

GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES TERCER CUATRIMESTRE 2025

[A Trans-Atlantic Perspective on the 2025 AHA/ACC Guidelines for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults](#)

[40811494](#)

PERSPECTIVA TRANSATLÁNTICA DE LAS GUÍAS AHA/ACC PARA LA PREVENCIÓN, DETECCIÓN, EVALUACIÓN Y MANEJO DE PRESIÓN ARTERIAL ELEVADA EN ADULTOS

[2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines](#)

[40811516](#)

GUÍAS AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM 2025 PARA LA PREVENCIÓN, DETECCIÓN, EVALUACIÓN Y TRATAMIENTO DE LA PRESIÓN ARTERIAL ELEVADA EN ADULTOS: INFORME DEL COMITÉ CONJUNTO SOBRE GUÍAS DE PRÁCTICA CLÍNICA DEL ACC/AHA

Abstract

Aim: The "2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults" retires and replaces the "2017

ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults."

Methods: A comprehensive literature search was conducted from December 2023 to June 2024 to identify clinical studies, reviews, and other evidence performed on human subjects that were published since February 2015 in English from MEDLINE (through PubMed), EMBASE, the Cochrane Library, the Agency for Healthcare Research and Quality, and other selected databases relevant to this guideline.

Structure: The focus of this clinical practice guideline is to create a living, working document updating current knowledge in the field of high blood pressure aimed at all practicing primary care and specialty clinicians who manage patients with hypertension.

TEXTO COMPLETO:

https://www.ahajournals.org/doi/10.1161/HYP.000000000000249?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

[Use of Risk Assessment to Guide Decision-Making for Blood Pressure Management in the Primary Prevention of Cardiovascular Disease: A Scientific Statement From the American Heart Association and American College of Cardiology](#)
40875802

USO DE LA VALORACIÓN DE RIESGO PARA GUIAR LA TOMA DE DECISIONES PARA EL MANEJO DE LA PRESIÓN ARTERIAL EN LA PREVENCIÓN PRIMARIA DE LA ENFERMEDAD CARDIOVASCULAR: DECLARACIÓN CIENTÍFICA DE AHA/ACC

Abstract

Risk assessment plays a central role in the primary prevention of cardiovascular disease. The 2017 High Blood Pressure Clinical Practice Guideline incorporated quantitative risk assessment for the first time to guide the initiation of antihypertensive drug therapy and recommended calculation of 10-year risk of atherosclerotic cardiovascular disease with the Pooled Cohort Equations. Although the 2025 High Blood Pressure Guideline reaffirmed this overarching paradigm for risk-based initiation of antihypertensive drug therapy, it updated the recommended risk model to the Predicting Risk of Cardiovascular Disease Events equations, which estimate 10-year risk of total cardiovascular disease (including atherosclerotic cardiovascular disease and heart failure), and defined a new risk threshold for initiation of antihypertensive therapy in patients with stage 1 hypertension. This American Heart Association/American College of Cardiology scientific statement summarizes the rationale to recommend the use of the Predicting Risk of Cardiovascular Disease Events equations, the evidence base for the new threshold of 10-year risk of cardiovascular disease of $\geq 7.5\%$, and the population-level implications of these revised recommendations. This scientific statement also offers practical advice for implementing risk assessment as the first step in the comprehensive approach to hypertension management with shared decision-making between patients and clinicians. Remaining gaps in awareness and treatment of hypertension underscore the need for innovative strategies to improve implementation of and adherence to risk-based guideline recommendations, including automation of risk assessment in electronic health records, decision-support aids, and refinement of risk assessment, to equitably improve the initiation of antihypertensive drug therapy, blood pressure control, and outcomes.

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[Ultraprocessed Foods and Their Association With Cardiometabolic Health: Evidence, Gaps, and Opportunities: A Science Advisory From the American Heart Association](#)
40776885

ALIMENTOS ULTRAPROCESADOS Y SU ASOCIACIÓN CON LA SALUD CARDIOMETABÓLICA: EVIDENCIA, LAGUNAS Y OPORTUNIDADES: CONSEJO CIENTÍFICO DE LA AHA

Abstract

Ultraprocessed foods and beverages (UPFs) pose a growing public health challenge. Commonly defined by the Nova system, UPFs are industrially processed products made with additives or ingredients not commonly used in home cooking. Although ultraprocesing or extensive processing can lower cost and improve shelf life, convenience, and taste of certain products, high UPF intake is consistently linked to negative health outcomes. Although mechanisms remain unclear, evidence supports food policies that limit UPF intake while avoiding unintended consequences. Identifying high-risk UPF subgroups is essential to balancing

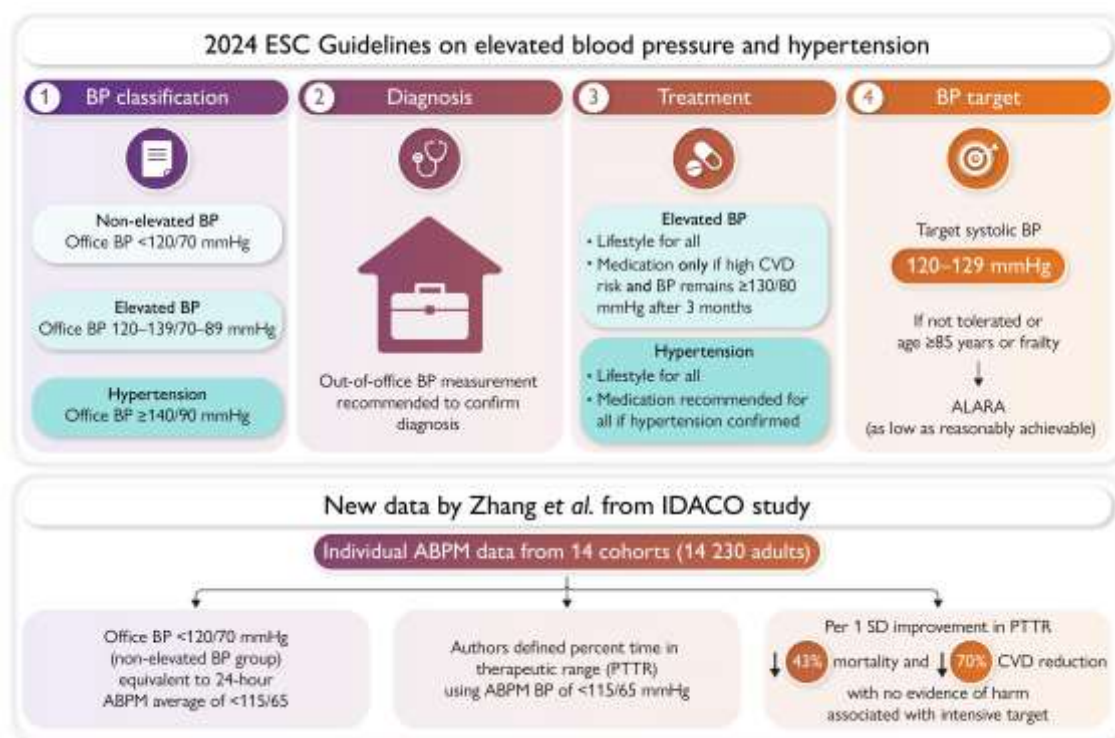
nutritional goals with the need for accessible and appealing food options. Most UPFs overlap with foods high in saturated fat, added sugars, and sodium, which are already targets for cardiometabolic risk reduction. Future priorities include uncovering how UPFs specifically affect cardiometabolic health, refining dietary guidance to discourage nutrient-poor UPFs, and clarifying the impact of UPFs with more favorable profiles. This science advisory reviews current evidence on UPFs and their impact on cardiometabolic health and outlines research needs, regulatory reform, and policy changes needed to affect better dietary intake and overall health.

TEXTO COMPLETO:

https://www.ahajournals.org/doi/10.1161/CIR.0000000000001365?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

[Observational data supporting ambulatory-monitored blood pressure treatment targets in 2024 ESC Guidelines](#)
40324948

DATOS OBSERVACIONALES QUE APOYAN LOS OBJETIVOS DE TRATAMIENTO DE LA PRESIÓN ARTERIAL MONITORIZADA AMBULATORIAMENTE EN LAS GUÍAS 2024 DE LA ESC



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TEXTO COMPLETO: <https://pmc.ncbi.nlm.nih.gov/articles/40811494/>

[2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines](#)
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Structure: The focus of this clinical practice guideline is to create a living, working document updating current knowledge in the field of high blood pressure aimed at all practicing primary care and specialty clinicians who manage patients with hypertension.

Keywords: AHA Scientific Statements; antihypertensive agents; antihypertensive response; blood pressure; blood pressure control; blood pressure determination; blood pressure monitoring; cardiovascular disease; dosage; evaluation; hypertension; lifestyle; major adverse cardiovascular events; patient care team; quality of life; risk factors; time factors.

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https://www.ahajournals.org/doi/10.1161/HYP.000000000000249?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

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Selección realizada por Antonio Manteca González

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Ultraprocessed foods and beverages (UPFs) pose a growing public health challenge. Commonly defined by the Nova system, UPFs are industrially processed products made with additives or ingredients not commonly used in home cooking. Although ultraprocesing or extensive processing can lower cost and improve shelf life, convenience, and taste of certain products, high UPF intake is consistently linked to negative health outcomes. Although mechanisms remain unclear, evidence supports food policies that limit UPF intake while avoiding unintended consequences. Identifying high-risk UPF subgroups is essential to balancing nutritional goals with the need for accessible and appealing food options. Most UPFs overlap with foods high in saturated fat, added sugars, and sodium, which are already targets for cardiometabolic risk reduction. Future priorities include uncovering how UPFs specifically affect cardiometabolic health, refining dietary guidance to discourage nutrient-poor UPFs, and clarifying the impact of UPFs with more favorable profiles. This science advisory reviews current evidence on UPFs and their impact on cardiometabolic health and outlines research needs, regulatory reform, and policy changes needed to affect better dietary intake and overall health.

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Selección realizada por Antonio Manteca González

[Identifying Core Clinical Topics and Recommending Core Performance Measures for Internal Medicine Physicians: A Position Paper From the American College of Physicians](#)

40953445

IDENTIFICAR LOS TEMAS CLÍNICOS CENTRALES Y LAS MEDIDAS DE RENDIMIENTO CENTRALES RECOMENDADAS PARA LOS MÉDICOS DE MEDICINA INTERNA: DOCUMENTO DE POSICIONAMIENTO DEL AMERICAN COLLEGE OF PHYSICIANS

Abstract

Internal medicine physicians are specialists who promote health, emphasize disease prevention, manage complex acute and chronic conditions in adults, and receive extensive training in the diagnosis and treatment of diseases affecting all systems of the human body. As a result, internal medicine performance measures (PMs) target several topics. Many PMs are not based on high-certainty evidence of at least moderate net benefit and are burdensome, with low or no value to patient care. The American College of Physicians (ACP) wants to provide a national focus to improve the quality of health care in the United States. The ACP is a leader in the evidence-based world, being the only physician organization designated as a GRADE (Grading of Recommendations Assessment, Development and Evaluation) Center, an Appraisal of Guidelines for Research and Evaluation (AGREE) Center, and a member of the Cochrane U.S. Network. Using a structured, stepwise, evidence-based approach, ACP identified the most important clinical topics evaluated and treated by internal medicine physicians. The ACP is also actively working toward recommending essential PMs for each core clinical topic that can be used to evaluate and improve patient care. This position paper describes ACP's method and results of identifying core clinical topics. It also offers a blueprint for defining core PMs and illustrating the principals through application to 2 core clinical topics. The ACP plans to apply this method on PMs for other core clinical topics.

TEXTO COMPLETO: https://www.acpjournals.org/doi/10.7326/ANNALS-25-00874?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

[Evidence-based clinical practice guidelines for prevention, screening and treatment of peripartum depression](#)

40566968

GUÍAS DE PRÁCTICA CLÍNICA BASADAS EN LA EVIDENCIA PARA LA PREVENCIÓN, CRIBADO Y TRATAMIENTO DE LA DEPRESIÓN PERIPARTO

Abstract

Background: Peripartum depression (PPD) is a prevalent mental health disorder in the peripartum period. However, a recent systematic review of clinical guidelines relating to PPD has revealed a significant inconsistency in recommendations.

Aims: This study aimed to collect up-to-date evidence on the effectiveness of interventions and provide recommendations for prevention, screening and treating PPD.

Method: A series of umbrella reviews on the effectiveness of PPD prevention, screening and treatment interventions was conducted. A search was performed in five databases from 2010 until 2023. The guidelines were developed according to the GRADE framework and AGREE II Checklist recommendations. Public stakeholder review was included.

Results: One hundred and forty-five systematic reviews were included in the final analysis and used to form the guidelines. Forty-four recommendations were developed, including

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recommendations for prevention, screening and treatment. Psychological and psychosocial interventions are strongly recommended for preventing PPD in women with no symptoms and women at risk. Screening programmes for depression are strongly recommended during pregnancy and postpartum. Cognitive-behavioural therapy is strongly recommended for PPD treatment for mild to severe depression. Antidepressant medication is strongly recommended for treating severe depression in pregnancy. Electroconvulsive therapy is strongly recommended for therapy-resistant and life-threatening severe depression during pregnancy. Other recommendations are offered to healthcare professionals, stakeholders and researchers in managing PPD in different contexts.

Conclusion: Treatment recommendations should be implemented after carefully considering clinical severity, previous history, risk-benefit for mother and foetus/infant and women's values and preferences. Implementation of evidence-based clinical practice guidelines within country-specific contexts should be facilitated.

TEXTO COMPLETO: <https://pmc.ncbi.nlm.nih.gov/articles/PMC40566968/>

[Opportunistic Detection of Coronary Artery Calcium on Noncardiac Chest Computed Tomography: An Emerging Tool for Cardiovascular Disease Prevention: A Scientific Statement From the American Heart Association](https://doi.org/10.1161/CIR.0000000000001382)
41099128

DETECCIÓN OPORTUNÍSTICA DE CALCIO ARTERIAL CORONARIO CON TC TORÁCICA NO CARDÍACA: HERRAMIENTA EMERGENTE EN LA PREVENCIÓN DE ENFERMEDAD CARDIOVASCULAR: DECLARACIÓN CIENTÍFICA DE LA AHA

Abstract

Coronary artery calcium (CAC) is a marker of subclinical atherosclerosis that confers increased risk of atherosclerotic cardiovascular disease. Measured by noncontrast cardiac computed tomography, CAC improves risk stratification beyond traditional risk factors and can aid decision-making for allocation of preventive treatments. Although national guidelines recommend consideration of CAC measurement for >17 million individuals in the United States with borderline to intermediate 10-year atherosclerotic cardiovascular disease risk, adoption has been limited. A promising approach to bridge this gap is opportunistic detection of CAC using non-ECG-gated chest computed tomography scans that are performed for a noncardiac indication. Approximately 19 million non-ECG-gated chest computed tomography scans are performed per year, and reporting opportunistic detection of CAC from these scans can enhance atherosclerotic cardiovascular disease risk stratification without additional radiation exposure, cost, or burden. Estimation of risk by traditional risk factor scoring is underused, and reporting of opportunistic detection of CAC has the potential to alert physicians of risk, independent of guideline-recommended risk calculator use. Advancements in artificial intelligence allow integration of automated CAC quantification into clinical practice. Several artificial intelligence algorithms are in use to improve the likelihood of reporting opportunistic detection of CAC and appropriate allocation of preventive therapies. Systematic approaches are needed to ensure appropriate reporting, interpretation, and action while avoiding unnecessary downstream testing. Implementation that includes tailored preventive care and streamlined care pathways involving multidisciplinary clinical teams including radiology, cardiology, and primary care is essential.

TEXTO COMPLETO:

https://www.ahajournals.org/doi/10.1161/CIR.0000000000001382?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

Selección realizada por Antonio Manteca González

[2025 ESC/EACTS Guidelines for the management of valvular heart disease: Developed by the task force for the management of valvular heart disease of the European Society of Cardiology \(ESC\) and the European Association for Cardio-Thoracic Surgery \(EACTS\)](#)

[35636831](#)

GUÍAS ESC/EACTS 2025 PARA EL MANEJO DE LA VALVULOPATÍA CARDIACA: DESARROLLADA POR EL GRUPO DE TRABAJO PARA EL MANEJO DE VALVULOPATÍA CARDIACA DE LA ESC Y LA EACTS

TEXTO COMPLETO: [2025 ESC/EACTS Guidelines for the management of valvular heart disease | European Heart Journal | Oxford Academic](#)

[Clinical care of family members of patients with dilated cardiomyopathy: A clinical consensus statement of the Heart Failure Association of the European Society of Cardiology, the European Society of Cardiology Working Group on Myocardial & Pericardial Diseases, and the European Society of Cardiology Council on Cardiovascular Genomics](#)

ATENCIÓN CLÍNICA A LOS MIEMBROS FAMILIARES DE PACIENTES CON MIOCARDIOPATÍA DILATADA: DECLARACIÓN DE CONSENSO CLÍNICO DE LA HEART FAILURE ASSOCIATION DE LA ESC, EL GRUPO DE TRABAJO DE LA ESC SOBRE ENFERMEDADES MIOCÁRDICAS Y PERICÁRDICAS Y EL CONSEJO DE LA ESC SOBRE GENÓMICA CARDIOVASCULAR

Abstract

Genetic family screening following the detection of a pathogenic or likely pathogenic variant in a proband with dilated cardiomyopathy (DCM) remains one of the main applications of genetic testing. While cardiac screening is recommended for all first-degree relatives, the *a priori* risk among family members varies. Consequently, screening regimens should be tailored according to both genetic and clinical information at the individual and familial level. This clinical consensus statement provides tools to help with the risk assessment and follow-up of screening for family members and discusses the utility for integration of genotype-specific information, cardiac imaging, and electrocardiogram findings to personalize cardiac screening regimens, which in conjunction will likely improve individualized risk prediction. Early phenotypic detection of DCM in family members remains an active area of research and innovation. In addition, data are starting to accrue on the utility of early therapeutic intervention in family members with very mild phenotypes that may inform future management in addition to screening. A systematic strategy is proposed to determine the *a priori* risk of developing DCM for a family member, and the potential of integrating genotype–phenotype knowledge towards family management. Lastly, there is a focus on the current knowledge gaps and ongoing and future opportunities to improve risk prediction, early disease detection, and treatment of family members of patients with DCM.

TEXTO COMPLETO: [Clinical care of family members of patients with dilated cardiomyopathy | European Heart Journal | Oxford Academic](#)

[2025 Focused Update of the 2019 ESC/EAS Guidelines for the management of dyslipidaemias: Developed by the task force for the management of dyslipidaemias of the European Society of Cardiology \(ESC\) and the European Atherosclerosis Society \(EAS\)](#)

ACTUALIZACIÓN 2025 DE LAS GUÍAS 2019 ESC/EAS FOCALIZADA EN EL MANEJO DE LAS DISLIPEMIAS: DESARROLLADA POR EL GRUPO DE TRABAJO PARA EL MANEJO DE LAS DISLIPEMIAS DE LA ESC Y LA EAS

TEXTO COMPLETO: [2025 Focused Update of the 2019 ESC/EAS Guidelines for the management of dyslipidaemias | European Heart Journal | Oxford Academic](#)

[Screening and eradication of *Helicobacter pylori* for gastric cancer prevention: Taipei Global Consensus II](#)

[33004546](#)

CRIBADO Y ERRADICACIÓN DE *HELICOBACTER PYLORI* PARA LA PREVENCIÓN DE CÁNCER GÁSTRICO: CONSENSO MUNDIAL DE TAIPEI II

Abstract

Objective: A global consensus meeting was held to review current evidence and knowledge gaps and propose collaborative studies on population-wide screening and eradication of *Helicobacter pylori* for prevention of gastric cancer (GC).

Methods: 28 experts from 11 countries reviewed the evidence and modified the statements using the Delphi method, with consensus level predefined as $\geq 80\%$ of agreement on each statement. The Grading of Recommendation Assessment, Development and Evaluation (GRADE) approach was followed.

Results: Consensus was reached in 26 statements. At an individual level, eradication of *H. pylori* reduces the risk of GC in asymptomatic subjects and is recommended unless there are competing considerations. In cohorts of vulnerable subjects (eg, first-degree relatives of patients with GC), a screen-and-treat strategy is also beneficial. *H. pylori* eradication in patients with early GC after curative endoscopic resection reduces the risk of metachronous cancer and calls for a re-examination on the hypothesis of 'the point of no return'. At the general population level, the strategy of screen-and-treat for *H. pylori* infection is most cost-effective in young adults in regions with a high incidence of GC and is recommended preferably before the development of atrophic gastritis and intestinal metaplasia. However, such a strategy may still be effective in people aged over 50, and may be integrated or included into national healthcare priorities, such as colorectal cancer screening programmes, to optimise the resources. Reliable locally effective regimens based on the principles of antibiotic stewardship are recommended. Subjects at higher risk of GC, such as those with advanced gastric atrophy or intestinal metaplasia, should receive surveillance endoscopy after eradication of *H. pylori*.

Conclusion: Evidence supports the proposal that eradication therapy should be offered to all individuals infected with *H. pylori*. Vulnerable subjects should be tested, and treated if the test is positive. Mass screening and eradication of *H. pylori* should be considered in populations at higher risk of GC.

TEXTO COMPLETO: <https://gut.bmj.com/lookup/pmidlookup?view=long&pmid=33004546>

[Guidance for Authors, Peer Reviewers, and Editors on Use of AI, Language Models, and Chatbots](#)
37498593

GUÍA PARA AUTORES, REVISORES POR PARES Y EDITORES SOBRE EL USO DE LA INTELIGENCIA ARTIFICIAL, LOS MODELOS DE LENGUAJE Y LOS CHATBOTS

TEXTO COMPLETO:

<https://jamanetwork.com/journals/jama/fullarticle/10.1001/jama.2023.12500>

[SPIRIT 2025 and CONSORT 2025 Statements: Guidance Tools to Ensure Clinical Trial Transparency](#)
40494683

DECLARACIONES SPIRIT 2025 Y CONSORT 2025: HERRAMIENTAS GUÍA PARA ASEGURAR LA TRANSPARENCIA EN LOS ENSAYOS CLÍNICOS

[Update 2025 of the Spanish COPD Guidelines \(GesEPOC\): Pharmacological Treatment of Stable COPD](#)
41198528

ACTUALIZACIÓN 2025 DE LAS GUÍAS ESPAÑOLAS DE EPOC (GESEPOC): TRATAMIENTO FARMACOLÓGICO DE LA EPOC ESTABLE

Abstract

The Spanish COPD Guidelines (GesEPOC) were first published in 2012, and since then, several updates have incorporated new evidence regarding the diagnosis and treatment of COPD. GesEPOC is a clinical practice guideline developed with the collaboration of the scientific societies involved in COPD management and the Spanish Patients' Forum. Its recommendations are based on an evaluation of the evidence using the GRADE methodology and on a narrative description of the evidence in those areas where application of this methodology is not feasible. This article summarizes the updated recommendations on the pharmacological treatment of stable COPD, derived from the development of 12 PICO questions. The COPD treatment process comprises five stages: (1) diagnosis; (2) risk stratification; (3) characterization; (4) initiation and continuation of treatment; and (5) follow-up. For inhaled treatment selection, high-risk patients are classified into three phenotypes: non-exacerbator, eosinophilic exacerbator, and non-eosinophilic exacerbator. Treatable traits include general aspects, applicable to all patients—such as smoking cessation and inhaler technique—and more specific conditions, mainly affecting severe patients, such as chronic hypoxemia or chronic bronchial infection. The cornerstone of COPD treatment is long-acting bronchodilators, either as monotherapy or in combination, depending on the patient's risk level. Eosinophilic exacerbators should receive inhaled corticosteroids, whereas non-eosinophilic exacerbators require a detailed evaluation to identify the most appropriate therapeutic option. GesEPOC 2025 also includes recommendations on inhaled corticosteroid withdrawal, the introduction of biologics, and the indication for alpha-1 antitrypsin therapy. GesEPOC 2025 represents a more individualized approach to COPD treatment, tailored to the clinical characteristics of patients and their level of risk or complexity.

[Overweight and obesity management: summary of updated NICE guidance 41326143](#)

TRATAMIENTO DEL SOBREPESO Y LA OBESIDAD: RESUMEN ACTUALIZADO DE LA GUÍA NICE

What you need to know

- When talking to people about their weight, consider the wider determinants and the context of overweight and obesity
- Consider the differences when interpreting body mass index (BMI) for children and young people and those from Black, Asian, and minority ethnic family backgrounds
- Waist to height ratio is a useful additional measure to BMI in predicting health risk associated with central adiposity
- If a referral is declined, consider offering further opportunities for referral or re-referral in the future

TEXTO COMPLETO: <https://www.bmj.com/lookup/pmidlookup?view=long&pmid=41326143>

[Canadian guideline on HIV pre- and postexposure prophylaxis: 2025 update 41326046](#)

GUÍA CANADIENSE DE PROFILAXIS DE VIH PRE Y POSTEXPOSICIÓN: ACTUALIZACIÓN 2025

Abstract

Background: New HIV infections occur annually in Canada, highlighting the need for pre- and postexposure prophylaxis (PrEP and PEP). Through the Canadian Institutes of Health Research (CIHR) Pan-Canadian Network for HIV/AIDS and STBBI (sexually transmitted and blood-borne infections) Clinical Trials Research, we have updated the 2017 guideline on clinical indications and drug regimens for PrEP and PEP in Canada.

Methods: Drawing on meetings with community-based organizations representing key populations affected by HIV in Canada, along with evidence from 3 systematic reviews on PrEP, PEP, and HIV risk assessment tools (searches to June 2024), our diverse panel of 19 experts formulated recommendations on PrEP and PEP. We used a formal evidence-to-decision-making framework and the Grading of Recommendations, Assessment, Development, and Evaluation system. We followed the Guidelines International Network principles for managing competing interests. Our guideline development and reporting adhere with Appraisal of Guidelines for Research and Evaluation II.

Recommendations: This guideline contains 31 recommendations and 10 good practice statements. Although it is appropriate to prescribe PrEP to adults and adolescents who request it, clinicians are also encouraged to assess HIV risk during routine health visits to identify people who would benefit from PrEP. Clinicians should elicit information about patients' anatomy and sexual partners in a culturally sensitive and affirming manner to determine which PrEP regimens - daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC), on-demand TDF/FTC, daily oral tenofovir alafenamide/emtricitabine, or long-acting injectable cabotegravir - are suitable options. When assessing whether PEP is needed, clinicians should consider the likelihood that the source person has transmissible HIV, as well as the biological risk of HIV transmission based on exposure type. Preferred PEP regimens are dolutegravir plus TDF/FTC, or bictegravir/tenofovir alafenamide/emtricitabine.

Interpretation: Multiple safe, effective PrEP and PEP regimens are now available in Canada, making it increasingly possible to find suitable options for all who could benefit.

Implementation of this guideline should expand access to biomedical HIV prevention interventions for those at risk and decrease the incidence of HIV in Canada.

TEXTO COMPLETO: [Canadian guideline on HIV pre- and postexposure prophylaxis: 2025 update - PMC](#)

[State of the Art: Evaluation and Medical Management of Nonobstructive Coronary Artery Disease in Patients With Chest Pain: A Scientific Statement From the American Heart Association](#)
41208705

ÚLTIMOS AVANCES: EVALUACIÓN Y TRATAMIENTO MÉDICO DE LA CORONARIOPATÍA NO OBSTRUCTIVA EN PACIENTES CON DOLOR TORÁCICO: DECLARACIÓN CIENTÍFICA DE LA AHA

Abstract

Risk stratification of patients with chest pain has traditionally focused on identifying obstructive coronary artery disease (CAD). Using this traditional approach, many symptomatic individuals are found to have nonobstructive CAD. The 2021 American Heart Association/American College of Cardiology/American Society of Echocardiography/American College of Chest Physicians/Society for Academic Emergency Medicine/Society of Cardiovascular Computed Tomography/Society for Cardiovascular Magnetic Resonance chest pain guideline widened the scope of cardiac computed coronary angiography, resulting in increased identification of patients with nonobstructive CAD. In addition, recent advances in artificial intelligence solutions, hardware, and software have allowed identification of microvascular disease and introduced new risk categories within nonobstructive CAD with a risk continuum between primary and secondary prevention. There is thus a growing need for care teams to remain current on the diagnosis, risk stratification, and management of patients with nonobstructive CAD. Whereas only a subset of patients with chest pain are found to have true angina despite nonobstructive CAD, underlying nonobstructive CAD warrants attention. Medical management of nonobstructive CAD plays an essential role in plaque stabilization and regression to decrease the risk of acute coronary syndromes. New pharmacologic therapies and noninvasive plaque evaluation raise the potential for plaque-driven medical interventions. However, data in patients with chest pain who are found to have nonobstructive CAD are limited, and, in clinical practice, multiple factors lead to missed opportunities for precision therapies, with proven disparities in care. We review the current evidence on risk stratification for nonobstructive CAD and discuss its implications and medical management options.

TEXTO COMPLETO: [State of the Art: Evaluation and Medical Management of Nonobstructive Coronary Artery Disease in Patients With Chest Pain: A Scientific Statement From the American Heart Association | Circulation](#)

[Coronary Artery Revascularization in the Older Adult Population: A Scientific Statement From the American Heart Association](#)

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REVASCULARIZACIÓN ARTERIAL CORONARIA EN POBLACIÓN ANCIANA: DECLARACIÓN CIENTÍFICA DE LA AHA

Abstract

The United States is facing a demographic shift as the population of older adults grows rapidly, with the proportion of Americans ≥ 65 years of age projected to double by 2060. This aging

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trend will have far-reaching effects on health care systems, especially because aging is a primary risk factor for cardiovascular disease. Age-related cardiovascular changes, such as increased arterial stiffness, endothelial dysfunction, and reduced elasticity, increase the risk for hypertension, atherosclerosis, and other risk factors. Older adults often experience additional complications, including obesity, diabetes, and metabolic diseases, further increasing their cardiovascular risk. Every year, >720 000 Americans experience myocardial infarction or coronary artery disease-related deaths, with older adults disproportionately affected. Individuals ≥ 75 years of age account for 30% to 40% of all acute coronary syndrome hospitalizations, often presenting with complex coronary disease and associated geriatric syndromes, such as frailty, cognitive impairment, and multimorbidity, complicating revascularization strategies. American College of Cardiology/American Heart Association guidelines for coronary revascularization primarily focus on younger populations, leaving substantial gaps for older adults with geriatric complexities. This scientific statement highlights the need for individualized approaches that consider geriatric syndromes, patient preferences, cognitive function, and life expectancy. This scientific statement outlines key aims: to review age-related cardiovascular changes and geriatric syndromes, provide pragmatic revascularization strategies, and advocate for shared decision-making. Addressing these knowledge gaps is essential for optimizing cardiovascular care for older adults, ensuring that treatment aligns with patient goals and accounts for the unique risks they face.

TEXTO COMPLETO: [Coronary Artery Revascularization in the Older Adult Population: A Scientific Statement From the American Heart Association - PMC](#)

[Improving reporting of observational studies of interventions: The TARGET guideline 41091811](#)

MEJORAR EL INFORME DE ESTUDIOS OBSERVACIONALES DE INTERVENCIONES: GUÍA TARGET

Abstract

Emulating a target trial when conducting an observational study of interventions can reduce the likelihood of design-related biases. The TARGET guideline aims to improve the reporting transparency of observational studies emulating a target trial and help readers appraise and apply the results.

TEXTO COMPLETO: [Improving reporting of observational studies of interventions: The TARGET guideline - PMC](#)

[Best practice summary of dementia care guidelines based on the Competence Onion Model 40966618](#)

RESUMEN DE PRÁCTICAS ADECUADAS DE LAS GUÍAS DE ATENCIÓN A LA DEMENCIA BASADO EN EL MODELO DE COMPETENCIA POR CAPAS

Abstract

Background: The study addresses the growing challenge of ensuring high-quality dementia care, particularly in light of increasing numbers of people with dementia and the complex needs associated with dementia. It identifies a gap in existing dementia care guidelines, especially the lack of integration across the various competencies required by nursing professionals.

Objective: To search, evaluate and integrate the best available evidence on dementia care content from relevant guidelines.

Design: This study has been registered and approved, following the reporting standard established by the Fudan University Center for Evidence-based Nursing, under registration number ES20246923 (<http://ebn.nursing.fudan.edu.cn/home>).

Methods: Systematic searches were conducted for dementia care guidelines, and the Appraisal of Guidelines for Research and Evaluation (AGREE II) tool was used to assess the quality of the guidelines. This evidence summary adheres to the reporting specifications established by the Fudan University Center for Evidence-based Nursing, which are based on the methodological framework developed by the Joanna Briggs Institute (JBI). These specifications encompass problem identification, literature retrieval, screening, evaluation, evidence summary and grading, as well as the formulation of practical recommendations.

Results: Based on the inclusion and exclusion criteria, a total of 28 guidelines were included. Evidence was extracted according to the Competence Onion Model, focusing on five key areas: dementia-friendly environment, knowledge, skill, attitude and behaviour, traits and motive. A total of 140 pieces of best evidence were identified.

Conclusion: This study summarises the best evidence on dementia care content guidelines, providing relevant evidence-based support for clinical practice.

TEXTO COMPLETO: [Best practice summary of dementia care guidelines based on the Competence Onion Model | Age and Ageing | Oxford Academic](#)
