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METASTASECTOMÍA PULMONAR: ¿CUÁL ES LA PRÁCTICA Y DÓNDE ESTÁ LA EVIDENCIA DE SU EFECTIVIDAD?

ACADEMIC MEDICINE

S24892404

Mobile health (mHealth) technologies have experienced a recent surge in attention because of their potential to transform the delivery of health care. This enthusiasm is partly due to the near ubiquity of smartphones and tablets among clinicians, as well as to the stream of mobile medical apps and devices being created. While much discussion has been devoted to how these tools will impact the practice of medicine, surprisingly little has been written on the role these technologies will play in medical education. In this commentary the authors describe the opportunities, applications, and challenges of mHealth apps and devices in medical education and argue that medical schools should make efforts to integrate these technologies into their curricula. By not doing so, medical educators risk producing a generation of clinicians underprepared for the changing realities of medical practice brought on by mHealth technologies.

ANNALS OF INTERNAL MEDICINE

S25222387

Compared with those initiating brand-name statins, patients initiating generic statins were more likely to adhere and had a lower rate of a composite clinical outcome.

S25222388

RECOMMENDATION 1:

ACP recommends first-line treatment with pelvic floor muscle training in women with stress UI. (Grade: strong recommendation, high-quality evidence).

RECOMMENDATION 2:

ACP recommends bladder training in women with urgency UI. (Grade: strong recommendation, moderate-quality evidence).

RECOMMENDATION 3:

ACP recommends pelvic floor muscle training with bladder training in women with mixed UI. (Grade: strong recommendation, moderate-quality evidence).

RECOMMENDATION 4:

ACP recommends against treatment with systemic pharmacologic therapy for stress UI. (Grade: strong recommendation, low-quality evidence).

RECOMMENDATION 5:

ACP recommends pharmacologic treatment in women with urgency UI if bladder training was unsuccessful. Clinicians should base the choice of pharmacologic agents on tolerability, adverse effect profile, ease of use, and cost of medication. (Grade: strong recommendation, high-quality evidence).

RECOMMENDATION 6:

ACP recommends weight loss and exercise for obese women with UI. (Grade: strong recommendation, moderate-quality evidence).

S25222385

For patients with BRLP, SMT plus HEA was more effective than HEA alone after 12 weeks, but the benefit was sustained only for some secondary outcomes at 52 weeks.

BRITISH MEDICAL JOURNAL

S25208536

Benzodiazepine use is associated with an increased risk of Alzheimer's disease. The stronger association observed for long term exposures reinforces the suspicion of a possible direct association, even if benzodiazepine use might also be an early marker of a condition associated with an increased risk of dementia. Unwarranted long term use of these drugs should be considered as a public health concern.

S25232064

Testing urine for HPV seems to have good accuracy for the detection of cervical HPV, and testing first void urine samples is more accurate than random or midstream sampling. When cervical HPV detection is considered difficult in particular subgroups, urine testing should be regarded as an acceptable alternative.

S25224469

The extension of the upper age limit to 75 years has only led to a small decrease in incidence of advanced stage breast cancer, while that of early stage tumours has strongly increased.

S25209620

In this pragmatic study, an integrated disease management approach delivered in primary care showed no additional benefit compared with usual care, except improved level of integrated care and a self reported higher degree of daily activities. The contradictory findings to earlier positive studies could be explained by differences between interventions (provider versus patient targeted), selective reporting of positive trials, or little room for improvement in the already well developed Dutch healthcare system.

S25150301

Among women with epilepsy and when analysing the risk in antiepileptic drug discordant pregnancies in the same woman, we found no overall association between the use of antiepileptic drugs during pregnancy and spontaneous abortions. Therefore unmeasured confounding may explain the slight increased risk for spontaneous abortion with any antiepileptic drug use (among women both with and without epilepsy). We found no association between antiepileptic drug use during pregnancy and stillbirth, but the statistical precision was low.

S25164369

This review summarizes recent evidence related to the safety, efficacy, and metabolic outcomes of bariatric surgery to guide clinical decision making. Several short term randomized controlled trials have demonstrated the effectiveness of bariatric procedures for inducing weight loss and initial remission of type 2 diabetes. Observational studies have linked bariatric procedures with long term improvements in body weight, type 2 diabetes, survival, cardiovascular events, incident cancer, and quality of life. Perioperative mortality for the average patient is low but varies greatly across subgroups. The incidence of major complications after surgery also varies widely, and emerging data show that some procedures are associated with a greater risk of substance misuse disorders, suicide, and nutritional deficiencies. More research is needed to enable long term outcomes to be compared across various procedures and subpopulations, and to identify those most likely to benefit from surgical intervention. Given uncertainties about the balance between the risks and benefits of bariatric surgery in the long term, the decision to undergo surgery should be based on a high quality shared decision making process.

Summary box

Clinical context—Up to 40% of adults worldwide have hypertension, complications of which may account for up to 9.4 million deaths annually from cardiovascular disease

Diagnostic change—Recommendations for drug treatment have decreased from diastolic pressure of >115 mm Hg to =140/90 mm Hg. A new category, prehypertension (120/80-139/89 mm Hg), has also been introduced

Rationale for change—Patients with even mildly raised blood pressure may have increased cardiovascular risk

Leap of faith—Lowering threshold blood pressures will lead to increased diagnosis and treatment, which will decrease mortality

Impact on prevalence—22% of adults worldwide have mild hypertension (systolic pressure 140-159 mm Hg) and 13.5% have a systolic pressure =160 mm Hg

Evidence of overdiagnosis—Use of a uniform threshold (140 mm Hg) to mark hypertension risk ignores evidence that risk varies by individual and includes many people who will not benefit from drug treatment

Harms from overdiagnosis—Studies suggest over half of people with mild hypertension are treated with drugs even though this approach has not been proved to decrease mortality or morbidity. Overemphasis on drug treatment risks adverse effects, such as increased risk of falls, and misses opportunities to modify individual lifestyle choices and tackle lifestyle factors at a public health level

Limitations of evidence — Lack of randomised trials that use hard outcomes and compare drugs with lifestyle interventions and placebo in patients with mild hypertension

Conclusion—Lowering definitions of hypertension has led to identification and drug treatment of larger populations of patients despite lack of evidence that drugs reduce morbidity or mortality

S25189324

Summary points

Vitamin B12 deficiency is a common but serious condition

Clinical presentation may not be obvious thus leading to complex issues around diagnosis and treatment

There is no ideal test to define deficiency and therefore the clinical condition of patients is of the utmost importance

There is evidence that new techniques such as the measurement of holotranscobalamin and methylmalonic acid levels seem useful in more accurately defining deficiency

If the clinical features suggest deficiency then it is important to treat patients to avoid neurological impairment even if there may be discordance between the results and clinical features

BRITISH JOURNAL OF PSYCHIATRY

S25252318

There have been a large number of studies in recent years reporting on the reproductive safety of antidepressant medication. Some studies, but not all, have reported an association of antidepressant exposure in pregnancy and the subsequent development of autism spectrum disorders. It remains difficult to know whether the modest increase in risk is due to the medication, to the mood disorder itself, or to other confounding factors. For any individual woman the decision to commence or continue antidepressant medication in pregnancy must be made after a full consideration of the potential risks and benefits of all options, including non-pharmacological treatments. In making these difficult decisions it is important to recognise that episodes of severe psychiatric illness may have very serious negative consequences for the woman, her baby and her family, and these must be weighed against what is known about the risks of taking medication.

S25252319

In this issue, El Marroun et al suggest an association between prenatal selective serotonin reuptake inhibitor (SSRI) exposure and autistic traits in children, as well as an association with prenatal depressive symptoms. However, SSRIs may be mere markers of severity of underlying illnesses and it may be premature to reach such conclusions about effects of treatment. Studies like this raise concerns as this may fuel further anxiety and guilt among women who are faced with depression in pregnancy and possibly leave some women without treatment.

S25252317

Our results suggest an association between prenatal SSRI exposure and autistic traits in children. Prenatal depressive symptoms without SSRI use were also associated with autistic traits, albeit this was weaker and less specific. Long-term drug safety trials are needed before evidence-based recommendations are possible.

S25252314

Electronic monitoring has been used in criminal justice and some health settings for three decades. Technological interventions are becoming more common in psychiatry, but may be a cause for ethical concerns and controversy. We discuss electronic monitoring as an aid to security and public safety in a forensic setting.

S24809398

Psychosocial adversity between 10 and 20 years of age may warrant key periods of intervention.

CIRCULATION

S25156992

Aspirin after anticoagulant treatment reduces the overall risk of recurrence by more than a third in a broad cross-section of patients with a first unprovoked VTE, without significantly increasing the risk of bleeding.

DIABETES CARE

S25147257

The trend toward personalized management of diabetes has focused attention on the differences among available pharmacological agents in terms of mechanisms of action, efficacy, and, most important, safety. Clinicians must select from these features to develop individualized therapy regimens. In June 2013, a nine-member Diabetes Care Editors' Expert Forum convened to review safety evidence for six major diabetes drug classes: insulin, sulfonylureas (SUs), thiazolidinediones (TZDs), glucagon-like peptide-1 receptor agonists, dipeptidyl peptidase-4 inhibitors, and sodium glucose cotransporter 2 inhibitors. This article, an outgrowth of the forum, summarizes well-delineated and theoretical safety concerns related to these drug classes, as well as the panelists' opinions regarding their best use in patients with type 2 diabetes. All of the options appear to have reasonably wide safety margins when used appropriately. Those about which we know the most—metformin, SUs, insulin, and perhaps now also TZDs—are efficacious in most patients and can be placed into a basic initial algorithm. However, these agents leave some clinical needs unmet. Selecting next steps is a more formidable process involving newer agents that are understood less well and for which there are unresolved questions regarding risk versus benefit in certain populations. Choosing a specific agent is not as important as implementing some form of early intervention and advancing rapidly to some form of combination therapy as needed. When all options are relatively safe given the benefits they confer, therapeutic decision making must rely on a personalized approach, taking into account patients' clinical circumstances, phenotype, pathophysiological defects, preferences, abilities, and costs.

S25147256

Early in the course of obesity, there is evidence of CAC independent of glycemia. The different biomarkers of subclinical atherosclerosis appear to be differentially modulated, adiposity being the major determinant of CAC, hyperglycemia, age, and race for IMT, and leptin and IS for arterial stiffness. These findings highlight the increased cardiovascular disease risk in obese youth and the need for early interventions to reverse obesity and atherosclerosis.

S24914244

In the SAVOR-TIMI 53 trial, within 2.1 years of follow-up, risk for pancreatitis in type 2 diabetic patients treated with saxagliptin was low and apparently similar to placebo, with no sign of increased risk for pancreatic cancer. Further studies are needed to completely resolve the pancreatic safety issues with incretin-based therapy.

S24969577

After 6 months of treatment, exenatide or sitagliptin had no significant effect on functional β -cell mass as measured by β -cell secretory capacity, whereas glimepiride appeared to enhance β - and α -cell secretion.

S24969574

Prediabetes represents a high-risk state for CVD. Restoration of NGR and/or medical treatment of CVD risk factors can significantly reduce the estimated CVD risk in people with prediabetes.

S24898303

In this large study, individuals with diabetes who used metformin had a similar risk of developing cancer compared with those who used sulfonylureas.

S25147254

Having diabetes is associated with substantially higher lifetime medical expenditures despite being associated with reduced life expectancy. If prevention costs can be kept sufficiently low, diabetes prevention may lead to a reduction in long-term medical costs.

DRUGS

S25074268

Fluticasone furoate/vilanterol (Relvar®, Breo®, Revinty®) is a fixed combination of a corticosteroid and a long-acting β_2 -adrenergic agonist (LABA) for once-daily use via a dry powder inhaler (Ellipta®). Fluticasone furoate/vilanterol 100/25 μ g is approved for the treatment of chronic obstructive pulmonary disease (COPD) in several countries. This article reviews the clinical use of the combination in COPD and summarises pharmacological properties. Fluticasone furoate has enhanced affinity for the glucocorticoid receptor compared with other clinically used inhaled corticosteroids (ICS) and longer lung retention than fluticasone propionate. Vilanterol is

highly selective for β_2 -adrenoreceptors and provides a rapid and prolonged duration of action. In phase 3 trials in patients with moderate to very severe COPD, overall, once-daily fluticasone furoate/vilanterol 100/25 μg improved pulmonary function more than placebo and fluticasone furoate alone and improved exacerbation rates more than vilanterol alone. With regard to pulmonary function, once-daily fluticasone furoate/vilanterol 100/25 μg was more effective than twice-daily fluticasone propionate/salmeterol 250/50 μg and similarly effective as twice-daily fluticasone propionate/salmeterol 500/50 μg . In 12-month trials, fluticasone furoate/vilanterol was generally well tolerated, and in 12- and 24-week trials, the incidence of adverse events was similar overall to that associated with the individual components or fluticasone propionate/salmeterol. However, as with the long-term use of all ICS agents, 12-month data indicate an increase in the risk of pneumonia with fluticasone furoate/vilanterol. In conclusion, fluticasone furoate/vilanterol is an effective and generally well tolerated additional LABA/ICS agent for the treatment of COPD with the added convenience of once-daily administration, which may improve treatment adherence in some patients.

[S25154627](#)

Rosacea is a chronic inflammatory skin condition that negatively impacts patients' quality of life. We sought to review important aspects of the pathogenesis of rosacea and the role of new treatment options in its management. New, emerging treatments show promise; however, quality randomized controlled trials for many of these drugs are lacking. Brimonidine tartrate is an effective newly approved treatment for erythematotelangiectatic rosacea. Topical oxymetazoline has potential for the treatment of erythematotelangiectatic rosacea, with efficacy described in case reports and randomized controlled trials currently underway. Both oral and topical ivermectin have been studied for the treatment of papulopustular rosacea, both showing benefit; however, only topical ivermectin 1 % cream has been studied in randomized controlled trials. As our understanding of the etiology of rosacea continues to evolve, so will our options for therapeutic interventions. Further studies need to be performed to assess the long-term safety and efficacy of these treatments.

[S25150045](#)

The substantial economic impact of influenza on society results primarily from lost work time and reduced productivity of patients and caregivers and increased use of medical resources. Additionally, since the 1980s, aging of the US population has meant rising influenza-related morbidity and mortality. According to the most current published data on this topic, in 2003 the total economic burden of influenza epidemics in the USA across all age groups was US\$87.1 billion. As of February 2013, overall vaccine effectiveness for the 2012/2013 season was estimated to be 56 %. The Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases has concluded that more effective vaccines and vaccination strategies are needed. Moderate efficacy of the influenza vaccine, continued questions regarding the value of treatment with antivirals, and a growing self-care movement have led to increased use of over-the-counter (OTC) medicines, which play a vital role in managing symptoms associated with mild to moderate influenza and provide an estimated US\$102 billion in annual savings for the US healthcare system. A primary benefit to society of using OTC medicines to manage influenza is decreased use of the healthcare system, thereby mitigating the socioeconomic burden of influenza. Considering the stresses placed on the US healthcare system and the substantial productivity losses resulting from seasonal influenza as well as the growing self-care movement, OTC medicines will play an important role in the course of future influenza epidemics.

[S25212789](#)

Indacaterol is the first once-daily, long-acting β_2 -adrenergic agonist (LABA) approved for the treatment of chronic obstructive pulmonary disease (COPD). Indacaterol was developed using a combination of informed drug design and molecular chemistry to generate a β_2 -adrenergic agonist with a fast onset and long duration of action, enabling once-daily dosing with an acceptable safety profile. Early preclinical studies with indacaterol demonstrated these characteristics, and this promising molecule was taken into clinical development, originally for asthma treatment. Subsequent safety concerns over LABA monotherapy in patients with asthma redirected indacaterol's development to centre on COPD, where a good evidence base and guideline recommendations for bronchodilator monotherapy existed. Clinical development was initially complicated by different inhaler devices and differing doses of indacaterol. Using a phase III innovative adaptive-design clinical trial (INHANCE), indacaterol 150 and 300 μg once-daily doses were selected to be taken forward into the phase III INERGEZ programme. This programme delivered placebo-controlled and active-comparator data, including comparisons with formoterol, tiotropium and salmeterol/fluticasone, as well as the use of indacaterol in combination with tiotropium. Together, these studies provided a comprehensive assessment of the benefit-risk profile of indacaterol, allowing for regulatory submission. Indacaterol was first approved at once-daily doses of 150 and 300 μg in the European Union in 2009, followed by 150 μg in Japan (2011) and China (2012), and 75 μg in the United States (2011). To date, indacaterol is approved and marketed in more than 100 countries worldwide for once-daily maintenance treatment of COPD.

FAMILY MEDICINE

[S25163037](#)

Prior to the new requirements, residents who completed a SAM had higher board scores and exam passing rates. Likelihood of passing initial board certification may be improved by requiring resident participation in MC-FP.

[S25163042](#)

The smartphone application was an effective tool for both increasing confidence in depression treatment and educating physicians. Future studies to evaluate the effectiveness and impact of smartphone applications on medical education and postgraduate training are warranted.

[S25163036](#)

Unexplained medication discrepancies are common at the first ambulatory visit post-hospital discharge and underscore the need to maintain accurate medication lists across the continuum of care. Individual-level characteristics may potentially be used to identify patients who need special attention for their medication management.

[S25163041](#)

Violence curricular content and number of hours has been constant in family medicine residencies over time. An increase in the reported use of active learning strategies was identified as a trend across surveys. Next steps for violence curricula involve assessment of residents' competency to identify and intervene in violence.

GACETA SANITARIA

[S24923204](#)

La fortaleza de esta revisión es que se ha llevado a cabo de modo exhaustivo, y apunta a que intervenciones bien implementadas pueden promover la salud adolescente. Los hallazgos son consistentes con revisiones recientes, y sus implicaciones para la práctica, la salud pública, y la investigación han sido discutidos.

[S24878258](#)

Se observa una alta prevalencia de consumo de hipnosedantes en mujeres y en mayores de 45 años. Sería necesario profundizar en el estudio de la relación entre el consumo de hipnosedantes y la salud de los trabajadores, y del papel de los factores de estrés laboral en esta relación.

[S24852089](#)

El diagnóstico precoz de la enfermedad de Alzheimer presenta importantes problemas bioéticos. Entre la detección temprana de la enfermedad y la aparición de sus síntomas media un período de tiempo en el cual la autonomía, la intimidad y la dignidad de quien la sufre pueden verse lesionadas por las eventuales medidas de apoyo y atención sanitaria o familiar que se decida adoptar. Éstas pueden terminar por transformar al paciente en un objeto de cuidado, impidiéndole asumir la enfermedad, elaborar la identidad y reordenar el espacio vital. Debe procurarse entonces que el cuidar no se traduzca en un asedio compasivo y un efecto invasivo que lleve a la anulación del paciente con Alzheimer.

S24929614

Se obtiene confirmación parcial de la estructura original del instrumento, lo cual se atribuye a las características de la muestra. Se constata la relevancia de la variabilidad en la evaluación familiar y de sus indicadores adecuados de fiabilidad. Se señala la potencialidad para la salud pública de los hallazgos para la identificación de contextos familiares de calidad deficiente y para la elaboración de criterios preventivos, centrados en el desarrollo de competencias parentales.

S24889702

Diferencias significativas en posiciones médicas entre hombres y mujeres configuran el fenómeno conocido como "tuberías con fugas", que consiste en un número desproporcionado de mujeres que llegan a posiciones médicas principales. El potencial de la feminización médica no se alcanzará sin esfuerzos de mejora ambiental continua en la medicina hospitalaria.

S24923205

La intervención mejoró la salud percibida y la salud mental de las personas participantes. Debería evitarse que estas personas residan en edificios con barreras arquitectónicas, y si no es posible, implementar programas similares a éste.

S24889701

Despite the implementation of the new law, most of the burden of the disease is borne by the family.

JAMA INTERNAL MEDICINE

S25023796

Primary ADT is not associated with improved long-term overall or disease-specific survival for men with localized prostate cancer. Primary ADT should be used only to palliate symptoms of disease or prevent imminent symptoms associated with disease progression.

S25070672

After announcement of the results of the ENHANCE trial, nearly 2% of all continuously enrolled adult beneficiaries within a large US pharmacy benefit manager used ezetimibe, although ezetimibe initiations declined and discontinuations increased.

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

S25201935

Nearly 1 in 5 men in the United States reported lifetime IPV perpetration toward their current intimate partner. Physical symptoms from irritable bowel syndrome and insomnia, substance use disorders, and prior family violence are associated with IPV perpetration by men. Understanding these associations may aid primary care physicians in identifying male patients who perpetrate IPV.

S25201934

The anger and stress coping skills program may increase the success of quitting smoking.

S25201931

These exploratory findings suggest administration of brief depression symptom measures, particularly the PHQ-9, may be associated with depression diagnosis and antidepressant recommendation and prescription among patients unlikely to have major depression. If these findings are confirmed, researchers should investigate the balance of benefits and risks (eg, overdiagnosis of depression and overtreatment with antidepressants) associated with use of a brief symptom measure.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S25226479

Ideally, treatment of hypercholesterolemia for patients at risk of ASCVD should start before they turn 80 years old. No RCT evidence exists to guide statin initiation after age 80 years. Decisions to use statins in older individuals are made individually and are not supported by high-quality evidence.

S25247518

Analyses of nationally representative data from 1980 to 2012 suggest a doubling of the incidence and prevalence of diabetes during 1990-2008, and a plateauing between 2008 and 2012. However, there appear to be continued increases in the prevalence or incidence of diabetes among subgroups, including non-Hispanic black and Hispanic subpopulations and those with a high school education or less.

S25226478

Using meta-analytic pooling, there were no statistically significant differences for efficacy and safety associated with most treatment strategies used to treat acute venous thromboembolism compared with the LMWH-vitamin K antagonist combination. However, findings suggest that the UFH-vitamin K antagonist combination is associated with the least effective strategy and that rivaroxaban and apixaban may be associated with the lowest risk for bleeding.

S25226477

Among older adults with COPD, particularly those with asthma and those not receiving a long-acting anticholinergic medication, newly prescribed LABA and inhaled corticosteroid combination therapy, compared with newly prescribed LABAs alone, was associated with a significantly lower risk of the composite outcome of death or COPD hospitalization.

MEDICINA CLINICA

S24035412

The treatment response to Cognitive Behavioral Therapy, nutritional support and psychotropic drugs in the majority of patients was favorable and similar in most patients with different types of Eating Disorders. Furthermore, a young age and no use of psychotropic drugs predict a favorable outcome in patients with ED.

S24378146

Los resultados presentados ponen de manifiesto la clara asociación entre el MNA y los criterios de Fried. También evidencian que la categoría del MNA «riesgo de desnutrición» es la que está más fuertemente asociada al índice de fragilidad.

S24216012

La versión española de la MacCAT-T es fiable, factible y válida para la evaluación de la capacidad de los pacientes para consentir tratamiento.

MORBIDITY AND MORTALITY WEEKLY REPORT

S25167164

This report summarizes the epidemiology of human papillomavirus (HPV) and associated diseases, describes the licensed HPV vaccines, provides updated data from clinical trials and postlicensure safety studies, and compiles recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) for use of HPV vaccines. Persistent infection with oncogenic HPV types can cause cervical cancer in women as well as other anogenital and oropharyngeal cancers in women and men. HPV also causes genital warts. Two HPV vaccines are licensed in the United States. Both are composed of type-specific HPV L1 protein, the major capsid protein of HPV. Expression of the L1 protein using recombinant DNA technology produces noninfectious virus-like particles (VLPs). Quadrivalent HPV vaccine (HPV4) contains four HPV type-specific VLPs prepared from the L1 proteins of HPV 6, 11, 16, and 18. Bivalent HPV vaccine (HPV2) contains two HPV type-specific VLPs prepared from the L1 proteins of HPV 16 and 18. Both vaccines are administered in a 3-dose series. ACIP recommends routine vaccination with HPV4 or HPV2 for females aged 11 or 12 years and with HPV4 for males aged 11 or 12 years. Vaccination also is recommended for females aged 13 through 26 years and for males aged 13 through 21 years who were not vaccinated previously. Males aged 22 through 26 years may be vaccinated. ACIP recommends vaccination of men who have sex with men and immunocompromised persons (including those with HIV infection) through age 26 years if not previously vaccinated. As a compendium of all current recommendations for use of HPV vaccines, information in this report is intended for use by clinicians, vaccination providers, public health officials, and immunization program personnel as a resource. ACIP recommendations are reviewed periodically and are revised as indicated when new information and data become available.

REUMATOLOGIA CLINICA

S24553244

El programa de prevención secundaria de fracturas coordinado por reumatología consigue que el número de pacientes que inicia bisfosfonato se multiplique por 4 en comparación con la visita basal.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S25172067

La monitorización de la presión arterial de 1 h es un método válido y fiable para diagnosticar la hipertensión arterial y clasificar subpoblaciones de hipertensos, especialmente en hipertensión de bata blanca e hipertensión refractaria, que permite un mayor rendimiento de los instrumentos de monitorización.

S25172068

Las enfermedades cardiovasculares son la primera causa de muerte en el mundo, y afectan no solo a países industrializados, sino sobre todo a países de ingresos medios-bajos, donde han superado a las enfermedades infecciosas como primera causa de muerte y su impacto amenaza al desarrollo social y económico de estas regiones. El aumento en la prevalencia de las enfermedades cardiovasculares de los últimos años, junto con las proyecciones de mortalidad para las próximas décadas, supone un argumento irrefutable acerca del carácter urgente de implementar intervenciones bien planificadas para controlar la pandemia de enfermedades cardiovasculares, especialmente en los países económicamente más deprimidos. La combinación de factores de comportamiento, sociales, medioambientales, biológicos y relacionados con sistemas de salud que contribuyen al desarrollo de las enfermedades cardiovasculares requiere una estrategia multisectorial que promueva estilos de vida saludables, reduzca los factores de riesgo cardiovascular y disminuya la mortalidad y la morbilidad a través de servicios sanitarios de calidad. Dichas propuestas deben ser dirigidas por líderes de la comunidad científica, el gobierno, la sociedad civil, el sector privado y las comunidades locales.

S25172069

La enfermedad cardiovascular es la primera causa de muerte en el mundo, y su impacto está siendo especialmente devastador en países de rentas medias-bajas. La combinación de factores como la urbanización y sus efectos derivados, como la obesidad, el sedentarismo, los cambios en hábitos dietéticos y el tabaquismo, se han combinado para situar la enfermedad cardiovascular en esa posición. Dado el enorme alcance de este problema y la complejidad de sus causas, que incluyen factores culturales, sociales, políticos y sanitarios, la estrategia para combatir la enfermedad cardiovascular a escala global debe ser igualmente sofisticada e integral. Como la exposición a los factores de riesgo cardiovascular se da desde edades tempranas, se debe expandir y ajustar esta estrategia a lo largo de la vida del individuo. Por ello, es necesario centrar los esfuerzos no solo en el tratamiento de la enfermedad y la prevención cardiovascular, sino también en la promoción de la salud y la prevención primordial. En esta revisión se presentan diferentes estrategias que han proporcionado resultados esperanzadores a escala poblacional, desde la infancia hasta la vejez, para defenderse de los retos a los que la comunidad científica se enfrenta para luchar contra la enfermedad cardiovascular.

S25001520

La práctica regular de ejercicio físico es una recomendación establecida para prevenir y tratar los principales factores de riesgo cardiovascular modificables, como la diabetes mellitus, la hipertensión y la dislipemia. Realizar actividad física de intensidad moderada durante un mínimo de 30 min 5 días por semana o de intensidad alta durante un mínimo de 20 min 3 días por semana mejora la capacidad funcional y se asocia a reducciones en la incidencia de enfermedad cardiovascular y mortalidad. El ejercicio físico induce adaptaciones fisiológicas cardiovasculares que mejoran el rendimiento físico, y solo en casos extremos pueden conducir a un riesgo aumentado de complicaciones asociadas al ejercicio físico. La incidencia de muerte súbita o complicaciones graves durante la práctica de ejercicio físico es muy baja, se concentra en las personas con cardiopatías o con adaptación cardíaca muy patológica al ejercicio y la mayoría de estos casos los pueden detectar unidades de cardiología o profesionales bien instruidos.

S25172532

Se han publicado multitud de estudios sobre la relación entre el riesgo de enfermedad cardiovascular y diversos nutrientes, alimentos y patrones de alimentación. A pesar del concepto bien aceptado de que la dieta tiene una influencia significativa en el desarrollo y la prevención de la enfermedad cardiovascular, los alimentos considerados saludables o perjudiciales han variado con el paso de los años. Esta revisión tiene como objetivo resumir la evidencia científica existente sobre el efecto cardioprotector de los alimentos y nutrientes que se ha considerado saludables y el de aquellos a los que se ha atribuido un carácter no saludable en algún momento de la historia. Para este fin, se ha revisado la literatura científica más reciente empleando las palabras clave foods y nutrients (p. ej., carne, omega-3) y términos relacionados con la enfermedad cardiovascular (p. ej., enfermedades cardiovasculares, ictus). Se ha hecho especial énfasis en los metanálisis y las revisiones Cochrane. En general, son escasos los estudios de intervención con un nivel de evidencia alto que respaldan los efectos beneficiosos de los alimentos saludables (como frutas y verduras), mientras que la evidencia que respalda los argumentos en contra de los alimentos considerados menos saludables (como las grasas saturadas) parece haberse debilitado con la evidencia más reciente. En resumen, la mayor parte de la evidencia que respalda los efectos beneficiosos y nocivos de alimentos y nutrientes se basa en estudios epidemiológicos observacionales. Los resultados de los ensayos clínicos aleatorizados revelan un cuadro más confuso, en el que la mayoría de los estudios muestran unos efectos muy pequeños en uno u otro sentido; la evidencia más sólida es la que procede de los patrones de alimentación. El conocimiento actual de la relación entre dieta y riesgo de enfermedad cardiovascular requiere unas recomendaciones más individualizadas, basadas en técnicas de genómica.

THE LANCET

S25059949

Our estimates of the number of people living with HIV are 18.7% smaller than UNAIDS's estimates in 2012. The number of people living with malaria is larger than estimated by WHO. The number of people living with HIV, tuberculosis, or malaria have all decreased since 2000. At the global level, upward trends for malaria and HIV deaths have been reversed and declines in tuberculosis deaths have accelerated. 101 countries (74 of which are developing) still have increasing HIV incidence. Substantial progress since the Millennium Declaration is an encouraging sign of the effect of global action.

S24797572

Only 27 developing countries are expected to achieve MDG 4. Decreases since 2000 in under-5 mortality rates are accelerating in many developing countries, especially in sub-Saharan Africa. The Millennium Declaration and increased development assistance for health might have been a factor in faster decreases in some developing countries. Without further accelerated progress, many countries in west and central Africa will still have high levels of under-5 mortality in 2030.

S24797575

Global rates of change suggest that only 16 countries will achieve the MDG 5 target by 2015. Accelerated reductions since the Millennium Declaration in 2000 coincide with increased development assistance for maternal, newborn, and child health. Setting of targets and associated interventions for after 2015 will need careful consideration of regions that are making slow progress, such as west and central Africa.

S25209488

We recommend these international fetal growth standards for the clinical interpretation of routinely taken ultrasound measurements and for comparisons across populations.

S25209487

We have developed, for routine clinical practice, international anthropometric standards to assess newborn size that are intended to complement the WHO Child Growth Standards and allow comparisons across multiethnic populations.

S25209491

Many factors affect child and adolescent mortality in high-income countries. These factors can be conceptualised within four domains--intrinsic (biological and psychological) factors, the physical environment, the social environment, and service delivery. The most prominent factors are socioeconomic gradients, although the mechanisms through which they exert their effects are complex, affect all four domains, and are often poorly understood. Although some contributing factors are relatively fixed--including a child's sex, age, ethnic origin, and genetics, some parental characteristics, and environmental conditions--others might be amenable to interventions that could lessen risks and help to prevent future child deaths. We give several examples of health service features that could affect child survival, along with interventions, such as changes to the physical or social environment, which could affect upstream (distal) factors.

S24816046

In addition to relapse prevention and psychiatric symptom relief, the benefits of antipsychotics and mood stabilisers might also include reductions in the rates of violent crime. The potential effects of these drugs on violence and crime should be taken into account when treatment options for patients with psychiatric disorders are being considered.

THE NEW ENGLAND JOURNAL OF MEDICINE

S25176395

Routine thrombus aspiration before PCI in patients with STEMI did not reduce the rate of death from any cause or the composite of death from any cause, rehospitalization for myocardial infarction, or stent thrombosis at 1 year. (Funded by the Swedish Research Council and others; TASTE ClinicalTrials.gov number, NCT01093404.)

S25229916

Initial ultrasonography was associated with lower cumulative radiation exposure than initial CT, without significant differences in high-risk diagnoses with complications, serious adverse events, pain scores, return emergency department visits, or hospitalizations. (Funded by the Agency for Healthcare Research and Quality.)

S25175921

Prehospital administration of ticagrelor in patients with acute STEMI appeared to be safe but did not improve pre-PCI coronary reperfusion. (Funded by AstraZeneca; ATLANTIC ClinicalTrials.gov number, NCT01347580.)

S25251616

Quality-of-life measures were generally similar among the study groups, with the exception of a slightly worse disease-specific quality of life in the foam group than in the surgery group. All treatments had similar clinical efficacy, but complications were less frequent after laser treatment and ablation rates were lower after foam treatment. (Funded by the Health Technology Assessment Programme of the National Institute for Health Research; Current Controlled Trials number, ISRCTN51995477.)

THORAX

S24781218

Our understanding of chronic obstructive pulmonary disease (COPD) has changed dramatically over the past two decades. We have moved from an airflow limitation-centric view to the realisation that COPD is a complex and heterogeneous disease, which leads inevitably to the need for personalising the assessment and treatment of patients with COPD. This review provides a brief perspective of the extraordinary transition that the COPD field has experienced in the last two decades, and speculates on how it should/can move forward in the near future in order to really achieve the goal of personalising COPD medicine in the clinic.

S24415715

Pulmonary metastasectomy is a commonly performed operation and is tending to increase as part of a concept of personalised treatment for advanced cancer. There have been no randomised trials; belief in effectiveness of metastasectomy is based on registry data and surgical follow-up studies. These retrospective series are comprised predominately of solitary or few metastases with primary resection to metastasectomy intervals longer than 2-3 years. Five-year survival rates of 30-50% are recorded, but as case selection is based on favourable prognostic features, an apparent association between metastasectomy and survival cannot be interpreted as causation. Cancers for which lung metastasectomy is used are considered in four pathological groups. In non-seminomatous germ cell tumour, for which chemotherapy is highly effective, excision of residual pulmonary disease guides future treatment and in particular allows an informed decisions as to further chemotherapy. Sarcoma metastasises predominately to lung and pulmonary metastasectomy for both bone and soft tissues sarcoma is routinely considered as a treatment option but without randomised data. The commonest circumstance for lung and liver metastasectomy is colorectal cancer. Repeated resections and ablations are commonplace but without evidence of effectiveness for either. For melanoma, results are particularly poor, but lung metastases are resected when no other treatment options are available. In this review, the available evidence is considered and the conclusion reached is that in the absence of randomised trials there is uncertainty about effectiveness. A randomised controlled trial, Pulmonary Metastasectomy in Colorectal Cancer (PulMiCC), is in progress and randomised trials in sarcoma seem warranted.