mead GE, Hsieh CF, Hackett M. Selective serotonin reuptake inhibitors for stroke recovery. JAMA. 2013; 310:1066-1067 [AO,I]

[24026602](#) [R/C](#)

ISRS PARA LA RECUPERACIÓN DEL ICTUS

Ridker PM, Wilson PW. A trial-based approach to statin guidelines. JAMA. 2013; 310:1123-1124 [AO,I]

[23942579](#)

ABORDAJE DE LAS GUÍAS SOBRE ESTATINAS BASADO EN LOS ENSAYOS

Tardif JC, Grégoire J. Renin-angiotensin system inhibition and secondary cardiovascular prevention. JAMA. 2013; 310:1130-1131 [AO,I]

[23999917](#)

INHIBICIÓN DEL SISTEMA RENINA-ANGIOTENSINA Y PREVENCIÓN CARDIOVASCULAR SECUNDARIA

O'Connor PG. Managing substance dependence as a chronic disease: is the glass half full or half empty? JAMA. 2013; 310:1132-1134 [AO,I]

[24045739](#)

MANEJO DE LA DEPENDENCIA DE SUSTANCIAS COMO UNA ENFERMEDAD CRÓNICA: ¿ESTÁ EL VASO MEDIO LLENO O MEDIO VACÍO?

Nicholls SJ, Bakris GL, Kastelein JJ, Menon V, Williams B, Armbrecht J, et al. Effect of aliskiren on progression of coronary disease in patients with prehypertension: the AQUARIUS randomized clinical trial. JAMA. 2013; 310:1135-1144 [EC,I]

[23999933](#) [R/C](#)

EFFECTO DEL ALISQUIRENO SOBRE LA PROGRESIÓN DE ENFERMEDAD CORONARIA EN PACIENTES CON PREHIPERTENSIÓN: ENSAYO CLÍNICO ALEATORIZADO AQUARIUS

Steg PG, Mehta SR, Pollack CV Jr, Bode C, Cohen M, French WJ, et al; TAO Investigators. Anticoagulation with otamixaban and ischemic events in non-ST-segment elevation acute coronary syndromes: the TAO randomized clinical trial. JAMA. 2013; 310:1145-1155 [EC,II]

[23995608](#) [R/C](#)

ANTICOAGULACIÓN CON OTAMIXABAN Y ACONTECIMIENTOS ISQUÉMICOS EN LOS SÍNDROMES CORONARIOS AGUDOS SIN ELEVACIÓN DEL SEGMENTO ST: ENSAYO CLÍNICO ALEATORIZADO TAO

Brown CJ, Flood KL. Mobility limitation in the older patient: a clinical review. JAMA. 2013; 310:1168-1177 [R,II]

[24045741](#) [R/C](#)

MOVILIDAD LIMITADA EN LOS PACIENTES ANCIANOS: REVISIÓN CLÍNICA

Bjelakovic G, Nikolova D, Gluud C. Antioxidant supplements to prevent mortality. JAMA. 2013; 310:1178-1179 [AO,I]

[24045742](#) [R/C](#)

SUPLEMENTOS ANTIOXIDANTES PARA PREVENIR LA MORTALIDAD

Perry JJ, Stiell IG, Sivilotti ML, Bullard MJ, Hohl CM, Sutherland J, et al. Clinical decision rules to rule out subarachnoid hemorrhage for acute headache. JAMA. 2013; 310:1248-1255 [S,I]

[24065011](#) [R/C](#)

REGLAS DE DECISIÓN CLÍNICA PARA DESCARTAR LA HEMORRAGIA SUBARACNOIDEA EN EL DOLOR AGUDO DE CABEZA

JAMA INTERNAL MEDICINE

Smith RJ, Hiatt WR. Two new drugs for homozygous familial hypercholesterolemia: managing benefits and risks in a rare disorder. JAMA Intern Med. 2013; 173:1491-1492 [AO,I]

[23649296](#)

DOS NUEVOS FÁRMACOS PARA LA HIPERCOLESTEROLEMIA FAMILIAR HOMOCIGOTA: GESTIONAR LOS BENEFICIOS Y LOS RIESGOS EN UNA ENFERMEDAD RARA

Smith AK, Walter LC, Miao Y, Boscardin WJ, Covinsky KE. Disability during the last two years of life. JAMA Intern Med. 2013; 173:1506-1513 [S,II]

[23836120](#) [R/C](#)

DISCAPACIDAD DURANTE LOS DOS ÚLTIMOS AÑOS DE VIDA

Chaudhry SI, Murphy TE, Gahbauer E, Sussman LS, Allore HG, Gill TM. Restricting symptoms in the last year of life: a prospective cohort study. JAMA Intern Med. 2013; 173:1534-1540 [S,II]

[23836056](#) [R/C](#)

RESTRINGIR LOS SÍNTOMAS EN EL ÚLTIMO AÑO DE VIDA: ESTUDIO DE COHORTES PROSPECTIVO

Mafi JN, McCarthy EP, Davis RB, Landon BE. Worsening trends in the management and treatment of back pain. JAMA Intern Med. 2013; 173:1573-1581 [T,II]

[23896698](#) [R/C](#)

EMPEORAMIENTO DE LAS TENDENCIAS EN EL MANEJO Y TRATAMIENTO DEL DOLOR DE ESPALDA

Lindekleiv H, Løchen ML, Mathiesen EB, Njølstad I, Wilsgaard T, Schirmer H. Echocardiographic screening of the general population and long-term survival: a randomized clinical study. JAMA Intern Med. 2013; 173:1592-1598 [EC,I]

[23877591](#)

CRIBAJE ECOCARDIOGRÁFICO DE LA POBLACIÓN GENERAL Y SUPERVIVENCIA A LARGO PLAZO: ESTUDIO CLÍNICO ALEATORIZADO

Li CI, Daling JR, Tang MT, Haugen KL, Porter PL, Malone KE. Use of antihypertensive medications and breast cancer risk among women aged 55 to 74 years. JAMA Intern Med. 2013; 173:1629-1637 [CC,II]

[23921840](#) [R/C](#)

USO DE MEDICAMENTOS ANTIHIPERTENSIVOS Y RIESGO DE CÁNCER DE MAMA ENTRE MUJERES DE 55 A 74 AÑOS

JAMA PSYCHIATRY

Castrén E. Neuronal network plasticity and recovery from depression. JAMA Psychiatry. 2013; 70:983-989 [R,II]

[23842648](#) [R/C](#)

PLASTICIDAD DE LA RED NEURONAL Y RECUPERACIÓN DE LA DEPRESIÓN

Slotkin TA. Maternal smoking and conduct disorder in the offspring. JAMA Psychiatry. 2013 [Epub ahead of print] [AO,I]

[23884399](#)

TABAQUISMO MATERNO Y TRASTORNOS DE CONDUCTA EN LA DESCENDENCIA

Gaysina D, Fergusson DM, Leve LD, Horwood J, Reiss D, Shaw DS, et al. Maternal smoking during pregnancy and offspring conduct problems: evidence from 3 independent genetically sensitive research designs. *JAMA Psychiatry*. 2013 [Epub ahead of print] [M,II]

[23884431](#) [R/C](#)

TABAQUISMO MATERNO DURANTE EL EMBARAZO Y PROBLEMAS DE CONDUCTA EN LA DESCENDENCIA: EVIDENCIA PROCEDENTE DE 3 DISEÑOS DE INVESTIGACIÓN INDEPENDIENTES GENÉTICAMENTE SENSIBLES

MEDICINA CLINICA

de la Calle M, Cruceyra M, de Haro M, Magdaleno F, Montero MD, Aracil J, et al. Sífilis y embarazo: estudio de 94 casos. *Med Clin (Barc)*. 2013; 141:141-144 [T,I]

[23510608](#) [R/C](#)

SÍFILIS Y EMBARAZO: ESTUDIO DE 94 CASOS

Ruiz de Viñaspre R, Rubio E, Tomás C. Incontinencia urinaria a los 6 meses del parto. *Med Clin (Barc)*. 2013; 141:145-151 [S,I]

[22818183](#) [R/C](#)

INCONTINENCIA URINARIA A LOS 6 MESES DEL PARTO

Tagarro A. ¿Somos capaces de erradicar la sífilis congénita? *Med Clin (Barc)*. 2013; 141:159-160 [AO,I]

[23490489](#)

¿SOMOS CAPACES DE ERRADICAR LA SÍFILIS CONGÉNITA?

Camafort-Babkowski M. Impacto del tratamiento antidiabético con fármacos agonistas del receptor de péptido de tipo 1 similar al glucagón en el riesgo cardiovascular de pacientes con diabetes mellitus tipo 2. *Med Clin (Barc)*. 2013; 141:167-174 [R,I]

[23332622](#) [R/C](#)

IMPACTO DEL TRATAMIENTO ANTIDIABÉTICO CON FÁRMACOS AGONISTAS DEL RECEPTOR DE PÉPTIDO DE TIPO 1 SIMILAR AL GLUCAGÓN EN EL RIESGO CARDIOVASCULAR DE PACIENTES CON DIABETES MELLITUS TIPO 2

Salinas A, Ramos JM, de Górgolas M. Enfermedad cardiovascular: una visión desde la salud global. *Med Clin (Barc)*. 2013; 141:210-216 [R,I]

[23522729](#) [R/C](#)

ENFERMEDAD CARDIOVASCULAR: UNA VISIÓN DESDE LA SALUD GLOBAL

Pagès-Castellà A, Prieto D. Artrosis, osteoporosis y fracturas: controversias y evidencias. *Med Clin (Barc)*. 2013; 141:217-220. doi [AO,I]

[23540390](#) [R/C](#)

ARTROSIS, OSTEOPOROSIS Y FRACTURAS: CONTROVERSIAS Y EVIDENCIAS

Cabello JB, Emparanza JI, Burls AJ. Una educación para la clínica del siglo XXI: el currículo para la práctica basada en la evidencia. *Med Clin (Barc)*. 2013; 141:221-226 [AO,I]

[23540389](#)

UNA EDUCACIÓN PARA LA CLÍNICA DEL SIGLO XXI: EL CURRÍCULO PARA LA PRÁCTICA BASADA EN LA EVIDENCIA

Londoño J, León AL, Rodríguez F, Barrera L, de la Rosa G, Dennis R, et al. Lactato sérico en urgencias como factor pronóstico en pacientes con sepsis sin hipotensión. *Med Clin (Barc)*. 2013; 141:246-251 [T,I]

[22854071](#) [R/C](#)

LACTATO SÉRICO EN URGENCIAS COMO FACTOR PRONÓSTICO EN PACIENTES CON SEPSIS SIN HIPOTENSIÓN

Tor J, Muga R. El hígado graso y el síndrome metabólico. *Med Clin (Barc)*. 2013; 141:252-253 [AO,I]

[23578845](#)

EL HÍGADO GRASO Y EL SÍNDROME METABÓLICO

Adam P, Permanyer-Miralda G. Investigación en ciencias de la salud, corresponsabilidad e impacto social. *Med Clin (Barc)*. 2013; 141:254-256 [AO,I]

[23664033](#)

INVESTIGACIÓN EN CIENCIAS DE LA SALUD, CORRESPONSABILIDAD E IMPACTO SOCIAL

Díez-Manglano J. Análisis económico del tratamiento de la insuficiencia cardiaca con betabloqueantes. *Med Clin (Barc)*. 2013; 141:265-270 [R,I]

[23597957](#)

ANÁLISIS ECONÓMICO DEL TRATAMIENTO DE LA INSUFICIENCIA CARDIACA CON BETABLOQUEANTES

REUMATOLOGIA CLINICA

García-Magallón B, Silva-Fernández L, Andreu-Sánchez JL. Actualización del uso de los glucocorticoides en la artritis reumatoide. *Reumatol Clin.* 2013; 09:297-302 [R,I]

[23726772](#) [R/C](#)

ACTUALIZACIÓN DEL USO DE LOS GLUCOCORTICOIDES EN LA ARTRITIS REUMATOIDE

REVISTA ESPAÑOLA DE CARDIOLOGIA

de Burgos-Lunar C, Del Cura-González I, Salinero-Fort MA, Gómez-Campelo P, Pérez de Isla L, Jiménez-García R. Retraso diagnóstico de la hipertensión arterial en pacientes diabéticos atendidos en atención primaria. *Rev Esp Cardiol.* 2013; 66:700-706 [S,I]

[23684248](#) [R/C](#)

RETRASO DIAGNÓSTICO DE LA HIPERTENSIÓN ARTERIAL EN PACIENTES DIABÉTICOS ATENDIDOS EN ATENCIÓN PRIMARIA

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

Rokstad IS, Rokstad KS, Holmen S, Lehmann S, Assmus J. Electronic optional guidelines as a tool to improve the process of referring patients to specialized care: an intervention study. *Scand J Prim Health Care.* 2013; 31:166-171 [EC,I]

[23941087](#) [R/C](#)

PAUTAS OPCIONALES ELECTRÓNICAS COMO HERRAMIENTA PARA MEJORAR EL PROCESO DE DERIVACIÓN DE PACIENTES A LA ATENCIÓN ESPECIALIZADA: ESTUDIO DE INTERVENCIÓN

THE LANCET

Windecker S, Bax JJ, Myat A, Stone GW, Marber MS. Future treatment strategies in ST-segment elevation myocardial infarction. *Lancet.* 2013; 382:644-657 [R,I]

[23953388](#) [R/C](#)

ESTRATEGIAS FUTURAS DE TRATAMIENTO EN EL INFARTO DE MIOCARDIO CON ELEVACIÓN DEL SEGMENTO ST

Griffin MR. High-dose non-steroidal anti-inflammatories: painful choices. *Lancet.* 2013; 382:746-768 [AO,I]

[23726391](#)

AINE A DOSIS ALTAS: ELECCIONES DOLOROSAS

Bhala N, Emberson J, Merhi A, Abramson S, Arber N, Baron JA, et al. Coxib and traditional NSAID Trialists' (CNT) Collaboration. Vascular and upper gastrointestinal effects of non-steroidal anti-inflammatory drugs: meta-analyses of individual participant data from randomised trials. *Lancet.* 2013; 382:769-779 [M,II]

[23726390](#) [R/C](#)

EFFECTOS VASCULARES Y GASTROINTESTINALES SUPERIORES DE LOS FÁRMACOS ANTIINFLAMATORIOS NO ESTEROIDEOS: METAANÁLISIS DE DATOS DE PARTICIPANTES INDIVIDUALES DE ENSAYOS ALEATORIZADOS

The lethal burden of drug overdose. *Lancet.* 2013; 382:833. doi [AO,I]

[24012254](#)

LA CARGA LETAL DE LA SOBREDOSIS DE DROGAS

Norman RE, Bradshaw D. What is the scale of intimate partner homicide? *Lancet.* 2013; 382:836-838 [AO,I]

[23790261](#)

¿CUÁL ES LA ESCALA DEL HOMICIDA DE PAREJA?

Beachler DC, D'Souza G. Natural history of oral papillomavirus infection in men. *Lancet.* 2013; 382:839-841 [AO,I]

[23827091](#)

HISTORIA NATURAL DE LA INFECCIÓN POR PAPILOMAVIRUS ORAL EN HOMBRES

Stöckl H, Devries K, Rotstein A, Abrahams N, Campbell J, Watts C, et al. The global prevalence of intimate partner homicide: a systematic review. *Lancet.* 2013; 382:859-865 [M,II]

[23791474](#) [R/C](#)

PREVALENCIA MUNDIAL DEL HOMICIDIO DE PAREJA: REVISIÓN SISTEMÁTICA

Sprague S, Bhandari M, Della Rocca GJ, Goslings JC, Poolman RW, Madden K, et al. PRAISE Investigators. Prevalence of abuse and intimate partner violence surgical evaluation (PRAISE) in orthopaedic fracture clinics: a multinational prevalence study. *Lancet.* 2013; 382:866-876 [T,II]

[23768757](#) [R/C](#)

PREVALENCIA DEL MALTRATO Y DE LA VIOLENCIA DE PAREJA, EVALUACIÓN QUIRÚRGICA EN LA CLÍNICA DE FRACTURAS ORTOPÉDICAS (PRAISE): ESTUDIO DE PREVALENCIA MULTINACIONAL

Kreimer AR, Pierce Campbell CM, Lin HY, Fulp W, Papenfuss MR, Abrahamsen M, et al. Incidence and clearance of oral human papillomavirus infection in men: the HIM cohort study. *Lancet.* 2013; 382:877-887 [S,I]

[23827089](#) [R/C](#)

INCIDENCIA Y LIQUIDACIÓN DE LA INFECCIÓN POR PAPILOMAVIRUS HUMANO ORAL EN HOMBRES: ESTUDIO DE COHORTES HIM

Crosbie EJ, Einstein MH, Franceschi S, Kitchener HC. Human papillomavirus and cervical cancer. Lancet. 2013; 382:889-899. doi [R,I]

[23618600](#) [R/C](#)

PAPILOMAVIRUS HUMANO Y CÁNCER DE CÉRVIX

Diamant M, Morsink LM. SGLT2 inhibitors for diabetes: turning symptoms into therapy. Lancet. 2013; 382:917-918 [AO,I]

[23850056](#)

INHIBIDORES DE SGLT2 EN LA DIABETES: TRANSFORMAR LOS SÍNTOMAS EN TRATAMIENTO

Action on ambient air pollution. Lancet. 2013; 382:1000 [AO,I]

[24054522](#)

ACTUACIÓN SOBRE LA CONTAMINACIÓN DEL AIRE

Forastiere F, Agabiti N. Assessing the link between air pollution and heart failure. Lancet. 2013; 382:1008-1010 [AO,I]

[23849323](#)

EVALUAR LA RELACIÓN ENTRE LA CONTAMINACIÓN DEL AIRE Y LA INSUFICIENCIA CARDIACA

Shah AS, Langrish JP, Nair H, McAllister DA, Hunter AL, Donaldson K, et al. Global association of air pollution and heart failure: a systematic review and meta-analysis. Lancet. 2013; 382:1039-1048 [M,II]

[23849322](#) [R/C](#)

ASOCIACIÓN EN EL MUNDO ENTRE CONTAMINACIÓN DEL AIRE E INSUFICIENCIA CARDIACA: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

THE NEW ENGLAND JOURNAL OF MEDICINE

Thompson IM Jr, Goodman PJ, Tangen CM, Parnes HL, Minasian LM, Godley PA, et al. Long-term survival of participants in the prostate cancer prevention trial. N Engl J Med. 2013; 369:603-610 [EC,I]

[23944298](#) [R/C](#)

SUPERVIVENCIA A LARGO PLAZO DE LOS PARTICIPANTES EN EL ENSAYO DE PREVENCIÓN DEL CÁNCER DE PRÓSTATA

LeFevre M. A role for finasteride in the prevention of prostate cancer? N Engl J Med. 2013; 369:670-671 [AO,I]

[23944306](#)

PAPEL DE LA FINASTERIDA EN LA PREVENCIÓN DEL CÁNCER DE PRÓSTATA

Farkas RH, Unger EF, Temple R. Zolpidem and driving impairment--identifying persons at risk. N Engl J Med. 2013; 369:689-691 [AO,I]

[23923991](#)

ZOLPIDEM Y DIFICULTAD PARA CONDUCIR--IDENTIFICAR A LAS PERSONAS DE RIESGO

Rosenbaum L, Shrank WH. Taking our medicine--improving adherence in the accountability era. N Engl J Med. 2013; 369:694-695 [AO,I]

[23964931](#)

TOMAR NUESTRA MEDICINA--MEJORAR EL CUMPLIMIENTO EN UNA ERA DE RESPONSABILIDAD

Nielsen OH, Ainsworth MA. Tumor necrosis factor inhibitors for inflammatory bowel disease. N Engl J Med. 2013; 369:754-762 [T,I]

[23964937](#)

INHIBIDORES DEL FACTOR DE NECROSIS TUMORAL EN LA ENFERMEDAD INFLAMATORIA INTESTINAL

Aronson L. "Good" patients and "difficult" patients--rethinking our definitions. N Engl J Med. 2013; 369:796-797 [AO,I]

[23984727](#)

"BUENOS" PACIENTES Y PACIENTES "DIFÍCILES"--REPENSAR NUESTRAS DEFINICIONES

Agnelli G, Buller HR, Cohen A, Curto M, Gallus AS, Johnson M, et al; AMPLIFY Investigators. Oral apixaban for the treatment of acute venous thromboembolism. N Engl J Med. 2013; 369:799-808 [EC,I]

[23808982](#) [R/C](#)

APIXABÁN ORAL EN EL TRATAMIENTO DEL TROMBOEMBOLISMO VENOSO AGUDO

Mølgaard-Nielsen D, Pasternak B, Hviid A. Use of oral fluconazole during pregnancy and the risk of birth defects. N Engl J Med. 2013; 369:830-839 [S,I]

[23984730](#) [R/C](#)

USO DE FLUCONAZOL ORAL DURANTE EL EMBARAZO Y RIESGO DE DEFECTOS DE NACIMIENTO

Cushman M. Treating acute venous thromboembolism--shift with care. N Engl J Med. 2013; 369:865-866 [AO,I]

[23808983](#)

TRATAR EL TROMBOEMBOLISMO VENOSO AGUDO--CAMBIAR CON CUIDADO

McWilliams A, Tammemagi MC, Mayo JR, Roberts H, Liu G, Soghrati K, et al. Probability of cancer in pulmonary nodules detected on first screening CT. N Engl J Med. 2013; 369:910-919 [S,I]

[24004118](#) [R/C](#)

PROBABILIDAD DE CÁNCER EN LOS NÓDULOS PULMONARES DETECTADOS EN EL PRIMER CRIBAJE CON TAC

Aberle DR, DeMello S, Berg CD, Black WC, Brewer B, Church TR, et al; National Lung Screening Trial Research Team. Results of the two incidence screenings in the National Lung Screening Trial. N Engl J Med. 2013; 369:920-931 [EC,I]

[24004119](#) [R/C](#)

RESULTADOS DE LOS DOS CRIBAJES DE INCIDENCIA EN EL ENSAYO DE CRIBAJE PULMONAR NACIONAL

Shlipak MG, Matsushita K, Ärnlöv J, Inker LA, Katz R, Polkinghorne KR, et al; CKD Prognosis Consortium. Cystatin C versus creatinine in determining risk based on kidney function. N Engl J Med. 2013; 369:932-943 [M,II]

[24004120](#) [R/C](#)

CISTATINA C FRENTE A CREATININA PARA DETERMINAR EL RIESGO BASADO EN LA FUNCIÓN RENAL

Ezzati M, Riboli E. Behavioral and dietary risk factors for noncommunicable diseases. N Engl J Med. 2013; 369:954-964 [R,I]

[24004122](#)

FACTORES DE RIESGO DIETÉTICOS Y CONDUCTUALES PARA ENFERMEDADES NO TRANSMISIBLES

Ingelfinger JR, Marsden PA. Estimated GFR and risk of death--is cystatin C useful? N Engl J Med. 2013; 369:974-975 [AO,I]

[24004125](#)

TASA ESTIMADA DE FILTRADO GLOMERULAR Y RIESGO DE MUERTE ¿ES ÚTIL LA CISTATINA?

Betses M, Brennan T. Abusive prescribing of controlled substances--a pharmacy view. N Engl J Med. 2013; 369:989-991 [AO,I]

[23964897](#)

PRESCRIPCIÓN ABUSIVA DE SUSTANCIAS CONTROLADAS--PUNTO DE VISTA DE LA FARMACIA

Montalescot G, Bolognese L, Dudek D, Goldstein P, Hamm C, Tanguay JF, et al; ACCOAST Investigators. Pretreatment with prasugrel in non-ST-segment elevation acute coronary syndromes. N Engl J Med. 2013; 369:999-1010 [EC,I]

[23991622](#) [R/C](#)

PRETRATAMIENTO CON PRASUGREL EN LOS SÍNDROMES CORONARIOS AGUDOS SIN ELEVACIÓN DEL SEGMENTO ST

Finkelstein JS, Lee H, Burnett-Bowie SA, Pallais JC, Yu EW, Borges LF, et al. Gonadal steroids and body composition, strength, and sexual function in men. N Engl J Med. 2013; 369:1011-1022 [EC,I]

[24024838](#) [R/C](#)

ESTEROIDES GONADALES Y COMPOSICIÓN CORPORAL, FUERZA Y FUNCIÓN SEXUAL EN LOS HOMBRES

Nishihara R, Wu K, Lochhead P, Morikawa T, Liao X, Qian ZR, et al. Long-term colorectal-cancer incidence and mortality after lower endoscopy. N Engl J Med. 2013; 369:1095-1105 [S,II]

[24047059](#) [R/C](#)

INCIDENCIA DE CÁNCER COLORRECTAL A LARGO PLAZO Y MORTALIDAD TRAS ENDOSCOPIA BAJA

Shaukat A, Mongin SJ, Geisser MS, Lederle FA, Bond JH, Mandel JS, et al. Long-term mortality after screening for colorectal cancer. N Engl J Med. 2013; 369:1106-1114 [EC,II]

[24047060](#) [R/C](#)

MORTALIDAD A LARGO PLAZO TRAS CRIBAJE DE CÁNCER COLORRECTAL

Labrie J, Berghmans BL, Fischer K, Milani AL, van der Wijk I, Smalbraak DJ, et al. Surgery versus physiotherapy for stress urinary incontinence. N Engl J Med. 2013; 369:1124-1133 [EC,I]

[24047061](#) [R/C](#)

CIRUGÍA FRENTE A FISIOTERAPIA EN LA INCONTINENCIA URINARIA DE ESFUERZO

Eikelboom JW, Connolly SJ, Brueckmann M, Granger CB, Kappetein AP, Mack MJ, et al; RE-ALIGN Investigators. Dabigatran versus warfarin in patients with mechanical heart valves. N Engl J Med. 2013; 369:1206-1214 [EC,I]

[23991661](#) [R/C](#)

DABIGATRÁN FRENTE A WARFARINA EN PACIENTES CON VÁLVULAS CARDIACAS MECÁNICAS

Hylek EM. Dabigatran and mechanical heart valves--not as easy as we hoped. N Engl J Med. 2013; 369:1264-1266 [AO,I]

[23991659](#)

DABIGATRÁN Y VÁLVULAS CARDIACAS MECÁNICAS-- NO TAN FÁCIL COMO ESPERÁBAMOS

THORAX

Bajwah S, Ross JR, Peacock JL, Higginson IJ, Wells AU, Patel AS, et al. Interventions to improve symptoms and quality of life of patients with fibrotic interstitial lung disease: a systematic review of the literature. *Thorax*. 2013; 68:867-879 [M,I] [23204065](#) [R/C](#)
INTERVENCIONES PARA MEJORAR LOS SÍNTOMAS Y LA CALIDAD DE VIDA DE LOS PACIENTES CON FIBROSIS PULMONAR INTERSTICIAL: REVISIÓN SISTEMÁTICA DE LA LITERATURA

ANNALS OF INTERNAL MEDICINE

S24026259

Sodium-glucose cotransporter 2 inhibitors may improve short-term outcomes in adults with type 2 diabetes, but effects on long-term outcomes and safety are unclear.

S24026320

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for PAD and CVD risk assessment with the ABI in adults. (I statement).

S23897166

Strong evidence shows that LDCT screening can reduce lung cancer and all-cause mortality. The harms associated with screening must be balanced with the benefits.

S23798026

The USPSTF recommends screening for HCV infection in persons at high risk for infection. The USPSTF also recommends offering 1-time screening for HCV infection to adults born between 1945 and 1965. (B recommendation).

S23752681

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment. (I statement).

S24026319

Adding the ABI to the FRS probably has limited value for predicting CAD or CVD. Treatment benefits for asymptomatic individuals with screen-detected PAD are not established.

S24042367

Varenicline increased smoking cessation in smokers with stably treated current or past depression without exacerbating depression or anxiety.

S24026316

Methylprednisolone injections for CTS have significant benefits in relieving symptoms at 10 weeks and reducing the rate of surgery 1 year after treatment, but 3 out of 4 patients had surgery within 1 year.

ATENCION PRIMARIA

S23528294

La cardiopatía isquémica fue la enfermedad más prevalente en varones y la insuficiencia cardiaca en mujeres. Casi el 80% de los mayores de 65 años no presentaban ninguna de las 3 enfermedades cardiovasculares que suponen las principales causas de muerte en este grupo de edad. Los participantes que presentaban alguna enfermedad cardiovascular fueron más dependientes para las actividades de la vida diaria.

S23478066

La seguridad clínica está en la agenda de los centros de salud. Las áreas detectadas de inseguridad son fácilmente abordables, y están consideradas en el futuro sistema de acreditación de la Generalitat de Catalunya. Los médicos centinelas son más críticos que los directores y los centros docentes, rurales y pequeños, refieren mejor percepción de seguridad.

S23618560

El SSPA debe incorporar las opiniones y expectativas de las comunidades en riesgo social para una mejora real de la calidad asistencial.

ARCHIVOS DE BRONCONEUMOLOGIA

S23791383

En nuestra serie, la anemia asociada a la EPOC es menos prevalente de lo publicado hasta la actualidad y guarda relación con determinados factores clínicos y marcadores inflamatorios.

S23726118

La espirometría es la principal prueba de función pulmonar, y resulta imprescindible para la evaluación y el seguimiento de las enfermedades respiratorias. Su utilidad trasciende el ámbito de la neumología, adquiere una creciente importancia en atención primaria e incluso se han descrito aplicaciones fuera del campo de las enfermedades respiratorias. Por ello, este documento pretende servir de apoyo a todos los profesionales de la salud que utilicen la espirometría, proporcionando recomendaciones basadas en las mejores evidencias científicas disponibles.

Se propone una actualización de las indicaciones y contraindicaciones de la prueba. El documento establece recomendaciones sobre los requerimientos necesarios para los espirómetros convencionales y los equipos portátiles de oficina, así como sobre las medidas de higiene y de control de calidad de los espirómetros. Se definen los parámetros espirométricos que deben ser considerados, la realización de las maniobras, los criterios de aceptabilidad y repetibilidad de las medidas y su control de calidad. También se establece una propuesta para la presentación de los resultados y se recomienda una evaluación e interpretación acorde a la información generada en los últimos años. Por último, se consideran las líneas de adaptación e integración de la espirometría en el campo de las nuevas tecnologías.

BRITISH MEDICAL JOURNAL

S23996149

All oral anticoagulants and antiplatelet agents investigated in this analysis were associated with a reduced recurrence of venous thromboembolism compared with placebo or observation, although acetylsalicylic acid was associated with the lowest risk reduction. Vitamin K antagonists given at a standard adjusted dose was associated with the greatest risk reduction in recurrent venous thromboembolism, but also the greatest risk of major bleeding.

S23935058

There are major weaknesses in the scientific evidence, particularly regarding adult men, the main category of sexual abusers of children. Better coordinated and funded high quality studies including several countries are urgently needed. Until conclusive evidence is available, realistic clinical strategies might involve reduction of specific risk factors for sex crimes, such as sexual preoccupation, in abusers at risk of reoffending.

S24004988

Provision of access to rapid HIV testing in a health service did not result in a sustained increase over time in HIV testing by men who have sex with men; however, the rate of initial HIV testing did increase by a third. Further research is required to determine how to achieve sustained increases in the frequency of HIV testing by populations at risk.

S24030561

All combined oral contraceptives investigated in this analysis were associated with an increased risk of venous thrombosis. The effect size depended both on the progestogen used and the dose of ethinylestradiol.

S24022033

This study found no evidence for the effectiveness of the PoC approach. The study contributes to the emerging body of evidence that community based care in frail older people is a challenging task. More research in this field is needed.

CANADIAN MEDICAL ASSOCIATION JOURNAL

S23836857

Compared with other angiotensin-receptor blockers, telmisartan and valsartan were both associated with a lower risk of admission to hospital for acute myocardial infarction, stroke or heart failure among older adults with diabetes and hypertension. Telmisartan and valsartan may therefore be the preferred angiotensin-receptor blockers for use in these patients.

S23877669

We identified a common set of organizational characteristics associated with high-quality primary care. Many of these characteristics are amenable to change through practice-level organizational changes.

CIRCULATION

S23884352

Knowledge of what CAC score to expect for an individual patient, based on their conventional risk factors, may help clinicians decide when to order a CAC test and how to interpret the results.

S23935013

Appropriate vascular risk management was associated with a long-term reduced risk of cognitive impairment. Focus on optimal preventive drug therapy of vascular risk factors and management should be supported.

S23902759

Lower GLS was independently associated with subclinical brain disease in a community-based cohort without overt cardiac disease. GLS can provide additional information on cerebrovascular risk burden beyond LVEF assessment.

S23908348

AF occurs in two thirds of HFpEF patients at some point in the natural history and confers a poor prognosis. Further study is required to determine whether intervention for AF may improve outcomes or if statin use can prevent AF in HFpEF.

S23926207

Visit-to-visit variability in SBP and maximum SBP were independent risk factors for macrovascular and microvascular complications in type 2 diabetes mellitus.

S23960255

We observed an inverse association between consumption of fruit, but not vegetables, and the risk of AAA, with a more pronounced association with ruptured AAA.

DIABETES CARE

S23536584

In patients with type 2 diabetes inadequately controlled on metformin, lixisenatide 20 µg once daily administered in the morning or evening significantly improved glycemic control, with a pronounced postprandial effect, and was well tolerated.

S23863908

A multifactorial intensive intervention in type 2 diabetes is feasible and effective in clinical practice and it is associated with significant and durable improvement in HbA1c and CVD risk profile.

S23715753

In this treat-to-target trial in insulin-naïve patients with T2DM, IDeg 200 units/mL improved glycemic control similarly to IGlir with a low risk of hypoglycemia.

S23970715

Although a number of the diabetic neuropathies may result in painful symptomatology, this review focuses on the most common: chronic sensorimotor distal symmetrical polyneuropathy (DSPN). It is estimated that 15-20% of diabetic

patients may have painful DSPN, but not all of these will require therapy. In practice, the diagnosis of DSPN is a clinical one, whereas for longitudinal studies and clinical trials, quantitative sensory testing and electrophysiological assessment are usually necessary. A number of simple numeric rating scales are available to assess the frequency and severity of neuropathic pain. Although the exact pathophysiological processes that result in diabetic neuropathic pain remain enigmatic, both peripheral and central mechanisms have been implicated, and extend from altered channel function in peripheral nerve through enhanced spinal processing and changes in many higher centers. A number of pharmacological agents have proven efficacy in painful DSPN, but all are prone to side effects, and none impact the underlying pathophysiological abnormalities because they are only symptomatic therapy. The two first-line therapies approved by regulatory authorities for painful neuropathy are duloxetine and pregabalin. α -Lipoic acid, an antioxidant and pathogenic therapy, has evidence of efficacy but is not licensed in the U.S. and several European countries. All patients with DSPN are at increased risk of foot ulceration and require foot care, education, and if possible, regular podiatry assessment.

S23579178

M+S combined produce additive effects to 1) reduce FPG and postmeal plasma glucose, 2) augment GLP-1 secretion and β -cell function, 3) decrease plasma glucagon, and 4) inhibit fasting and postmeal EGP compared with M or S monotherapy.

S23628621

Compared with earlier reports, we have suggested some encouraging positive trends in Europe in relation to meeting targets for the management of people with type 2 diabetes, but there is still scope for further improvement and greater between-country consistency.

S23637354

During the past two decades, the prevalence of diabetes increased across all age-groups, but adults \geq 65 years of age experienced the largest increase in absolute change. Obesity, as measured by BMI, WHtR, or WC, was strongly associated with the increase in diabetes prevalence, especially in adults $<$ 65.

S23564923

Females with diabetes have a greater risk of mortality than males with diabetes. CVD has a greater impact on females with diabetes than males, especially when diagnosed at a later stage. Different management strategies should be considered for males and females and those with early and late diagnoses of diabetes.

S23649617

Our results confirmed that, while including factors known to be associated with high risk of developing prediabetes, large waist circumference had the strongest direct effect. The direct effect of SEP on prediabetes suggests mediation by some unmeasured factor(s).

S23757424

A relatively modest single session of exercise in obese adults improved insulin sensitivity the next day, and a reduction in systemic fatty acid uptake in the several hours after exercise may be important for this effect.

S23564919

Findings suggest that canagliflozin may be a new therapeutic tool providing better improvement in glycemic control and body weight reduction than sitagliptin, but with increased genital infections in subjects with type 2 diabetes using metformin plus sulfonylurea.

S23620476

After the inception of population-based diabetic eye screening, patients at lower risk of STDR contribute an increasing proportion to the eligible population, and the proportion detected with STDR at second or subsequent screening rounds declines rapidly.

S23637348

We developed and validated a parsimonious all-cause mortality equation in T2DM, providing also a user-friendly web-based risk calculator. Our model may help prioritize the use of available resources for targeting aggressive preventive and treatment strategies in a subset of very high-risk individuals.

S23637353

To reverse upward trends in diabetes prevalence in future years, it is essential that current approaches to diabetes prevention and treatment are optimized and implemented and that alternative approaches to reduce the prevalence of diabetes at a population level are developed.

DRUGS

S23917951

The pathological processes underlying Parkinson's disease (PD) involve more than dopamine cell loss within the midbrain. These non-dopaminergic neurotransmitters include noradrenergic, serotonergic, glutamatergic, and cholinergic systems within cortical, brainstem and basal ganglia regions. Several non-dopaminergic treatments are now in clinical use to treat motor symptoms of PD, or are being evaluated as potential therapies. Agents for symptomatic monotherapy and as adjunct to dopaminergic therapies for motor symptoms include adenosine A2A antagonists and the mixed monoamine-B inhibitor (MAO-BI) and glutamate release agent safinamide. The largest area of potential use for non-dopaminergic drugs is as add-on therapy for motor fluctuations. Thus adenosine A2A antagonists, safinamide, and the antiepileptic agent zonisamide can extend the duration of action of levodopa. To reduce levodopa-induced dyskinesia, drugs that target overactive glutamatergic neurotransmission can be used, and include the non-selective N-methyl D-aspartate antagonist amantadine. More recently, selective metabotropic glutamate receptor (mGluR5) antagonists are being evaluated in phase II randomized controlled trials. Serotonergic agents acting as 5-HT_{2A/2C} antagonists, such as the atypical antipsychotic clozapine, may also reduce dyskinesia. 5-HT_{1A} agonists theoretically can reduce dyskinesia, but in practice, may also worsen PD motor symptoms, and so clinical applicability has not yet been shown. Noradrenergic α 2A antagonism using fipamezole can potentially reduce dyskinesia. Several non-dopaminergic agents have also been investigated to reduce non-levodopa-responsive motor symptoms such as gait and tremor. Thus the cholinesterase inhibitor donepezil showed mild benefit in gait, while the predominantly noradrenergic re-uptake inhibitor

methylphenidate had conflicting results in advanced PD subjects. Tremor in PD may respond to muscarinic M4 cholinergic antagonists (anticholinergics), but tolerability is often poor. Alternatives include β -adrenergic antagonists such as propranolol. Other options include 5-HT_{2A} antagonists, and drugs that have mixed binding properties involving serotonin and acetylcholine, such as clozapine and the antidepressant mirtazapine, can be effective in reducing PD tremor. Many other non-dopaminergic agents are in preclinical and phase I/II early stages of study, and the reader is directed to recent reviews. While levodopa remains the most effective agent to treat motor symptoms in PD, the overall approach to using non-dopaminergic drugs in PD is to reduce reliance on levodopa and to target non-levodopa-responsive symptoms.

S23943203

Despite state of the art local therapy, a significant portion of men with high-risk prostate cancer develop progressive disease. Neoadjuvant systemic therapy prior to radical prostatectomy (RP) is an approach that can potentially maximize survival outcomes in patients with localized disease. This approach is under investigation with a wide array of agents and provides an opportunity to assess pathologic and biologic activity of novel treatments. The aim of this review is to explore the past and present role of neoadjuvant therapy prior to definitive therapy with RP in patients with high-risk localized or locally advanced disease. The results of neoadjuvant androgen-deprivation therapy (ADT), including use of newer agents such as abiraterone, are promising. Neoadjuvant chemotherapy, primarily with docetaxel, with or without ADT has also demonstrated efficacy in men with high-risk disease. Other novel agents targeting the vascular endothelial growth factor receptor (VEGFR), epidermal growth factor receptor (EGFR), platelet-derived growth factor receptor (PDGFR), clusterin, and the immune system are currently under investigation and have led to variable results in early clinical trials. Despite optimistic data, approval of neoadjuvant therapy prior to RP in patients with high-risk prostate cancer will depend on positive results from well designed phase III trials.

S23912626

The sumatriptan iontophoretic transdermal system (ZECURITY®) [hereafter referred to as sumatriptan TDS] is the first transdermal treatment for migraine to be approved by the US FDA. This article reviews the available pharmacologic properties of sumatriptan TDS and its clinical efficacy and tolerability for the acute treatment of adult patients with migraine with or without aura. Sumatriptan, a selective 5-hydroxy-tryptamine receptor subtype 1 (5-HT₁) agonist, is presumed to exert its therapeutic effect on migraine patients by binding to the 5-HT_{1B/1D} receptors on intracranial blood vessels and sensory nerves of the trigeminal system, resulting in cranial vessel constriction and the inhibition of the release of pro-inflammatory neuropeptides and plasma extravasation. In a well designed, phase III clinical trial, sumatriptan TDS was shown to be more effective than placebo at treating a single migraine attack, with significantly more sumatriptan TDS than placebo recipients being headache pain free and nausea free at 2 hours. These data were supported by a long-term, repeat-use study over 12 months. Additionally, sumatriptan TDS was generally well tolerated in clinical trials; the most common adverse events were application-site reactions. The sumatriptan TDS formulation avoids the gastrointestinal tract, and has a controlled, sustained delivery, allowing for patients with migraine-associated nausea and vomiting to receive treatment without the risk of inconsistent absorption or avoidance of tablet use (associated with oral delivery of the drug in these patients). Moreover, it may offer a useful alternative to the nasal spray or subcutaneous sumatriptan formulations. However, definitive conclusions on the comparative efficacy and tolerability of sumatriptan TDS versus other sumatriptan formulations or other migraine drugs are not as yet possible, and data from comparative trials would be of great interest. Sumatriptan TDS is a useful addition to the treatment options available to migraine patients.

S23990334

Inhibition of the enzyme 11 β -hydroxysteroid dehydrogenase type 1 (11 β -HSD1) has been proposed as a novel therapeutic target for the treatment of type 2 diabetes mellitus. Over 170 new compounds targeting 11 β -HSD1 have been developed. This article reviews the current published literature on compounds that have reached phase II clinical trials in patients with type 2 diabetes, and summarises the preclinical evidence that such agents may be useful for associated conditions, including peripheral vascular disease, coronary artery disease and cognitive decline. In clinical trials, 11 β -HSD1 inhibitors have been well tolerated and have improved glycaemic control, lipid profile and blood pressure, and induced modest weight loss. The magnitude of the effects are small relative to other agents, so that further development of 11 β -HSD1 inhibitors for the primary therapeutic indication of type 2 diabetes has stalled. Ongoing programmes are focused on additional benefits for cognitive function and other cardiovascular risk factors.

S23881669

Eplerenone (Inspra®) is a selective mineralocorticoid receptor antagonist (MRA). In the EU, it is approved for use (in addition to standard optimal therapy) to reduce the risk of cardiovascular (CV) mortality and morbidity in adult patients with chronic systolic heart failure (HF) and mild symptoms. This article reviews the efficacy and tolerability of eplerenone in this indication and briefly summarizes its pharmacology. In the EMPHASIS-HF study, relative to placebo, the addition of eplerenone to optimal background therapy significantly reduced the risk of death from CV causes or hospitalization for HF in patients with chronic systolic HF and mild symptoms. Benefits of eplerenone therapy over placebo were also observed in several secondary outcomes, including: death from any cause or hospitalization for HF; death from any cause; hospitalization for any reason; or hospitalization for HF. Eplerenone was generally well tolerated in this study, with the most frequent adverse event being hyperkalaemia, which is a known adverse event of the drug class. Sexual adverse events (e.g. gynecomastia) occurred in <1 % of eplerenone recipients, reflecting the selectivity of eplerenone for mineralocorticoid receptors. Based on these results, European guidelines have been updated and recommend the use of an MRA to reduce the risk of HF hospitalization and premature death in all patients with persisting symptoms (New York Heart Association class II-IV) and a left-ventricular ejection fraction of \geq 35 %, despite treatment with ACE inhibitor (or an angiotensin receptor blocker if an ACE inhibitor is not tolerated) and a β -blocker.

EUROPEAN HEART JOURNAL

S23492672

Our results show adverse effects of long-term alcohol consumption on BP and BMI. We also found novel evidence for a potentially beneficial effect on triglyceride levels, which needs further replication.

S23804585

In this prospective cohort study, the perception that stress affects health, different from perceived stress levels, was associated with an increased risk of coronary heart disease. Randomized controlled trials are needed to determine whether disease risk can be reduced by increasing clinical attention to those who complain that stress greatly affects their health.

S23900699

We estimate that from 2010 to 2060, the number of adults 55 years and over with AF in the European Union will more than double. As AF is associated with significant morbidities and mortality, this increasing number of individuals with AF may have major public health implications.

S23729692

Our study demonstrated that stroke subtype affects prognosis and also determines the effectiveness of secondary prevention.

S23864134

Atrial fibrillation (AF) is the most common arrhythmia and among the leading causes of stroke and heart failure in Western populations. Despite the increasing size of clinical trials assessing the efficacy and safety of AF therapies, achieved outcomes have not always matched expectations. Considering that AF is a symptom of many possible underlying diseases, clinical research for this arrhythmia should take into account their respective pathophysiology. Accordingly, the definition of the study populations to be included should rely on the established as well as on the new classifications of AF and take advantage from a differentiated look at the AF-electrocardiogram and from increasingly large spectrum of biomarkers. Such an integrated approach could bring researchers and treating physicians one step closer to the ultimate vision of personalized therapy, which, in this case, means an AF therapy based on refined diagnostic elements in accordance with scientific evidence gathered from clinical trials. By applying clear-cut patient inclusion criteria, future studies will be of smaller size and thus of lower cost. In addition, the findings from such studies will be of greater predictive value at the individual patient level, allowing for pinpointed therapeutic decisions in daily practice.

S23641007

Hyperglycemia and insulin resistance are key players in the development of atherosclerosis and its complications. A large body of evidence suggest that metabolic abnormalities cause overproduction of reactive oxygen species (ROS). In turn, ROS, via endothelial dysfunction and inflammation, play a major role in precipitating diabetic vascular disease. A better understanding of ROS-generating pathways may provide the basis to develop novel therapeutic strategies against vascular complications in this setting. Part I of this review will focus on the most current advances in the pathophysiological mechanisms of vascular disease: (i) emerging role of endothelium in obesity-induced insulin resistance; (ii) hyperglycemia-dependent microRNAs deregulation and impairment of vascular repair capacities; (iii) alterations of coagulation, platelet reactivity, and microparticle release; (iv) epigenetic-driven transcription of ROS-generating and proinflammatory genes. Taken together these novel insights point to the development of mechanism-based therapeutic strategies as a promising option to prevent cardiovascular complications in diabetes.

S23625211

In part II of this review, we describe the epidemiology and clinical consequences of vascular disease in patients with diabetes, and discuss the efficacy of risk factor modification and antiplatelet treatment. Specifically, evidence-based cardiovascular therapies are discussed through novel clinical insights on management of hyperglycaemia, hypertension, dyslipidaemia as well as platelet dysfunction. Recent trends in the incidence and outcomes of vascular disease in diabetes suggest that timely and effective implementation of therapies is making a favourable impact.

FAMILY MEDICINE

S24129870

Medical students completing a weight management experience during their third-year clerkship can see the effects on their own health while developing empathy for and understanding of the weight anagement struggles of their patients. Minimal faculty time commitment is required.

S24129866

At the start of residency, well-being measures are consistent with findings in medical school. Restful sleep and exercise were associated with more positive well-being. Future longitudinal data analysis will help clarify the effect of residency training in well-being and lifestyle behaviors. Identification of protective factors and coping mechanisms could guide residencies in incorporating support services for residents.

GUT

S23303440

Our findings suggest that H pylori has a mixed role in human health, but is not a major risk factor for all-cause mortality.

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

S24004701

Experienced PCPs use brief CRCS promotion scripts including counseling techniques that improve CRCS performance. Future research should be directed toward whether these techniques can be used to create an intervention aimed at PCPs to improve CRCS.

S24004703

Multimorbidity is a prevalent problem in primary care practice, a finding with implications for health care delivery and payment, quality assessment, and research.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S23999933

Among participants with prehypertension and coronary artery disease, the use of aliskiren compared with placebo did not result in improvement or slowing of progression of coronary atherosclerosis. These findings do not support the use of aliskiren for regression or prevention of progression of coronary atherosclerosis.

S24026600

Among small EHR-enabled clinics, a P4P incentive program compared with usual care resulted in modest improvements in cardiovascular care processes and outcomes. Because most proposed P4P programs are intended to remain in place more than a year, further research is needed to determine whether this effect increases or decreases over time.

S24026599

Individual financial incentives, but not practice-level or combined incentives, resulted in greater blood pressure control or appropriate response to uncontrolled blood pressure; none of the incentives resulted in greater use of guideline-recommended medications or increased incidence of hypotension compared with controls. Further research is needed on the factors that contributed to these findings.

S24045741

Identification of older adults at risk for mobility limitation can be accomplished through routine screening in the ambulatory setting. Addressing functional deficits and environmental barriers with exercise and mobility devices can lead to improved function, safety, and quality of life for patients with mobility limitations.

S24026602

SSRIs may be associated with improved recovery after stroke, even in persons without depression. However, much of the evidence is of poor quality. Large, high-quality trials are needed to evaluate the validity of the current evidence and improve precision of estimates of any treatment benefits.

S23995608

Otamixaban did not reduce the rate of ischemic events relative to unfractionated heparin plus eptifibatid but did increase bleeding. These findings do not support the use of otamixaban for patients with NSTEMI-ACS undergoing planned early percutaneous coronary intervention.

S24045742

Antioxidant supplements are not associated with lower all-cause mortality. Beta carotene, vitamin E, and higher doses of vitamin A may be associated with higher all-cause mortality.

S24065011

Among patients presenting to the emergency department with acute nontraumatic headache that reached maximal intensity within 1 hour and who had normal neurologic examination findings, the Ottawa SAH Rule was highly sensitive for identifying subarachnoid hemorrhage. These findings apply only to patients with these specific clinical characteristics and require additional evaluation in implementation studies before the rule is applied in routine clinical care.

S23989984

Nocturnal gasping or choking is the most reliable indicator of obstructive sleep apnea, whereas snoring is not very specific. The clinical examination of patients with suspected obstructive sleep apnea is useful for selecting patients for more definitive testing.

S23982370

Because specialists performed all the clinical maneuvers for RCD in each of the included studies with no finding evaluated in more than 3 studies, the generalizability of the results to a nonreferred population is unknown. A positive painful arc test result and a positive external rotation resistance test result were the most accurate findings for detecting RCD, whereas the presence of a positive lag test (external or internal rotation) result was most accurate for diagnosis of a full-thickness rotator cuff tear.

JAMA INTERNAL MEDICINE

S23836056

Restricting symptoms are common during the last year of life, increasing substantially approximately 5 months before death. Our results highlight the importance of assessing and managing symptoms in older patients, particularly those with multimorbidity.

S23921840

While some studies have suggested a positive association between calcium-channel blocker use and breast cancer risk, this is the first study to observe that long-term current use of calcium-channel blockers in particular are associated with breast cancer risk. Additional research is needed to confirm this finding and to evaluate potential underlying biological mechanisms.

S23896698

Despite numerous published clinical guidelines, management of back pain has relied increasingly on guideline discordant care. Improvements in the management of spine-related disease represent an area of potential cost savings for the health care system with the potential for improving the quality of care.

S23836120

Those who live to an older age are likely to be disabled, and thus in need of caregiving assistance, many months or years prior to death. Women have a substantially longer period of end-of-life disability than men.

S23877591

Echocardiographic screening for structural and valvular heart disease in the general population provided no benefit for mortality or for the risk of myocardial infarction or stroke.

JAMA PSYCHIATRY

S23884431

Findings across 3 studies using a complement of genetically sensitive research designs suggest that smoking during pregnancy is a prenatal risk factor for offspring conduct problems when controlling for specific perinatal and postnatal confounding factors

S23842648

The brain processes sensory information in neuronal networks that are shaped by experience, particularly during early life, to optimally represent the internal and external milieu. Recent surprising findings have revealed that antidepressant drugs reactivate a window of juvenile-like plasticity in the adult cortex. When antidepressant-induced plasticity was combined with appropriate rehabilitation, it brought about a functional recovery of abnormally wired neuronal networks. These observations suggest that antidepressants act permissively to facilitate environmental influence on neuronal network reorganization and so provide a plausible neurobiological explanation for the enhanced effect of combining antidepressant treatment with psychotherapy. The results emphasize that pharmacological and psychological treatments of mood disorders are closely entwined: the effect of antidepressant-induced plasticity is facilitated by rehabilitation, such as psychotherapy, that guides the plastic networks, and psychotherapy benefits from the enhanced plasticity provided by the drug treatment. Optimized combinations of pharmacological and psychological treatments might help make best use of existing antidepressant drugs and reduce the number of treatment-resistant patients. The network hypothesis of antidepressant action presented here proposes that recovery from depression and related mood disorders is a gradual process that develops slowly and is facilitated by structured guidance and rehabilitation.

MEDICINA CLINICA

S23522729

La era de la globalización ha traído consigo el movimiento de grandes masas poblacionales entre países, obligando al médico clínico de nuestros días a enfrentarse a entidades poco conocidas o ya olvidadas en nuestro medio. En los últimos años, cada vez más médicos desarrollan parte de su actividad profesional en centros sanitarios de países en vías de desarrollo como voluntarios o expatriados. El objetivo de este trabajo es resumir las nociones básicas epidemiológicas, clínicas y terapéuticas de las principales enfermedades cardiovasculares con las que un médico procedente de un país de renta alta se puede encontrar en un centro sanitario rural del trópico, o con las que nos podemos encontrar en nuestro medio en los pacientes que provienen de países de renta baja.

S23332622

Los fármacos antidiabéticos tienen, además de su conocido efecto hipoglucemiante, diferentes efectos sobre el resto de los factores de riesgo cardiovascular asociados a diabetes mellitus. Recientemente se han incorporado al arsenal terapéutico de la diabetes mellitus de tipo 2 los agonistas del receptor del glucagon-like peptide-1 (AR-GLP-1, «péptido tipo 1 similar al glucagón»). El objetivo de este trabajo es resumir la evidencia disponible sobre el efecto de los AR-GLP-1 en diferentes factores de riesgo cardiovascular, mediado tanto por el efecto hipoglucemiante de los AR-GLP-1 como por su efecto sobre los demás factores de riesgo cardiovascular (control del peso, presión arterial, perfil lipídico y otros marcadores de riesgo cardiovascular). Además, se presenta la incipiente evidencia con respecto al impacto que el tratamiento con AR-GLP-1 pudiera tener en la reducción de los episodios cardiovasculares y los estudios que hay actualmente en marcha para abordar este aspecto.

S22818183

Un 21,4% de mujeres con incontinencia urinaria causada por embarazo/parto seguirán padeciéndola pasados 6 meses del alumbramiento. Parte importante de esta persistencia se asocia a factores fácilmente modificables.

S22854071

El valor de lactato se asocia de forma independiente y significativa con la mortalidad a los 28 días entre los pacientes con infección que se presentan en el Departamento de Urgencias sin hipotensión. Además, la mortalidad se incrementa de manera lineal con los valores de lactato sérico a partir de cualquier valor detectable.

S23510608

La realización obligatoria de una serología de sífilis en el primer trimestre de embarazo permite diagnosticar muchos casos de sífilis latente tardía. Tras la detección precoz de las gestantes infectadas se debe asegurar la correcta realización del tratamiento para prevenir la transmisión vertical.

S23540390

La artrosis y la osteoporosis son entidades muy prevalentes en el anciano y su asociación ha sido motivo de discordia durante largo tiempo. Evidencias recientes demuestran que a pesar de que los pacientes con artrosis tienen mayor masa ósea, presentan un riesgo aumentado de fracturas, cosa que parece deberse a un aumento en el número de caídas entre estos pacientes. Las intervenciones multidisciplinares, los suplementos con vitamina D y el tratamiento con bisfosfonatos pueden desempeñar un rol en prevenir tales fracturas, aunque las evidencias al respecto son de calidad insuficiente.

REUMATOLOGIA CLINICA

S23726772

Los glucocorticoides son un componente fundamental en el tratamiento de la artritis reumatoide (AR). En los últimos años, numerosos ensayos clínicos controlados de alta calidad metodológica han demostrado su acción como fármaco antirreumático modificador de enfermedad (FAME) y un favorable perfil de seguridad en la AR de reciente comienzo. No obstante, es frecuente que se utilicen más como terapia puente hasta que otros FAME comienzan a actuar que como auténticos agentes modificadores de enfermedad. Los glucocorticoides a dosis bajas durante los 2 primeros años de la

enfermedad frenan el deterioro radiológico y reducen la necesidad de usar agentes biológicos para conseguir la remisión clínica en la AR de inicio por lo que se debería valorar su utilización sistemática en este contexto clínico.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S23684248

El retraso diagnóstico medio de la hipertensión en diabéticos fue > 6 meses y varió según el umbral diagnóstico utilizado. Los pacientes con presión arterial inicial = 140/90 mmHg presentaron mayor probabilidad de diagnóstico adecuado.

SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE

S23941087

This study documents an improvement in the quality of the referrals. Since the GPs save time by using the EOGT, there is no reason to believe that they will discontinue using it. In fact, the tool may be even more beneficial for the GP. The authors believe that it is possible to implement the EOGT as a standard referral tool within various fields of medicine and are currently in the process of developing these tools.

THE LANCET

S23849322

Air pollution has a close temporal association with heart failure hospitalisation and heart failure mortality. Although more studies from developing nations are required, air pollution is a pervasive public health issue with major cardiovascular and health economic consequences, and it should remain a key target for global health policy.

S23953388

Over the past five decades, management of acute ST-segment elevation myocardial infarction (STEMI) has evolved substantially. Current treatment encompasses a systematic chain of network activation, antithrombotic drugs, and rapid instigation of mechanical reperfusion, although pharmacoinvasive strategies remain relevant. Secondary prevention with drugs and lifestyle modifications completes the contemporary management package. Despite a tangible improvement in outcomes, STEMI remains a frequent cause of morbidity and mortality, justifying the quest to find new therapeutic avenues. Ways to reduce delays in doing coronary angioplasty after STEMI onset include early recognition of symptoms by patients and prehospital diagnosis by paramedics so that the emergency room can be bypassed in favour of direct admission to the catheterisation laboratory. Mechanical reperfusion can be optimised by improvements to stent design, whereas visualisation of infarct size has been improved by developments in cardiac MRI. Novel treatments to modulate the inflammatory component of atherosclerosis and the vulnerable plaque include use of bioresorbable vascular scaffolds and anti-proliferative drugs. Translational efforts to improve patients' outcomes after STEMI in relation to cardioprotection, cardiac remodelling, and regeneration are also being realised.

S23618600

Cervical cancer is caused by human papillomavirus infection. Most human papillomavirus infection is harmless and clears spontaneously but persistent infection with high-risk human papillomavirus (especially type 16) can cause cancer of the cervix, vulva, vagina, anus, penis, and oropharynx. The virus exclusively infects epithelium and produces new viral particles only in fully mature epithelial cells. Human papillomavirus disrupts normal cell-cycle control, promoting uncontrolled cell division and the accumulation of genetic damage. Two effective prophylactic vaccines composed of human papillomavirus type 16 and 18, and human papillomavirus type 16, 18, 6, and 11 virus-like particles have been introduced in many developed countries as a primary prevention strategy. Human papillomavirus testing is clinically valuable for secondary prevention in triaging low-grade cytology and as a test of cure after treatment. More sensitive than cytology, primary screening by human papillomavirus testing could enable screening intervals to be extended. If these prevention strategies can be implemented in developing countries, many thousands of lives could be saved.

S23827089

Newly acquired oral oncogenic HPV infections in healthy men were rare and most were cleared within 1 year. Additional studies into the natural history of HPV are needed to inform development of infection-related prevention efforts.

S23791474

At least one in seven homicides globally and more than a third of female homicides are perpetrated by an intimate partner. Such violence commonly represents the culmination of a long history of abuse. Strategies to reduce homicide risk include increased investment in intimate partner violence prevention, risk assessments at different points of care, support for women experiencing intimate partner violence, and control of gun ownership for people with a history of violence. Improvements in country-level data collection and monitoring systems are also essential, because data availability and quality varied strongly across regions.

S23768757

PRAISE is the largest prevalence study done so far in orthopaedics. Orthopaedic surgeons should be confident in the assumption that one in six women have a history of physical abuse, and that one in 50 injured women will present to the clinic as a direct result of IPV. Our findings warrant serious consideration for fracture clinics to improve identification of, respond to, and provide referral services for, victims of IPV.

S23726390

The vascular risks of high-dose diclofenac, and possibly ibuprofen, are comparable to coxibs, whereas high-dose naproxen is associated with less vascular risk than other NSAIDs. Although NSAIDs increase vascular and gastrointestinal risks, the size of these risks can be predicted, which could help guide clinical decision making.

THE NEW ENGLAND JOURNAL OF MEDICINE

S24047059

Colonoscopy and sigmoidoscopy were associated with a reduced incidence of cancer of the distal colorectum; colonoscopy was also associated with a modest reduction in the incidence of proximal colon cancer. Screening colonoscopy and sigmoidoscopy were associated with reduced colorectal-cancer mortality; only colonoscopy was associated with reduced mortality from proximal colon cancer. Colorectal cancer diagnosed within 5 years after colonoscopy was more likely than cancer diagnosed after that period or without prior endoscopy to have CIMP and microsatellite instability. (Funded by the National Institutes of Health and others.).

S24047060

The effect of screening with fecal occult-blood testing on colorectal-cancer mortality persists after 30 years but does not influence all-cause mortality. The sustained reduction in colorectal-cancer mortality supports the effect of polypectomy. (Funded by the Veterans Affairs Merit Review Award Program and others.).

S23944298

Finasteride reduced the risk of prostate cancer by about one third. High-grade prostate cancer was more common in the finasteride group than in the placebo group, but after 18 years of follow-up, there was no significant between-group difference in the rates of overall survival or survival after the diagnosis of prostate cancer. (Funded by the National Cancer Institute.).

S23808982

A fixed-dose regimen of apixaban alone was noninferior to conventional therapy for the treatment of acute venous thromboembolism and was associated with significantly less bleeding (Funded by Pfizer and Bristol-Myers Squibb; ClinicalTrials.gov number, NCT00643201).

S23991622

Among patients with NSTEMI acute coronary syndromes who were scheduled to undergo catheterization, pretreatment with prasugrel did not reduce the rate of major ischemic events up to 30 days but increased the rate of major bleeding complications. (Funded by Daiichi Sankyo and Eli Lilly; ACCOAST ClinicalTrials.gov number, NCT01015287.).

S24004118

Predictive tools based on patient and nodule characteristics can be used to accurately estimate the probability that lung nodules detected on baseline screening low-dose CT scans are malignant. (Funded by the Terry Fox Research Institute and others; ClinicalTrials.gov number, NCT00751660.).

S24004119

Low-dose CT was more sensitive in detecting early-stage lung cancers, but its measured positive predictive value was lower than that of radiography. As compared with radiography, the two annual incidence screenings with low-dose CT resulted in a decrease in the number of advanced-stage cancers diagnosed and an increase in the number of early-stage lung cancers diagnosed. (Funded by the National Cancer Institute; NLST ClinicalTrials.gov number, NCT00047385.).

S24047061

For women with stress urinary incontinence, initial midurethral-sling surgery, as compared with initial physiotherapy, results in higher rates of subjective improvement and subjective and objective cure at 1 year. (Funded by ZonMw, the Netherlands Organization for Health Research and Development; Dutch Trial Register number, NTR1248.).

S23984730

Oral fluconazole was not associated with a significantly increased risk of birth defects overall or of 14 of the 15 specific birth defects of previous concern. Fluconazole exposure may confer an increased risk of tetralogy of Fallot. (Funded by the Danish Medical Research Council.).

S24004120

The use of cystatin C alone or in combination with creatinine strengthens the association between the eGFR and the risks of death and end-stage renal disease across diverse populations. (Funded by the National Kidney Foundation and others.).

S23991661

The use of dabigatran in patients with mechanical heart valves was associated with increased rates of thromboembolic and bleeding complications, as compared with warfarin, thus showing no benefit and an excess risk. (Funded by Boehringer Ingelheim; ClinicalTrials.gov numbers, NCT01452347 and NCT01505881.).

S24024838

The amount of testosterone required to maintain lean mass, fat mass, strength, and sexual function varied widely in men. Androgen deficiency accounted for decreases in lean mass, muscle size, and strength; estrogen deficiency primarily accounted for increases in body fat; and both contributed to the decline in sexual function. Our findings support changes in the approach to evaluation and management of hypogonadism in men. (Funded by the National Institutes of Health and others; ClinicalTrials.gov number, NCT00114114.).

THORAX

S23204065

There is strong evidence for the use of pulmonary rehabilitation and pirfenidone to improve 6MWD and moderate evidence for the use of sildenafil and pulmonary rehabilitation to improve QoL. Future recommendations for research would include careful consideration of the dichotomy of radical and palliative treatments when deciding on how symptom and QoL outcome measures are used and data presented.