GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES TERCER CUATRIMESTRE 2024

Guidelines Recommending That Clinicians Advise Patients on Lifestyle Changes: A Popular but Questionable Approach to Improve Public Health
39250805
GUÍAS QUE RECOMIENDAN QUE LOS CLÍNICOS ACONSEJEN A LOS PACIENTES SOBRE CAMBIOS EN SU ESTILO DE VIDA: ABORDAJE POPULAR PERO CUESTIONABLE PARA MEJORAR LA SALUD PÚBLICA

Unhealthy lifestyles contribute to common, serious diseases. Therefore, guidelines often recommend that clinicians advise patients on behavior changes (that is, lifestyle interventions). The National Institute for Health and Care Excellence (NICE) in the United Kingdom recommends 379 lifestyle interventions, of which almost 100 apply to more than 25% of the general population (1). Of these, only 3% were supported by high- or moderate-certainty evidence that the recommended clinician intervention helps people change behavior, and another 13% by low- to very-low-certainty evidence (1).

Revisión sistemática de los instrumentos de evaluación de la calidad de Atención Primaria utilizados en los últimos 10 años
39018797
REVISIÓN SISTEMÁTICA DE LOS INSTRUMENTOS DE EVALUACIÓN DE LA CALIDAD DE ATENCIÓN PRIMARIA UTILIZADOS EN LOS ÚLTIMOS 10 AÑOS

Resumen
Objetivo
Conocer los instrumentos de evaluación de calidad de la Atención Primaria (AP) más utilizados, por qué y en qué países han sido aplicados aporta información relevante para tomar decisiones fundamentadas sobre qué instrumento utilizar. El objetivo es determinar los instrumentos utilizados para evaluar la calidad internacional de la AP, su evolución y distribución geográfica entre 2013 y 2023.
Diseño
Revisión sistemática.
Fuentes de datos
PubMed y Embase. Desde marzo hasta diciembre del 2023.
Criterios de inclusión
1) Estudios de validación de instrumentos de evaluación específicos para medir la calidad de la AP o la satisfacción del paciente, proveedores o gestores; *2)* en el ámbito de AP, y *3)* publicados desde el 1/01/2013 hasta el 1/02/2023. Se incluyeron 83 artículos a texto completo.
Extracción de datos
Instrumento utilizado para evaluar la calidad de la AP, atributos de AP que evalúa, destinatario de la evaluación, usuario, proveedor o gestor, año y país.
Resultados

Selección realizada por Antonio Manteca González

Se localizan 15instrumentos de evaluación de la AP. El más utilizado es la Primary Care Assessing Tool (PCAT), con amplia distribución geográfica y versiones en varios idiomas, de uso más limitado en Europa, salvo en España, y mayoritaria evaluación de la calidad de la AP desde la perspectiva del usuario.

Conclusiones

El PCAT, por su adaptabilidad cultural, disponibilidad en varios idiomas, su capacidad para evaluar los principios fundamentales de la AP enunciados por la Organización Mundial de la Salud y contemplar las perspectivas de todos los agentes de salud, es un cuestionario completo, versátil y consistente para la evaluación de la calidad de la AP.

TEXTO COMPLETO: Revisión sistemática de los instrumentos de evaluación de la calidad de Atención Primaria utilizados en los últimos 10 años | Atención Primaria

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2024 ESC Guidelines for the management of peripheral arterial and aortic diseases
39210722
GUÍAS ESC 2024 SOBRE EL MANEJO DE ENFERMEDADES AÓRTICA Y ARTERIAL PERIFÉRICA

TEXTO COMPLETO: 2024 ESC Guidelines for the management of peripheral arterial and aortic diseases | European Heart Journal | Oxford Academic

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2024 ESC Guidelines for the management of chronic coronary syndromes
39210710
GUÍAS ESC 2024 PARA EL MANEJO DE SÍNDROMES CORONARIOS CRÓNICOS

TEXTO COMPLETO: 2024 ESC Guidelines for the management of chronic coronary syndromes | European Heart Journal | Oxford Academic

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2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS)
39210723
GUÍAS ESC 2024 PARA EL MANEJO DE LA FIBRILACIÓN AURICULAR DESARROLLADAS EN COLABORACIÓN CON LA EACTS

TEXTO COMPLETO: 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS) | European Heart Journal | Oxford Academic

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2024 ESC Guidelines for the management of elevated blood pressure and hypertension
39210715
GUÍAS ESC 2024 PARA EL MANEJO DE LA PRESIÓN ARTERIAL ELEVADA Y LA HIPERTENSIÓN

TEXTO COMPLETO: 2024 ESC Guidelines for the management of elevated blood pressure and hypertension | European Heart Journal | Oxford Academic

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Selección realizada por Antonio Manteca González

Myocardial ischaemic syndromes: a new nomenclature to harmonize evolving international clinical practice guidelines
39211956
SÍNDROMES ISQUÉMICOS MIOCÁRDICOS: NUEVA NOMENCLATURA PARA ARMONIZAR LAS GUÍAS DE PRÁCTICA CLÍNICA INTERNACIONALES EN EVOLUCIÓN

Abstract
Since the 1960s, cardiologists have adopted several binary classification systems for acute myocardial infarction (MI) that facilitated improved patient management. Conversely, for chronic stable manifestations of myocardial ischaemia, various classifications have emerged over time, often with conflicting terminology-e.g. 'stable coronary artery disease' (CAD), 'stable ischaemic heart disease', and 'chronic coronary syndromes' (CCS). While the 2019 European guidelines introduced CCS to impart symmetry with 'acute coronary syndromes' (ACS), the 2023 American guidelines endorsed the alternative term 'chronic coronary disease'. An unintended consequence of these competing classifications is perpetuation of the restrictive terms 'coronary' and 'disease', often connoting only a singular obstructive CAD mechanism. It is now important to advance a more broadly inclusive terminology for both obstructive and non-obstructive causes of angina and myocardial ischaemia that fosters conceptual clarity and unifies dyssynchronous nomenclatures across guidelines. We, therefore, propose a new binary classification of 'acute myocardial ischaemic syndromes' and 'non-acute myocardial ischaemic syndromes', which comprises both obstructive epicardial and non-obstructive pathogenetic mechanisms, including microvascular dysfunction, vasospastic disorders, and non-coronary causes. We herein retain accepted categories of ACS, ST-segment elevation MI, and non-ST-segment elevation MI, as important subsets for which revascularization is of proven clinical benefit, as well as new terms like ischaemia and MI with non-obstructive coronary arteries. Overall, such a more encompassing nomenclature better aligns, unifies, and harmonizes different pathophysiologic causes of myocardial ischaemia and should result in more refined diagnostic and therapeutic approaches targeted to the multiple pathobiological precipitants of angina pectoris, ischaemia and infarction.

TEXTO COMPLETO: https://academic.oup.com/eurheartj/article-lookup/doi/10.1093/eurheartj/ehae278

Screening and Supplementation for Iron Deficiency and Iron Deficiency Anemia During Pregnancy: US Preventive Services Task Force Recommendation Statement
39163015
CRIBADO Y SUPLEMENTACIÓN EN LA FERROPENIA Y LA ANEMIA FERROPÉNICA DURANTE EL EMBARAZO: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract
Importance: Iron deficiency is the leading cause of anemia during pregnancy. According to survey data from 1999 to 2006, overall estimated prevalence of iron deficiency during pregnancy is near 18% and increases across the 3 trimesters of pregnancy (from 6.9% to 14.3% to 28.4%). An estimated 5% of pregnant persons have iron deficiency anemia.
Objective: The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the evidence on the benefits and harms of screening and supplementation for iron deficiency with and without anemia on maternal and infant health outcomes in asymptomatic pregnant persons.

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Population: Asymptomatic pregnant adolescents and adults.
Evidence assessment: The USPSTF concludes that the current evidence is insufficient, and the balance of benefits and harms of screening for iron deficiency and iron deficiency anemia in asymptomatic pregnant persons on maternal and infant health outcomes cannot be determined. The USPSTF also concludes that the current evidence is insufficient, and the balance of benefits and harms of iron supplementation in asymptomatic pregnant persons on maternal and infant health outcomes cannot be determined.
Recommendation: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency and iron deficiency anemia in pregnant persons to prevent adverse maternal and infant health outcomes. (I statement) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine supplementation for iron deficiency and iron deficiency anemia in pregnant persons to prevent adverse maternal and infant health outcomes. (I statement).

TEXTO COMPLETO:
https://jamanetwork.com/journals/jama/fullarticle/10.1001/jama.2024.15196

Retrospective evaluation of the world falls guidelines-algorithm in older adults
39424356
EVALUACIÓN RETROSPECTIVA DE LAS GUÍAS Y ALGORITMOS MUNDIALES SOBRE CAÍDAS EN ANCIANOS

Abstract
Background: The World Falls Guidelines (WFG) propose an algorithm that classifies patients as low-, intermediate-, and high-risk. We evaluated different operationalizations of the WFG algorithm and compared its predictive performance to other screening tools for falls, namely: the American Geriatrics Society and British Geriatrics Society (AGS/BGS) algorithm, the 3KQ on their own and fall history on its own.
Methods: We included data from 1509 adults aged ≥65 years from the population-based Longitudinal Aging Study Amsterdam. The outcome was ≥1 fall during 1-year follow-up, which was ascertained using fall calendars. The screening tools' items were retrospectively operationalized using baseline measures, using proxies where necessary.
Results: Sensitivity ranged between 30.9-48.0% and specificity ranged between 77.0-88.2%. Operationalizing the algorithm with the 3KQ instead of fall history yielded a higher sensitivity but lower specificity, whereas operationalization with the Clinical Frailty Scale (CFS) classification tree instead of Fried's frailty criteria did not affect predictive performance. Compared to the WFG algorithm, the AGS/BGS algorithm and fall history on its own yielded similar predictive performance, whereas the 3KQ on their own yielded a higher sensitivity but lower specificity.
Conclusion: The WFG algorithm can identify patients at risk of a fall, especially when the 3KQ are included in its operationalization. The CFS and Fried's frailty criteria may be used interchangeably in the algorithm's operationalization. The algorithm performed similarly compared to other screening tools, except for the 3KQ on their own, which have higher sensitivity but lower specificity and lack clinical recommendations per risk category.

TEXTO COMPLETO: https://pmc.ncbi.nlm.nih.gov/articles/pmid/39424356/

2023 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline for the Management of Headache
39467289
GUÍA DE PRÁCTICA CLÍNICA 2023 PARA EL MANEJO DE LA CEFALEA DEL DEPARTAMENTO DE ASUNTOS DE VETERANOS DE EE UU Y DEL DEPARTAMENTO DE DEFENSA DE EE UU

Abstract
Description: Headache medicine and therapeutics evidence have been rapidly expanding and evolving since the 2020 U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) clinical practice guideline (CPG) for the management of headache. Therefore, the CPG was revised in 2023, earlier than the standard 5-year cycle. This article reviews the 2023 CPG recommendations relevant to primary care clinicians for treatment and prevention of migraine and tension-type headache (TTH).
Methods: Subject experts from the VA and the DoD developed 12 key questions, which guided a systematic search using predefined inclusion and exclusion criteria. After reviewing evidence from 5 databases published between 6 March 2019 and 16 August 2022, the work group considered the strength and quality of the evidence, patient preferences, and benefits versus harms on critical outcomes before making consensus recommendations.
Recommendations: The revised CPG includes 52 recommendations on evaluation, pharmacotherapy, invasive interventions, and nonpharmacologic interventions for selected primary and secondary headache disorders. In addition to triptans and aspirin-acetaminophen-caffeine, newer calcitonin gene-related peptide (CGRP) inhibitors (gepants) are options for treatment of acute migraine. Medications to prevent episodic migraine (EM) include angiotensin-receptor blockers, lisinopril, magnesium, topiramate, valproate, memantine, the newer CGRP monoclonal antibodies, and atogepant. AbobotulinumtoxinA can be used for prevention of chronic migraine but not EM. Gabapentin is not recommended for prevention of EM. Ibuprofen (400 mg) and acetaminophen (1000 mg) can be used for treatment of TTH, and amitriptyline for prevention of chronic TTH. Physical therapy or aerobic exercise can be used in management of TTH and migraines.

TEXTO COMPLETO: https://www.acpjournals.org/doi/abs/10.7326/ANNALS-24-00551?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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Sodium-glucose cotransporter-2 (SGLT-2) inhibitors for adults with chronic kidney disease: a clinical practice guideline
39353639
INHIBIDORES DE SGLT2 EN ADULTOS CON ENFERMEDAD RENAL CRÓNICA: GUÍA DE PRÁCTICA CLÍNICA

Abstract
Clinical question: What is the impact of sodium-glucose cotransporter-2 (SGLT-2) inhibitors on survival and on cardiovascular and kidneyoutcomes for adults living with chronic kidney disease (CKD)?
Current practice: Few therapies slow kidney disease progression and improve long term prognosis for adults living with CKD. SGLT-2 inhibitors have demonstrated cardiovascular and kidney benefits in adults with CKD with and without type 2 diabetes. Existing guidance for SGLT-2 inhibitors does not account for the totality of current best evidence for adults with CKD and does not provide fully stratified treatment effects and recommendations across all risk groups based on risk of CKD progression and complications.

Selección realizada por Antonio Manteca González

Recommendations: The guideline panel considered evidence regarding benefits and harms of SGLT-2 inhibitor therapy for adults with CKD over a five year period, along with contextual factors, and provided the following recommendations:1. For adults at low risk of CKD progression and complications, we suggest administering SGLT-2 inhibitors (weak recommendation in favour)2. For adults at moderate risk of CKD progression and complications, we suggest administering SGLT-2 inhibitors (weak recommendation in favour)3. For adults at high risk of CKD progression and complications, we recommend administering SGLT-2 inhibitors (strong recommendation in favour)4. For adults at very high risk of CKD progression and complications, we recommend administering SGLT-2 inhibitors (strong recommendation in favour).Recommendations are applicable to all adults with CKD, irrespective of type 2 diabetes status.
How this guideline was created: An international panel including patients, clinicians, and methodologists produced these recommendations following standards for trustworthy guidelines and using the GRADE approach. The panel identified typical risk strata of adults with CKD (from low to very high risk of CKD progression and related complications) using the classification system developed by Kidney Disease Improving Global Outcomes (KDIGO), and applied an individual patient perspective in moving from evidence to recommendations. Effects of SGLT-2 inhibitors were interpreted in absolute terms applicable to different risk strata with varying baseline risks for outcomes of benefit over a five year period. The panel explicitly considered the balance of benefits, harms, and burdens of starting an SGLT-2 inhibitor, incorporating the values and preferences of adults with different risk profiles. Interactive evidence summaries and decision aids accompany multilayered recommendations, developed in an online authoring and publication platform (www.magicapp.org) that allows reuse and adaptation.
The evidence: A linked systematic review and pairwise meta-analysis (13 trials including 29 614 participants) of benefits and harms associated with SGLT-2 inhibitors in adults with CKD with or without type 2 diabetes informed guidance. Among individuals at very high risk of CKD progression and complications, moderate to high certainty evidence shows SGLT-2 inhibitors (relative to placebo or standard care without SGLT-2 inhibitors) decrease all-cause and cardiovascular mortality, hospitalisation for heart failure, kidney failure, non-fatal myocardial infarction, and non-fatal stroke. Among individuals at high risk, moderate to high certainty evidence shows SGLT-2 inhibitors result in similar benefits across outcomes except demonstrating little or no effect on hospitalisation for heart failure and kidney failure. Among individuals at moderate and low risk, moderate to high certainty evidence shows SGLT-2 inhibitors probably reduce all-cause mortality and non-fatal stroke, with little or no effect for other outcomes of benefit. Risk-stratified estimates were unavailable for outcomes of harm; the panel therefore considered absolute effects summarised across risk strata. SGLT-2 inhibitors are associated with little or no effect on acute kidney injury requiring dialysis, bone fractures, lower limb amputations, ketoacidosis, genital infections, or symptomatic hypovolaemia, although a residual possibility of harms at the individual patient level remains.
Understanding the recommendation: In order to apply recommendations, clinicians must appropriately identify adults with CKD, consider the underlying aetiology, and risk stratify them based on glomerular filtration rate (estimated or measured) and degree of albuminuria. In addition to classifying individuals into risk strata, further estimation of a given patient's risk based on the extent of their kidney disease and other comorbidities may be warranted to inform individual-level decisions and shared decision making. Available risk calculators may help estimate a given patient's risk of CKD progression and complications.

TEXTO COMPLETO: https://www.bmj.com/lookup/pmidlookup?view=long&pmid=39353639

Evaluation and Management of Kidney Dysfunction in Advanced Heart Failure: A Scientific Statement From the American Heart Association
39253806
EVALUACIÓN Y MANEJO DE LA DISFUNCIÓN RENAL EN LA INSUFICIENCIA CARDIACA AVANZADA: DECLARACIÓN CIENTÍFICA DE LA AHA

Abstract
Early identification of kidney dysfunction in patients with advanced heart failure is crucial for timely interventions. In addition to elevations in serum creatinine, kidney dysfunction encompasses inadequate maintenance of sodium and volume homeostasis, retention of uremic solutes, and disrupted endocrine functions. Hemodynamic derangements and maladaptive neurohormonal upregulations contribute to fluctuations in kidney indices and electrolytes that may recover with guideline-directed medical therapy. Quantifying the extent of underlying irreversible intrinsic kidney disease is crucial in predicting whether optimization of congestion and guideline-directed medical therapy can stabilize kidney function. This scientific statement focuses on clinical management of patients experiencing kidney dysfunction through the trajectory of advanced heart failure, with specific focus on (1) the conceptual framework for appropriate evaluation of kidney dysfunction within the context of clinical trajectories in advanced heart failure, including in the consideration of advanced heart failure therapies; (2) preoperative, perioperative, and postoperative approaches to evaluation and management of kidney disease for advanced surgical therapies (durable left ventricular assist device/heart transplantation) and kidney replacement therapies; and (3) the key concepts in palliative care and decision-making processes unique to individuals with concomitant advanced heart failure and kidney disease.

TEXTO COMPLETO:
https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000001273?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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Core Components of Cardiac Rehabilitation Programs: 2024 Update: A Scientific Statement From the American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation
39315436
COMPONENTES NUCLEARES DE LOS PROGRAMAS DE REHABILITACIÓN CARDIACA: ACTUALIZACIÓN 2024: DECLARACIÓN CIENTÍFICA DE LA AHA Y DE LA AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION

Abstract
The science of cardiac rehabilitation and the secondary prevention of cardiovascular disease has progressed substantially since the most recent American Heart Association and American Association of Cardiovascular and Pulmonary Rehabilitation update on the core components of cardiac rehabilitation and secondary prevention programs was published in 2007. In addition, the advent of new care models, including virtual and remote delivery of cardiac rehabilitation services, has expanded the ways that cardiac rehabilitation programs can reach patients. In this scientific statement, we update the scientific basis of the core components of patient assessment, nutritional counseling, weight management and body composition, cardiovascular disease and risk factor management, psychosocial management, aerobic exercise training,

strength training, and physical activity counseling. In addition, in recognition that high-quality cardiac rehabilitation programs regularly monitor their processes and outcomes and engage in an ongoing process of quality improvement, we introduce a new core component of program quality. High-quality program performance will be essential to improve widely documented low enrollment and adherence rates and reduce health disparities in cardiac rehabilitation access.

TEXTO COMPLETO:
https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000001289?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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¿Cómo podemos optimizar el abordaje diagnóstico y terapéutico de la neumonía? Recomendaciones basadas en una opinión de expertos
39112116
¿CÓMO PODEMOS OPTIMIZAR EL ABORDAJE DIAGNÓSTICO Y TERAPÉUTICO DE LA NEUMONÍA? RECOMENDACIONES BASADAS EN UNA OPINIÓN DE EXPERTOS

Abstract
Pneumonia continues to be one of the most frequent infectious syndromes and a relevant cause of death and health resources utilization. The OPENIN ("Optimización de procesos clínicos para el diagnóstico y tratamiento de infecciones") Group is composed of Infectious Diseases specialists and Microbiologists and aims at generating recommendations that can contribute to improve the approach to processes with high impact on the health system. Such task relies on a critical review of the available scientific evidence. The first Group meeting (held in October 2023) aimed at answering the following questions: Can we optimize the syndromic and microbiological diagnosis of pneumonia? Is it feasible to safely shorten the length of antibiotic therapy? And, is there any role for the immunomodulatory strategies based on the adjuvant use of steroids, macrolides or immunoglobulins? The present review summarizes the literature reviewed for that meeting and offers a series of expert recommendations.

TEXTO COMPLETO: https://linkinghub.elsevier.com/retrieve/pii/S2529-993X(24)00177-1

2024 ESC Guidelines for the management of elevated blood pressure and hypertension: Developed by the task force on the management of elevated blood pressure and hypertension of the European Society of Cardiology (ESC) and endorsed by the European Society of Endocrinology (ESE) and the European Stroke Organisation (ESO)
GUÍAS ESC 2024 PARA EL MANEJO DE LA PRESIÓN ARTERIAL ELEVADA Y LA HIPERTENSIÓN: DESARROLLADAS POR EL GRUPO DE TRABAJO SOBRE EL MANEJO DE LA PRESIÓN ARTERIAL ELEVADA Y LA HIPERTENSIÓN DE LA ESC Y RESPALDADA POR LA EUROPEAN SOCIETY OF ENDOCRINOLOGY Y LA EUROPEAN STROKE ORGANISATION

TEXTO COMPLETO: 2024 ESC Guidelines for the management of elevated blood pressure and hypertension | European Heart Journal | Oxford Academic

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European Society of Cardiology: the 2023 Atlas of Cardiovascular Disease Statistics 39189413
EUROPEAN SOCIETY OF CARDIOLOOGY: ATLAS 2023 DE ESTADÍSTICAS DE ENFERMEDAD CARDIOVASCULAR

Abstract
This report from the European Society of Cardiology (ESC) Atlas Project updates and expands upon the 2021 report in presenting cardiovascular disease (CVD) statistics for the ESC member countries. This paper examines inequalities in cardiovascular healthcare and outcomes in ESC member countries utilizing mortality and risk factor data from the World Health Organization and the Global Burden of Disease study with additional economic data from the World Bank. Cardiovascular healthcare data were collected by questionnaire circulated to the national cardiac societies of ESC member countries. Statistics pertaining to 2022, or latest available year, are presented. New material in this report includes contemporary estimates of the economic burden of CVD and mortality statistics for a range of CVD phenotypes. CVD accounts for 11% of the EU's total healthcare expenditure. It remains the most common cause of death in ESC member countries with over 3 million deaths per year. Proportionately more deaths from CVD occur in middle-income compared with high-income countries in both females (53% vs. 34%) and males (46% vs. 30%). Between 1990 and 2021, median age-standardized mortality rates (ASMRs) for CVD decreased by median >50% in high-income ESC member countries but in middle-income countries the median decrease was <12%. These inequalities between middle- and high-income ESC member countries likely reflect heterogeneous exposures to a range of environmental, socioeconomic, and clinical risk factors. The 2023 survey suggests that treatment factors may also contribute with middle-income countries reporting lower rates per million of percutaneous coronary intervention (1355 vs. 2330), transcatheter aortic valve implantation (4.0 vs. 153.4) and pacemaker implantation (147.0 vs. 831.9) compared with high-income countries. The ESC Atlas 2023 report shows continuing inequalities in the epidemiology and management of CVD between middle-income and high-income ESC member countries. These inequalities are exemplified by the changes in CVD ASMRs during the last 30 years. In the high-income ESC member countries, ASMRs have been in steep decline during this period but in the middle-income countries declines have been very small. There is now an important need for targeted action to reduce the burden of CVD, particularly in those countries where the burden is greatest.

TEXTO COMPLETO: https://academic.oup.com/eurheartj/article-lookup/doi/10.1093/eurheartj/ehae466

Obesity and cardiovascular disease: an ESC clinical consensus statement 39210708
OBESIDAD Y ENFERMEDAD CARDIOVASCULAR: DECLARACIÓN DE CONSENSO CLÍNICO DE LA ESC

Abstract
The global prevalence of obesity has more than doubled over the past four decades, currently affecting more than a billion individuals. Beyond its recognition as a high-risk condition that is causally linked to many chronic illnesses, obesity has been declared a disease per se that

results in impaired quality of life and reduced life expectancy. Notably, two-thirds of obesity-related excess mortality is attributable to cardiovascular disease. Despite the increasingly appreciated link between obesity and a broad range of cardiovascular disease manifestations including atherosclerotic disease, heart failure, thromboembolic disease, arrhythmias, and sudden cardiac death, obesity has been underrecognized and sub-optimally addressed compared with other modifiable cardiovascular risk factors. In the view of major repercussions of the obesity epidemic on public health, attention has focused on population-based and personalized approaches to prevent excess weight gain and maintain a healthy body weight from early childhood and throughout adult life, as well as on comprehensive weight loss interventions for persons with established obesity. This clinical consensus statement by the European Society of Cardiology discusses current evidence on the epidemiology and aetiology of obesity; the interplay between obesity, cardiovascular risk factors and cardiac conditions; the clinical management of patients with cardiac disease and obesity; and weight loss strategies including lifestyle changes, interventional procedures, and anti-obesity medications with particular focus on their impact on cardiometabolic risk and cardiac outcomes. The document aims to raise awareness on obesity as a major risk factor and provide guidance for implementing evidence-based practices for its prevention and optimal management within the context of primary and secondary cardiovascular disease prevention.

TEXTO COMPLETO: https://academic.oup.com/eurjpc/article-lookup/doi/10.1093/eurjpc/zwae279

Methodological quality and clinical recommendations of guidelines on the management of dyslipidaemias for cardiovascular disease risk reduction: a systematic review and an appraisal through AGREE II and AGREE REX tools
38831566
RECOMENDACIONES CLÍNICAS Y DE CALIDAD METODOLÓGICA DE LAS GUÍAS DE MANEJO DE LAS DISLIPEMIAS PARA LA REDUCCIÓN DEL RIESGO CARDIOVASCULAR: REVISIÓN SISTEMÁTICA Y UNA VALORACIÓN MEDIANTE LAS HERRAMIENTAS AGREE II Y AGREE REX

Abstract
Background: Clinical practice guidelines (CPGs) are statements to assist practitioners and stakeholders in decisions about healthcare. Low methodological quality guidelines may prejudice decision-making and negatively affect clinical outcomes in non-communicable diseases, such as cardiovascular diseases worsted by poor lipid management. We appraised the quality of CPGs on dyslipidemia management and synthesized the most updated pharmacological recommendations.
Methods: A systematic review following international recommendations was performed. Searches to retrieve CPG on pharmacological treatments in adults with dyslipidaemia were conducted in PubMed, Scopus, and Trip databases. Eligible articles were assessed using AGREE II (methodological quality) and AGREE-REX (recommendation excellence) tools. Descriptive statistics were used to summarize data. The most updated guidelines (published after 2019) had their recommendations qualitatively synthesized in an exploratory analysis.
Results: Overall, 66 guidelines authored by professional societies (75%) and targeting clinicians as primary users were selected. The AGREE II domains Scope and Purpose (89%) and Clarity of Presentation (97%), and the AGREE-REX item Clinical Applicability (77.0%) obtained the highest values. Conversely, guidelines were methodologically poorly performed/documented (46%) and scarcely provided data on the implementability of practical recommendations (38%).

Selección realizada por Antonio Manteca González

Recommendations on pharmacological treatments are overall similar, with slight differences concerning the use of supplements and the availability of drugs.
Conclusion: High-quality dyslipidaemia CPG, especially outside North America and Europe, and strictly addressing evidence synthesis, appraisal, and recommendations are needed, especially to guide primary care decisions. CPG developers should consider stakeholders' values and preferences and adapt existing statements to individual populations and healthcare systems to ensure successful implementation interventions.

Estrategias para la prevención primaria y secundaria del cáncer gástrico: consenso chileno de panel de expertos con técnica Delfi
38311004
ESTRATEGIAS PARA LA PREVENCIÓN PRIMARIA Y SECUNDARIA DEL CÁNCER GÁSTRICO: CONSENSO CHILENO DE PANEL DE EXPERTOS CON TÉCNICA DELFI

Abstract
Introduction: Gastric cancer (GC) is the first cause of cancer-related death in Chile and 6th in Latin America and the Caribbean (LAC). Helicobacter pylori (H. pylori) is the main gastric carcinogen, and its treatment reduces GC incidence and mortality. Esophageal-gastro-duodenoscopy (EGD) allows for the detection of premalignant conditions and early-stage GC. Mass screening programs for H. pylori infection and screening for premalignant conditions and early-stage GC are not currently implemented in LAC. The aim of this study is to establish recommendations for primary and secondary prevention of GC in asymptomatic standard-risk populations in Chile.
Methods: Two on-line synchronous workshops and a seminar were conducted with Chilean experts. A Delphi panel consensus was conducted over 2 rounds to achieve>80% agreement on proposed primary and secondary prevention strategies for the population stratified by age groups.
Results: 10, 12, and 12 experts participated in two workshops and a seminar, respectively. In the Delphi panel, 25 out of 37 experts (77.14%) and 28 out of 52 experts (53.85%) responded. For the population aged 16-34, there was no consensus on non-invasive testing and treatment for H. pylori, and the use of EGD was excluded. For the 35-44 age group, non-invasive testing and treatment for H. pylori is recommended, followed by subsequent test-of-cure using non-invasive tests (stool antigen test or urea breath test). In the ≥45 age group, a combined strategy is recommended, involving H. pylori testing and treatment plus non-invasive biomarkers (H. pylori IgG serology and serum pepsinogens I and II); subsequently, a selected group of subjects will undergo EGD with gastric biopsies (Sydney Protocol), which will be used to stratify surveillance according to the classification Operative Link for Gastritis Assessment (OLGA); every 3 years for OLGA III-IV and every 5 years for OLGA I-II.
Conclusion: A "test-and-treat" strategy for H. pylori infection based on non-invasive studies (primary prevention) is proposed in the 35-44 age group, and a combined strategy (serology and EGD) is recommended for the ≥45 age group (primary and secondary prevention). These strategies are potentially applicable to other countries in LAC.

Documento de puesta al día de la Asociación Española de Neurogastroenterología y Motilidad (ASENEM) sobre el manejo del dolor abdominal funcional
38677507

DOCUMENTO DE PUESTA AL DÍA DE LA ASOCIACIÓN ESPAÑOLA DE NEUROGASTROENTEROLOGÍA Y MOTILIDAD (ASENEM) SOBRE EL MANEJO DEL DOLOR ABDOMINAL FUNCIONAL

Abstract
Functional abdominal pain is a disorder in which central and peripheral sensitization processes converge, leading to hypersensitivity and allodynia. Differential diagnosis is made with organic digestive, renal, gynecological, endocrine, or neurological diseases. Treatment should be individualized for each patient. In cases of debilitating pain, therapy combining drugs with different mechanisms of action can be initiated, while in less severe cases, therapy with a progressive introduction of drugs based on clinical response is advised. The first line includes general lifestyle advice and antispasmodic substances, like peppermint oil, anticholinergic/antimuscarinic, and calcium channels antagonists. In the second line of treatment, neuromodulating agents are added. Finally, when these measures fail, third-line treatments such as gabapentine and atypical antipsychotics are considered. Psychological interventions should be considered if specialized therapists are available to manage these disorders.

TEXTO COMPLETO: https://www.elsevier.es/es-revista-gastroenterologia-hepatologia-14-pdf-S0210570524001456

A Comprehensive Guide to Long-Acting Injectable Antipsychotics for Primary Care Clinicians 39455270
GUÍA INTEGRAL PARA LOS ANTIPSICÓTICOS INYECTABLES DE LARGA DURACIÓN PARA CLÍNICOS DE ATENCIÓN PRIMARIA

Abstract
We propose a paper that provides education on commonly used long-acting injectable antipsychotics (LAIs) to improve primary care based mental health interventions in patients with severe mental illnesses (SMIs) such as schizophrenia, schizoaffective disorder, and bipolar disorders. With the expanding interface of primary care and psychiatry across all healthcare settings, it has become increasingly important for primary care clinicians to have a broader understanding of common psychiatric treatments, including LAIs. Long-acting injectable antipsychotics have been shown to be helpful in significantly improving treatment adherence, preventing disease progression, improving treatment response, decreasing readmission rates, and reducing social impairment. We discuss evidence-based indications and guidelines for use of long-acting injectable antipsychotics. We provide an overview of the treatment of SMI with LAIs, mainly focusing on the most commonly used long-acting injectable antipsychotics, advantages and disadvantages of each, along with outlining important clinical pearls for ease of practical application. Equipped with increased familiarity and understanding of these essential therapies, primary care clinicians can better facilitate early engagement with psychiatric care, promote more widespread use, and thus significantly improve the wellbeing and quality of life of patients with severe mental illness.

TEXTO COMPLETO: http://www.jabfm.org/cgi/pmidlookup?view=long&pmid=39455270

Actualización del Documento de Consenso de la Sociedad Española de Reumatología sobre el uso de terapias biológicas y sintéticas dirigidas en la artritis reumatoide
39341701
ACTUALIZACIÓN DEL DOCUMENTO DE CONSENSO DE LA SOCIEDAD ESPAÑOLA DE REUMATOLOGÍA SOBRE EL USO DE TERAPIAS BIOLÓGICAS Y SINTÉTICAS DIRIGIDAS EN LA ARTRITIS REUMATOIDE

Abstract
Objective: To update the consensus document of the Spanish Society of Rheumatology (SER) regarding the use of targeted biological and synthetic therapies in rheumatoid arthritis (RA) with the aim of assisting clinicians in their therapeutic decisions.
Methods: A panel of 13 experts was assembled through an open call by SER. We employed a mixed adaptation-elaboration-update methodology starting from the 2015 Consensus Document of the Spanish Society of Rheumatology on the use of biological therapies in RA. Starting with systematic reviews (SR) of recommendations from EULAR 2019, American College of Rheumatology 2021, and GUIPCAR 2017, we updated the search strategies for the PICO questions of GUIPCAR. An additional SR was conducted on demyelinating disease in relation to targeted biological and synthetic therapies. Following the analysis of evidence by different panelists, consensus on the wording and level of agreement for each recommendation was reached in a face-to-face meeting.
Results: The panel established 5 general principles and 15 recommendations on the management of RA. These encompassed crucial aspects such as the importance of early treatment, therapeutic goals in RA, monitoring frequency, the use of glucocorticoids, the application of conventional synthetic disease-modifying antirheumatic drugs (csDMARDs), biological DMARDs (bDMARDs), and targeted synthetic DMARDs. Additionally, recommendations on dose reduction of these drugs in stable patients were included. This update also features recommendations on the use of bDMARDs and Janus Kinase inhibitors in some specific clinical situations, such as patients with lung disease, a history of cancer, heart failure, or demyelinating disease.
Conclusions: This update provides recommendations on key aspects in the management of RA using targeted biological and synthetic therapies.

Management of opioid use disorder: 2024 update to the national clinical practice guideline
39532476
MANEJO DEL TRASTORNO POR USO DE OPIOIDES: ACTUALIZACIÓN 2024 DE LA GUÍA NACIONAL DE PRÁCTICA CLÍNICA

Abstract
Background: In an evolving landscape of practices and policies, reviewing and incorporating the latest scientific evidence is necessary to ensure optimal clinical management for people with opioid use disorder. We provide a synopsis of the 2024 update of the 2018 National Guideline for the Clinical Management of Opioid Use Disorder, from the Canadian Research Initiative in Substance Matters.

Methods: For this update, we followed the United States Institute of Medicine's Standards for Developing Trustworthy Clinical Practice Guidelines and used the Appraisal of Guidelines Research and Evaluation-Recommendation Excellence tool to ensure guideline quality. We carried out a comprehensive systematic literature review, capturing the relevant literature from Jan. 1, 2017, to Sept. 14, 2023. We drafted and graded recommendations according to the Grading of Recommendations, Assessments, Development and Evaluation approach. A multidisciplinary external national committee, which included people with living or lived experience of opioid use disorder, provided input that was incorporated into the guideline.
Recommendations: From the initial 11 recommendations in the 2018 guideline, 3 remained unchanged, and 8 were updated. Specifically, 4 recommendations were consolidated into a single revised recommendation; 1 recommendation was split into 2; another recommendation was moved to become a special consideration; and 2 recommendations were revised. Key changes have arisen from substantial evidence supporting that methadone and buprenorphine are similarly effective, particularly in reducing opioid use and adverse events, and both are now considered preferred first-line treatment options. Slow-release oral morphine is recommended as a second-line option. Psychosocial interventions can be offered as adjunctive treatment but should not be mandatory. The guideline reaffirms the importance of avoiding withdrawal management as a standalone intervention and of incorporating evidence-based harm reduction services along the continuum of care.
Interpretation: This guideline update presents new recommendations based on the latest literature for standardized management of opioid use disorder. The aim is to establish a robust foundation upon which provincial and territorial bodies can develop guidance for optimal care.

TEXTO COMPLETO: https://pmc.ncbi.nlm.nih.gov/articles/pmid/39532476/

Myocardial Ischemic Syndromes: A New Nomenclature to Harmonize Evolving International Clinical Practice Guidelines
39210827
SÍNDROMES ISQUÉMICOS MIOCÁRDICOS: NUEVA NOMENCLATURA PARA ARMONIZAR LAS GUÍAS DE PRÁCTICA CLÍNICA INTERNACIONALES EN EVOLUCIÓN

Abstract
Since the 1960s, cardiologists have adopted several binary classification systems for acute myocardial infarction (MI) that facilitated improved patient management. Conversely, for chronic stable manifestations of myocardial ischemia, various classifications have emerged over time, often with conflicting terminology-eg, "stable coronary artery disease" (CAD), "stable ischemic heart disease," and "chronic coronary syndromes" (CCS). While the 2019 European guidelines introduced CCS to impart symmetry with "acute coronary syndromes" (ACS), the 2023 American guidelines endorsed the alternative term "chronic coronary disease." An unintended consequence of these competing classifications is perpetuation of the restrictive terms "coronary" and 'disease', often connoting only a singular obstructive CAD mechanism. It is now important to advance a more broadly inclusive terminology for both obstructive and non-obstructive causes of angina and myocardial ischemia that fosters conceptual clarity and unifies dyssynchronous nomenclatures across guidelines. We, therefore, propose a new binary classification of "acute myocardial ischemic syndromes" and "non-acute myocardial ischemic syndromes," which comprises both obstructive epicardial and non-obstructive pathogenetic mechanisms, including microvascular dysfunction, vasospastic disorders, and non-coronary causes. We herein retain accepted categories of ACS, ST-segment

elevation MI, and non-ST-segment elevation MI, as important subsets for which revascularization is of proven clinical benefit, as well as new terms like ischemia and MI with non-obstructive coronary arteries. Overall, such a more encompassing nomenclature better aligns, unifies, and harmonizes different pathophysiologic causes of myocardial ischemia and should result in more refined diagnostic and therapeutic approaches targeted to the multiple pathobiological precipitants of angina pectoris, ischemia, and infarction.

TEXTO COMPLETO: https://pmc.ncbi.nlm.nih.gov/articles/pmid/39210827/

Diabetes and Driving: A Statement of the American Diabetes Association
39432771
DIABETES Y CONDUCCIÓN: DECLARACIÓN DE LA ADA

Abstract
Many people with diabetes in the U.S. will seek or currently hold a license to drive. For many, a driver's license is essential for everyday life. Considerable discussion has focused on whether, and the extent to which, diabetes may be a relevant factor in determining driver ability and eligibility for a license. This statement addresses such issues in relation to current scientific and medical evidence. A diagnosis of diabetes on its own is not sufficient to make judgments about an individual driver's ability or safety. This statement provides an overview of existing licensing rules for people with diabetes in the U.S., addresses the factors that affect driving ability, identifies general guidelines for assessing driver fitness and determining appropriately tailored licensing restrictions, and provides practical guidance for health care professionals regarding clinical interventions and education for people with diabetes.

TEXTO COMPLETO: https://diabetesjournals.org/care/article-lookup/doi/10.2337/dci24-0068

¿Cómo podemos optimizar el abordaje diagnóstico y terapéutico de la neumonía? Recomendaciones basadas en una opinión de expertos
39112116
¿CÓMO PODEMOS OPTIMIZAR EL ABORDAJE DIAGNÓSTICO Y TERAPÉUTICO DE LA NEUMONÍA? RECOMENDACIONES BASADAS EN UNA OPINIÓN DE EXPERTOS

Abstract
Pneumonia continues to be one of the most frequent infectious syndromes and a relevant cause of death and health resources utilization. The OPENIN ("Optimización de procesos clínicos para el diagnóstico y tratamiento de infecciones") Group is composed of Infectious Diseases specialists and Microbiologists and aims at generating recommendations that can contribute to improve the approach to processes with high impact on the health system. Such task relies on a critical review of the available scientific evidence. The first Group meeting (held in October 2023) aimed at answering the following questions: Can we optimize the syndromic and microbiological diagnosis of pneumonia? Is it feasible to safely shorten the length of antibiotic therapy? And, is there any role for the immunomodulatory strategies based on the adjuvant use of steroids, macrolides or immunoglobulins? The present review summarizes the literature reviewed for that meeting and offers a series of expert recommendations.

TEXTO COMPLETO: https://linkinghub.elsevier.com/retrieve/pii/S2529-993X(24)00177-1

Antibiotic treatment recommendations for acute respiratory tract infections in Scandinavian general practices—time for harmonization?
39494720
RECOMENDACIONES DE TRATAMIENTO ANTIBIÓTICO PARA LAS INFECCIONES AGUDAS DE VÍAS RESPIRATORIAS EN LAS CONSULTAS GENERALES ESCANDINAVAS ¿MOMENTO PARA LA ARMONIZACIÓN?

Abstract
Introduction: During recent years, the world-including Scandinavia-has experienced significant challenges with shortages of antibiotics. In Scandinavia, phenoxymethylpenicillin is recommended as first-line antibiotic treatment for most acute respiratory tract infections (ARTIs). However, the Scandinavian countries each constitute rather small markets for phenoxymethylpenicillin. The aim of this discussion paper is to enlighten the differences in Scandinavian ARTI antibiotic treatment recommendations. This information is fundamental for exploring the potential of harmonizing treatment recommendations in Denmark, Norway and Sweden-to help ensure sufficient future supply of phenoxymethylpenicillin.

Methods: Information from national ARTI antibiotic treatment recommendations from respectively Denmark, Norway and Sweden has been collated.

Results: Several discrepancies exist in recommendations. Adult dosage varies from a minimum of 660 mg x 4 (Denmark) to a maximum of 2000 mg × 3 (Sweden). Within Norway and Sweden, variations in recommended dosage also exist between the different types of ARTIs. A main challenge is that the tablet strengths recommended, and available on the market in the three countries, differs.Also, antibiotic treatment durations vary significantly between countries and infections treated-from five to 10 days of treatment.

Conclusion: In the capacity of a well-established network for antibiotic stewardship, we have enlightened the differences in Scandinavian ARTI antibiotic treatment recommendations. This paper is the first step moving forward to scrutinizing the potential for harmonizing recommendations for Denmark, Norway and Sweden-to help ensure continued supply of phenoxymethylpenicillin for use within the Scandinavian countries.

TEXTO COMPLETO:
https://www.tandfonline.com/doi/10.1080/02813432.2024.2422441?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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Executive Summary: Clinical Practice Guidelines on the Management of Resistant Tuberculosis of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC)
39626979
RESUMEN EJECUTIVO: GUÍAS DE PRÁCTICA CLÍNICA SOBRE EL MANEJO DE LA TUBERCULOSIS RESISTENTE DE LA SEPAR Y LA SEIMC

Selección realizada por Antonio Manteca González

Abstract
The Spanish Society of Pneumology and Thoracic Surgery (SEPAR) and the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC) have developed together Clinical Practice Guidelines (GPC) on the management of people affected by tuberculosis (TB) resistant to drugs with activity against Mycobacterium tuberculosis. These clinical practice guidelines include the latest updates of the SEPAR regulations for the diagnosis and treatment of drug-resistant TB from 2017 to 2020 as the starting point. The methodology included asking relevant clinical questions based on PICO methodology, a literature search focusing on each question, and a systematic and comprehensive evaluation of the evidence, with a summary of this evidence for each question. Finally, recommendations were developed and the level of evidence and the strength of each recommendation for each question were established in concordance with the GRADE approach. Of the recommendations made, it is worth highlighting the high quality of the existing evidence for the use of nucleic acid amplification techniques (rapid genotypic tests) as initial tests for the detection of the M. tuberculosis genome and rifampicin resistance in people with presumptive signs or symptoms of pulmonary TB; and for the use of an oral combination of anti-TB drugs based on bedaquiline, delamanid (pretomanid), and linezolid, with conditional fluoroquinolone supplementation (conditioned by fluoroquinolone resistance) for six months for the treatment of people affected by pulmonary multidrug-resistant tuberculosis (MDR-TB). We also recommend directly observed therapy (DOT) or video-observed treatment for the treatment of people affected by DR-TB.

TEXTO COMPLETO: https://linkinghub.elsevier.com/retrieve/pii/S2529-993X(24)00187-4

Evaluation of the German living guideline “Protection against the Overuse and Underuse of Health Care” – an online survey among German GPs
39668346
EVALUACIÓN DE LA GUÍA VIVA ALEMANA “PROTECCIÓN CONTRA EL ABUSO Y EL INFRAUSO DE LA ATENCIÓN SANITARIA”—ENCUESTA ONLINE ENTRE LOS MÉDICOS GENERALES ALEMANES

Abstract
Background: The aim of this study was to evaluate the awareness and use of the German guideline "Protection against the overuse and underuse of health care" from the general practitioners' (GPs') perspective. In addition, the study assessed how GPs perceive medical overuse and what solutions they have for reducing it.
Methods: We performed a cross-sectional online survey with recruitment from 15.06. to 31.07.2023. Participants were members of the German College of General Practitioners and Family Physicians (DEGAM). The main outcomes were the awareness and use of the guideline.
Results: The analysis included data from 626 physicians. 51% were female and the median age was 50 years. The guideline is known by 81% of the participants, 32% read it in more detail. The majority considered the guideline a helpful tool in reducing overuse (67%). Almost 90% wished to have more guidelines with clear do-not-do recommendations. Physicians indicated in mean (M) that 30.2% (SD = 19.3%) of patients ask them for medical services that they do not consider to be necessary and that M = 30.2% (SD = 18.1%) of all GP services can be attributed to medical overuse. About half of the participants thought that overuse is a moderate or major problem in their practice (52%) and in general practice overall (58%). More participants rated that it is especially a problem in specialist (87%) and inpatient care (82%). Changes in the reimbursement system, raising awareness for the problem and more evidence-based guidelines were considered helpful in mitigating overuse.

Selección realizada por Antonio Manteca González

Conclusions: Although the guideline is seen as a useful tool in mitigating medical overuse, there is still further potential for its implementation and utilisation. GPs see more overuse in the inpatient and outpatient specialist areas than in their area of practice. Instead of self-critically approaching the problem, the proposed strategies are aimed at the healthcare system itself.

TEXTO COMPLETO: https://pmc.ncbi.nlm.nih.gov/articles/pmid/39668346/

2024 American Heart Association and American Red Cross Guidelines for First Aid
39540278
GUÍAS 2024 DE LA AHA Y LA CRUZ ROJA NORTEAMERICANA SOBRE PRIMEROS AUXILIOS

Abstract
Codeveloped by the American Heart Association and the American Red Cross, these guidelines represent the first comprehensive update of first aid treatment recommendations since 2010. Incorporating the results of structured evidence reviews from the International Liaison Committee on Resuscitation, these guidelines cover first aid treatment for critical and common medical, traumatic, environmental, and toxicological conditions. This update emphasizes the continuous evolution of evidence evaluation and the necessity of adapting educational strategies to local needs and diverse community demographics. Existing guidelines remain relevant unless specifically updated in this publication. Key topics that are new, are substantially revised, or have significant new literature include opioid overdose, bleeding control, open chest wounds, spinal motion restriction, hypothermia, frostbite, presyncope, anaphylaxis, snakebite, oxygen administration, and the use of pulse oximetry in first aid, with the inclusion of pediatric-specific guidance as warranted.

TEXTO COMPLETO:
https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000001281?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

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2024 Recommendations on the Optimal Use of Lipid-Lowering Therapy in Established Atherosclerotic Cardiovascular Disease and Following Acute Coronary Syndromes: A Position Paper of the International Lipid Expert Panel (ILEP)
39497020
RECOMENDACIONES DE 2024 SOBRE EL USO ÓPTIMO DE TERAPIA HIPOLIPEMIANTE EN LA ENFERMEDAD CARDIOVASCULAR ATEROSCLERÓTICA ESTABLECIDA Y TRAS SÍNDROMES CORONARIOS AGUDOS: DOCUMENTO DE POSICIONAMIENTO DEL COMITÉ DE EXPERTOS INTERNACIONAL SOBRE LÍPIDOS (ILEP)

Abstract
Atherosclerotic cardiovascular disease (ASCVD) and consequent acute coronary syndromes (ACS) are substantial contributors to morbidity and mortality across Europe. Fortunately, as much as two thirds of this disease's burden is modifiable, in particular by lipid-lowering therapy (LLT). Current guidelines are based on the sound premise that, with respect to low-density lipoprotein cholesterol (LDL-C), "lower is better for longer", and recent data have strongly emphasised the need for also "the earlier the better". In addition to statins, which

have been available for several decades, ezetimibe, bempedoic acid (also as fixed dose combinations), and modulators of proprotein convertase subtilisin/kexin type 9 (PCSK9 inhibitors and inclisiran) are additionally very effective approaches to LLT, especially for those at very high and extremely high cardiovascular risk. In real life, however, clinical practice goals are still not met in a substantial proportion of patients (even in 70%). However, with the options we have available, we should render lipid disorders a rare disease. In April 2021, the International Lipid Expert Panel (ILEP) published its first position paper on the optimal use of LLT in post-ACS patients, which complemented the existing guidelines on the management of lipids in patients following ACS, which defined a group of "extremely high-risk" individuals and outlined scenarios where upfront combination therapy should be considered to improve access and adherence to LLT and, consequently, the therapy's effectiveness. These updated recommendations build on the previous work, considering developments in the evidential underpinning of combination LLT, ongoing education on the role of lipid disorder therapy, and changes in the availability of lipid-lowering drugs. Our aim is to provide a guide to address this unmet clinical need, to provide clear practical advice, whilst acknowledging the need for patient-centred care, and accounting for often large differences in the availability of LLTs between countries.

TEXTO COMPLETO: https://pmc.ncbi.nlm.nih.gov/articles/pmid/39497020/

Executive summary: Clinical practice guidelines on the management of resistant tuberculosis of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC)
39626979
RESUMEN EJECUTIVO: GUÍAS DE PRÁCTICA CLÍNICA SOBRE EL MANEJO DE LA TUBERCULOSIS RESISTENTE DE LA SEPAR Y LA SEIMC

Abstract
The Spanish Society of Pneumology and Thoracic Surgery (SEPAR) and the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC) have developed together Clinical Practice Guidelines (GPC) on the management of people affected by tuberculosis (TB) resistant to drugs with activity against Mycobacterium tuberculosis. These clinical practice guidelines include the latest updates of the SEPAR regulations for the diagnosis and treatment of drug-resistant TB from 2017 to 2020 as the starting point. The methodology included asking relevant clinical questions based on PICO methodology, a literature search focusing on each question, and a systematic and comprehensive evaluation of the evidence, with a summary of this evidence for each question. Finally, recommendations were developed and the level of evidence and the strength of each recommendation for each question were established in concordance with the GRADE approach. Of the recommendations made, it is worth highlighting the high quality of the existing evidence for the use of nucleic acid amplification techniques (rapid genotypic tests) as initial tests for the detection of the M. tuberculosis genome and rifampicin resistance in people with presumptive signs or symptoms of pulmonary TB; and for the use of an oral combination of anti-TB drugs based on bedaquiline, delamanid (pretomanid), and linezolid, with conditional fluoroquinolone supplementation (conditioned by fluoroquinolone resistance) for six months for the treatment of people affected by pulmonary multidrug-resistant tuberculosis (MDR-TB). We also recommend directly observed therapy (DOT) or video-observed treatment for the treatment of people affected by DR-TB.

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Selección realizada por Antonio Manteca González

Registro español de ablación con catéter. XXIII informe oficial de la Asociación del Ritmo Cardiaco de la Sociedad Española de Cardiología (2023)
39313188
REGISTRO ESPAÑOL DE ABLACIÓN CON CATÉTER. XXIII INFORME OFICIAL DE LA ASOCIACIÓN DEL RITMO CARDIACO DE LA SOCIEDAD ESPAÑOLA DE CARDIOLOGÍA (2023)

Abstract
Introduction and objectives: We report the results of the 2023 Spanish catheter ablation registry.
Methods: Procedural data were collected and incorporated into the REDCap platform by all participating centers through a specific form.
Results: There were 104 participating centers in 2023 compared with 103 in 2022. In 2023, the total number of ablation procedures was 26 207, indicating a stabilization of the increase observed in 2022 following the pandemic. The increase was mainly due to procedures for atrial fibrillation (AF), with a total of 9942 ablations, representing 38% of all substrates. Notably, pulse-field ablation represented 10.3% of all AF ablation procedures, leading single-shot ablation strategies to outnumber point-by-point AF ablation for the first time in the history of the registry. Cavotricuspid isthmus ablation remained the second most targeted substrate (19% of all substrates, n=5067). The overall acute success rate remained high (97%), with a downward trend in the complication rate (1.6% vs 1.8% in 2022) and mortality rate (0.03%; n=7). Compared with 2022, there was a significant increase in procedures performed using electro-anatomical mapping and zero-fluoroscopy techniques for cavotricuspid isthmus ablation (52% vs 26%), AV node re-entrant tachycardia (48% vs 34%), and accessory pathways (62% vs 22%). We registered 466 ablations in pediatric patients.
Conclusions: The data indicate a stabilization in the post-pandemic increase in ablation procedures, with an absolute and relative increase in AF as the predominant substrate. Success rates remained stable with a modest reduction in complication and mortality rates.

TEXTO COMPLETO: http://www.revespcardiol.org/en/linksolver/ft/pii/S1885-5857(24)00273-1

2024 Guideline for the Primary Prevention of Stroke: A Guideline From the American Heart Association/American Stroke Association
39429201
GUÍA 2024 PARA LA PREVENCIÓN PRIMARIA DEL ICTUS: GUÍA DE LA AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION

Abstract
Aim: The "2024 Guideline for the Primary Prevention of Stroke" replaces the 2014 "Guidelines for the Primary Prevention of Stroke." This updated guideline is intended to be a resource for clinicians to use to guide various prevention strategies for individuals with no history of stroke.
Methods: A comprehensive search for literature published since the 2014 guideline; derived from research involving human participants published in English; and indexed in MEDLINE, PubMed, Cochrane Library, and other selected and relevant databases was conducted

between May and November 2023. Other documents on related subject matter previously published by the American Heart Association were also reviewed.
Structure: Ischemic and hemorrhagic strokes lead to significant disability but, most important, are preventable. The 2024 primary prevention of stroke guideline provides recommendations based on current evidence for strategies to prevent stroke throughout the life span. These recommendations align with the American Heart Association's Life's Essential 8 for optimizing cardiovascular and brain health, in addition to preventing incident stroke. We also have added sex-specific recommendations for screening and prevention of stroke, which are new compared with the 2014 guideline. Many recommendations for similar risk factor prevention were updated, new topics were reviewed, and recommendations were created when supported by sufficient-quality published data.

TEXTO COMPLETO: http://www.revespcardiol.org/en/linksolver/ft/pii/S1885-5857(24)00273-1

National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990-2021, and forecasts up to 2050
39551059
PREVALENCIA NACIONAL Y ESTATAL DE SOBREPESO Y OBESIDAD EN NIÑOS, ADOLESCENTES Y ADULTOS EN EE UU, 1990-2021 Y PREDICCIONES PARA EL 2050

Abstract
Background: Over the past several decades, the overweight and obesity epidemic in the USA has resulted in a significant health and economic burden. Understanding current trends and future trajectories at both national and state levels is crucial for assessing the success of existing interventions and informing future health policy changes. We estimated the prevalence of overweight and obesity from 1990 to 2021 with forecasts to 2050 for children and adolescents (aged 5-24 years) and adults (aged ≥25 years) at the national level. Additionally, we derived state-specific estimates and projections for older adolescents (aged 15-24 years) and adults for all 50 states and Washington, DC.
Methods: In this analysis, self-reported and measured anthropometric data were extracted from 134 unique sources, which included all major national surveillance survey data. Adjustments were made to correct for self-reporting bias. For individuals older than 18 years, overweight was defined as having a BMI of 25 kg/m^2 to less than 30 kg/m^2 and obesity was defined as a BMI of 30 kg/m^2 or higher, and for individuals younger than 18 years definitions were based on International Obesity Task Force criteria. Historical trends of overweight and obesity prevalence from 1990 to 2021 were estimated using spatiotemporal Gaussian process regression models. A generalised ensemble modelling approach was then used to derive projected estimates up to 2050, assuming continuation of past trends and patterns. All estimates were calculated by age and sex at the national level, with estimates for older adolescents (aged 15-24 years) and adults aged (≥25 years) also calculated for 50 states and Washington, DC. 95% uncertainty intervals (UIs) were derived from the 2·5th and 97·5th percentiles of the posterior distributions of the respective estimates.
Findings: In 2021, an estimated 15·1 million (95% UI 13·5-16·8) children and young adolescents (aged 5-14 years), 21·4 million (20·2-22·6) older adolescents (aged 15-24 years), and 172 million (169-174) adults (aged ≥25 years) had overweight or obesity in the USA. Texas had the highest age-standardised prevalence of overweight or obesity for male adolescents (aged 15-24 years), at 52·4% (47·4-57·6), whereas Mississippi had the highest for female adolescents (aged 15-24 years), at 63·0% (57·0-68·5). Among adults, the prevalence of overweight or obesity was highest in North Dakota for males, estimated at 80·6% (78·5-82·6), and in

Mississippi for females at 79·9% (77·8-81·8). The prevalence of obesity has outpaced the increase in overweight over time, especially among adolescents. Between 1990 and 2021, the percentage change in the age-standardised prevalence of obesity increased by 158·4% (123·9-197·4) among male adolescents and 185·9% (139·4-237·1) among female adolescents (15-24 years). For adults, the percentage change in prevalence of obesity was 123·6% (112·4-136·4) in males and 99·9% (88·8-111·1) in females. Forecast results suggest that if past trends and patterns continue, an additional 3·33 million children and young adolescents (aged 5-14 years), 3·41 million older adolescents (aged 15-24 years), and 41·4 million adults (aged ≥25 years) will have overweight or obesity by 2050. By 2050, the total number of children and adolescents with overweight and obesity will reach 43·1 million (37·2-47·4) and the total number of adults with overweight and obesity will reach 213 million (202-221). In 2050, in most states, a projected one in three adolescents (aged 15-24 years) and two in three adults (≥25 years) will have obesity. Although southern states, such as Oklahoma, Mississippi, Alabama, Arkansas, West Virginia, and Kentucky, are forecast to continue to have a high prevalence of obesity, the highest percentage changes from 2021 are projected in states such as Utah for adolescents and Colorado for adults.

Interpretation: Existing policies have failed to address overweight and obesity. Without major reform, the forecasted trends will be devastating at the individual and population level, and the associated disease burden and economic costs will continue to escalate. Stronger governance is needed to support and implement a multifaceted whole-system approach to disrupt the structural drivers of overweight and obesity at both national and local levels. Although clinical innovations should be leveraged to treat and manage existing obesity equitably, population-level prevention remains central to any intervention strategies, particularly for children and adolescents.

TEXTO COMPLETO: https://linkinghub.elsevier.com/retrieve/pii/S0140-6736(24)01548-4
