

## GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES SEGUNDO CUATRIMESTRE 2023

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[Popular Dietary Patterns: Alignment With American Heart Association 2021 Dietary Guidance: A Scientific Statement From the American Heart Association  
37128940](#)

*PATRONES DIETÉTICOS POPULARES: ALINEAMIENTO CON LA GUÍA DIETÉTICA DE LA AHA 2021:  
DECLARACIÓN CIENTÍFICA DE LA AHA*

### Abstract

The evolution of dietary guidelines from isolated nutrients to broader dietary pattern recommendations results from growing knowledge of the synergy between nutrients and their food sources as they influence health. Macronutrient and micronutrient needs can be met by consuming various dietary patterns, but guidance is often required to facilitate population-wide adherence to wise food choices to achieve a healthy dietary pattern. This is particularly true in this era with the proliferation of nutrition misinformation and misplaced emphasis. In 2021, the American Heart Association issued a scientific statement outlining key principles of a heart-healthy dietary pattern that could be operationalized in various ways. The objective of this scientific statement is to assess alignment of commonly practiced US dietary patterns with the recently published American Heart Association criteria, to determine clinical and cultural factors that affect long-term adherence, and to propose approaches for adoption of healthy dietary patterns. This scientific statement is intended to serve as a tool for clinicians and consumers to evaluate whether these popular dietary pattern(s) promote cardiometabolic health and suggests factors to consider when adopting any pattern to improve alignment with the 2021 American Heart Association Dietary Guidance. Numerous patterns strongly aligned with 2021 American Heart Association Dietary Guidance (ie, Mediterranean, DASH [Dietary Approaches to Stop Hypertension], pescetarian, vegetarian) can be adapted to reflect personal and cultural preferences and budgetary constraints. Thus, optimal cardiovascular health would be best supported by developing a food environment that supports adherence to these patterns wherever food is prepared or consumed.

FULL TEXT: [Popular Dietary Patterns: Alignment With American Heart Association 2021 Dietary Guidance: A Scientific Statement From the American Heart Association | Circulation \(ahajournals.org\)](#)

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[Screening for Latent Tuberculosis Infection in Adults: US Preventive Services Task Force Recommendation Statement](#)

[37129649](#)

*CRIBADO DE INFECCIÓN LATENTE DE TUBERCULOSIS EN ADULTOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF*

## Abstract

**Importance:** In the US, tuberculosis remains an important preventable disease, including active tuberculosis, which may be infectious, and latent tuberculosis infection (LTBI), which is asymptomatic and not infectious but can later progress to active disease. The precise prevalence rate of LTBI in the US is difficult to determine; however, estimated prevalence is about 5.0%, or up to 13 million persons. Incidence of tuberculosis varies by geography and living accommodations, suggesting an association with social determinants of health.

**Objective:** To update its 2016 recommendation, the US Preventive Services Task Force (USPSTF) commissioned a systematic review on LTBI screening and treatment in asymptomatic adults seen in primary care, as well as the accuracy of LTBI screening tests.

**Population:** Asymptomatic adults 18 years or older at increased risk for tuberculosis.

**Evidence assessment:** The USPSTF concludes with moderate certainty that there is a moderate net benefit in preventing active tuberculosis disease by screening for LTBI in persons at increased risk for tuberculosis infection.

**Recommendation:** The USPSTF recommends screening for LTBI in populations at increased risk. (B recommendation).

FULL TEXT: [Screening for Latent Tuberculosis Infection in Adults: US Preventive Services Task Force Recommendation Statement](#) | [Infectious Diseases](#) | [JAMA](#) | [JAMA Network](#)

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[Executive summary – Diagnosis, treatment and prophylaxis of influenza virus infection – Consensus statement of the Spanish Society of Infectious Diseases and Clinical Microbiology \(SEIMC\), the Spanish Society of Pediatric Infectious Diseases \(SEIP\), the Spanish Association of Vaccinology \(AEV\), the Spanish Society of Family and Community Medicine \(SEMFYC\) and the Spanish Society of Preventive Medicine, Public Health and Health Management \(SEMPSPGS\) 37119776](#)

*RESUMEN EJECUTIVO – DIAGNÓSTICO, TRATAMIENTO Y PROFILAXIS DE LA INFECCIÓN POR VIRUS DE LA GRIPE – DOCUMENTO DE CONSENSO DE LA SOCIEDAD ESPAÑOLA DE ENFERMEDADES INFECCIOSAS Y MICROBIOLOGÍA CLÍNICA (SEIMC), LA SOCIEDAD ESPAÑOLA DE INFECTOLOGÍA PEDIÁTRICA (SEIP), LA ASOCIACIÓN ESPAÑOLA DE VACUNOLOGÍA (AEV), LA SOCIEDAD ESPAÑOLA DE MEDICINA DE FAMILIA Y COMUNITARIA (SEMFYC) Y LA SOCIEDAD ESPAÑOLA DE MEDICINA PREVENTIVA, SALUD PÚBLICA Y GESTIÓN SANITARIA (SEMPSPGS)*

## Abstract

El virus de la gripe ha acompañado al ser humano desde tiempo inmemorial, en forma de epidemias anuales y pandemias ocasionales. Se trata de una infección respiratoria con múltiples repercusiones sobre la vida de las personas a nivel individual y social, así como una importante sobrecarga para el sistema sanitario. El presente documento de consenso surge de la colaboración de diversas sociedades científicas españolas implicadas en la atención de la infección por virus de la gripe. Las conclusiones extraídas se han fundamentado en las evidencias de mayor calidad disponibles en la literatura científica y, en su defecto, en la opinión de los expertos convocados. En el documento de consenso se abordan los aspectos clínicos, microbiológicos, terapéuticos y preventivos (respecto de la prevención de la transmisión y con relación a la vacunación) de la gripe, tanto para población pediátrica como para adultos. Este documento de consenso pretende ayudar a facilitar el abordaje clínico, microbiológico y preventivo de la infección por virus de la gripe y, consecuentemente, a disminuir sus importantes consecuencias sobre la morbimortalidad de la población.

FULL TEXT: [Executive summary – Diagnosis, treatment and prophylaxis of influenza virus infection – Consensus statement of the Spanish Society of Infectious Diseases and Clinical Microbiology \(SEIMC\), the Spanish Society of Pediatric Infectious Diseases \(SEIP\), the Spanish Association of Vaccinology \(AEV\), the Spanish Society of Family and Community Medicine \(SEMFYC\) and the Spanish Society of Preventive Medicine, Public Health and Health Management \(SEMPSPGS\) - PMC \(nih.gov\)](#)

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[The WHO World Mental Health Report: a call for action](#)

[36794529](#)

*INFORME DE SALUD MENTAL MUNDIAL DE LA OMS: LLAMAMIENTO A LA ACCIÓN*

## Abstract

The World Health Organization's World Mental Health Report is a call for action and reminds all of the huge personal and societal impact of mental illnesses. Significant effort is required to engage, inform and motivate policymakers to act. We must develop more effective, context-sensitive and structurally competent care models.

FULL TEXT: [The WHO World Mental Health Report: a call for action | The British Journal of Psychiatry | Cambridge Core](#)

[Cardiovascular disease risk assessment and reduction: summary of updated NICE guidance](#)

[37236634](#)

*VALORACIÓN Y REDUCCIÓN DEL RIESGO DE ENFERMEDAD CARDIOVASCULAR: RESUMEN DE LA GUÍA NICE ACTUALIZADA*

### What you need to know

- Manage cardiovascular disease (CVD) risk using an individualised approach, with lifestyle modification as the first step
- For people without CVD, assess 10 year risk of a CVD event using QRISK3. This can be done as part of NHS health checks and for people likely to be at high risk based on data available in primary care health records
- Tools that estimate the lifetime risk of CVD can be valuable to inform discussions and motivate lifestyle changes, especially in people who have modifiable CVD risk factors but a QRISK3 score less than 10% or age under 40
- Statin therapy is highly cost effective for the primary and secondary prevention of CVD events at all levels of CVD risk, and recommended doses are atorvastatin 20 mg for primary prevention and atorvastatin 80 mg for secondary prevention

[Head injury: assessment and early management—summary of updated NICE guidance 37253484](#)

*TRAUMATISMO CRANEAL: VALORACIÓN Y MANEJO PRECOZ—RESUMEN DE LA GUÍA NICE ACTUALIZADA*

### What you need to know

- Consider an intravenous tranexamic acid bolus within 2 hours of injury in people with suspected moderate or severe traumatic brain injury, even when no extracranial bleeding is evident
- Shared decision making can inform a decision not to conduct a computed tomography head scan in people taking anticoagulant or antiplatelet medication if there are no signs or symptoms of traumatic brain injury
- Any severity of head injury can cause symptoms of pituitary dysfunction. Consider investigations or referral for hypopituitarism in those with persistent symptoms consistent with hypopituitarism
- Consider referring people who have persisting symptoms following a head injury to appropriate clinicians or a multidisciplinary team

[Defining Strategies of Modulation of Antiplatelet Therapy in Patients With Coronary Artery Disease: A Consensus Document from the Academic Research Consortium 37335828](#)

*DEFINIR LAS ESTRATEGIAS DE MODULACIÓN DE LA TERAPIA ANTIPLAQUETARIA EN PACIENTES CON CORONARIOPATÍA: DOCUMENTO DE CONSENSO DEL ACADEMIC RESEARCH CONSORTIUM*

## Abstract

Antiplatelet therapy is the mainstay of pharmacologic treatment to prevent thrombotic or ischemic events in patients with coronary artery disease treated with percutaneous coronary intervention and those treated medically for an acute coronary syndrome. The use of antiplatelet therapy comes at the expense of an increased risk of bleeding complications. Defining the optimal intensity of platelet inhibition according to the clinical presentation of atherosclerotic cardiovascular disease and individual patient factors is a clinical challenge. Modulation of antiplatelet therapy is a medical action that is frequently performed to balance the risk of thrombotic or ischemic events and the risk of bleeding. This aim may be achieved by reducing (ie, de-escalation) or increasing (ie, escalation) the intensity of platelet inhibition by changing the type, dose, or number of antiplatelet drugs. Because de-escalation or escalation can be achieved in different ways, with a number of emerging approaches, confusion arises with terminologies that are often used interchangeably. To address this issue, this Academic Research Consortium collaboration provides an overview

and definitions of different strategies of antiplatelet therapy modulation for patients with coronary artery disease, including but not limited to those undergoing percutaneous coronary intervention, and consensus statements on standardized definitions.

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[Screening for Depression and Suicide Risk in Adults: US Preventive Services Task Force Recommendation Statement](#)  
[37338872](#)

*CRIBADO DE DEPRESIÓN Y SUICIDIO EN ADULTOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF*

## Abstract

**Importance:** Major depressive disorder (MDD), a common mental disorder in the US, may have substantial impact on the lives of affected individuals. If left untreated, MDD can interfere with daily functioning and can also be associated with an increased risk of cardiovascular events, exacerbation of comorbid conditions, or increased mortality.

**Objective:** The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate benefits and harms of screening, accuracy of screening, and benefits and harms of treatment of MDD and suicide risk in asymptomatic adults that would be applicable to primary care settings.

**Population:** Asymptomatic adults 19 years or older, including pregnant and postpartum persons. Older adults are defined as those 65 years or older.

**Evidence assessment:** The USPSTF concludes with moderate certainty that screening for MDD in adults, including pregnant and postpartum persons and older adults, has a moderate net benefit. The USPSTF concludes that the evidence is insufficient on the benefit and harms of screening for suicide risk in adults, including pregnant and postpartum persons and older adults.

**Recommendation:** The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons and older adults. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk in the adult population, including pregnant and postpartum persons and older adults. (I statement).

FULL TEXT: [Screening for Depression and Suicide Risk in Adults: US Preventive Services Task Force Recommendation Statement | Psychiatry and Behavioral Health | JAMA | JAMA Network](#)

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[Screening for Anxiety Disorders in Adults: US Preventive Services Task Force Recommendation Statement](#)

[37338866](#)

*CRIBADO DE TRASTORNOS DE ANSIEDAD EN ADULTOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF*

## Abstract

**Importance:** Anxiety disorders are commonly occurring mental health conditions. They are often unrecognized in primary care settings and substantial delays in treatment initiation occur.

**Objective:** The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the benefits and harms of screening for anxiety disorders in asymptomatic adults.

**Population:** Asymptomatic adults 19 years or older, including pregnant and postpartum persons. Older adults are defined as those 65 years or older.

**Evidence assessment:** The USPSTF concludes with moderate certainty that screening for anxiety disorders in adults, including pregnant and postpartum persons, has a moderate net benefit. The USPSTF concludes that the evidence is insufficient on screening for anxiety disorders in older adults.

**Recommendation:** The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety disorders in older adults. (I statement).

FULL TEXT: [Screening for Anxiety Disorders in Adults: US Preventive Services Task Force Recommendation Statement | Anxiety Disorders | JAMA | JAMA Network](#)

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[Depression and Suicide Risk Screening: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force](#)  
37338873

*CRIBADO DE DEPRESIÓN Y DE RIESGO DE SUICIDIO: INFORME ACTUALIZADO DE EVIDENCIA Y REVISIÓN SISTEMÁTICA PARA EL USPSTF*

## Abstract

**Importance:** Depression is common and associated with substantial burden. Suicide rates have increased over the past decade, and both suicide attempts and deaths have devastating effects on individuals and families.

**Objective:** To review the benefits and harms of screening and treatment for depression and suicide risk and the accuracy of instruments to detect these conditions among primary care patients.

**Data sources:** MEDLINE, PsychINFO, Cochrane library through September 7, 2022; references of existing reviews; ongoing surveillance for relevant literature through November 25, 2022.

**Study selection:** English-language studies of screening or treatment compared with control conditions, or test accuracy of screening instruments (for depression, instruments were selected a priori; for suicide risk, all were included). Existing systematic reviews were used for treatment and test accuracy for depression.

**Data extraction and synthesis:** One investigator abstracted data; a second checked accuracy. Two investigators independently rated study quality. Findings were synthesized qualitatively, including reporting of meta-analysis results from existing systematic reviews; meta-analyses were conducted on original research when evidence was sufficient.

**Main outcomes and measures:** Depression outcomes; suicidal ideation, attempts, and deaths; sensitivity and specificity of screening tools.

**Results:** For depression, 105 studies were included: 32 original studies (N=385 607) and 73 systematic reviews (including ≈2138 studies [N ≈ 9.8 million]). Depression screening interventions, many of which included additional components beyond screening, were associated with a lower prevalence of depression or clinically important depressive symptomatology after 6 to 12 months (pooled odds ratio, 0.60 [95% CI, 0.50-0.73]; reported in 8 randomized clinical trials [n=10 244]; I<sup>2</sup> = 0%). Several instruments demonstrated adequate



test accuracy (eg, for the 9-item Patient Health Questionnaire at a cutoff of 10 or greater, the pooled sensitivity was 0.85 [95% CI, 0.79-0.89] and specificity was 0.85 [95% CI, 0.82-0.88]; reported in 47 studies [n = 11 234]). A large body of evidence supported benefits of psychological and pharmacologic treatment of depression. A pooled estimate from trials used for US Food and Drug Administration approval suggested a very small increase in the absolute risk of a suicide attempt with second-generation antidepressants (odds ratio, 1.53 [95% CI, 1.09-2.15]; n = 40 857; 0.7% of antidepressant users had a suicide attempt vs 0.3% of placebo users; median follow-up, 8 weeks). Twenty-seven studies (n = 24 826) addressed suicide risk. One randomized clinical trial (n=443) of a suicide risk screening intervention found no difference in suicidal ideation after 2 weeks between primary care patients who were and were not screened for suicide risk. Three studies of suicide risk test accuracy were included; none included replication of any instrument. The included suicide prevention studies generally did not demonstrate an improvement over usual care, which typically included specialty mental health treatment.

**Conclusions and relevance:** Evidence supported depression screening in primary care settings, including during pregnancy and postpartum. There are numerous important gaps in the evidence for suicide risk screening in primary care settings.

FULL TEXT: [Depression and Suicide Risk Screening: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force | Guidelines | JAMA | JAMA Network](#)

[2023 Update on European Atherosclerosis Society Consensus Statement on Homozygous Familial Hypercholesterolaemia: new treatments and clinical guidance 37130090](#)

ACTUALIZACIÓN 2023 DE LA DECLARACIÓN DE CONSENSO DE LA EUROPEAN ATHEROSCLEROSIS SOCIETY SOBRE HIPERCOLESTEROLEMIA FAMILIAR HOMOCIGÓTICA: NUEVOS TRATAMIENTOS Y GUÍA CLÍNICA

## Abstract

This 2023 statement updates clinical guidance for homozygous familial hypercholesterolaemia (HoFH), explains the genetic complexity, and provides pragmatic recommendations to address inequities in HoFH care worldwide. Key strengths include updated criteria for the clinical diagnosis of HoFH and the recommendation to prioritize phenotypic features over genotype. Thus, a low-density lipoprotein cholesterol (LDL-C) >10 mmol/L (>400 mg/dL) is suggestive

of HoFH and warrants further evaluation. The statement also provides state-of-the-art discussion and guidance to clinicians for interpreting the results of genetic testing and for family planning and pregnancy. Therapeutic decisions are based on the LDL-C level. Combination LDL-C-lowering therapy—both pharmacologic intervention and lipoprotein apheresis (LA)—is foundational. Addition of novel, efficacious therapies (i.e. inhibitors of proprotein convertase subtilisin/kexin type 9, followed by evinacumab and/or lomitapide) offers potential to attain LDL-C goal or reduce the need for LA. To improve HoFH care around the world, the statement recommends the creation of national screening programmes, education to improve awareness, and management guidelines that account for the local realities of care, including access to specialist centres, treatments, and cost. This updated statement provides guidance that is crucial to early diagnosis, better care, and improved cardiovascular health for patients with HoFH worldwide.

FULL TEXT: [2023 Update on European Atherosclerosis Society Consensus Statement on Homozygous Familial Hypercholesterolaemia: new treatments and clinical guidance | European Heart Journal | Oxford Academic \(oup.com\)](#)

[Global perspectives on heart disease rehabilitation and secondary prevention: a scientific statement from the Association of Cardiovascular Nursing and Allied Professions, European Association of Preventive Cardiology, and International Council of Cardiovascular Prevention and Rehabilitation](#)

37477626

*PERSPECTIVAS MUNDIALES SOBRE LA REHABILITACIÓN CARDIACA Y LA PREVENCIÓN SECUNDARIA: DECLARACIÓN CIENTÍFICA DE LA ASSOCIATION OF CARDIOVASCULAR NURSING AND ALLIED PROFESSIONS, EUROPEAN ASSOCIATION OF PREVENTIVE CARDIOLOGY, Y EL INTERNATIONAL COUNCIL OF CARDIOVASCULAR PREVENTION AND REHABILITATION*

## Abstract

Cardiovascular disease is a leading cause of death, morbidity, disability, and reduced health-related quality of life, as well as economic burden worldwide, with some 80% of disease burden occurring in the low- and middle-income country (LMIC) settings. With increasing numbers of people living longer with symptomatic disease, the effectiveness and accessibility of secondary preventative and rehabilitative health services have never been more important. Whilst LMICs experience the highest prevalence and mortality rates, the global approach to secondary prevention and cardiac rehabilitation, which mitigates this burden, has traditionally been driven from clinical guidelines emanating from high-income settings. This state-of-the-art review provides a contemporary global perspective on cardiac rehabilitation and secondary prevention,

contrasting the challenges of and opportunities for high vs. lower income settings. Actionable solutions to overcome system, clinician, programme, and patient level barriers to cardiac rehabilitation access in LMICs are provided.

FULL TEXT: [Global perspectives on heart disease rehabilitation and secondary prevention: a scientific statement from the Association of Cardiovascular Nursing and Allied Professions, European Association of Preventive Cardiology, and International Council of Cardiovascular Prevention and Rehabilitation | European Heart Journal | Oxford Academic \(oup.com\)](#)

[Screening for Lipid Disorders in Children and Adolescents: US Preventive Services Task Force Recommendation Statement](#)  
27532917

*CRIBADO DE TRASTORNOS LIPÍDICOS EN NIÑOS Y ADOLESCENTES: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF*

## Abstract

**Importance:** Elevations in levels of total, low-density lipoprotein, and non-high-density lipoprotein cholesterol; lower levels of high-density lipoprotein cholesterol; and, to a lesser extent, elevated triglyceride levels are associated with risk of cardiovascular disease in adults.

**Objective:** To update the 2007 US Preventive Services Task Force (USPSTF) recommendation on screening for lipid disorders in children, adolescents, and young adults.

**Evidence review:** The USPSTF reviewed the evidence on screening for lipid disorders in children and adolescents 20 years or younger--1 review focused on screening for heterozygous familial hypercholesterolemia, and 1 review focused on screening for multifactorial dyslipidemia.

**Findings:** Evidence on the quantitative difference in diagnostic yield between universal and selective screening approaches, the effectiveness and harms of long-term treatment and the harms of screening, and the association between changes in intermediate outcomes and improvements in adult cardiovascular health outcomes are limited. Therefore, the USPSTF concludes that the balance of benefits and harms cannot be determined.

**Conclusions and recommendation:** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for lipid disorders in children and adolescents 20 years or younger. (I statement).

FULL TEXT: [Screening for Lipid Disorders in Children and Adolescents: US Preventive Services Task Force Recommendation Statement | Cardiology | JAMA | JAMA Network](#)

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[New American College of Physicians Guidance on Colorectal Cancer Screening: Less Is More 37523706](#)

*NUEVA GUÍA DEL AMERICAN COLLEGE OF PHYSICIANS SOBRE EL CRIBADO DE CÁNCER COLORRECTAL: MENOS ES MÁS*

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[Cardiopulmonary Impact of Electronic Cigarettes and Vaping Products: A Scientific Statement From the American Heart Association](#)

[37458106](#)

*IMPACTO CARDIOPULMONAR DE LOS CIGARRILLOS ELECTRÓNICOS Y LOS PRODUCTOS DE VAPEO: DECLARACIÓN CIENTÍFICA DE LA AHA*

## Abstract

Vaping and electronic cigarette (e-cigarette) use have grown exponentially in the past decade, particularly among youth and young adults. Cigarette smoking is a risk factor for both cardiovascular and pulmonary disease. Because of their more limited ingredients and the absence of combustion, e-cigarettes and vaping products are often touted as safer alternative and potential tobacco-cessation products. The outbreak of e-cigarette or vaping product use-associated lung injury in the United States in 2019, which led to >2800 hospitalizations, highlighted the risks of e-cigarettes and vaping products. Currently, all e-cigarettes are regulated as tobacco products and thus do not undergo the premarket animal and human safety studies required of a drug product or medical device. Because youth prevalence of e-cigarette and vaping product use was as high as 27.5% in high school students in 2019 in the United States, it is critical to assess the short-term and long-term health effects of these products, as well as the development of interventional and public health efforts to reduce youth use. The objectives of this scientific statement are (1) to describe and discuss e-cigarettes and vaping products use patterns among youth and adults; (2) to identify harmful and potentially harmful constituents in vaping aerosols; (3) to critically assess the molecular, animal, and clinical evidence on the acute and chronic cardiovascular and pulmonary risks of e-cigarette and vaping products use; (4) to describe the current evidence of e-cigarettes and vaping products as potential tobacco-cessation products; and (5) to summarize current public health and regulatory efforts of e-cigarettes and

vaping products. It is timely, therefore, to review the short-term and especially the long-term implications of e-cigarettes and vaping products on cardiopulmonary health. Early molecular and clinical evidence suggests various acute physiological effects from electronic nicotine delivery systems, particularly those containing nicotine. Additional clinical and animal-exposure model research is critically needed as the use of these products continues to grow.

FULL TEXT: [Cardiopulmonary Impact of Electronic Cigarettes and Vaping Products: A Scientific Statement From the American Heart Association | Circulation \(ahajournals.org\)](https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.121.107150)

[2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines](https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.121.107150)  
37471501

GUÍA 2023 DE AHA/ACC/ASPC/NLA/PCNA PARA EL MANEJO DE PACIENTES CON CORONARIOPATÍA CRÓNICA: INFORME DEL COMITÉ CONJUNTO AHA/ACC SOBRE GUÍAS DE PRÁCTICA CLÍNICA

## Abstract

**Aim:** The "2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease" provides an update to and consolidates new evidence since the "2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease" and the corresponding "2014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update of the Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease."

**Methods:** A comprehensive literature search was conducted from September 2021 to May 2022. Clinical studies, systematic reviews and meta-analyses, and other evidence conducted on human participants were identified that were published in English from MEDLINE (through PubMed), EMBASE, the Cochrane Library, Agency for Healthcare Research and Quality, and other selected databases relevant to this guideline.

**Structure:** This guideline provides an evidenced-based and patient-centered approach to management of patients with chronic coronary disease, considering social determinants of health and incorporating the principles of shared decision-making and team-based care. Relevant topics include general approaches to treatment decisions, guideline-directed management and

therapy to reduce symptoms and future cardiovascular events, decision-making pertaining to revascularization in patients with chronic coronary disease, recommendations for management in special populations, patient follow-up and monitoring, evidence gaps, and areas in need of future research. Where applicable, and based on availability of cost-effectiveness data, cost-value recommendations are also provided for clinicians. Many recommendations from previously published guidelines have been updated with new evidence, and new recommendations have been created when supported by published data.

FULL TEXT: [2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines | Circulation \(ahajournals.org\)](#)

[Folic Acid Supplementation to Prevent Neural Tube Defects: US Preventive Services Task Force Reaffirmation Recommendation Statement](#)

[37526713](#)

*SUPLEMENTOS DE ÁCIDO FÓLICO PARA PREVENIR DEFECTOS DEL TUBO NEURAL:  
DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF*

## Abstract

**Importance:** Neural tube defects are among the most common congenital malformations in the US, with an estimated 3000 pregnancies affected each year. Many of these neural tube defects are caused by low folate levels in the body.

**Objective:** The US Preventive Services Task Force (USPSTF) commissioned a reaffirmation evidence update on the benefits and harms of folic acid supplementation.

**Population:** Persons who are planning to or could become pregnant.

**Evidence assessment:** The USPSTF concludes that, for persons who are planning to or could become pregnant, there is high certainty that folic acid supplementation has a substantial net benefit to prevent neural tube defects in their offspring.

**Recommendation:** The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. (A recommendation).

FULL TEXT: [Folic Acid Supplementation to Prevent Neural Tube Defects: US Preventive Services Task Force Reaffirmation Recommendation Statement | Nutrition | JAMA | JAMA Network](#)