# GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES PRIMER CUATRIMESTRE 2026

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**Selección y traducciones de las referencias realizadas por Antonio Manteca González**

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Diagnosis and Management of Community-acquired Pneumonia. An Official American Thoracic Society Clinical Practice Guideline
*DIAGNÓSTICO Y TRATAMIENTO DE LA NEUMONÍA ADQUIRIDA EN LA COMUNIDAD: GUÍA DE PRÁCTICA CLÍNICA OFICIAL DE LA AMERICAN THORACIC SOCIETY*
40679934

**Abstract**
**Background:** Understanding of the diagnosis and treatment of adults with community-acquired pneumonia (CAP) has evolved thanks to new evidence, experience, and emerging technologies. This document updates evidence-based clinical practice guidelines on four key questions for the diagnosis and management of adult patients with CAP.
**Methods:** A multidisciplinary panel integrated systematic reviews of comparative evidence with other relevant research and clinical experience, then applied Grading of Recommendations, Assessment, Development and Evaluation methodology to produce recommendations using the Evidence to Decision Framework.
**Results:** The panel formulated clinical recommendations that address questions related to CAP, including lung ultrasound for diagnosis, empiric antibacterial therapy if a test result for a respiratory virus is positive, antibiotic duration, and the use of systemic corticosteroids.
**Conclusions:** The panel formulated and provided the rationale for recommendations on selected diagnostic and treatment strategies for adult patients with CAP.
**Keywords:** guideline update; lower respiratory tract infection; pneumonia; practice guidelines.

TEXTO COMPLETO: https://academic.oup.com/ajrccm/article-lookup/doi/10.1164/rccm.202507-1692ST

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Influenza Vaccines for 2025-2026 in Adults Who Are Not Pregnant or Immunocompromised: Rapid Practice Points From the American College of Physicians
*VACUNAS DE LA GRIPE PARA 2025-2026 EN ADULTOS QUE NO ESTÁN EMBARAZADAS O INMUNOCOMPROMETIDOS: PUNTOS RÁPIDOS PARA LA PRÁCTICA DEL AMERICAN COLLEGE OF PHYSICIANS*
41248504

**Abstract**
**Description:** The American College of Physicians (ACP) developed these rapid practice points addressing the comparative effectiveness and harms of trivalent (3 different influenza viruses or viral proteins) and quadrivalent (4 different influenza viruses or viral proteins) influenza vaccines in adults aged 18 years or older who are not pregnant or immunocompromised.

These practice points do not address adults aged 18 years or older who are pregnant or immunocompromised.
**Methods:** The ACP Population Health and Medical Science Committee (PHMSC) developed the rapid practice points on the basis of a rapid review by the ACP Center for Evidence Reviews at Cochrane Austria. The rapid review was a focused update of the 2024 comprehensive, high-quality systematic review and meta-analysis conducted by the European Centre for Disease Prevention and Control. The ACP PHMSC focused on the comparative effectiveness of influenza vaccines compared with each other because of the established efficacy and safety of the standard influenza vaccines.
**Practice point 1:** *Adults aged 18 to 64 years who are not pregnant or immunocompromised should receive either a standard-dose trivalent or a standard-dose quadrivalent (cell-based, egg-based, MF59-adjuvanted, or recombinant) influenza vaccine for the 2025-2026 influenza season.*
**Practice point 2:** *Adults aged 65 years or older who are not immunocompromised should receive either a high-dose trivalent or a high-dose quadrivalent egg-based influenza vaccine for the 2025-2026 influenza season.*

TEXTO COMPLETO: https://www.acpjournals.org/doi/10.7326/ANNALS-25-04056?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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SEPAR Position Paper on the Use of High Flow Nasal Cannula Therapy in the Home Setting
*DOCUMENTO DE POSICIONAMIENTO DE LA SEPAR SOBRE EL USO DE LA TERAPIA CON CÁNULA NASAL DE FLUJO ALTO EN EL ÁMBITO DOMICILIARIO*
40348715

**Abstract**
The purpose of this document is to establish SEPAR's official position on the use of high-flow nasal cannula (HFNC) therapy in the home management of patients with chronic respiratory diseases. This position statement is deemed necessary considering current evidence regarding HFNC use in chronic respiratory conditions, with the objective of standardizing its application. This consensus was developed by a panel of experts comprising specialists with established expertise in chronic respiratory failure and high-flow nasal cannula therapy. The panel of experts stablished recommendations in COPD, bronchiectasis, interstitial lung diseases, palliative care, rehabilitation, and chronic treatment settings.

TEXTO COMPLETO: http://www.archbronconeumol.org/en/linksolver/ft/pii/S0300-2896(25)00146-2

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Standards of Care in Diabetes—2026
*ESTÁNDARES DE ATENCIÓN EN DIABETES -- 2026*

**Summary of Revisions**
1. Improving Care and Promoting Health in Populations: Standards of Care in Diabetes—2026
2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes—2026
3. Prevention or Delay of Diabetes and Associated Comorbidities: Standards of Care in Diabetes—2026

4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes—2026
5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes—2026
6. Glycemic Goals, Hypoglycemia, and Hyperglycemic Crises: Standards of Care in Diabetes—2026
7. Diabetes Technology: Standards of Care in Diabetes—2026
8. Obesity and Weight Management for the Prevention and Treatment of Diabetes: Standards of Care in Diabetes–2026
9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2026
10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2026
11. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes—2026
12. Retinopathy, Neuropathy, and Foot Care: Standards of Care in Diabetes—2026
13. Older Adults: Standards of Care in Diabetes—2026
14. Children and Adolescents: Standards of Care in Diabetes—2026
15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2026
16. Diabetes Care in the Hospital: Standards of Care in Diabetes—2026
17. Diabetes Advocacy: Standards of Care in Diabetes—2026

TEXTO COMPLETO: Volume 49 Issue Supplement_1 | Diabetes Care | American Diabetes Association

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¿Cómo podemos optimizar el abordaje diagnóstico y terapéutico de la infección de tracto urinario? Una opinión de expertos
*¿CÓMO PODEMOS OPTIMIZAR EL ABORDAJE DIAGNÓSTICO Y TERAPÉUTICO DE LA INFECCIÓN DE TRACTO URINARIO? UNA OPINIÓN DE EXPERTOS*
41483972

**Abstract**
Due to its high incidence, urinary tract infection (UTI) is a common cause of health resources utilization and antibiotic prescription in both outpatient and inpatient settings. The OPENIN ("Optimización de procesos clínicos para el diagnóstico y tratamiento de infecciones") Group is composed of Infectious Diseases specialists and Microbiologists and aims at generating recommendations that can contribute to improve the approach to processes with high impact on the health system based on a review of the best available evidence. The second Group meeting (held in October 2024) sought to answer the following questions: Can we optimize the syndromic and microbiological diagnosis of UTI? Is it possible to improve antibiotic treatment practices? And finally, are the different interventions (non-pharmacological measures, antibiotic prophylaxis, bacterial vaccines or probiotics, among others) effective in reducing the risk of recurrences? The present review summarizes the literature reviewed for that meeting and offers a series of expert recommendations.

TEXTO COMPLETO: https://linkinghub.elsevier.com/retrieve/pii/S2529-993X(25)00232-1

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The role of general practitioners in dementia diagnosis: a scoping review of clinical practice guidelines

*PAPEL DE LOS MÉDICOS GENERALES EN EL DIAGNÓSTICO DE DEMENCIA: REVISIÓN DE ALCANCE DE GUÍAS DE PRÁCTICA CLÍNICA*
41566154

**Abstract**
**Background:** Timely diagnosis of dementia is a public health priority, with general practitioners (GPs) central to symptom recognition and assessment. The emergence of biomarkers and anti-amyloid therapies makes accurate, timely diagnosis more critical than ever, introducing new complexities for general practice. Clinical practice guidelines (CPGs) are vital tools to support clinical decision-making, but their applicability to the general practice setting is uncertain.
**Objectives:** This scoping review analyses how international CPGs define and support the GP's role in the dementia diagnostic process.
**Methods:** Following the Arksey and O'Malley scoping review framework, five electronic databases and multiple grey literature sources were searched for dementia CPGs published between 2019 and 2025. Guideline quality was assessed using selected domains of the Appraisal of Guidelines for Research & Evaluation II instrument (AGREE II).
**Results:** Fifteen CPGs from a range of healthcare systems were included. Only two were specifically developed for general practice. While most CPGs positioned GPs as key to timely diagnosis, the recommendations were predominantly developed from a secondary-care perspective and failed to address the fundamental barrier of limited consultation time. Furthermore, practical guidance for GPs on integrating new biomarkers and anti-amyloid therapies was almost absent.
**Conclusions:** A disconnect exists between CPG recommendations and the realities of general practice, rendering much of the guidance aspirational rather than actionable. To be effective, future guidelines must ensure recommendations are feasible, address resource constraints, and establish clear pathways for the new biological era of dementia care. Without this, general practice will remain ill-equipped to meet the growing challenges of dementia diagnosis and management.

TEXTO COMPLETO: https://pmc.ncbi.nlm.nih.gov/articles/pmid/41566154/

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Guía de Práctica Clínica para el Manejo de Pacientes con Artritis Reumatoide. GUIPCAR 2025
*GUÍA DE PRÁCTICA CLÍNICA PARA EL MANEJO DE PACIENTES CON ARTRITIS REUMATOIDE. GUIPCAR 2025*
41535165

TEXTO COMPLETO: http://www.elsevier.es/en/linksolver/pdf/pii/S2173-5743(25)00190-X

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Acute Coronary Syndromes in Premenopausal Women: A Scientific Statement From the American Heart Association
*SÍNDROMES CORONARIOS AGUDOS EN MUJERES PREMENOPÁUSICAS: DECLARACIÓN CIENTÍFICA DE LA AHA*
41631393

**Abstract**
Premenopausal women presenting with acute coronary syndrome (ACS) are a unique and often underrecognized patient population. Although they are traditionally considered at lower cardiovascular risk than other groups, we have begun to appreciate the potential risk for ACS

in this younger subset of women. Whereas atherosclerotic disease (obstructive or nonobstructive) accounts for most presentations, a substantial number are attributable to nonatherosclerotic causes, including spontaneous coronary artery dissection, epicardial coronary artery spasm, and coronary embolism. A major challenge at present is the lack of specific data and evidence for the diagnosis and management of these women. Unfortunately, as a result of several factors, diagnostic delays, misclassification, and mistreatment appear to be more frequent than for other patient groups. Of great concern, younger women less often receive guideline-directed therapies after ACS, and younger women with ACS have been shown to have worse outcomes than young men with ACS. Management should be tailored to the unique pathophysiology in premenopausal women, emphasizing early diagnosis, a low threshold for invasive angiography if appropriate, and special consideration in the pregnant patient. Secondary prevention must address traditional cardiovascular and disease-specific risk factors, with consideration of current or future pregnancies and lactation. Participation in cardiac rehabilitation is associated with improved outcomes and must be strongly encouraged, whereas attention to potential post-ACS depression and anxiety is an important aspect of holistic care. Increased patient and health care professional awareness and improved representation in research are critical to closing the knowledge and outcome gaps in premenopausal women with ACS.

TEXTO COMPLETO:
https://www.ahajournals.org/doi/10.1161/CIR.0000000000001416?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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Environmental Stressors and Cardiovascular Health: Acting Locally for Global Impact in a Changing World: A Statement of the European Society of Cardiology, the American College of Cardiology, the American Heart Association, and the World Heart Federation

*ESTRESORES AMBIENTALES Y SALUD CARDIOVASCULAR: ACTUACIÓN LOCAL PARA UN IMPACTO MUNDIAL EN UN MUNDO CAMBIANTE: DECLARACIÓN DE LA ESC, EL ACC, LA AHA Y LA FEDERACIÓN MUNDIAL DEL CORAZÓN*

41556530

**Abstract**

Non-communicable diseases (NCDs) account for 70% of global mortality and are responsible for over 38 million deaths annually, with cardiovascular disease (CVD) constituting most of these fatalities. While traditional risk factors for CVD have long been recognized, there is growing evidence that a rising prevalence of ubiquitous environmental risk factors (ERFs) may play an increasingly significant role in the genesis and rising prevalence of NCDs. ERFs include many interconnected anthropogenic exposures with cumulative compound health impacts, including air pollution, noise exposure, artificial light at night, plastic pollution, chemical pollution and the various effects of climate change, such as heat extremes, desert storms, floods and wildfires. Urbanization has intensified the impact of many ERFs and created intense exposure environments, highlighting the urgency and the opportunity to address these for maximum public health benefit. Impactful intervention often requires regulatory and policy-driven efforts addressing the genesis of exposures and minimizes their health impact, particularly in vulnerable populations who may contribute the least but may be impacted the most. Solutions must involve the development of resiliency and adaptation measures to a changing world, where the probability of sudden catastrophic and cascading events is much more likely. Political will and international cooperation are essential in establishing and enforcing regulations that promote cleaner air and water, quieter and natural biodiverse environments, and sustainable infrastructure in urban, and rural medical facilities. Integration

of planetary and environmental health into cardiovascular care will be vital in reducing the burden of NCDs globally. By addressing the root causes of environmental stressors, it is possible to reduce the incidence of CVDs and promote healthier, just and sustainable societies.

TEXTO COMPLETO: https://pmc.ncbi.nlm.nih.gov/articles/pmid/41556530/

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Socioeconomic and Structural Barriers to Addressing Obesity in Communities: A Scientific Statement From the American Heart Association
*BARRERAS SOCIOECONÓMICAS Y ESTRUCTURALES PARA ABORDAR LA OBESIDAD EN LAS COMUNIDADES: DECLARACIÓN CIENTÍFICA DE LA AHA*
41537266

**Abstract**
The obesity epidemic continues largely unabated, affecting more than one-third of the US population and disproportionately burdening individuals from socioeconomically disadvantaged populations. Numerous factors contribute to the high prevalence of obesity, including socioeconomic and structural barriers impeding primordial and primary prevention efforts. Despite broad recognition that social determinants of health are key drivers of obesity, the importance of socioeconomic and structural factors as contemporary barriers to individual-, community-, and population-level obesity prevention and intervention efforts remains underappreciated. This scientific statement highlights multilevel barriers to obesity prevention and management, with an emphasis on social determinants of health, societal culture, and shared biases that may interfere with the success of healthy weight management programs. The assessment includes a comprehensive review of policy and community-level strategies used to address the obesity epidemic and identifies key areas for future research.

TEXTO COMPLETO:
https://www.ahajournals.org/doi/10.1161/CIR.0000000000001395?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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Global consensus statement on the management of pregnancy in inflammatory bowel disease
*DECLARACIÓN DE CONSENSO MUNDIAL SOBRE EL MANEJO DEL EMBARAZO EN ENFERMEDAD INFLAMATORIA INTESTINAL*
40862489

**Abstract**
**Introduction:** Pregnancy can be a complex and risk filled event for women with inflammatory bowel disease (IBD). High-quality studies in this population are lacking, with limited data on medications approved to treat IBD during pregnancy. For patients, limited knowledge surrounding pregnancy impacts pregnancy rates, medication adherence, and outcomes. Limited provider knowledge leads to highly varied practices in care affected by local dogma, available resources, individual interpretation of the literature, and fear of harming the fetus. The variations in guidelines by different societies and countries reflect this and lead to confusion for physicians and patients alike. The Global Consensus Consortium is a group of 39 IBD and content experts and 7 patient advocates from 6 continents who convened to review and assess current data and come to an agreement on best practices based on these data.

**Methods:** The GRADE process was used when sufficient published data were available and the RAND process in those instances where expert opinion was needed to guide consistent practice. Recommendations were informed by the guiding principle that maternal health best supports infant health.
**Results:** The topics were divided into 10 categories with 34 GRADE recommendations and 35 Consensus statements.
**Discussion:** Overall, the goal of the group was to provide data-driven and practical guidance to improve the care of women with IBD around the globe based on the best available research.

TEXTO COMPLETO: Official journal of the American College of Gastroenterology | ACG

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World Health Organization Guideline on the Use and Indications of Glucagon-Like Peptide-1 Therapies for the Treatment of Obesity in Adults
*GUÍA DE LA OMS SOBRE EL USO E INDICACIONES DE LAS TERAPIAS CON GLP-1 PARA EL TRATAMIENTO DE LA OBESIDAD EN ADULTOS*
41324410

**Abstract**
**Importance:** Obesity is a chronic, relapsing disease affecting over 1 billion people worldwide, driving substantial morbidity, mortality, and economic burden. Glucagon-like peptide-1 therapies (GLP-1 therapies) provide clinically meaningful weight loss and broad metabolic benefits. In response to Member State requests, the World Health Organization (WHO) has issued guidelines for adults living with obesity.
**Observations:** The guidelines recognize obesity as a chronic, relapsing disease requiring lifelong care and emphasize early diagnosis and integrated, person-centered approaches combining behavioral, medical, surgical, and other interventions alongside prevention and management of comorbidities. WHO recommends long-term GLP-1 therapies combined with intensive behavioral therapy to maximize and sustain benefits. Both recommendations were graded conditional, reflecting that GLP-1 therapies-with or without behavioral therapy-are effective, but limited long-term data, cost, system readiness, equity, variability in patient priorities, and context-specific feasibility remain considerations. Implementation of these guidelines depends on equitable access to affordable therapies, health system preparedness, and most importantly assurance that care is person-centered, nondiscriminatory, and universally accessible. Given the time required to implement these measures, a priority is a transparent, equitable, evidence-based framework to identify those at highest need while allowing incremental expansion of eligibility as access, capacity, and readiness evolve; this will be the next focus of the WHO guideline.
**Conclusions and relevance:** Medication alone cannot solve the global obesity burden. The availability of GLP-1 therapies should galvanize the global community to build a fair, integrated, and sustainable obesity ecosystem. Countries must ensure equitable access not only to comprehensive disease management, but also to health promotion and prevention policies and interventions targeting the general population and those at high risk.

TEXTO COMPLETO:
https://jamanetwork.com/journals/jama/fullarticle/10.1001/jama.2025.24288

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*Selección realizada por Antonio Manteca González*

SEPAR Recommendations on Vaccination for Chronic Respiratory Patients (*RECOMENDACIÓN DE SEPAR SOBRE VACUNACIÓN PARA LOS PACIENTES RESPIRATORIOS CRÓNICOS)*
40592680

**Abstract**
Vaccines are a fundamental public health tool, particularly effective in preventing respiratory infections. Their importance is amplified in patients with chronic respiratory diseases, who are more susceptible to acute infections such as influenza, pneumococcus, COVID-19, respiratory syncytial virus (RSV), pertussis, and herpes zoster. These individuals face an increased risk of severe infections, exacerbations, hospitalizations, and mortality. Vaccination against influenza, pneumococcus, and SARS-CoV-2 significantly reduces these adverse outcomes. Evidence also supports the use of vaccines against RSV, pertussis, and herpes zoster in this population. In specific cases, tailored immunization strategies are warranted. The Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) strongly advocates for systematic vaccination in patients with chronic respiratory diseases. This document provides clear and up-to-date recommendations based on the available evidence to support clinical practice and standardize vaccination strategies. These recommendations aim to reduce complications, improve quality of life, and enhance public health outcomes in this vulnerable population.

TEXTO COMPLETO: http://www.archbronconeumol.org/en/linksolver/ft/pii/S0300-2896(25)00218-2

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Summary of WHO clinical practice guidelines for influenza (*RESUMEN DE LAS GUÍAS DE PRÁCTICA CLÍNICA DE LA OMS PARA LA GRIPE)*
41760115

**Abstract**
**About this guideline:** This *BMJ* Rapid Recommendation is a summary of a World Health Organization guideline published 12 September 2024. The full guideline is available in MAGICapp and in PDF on the WHO website. The WHO guideline is primarily for healthcare providers and takes a patient-centred perspective on benefits and harms. Other considerations include resource implications, acceptability, feasibility, equity, and human rights of relevance to healthcare systems. Recommendations were developed according to standards and methods for trustworthy guidelines by a panel of non-conflicted experts, as delineated in the WHO handbook (https://www.who.int/publications/i/item/9789241548960).
**Clinical questions:** What is the role of medications in treating non-severe and severe influenza including zoonotic disease (novel influenza A), and in preventing infection among contacts? Which diagnostic testing strategies best enable rapid and accurate treatment decisions?
**Context and current practice:** New randomised controlled trial (RCT) evidence, ongoing concerns about zoonotic disease, and the increasing availability of rapid diagnostic tests require updated guidance.
**Recommendations:** apply to seasonal influenza and zoonotic influenza. There are 29 recommendations; 21 related to antiviral medications and six to adjunctive therapies to prevent and treat influenza. Recommendations are stratified by severity of disease and risk of disease progression. For seasonal influenza, WHO conditionally recommends treatment within 48 hours of symptom onset with oseltamivir for severe illness, and baloxavir for patients at high risk of progression from non-severe to severe illness. WHO also conditionally recommends prophylaxis (using baloxavir, laninimavir, oseltamivir, or zanamivir) for anyone

exposed to zoonotic influenza, and for those exposed to seasonal influenza who are at extremely high risk. The panel issued recommendations against the use of adjunctive therapies in patients with non-severe influenza (strong recommendation against antibiotics) and severe influenza (conditional recommendation against corticosteroids, macrolides, mTOR inhibitors, non-steroidal anti-inflammatory drugs, and passive immune therapy). A recommendation is made for diagnostic testing strategies in non-severe and severe influenza disease.
**The evidence:** Four systematic reviews of RCTs provided low to very low certainty evidence on benefits and harms of antiviral medications and adjunctive therapies. A systematic review of prognostic factors provided baseline risk estimates and information on individual risk factors for disease progression. A decision analysis model informed recommendations for testing based on alternative potential diagnostic pathways.

TEXTO COMPLETO: https://www.bmj.com/lookup/pmidlookup?view=long&pmid=41760115

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Revisiting the diagnostic classification for low back pain (*REVISITAR LA CLASIFICACIÓN DIAGNÓSTICA DE LA LUMBALGIA)*
41771650

TEXTO COMPLETO: https://www.bmj.com/lookup/pmidlookup?view=long&pmid=41771650

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Chronic heart failure in adults: diagnosis and management—summary of updated NICE guidance (*INSUFICIENCIA CARDIACA CRÓNICA EN ADULTOS: DIAGNÓSTICO Y TRATAMIENTO – RESUMEN DE LA GUÍA NICE ACTUALIZADA)*
41813029

**What you need to know**

- Offer four classes of medicine (angiotensin converting enzyme inhibitors, beta blockers, mineralocorticoid receptor antagonists, and sodium-glucose co-transporter-2 inhibitors) for treating heart failure with reduced ejection fraction, and consider these medicines for patients with heart failure with mildly reduced ejection fraction.
- Consider intravenous iron for patients with heart failure with reduced ejection fraction who have a haemoglobin of less than 150 g per litre and iron deficiency.
- Consider sodium-glucose co-transporter-2 inhibitors and mineralocorticoid receptor antagonists for patients with heart failure with preserved ejection fraction.

TEXTO COMPLETO: https://www.bmj.com/lookup/pmidlookup?view=long&pmid=41813029

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Criteria to Assess the Predictive and Clinical Utility of Novel Models, Biomarkers, and Tools for Risk of Cardiovascular Disease: A Scientific Statement From the American Heart Association (*CRITERIOS PARA VALORAR LA UTILIDAD CLÍNICA Y PREDICTIVA DE LOS NUEVOS MODELOS, BIOMARCADORES Y HERRAMIENTAS PARA EL RIESGO DE ENFERMEDAD CARDIOVASCULAR: DECLARACIÓN CIENTÍFICA DE LA AHA)*
41669831

**Abstract**
Risk prediction has been used in the primary prevention of cardiovascular disease for >3 decades. Contemporary cardiovascular risk assessment relies on multivariable models, which integrate established cardiovascular risk factors and have evolved over time from the Framingham Risk Model to the pooled cohort equations to the PREVENT (Predicting Risk of CVD Events) equations. Recent scientific (ie, genomics, proteomics, metabolomics) and methodologic (ie, artificial intelligence) advances have led to a proliferation of novel models, biomarkers, and tools for potential use in risk prediction. In parallel, the growing armamentarium of preventive therapies, some with considerable cost, underscores the need for more accurate and precise risk assessment to prioritize those at highest risk who will derive the greatest absolute benefit. Accompanying the considerable enthusiasm for the potential of newer approaches to improve risk prediction is the need for rigorous evaluation and assessment of their performance (ie, accuracy, precision, incremental performance when added to contemporary multivariable risk models or established risk factors) and clinical utility (ie, actionability, scalability, generalizability) before adoption in clinical practice. Additional considerations in risk tool evaluation include reproducibility, cost-value considerations (including impact on downstream health care costs), and implications for health equity. This scientific statement defines a standardized framework for general considerations in risk prediction, statistical assessment of predictive utility, and critical appraisal of clinical utility and readiness. This scientific statement is intended to support clinicians, researchers, and policymakers in how best to evaluate current and emerging risk prediction tools and ultimately improve the prevention of cardiovascular disease in diverse populations.

TEXTO COMPLETO: Criteria to Assess the Predictive and Clinical Utility of Novel Models, Biomarkers, and Tools for Risk of Cardiovascular Disease: A Scientific Statement From the American Heart Association | Circulation

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2026 AHA/ACC/ACCP/ACEP/CHEST/SCAI/SHM/SIR/SVM/SVN Guideline for the Evaluation and Management of Acute Pulmonary Embolism in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (*GUÍAS 2026 DE AHA/ACC/ACCP/ACEP/CHEST/SCAI/SHM/SIR/SVM/SVN PARA LA EVALUZACIÓN Y MANEJO DEL EMBOLISMO PULMONAR AGUDO EN ADULTOS: INFORME DEL COMITÉ CONJUNTO DE ACC/AHA SOBRE GUÍAS DE PRÁCTICA CLÍNICA)*
41712677

**Abstract**
**Aim:** The "2026 AHA/ACC/ACCP/ACEP/CHEST/SCAI/SHM/SIR/SVM/SVN Guideline for the Evaluation and Management of Acute Pulmonary Embolism in Adults" is a de novo guideline that provides comprehensive recommendations for the evaluation, management, and follow-up of adult patients (≥18 years of age) with acute pulmonary embolism (PE). A key feature of this guideline is the introduction of the AHA/ACC Acute Pulmonary Embolism Clinical Categories, which enhance the precision of severity classification, prognosis assessment, and evidence-based therapeutic decision-making.
**Methods:** A comprehensive literature search was conducted from February 2024 to October 2024 to identify clinical studies, reviews, and other evidence conducted on human subjects that were published in English from MEDLINE (through PubMed), EMBASE, the Cochrane Library, Agency for Healthcare Research and Quality, and other selected databases relevant to this guideline. Select key studies published until April 2025 were added by the guideline writing committee as appropriate.

**Structure:** The focus of this clinical practice guideline is an evidence-based and patient-centered approach for acute PE evaluation and management of the adult patient. This guideline encompasses the period from the onset of symptoms through clinical follow-up, focusing on risk outcomes assessment, clinical diagnosis of acute PE, appropriate use of adjunctive cardiovascular testing, and management in both the acute and early post-acute phases of PE. It addresses evidence-based diagnostic and management strategies (including pharmacological therapies, advanced interventional therapies, and in-hospital support) for acute PE and associated outcomes.

TEXTO COMPLETO:
https://www.ahajournals.org/doi/10.1161/CIR.0000000000001415?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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High-sensitivity point-of-care measurement of cardiac troponin: A scientific statement of the association for acute cardiovascular care of the ESC (*MEDIDA DE TROPONINA CARDIACA DE ALTA SENSIBILIDAD EN EL PUNTO DE ATENCIÓN: DECLARACIÓN CIENTÍFICA DE LA ASOCIACIÓN DE ATENCIÓN CARDIOVASCULAR AGUDA DE LA ESC)*

**Abstract**
New technologies enabling access to high-sensitivity cardiac troponin (hs-cTn) assays at the point of care (POC) are available for routine use. POC technology can accelerate cardiac troponin testing within the hospital setting and support testing in other healthcare environments. Pre-analytical and analytical issues unique to POC testing are discussed. The opportunities and the evidence needed to support the routine use of hs-cTn POC assays in clinical care are outlined. Based on recent developments, the potential impact of hs-cTn at the POC in multiple clinical settings is described, and a roadmap of the steps required for successful implementation is provided.

TEXTO COMPLETO: High-sensitivity point-of-care measurement of cardiac troponin | European Heart Journal | Oxford Academic

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British Society of Gastroenterology guidelines on colorectal surveillance in inflammatory bowel disease (*GUÍAS DE LA SOCIEDAD BRITÁNICA DE GASTROENTEROLOGÍA SOBRE VIGILANCIA COLORRECTAL EN LA ENFERMEDAD INFLAMATORIA INTESTINAL)*
40306978

**Abstract**
Patients with inflammatory bowel disease (IBD) remain at increased risk for colorectal cancer and death from colorectal cancer compared with the general population despite improvements in inflammation control with advanced therapies, colonoscopic surveillance and reductions in environmental risk factors. This guideline update from 2010 for colorectal surveillance of patients over 16 years with colonic inflammatory bowel disease was developed by stakeholders representing UK physicians, endoscopists, surgeons, specialist nurses and patients with GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodological support.An a priori protocol was published describing the approach to three levels of statement: GRADE recommendations, good practice statements or expert opinion

statements. A systematic review of 7599 publications, with appraisal and GRADE analysis of trials and network meta-analysis, where appropriate, was performed. Risk thresholding guided GRADE judgements.We made 73 statements for the delivery of an IBD colorectal surveillance service, including outcome standards for service and endoscopist audit, and the importance of shared decision-making with patients.Core areas include: risk of colorectal cancer, IBD-related post-colonoscopy colorectal cancer; service organisation and supporting patient concordance; starting and stopping surveillance, who should or should not receive surveillance; risk stratification, including web-based multivariate risk calculation of surveillance intervals; colonoscopic modalities, bowel preparation, biomarkers and artificial intelligence aided detection; chemoprevention; the role of non-conventional dysplasia, serrated lesions and non-targeted biopsies; management of dysplasia, both endoscopic and surgical, and the structure and role of the multidisciplinary team in IBD dysplasia management; training in IBD colonoscopic surveillance, sustainability (green endoscopy), cost-effectiveness and patient experience. Sixteen research priorities are suggested.

TEXTO COMPLETO: http://gut.bmj.com/lookup/pmidlookup?view=long&pmid=40306978

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Synopsis of ACOG Guideline on Management of Premenstrual Disorders (*SINOPSIS DE LA GUÍA ACOG SOBRE EL MANEJO DE LOS TRASTORNOS PREMENSTRUALES)*

Premenstrual disorders encompass a spectrum of cyclic affective and physical symptoms that interfere with daily functioning, occurring during the luteal phase and resolving with or immediately following menstruation. Premenstrual disorders may be caused by fluctuations of estrogen in the luteal phase, leading to dysregulation of serotonin, increased sensitivity to changes in the progesterone metabolite allopregnanolone, or both. Diagnosis can be made based on symptom assessment with daily ratings for at least 2 consecutive menstrual cycles, such as the Daily Record of Severity of Problems.[1,2] Affective symptoms include lability (mood swings, sudden sadness or tearfulness, sensitivity to rejection), irritability or anger, depressed mood, and anxiety or tension. Physical symptoms include difficulty concentrating, lethargy or fatigue, appetite changes, sleep disturbances, breast tenderness, joint pain, and abdominal bloating.

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A Synopsis of the 2025 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline for the Primary Care Management of Asthma
*RESUMEN DE LA GUÍA DE PRÁCTICA CLÍNICA 2025 DEL DEPARTAMENTO DE ASUNTOS DE LOS VETERANOS Y DEL DEPARTAMENTO DE DEFENSA DE EE UU PARA EL MANEJO DE LA ATENCIÓN AL ASMA EN ATENCIÓN PRIMARIA*
41698207

**Abstract**
**Description:** The U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DOD) updated the 2019 joint clinical practice guideline (CPG) for the primary care management of asthma. This synopsis provides primary care providers with a summary of the updated 2025 recommendations regarding evaluation and management of veterans and military members with asthma.

*Selección realizada por Antonio Manteca González*

**Methods:** In 2024, the VA/DOD convened a guideline work group (WG), including clinical stakeholders, to update the joint VA/DOD guideline and conformed to the National Academy of Medicine's tenets for trustworthy CPGs. The WG drafted 12 key questions, reviewed systematically identified literature (20 July 2018 through 15 May 2024), evaluated the evidence, created algorithms, and advanced 21 evidence-based recommendations in accordance with the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system.
**Recommendations:** The WG strongly recommended inhaled corticosteroids (ICS) and streamlined management of asthma by suggesting a combination of ICS and rapid-onset long-acting β-agonist as both reliever and controller agents and step-up therapy by increasing ICS and/or adding long-acting anticholinergic agents. The WG also supported the management of symptomatic gastroesophageal reflux disease and obesity for better control of asthma. The WG suggested against the use of indoor air filtration devices. Finally, the WG outlined decision points for referral to a subspecialist.

TEXTO COMPLETO: https://www.acpjournals.org/doi/10.7326/ANNALS-25-03080?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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Assessment and prevention of falls in older people and in people 50 and over at higher risk—summary of updated NICE guidance
*VALORACIÓN Y PREVENCIÓN DE LAS CAÍDAS EN ANCIANOS Y EN PERSONAS DE 50 O MÁS AÑOS CON RIESGO ALTO: RESUMEN DE LA GUÍA NICE ACTUALIZADA*
41871848

**What you need to know**

- Offer comprehensive falls assessment to everyone aged over 65, or over 50 with a risk condition in hospital and residential care settings, and people in the community who meet specific criteria
- Offer a falls prevention exercise programme to older people living in the community who have fallen once and have gait or balance impairment
- Exercise and physical activity are important interventions for people who are at risk of falls, with specific recommendations depending on clinical setting
- Home hazard assessment and intervention is most effective when delivered by an occupational therapist, but can be delivered by other appropriately trained healthcare professionals as necessary

TEXTO COMPLETO: https://www.bmj.com/lookup/pmidlookup?view=long&pmid=41871848

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Management of brain-heart multimorbidity: a clinical practice guideline
*MANEJO DE LA PLURIMORBILIDAD CEREBRO-CORAZÓN: GUÍA DE PRÁCTICA CLÍNICA*
41912243

**Abstract**
**Background:** Although brain and heart conditions share overlapping risk factors and commonly co-occur, current cardiac and neurologic clinical guidelines are typically produced within

specialty silos. The objective of this guideline from a Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) panel is to expand on current cardiovascular guidelines to include evidence from the neurologic and mental health literature, with specific recommendations for providers managing comorbid brain and heart conditions.
**Methods:** The guideline development panel comprised an Executive Steering Committee; 10 expert subgroups to develop research questions and draft recommendations for specific brain-heart conditions; an Evidence Review Team to ensure the rigour and consistent application of the methodology; and an Implementation Committee to facilitate uptake of the recommendations by clinicians and into electronic medical records. The McMaster Evidence Review and Synthesis Team supported the literature searches and critical appraisal. A panel of people with lived experience of specific conditions and caregivers provided input on patient values and perspectives throughout the guideline development process. Our consensus process followed the Appraisal of Guidelines for Research and Evaluation II framework. We used an established evidence appraisal approach to determine the level of evidence and strength of each recommendation, and adhered to the Guidelines International Network's principles for managing competing interests.
**Recommendations:** We developed 11 recommendations for the management of joint brain and heart diseases. Key recommendations include screening for cognitive decline in atrial fibrillation and depression in coronary artery disease; treatment of depression in coronary artery disease, cognitive impairment in hypertension, and dyslipidemia in stroke; and vaccination to prevent stroke, myocardial infarction, and dementia. We also recommend shared decision-making, including the use of evidence-based decision aids, to support patients with heart-brain diseases.
**Interpretation:** We sought to produce an implementable and actionable guideline for patients with brain and heart comorbidity. It is primarily targeted to primary care providers, but also relevant to help address and individualize subspeciality care and for interprofessional teams caring for patients with joint brain and heart diseases.

TEXTO COMPLETO: http://www.cmaj.ca/cgi/pmidlookup?view=long&pmid=41912243

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2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines
*GUÍAS ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APHA/ASPC/NLA/PCNA DE 2026 SOBRE EL MANEJO DE LA DISLIPEMIA: INFORME DEL COMITÉ CONJUNTO PARA GUÍAS DE PRÁCTICA CLÍNICA DEL ACC/AHA*
41824590

**Abstract**
**Aim:** The "2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia" retires and replaces the "2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol."
**Methods:** A comprehensive literature search was conducted from October 2024 to December 2024 to identify clinical studies, systematic reviews and meta-analyses, and other evidence conducted on human participants that were published in English from MEDLINE (through PubMed), EMBASE, the Cochrane Library, Agency for Healthcare Research and Quality, and other selected databases relevant to this guideline.

**Structure:** The focus of this clinical practice guideline is to address the evaluation, management, and monitoring of individuals with dyslipidemias, including high blood cholesterol, hypertriglyceridemia, and elevated lipoprotein(a).

TEXTO COMPLETO: https://linkinghub.elsevier.com/retrieve/pii/S0735-1097(25)10254-4

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The 2026 American College of Cardiology/American Heart Association Multisociety Guideline on the Management of Dyslipidemia: A More Precise—But More Complicated—Framework for Atherosclerotic Cardiovascular Disease Prevention and Treatment
*GUÍA CONJUNTA 2026 DE ACC/AHA SOBRE EL MANEJO DE LA DISLIPEMIA: UN MARCO MÁS PRECISO – PERO MÁS COMPLICADO – PARA LA PREVENCIÓN Y TRATAMIENTO DE LA ENFERMEDAD CARDIOVASCULAR ATEROSCLERÓTICA*
41824551

TEXTO COMPLETO: The 2026 American College of Cardiology/American Heart Association Multisociety Guideline on the Management of Dyslipidemia: A More Precise—But More Complicated—Framework for Atherosclerotic Cardiovascular Disease Prevention and Treatment | Circulation

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Clinical Guidelines as a Continuous Work in Progress: Moving at the Speed of Science
*GUÍAS CLÍNICAS COMO UN CONTINUO TRABAJO EN PROGRESO: MOVERSE A LA VELOCIDAD DE LA CIENCIA*
41824589

TEXTO COMPLETO:
https://www.ahajournals.org/doi/10.1161/CIR.0000000000001429?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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Spanish clinical practice guidelines for the diagnosis and management of cholestatic liver diseases in adult and pediatric population: Joint report from AEEH and SEGHNP
*GUÍAS ESPAÑOLAS DE PRÁCTICA CLÍNICA PARA EL DIAGNÓSTICO Y TRATAMIENTO DE LAS ENFERMEDADES COLESTÁSICAS EN POBLACIÓN ADULTA Y PEDIÁTRICA: REPORTE CONJUNTO DE LA AEEH Y LA SEGHNP*
41232665

**Abstract**
Cholestatic liver diseases comprise a heterogeneous group of disorders affecting both adult and pediatric population, characterized by alterations in bile formation, secretion, or flow, leading to the accumulation of bile acids and other toxic substances in the liver. In recent years, advances in new pharmacological therapies, the availability of next-generation genetic sequencing techniques, and the development of specific treatments for genetic cholestasis have transformed the diagnostic and therapeutic approach to these conditions. This document, jointly prepared by the "Asociación Española para el Estudio del Hígado" (AEEH) and the "Sociedad Española de Gastroenterología, Hepatología y Nutrición Pediátrica" (SEGHNP), presents a national evidence-based guideline for the diagnosis and management of

hepatic cholestasis in Spain. It addresses recommendations for differential diagnosis, diagnostic algorithms, indications for genetic studies, treatment and follow-up criteria in diseases such as primary biliary cholangitis, primary sclerosing cholangitis, genetic cholestasis, intrahepatic cholestasis of pregnancy, and vanishing bile duct syndrome. In addition, recommendations are included for the management of extrahepatic complications, indications for liver transplantation, and special considerations in pregnancy and childhood. The guideline emphasizes the importance of a multidisciplinary approach, the use of non-invasive tools for risk stratification, and the incorporation of new targeted therapies, with the aim of improving the prognosis and quality of life of patients affected by cholestatic liver diseases.

TEXTO COMPLETO: https://linkinghub.elsevier.com/retrieve/pii/S0210-5705(25)00499-6