

Mayo 2014

Selección realizada por Antonio Manteca González

ACADEMIC MEDICINE

Sklar DP. Mistreatment of students and residents: why can't we just be nice? Acad Med. 2014; 89:693-695 [AO,I]
[24781288](#)

MALTRATO A LOS ESTUDIANTES Y RESIDENTES: ¿POR QUÉ NO PODEMOS SER MÁS AGRADABLES?

Cook AF, Arora VM, Rasinski KA, Curlin FA, Yoon JD. The prevalence of medical student mistreatment and its association with burnout. Acad Med 2014;89:749-754 [T,II]

[24667503](#) [R/C](#)

PREVALENCIA DEL MALTRATO A LOS ESTUDIANTES DE MEDICINA Y SU ASOCIACIÓN CON EL DESGASTE PROFESIONAL

Oser TK, Haidet P, Lewis PR, Mauger DT, Gingrich DL, Leong SL. Frequency and negative impact of medical student mistreatment based on specialty choice: a longitudinal study. Acad Med 2014;89:755-761 [S,I]

[24667501](#) [R/C](#)

FRECUENCIA E IMPACTO NEGATIVO DEL MALTRATO A LOS ESTUDIANTES DE MEDICINA BASADO EN LA ELECCIÓN DE ESPECIALIDAD: ESTUDIO LONGITUDINAL

Holliday EB, Jaggi R, Wilson LD, Choi M, Thomas CR Jr, Fuller CD. Gender differences in publication productivity, academic position, career duration, and funding among U.S. Academic Radiation Oncology Faculty. Acad Med 2014;89:767-773 [T,I]

[24667510](#) [R/C](#)

DIFERENCIAS DE SEXO EN LA PRODUCCIÓN DE PUBLICACIONES, POSICIÓN ACADÉMICA, DURACIÓN DE LA CARRERA Y FINANCIACIÓN ENTRE LA FACULTAD DE ONCOLOGÍA RADIOTERÁPICA ACADÉMICA DE EE UU

Sherbino J, Frank JR, Snell L. Defining the key roles and competencies of the clinician-educator of the 21st century: a national mixed-methods study. Acad Med 2014;89:783-789 [T,I]

[24667507](#) [R/C](#)

DEFINIR LAS COMPETENCIAS Y LOS PAPELES CLAVE DEL CLÍNICO DOCENTE DEL SIGLO 21: UN ESTUDIO NACIONAL CON MÉTODOS MIXTOS

Fnais N, Soobiah C, Chen MH, Lillie E, Perrier L, Tashkhandi M, et al. Harassment and discrimination in medical training: a systematic review and meta-analysis. Acad Med 2014;89:817-827 [M,I]

[24667512](#) [R/C](#)

HOSTIGAMIENTO Y DISCRIMINACIÓN DURANTE LAS PRÁCTICAS MÉDICAS: REVISIÓN SISTEMÁTICA Y METAANÁLISIS

ANNALS OF INTERNAL MEDICINE

Khazeni N, Hutton DW, Collins CI, Garber AM, Owens DK. Health and economic benefits of early vaccination and nonpharmaceutical interventions for a human influenza A (H7N9) pandemic: a modeling study. Ann Intern Med 2014;160:684-694 [CE,I]

[24842415](#) [R/C](#)

BENEFICIOS ECONÓMICOS Y SANITARIOS DE LA VACUNACIÓN PRECOZ Y LAS INTERVENCIONES NO FARMACOLÓGICAS EN UNA PANDEMIA DE GRIPE A (H7N9): ESTUDIO MEDIANTE MODELO

Henderson JT, Whitlock EP, O'Connor E, Senger CA, Thompson JH, Rowland MG. Low-dose aspirin for prevention of morbidity and mortality from preeclampsia: a systematic evidence review for the U.S. Preventive Services Task Force. Ann Intern Med 2014;160:695-703 [M,II]

[24711050](#) [R/C](#)

ASPIRINA A DOSIS BAJAS EN LA PREVENCIÓN DE LA MORBILIDAD Y MORTALIDAD DE LA PREECLAMPSIA: REVISIÓN SISTEMÁTICA DE LA EVIDENCIA PARA EL USPSTF

Danese S, Fiorino G, Peyrin-Biroulet L, Lucenteforte E, Virgili G, Moja L, et al. Biological agents for moderately to severely active ulcerative colitis: a systematic review and network meta-analysis. Ann Intern Med 2014;160:704-711 [M,II]

[24842416](#) [R/C](#)

AGENTES BIOLÓGICOS EN LA COLITIS ULCEROSA MODERADA A GRAVEMENTE ACTIVA: REVISIÓN SISTEMÁTICA Y METAANÁLISIS EN RED

LeFevre ML; U.S. Preventive Services Task Force. Screening for suicide risk in adolescents, adults, and older adults in primary care: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med 2014;160:719-726 [M,II]

[24842417](#) [R/C](#)

CRIBAJE DEL RIESGO DE SUICIDIO EN ADOLESCENTES, ADULTOS Y ANCIANOS EN ATENCIÓN PRIMARIA: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

ARCHIVOS DE BRONCONEUMOLOGIA

García J, El Hachem A, Hernández C, Izquierdo JL. Papel de la vitamina D en enfermedad pulmonar obstructiva crónica, asma y otras enfermedades respiratorias. Arch Bronconeumol 2014;50:179-184 [R,I]

[24447429](#) [R/C](#)

PAPEL DE LA VITAMINA D EN ENFERMEDAD PULMONAR OBSTRUCTIVA CRÓNICA, ASMA Y OTRAS ENFERMEDADES RESPIRATORIAS

Ortega F, Díaz S, Galdiz J, García F, Güell R, Morante F, et al. Oxigenoterapia continua domiciliaria. Arch Bronconeumol 2014;50:185-200 [R,I]

[24461631](#) [R/C](#)

OXIGENOTERAPIA CONTINUA DOMICILIARIA

ARTHRITIS AND RHEUMATOLOGY

Alsaadi SM, McAuley JH, Hush JM, Lo S, Lin CW, Williams CM, et al. Poor sleep quality is strongly associated with subsequent pain intensity in patients with acute low back pain. Arthritis Rheumatol 2014;66:1388-1394 [T,I]

[24782195](#) [R/C](#)

EL SUEÑO DE MALA CALIDAD SE ASOCIA FUERTEMENTE CON LA POSTERIOR INTENSIDAD DEL DOLOR EN PACIENTES CON DOLOR LUMBAR AGUDO

ATENCION PRIMARIA

Camarellas F; Grupo de Educación Sanitaria y Promoción de la Salud del PAPPS de semFYC. El blog Educacionpapps cumple 3 años. Aten Primaria 2014;46:227-228 [AO,I]

[24815349](#)

EL BLOG EDUCACIONPAPPS CUMPLE 3 AÑOS

García-Campayo J, Cebolla A, Baños RM. Trastornos de conducta alimentaria y atención primaria: el desafío de las nuevas tecnologías. Aten Primaria 2014;46:229-230 [AO,I]

[24629806](#)

TRASTORNOS DE CONDUCTA ALIMENTARIA Y ATENCIÓN PRIMARIA: EL DESAFÍO DE LAS NUEVAS TECNOLOGÍAS

Navarro-Pérez J, Peiró S, Brotons-Muntó F, López-Alcina E, Real-Romaguera A; en nombre del Grupo de trabajo del Programa de Formación e Investigación en Hiperplasia Benigna de Próstata de la Comunidad Valenciana. Indicadores de calidad en hiperplasia benigna de próstata. Un estudio cualitativo. Aten Primaria 2014;46:231-237 [C,I]

[24342153](#) [R/C](#)

INDICADORES DE CALIDAD EN HIPERPLASIA BENIGNA DE PRÓSTATA. UN ESTUDIO CUALITATIVO

Núñez AJ, Montiel A, Martín E, Torres B, Lara C, González JA; en representación del grupo Polipresact. Adherencia al tratamiento en pacientes polimedcados mayores de 65 años con prescripción por principio activo. Aten Primaria 2014;46:238-245 [T,I]

[24378196](#) [R/C](#)

ADHERENCIA AL TRATAMIENTO EN PACIENTES POLIMEDCADOS MAYORES DE 65 AÑOS CON PRESCRIPCIÓN POR PRINCIPIO ACTIVO

Kolozsvári LR, Orozco-Beltran D, Rurik I ¿Son necesarios los incentivos para trabajar mejor? Incentivos económicos en atención primaria. Aten Primaria 2014;46:261-266 [T,II]

[24721041](#) [R/C](#)

¿SON NECESARIOS LOS INCENTIVOS PARA TRABAJAR MEJOR? INCENTIVOS ECONÓMICOS EN ATENCIÓN PRIMARIA

BRITISH JOURNAL OF PSYCHIATRY

Bisson JI. Early responding to traumatic events. Br J Psychiatry 2014;204:329-330 [AO,I]

[24785764](#) [R/C](#)

RESPUESTA PRECOZ A LOS ACONTECIMIENTOS TRAUMÁTICOS

Alisic E, Zalta AK, van Wesel F, Larsen SE, Hafstad GS, Hassanpour K, et al. Rates of post-traumatic stress disorder in trauma-exposed children and adolescents: meta-analysis. Br J Psychiatry 2014;204:335-340 [M,I]

[24785767](#) [R/C](#)

TASAS DE TRASTORNOS POR ESTRÉS POSTRAUMÁTICO EN NIÑOS Y ADOLESCENTES EXPUESTOS A TRAUMAS: METAANÁLISIS

Morgan C, Reininghaus U, Reichenberg A, Frissa S; SELCoH study team, Hotopf M, Hatch SL. Adversity, cannabis use and psychotic experiences: evidence of cumulative and synergistic effects. Br J Psychiatry 2014;204:346-353 [T,I]

[24627297](#) [R/C](#)

ADVERSIDAD, USO DE CANNABIS Y EXPERIENCIAS PSICÓTICAS: EVIDENCIA DE EFECTOS ACUMULATIVOS Y SINÉRGICOS

Pietrzak RH, Scott JC, Neumeister A, Lim YY, Ames D, Ellis KA, et al; Australian Imaging, Biomarkers and Lifestyle (AIBL) Research Group. Anxiety symptoms, cerebral amyloid burden and memory decline in healthy older adults without dementia: 3-year prospective cohort study. *Br J Psychiatry* 2014;204:400-401 [S,I]

[24526746](#) [R/C](#)

SÍNTOMAS DE ANSIEDAD, CARGA DE AMILOIDE CEREBRAL Y DECLIVE DE LA MEMORIA EN ANCIANOS SANOS SIN DEMENCIA: ESTUDIO DE COHORTE PROSPECTIVA DE 3 AÑOS

BRITISH MEDICAL JOURNAL

Cooper R, Strand BH, Hardy R, Patel KV, Kuh D. Physical capability in mid-life and survival over 13 years of follow-up: British birth cohort study. *BMJ* 2014;348:g2219 [S,I]

[24787359](#) [R/C](#)

CAPACIDAD FÍSICA EN LA EDAD MEDIANA Y SUPERVIVENCIA TRAS 13 AÑOS DE SEGUIMIENTO: ESTUDIO BRITÁNICO DE COHORTE AL NACER

Dombrowski SY, Knittle K, Avenell A, Araújo-Soares V, Snihotta FF. Long term maintenance of weight loss with non-surgical interventions in obese adults: systematic review and meta-analyses of randomised controlled trials. *BMJ* 2014;348:g2646 [M,II]

[R/C](#)

MANTENIMIENTO A LARGO PLAZO DE LA PÉRDIDA DE PESO CON INTERVENCIONES NO QUIRÚRGICAS EN ADULTOS OBESOS: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS ALEATORIZADOS CONTROLADOS

Li S, Flint A, Pai JK, Forman JP, Hu FB, Willett WC, et al. Dietary fiber intake and mortality among survivors of myocardial infarction: prospective cohort study. *BMJ* 2014;348:g2659 [S,I]

[24782515](#) [R/C](#)

INGESTA DE FIBRA DIETÉTICA Y MORTALIDAD ENTRE SUPERVIVIENTES DE INFARTO DE MIOCARDIO: ESTUDIO DE COHORTE PROSPECTIVO

Armstrong AC, Evans GD. Management of women at high risk of breast cancer. *BMJ* 2014;348:g2756 [R,I]

[24778341](#)

MANEJO DE LAS MUJERES CON ALTO RIESGO DE CÁNCER DE MAMA

Badley E. Inactivity, disability, and death are all interlinked. *BMJ* 2014;348:g2804 [AO,I]

[24782511](#)

LA INACTIVIDAD, LA DISCAPACIDAD Y LA MUERTE ESTÁN INTERRELACIONADAS

Kilpatrick ES, Atkin SL. Using haemoglobin A1c to diagnose type 2 diabetes or to identify people at high risk of diabetes. *BMJ* 2014;348:g2867 [R,II]

[24769658](#)

USO DE LA HBA1C PARA DIAGNOSTICAR DIABETES TIPO 2 O PARA IDENTIFICAR A PERSONAS CON ALTO RIESGO DE DIABETES

Forbes HJ, Bhaskaran K, Thomas SL, Smeeth L, Clayton T, Langan SM. Quantification of risk factors for herpes zoster: population based case-control study. *BMJ* 2014;348:g2911 [CC,I]

[R/C](#)

CUANTIFICACIÓN DE FACTORES DE RIESGO PARA HERPES ZÓSTER: ESTUDIO POBLACIONAL DE CASO CONTROL

O'Doherty LJ, Taft A, Hegarty K, Ramsay J, Davidson LL, Feder G. Screening women for intimate partner violence in healthcare settings: abridged Cochrane systematic review and meta-analysis. *BMJ* 2014;348:g2913 [M,II]

[24821132](#) [R/C](#)

CRIBAJE DE LA VIOLENCIA DE PAREJA EN MUJERES EN EL ÁMBITO DE LA ATENCIÓN SANITARIA: REVISIÓN SISTEMÁTICA COCHRANE RESUMIDA Y METAANÁLISIS

Crotty BH, Mostaghimi A. Confidentiality in the digital age. *BMJ* 2014;348:g2943 [R,II]

[24816731](#)

CONFIDENCIALIDAD EN LA ERA DIGITAL

Amir LH. Managing common breastfeeding problems in the community. *BMJ* 2014;348:g2954 [R,I]

[24821712](#)

MANEJO DE LOS PROBLEMAS COMUNES DE LACTANCIA EN LA COMUNIDAD

Atkinson P, French J, Nice CA. Procedural sedation and analgesia for adults in the emergency department. *BMJ* 2014;348:g2965 [R,I]

[24812113](#)

SEDACIÓN Y ANALGESIA PROCEDIMENTAL EN ADULTOS EN LA SECCIÓN DE URGENCIAS

Loymans RJB, Gemperli A, Cohen J, Rubinstein SM, Sterk PJ, Reddel HK et al. Comparative effectiveness of long term drug treatment strategies to prevent asthma exacerbations: network meta-analysis. *BMJ* 2014;348:g3009

[R/C](#)

EFFECTIVIDAD COMPARADA DE LAS ESTRATEGIAS DE TRATAMIENTO FARMACOLÓGICO A LARGO PLAZO PARA PREVENIR LAS EXACERBACIONES DEL ASMA: METAANÁLISIS EN RED

Donnino MW, Saliccioli JD, Howell MD, Cocchi MN, Giberson B, Berg K, et al; American Heart Association's Get With The Guidelines-Resuscitation Investigators. Time to administration of epinephrine and outcome after in-hospital cardiac arrest with non-shockable rhythms: retrospective analysis of large in-hospital data registry. *BMJ* 2014;348:g3028 [T,I]

[24846323](#) [R/C](#)

MOMENTO DE ADMINISTRACIÓN DE LA EPINEFRINA Y RESULTADO TRAS PARADA CARDIACA INTRAHOSPITALARIA CON RITMOS NO DESFIBRILABLES: ANÁLISIS RETROSPECTIVO DE UN GRAN REGISTRO DE DATOS HOSPITALARIOS

Monks T, Pitt M, Stein K, James MA. Hyperacute stroke care and NHS England's business plan. *BMJ* 2014;348:g3049 [AO,I]

[24792015](#)

ATENCIÓN AL ICTUS HIPERAGUDO Y PLAN DE TRABAJO DEL NHS DE INGLATERRA

Blenner S, Augustyn M. Is the prevalence of autism increasing in the United States? *BMJ* 2014;348:g3088 [AO,I]

[24817069](#)

¿ESTÁ AUMENTANDO LA PREVALENCIA DEL AUTISMO EN EE UU?

Cates C. Maintenance treatment for adults with chronic asthma. *BMJ* 2014;348:g3148 [AO,I]

TRATAMIENTO DE MANTENIMIENTO PARA ADULTOS CON ASMA CRÓNICA

Browne KM, Murphy O, Clover AJ. Should we advise patients with sutures not to swim? *BMJ* 2014;348:g3171 [R,I]

[24859900](#)

¿DEBERÍAMOS ADVERTIR DE NO NADAR A LOS PACIENTES CON SUTURAS?

Ford AC, Forman D, Hunt RH, Yuan Y, Moayyedi P. Helicobacter pylori eradication therapy to prevent gastric cancer in healthy asymptomatic infected individuals: systematic review and meta-analysis of randomised controlled trials. *BMJ* 2014;348:g3174 [M,II]

[24846275](#) [R/C](#)

TERAPIA DE ERRADICACIÓN DE HELICOBACTER PYLORI PARA PREVENIR EL CÁNCER GÁSTRICO EN INDIVIDUOS SANOS INFECTADOS ASINTOMÁTICOS: REVISIÓN SISTEMÁTICA Y METAANÁLISIS DE ENSAYOS CONTROLADOS ALEATORIZADOS

Watt G. Poverty in the United Kingdom: from bad to worse. *BMJ* 2014;348:g3192 [AO,I]

[24821608](#)

POBREZA EN EL REINO UNIDO: DE MAL EN PEOR

Perkins GD, Nolan JP. Early adrenaline for cardiac arrest. *BMJ* 2014;348:g3245 [AO,I]

[24874448](#)

ADRENALINA DE FORMA PRECOZ EN LA PARADA CARDIACA

Wartolowska K, Judge A, Hopewell S, Collins GS, Dean BJ, Rombach I, et al. Use of placebo controls in the evaluation of surgery: systematic review. *BMJ* 2014;348:g3253 [M,I]

[24850821](#) [R/C](#)

USO DE CONTROLES PLACEBO EN LA EVALUACIÓN DE LA CIRUGÍA: REVISIÓN SISTEMÁTICA

Kipping RR, Howe LD, Jago R, Campbell R, Wells S, Chittleborough CR, et al. Effect of intervention aimed at increasing physical activity, reducing sedentary behaviour, and increasing fruit and vegetable consumption in children: Active for Life Year 5 (AFLY5) school based cluster randomised controlled trial. *BMJ* 2014;348:g3256 [EC,II]

[24865166](#) [R/C](#)

EFFECTO DE UNA INTERVENCIÓN DIRIGIDA A INCREMENTAR LA ACTIVIDAD FÍSICA, REDUCIR EL COMPORTAMIENTO SEDENTARIO Y AUMENTAR EL CONSUMO DE FRUTAS Y VERDURAS EN NIÑOS: ENSAYO CONTROLADO ALEATORIZADO AGRUPADO BASADO EN LA ESCUELA AFLY5

Godlee F. Adverse effects of statins. *BMJ* 2014;348:g3306 [AO,I]

EFFECTOS ADVERSOS DE LAS ESTATINAS

Godlee F. Colorectal cancer: a cautionary tale. *BMJ* 2014;348:g3311 [AO,I]

CÁNCER COLORRECTAL: HISTORIA CON MORALEJA

Lynch MD, Cliffe J, Morris-Jones R. Management of cutaneous viral warts. *BMJ* 2014;348:g3339 [R,I]

[24865780](#)

MANEJO DE LAS VERRUGAS VÍRICAS CUTÁNEAS

Cairns R, Hotopf M, Owen GS. Deprivation of liberty in healthcare. *BMJ* 2014;348:g3390 [AO,I]
[24850824](#)
DEPRIVACIÓN DE LIBERTAD EN LA ATENCIÓN SANITARIA

Ladher N. Secrets in healthcare. *BMJ* 2014;348:g3439 [AO,I]
SECRETOS EN LA ATENCIÓN SANITARIA

CIRCULATION

Kinlay S. Coronary artery spasm as a cause of angina. *Circulation* 2014;129:1717-1719 [AO,I]
[24573350](#)
ESPASMO ARTERIAL CORONARIO COMO CAUSA DE ANGINA

Tani LY. Echocardiographic screening for rheumatic heart disease. *Circulation* 2014;129:1912-1913 [AO,I]
[24622386](#)
CRIBAJE ECOCARDIOGRÁFICO PARA LA CARDIOPATÍA REUMÁTICA

Franck C, Budlovsky T, Windle SB, Filion KB, Eisenberg MJ. Electronic cigarettes in North America: history, use, and implications for smoking cessation. *Circulation* 2014;129:1945-1952 [M,II]
[24821825](#) [R/C](#)
LOS CIGARRILLOS ELECTRÓNICOS EN NORTEAMÉRICA: HISTORIA, USO E IMPLICACIONES PARA EL ABANDONO TABÁQUICO

Grana R, Benowitz N, Glantz SA. E-cigarettes: a scientific review. *Circulation* 2014;129:1972-1986 [R,I]
[24821826](#)
CIGARRILLOS ELECTRÓNICOS: REVISIÓN CIENTÍFICA

Tan AY, Ellenbogen KA. Comparing the imperfect with the imperfect: the imprecise science of assessing the risk and benefits of anticoagulation in atrial fibrillation. *Circulation* 2014;129:1997-1999 [AO,I]
[24682386](#)
COMPARAR LO IMPERFECTO CON LO IMPERFECTO: LA IMPRECISA CIENCIA DE LA VALORACIÓN DEL RIESGO Y LOS BENEFICIOS DE LA ANTICOAGULACIÓN EN LA FIBRILACIÓN AURICULAR

Steinberg BA, Kim S, Thomas L, Fonarow GC, Hylek E, Ansell J, et al; Outcomes Registry for Better Informed Treatment of Atrial Fibrillation (ORBIT-AF) Investigators and Patients. Lack of concordance between empirical scores and physician assessments of stroke and bleeding risk in atrial fibrillation: results from the Outcomes Registry for Better Informed Treatment of Atrial Fibrillation (ORBIT-AF) registry. *Circulation* 2014;129:2005-2012 [T,II]
[24682387](#) [R/C](#)
FALTA DE CONCORDANCIA ENTRE LAS TABLAS EMPÍRICAS Y LAS VALORACIONES MÉDICAS DEL RIESGO DE ICTUS Y DE SANGRADO EN LA FIBRILACIÓN AURICULAR: RESULTADOS DEL REGISTRO ORBIT-AF

Poirier P. Exercise, heart rate variability, and longevity: the cocoon mystery? *Circulation* 2014;129:2085-2087 [AO,I]
[24799512](#)
EJERCICIO, VARIABILIDAD DE LA FRECUENCIA CARDIACA Y LONGEVIDAD: ¿EL MISTERIO OCULTO?

Brambatti M, Connolly SJ, Gold MR, Morillo CA, Capucci A, Muto C, et al; ASSERT Investigators. Temporal relationship between subclinical atrial fibrillation and embolic events. *Circulation* 2014;129:2094-2099 [S,II]
[24633881](#) [R/C](#)
RELACIÓN TEMPORAL ENTRE FIBRILACIÓN AURICULAR SUBCLÍNICA Y ACONTECIMIENTOS EMBÓLICOS

Soares-Miranda L, Sattelmair J, Chaves P, Duncan GE, Siscovick DS, Stein PK, et al. Physical activity and heart rate variability in older adults: the cardiovascular health study. *Circulation* 2014;129:2100-2110 [S,II]
[24799513](#) [R/C](#)
AC TIVIDAD FÍSICA Y VARIABILIDAD DE LA FRECUENCIA CARDIACA EN ANCIANOS: EL ESTUDIO DE SALUD CARDIOVASCULAR

DIABETES CARE

Leroith D. microRNAs: what the clinician should know about this new frontier. *Diabetes Care* 2014;37:1176-1177 [AO,I]
[2457222](#)
MICRO-ARN: LO QUE EL CLÍNICO DEBERÍA CONOCER SOBRE ESTA NUEVA FRONTERA

Kraemer FB, Ginsberg HN, Reaven GM. Demonstration of the central role of insulin resistance in type 2 diabetes and cardiovascular disease. *Diabetes Care* 2014;37:1178-1181 [AO,I]
[24757223](#)
DEMOSTRACIÓN DEL PAPEL CENTRAL DE LA RESISTENCIA A LA INSULINA EN LA DIABETES TIPO 2 Y LA ENFERMEDAD CARDIOVASCULAR

Cefalu WT, Tamborlane WV. The artificial pancreas: are we there yet? *Diabetes Care* 2014;37:1182-1183 [AO,I]

[24757224](#)

EL PÁNCREAS ARTIFICIAL: ¿YA ESTAMOS AHÍ?

Home PD, Shen C, Hasan MI, Latif ZA, Chen JW, González G. Predictive and explanatory factors of change in HbA1c in a 24-week observational study of 66,726 people with type 2 diabetes starting insulin analogs. *Diabetes Care* 2014;37:1237-1245 [T,I]

[24595628](#) [R/C](#)

FACTORES PREDICTIVOS Y EXPLICATORIOS DEL CAMBIO EN LA HBA1C EN UN ESTUDIO OBSERVACIONAL DE 24 SEMANAS EN 66.726 PERSONAS CON DIABETES TIPO 2 QUE COMIENZAN CON ANÁLOGOS DE INSULINA

Guest JF, Panca M, Sladkevicius E, Taheri S, Stradling J. Clinical outcomes and cost-effectiveness of continuous positive airway pressure to manage obstructive sleep apnea in patients with type 2 diabetes in the U.K. *Diabetes Care* 2014;37:1263-1271 [CC,I]

[24705611](#) [R/C](#)

RESULTADOS CLÍNICOS Y RENTABILIDAD DE LA CPAP PARA MANEJAR LA APNEA OBSTRUCTIVA DEL SUEÑO EN PACIENTES CON DIABETES TIPO 2 EN EL R.U.

de Vries ST, Voorham J, Haaijer-Ruskamp FM, Denig P. Potential overtreatment and undertreatment of diabetes in different patient age groups in primary care after the introduction of performance measures. *Diabetes Care* 2014;37:1312-1320 [S,II]

[24595634](#) [R/C](#)

SOBRETRATAMIENTO POTENCIAL E INFRATRAMIENTO DE LA DIABETES EN PACIENTES DE DIFERENTES GRUPOS DE EDAD EN ATENCIÓN PRIMARIA TRAS LA INTRODUCCIÓN DE LAS MEDIDAS DE RENDIMIENTO

Liang H, Vallarino C, Joseph G, Manne S, Perez A, Zhang S. Increased risk of subsequent myocardial infarction in patients with type 2 diabetes: a retrospective cohort study using the U.K. General Practice Research Database. *Diabetes Care* 2014;37:1329-1337 [S,II]

[24595635](#) [R/C](#)

AUMENTO DEL RIESGO DE INFARTO DE MIOCARDIO SUBSIGUIENTE EN PACIENTES CON DIABETES TIPO 2: ESTUDIO DE COHORTE RETROSPECTIVO USANDO LA BASE DE DATOS DE INVESTIGACIÓN EN MEDICINA GENERAL DE R.U.

Zhang Y, McCoy RG, Mason JE, Smith SA, Shah ND, Denton BT. Second-line agents for glycemic control for type 2 diabetes: are newer agents better? *Diabetes Care* 2014;37:1338-1345 [T,II]

[24574345](#) [R/C](#)

AGENTES DE SEGUNDA LÍNEA PARA EL CONTROL GLUCÉMICO EN LA DIABETES TIPO 2: ¿SON MEJORES LOS NUEVOS AGENTES?

Althouse AD, Abbott JD, Forker AD, Bertolet M, Barinas-Mitchell E, Thurston RC, et al; BARI 2D Study Group. Risk factors for incident peripheral arterial disease in type 2 diabetes: results from the Bypass Angioplasty Revascularization Investigation in type 2 Diabetes (BARI 2D) trial. *Diabetes Care* 2014;37:1346-1352 [EC,II]

[24595631](#) [R/C](#)

FACTORES DE RIESGO DE APARICIÓN DE ARTERIOPATÍA PERIFÉRICA EN LA DIABETES TIPO 2: RESULTADOS DEL ENSAYO BARI 2D

Blomster JI, Zoungas S, Chalmers J, Li Q, Chow CK, Woodward M, et al. The relationship between alcohol consumption and vascular complications and mortality in individuals with type 2 diabetes. *Diabetes Care* 2014;37:1353-1359 [T,I]

[24578358](#) [R/C](#)

RELACIÓN ENTRE CONSUMO DE ALCOHOL Y COMPLICACIONES VASCULARES Y MORTALIDAD EN INDIVIDUOS CON DIABETES TIPO 2

Hamp C, Borders-Hemphill V, Moeny DG, Wysowski DK. Use of antidiabetic drugs in the U.S., 2003-2012. *Diabetes Care* 2014;37:1367-1374 [T,I]

[24623020](#) [R/C](#)

USO DE FÁRMACOS ANTIDIABÉTICOS EN EE UU, 2003-2012

Ortega FJ, Mercader JM, Moreno-Navarrete JM, Rovira O, Guerra E, Esteve E, et al. Profiling of circulating microRNAs reveals common microRNAs linked to type 2 diabetes that change with insulin sensitization. *Diabetes Care* 2014;37:1375-1383 [tT,II]

[24478399](#) [R/C](#)

EL PERFIL DE LOS MICRO-ARN CIRCULANTES REVELA MICRO-ARN LIGADOS A LA DIABETES TIPO 2 QUE CAMBIAN CON LA SENSIBILIZACIÓN A LA INSULINA

Di Pino A, Scicali R, Calanna S, Urbano F, Mantegna C, Rabuazzo AM, et al. Cardiovascular risk profile in subjects with prediabetes and new-onset type 2 diabetes identified by HbA1c according to American Diabetes Association criteria. *Diabetes Care* 2014;37:1447-1453 [T,II]

[24574348](#) [R/C](#)

PERFIL DE RIESGO CARDIOVASCULAR EN SUJETOS CON PREDIABETES Y DIABETES TIPO 2 DE NUEVA APARICIÓN IDENTIFICADOS POR HBA1C DE ACUERDO CON LOS CRITERIOS DE LA ADA

Cox AJ, Azeem A, Yeboah J, Soliman EZ, Aggarwal SR, Bertoni AG, et al. Heart rate-corrected QT interval is an independent predictor of all-cause and cardiovascular mortality in individuals with type 2 diabetes: the Diabetes Heart study. *Diabetes Care* 2014;37:1454-1461 [T,II]

[24574343](#) [R/C](#)

EL INTERVALO QT CORREGIDO POR LA FRECUENCIA CARDIACA ES UN PREDICTOR INDEPENDIENTE DE LA MORTALIDAD CARDIOVASCULAR Y POR CUALQUIER CAUSA EN INDIVIDUOS CON DIABETES TIPO 2: ESTUDIO DIABETES HEART

Perkins BA, Cherney DZ, Partridge H, Soleymanlou N, Tschirhart H, Zinman B, et al. Sodium-glucose cotransporter 2 inhibition and glycemic control in type 1 diabetes: results of an 8-week open-label proof-of-concept trial. *Diabetes Care* 2014;37:1480-1483 [EC,I]

[24595630](#) [R/C](#)

INHIBICIÓN DEL COTRANSPORTADOR SODIO-GLUCOSA 2 Y CONTROL GLUCÉMICO EN LA DIABETES TIPO 1: RESULTADOS DE UN ENSAYO DE INVESTIGACIÓN PRELIMINAR SIN ENMASCARAR DE 8 SEMANAS

Barrett HL1, Dekker Nitert M, McIntyre HD, Callaway LK. Normalizing metabolism in diabetic pregnancy: is it time to target lipids? *Diabetes Care* 2014;37:1484-1493 [R,I]

[24757231](#) [R/C](#)

NORMALIZAR EL METABOLISMO EN LA DIABETES GESTACIONAL: ¿ES HORA DE APUNTAR HACIA LOS LÍPIDOS?

DRUGS

Vestergaard C, Deleuran M. Advances in the diagnosis and therapeutic management of atopic dermatitis. *Drugs* 2014;74:757-769 [R,I]

[24821129](#) [R/C](#)

AVANCES EN EL DIAGNÓSTICO Y MANEJO TERAPÉUTICO DE LA DERMATITIS ATÓPICA

Plosker GL. Canagliflozin: a review of its use in patients with type 2 diabetes mellitus. *Drugs* 2014;74:807-824 [R,I]

[24831734](#) [R/C](#)

CANAGLIFLOZINA: REVISIÓN DE SU USO EN PACIENTES CON DIABETES MELLITUS TIPO 2

Chung KF. Defining phenotypes in asthma: a step towards personalized medicine. *Drugs* 2014;74:719-728 [R,I]

[24797157](#) [R/C](#)

DEFINIR FENOTIPOS EN EL ASMA: UN PASO HACIA LA MEDICINA PERSONALIZADA

Mapel DW, Roberts MH. Management of asthma and chronic obstructive pulmonary disease with combination inhaled corticosteroids and long-acting β -agonists: a review of comparative effectiveness research. *Drugs* 2014;74:737-755 [M,II]

[24797158](#) [R/C](#)

MANEJO DEL ASMA Y LA EPOC CON LA COMBINACIÓN DE CORTICOIDES Y BETA-AGONISTAS DE ACCIÓN PROLONGADA INHALADOS: REVISIÓN DE INVESTIGACIÓN DE EFECTIVIDAD COMPARADA

Ramirez MJ, Lai MK, Tordera RM, Francis PT. Serotonergic therapies for cognitive symptoms in Alzheimer's disease: rationale and current status. *Drugs* 2014;74:729-736 [R,I]

[24802806](#) [R/C](#)

TERAPIAS SEROTONINÉRGICAS PARA LOS SÍNTOMAS COGNITIVOS DE LA ENFERMEDAD DE ALZHEIMER: RACIONALIDAD Y ESTADO ACTUAL

ENFERMEDADES INFECCIOSAS Y MICROBIOLOGÍA CLÍNICA

Panel de Expertos de la Secretaría del Plan Nacional sobre el Sida (SPNS), Grupo de Estudio de Sida (GeSIDA), Sociedad Española de Ginecología y Obstetricia (SEGO), Sociedad Española de Infectología Pediátrica (SEIP). Documento de consenso para el seguimiento de la infección por el virus de la inmunodeficiencia humana en relación con la reproducción, el embarazo, el parto y la profilaxis de la transmisión vertical del niño expuesto. *Enferm Infecc Microbiol Clin* 2014[Epub ahead of print] [M,III]

[24484733](#) [R/C](#)

DOCUMENTO DE CONSENSO PARA EL SEGUIMIENTO DE LA INFECCIÓN POR EL VIRUS DE LA INMUNODEFICIENCIA HUMANA EN RELACIÓN CON LA REPRODUCCIÓN, EL EMBARAZO, EL PARTO Y LA PROFILAXIS DE LA TRANSMISIÓN VERTICAL DEL NIÑO EXPUESTO

EUROPEAN HEART JOURNAL

Kirchhof P, Fabritz L. Of hammers and screws: renin-angiotensin-aldosterone system inhibition to prevent atrial fibrillation in patients with hypertension. *Eur Heart J* 2014;35:1169-1171 [AO,I]

[24566798](#)

DE MARTILLOS Y TORNILLOS: INHIBICIÓN DEL SISTEMA RENINA-ANGIOTENSINA-ALDOSTERONA PARA PREVENIR LA FIBRILACIÓN AURICULAR EN PACIENTES CON HIPERTENSIÓN

Esler M. Renal denervation for hypertension: observations and predictions of a founder. Eur Heart J 2014;35:1178-1185 [AO,II]

[24598982](#) [R/C](#)

DENERVACIÓN RENAL PARA LA HIPERTENSIÓN: OBSERVACIONES Y PREDICCIONES DE UN FUNDADOR

Marott SC, Nielsen SF, Benn M, Nordestgaard BG. Antihypertensive treatment and risk of atrial fibrillation: a nationwide study. Eur Heart J 2014;35:1205-1214 [S,II]

[24347316](#) [R/C](#)

TRATAMIENTO ANTIHIPERTENSIVO Y RIESGO DE FIBRILACIÓN AURICULAR: ESTUDIO DE ÁMBITO NACIONAL

Braunwald E. Responsiveness to loop diuretics in heart failure. Eur Heart J 2014;35:1235-1237 [AO,I]

[24685713](#)

RESPUESTA A LOS DIURÉTICOS DE ASA EN LA INSUFICIENCIA CARDIACA

Rimoldi SF, Scherrer U, Messerli FH. Secondary arterial hypertension: when, who, and how to screen? Eur Heart J 2014;35:1245-1254 [R,II]

[24366917](#) [R/C](#)

HIPERTENSIÓN ARTERIAL SECUNDARIA: ¿CUÁNDO, A QUIÉN Y CÓMO CRIBAR?

Valente MA, Voors AA, Damman K, Van Veldhuisen DJ, Massie BM, O'Connor CM, et al. Diuretic response in acute heart failure: clinical characteristics and prognostic significance. Eur Heart J 2014;35:1284-1293 [T,I]

[24585267](#) [R/C](#)

RESPUESTA DIURÉTICA EN LA INSUFICIENCIA CARDIACA AGUDA: CARACTERÍSTICAS CLÍNICAS Y SIGNIFICACIÓN PRONÓSTICA

Fanoë S, Kristensen D, Fink-Jensen A, Jensen HK, Toft E, Nielsen J, et al. Risk of arrhythmia induced by psychotropic medications: a proposal for clinical management. Eur Heart J 2014;35:1306-1315 [R,II]

[24644307](#) [R/C](#)

RIESGO DE ARRITMIA INDUCIDA POR MEDICACIONES PSICOTRÓPICAS: PROPUESTA DE MANEJO CLÍNICO

Zhang XD, Gu J, Jiang WF, Zhao L, Zhou L, Wang YL, et al. Optimal rhythm-control strategy for recurrent atrial tachycardia after catheter ablation of persistent atrial fibrillation: a randomized clinical trial. Eur Heart J 2014;35:1327-1334 [EC,II]

[24497338](#) [R/C](#)

ESTRATEGIA ÓPTIMA DE CONTROL DEL RITMO EN LA TAQUICARDIA AURICULAR RECURRENTE TRAS ABLACIÓN POR CATÉTER EN LA FIBRILACIÓN AURICULAR PERSISTENTE: ENSAYO CLÍNICO ALEATORIZADO

Nielsen JB, Graff C, Rasmussen PV, Pietersen A, Lind B, Olesen MS, et al. Risk prediction of cardiovascular death based on the QTc interval: evaluating age and gender differences in a large primary care population. Eur Heart J 2014;35:1335-1344 [S,II]

[24603310](#) [R/C](#)

PREDICCIÓN DEL RIESGO DE MUERTE CARDIOVASCULAR BASADA EN EL INTERVALO QTc: EVALUACIÓN DE LA EDAD Y LAS DIFERENCIAS DE SEXO EN UNA POBLACIÓN EXTENSA DE ATENCIÓN PRIMARIA

FAMILY MEDICINE

Edgoose JYC, Regner CG, Zakletskaia LI. Difficult patients: exploring the patient perspective. Fam Med 2014;46:335-339 [T,I]

[R/C](#)

PACIENTES DIFÍCILES: EXPLORAR LA PERSPECTIVA DEL PACIENTE

GACETA SANITARIA

Segura A. Prevención, iatrogenia y salud pública. Gac Sanit 2014;28:181-182 [AO,I]

[24656886](#)

PREVENCIÓN, IATROGENIA Y SALUD PÚBLICA

Folch C, Casabona J, Sanclemente C, Esteve A, González V; Grupo HIVITS-TS. Tendencias de la prevalencia del VIH y de las conductas de riesgo asociadas en mujeres trabajadoras del sexo en Cataluña. Gac Sanit 2014;28:196-202 [T,I]

[24393261](#) [R/C](#)

TENDENCIAS DE LA PREVALENCIA DEL VIH Y DE LAS CONDUCTAS DE RIESGO ASOCIADAS EN MUJERES TRABAJADORAS DEL SEXO EN CATALUÑA

Martínez-Moyá M, Navarrete-Muñoz EM, García M, Giménez-Monzo D, González-Palacios S, Valera-Gran D, et al. Asociación entre horas de televisión, actividad física, horas de sueño y exceso de peso en población adulta joven. Gac Sanit 2014;28:203-208 [T,I]

[24472533](#) [R/C](#)

ASOCIACIÓN ENTRE HORAS DE TELEVISIÓN, ACTIVIDAD FÍSICA, HORAS DE SUEÑO Y EXCESO DE PESO EN POBLACIÓN ADULTA JOVEN

Alonso-Pérez F, Alonso-Cardenoso C, García-González JV, Fraile-Cobos JM, Lobo-Llorente N, Secades-Villa R. Efectividad de un programa multicomponente para dejar de fumar aplicado en atención primaria. *Gac Sanit* 2014;28:222-224 [QE,I]

[24388486](#) [R/C](#)

EFFECTIVIDAD DE UN PROGRAMA MULTICOMPONENTE PARA DEJAR DE FUMAR APLICADO EN ATENCIÓN PRIMARIA

Moreno X, Huerta M, Albala C. Autopercepción de salud general y mortalidad en adultos mayores. *Gac Sanit* 2014;28:246-252 [M,II]

[24359681](#) [R/C](#)

AUTOPERCEPCIÓN DE SALUD GENERAL Y MORTALIDAD EN ADULTOS MAYORES

GUT

Hovde O, Kempster-Monstad I, Småstuen MC, Solberg IC, Henriksen M, Jahnsen J, et al. Mortality and causes of death in Crohn's disease: results from 20 years of follow-up in the IBSEN study. *Gut* 2014;63:771-775 [S,II]

[23744613](#) [R/C](#)

MORTALIDAD Y CAUSAS DE MUERTE EN LA ENFERMEDAD DE CROHN: RESULTADOS DE 20 AÑOS DE SEGUIMIENTO EN EL ESTUDIO IBSEN

Haug U, Regula J. Interval cancer: nightmare of colonoscopists. *Gut* 2014;63:865-866 [AO,I]

[23929693](#)

CÁNCER EN EL INTERVALO: PESADILLA DE LOS COLONOSCOPISTAS

Lampertico P. Oral antiviral therapy for hepatitis B: the case of besifovir, a new kid on the block with a long way to go. *Gut* 2014;63:869-870 [AO,I]

[24162592](#)

TERAPIA ANTIVÍRICA ORAL EN LA HEPATITIS B: EL CASO DEL BESIFOVIR, NUEVO CHICO EN EL BLOQUE

El-Serag HB, Sweet S, Winchester CC, Dent J. Update on the epidemiology of gastro-oesophageal reflux disease: a systematic review. *Gut* 2014;63:871-880 [M,II]

[23853213](#) [R/C](#)

ACTUALIZACIÓN SOBRE LA EPIDEMIOLOGÍA DE LA ERGE: REVISIÓN SISTEMÁTICA

Robertson DJ, Lieberman DA, Winawer SJ, Ahnen DJ, Baron JA, Schatzkin A, et al. Colorectal cancers soon after colonoscopy: a pooled multicohort analysis. *Gut* 2014;63:949-956 [M,II]

[23793224](#) [R/C](#)

CÁNCERES COLORRECTALES PRONTÍOS TRAS LA COLONOSCOPIA: ANÁLISIS COMBINADO MULTICOHORTE

le Clercq CM, Bouwens MW, Rondagh EJ, Bakker CM, Keulen ET, de Ridder RJ, et al. Postcolonoscopy colorectal cancers are preventable: a population-based study. *Gut* 2014;63:957-963 [S,I]

[23744612](#) [R/C](#)

LOS CÁNCERES COLORRECTALES POSTCOLONOSCOPIA SON PREVENIBLES: ESTUDIO POBLACIONAL

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Mostashari F, Sanghavi D, McClellan M. Health reform and physician-led accountable care: the paradox of primary care physician leadership. *JAMA* 2014;311:1855-1856 [AO,I]

[24723035](#)

REFORMA SANITARIA Y ATENCIÓN SANITARIA DIRIGIDA POR LOS MÉDICOS: LA PARADOJA DEL LIDERAZGO MÉDICO EN LA ATENCIÓN PRIMARIA

Weinreb RN, Aung T, Medeiros FA. The pathophysiology and treatment of glaucoma: a review. *JAMA* 2014;311:1901-1911 [R,I]

[24825645](#) [R/C](#)

PATOFISIOLOGÍA Y TRATAMIENTO DEL GLAUCOMA: REVISIÓN

Goff DC. Maintenance treatment with long-acting injectable antipsychotics: comparing old with new. *JAMA* 2014;311:1973-1974 [AO,I]

[24846032](#)

TRATAMIENTO DE MANTENIMIENTO CON ANTIPSICÓTICOS DE ACCIÓN PROLONGADA: COMPARAR LO VIEJO CON LO NUEVO

McEvoy JP, Byerly M, Hamer RM, Dominik R, Swartz MS, Rosenheck RA, et al. Effectiveness of paliperidone palmitate vs haloperidol decanoate for maintenance treatment of schizophrenia: a randomized clinical trial. JAMA 2014;311:1978-1987 [EC,I]

[24846035](#) [R/C](#)

EFFECTIVIDAD DEL PALMITATO DE PALIPERIDONA FRENTE AL DECANOATO DE HALOPERIDOL EN EL TRATAMIENTO DE MANTENIMIENTO DE LA ESQUIZOFRENIA: ENSAYO CLÍNICO ALEATORIZADO

Bennell KL, Egerton T, Martin J, Abbott JH, Metcalf B, McManus F, et al. Effect of physical therapy on pain and function in patients with hip osteoarthritis: a randomized clinical trial. JAMA 2014;311:1987-1997 [EC,I]

[24846036](#) [R/C](#)

EFFECTO DE LA TERAPIA FÍSICA SOBRE EL DOLOR Y LA FUNCIÓN EN PACIENTES CON ARTROSIS DE CADERA: ENSAYO CLÍNICO ALEATORIZADO

Myers DL. Female mixed urinary incontinence: a clinical review. JAMA 2014;311:2007-2014 [R,I]

[24846038](#) [R/C](#)

INCONTINENCIA URINARIA MIXTA EN MUJERES: REVISIÓN CLÍNICA

Cummings SR, Studenski S, Ferrucci L. A diagnosis of dismobility--giving mobility clinical visibility: a Mobility Working Group recommendation. JAMA 2014;311:2061-2062 [AO,I]

[24763978](#)

DIAGNÓSTICO DE DISMOVILIDAD--DAR VISIBILIDAD CLÍNICA A LA DISMOVILIDAD: RECOMENDACIÓN DEL MOBILITY WORKING GROUP

Power A, Berger AC, Ginsburg GS. Genomics-enabled drug repositioning and repurposing: insights from an IOM Roundtable activity. JAMA 2014;311:2063-2064 [AO,I]

[24867009](#)

NUEVO POSICIONAMIENTO Y NUEVOS OBJETIVOS DE LOS FÁRMACOS ACTIVADOS POR GENÓMICA: A PARTIR DE UNA REFLEXIÓN DE LA MESA REDONDA IOM

Hall GL. Smoking during pregnancy, vitamin C supplementation, and infant respiratory health. JAMA 2014;311:2070-2071 [AO,I]

[24838283](#)

FUMAR DURANTE EL EMBARAZO, SUPLEMENTOS DE VITAMINA C Y SALUD RESPIRATORIA INFANTIL

McEvoy CT, Schilling D, Clay N, Jackson K, Go MD, Spitale P, et al. Vitamin C supplementation for pregnant smoking women and pulmonary function in their newborn infants: a randomized clinical trial. JAMA 2014;311:2074-2082 [EC,I]

[24838476](#) [R/C](#)

SUPLEMENTOS DE VITAMINA C EN LAS EMBARAZADAS FUMADORAS Y FUNCIÓN PULMONAR EN SUS RECIÉN NACIDOS: ENSAYO CLÍNICO ALEATORIZADO

Castro M, King TS, Kunselman SJ, Cabana MD, Denlinger L, Holguin F, et al; National Heart, Lung, and Blood Institute's AsthmaNet. Effect of vitamin D3 on asthma treatment failures in adults with symptomatic asthma and lower vitamin D levels: the VIDA randomized clinical trial. JAMA 2014;311:2083-2091 [EC,I]

[24838406](#) [R/C](#)

EFFECTO DE LA VITAMINA D3 SOBRE LOS FRACASOS DEL TRATAMIENTO DEL ASMA EN ADULTOS CON ASMA SINTOMÁTICA Y NIVELES BAJOS DE VITAMINA D: ENSAYO CLÍNICO ALEATORIZADO VIDA

Oresanya LB, Lyons WL, Finlayson E. Preoperative assessment of the older patient: a narrative review. JAMA 2014;311:2110-2120 [R,I]

[24867014](#) [R/C](#)

VALORACIÓN PREOPERATORIA DEL PACIENTE MAYOR: REVISIÓN NARRATIVA

JAMA INTERNAL MEDICINE

Sheu L, Gottenborg EW. False-positive results from a diagnostic colonoscopy: a teachable moment. JAMA Intern Med 2014;174:665-666 [AO,I]

[24663348](#)

RESULTADOS FALSOS POSITIVOS DE COLONOSCOPIA DIAGNÓSTICA: MOMENTO APROVECHABLE PARA EL APRENDIZAJE

Fu SS, van Ryn M, Sherman SE, Burgess DJ, Noorbaloochi S, Clothier B, et al. Proactive tobacco treatment and population-level cessation: a pragmatic randomized clinical trial. JAMA Intern Med 2014;174:671-677 [EC,I]

[24615217](#) [R/C](#)

TRATAMIENTO PROACTIVO DEL TABAQUISMO Y ABANDONO POR PARTE DE LA POBLACIÓN: ENSAYO CLÍNICO PRAGMÁTICO ALEATORIZADO

Cheng J, Zhang W, Zhang X, Han F, Li X, He X, et al. Effect of angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers on all-cause mortality, cardiovascular deaths, and cardiovascular events in patients with diabetes mellitus: a meta-analysis. JAMA Intern Med 2014;174:773-785 [M,II]

[24687000](#) [R/C](#)

EFFECTO DE LOS IECA Y LOS ARA II SOBRE LA MORTALIDAD POR CUALQUIER CAUSA, LAS MUERTES CARDIOVASCULARES Y LOS ACONTECIMIENTOS CARDIOVASCULARES EN PACIENTES CON DIABETES MELLITUS: METAANÁLISIS

JAMA PSYCHIATRY

Lee MJ, Seo SW, Na DL, Kim C, Park JH, Kim GH, et al. Synergistic effects of ischemia and β -amyloid burden on cognitive decline in patients with subcortical vascular mild cognitive impairment. *JAMA Psychiatry* 2014;71:412-422 [T,I]

[24554306](#) [R/C](#)

EFFECTOS SINÉRGICOS DE LA ISQUEMIA Y LA CARGA DE BETA-AMILOIDES SOBRE EL DECLIVE COGNITIVO EN PACIENTES CON DETERIORO COGNITIVO LEVE VASCULAR SUBCORTICAL

Nestler EJ. Epigenetic mechanisms of depression. *JAMA Psychiatry* 2014;71:454-456 [AO,I]

[24499927](#)

MECANISMOS EPIGENÉTICOS DE LA DEPRESIÓN

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

Wolff CM, Nowacki AS, Yeh JY, Hickner JM. A randomized controlled trial of two interventions to improve medication reconciliation. *J Am Board Fam Med* 2014;27:347-355 [EC,II]

[24808113](#) [R/C](#)

ENSAYO ALEATORIZADO CONTROLADO DE DOS INTERVENCIONES PARA MEJORAR LA CONCILIACIÓN DE MEDICAMENTOS

Elder NC, Sawyer W, Pallerla H, Khaja S, Blacker M. Hand hygiene and face touching in family medicine offices: a Cincinnati Area Research and Improvement Group (CARInG) network study. *J Am Board Fam Med* 2014;27:339-346 [T,I]

[24808112](#) [R/C](#)

HIGIENE DE MANOS Y CONTACTO CON LA CARA EN LAS CONSULTAS DE MEDICINA DE FAMILIA: ESTUDIO EN RED CARInG

Thomas A, Lodhia N. Advanced therapy for inflammatory bowel disease: a guide for the primary care physician. *J Am Board Fam Med* 2014;27:411-420 [R,II]

[24808120](#) [R/C](#)

TERAPIA AVANZADA EN LA ENFERMEDAD INFLAMATORIA INTESTINAL: GUÍA PARA EL MÉDICO DE ATENCIÓN PRIMARIA

Plumb AA, Halligan S, Nickerson C, Bassett P, Goddard AF, Taylor SA, et al. Use of CT colonography in the English Bowel Cancer Screening Programme. *Gut* 2014;63:964-973 [T,II]

[23955527](#) [R/C](#)

USO DE COLONOGRAFÍA POR TC EN EL PROGRAMA INGLÉS DE CRIBAJE DE CÁNCER INTESTINAL

MEDICINA CLINICA

Quijada MÁ, Pedrós C, Quintana B, Arnau JM. Anticoncepción hormonal y tromboembolia venosa. *Med Clin (Barc)* 2014;142:418-419 [AO,I]

[23790579](#)

ANTICONCEPCIÓN HORMONAL Y TROMBOEMBOLIA VENOSA

Gómez-Acebo I, Dierssen-Sotos T, Llorca J. Número necesario de tratamientos: interpretación y estimación en análisis multivariados y con datos censurados. *Med Clin (Barc)* 2014;142:451-456 [R,I]

[23850150](#) [R/C](#)

NÚMERO NECESARIO DE TRATAMIENTOS: INTERPRETACIÓN Y ESTIMACIÓN EN ANÁLISIS MULTIVARIABLES Y CON DATOS CENSURADOS

González-Molero I, Rojo G, Morcillo S, Pérez-Valero V, Rubio-Martín E, Gutierrez-Repiso C, Soriguer F. Relación entre déficit de vitamina D y síndrome metabólico. *Med Clin (Barc)* 2014;142:473-477 [S,I]

[24216018](#) [R/C](#)

RELACIÓN ENTRE DÉFICIT DE VITAMINA D Y SÍNDROME METABÓLICO

REVISTA ESPAÑOLA DE CARDIOLOGIA

Fernández J, Dalmau R, Galve E; "Legislation on Tobacco and Acute Coronary Syndrome in Spain" group. Impacto de la legislación que prohíbe fumar en lugares públicos en la reducción de la incidencia de síndrome coronario agudo en España. *Rev Esp Cardiol* 2014;67:349-352 [AO,II]

[24774726](#)

IMPACTO DE LA LEGISLACIÓN QUE PROHÍBE FUMAR EN LUGARES PÚBLICOS EN LA REDUCCIÓN DE LA INCIDENCIA DE SÍNDROME CORONARIO AGUDO EN ESPAÑA

Guallar-Castillón P, Pérez RF, López E, León-Muñoz LM, Aguilera MT, Graciani A, et al. Magnitud y manejo del síndrome metabólico en España en 2008-2010: Estudio ENRICA. Rev Esp Cardiol 2014;67:367-373 [T,II]
[24774729](#) [R/C](#)
MAGNITUD Y MANEJO DEL SÍNDROME METABÓLICO EN ESPAÑA EN 2008-2010: ESTUDIO ENRICA

THE LANCET

Zaridze D, Lewington S, Boroda A, Scélo G, Karpov R, Lazarev A, et al. Alcohol and mortality in Russia: prospective observational study of 151,000 adults. Lancet 2014;383:1465-1473 [S,I]
[24486187](#) [R/C](#)
ALCOHOL Y MORTALIDAD EN RUSIA: ESTUDIO OBSERVACIONAL PROSPECTIVO

Brenner H, Kloor M, Pox CP. Colorectal cancer. Lancet 2014;383:1490-1502 [R,II]
[24225001](#) [R/C](#)
CÁNCER COLORRECTAL

Economic austerity, food poverty, and health. Lancet 2014;383:1609.[AO,I]
[24814443](#)
AUSTERIDAD ECONÓMICA, POBREZA ALIMENTARIA Y SALUD

Transient ischaemic attack: more than a stroke of bad luck. Lancet 2014;383:1610 [AO,I]
[24814445](#)
ATAQUE ISQUÉMICO TRANSITORIO: MÁS QUE UN GOLPE DE MALA SUERTE

Steinbock MC, MacDonald N, Pfeifer D, Muglia LJ. Influenza vaccine in pregnancy: policy and research strategies. Lancet 2014;383:1611-1613 [AO,I]
[24814446](#)
VACUNA CONTRA LA GRIPE EN EL EMBARAZO: ESTRATEGIAS POLÍTICAS Y DE INVESTIGACIÓN

Finnerup NB, Baastrup C. Angiotensin II: from blood pressure to pain control. Lancet 2014;383:1613-1614 [AO,I]
[24507378](#)
ANGIOTENSINA II: DE LA PRESIÓN ARTERIAL AL CONTROL DEL DOLOR

Yount KM. Worldwide prevalence of non-partner sexual violence. Lancet 2014;383:1614-1616 [AO,I]
[24529866](#)
PREVALENCIA MUNDIAL DE VIOLENCIA SEXUAL FUERA DE LA PAREJA

Chalmers J. Alcohol minimum unit pricing and socioeconomic status. Lancet 2014;383:1616-1617 [AO,I]
[24522179](#)
PRECIO MÍNIMO UNITARIO DEL ALCOHOL Y ESTATUS SOCIOECONÓMICO

Rice AS, Dworkin RH, McCarthy TD, Anand P, Bountra C, McCloud PI, et al; EMA401-003 study group. EMA401, an orally administered highly selective angiotensin II type 2 receptor antagonist, as a novel treatment for postherpetic neuralgia: a randomised, double-blind, placebo-controlled phase 2 clinical trial. Lancet 2014;383:1637-1647 [EC,I]
[24507377](#) [R/C](#)
EMA401, UN IECA ALTAMENTE SELECTIVO ADMINISTRADO VÍA ORAL COMO NUEVO TRATAMIENTO DE LA NEURALGIA POSTHERPÉTICA: ENSAYO CLÍNICO ALEATORIZADO DOBLE CIEGO CONTROLADO CON PLACEBO EN FASE 2

Abrahams N, Devries K, Watts C, Pallitto C, Petzold M, Shamu S, et al. Worldwide prevalence of non-partner sexual violence: a systematic review. Lancet 2014;383:1648-1654 [M,II]
[24529867](#) [R/C](#)
PREVALENCIA MUNDIAL DE VIOLENCIA SEXUAL FUERA DE LA PAREJA: REVISIÓN SISTEMÁTICA

Management of liver cirrhosis. Lancet 2014;383:1694 [AO,I]
[24835601](#)
MANEJO DE LA CIRROSIS HEPÁTICA

Prioritising palliative care. Lancet. 2014 May 17;383(9930):1694. doi: 10.1016/S0140-6736(14)60814-X. [AO,I]
[24835602](#)
PRIORIZAR LOS CUIDADOS PALIATIVOS

Rutter PD, Donaldson LJ. Mandatory polio vaccination for travellers: protecting global public health. Lancet 2014;383:1695-1697 [AO,I]
[24814089](#)
VACUNACIÓN DE LA POLIO OBLIGATORIA PARA LOS VIAJEROS: PROTEGER LA SALUD PÚBLICA MUNDIAL

Block SD, Billings JA. A need for scalable outpatient palliative care interventions. Lancet 2014;383:1699-1700 [AO,I]

[24559580](#)

NECESIDAD DE INTERVENCIONES DE CUIDADOS PALIATIVOS AMBULATORIOS ESCALABLES

Zimmermann C, Swami N, Krzyzanowska M, Hannon B, Leighl N, Oza A, et al. Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial. *Lancet* 2014;383:1721-1730 [EC,I]

[24559581](#) [R/C](#)

CUIDADOS PALIATIVOS PRECOCES EN PACIENTES CON CÁNCER AVANZADO: ENSAYO CONTROLADO ALEATORIZADO POR GRUPOS

Tsochatzis EA, Bosch J, Burroughs AK. Liver cirrhosis. *Lancet* 2014;383:1749-1761 [R,I]

[24480518](#) [R/C](#)

CIRROSIS HEPÁTICA

THE NEW ENGLAND JOURNAL OF MEDICINE

Jou C. The biology and genetics of obesity--a century of inquiries. *N Engl J Med* 2014;370:1874-1877 [AO,I]

[24827033](#)

BIOLOGÍA Y GENÉTICA DE LA OBESIDAD--UN SIGLO DE INVESTIGACIONES

Kowdley KV, Gordon SC, Reddy KR, Rossaro L, Bernstein DE, Lawitz E, et al; ION-3 Investigators. Ledipasvir and sofosbuvir for 8 or 12 weeks for chronic HCV without cirrhosis. *N Engl J Med* 2014;370:1879-1888 [EC,II]

[24720702](#) [R/C](#)

LEDIPASVIR Y SOFOSBUVIR DURANTE 8 O 12 SEMANAS PARA LA HEPATITIS C CRÓNICA SIN CIRROSIS

Afdhal N, Zeuzem S, Kwo P, Chojkier M, Gitlin N, Puoti M, et al; ION-1 Investigators. Ledipasvir and sofosbuvir for untreated HCV genotype 1 infection. *N Engl J Med* 2014;370:1889-1898 [EC,II]

[24725239](#) [R/C](#)

LEDIPASVIR Y SOFOSBUVIR PARA LA INFECCIÓN POR VIRUS DE LA HEPATITIS C GENOTIPO 1 NO TRATADA

Molina I, Gómez i Prat J, Salvador F, Treviño B, Sulleiro E, Serre N, et al. Randomized trial of posaconazole and benznidazole for chronic Chagas' disease. *N Engl J Med* 2014;370:1899-1908 [EC,I]

[24827034](#) [R/C](#)

ENSAYO ALEATORIZADO DE POSACONAZOL Y BENZINIDAZOL PARA LA ENFERMEDAD DE CHAGAS CRÓNICA

Albajar-Viñas P, Dias JC. Advancing the treatment for Chagas' disease. *N Engl J Med* 2014;370:1942-1943 [AO,I]

[24827039](#)

AVANZAR EN EL TRATAMIENTO DE LA ENFERMEDAD DE CHAGAS

Biller-Andorno N, Jüni P. Abolishing mammography screening programs? A view from the Swiss Medical Board. *N Engl J Med* 2014;370:1965-1967 [AO,I]

[24738641](#)

¿SUPRIMIR LOS PROGRAMAS DE MAMOGRAFÍA DE CRIBAJE?

Schauer PR, Bhatt DL, Kirwan JP, Wolski K, Brethauer SA, Navaneethan SD, et al; STAMPEDE Investigators. Bariatric surgery versus intensive medical therapy for diabetes--3-year outcomes. *N Engl J Med* 2014;370:2002-2013 [EC,II]

[24679060](#) [R/C](#)

CIRUGÍA BARIÁTRICA FRENTE A TRATAMIENTO MÉDICO INTENSIVO PARA LA DIABETES--RESULTADOS DE 3 AÑOS

Liang TJ1, Ghany MG. Therapy of hepatitis C--back to the future. *N Engl J Med* 2014;370:2043-2047 [AO,II]

[24795199](#)

TRATAMIENTO DE LA HEPATITIS C ¿REGRESO AL FUTURO?

Richeldi L, du Bois RM, Raghu G, Azuma A, Brown KK, Costabel U, et al; INPULSIS Trial Investigators. Efficacy and safety of nintedanib in idiopathic pulmonary fibrosis. *N Engl J Med* 2014;370:2071-2082 [EC,II]

[24836310](#) [R/C](#)

EFICACIA Y SEGURIDAD DEL NINTEDANIB EN LA FIBROSIS PULMONAR IDIOPÁTICA

King TE Jr, Bradford WZ, Castro-Bernardini S, Fagan EA, Glaspole I, Glassberg MK, et al; ASCEND Study Group. A phase 3 trial of pirfenidone in patients with idiopathic pulmonary fibrosis. *N Engl J Med* 2014;370:2083-2092 [EC,II]

[R/C](#)

ENSAYO EN FASE 3 DE PIRFENIDONA EN PACIENTES CON FIBROSIS PULMONAR IDIOPÁTICA

Martinez FJ, de Andrade JA, Anstrom KJ, King TE Jr, Raghu G; Idiopathic Pulmonary Fibrosis Clinical Research Network. Randomized trial of acetylcysteine in idiopathic pulmonary fibrosis. *N Engl J Med* 2014;370:2093-2101 [EC,II]

[24836309](#) [R/C](#)

ENSAYO ALEATORIZADO DE ACETILCISTEÍNA EN LA FIBROSIS PULMONAR IDIOPÁTICA

Hunninghake GM. A new hope for idiopathic pulmonary fibrosis. *N Engl J Med* 2014;370:2142-2143 [AO,I]

[24836311](#)

NUEVA ESPERANZA PARA LA FIBROSIS PULMONAR IDIOPÁTICA

Dahlén SE. TSLP in asthma--a new kid on the block? N Engl J Med 2014;370:2144-2145 [AO,I]

[24846653](#)

TSLP EN EL ASMA ¿UN NUEVO CHICO EN EL BLOQUE?

THORAX

Enright P. HRCT-defined emphysema is not COPD to be treated with inhalers. Thorax 2014;69:401-402 [AO,I]

[24393768](#)

EL ENFISEMA DEFINIDO POR TC DE ALTA RESOLUCIÓN NO ES UN EPOC QUE TENGA QUE SER TRATADO CON INHALADORES

Detterbeck FC. Overdiagnosis during lung cancer screening: is it an overemphasised, underappreciated, or tangential issue? Thorax 2014;69:408-409 [AO,I]

[24646660](#)

SOBREDIAGNÓSTICO DURANTE EL CRIBAJE DE CÁNCER DE PULMÓN: ¿ES UN ASPECTO RESALTADO EXCESIVAMENTE, INFRAVALORADO O TANGENCIAL?

Sharma S, Chhabra D, Kho AT, Hayden LP, Tantisira KG, Weiss ST. The genomic origins of asthma. Thorax 2014;69:481-487 [R,I]

[24668408](#)

[R/C](#)

LOS ORÍGENES GENÉTICOS DEL ASMA

ACADEMIC MEDICINE

[S24667501](#)

Mistreatment based on specialty choice is a distinct and common phenomenon perpetuated by faculty, residents, and peers. More research is needed to explore the potential hidden curriculum drivers of these findings and to develop interventions specifically targeting this type of mistreatment.

[S24667510](#)

Determinants of a successful career in academic medicine are multifactorial. Data from radiation oncologists show a systematic gender association, with fewer women achieving senior faculty rank. However, women achieving seniority have productivity metrics comparable to those of male counterparts. This suggests that early career development and mentorship of female faculty may narrow productivity disparities.

[S24667512](#)

This review demonstrates the surprisingly high prevalence of harassment and discrimination among medical trainees that has not declined over time. The authors recommend both drafting policies and promoting cultural change within academic institutions to prevent future abuse.

[S24667503](#)

Medical student mistreatment remains prevalent. Recurrent mistreatment by faculty and residents is associated with medical student burnout. Although further investigation is needed to assess causality, these data provide impetus for medical schools to address student mistreatment to mitigate its adverse consequences.

ANNALS OF INTERNAL MEDICINE

[S24842415](#)

Vaccination in an influenza A (H7N9) pandemic would need to be completed much faster than in 2009 to substantially reduce morbidity, mortality, and health care costs. Maximizing non-pharmaceutical interventions can substantially mitigate the pandemic until a matched vaccine becomes available.

[S24711050](#)

Daily low-dose aspirin beginning as early as the second trimester prevented clinically important health outcomes. No harms were identified, but long-term evidence was limited.

[S24842417](#)

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk in adolescents, adults, and older adults in a primary care setting. (I statement).

[S24842416](#)

Biological agents are effective treatments for UC, but head-to-head trials are warranted to establish the best therapeutic option.

ARCHIVOS DE BRONCONEUMOLOGIA

[S24447429](#)

En los últimos años existe un creciente interés por las acciones extraóseas de la vitamina D.

En este artículo revisamos la fisiología de la vitamina D, los aspectos fisiopatológicos asociados a su déficit y la evidencia existente sobre su papel etiopatogénico en enfermedades respiratorias. Teniendo en cuenta las acciones pleiotrópicas de la vitamina D, existe plausibilidad biológica sobre un potencial papel patogénico del déficit de esta vitamina en el desarrollo de diversas enfermedades respiratorias. Sin embargo, los numerosos estudios epidemiológicos que han encontrado asociación entre niveles bajos de vitamina D y mayor riesgo de desarrollar diversas enfermedades respiratorias o de conllevar un peor pronóstico no permiten demostrar causalidad. Los análisis post hoc de algunos ensayos clínicos, especialmente en enfermedad pulmonar obstructiva crónica (EPOC) y asma, parecen demostrar que ciertos subtipos de pacientes podrían beneficiarse de la corrección del déficit de vitamina D. En este sentido, resultará interesante averiguar si las variantes genéticas implicadas en el metabolismo de la vitamina D pueden explicar las diferencias interindividuales encontradas en cuanto al efecto del déficit de vitamina D y la respuesta a su corrección. En último término, solo los ensayos clínicos adecuadamente diseñados permitirán determinar si los suplementos de 25-OH D pueden tener un efecto preventivo o

mejorar la evolución de las distintas enfermedades respiratorias en las que se ha descrito asociación epidemiológica entre su pronóstico y el déficit de esta vitamina.

S24461631

Se define como oxigenoterapia el uso terapéutico del oxígeno y consiste en su administración a concentraciones mayores de las que se encuentran en el aire ambiente, con la intención de tratar o prevenir las manifestaciones de la hipoxia. Esta medida terapéutica ha demostrado aumentar la supervivencia en los enfermos con enfermedad pulmonar obstructiva crónica (EPOC) e insuficiencia respiratoria. A pesar de que este concepto se ha extendido por analogía a la insuficiencia respiratoria crónica originada por otras enfermedades respiratorias y no respiratorias, la efectividad de la oxigenoterapia continua no está demostrada en otras entidades. La oxigenoterapia no se ha demostrado efectiva en términos de supervivencia en pacientes con EPOC e hipoxemia moderada. Tampoco hay consenso sobre su empleo durante las desaturaciones nocturnas en EPOC y durante las desaturaciones al esfuerzo. La elección de la fuente de oxígeno se debe realizar por criterios técnicos, de comodidad y adaptabilidad del paciente y de coste. Se debería ajustar el flujo para conseguir una adecuada corrección de la saturación transcutánea de oxihemoglobina.

ARTHRITIS AND RHEUMATOLOGY

S24782195

Sleep quality is strongly related to subsequent pain intensity in patients with acute low back pain. Future research is needed to determine whether targeting sleep improvement contributes to pain reduction.

ATENCION PRIMARIA

S24378196

La adherencia es similar a los estudios realizados, independientemente de si la prescripción es por principio activo. El incumplimiento fue mayor en individuos que viven solos, en población costera y con riesgo de ansiedad.

S24721041

The implementations of these schemes should be critically evaluated with continuous monitoring at national or regional level; comparison is required between targets and their achievements, health gains and use of resources as well.

S24342153

Parte de los indicadores valorados pueden ser útiles para su incorporación a los sistemas de información sanitaria.

BRITISH JOURNAL OF PSYCHIATRY

S24785764

How to respond optimally following traumatic events remains a Holy Grail. A number of early interventions lack evidence of effect. Practical, pragmatic support provided in an empathic manner is likely to be an appropriate initial response and complement the high levels of resilience shown by individuals exposed to traumatic events.

S24785767

Background It is unclear how many children and adolescents develop post-traumatic stress disorder (PTSD) after trauma. Aims To determine the incidence of PTSD in trauma-exposed children and adolescents as assessed with well-established diagnostic interviews and to examine potential moderators of the estimate. Method A systematic literature search identified 72 peer-reviewed articles on 43 independent samples ($n = 3563$). Samples consisting only of participants seeking or receiving mental health treatment were excluded. Main analyses involved pooled incidence estimates and meta-analyses of variance. Results The overall rate of PTSD was 15.9% (95% CI 11.5-21.5), which varied according to the type of trauma and gender. Least at risk were boys exposed to non-interpersonal trauma (8.4%, 95% CI 4.7-14.5), whereas girls exposed to interpersonal trauma showed the highest rate (32.9%, 95% CI 19.8-49.3). No significant difference was found for the choice of assessment interview or the informant of the assessment. Conclusions Research conducted with the best available assessment instruments shows that a significant minority of children and adolescents develop PTSD after trauma exposure, with those exposed to interpersonal trauma and girls at particular risk. The estimates provide a benchmark for DSM-5 and ICD-11.

S24627297

Our findings are consistent with the hypothesis that childhood abuse creates an enduring vulnerability to psychosis that is realised in the event of exposure to further stressors and risk factors.

S24526746

Although beta-amyloid, anxiety and depression have linked cross-sectionally to reduced memory function in healthy older adults without dementia, prospective data evaluating these associations are lacking. Using data from an observational cohort study of 178 healthy older adults without dementia followed for 3 years, we found that anxiety symptoms significantly moderated the relationship between beta-amyloid level and decline in verbal (Cohen's $d = 0.65$) and episodic (Cohen's $d = 0.38$) memory. Anxiety symptoms were additionally linked to greater decline in executive function, irrespective of beta-amyloid and other risk factors. These findings suggest that interventions to mitigate anxiety symptoms may help delay memory decline in otherwise healthy older adults with elevated beta-amyloid.

DRUGS

S24821129

Atopic dermatitis is a very prevalent disease that affects children as well as adults. The disease has a severe impact on quality of life for the patients and their families. The skin in atopic dermatitis patients is a site of both a severe inflammatory reaction dominated by lymphocytes and decreased skin barrier function. The treatment of the disease is mainly aimed at reducing the inflammation in the skin and/or restoring the skin barrier function. However, most of the treatments used today singularly aim at reducing the inflammation in the skin. Depending on the severity of the disease, the anti-inflammatory treatment may be topical or systemic, but basic treatment, no matter the severity, should always be emollients. In addition, new studies have shown good effects of psychosocial interventions, such as eczema schools, for patients and their families. This review covers the latest trends in the treatment of atopic dermatitis.

S24831734

Canagliflozin (Invokana™) is an orally administered sodium-glucose co-transporter-2 (SGLT2) inhibitor used in the treatment of patients with type 2 diabetes. By inhibiting the transporter protein SGLT2 in the kidneys, canagliflozin reduces renal glucose reabsorption, thereby increasing urinary glucose excretion and reducing blood glucose levels. Several randomized placebo- or active comparator-controlled trials of 26-52 weeks' duration (plus extension phases) have shown that canagliflozin improves glycaemic control when used as monotherapy or as add-on therapy to metformin and/or other antihyperglycaemic agents, including insulin, in patients with type 2 diabetes. In addition to achieving reductions from baseline in glycosylated haemoglobin, canagliflozin also showed beneficial effects for other endpoints including reductions from baseline in fasting plasma glucose levels and bodyweight. Canagliflozin has a low risk of hypoglycaemia and was generally well tolerated in clinical trials. The most frequently reported adverse events with canagliflozin are

female genital mycotic infections, urinary tract infections and increased urination. The pharmacodynamic response to canagliflozin declines with increasing severity of renal impairment, and prescribing information should be consulted regarding dosage adjustments or restrictions in moderate to severe renal dysfunction. Canagliflozin has modest effects on the serum lipid profile, some beneficial (increased high-density lipoprotein cholesterol and decreased triglycerides) and others not (increased low-density lipoprotein cholesterol). Most patients treated with canagliflozin also have a modest reduction in blood pressure. The overall effect of canagliflozin on the risk of cardiovascular disease is unknown and will be evaluated in the ongoing CANVAS trial; preliminary cardiovascular safety data suggest no increased risk. Thus, with its unique mechanism of action that is independent of insulin secretion and action, canagliflozin is a useful addition to the therapeutic options available for the management of type 2 diabetes, particularly by providing complementary treatment when used as add-on therapy.

[S24797157](#)

Asthma is a common disease with a complex pathophysiology. It can present in various clinical forms and with different levels of severity. Unbiased cluster analytic methods have unravelled several phenotypes in cohorts representative of the whole spectrum of severity. Clusters of severe asthma include those on high-dose corticosteroid treatment, often with both inhaled and oral treatment, usually associated with severe airflow obstruction. Phenotypes with concordance between symptoms and sputum eosinophilia have been reported, including an eosinophilic inflammation-predominant group with few symptoms and late-onset disease who have a high prevalence of rhinosinusitis, aspirin sensitivity, and exacerbations. Sputum eosinophilia is also a biomarker that can predict therapeutic responses to antibody-based treatments to block the effects of the T-helper (Th)-2 cytokine, interleukin (IL)-5. Low Th2-expression has been predictive of poor therapeutic response to inhaled corticosteroid therapy. Current asthma schedules emphasise a step-up approach to treating asthma in relation to increasing severity, but, in more severe disease, phenotyping or endotyping of asthma will be necessary to determine new treatment strategies as severe asthma is recognized as being a particularly heterogeneous disease. Much less is known about 'non-eosinophilic' asthma. Phenotypic characterisation of corticosteroid insensitivity and chronic airflow obstruction of severe asthma is also needed. Phenotype-driven treatment of asthma will be further boosted by the advent of transcriptomic and proteomic technologies, with the application of systems biology or medicine approaches to defining phenotypes and biomarkers of disease and therapeutic response. This will pave the way towards personalized medicine and healthcare for asthma.

[S24797158](#)

The value of combination therapy with inhaled corticosteroids and long-acting β -agonists (ICS/LABA) is well recognized in the management of asthma and chronic obstructive pulmonary disease (COPD). Despite differences in the pharmacological properties between two well-established ICS/LABA products (budesonide/formoterol and fluticasone/salmeterol), data from randomized clinical trials (RCTs) and meta-analyses suggest that these two products perform similarly under RCT conditions. In contrast, a few recently reported real-world comparative effectiveness studies have suggested that there are substantial differences between ICS/LABA combination treatments in terms of clinical and healthcare outcomes in patients with asthma or COPD. The purpose of this article is to provide a brief review of the benefits, as well as the limitations, of comparative effectiveness research (CER) in the therapeutic area of asthma and COPD. We conducted a structured literature review of the current CER studies on ICS/LABA combinations in asthma and COPD. These articles were then used to illustrate the unique challenges of CER studies, providing a summary of study results and limitations. We focus particularly on difficult biases and confounding factors that may be introduced before, during, and after the initiation of therapy. Beyond being a review of these two ICS/LABA combination treatments, this article is intended to help those who wish to assess the quality of CER published projects in asthma and COPD, or guide investigators who wish to design new CER studies for chronic respiratory disease treatments.

[S24802806](#)

Alzheimer's disease (AD) is the most common cause of dementia in elderly people. Research focused on identifying compounds that restore cognition and memory in AD patients is a very active investigational pursuit. Cholinesterase inhibitors for the symptomatic treatment of cognitive decline in AD have been in use for more than a decade but provide only modest benefits in most patients. Preclinical research is constantly providing new information on AD. The involvement of the serotonergic system in higher cognitive processes such as memory and learning has been widely described and extensive serotonergic denervation has been reported in AD. This review aims to explain the rationale behind testing serotonergic therapies for AD in terms of current knowledge about the pathophysiology of the disease. Based on preclinical studies, certain serotonin (5-HT) receptor ligands have been suggested to have the ability to modify or improve memory/cognition, specifically 5-HT receptors acting at 5-HT_{1A}, 5-HT₄ and 5-HT₆ receptors. This article summarizes the pharmacology, efficacy, safety and tolerability data for the various serotonergic agents currently in clinical development for AD.

GUT

[S23744612](#)

In our experience, 86.4% of all PCCRCs could be explained by procedural factors, especially missed lesions. Quality improvements in performance of colonoscopy, with special attention to the detection and resection of proximally located flat precursors, have the potential to prevent PCCRCs.

[S23853213](#)

GERD is prevalent worldwide, and disease burden may be increasing. Prevalence estimates show considerable geographic variation, but only East Asia shows estimates consistently lower than 10%.

[S23955527](#)

In the BCSP, detection rates after positive gFOBT are lower for CTC than colonoscopy, although populations undergoing the two tests are different. Centres with more experienced radiologists have higher detection and accuracy. Rigorous quality assurance of BCSP radiology is needed.

[S23793224](#)

Despite recent colonoscopy with intent to remove all neoplasia, CRC will occasionally be diagnosed. These cancers primarily seem to represent lesions that were missed or incompletely removed at the prior colonoscopy and might be avoided by increased emphasis on identifying and completely removing all neoplastic lesions at colonoscopy.

[S23744613](#)

In our population-based inception cohort followed for 20 years, there was no increased mortality or more deaths from cancer compared with the general population.

ENFERMEDADES INFECCIOSAS Y MICROBIOLOGIA CLINICA

[S24484733](#)

Este documento pretende revisar los conocimientos científicos actuales y, en función de ello, elaborar una serie de recomendaciones con respecto al TAR, tanto desde el punto de vista de la salud individual de la madre como con el objetivo de minimizar en lo posible el riesgo de TV, atendiendo, además, a otros cuidados de salud de la embarazada con infección por el VIH. Se discuten y evalúan,

asimismo, otras estrategias capaces de reducir la TV (cesárea programada, tratamiento del niño...) y distintos aspectos relacionados con el tema (pautas de TAR, toxicidad del mismo, controles durante la gestación y puerperio, etc.).

GACETA SANITARIA

S24472533

Más horas de televisión y una menor actividad física se asociaron significativamente con un aumento del IMC en la población universitaria estudiada. Ambos factores pueden modificarse con estrategias preventivas.

S24359681

Los resultados apoyan los hallazgos previos respecto a que la autopercepción de la salud general negativa predice la mortalidad. Es necesario dilucidar los mecanismos por los que este indicador puede predecir la mortalidad en los adultos mayores, que pueden ser diferentes para hombres y mujeres. Se sugiere investigar el papel de la depresión, considerando que el efecto de la autopercepción de la salud sobre la mortalidad no estaba presente en los estudios que la incluían.

S24388486

El tratamiento multicomponente aplicado fue altamente efectivo. Se sugiere la conveniencia de realizar un entrenamiento específico a los profesionales de la salud de cara a implantar este tipo de intervenciones en el ámbito de la atención primaria, como alternativa al consejo médico para aquellos fumadores que lo precisen.

S24393261

Se observa una estabilización en la prevalencia del VIH en las mujeres trabajadoras del sexo, superior en las españolas. El incremento de las relaciones sexuales desprotegidas y de la prevalencia de ITS en las trabajadoras del sexo durante 2005-2011 pone de relieve una posible relajación en las conductas preventivas del colectivo, por lo que deben continuar las intervenciones dirigidas a disminuir la transmisión de estas infecciones, así como de los embarazos no deseados.

JAMA INTERNAL MEDICINE

S24615217

Proactive, population-based tobacco cessation care using proactive outreach to connect smokers to evidence-based telephone or in-person smoking cessation services is effective for increasing long-term population-level cessation rates

S24687000

Angiotensin-converting enzyme inhibitors reduced all-cause mortality, CV mortality, and major CV events in patients with DM, whereas ARBs had no benefits on these outcomes. Thus, ACEIs should be considered as first-line therapy to limit excess mortality and morbidity in this population.

JAMA PSYCHIATRY

S24554306

Most patients with svMCI do not exhibit substantial amyloid burden, and CVD does not increase β -amyloid burden as measured by amyloid imaging. However, in patients with svMCI, amyloid burden and white matter hyperintensity act synergistically to impair visuospatial function. Therefore, our findings highlight the need for accurate biomarkers, including neuroimaging tools, for early diagnosis and the need to relate these biomarkers to cognitive measurements for effective use in the clinical setting.

FAMILY MEDICINE

EDGOOSE

Surprisingly, difficult patients overall reported greater ease of communication with their residents than non-difficult patients. The pronounced discordance between the perspectives of physicians and patients likely underlies much of the frustration experienced by clinicians. Since difficult patients seem satisfied with the resident-patient relationship, further work is needed to understand this discrepancy and improve physician ease and satisfaction with these challenging relationships.

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

S24808120

Primary care physicians care for patients with inflammatory bowel disease (IBD) who are receiving advanced therapies that include immunomodulator drugs (eg, azathioprine and methotrexate) and biologic therapy. These agents have significantly improved remission rates and the quality of life for patients suffering from IBD. However, patients taking these drugs need special care and counseling with regard to adverse effects, infection risk, cancer risk, and pregnancy. Newer treatment paradigms incorporate earlier use of biologic therapy, often in combination with immunomodulator drugs, to alter the natural course of the disease. Comprehensive care for these patients, including health maintenance, requires collaboration between primary care physicians and gastroenterologists. Despite their high cost, advanced therapies are likely to be cost-effective. This article discusses general concepts about azathioprine, 6-mercaptopurine, methotrexate, and common biologic drugs used in IBD.

S24808112

Clinicians and staff in family medicine offices frequently touch their T-zone and demonstrate mixed quality of hand cleansing. Participants' self-rated URTI prevention behaviors were not associated with how well they actually perform hand hygiene and how often they touch their T-zone. The relationship between self-reported and observed behaviors and URTIs in family medicine office settings needs further study.

S24808113

While neither intervention alone improved medication list agreement, these interventions may have value in a multistep protocol to improve the agreement of medication lists in primary care offices. Baseline agreement was much higher than expected, possibly reflecting a Hawthorne effect.

REVISTA ESPAÑOLA DE CARDIOLOGIA

S24774729

La prevalencia de síndrome metabólico es elevada en España. Hay importantes diferencias geográficas en su distribución y sustanciales oportunidades de mejora del manejo clínico del síndrome metabólico premórbido.

THORAX

S24668408

Lung function tracks from the earliest age that it can be reliably measured. Genome wide association studies suggest that most variants identified for common complex traits are regulatory in function and active during fetal development. Fetal programming of gene expression during development is critical to the formation of a normal lung. An understanding of how fetal developmental genes related to diseases of the lungs and airways is a critical area for research. This review article considers the developmental origins hypothesis, the stages of normal lung development and a variety of environmental exposures that might influence the developmental process: in utero cigarette smoke exposure, vitamin D and folate. We conclude with some information on developmental genes and asthma.

DIABETES CARE

S24705611

Initiating treatment with CPAP in OSA patients with T2D leads to significantly lower blood pressure and better controlled diabetes and affords a cost-effective use of NHS resources. These observations have the potential for treatment modification if confirmed in a prospective study.

S24574343

Heart rate QTc interval is an independent predictor of all-cause and CVD mortality in this population with type 2 diabetes, suggesting that additional prognostic information may be available from this simple ECG measure.

S24574348

Our data show that subjects with prediabetes according to HbA1c, but with both NT according to the OGTT and normal fasting glycemia, have an altered IMT and AugI. These data suggest that a simple, reproducible, and less expensive marker such as HbA1c may be better able to identify prediabetic subjects at high cardiovascular risk compared with fasting glycemia or OGTT alone.

S24757231

Outcomes in pregnancies complicated by preexisting diabetes (type 1 and type 2) and gestational diabetes mellitus have improved, but there is still excess morbidity compared with normal pregnancy. Management strategies appropriately focus on maternal glycemia, which demonstrably improves pregnancy outcomes for mother and infant. However, we may be reaching the boundaries of obtainable glycemic control for many women. It has been acknowledged that maternal lipids are important in pregnancies complicated by diabetes. Elevated maternal lipids are associated with preeclampsia, preterm delivery, and large-for-gestational-age infants. Despite this understanding, assessment of management strategies targeting maternal lipids has been neglected to date. Consideration needs to be given to whether normalizing maternal lipids would further improve pregnancy outcomes. This review examines the dyslipidemia associated with pregnancy complicated by diabetes, reviews possible therapies, and considers whether it is time to start actively managing this aspect of maternal metabolism.

S24595634

The improvement of BP undertreatment after introduction of the performance measures did not correspond with an increase in overtreatment. The performance measures appeared to have little impact on improving glucose-regulating treatment. The trends did not differ among patient age groups.

S24595635

Compared with non-T2DM, T2DM was associated with an increased risk for subsequent MI, all-cause death, and their composite end point. The risk tends to be higher in women than in men.

S24478399

This study depicts the close association between variations in circulating miRNAs and T2D and their potential relevance in insulin sensitivity.

S24595631

Among patients with T2DM, traditional cardiovascular risk factors were the main predictors of incident PAD cases. Stratified analyses showed different risk factors were predictive for patients treated with IS medications versus those treated with IP medications.

S24574345

Use of sulfonylurea as second-line therapy for type 2 diabetes generated glycemic control and QALYs comparable with those associated with other agents but at lower cost. A model that incorporates HbA1c and diabetes complications can serve as a useful clinical decision tool for selection of treatment options.

S24595628

Many factors can guide clinicians in predicting the response to starting therapy with insulin analogs, but many are interdependent and thus of poor utility. The factor explaining most of the variance in HbA1c change is baseline HbA1c level, with each increase of 1.0%-units (11 mmol/mol) providing a 0.7-0.8%-units (8-9 mmol/mol) greater fall. Other factors do not explain much of the remaining variance, even when including all end-of-trial measures.

S24578358

In patients with type 2 diabetes, moderate alcohol use, particularly wine consumption, is associated with reduced risks of cardiovascular events and all-cause mortality.

S24623020

The antidiabetic drug market is characterized by steady increases in volume, and newly approved drugs experienced substantial uptake, especially DPP-4 inhibitors. The use of rosiglitazone has been negligible since restrictions were put in place in 2011. Further study is needed to understand why one-third to one-half of other noninsulin antidiabetic drug use was not concomitant with metformin use despite guidelines recommending that metformin be continued when other agents are added to treatment.

S24595630

This proof-of-concept study strongly supports a randomized clinical trial of adjunctive-to-insulin empagliflozin in patients with T1D.

BRITISH MEDICAL JOURNAL

S24787359

Lower levels of physical capability at age 53 and inability to perform capability tests are associated with higher rates of mortality. Even at this relatively young age these measures identify groups of people who are less likely than others to achieve a long and healthy life.

DOMBROWSKI

Behavioural interventions that deal with both diet and physical activity show small but significant benefits on weight loss maintenance.

FORBES

A range of conditions were associated with increased risk of zoster. In general, the increased risk was proportionally greater in younger age groups. Current vaccines are contraindicated in people at the greatest risk of zoster, highlighting the need for alternative risk reduction strategies in these groups.

S24821132

Though screening is likely to increase identification of intimate partner violence in healthcare settings, rates of identification from screening interventions were low relative to best estimates of prevalence of such violence. It is uncertain whether screening increases

effective referral to supportive agencies. Screening does not seem to cause harm in the short term, but harm was measured in only one study. As the primary studies did not detect improved outcomes for women screened for intimate partner violence, there is insufficient evidence for screening in healthcare settings. Studies comparing screening versus case finding, or screening in combination with therapeutic intervention for women's long term wellbeing, are needed to inform the implementation of identification policies in healthcare settings.

S24846323

In patients with non-shockable cardiac arrest in hospital, earlier administration of epinephrine is associated with a higher probability of return of spontaneous circulation, survival in hospital, and neurologically intact survival.

S24850821

Placebo controlled trial is a powerful, feasible way of showing the efficacy of surgical procedures. The risks of adverse effects associated with the placebo are small. In half of the studies, the results provide evidence against continued use of the investigated surgical procedures. Without well designed placebo controlled trials of surgery, ineffective treatment may continue unchallenged.

LOYMANS

Strategies with combined inhaled corticosteroids and long acting β agonists are most effective and safe in preventing severe exacerbations of asthma, although some heterogeneity was observed in this network meta-analysis of full text reports.

S24782515

In this prospective study of patients who survived MI, a greater intake of dietary fiber after MI, especially cereal fiber, was inversely associated with all cause mortality. In addition, increasing consumption of fiber from before to after MI was significantly associated with lower all cause and cardiovascular mortality.

S24865166

The findings suggest that the AFLY5 school based intervention is not effective at increasing levels of physical activity, decreasing sedentary behaviour, and increasing fruit and vegetable consumption in primary school children. Change in these activities may require more intensive behavioural interventions with children or upstream interventions at the family and societal level, as well as at the school environment level. These findings have relevance for researchers, policy makers, public health practitioners, and doctors who are involved in health promotion, policy making, and commissioning services.

S24846275

These data provide limited, moderate quality evidence that searching for and eradicating H pylori reduces the incidence of gastric cancer in healthy asymptomatic infected Asian individuals, but these data cannot necessarily be extrapolated to other populations.

CIRCULATION

S24821825

Given the limited available evidence on the risks and benefits of e-cigarette use, large, randomized, controlled trials are urgently needed to definitively establish their potential for smoking cessation.

S24682387

There is little agreement between provider-assessed risk and empirical scores in AF. These differences may explain, in part, the current divergence of anticoagulation treatment decisions from guideline recommendations.

S24799513

Greater total leisure-time activity, and walking alone, as well, were prospectively associated with more favorable and specific indices of autonomic function in older adults, including several suggestive of more normal circadian fluctuations and less erratic sinoatrial firing. Our results suggest potential mechanisms that might contribute to lower cardiovascular mortality with habitual physical activity later in life.

S24633881

Although SCAF is associated with an increased risk of stroke and embolism, very few patients had SCAF in the month before their event.

EUROPEAN HEART JOURNAL

S24497338

This study demonstrates superiority of CA over AAD for recurrent AT after persistent AF ablation with regard to SR maintenance, long-term safety and QoL improvement. However, CA use might be limited by a higher risk for periprocedural complications

S24598982

The 6-year anniversary of the first catheter-based renal denervation procedure for resistant hypertension has passed, and the 3-year follow-up results of the Symplicity HTN-1 are now published. At the 'end of the beginning', it is timely to reflect on the observations to-date for this revolutionary therapy, and to predict the next phase in its development and clinical application in hypertension treatment. In essence, on observations to hand, the procedure is efficacious and seems safe and durable. But will the blood pressure lowering truly be permanent (or might it be cancelled out by renal sympathetic nerve regrowth)? How can patient selection for the renal denervation procedure be optimized, given that some patients do not respond with a blood pressure fall? Will blood pressure lowering with renal denervation reduce the rate of clinical cardiovascular endpoints? Will long-term safety be acceptable? Can milder hypertension be cured? And there are unresolved procedural and technical questions: how much renal denervation is optimal; is unilateral denervation, now commonly used, beneficial; will renal denervation show a 'class effect', with the different energy forms now used for renal nerve ablation producing equivalent blood pressure lowering? At the 12-year anniversary, I expect these questions will be answered, and catheter-based renal denervation will have an established clinical role in the care of patients with severe grades of hypertension. Less certain is the common prediction of its application in early, mild hypertension, in parallel with, or even before anti-hypertensive drug prescribing.

S24644307

Several drugs used in the treatment of mental diseases are associated with an increased risk of sudden cardiac death (SCD). A general cause-relationship between the intake of these drugs and SCD is unattainable, but numerous case reports of drug-induced malignant arrhythmia and epidemiological studies, associating the use of specific drugs with SCD, strongly support the presence of an increased risk. Whereas the absolute risk of drug-induced life-threatening arrhythmia may be relatively low, even small increments in risk of SCD may have a major health impact considering that millions of patients are treated with psychotropics. In subgroups of pre-disposed patients, e.g. patients with cardiac diseases or other co-morbidities, the elderly or patients treated with other negatively interacting drugs, the absolute risk of drug-induced arrhythmia may be considerable. On the other hand, several of the major mental disorders are associated with a large risk of suicide if untreated. The observed risk of malignant arrhythmia associated with treatment with psychotropic drugs calls for clinical guidelines integrating the risk of the individual drug and other potentially interacting risk factors. In this review, data from various authorities on the risk of arrhythmia associated with psychotropic medications were weighted and categorized into three risk categories. Additionally, we suggest a clinically applicable algorithm to reduce the risk of malignant arrhythmia in patients to be treated with psychotropic medications. The algorithm integrates the risk categories of the individual drugs

and pre-disposing risk factors and suggests a prudent follow-up for patients with an increased risk. We believe this clinically manageable guideline might improve safety in the many and rapidly increasing number of patients on psychotropic drugs.

S24603310

Important differences were observed across subgroups when the absolute long-term risk of CVD was estimated based on QTc interval duration. The accuracy of the personalized CVD prognosis can be improved when the QTc interval is introduced to a conventional risk model for CVD.

S24366917

Secondary hypertension refers to arterial hypertension due to an identifiable cause and affects ~5-10% of the general hypertensive population. Because secondary forms are rare and work up is time-consuming and expensive, only patients with clinical suspicion should be screened. In recent years, some new aspects gained importance regarding this screening. In particular, increasing evidence suggests that 24 h ambulatory blood pressure (BP) monitoring plays a central role in the work up of patients with suspected secondary hypertension. Moreover, obstructive sleep apnoea has been identified as one of the most frequent causes. Finally, the introduction of catheter-based renal denervation for the treatment of patients with resistant hypertension has dramatically increased the interest and the number of patients evaluated for renal artery stenosis. We review the clinical clues of the most common causes of secondary hypertension. Specific recommendations are given as to evaluation and treatment of various forms of secondary hypertension. Despite appropriate therapy or even removal of the secondary cause, BP rarely ever returns to normal with long-term follow-up. Such residue hypertension indicates either that some patients with secondary hypertension also have concomitant essential hypertension or that irreversible vascular remodelling has taken place. Thus, in patients with potentially reversible causes of hypertension, early detection and treatment are important to minimize/prevent irreversible changes in the vasculature and target organs.

S24347316

Use of ACEis and ARBs compared with β -blockers and diuretics associates with a reduced risk of atrial fibrillation, but not stroke, within the limitations of a retrospective study reporting associations. This suggests that controlling activation of the renin-angiotensin system in addition to controlling blood pressure is associated with a reduced risk of atrial fibrillation.

S24585267

Worse diuretic response was associated with more advanced heart failure, renal impairment, diabetes, atherosclerotic disease and in-hospital worsening heart failure, and predicts mortality and heart failure rehospitalization in this post hoc, hypothesis-generating study.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

S24867014

Geriatric conditions may be associated with adverse surgical outcomes. A comprehensive evaluation of treatment goals and communication of realistic risk estimates are essential to guide individualized decision making.

S24825645

Primary care physicians can play an important role in the diagnosis of glaucoma by referring patients with positive family history or with suspicious optic nerve head findings for complete ophthalmologic examination. They can improve treatment outcomes by reinforcing the importance of medication adherence and persistence and by recognizing adverse reactions from glaucoma medications and surgeries.

S24838476

Supplemental vitamin C taken by pregnant smokers improved newborn PFT results and decreased wheezing through 1 year in the offspring. Vitamin C in pregnant smokers may be an inexpensive and simple approach to decrease the effects of smoking in pregnancy on newborn pulmonary function and respiratory morbidities.

S24846036

Among adults with painful hip osteoarthritis, physical therapy did not result in greater improvement in pain or function compared with sham treatment, raising questions about its value for these patients.

S24838406

Vitamin D3 did not reduce the rate of first treatment failure or exacerbation in adults with persistent asthma and vitamin D insufficiency. These findings do not support a strategy of therapeutic vitamin D3 supplementation in patients with symptomatic asthma.

S24846035

In adults with schizophrenia or schizoaffective disorder, use of paliperidone palmitate vs haloperidol decanoate did not result in a statistically significant difference in efficacy failure, but was associated with more weight gain and greater increases in serum prolactin, whereas haloperidol decanoate was associated with more akathisia. However, the CIs do not rule out the possibility of a clinically meaningful advantage with paliperidone palmitate.

S24846038

High-quality, level 1 evidence for urinary incontinence therapy can guide clinicians in the treatment of the components of mixed urinary incontinence. Because high-quality evidence is lacking regarding the treatment of mixed urinary incontinence, treatment generally begins with conservative management emphasizing the most bothersome component. Randomized trials in women with mixed urinary incontinence populations are needed.

THE LANCET

S24486187

This large prospective study strongly reinforces other evidence that vodka is a major cause of the high risk of premature death in Russian adults.

S24559581

Although the difference in quality of life was non-significant at the primary endpoint, this trial shows promising findings that support early palliative care for patients with advanced cancer.

S24507377

EMA401 (100 mg twice daily) provides superior relief of postherpetic neuralgia compared with placebo at the end of 28 days of treatment. EMA401 was well tolerated by patients.

S24225001

More than 1.2 million patients are diagnosed with colorectal cancer every year, and more than 600,000 die from the disease. Incidence strongly varies globally and is closely linked to elements of a so-called western lifestyle. Incidence is higher in men than women and strongly increases with age; median age at diagnosis is about 70 years in developed countries. Despite strong hereditary components, most cases of colorectal cancer are sporadic and develop slowly over several years through the adenoma-carcinoma sequence. The cornerstones of therapy are surgery, neoadjuvant radiotherapy (for patients with rectal cancer), and adjuvant chemotherapy (for patients with stage III/IV and high-risk stage II colon cancer). 5-year relative survival ranges from greater than 90% in patients with stage I disease to slightly greater than 10% in patients with stage IV disease. Screening has been shown to reduce colorectal cancer incidence and mortality, but organised screening programmes are still to be implemented in most countries.

S24480518

Cirrhosis is an increasing cause of morbidity and mortality in more developed countries, being the 14th most common cause of death worldwide but fourth in central Europe. Increasingly, cirrhosis has been seen to be not a single disease entity, but one that can be subclassified into distinct clinical prognostic stages, with 1-year mortality ranging from 1% to 57% depending on the stage. We review the current understanding of cirrhosis as a dynamic process and outline current therapeutic options for prevention and treatment of complications of cirrhosis, on the basis of the subclassification in clinical stages. The new concept in management of patients with cirrhosis should be prevention and early intervention to stabilise disease progression and to avoid or delay clinical decompensation and the need for liver transplantation. The challenge in the 21st century is to prevent the need for liver transplantation in as many patients with cirrhosis as possible.

S24529867

Sexual violence against women is common worldwide, with endemic levels seen in some areas, although large variations between settings need to be interpreted with caution because of differences in data availability and levels of disclosure. Nevertheless, our findings indicate a pressing health and human rights concern.

THE NEW ENGLAND JOURNAL OF MEDICINE

S24679060

Among obese patients with uncontrolled type 2 diabetes, 3 years of intensive medical therapy plus bariatric surgery resulted in glycemic control in significantly more patients than did medical therapy alone. Analyses of secondary end points, including body weight, use of glucose-lowering medications, and quality of life, also showed favorable results at 3 years in the surgical groups, as compared with the group receiving medical therapy alone. (Funded by Ethicon and others; STAMPEDE ClinicalTrials.gov number, NCT00432809.).

KING

Pirfenidone, as compared with placebo, reduced disease progression, as reflected by lung function, exercise tolerance, and progression-free survival, in patients with idiopathic pulmonary fibrosis. Treatment was associated with an acceptable side-effect profile and fewer deaths. (Funded by InterMune; ASCEND ClinicalTrials.gov number, NCT01366209.).

S24720702

Ledipasvir-sofosbuvir for 8 weeks was associated with a high rate of sustained virologic response among previously untreated patients with HCV genotype 1 infection without cirrhosis. No additional benefit was associated with the inclusion of ribavirin in the regimen or with extension of the duration of treatment to 12 weeks. (Funded by Gilead Sciences; ION-3 ClinicalTrials.gov number, NCT01851330.).

S24725239

Once-daily ledipasvir-sofosbuvir with or without ribavirin for 12 or 24 weeks was highly effective in previously untreated patients with HCV genotype 1 infection. (Funded by Gilead Sciences; ION-1 ClinicalTrials.gov number NCT01701401.).

S24836309

As compared with placebo, acetylcysteine offered no significant benefit with respect to the preservation of FVC in patients with idiopathic pulmonary fibrosis with mild-to-moderate impairment in lung function. (Funded by the National Heart, Lung, and Blood Institute and others; ClinicalTrials.gov number, NCT00650091.).

S24836310

In patients with idiopathic pulmonary fibrosis, nintedanib reduced the decline in FVC, which is consistent with a slowing of disease progression; nintedanib was frequently associated with diarrhea, which led to discontinuation of the study medication in less than 5% of patients. (Funded by Boehringer Ingelheim; INPULSIS-1 and INPULSIS-2 ClinicalTrials.gov numbers, NCT01335464 and NCT01335477.).

S24827034

Posaconazole showed antitrypanosomal activity in patients with chronic Chagas' disease. However, significantly more patients in the posaconazole groups than in the benznidazole group had treatment failure during follow-up. (Funded by the Ministry of Health, Spain; CHAGASAZOL ClinicalTrials.gov number, NCT01162967.).

MEDICINA CLINICA

S23850150

El número necesario de tratamientos se ha recomendado como una forma sencilla de transmitir los resultados de un estudio, especialmente de un ensayo clínico. La mayor parte de las publicaciones lo estiman a partir de una tabla 2 x 2, como el inverso de la reducción absoluta de riesgos. No obstante, se ha llamado la atención sobre algunas limitaciones: la interpretación no resulta tan sencilla como se había pretendido, frecuentemente se ignora la estimación del intervalo de confianza, y los estudios en los que se estima una medida de efecto ajustado por factores de confusión no pueden utilizar las tablas 2 x 2 en el cálculo del número necesario de tratamientos. En este trabajo revisamos la forma de obtener la estimación puntual y el intervalo confianza en 4 situaciones: tablas 2 x 2, regresión logística, método de Kaplan-Meier y regresión de Cox.

S24216018

Los pacientes con síndrome metabólico tienen con mayor frecuencia déficit de vitamina D, pero este no predice el riesgo de desarrollar síndrome metabólico.