GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES SEGUNDO CUATRIMESTRE 2024

Harmonization of clinical practice guidelines for primary prevention and screening: actionable recommendations and resources for primary care
38711031
ARMONIZACIÓN ENTRE LAS GUÍAS DE PRÁCTICA CLÍNICA PARA PREVENCIÓN PRIMARIA Y EL CRIBADO: RECOMENDACIONES Y RECURSOS FACTIBLES EN ATENCIÓN PRIMARIA

Abstract
Background
Clinical practice guidelines (CPGs) synthesize high-quality information to support evidence-based clinical practice. In primary care, numerous CPGs must be integrated to address the needs of patients with multiple risks and conditions. The BETTER program aims to improve prevention and screening for cancer and chronic disease in primary care by synthesizing CPGs into integrated, actionable recommendations. We describe the process used to harmonize high-quality cancer and chronic disease prevention and screening (CCDPS) CPGs to update the BETTER program.
Methods
A review of CPG databases, repositories, and grey literature was conducted to identify international and Canadian (national and provincial) CPGs for CCDPS in adults 40–69 years of age across 19 topic areas: cancers, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, hepatitis C, obesity, osteoporosis, depression, and associated risk factors (i.e., diet, physical activity, alcohol, cannabis, drug, tobacco, and vaping/e-cigarette use). CPGs published in English between 2016 and 2021, applicable to adults, and containing CCDPS recommendations were included. Guideline quality was assessed using the Appraisal of Guidelines for Research and Evaluation (AGREE) II tool and a three-step process involving patients, health policy, content experts, primary care providers, and researchers was used to identify and synthesize recommendations.
Results
We identified 51 international and Canadian CPGs and 22 guidelines developed by provincial organizations that provided relevant CCDPS recommendations. Clinical recommendations were extracted and reviewed for inclusion using the following criteria: 1) pertinence to primary prevention and screening, 2) relevance to adults ages 40–69, and 3) applicability to diverse primary care settings. Recommendations were synthesized and integrated into the BETTER toolkit alongside resources to support shared decision-making and care paths for the BETTER program.
Conclusions
Comprehensive care requires the ability to address a person's overall health. An approach to identify high-quality clinical guidance to comprehensively address CCDPS is described. The process used to synthesize and harmonize implementable clinical recommendations may be useful to others wanting to integrate evidence across broad content areas to provide comprehensive care. The BETTER toolkit provides resources that clearly and succinctly present a breadth of clinical evidence that providers can use to assist with implementing CCDPS guidance in primary care.

Ovarian cancer: identifying and managing familial and genetic risk—summary of new NICE guidance
38724099
CÁNCER DE OVARIO: IDENTIFICAR Y MANEJAR EL RIESGO FAMILIAR Y GENÉTICO—RESUMEN DE LA NUEVA GUÍA NICE

What you need to know

- Men and people born with male reproductive organs have a genetic risk of carrying a pathogenic variant associated with ovarian cancer and other cancers
- If a person had a direct-to-consumer genetic test and is reported to have a pathogenic variant for which NHS testing is offered, liaise with a regional NHS genetics service to discuss whether referral is appropriate
- Refer for genetic counselling and testing people who have a first or second degree relative diagnosed with ovarian cancer, those from high risk groups, anyone identified through cascade testing, or those diagnosed with ovarian cancer linked to pathogenic variants
- For women, trans men, and non-binary people born with female reproductive organs who are at increased risk of ovarian cancer, risk reducing surgery that is age appropriate for their pathogenic variant or family history is the most effective way to reduce the risk of ovarian cancer

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Screening for Breast Cancer: US Preventive Services Task Force Recommendation Statement
38687503
CRIBADO DEL CÁNCER DE MAMA: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance Among all US women, breast cancer is the second most common cancer and the second most common cause of cancer death. In 2023, an estimated 43 170 women died of breast cancer. Non-Hispanic White women have the highest incidence of breast cancer and non-Hispanic Black women have the highest mortality rate.

Objective The USPSTF commissioned a systematic review to evaluate the comparative effectiveness of different mammography-based breast cancer screening strategies by age to start and stop screening, screening interval, modality, use of supplemental imaging, or personalization of screening for breast cancer on the incidence of and progression to advanced breast cancer, breast cancer morbidity, and breast cancer–specific or all-cause mortality, and collaborative modeling studies to complement the evidence from the review.

Population Cisgender women and all other persons assigned female at birth aged 40 years or older at average risk of breast cancer.

Evidence Assessment The USPSTF concludes with moderate certainty that biennial screening mammography in women aged 40 to 74 years has a moderate net benefit. The USPSTF concludes that the evidence is insufficient to determine the balance of benefits and harms of screening mammography in women 75 years or older and the balance of benefits and harms of supplemental screening for breast cancer with breast ultrasound or magnetic resonance imaging (MRI), regardless of breast density.

Recommendation The USPSTF recommends biennial screening mammography for women aged 40 to 74 years. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years or older. (I statement) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or MRI in women identified to have dense breasts on an otherwise negative screening mammogram. (I statement)

Lesbian, Gay, Bisexual, Transgender, Queer, and Other Sexual and Gender Minority Health Disparities: A Position Paper From the American College of Physicians
38914001
DISPARIDADES DE SALUD EN LESBIANAS, GAIS, BISEXUALES, TRANSGÉNERO, HOMOSEXUALES Y OTRAS MINORÍAS DE SEXO Y DE GÉNERO: DOCUMENTO DE POSICIONAMIENTO DEL AMERICAN COLLEGE OF PHYSICIANS

Abstract
Lesbian, gay, bisexual, transgender, queer, or other sexual and gender minorities (LGBTQ+) populations in the United States continue to experience disparities in health and health care. Discrimination in both health care and society at large negatively affects LGBTQ+ health. Although progress has been made in addressing health disparities and reducing social inequality for these populations, new challenges have emerged. There is a pressing need for physicians and other health professionals to take a stance against discriminatory policies as renewed federal and state public policy efforts increasingly impose medically unnecessary restrictions on the provision of gender-affirming care. In this position paper, the American College of Physicians (ACP) reaffirms and updates much of its long-standing policy on LGBTQ+ health to strongly support access to evidence-based, clinically indicated gender-affirming care and oppose political efforts to interfere in the patient–physician relationship. Furthermore, ACP opposes institutional and legal restrictions on undergraduate, graduate, and continuing medical education and training on gender-affirming care and LGBTQ+ health issues. This paper also offers policy recommendations to protect the right of all people to participate in public life free from discrimination on the basis of their gender identity or sexual orientation and encourages the deployment of inclusive, nondiscriminatory, and evidence-based blood donation policies for members of LGBTQ+ communities. Underlying these beliefs is a reaffirmed commitment to promoting equitable access to quality care for all people regardless of their sexual orientation and gender identity.

Guidance on terminology, application, and reporting of citation searching: the TARCiS statement
38724089
GUÍA SOBRE TERMINOLOGÍA, APLICACIÓN E INFORME DE BÚSQUEDA DE CITACIONES: DECLARACIÓN TARCIS

Summary points

- The TARCiS (Terminology, Application, and Reporting of Citation Searching) statement provides guidance in which contexts citation searching is likely to be beneficial for systematic reviewers

- TARCiS comprises 10 specific recommendations on when and how to conduct citation searching and how to report it in the context of systematic literature searches, and also frames four research priorities
- The statement will contribute to a unified terminology, systematic application, and transparent reporting of citation searching and support those who are conducting or assessing citation searching methods

TEXTO COMPLETO: Guidance on terminology, application, and reporting of citation searching: the TARCiS statement | The BMJ

Vitamin B12 deficiency: NICE guideline summary
38871397
DEFICIENCIA DE VITAMINA B12: RESUMEN DE LA GUÍA NICE

What you need to know

- Offer an initial diagnostic test (total or active B_{12}) for suspected deficiency to people who have at least one common symptom or sign and at least one common risk factor for the condition
- Consider a further test to measure serum methylmalonic acid concentrations in people who have symptoms or signs of vitamin B_{12} deficiency and an indeterminate total or active B_{12} test result
- When offering oral vitamin B_{12} replacement to people with vitamin B_{12} deficiency caused, or suspected to be caused, by malabsorption, prescribe a dosage of at least 1 mg a day

TEXTO COMPLETO: Vitamin B12 deficiency: NICE guideline summary | The BMJ

2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines
38718139
GUÍA AHA/ACC/AMSSM/HRS/PACES/SCMR 2024 SOBRE EL MANEJO DE LA MIOCARDIOPATÍA HIPERTRÓFICA: INFORME DEL COMITÉ CONJUNTO SOBRE GUÍAS DE PRÁCTICA CLÍNICA DE LA AHA/ACC

Abstract
AIM:
The "2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy" provides recommendations to guide clinicians in the management of patients with hypertrophic cardiomyopathy.
METHODS:
A comprehensive literature search was conducted from September 14, 2022, to November 22, 2022, encompassing studies, reviews, and other evidence on human subjects that were published in English from PubMed, EMBASE, the Cochrane Library, the Agency for Healthcare Research and Quality, and other selected databases relevant to this guideline. Additional

relevant studies, published through May 23, 2023, during the guideline writing process, were also considered by the writing committee and added to the evidence tables, where appropriate.

STRUCTURE:

Hypertrophic cardiomyopathy remains a common genetic heart disease reported in populations globally. Recommendations from the "2020 AHA/ACC Guideline for the Diagnosis and Treatment of Patients With Hypertrophic Cardiomyopathy" have been updated with new evidence to guide clinicians.

TEXTO COMPLETO: 2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines | Circulation (ahajournals.org)

2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines 38743805

GUÍA AHA/ACC/AMSSM/HRS/PACES/SCMR 2024 SOBRE EL MANEJO DE LA ARTERIOPATÍA PERIFÉRICA DE EXTREMIDADES INFERIORES: INFORME DEL COMITÉ CONJUNTO SOBRE GUÍAS DE PRÁCTICA CLÍNICA DE LA AHA/ACC

Abstract

AIM:

The "2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease" provides recommendations to guide clinicians in the treatment of patients with lower extremity peripheral artery disease across its multiple clinical presentation subsets (ie, asymptomatic, chronic symptomatic, chronic limb-threatening ischemia, and acute limb ischemia).

METHODS:

A comprehensive literature search was conducted from October 2020 to June 2022, encompassing studies, reviews, and other evidence conducted on human subjects that was published in English from PubMed, EMBASE, the Cochrane Library, CINHL Complete, and other selected databases relevant to this guideline. Additional relevant studies, published through May 2023 during the peer review process, were also considered by the writing committee and added to the evidence tables where appropriate.

STRUCTURE:

Recommendations from the "2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease" have been updated with new evidence to guide clinicians. In addition, new recommendations addressing comprehensive care for patients with peripheral artery disease have been developed.

TEXTO COMPLETO: 2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines | Circulation (ahajournals.org)

Screening for Breast Cancer: US Preventive Services Task Force Recommendation Statement 38687503
CRIBADO DE CÁNCER DE MAMA: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract
Importance Among all US women, breast cancer is the second most common cancer and the second most common cause of cancer death. In 2023, an estimated 43 170 women died of breast cancer. Non-Hispanic White women have the highest incidence of breast cancer and non-Hispanic Black women have the highest mortality rate.
Objective The USPSTF commissioned a systematic review to evaluate the comparative effectiveness of different mammography-based breast cancer screening strategies by age to start and stop screening, screening interval, modality, use of supplemental imaging, or personalization of screening for breast cancer on the incidence of and progression to advanced breast cancer, breast cancer morbidity, and breast cancer–specific or all-cause mortality, and collaborative modeling studies to complement the evidence from the review.
Population Cisgender women and all other persons assigned female at birth aged 40 years or older at average risk of breast cancer.
Evidence Assessment The USPSTF concludes with moderate certainty that biennial screening mammography in women aged 40 to 74 years has a moderate net benefit. The USPSTF concludes that the evidence is insufficient to determine the balance of benefits and harms of screening mammography in women 75 years or older and the balance of benefits and harms of supplemental screening for breast cancer with breast ultrasound or magnetic resonance imaging (MRI), regardless of breast density.
Recommendation The USPSTF recommends biennial screening mammography for women aged 40 to 74 years. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years or older. (I statement) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or MRI in women identified to have dense breasts on an otherwise negative screening mammogram. (I statement)

TEXTO COMPLETO: Screening for Breast Cancer: US Preventive Services Task Force Recommendation Statement | Breast Cancer | JAMA | JAMA Network

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Guías de práctica clínica a día de hoy: avanzando en la dirección correcta 38378334
GUÍAS DE PRÁCTICA CLÍNICA A DÍA DE HOY: AVANZANDO EN LA DIRECCIÓN CORRECTA

ACcurate COnsensus Reporting Document (ACCORD) explanation and elaboration: Guidance and examples to support reporting consensus methods 38709851
EXPLICACIÓN Y ELABORACIÓN DEL DOCUMENTO ACCORD: GUÍAS Y EJEMPLOS PARA APOYAR A INFORMAR LOS MÉTODOS DE CONSENSO

Abstract
Selección realizada por Antonio Manteca González

Background
When research evidence is limited, inconsistent, or absent, healthcare decisions and policies need to be based on consensus amongst interested stakeholders. In these processes, the knowledge, experience, and expertise of health professionals, researchers, policymakers, and the public are systematically collected and synthesised to reach agreed clinical recommendations and/or priorities. However, despite the influence of consensus exercises, the methods used to achieve agreement are often poorly reported. The ACCORD (ACcurate COnsensus Reporting Document) guideline was developed to help report any consensus methods used in biomedical research, regardless of the health field, techniques used, or application. This explanatory document facilitates the use of the ACCORD checklist.
Methods and findings
This paper was built collaboratively based on classic and contemporary literature on consensus methods and publications reporting their use. For each ACCORD checklist item, this explanation and elaboration document unpacks the pieces of information that should be reported and provides a rationale on why it is essential to describe them in detail. Furthermore, this document offers a glossary of terms used in consensus exercises to clarify the meaning of common terms used across consensus methods, to promote uniformity, and to support understanding for consumers who read consensus statements, position statements, or clinical practice guidelines. The items are followed by examples of reporting items from the ACCORD guideline, in text, tables and figures.
Conclusions
The ACCORD materials – including the reporting guideline and this explanation and elaboration document – can be used by anyone reporting a consensus exercise used in the context of health research. As a reporting guideline, ACCORD helps researchers to be transparent about the materials, resources (both human and financial), and procedures used in their investigations so readers can judge the trustworthiness and applicability of their results/recommendations.

TEXTO COMPLETO: ACcurate COnsensus Reporting Document (ACCORD) explanation and elaboration: Guidance and examples to support reporting consensus methods | PLOS Medicine

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Regulatory Framework for Cannabis: A Position Paper From the American College of Physicians 39038289
MARCO REGULATORIO PARA EL CANABIS: DOCUMENTO DE POSICIONAMIENTO DEL AMERICAN COLLEGE OF PHYSICIANS

Abstract
Cannabis, also known as marijuana, is the dried flowers, stems, seeds, and leaves of the *Cannabis sativa* plant. It contains more than 100 compounds, including tetrahydrocannabinol, which has psychoactive effects. Federal law prohibits the possession, distribution, and use of cannabis outside limited research activities, but most states have legalized cannabis for medical or recreational use. However, research into the potential therapeutic and adverse health effects of cannabis has been limited, in part because of the drug's federal legal status. In this position paper, the American College of Physicians (ACP) calls for the decriminalization of possession of small amounts of cannabis for personal use and outlines a public health approach to controlling cannabis in jurisdictions where it is legal. ACP recommends the rigorous evaluation of the health effects and potential therapeutic uses of cannabis and cannabinoids as well as research into the effects of legalization on cannabis use.

It also calls for evidence-based medical education related to cannabis and increased resources for treatment of cannabis use disorder.

Public policy on cannabis is changing rapidly as several states have legalized the drug for medical and recreational use even though its possession, use, and distribution remain illegal under federal law. Supporters believe that liberalizing cannabis laws would increase understanding of its potential therapeutic value, establish a regulatory regime to prevent unsafe or contaminated cannabis products, and raise tax revenue. They also argue that it would undermine the illicit market, reduce criminal justice costs, and provide a step toward achieving equity and justice in communities hit hard by punitive drug laws (1, 2). Opponents raise concerns about increased use among young people, higher prevalence of impaired driving, polysubstance use, societal normalization of a once-illicit drug, and the potential negative health effects of cannabis use, particularly on the cognitive development of adolescents, among others (3).

In 2008, the American College of Physicians (ACP) published "Supporting Research Into the Therapeutic Role of Marijuana" (4), which offered recommendations to better understand the health effects and potential medical use of cannabis. In a 2017 position paper (5), the College called for "research on the individual and public health effects in states that have legalized or decriminalized the use of marijuana and the effectiveness of regulatory structures in those states that may minimize any adverse health effects, especially on children and adolescents."

The current position paper considers the complicated legal status of cannabis, its potential therapeutic uses, and its negative health effects and offers recommendations to policymakers on adopting a public health approach to prevent and control adverse cannabis-related health outcomes. It also calls for additional research into the potential therapeutic benefits of cannabis and cannabinoids and policies to correct injustices resulting from drug control policies that have unfairly affected systemically marginalized racial and ethnic populations. The Appendix provides the background and rationale.

Methods

The Health and Public Policy Committee of ACP, which is charged with addressing issues that affect the health care of the U.S. public and the practice of internal medicine and its subspecialties, drafted this policy brief. The Committee scanned available English-language peer-reviewed studies, reports, and surveys on cannabis and hemp-derived products identified by searching PubMed; Google Scholar; journals, including *Annals of Internal Medicine*, the *Journal of the American Medical Association*, and *Health Affairs;* U.S. government agency websites, including those of the Centers for Disease Control and Prevention, Food and Drug Administration, and Substance Abuse and Mental Health Services Administration; and websites of think tank and research organizations, such as the National Academy of Medicine and RAND. Inclusion preference was given to data-driven sources, although opinion or commentary pieces were included to describe the policy environment. On the basis of this review, the Committee drafted recommendations with input from ACP's Board of Governors, Board of Regents, Council of Early Career Physicians, Council of Student Members, Council of Resident/Fellow Members, and Council of Subspecialty Societies. The policy brief and recommendations were approved by the Health and Public Policy Committee on 3 March 2024 and by the Board of Regents on 16 April 2024.

Recommendations

1.

ACP supports rigorous research into the effects of legalizing cannabis on its use (including prevalence, frequency, and intensity of use) among older adults, adults, adolescents, and children; prevalence of cannabis use disorder and other behavioral health conditions; motor vehicle injuries and impaired driving; poisonings; and other adverse outcomes.

2.

ACP recommends that possession of small amounts of cannabis for personal use be decriminalized. ACP calls on policymakers to take an evidence-informed approach when considering amending the legal status of cannabis.

3.

ACP supports an evidence-based public health approach to addressing cannabis and hemp-derived products (including low-tetrahydrocannabinol cannabidiol and Δ-8-tetrahydrocannabinol products) in jurisdictions where they are legal, with a focus on prohibiting access to minors and preventing unsafe use among adults.

4.

ACP supports sufficient resources for cannabis-related public health activities, oversight, and regulation. The U.S. Food and Drug Administration and other federal, state, local, and tribal agencies should receive necessary resources to regulate cannabis products.

5.

ACP supports comprehensive insurance coverage of evidence-based treatments of cannabis use disorder.

6.

ACP supports the development of evidence-based medical education on the health effects of cannabis and cannabinoids. Cannabis content should be incorporated into substance use curricula at all levels of physician education.

7.

ACP supports programs and funding for rigorous scientific evaluation of the potential therapeutic benefits of cannabis and cannabinoids.

8.

ACP reiterates its strong support for exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who recommend, prescribe, or dispense cannabis in accordance with state law.

Conclusion

ACP strongly recommends adoption of policies to increase understanding of the effects of legalizing cannabis for medical and recreational use. A robust public health approach to controlling cannabis should be implemented in states where it is legal, with attention toward prohibiting use among young people and preventing unsafe use among adults. Educational resources should be made available to physicians so they can provide accurate information about the health effects of cannabis and care for patients with cannabis use disorder. Extensive research into the health effects of cannabis use must be done, including on potential harms when used by older adults and more medically complex populations. Finally, to address the disproportionate effects of aggressive drug control policies on marginalized racial and ethnic populations, ACP calls for the decriminalization of possession of small amounts of cannabis for personal use.

TEXTO COMPLETO: Regulatory Framework for Cannabis: A Position Paper From the American College of Physicians | Annals of Internal Medicine (acpjournals.org)

Ethics and Academic Discourse, Scientific Integrity, Uncertainty, and Disinformation in Medicine: An American College of Physicians Position Paper
39074368

ÉTICA Y DISCURSO ACADÉMICO, INTEGRIDAD CIENTÍFICA, INCERTIDUMBRE Y DESINFORMACIÓN EN MEDICINA: DOCUMENTO DE POSICIONAMIENTO DEL AMERICAN COLLEGE OF PHYSICIANS

Abstract

Respect for the scientific process and a diversity of views; open discourse and debate based on principles of ethics, best available evidence, and scientific inquiry and integrity; and an understanding of evidence gaps and uncertainty and how to communicate about them are important values in the advancement of science and the practice of medicine. Physicians often must make decisions about their recommendations to patients in the face of scarce or conflicting data. Are these characteristics of medicine and science widely understood and effectively communicated among members of the profession and to patients and the public? Issues of scientific integrity are longstanding, but COVID-19 brought them to the forefront, in an environment that was sometimes characterized by communication missteps as guidance came and went—or changed—quickly. Today, is open debate flourishing? Have some debates shed more heat than light? Are people losing confidence in science and medicine? In health care institutions? The American College of Physicians explores these issues and offers guidance in this position paper.

TEXTO COMPLETO: Ethics and Academic Discourse, Scientific Integrity, Uncertainty, and Disinformation in Medicine: An American College of Physicians Position Paper | Annals of Internal Medicine (acpjournals.org)

Forecasting the Burden of Cardiovascular Disease and Stroke in the United States Through 2050—Prevalence of Risk Factors and Disease: A Presidential Advisory From the American Heart Association

38832505

PREDECIR LA PREVALENCIA DE ENFERMEDAD CARDIOVASCULAR E ICTUS EN LOS ESTADOS UNIDOS PARA 2050—PREVALENCIA DE FACTORES DE RIESGO E ICTUS: AVISO PRESIDENCIAL DE LA AHA

Abstract

BACKGROUND:

Cardiovascular disease and stroke are common and costly, and their prevalence is rising. Forecasts on the prevalence of risk factors and clinical events are crucial.

METHODS:

Using the 2015 to March 2020 National Health and Nutrition Examination Survey and 2015 to 2019 Medical Expenditure Panel Survey, we estimated trends in prevalence for cardiovascular risk factors based on adverse levels of Life's Essential 8 and clinical cardiovascular disease and stroke. We projected through 2050, overall and by age and race and ethnicity, accounting for changes in disease prevalence and demographics.

RESULTS:

We estimate that among adults, prevalence of hypertension will increase from 51.2% in 2020 to 61.0% in 2050. Diabetes (16.3% to 26.8%) and obesity (43.1% to 60.6%) will increase, whereas hypercholesterolemia will decline (45.8% to 24.0%). The prevalences of poor diet, inadequate physical activity, and smoking are estimated to improve over time, whereas inadequate sleep will worsen. Prevalences of coronary disease (7.8% to 9.2%), heart failure (2.7% to 3.8%), stroke (3.9% to 6.4%), atrial fibrillation (1.7% to 2.4%), and total cardiovascular disease (11.3% to 15.0%) will rise. Clinical CVD will affect 45 million adults, and CVD including hypertension will affect more than 184 million adults by 2050 (>61%). Similar trends are projected in children. Most adverse trends are projected to be worse among people identifying as American Indian/Alaska Native or multiracial, Black, or Hispanic.

CONCLUSIONS:

The prevalence of many cardiovascular risk factors and most established diseases will increase over the next 30 years. Clinical and public health interventions are needed to effectively manage, stem, and even reverse these adverse trends

TEXTO COMPLETO: Forecasting the Burden of Cardiovascular Disease and Stroke in the United States Through 2050—Prevalence of Risk Factors and Disease: A Presidential Advisory From the American Heart Association | Circulation (ahajournals.org)

Forecasting the Economic Burden of Cardiovascular Disease and Stroke in the United States Through 2050: A Presidential Advisory From the American Heart Association
38832515
PREDECIR LA CARGA ECONÓMICA DE ENFERMEDAD CARDIOVASCULAR E ICTUS EN LOS ESTADOS UNIDOS PARA 2050: AVISO PRESIDENCIAL DE LA AHA

Abstract

BACKGROUND:

Quantifying the economic burden of cardiovascular disease and stroke over the coming decades may inform policy, health system, and community-level interventions for prevention and treatment.

METHODS:

We used nationally representative health, economic, and demographic data to project health care costs attributable to key cardiovascular risk factors (hypertension, diabetes, hypercholesterolemia) and conditions (coronary heart disease, stroke, heart failure, atrial fibrillation) through 2050. The human capital approach was used to estimate productivity losses from morbidity and premature mortality due to cardiovascular conditions.

RESULTS:

One in 3 US adults received care for a cardiovascular risk factor or condition in 2020. Annual inflation-adjusted (2022 US dollars) health care costs of cardiovascular risk factors are projected to triple between 2020 and 2050, from $400 billion to $1344 billion. For cardiovascular conditions, annual health care costs are projected to almost quadruple, from $393 billion to $1490 billion, and productivity losses are projected to increase by 54%, from $234 billion to $361 billion. Stroke is projected to account for the largest absolute increase in costs. Large relative increases among the Asian American population (497%) and Hispanic American population (489%) reflect the projected increases in the size of these populations.

CONCLUSIONS:

The economic burden of cardiovascular risk factors and overt cardiovascular disease in the United States is projected to increase substantially in the coming decades. Development and deployment of cost-effective programs and policies to promote cardiovascular health are urgently needed to rein in costs and to equitably enhance population health.

TEXTO COMPLETO: Forecasting the Economic Burden of Cardiovascular Disease and Stroke in the United States Through 2050: A Presidential Advisory From the American Heart Association | Circulation (ahajournals.org)

Interventions for High Body Mass Index in Children and Adolescents: US Preventive Services Task Force Recommendation Statement
38888912
INTERVENCIONES SOBRE EL IMC ALTO EN NIÑOS Y ADOLESCENTES: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract
Importance Approximately 19.7% of children and adolescents aged 2 to 19 years in the US have a body mass index (BMI) at or above the 95th percentile for age and sex, based on Centers for Disease Control and Prevention growth charts from 2000. The prevalence of high BMI increases with age and is higher among Hispanic/Latino, Native American/Alaska Native, and non-Hispanic Black children and adolescents and children from lower-income families.
Objective The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the evidence on interventions (behavioral counseling and pharmacotherapy) for weight loss or weight management in children and adolescents that can be provided in or referred from a primary care setting.
Population Children and adolescents 6 years or older.
Evidence Assessment The USPSTF concludes with moderate certainty that providing or referring children and adolescents 6 years or older with a high BMI to comprehensive, intensive behavioral interventions has a moderate net benefit.
Recommendation The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high BMI (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions. (B recommendation)

TEXTO COMPLETO: Interventions for High Body Mass Index in Children and Adolescents: US Preventive Services Task Force Recommendation Statement | Guidelines | JAMA | JAMA Network

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Interventions to Prevent Falls in Community-Dwelling Older Adults: US Preventive Services Task Force Recommendation Statement
38833246
INTERVENCIONES PARA PREVENIR LAS CAÍDAS EN ANCIANOS QUE VIVEN EN LA COMUNIDAD: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract
Importance Falls are the leading cause of injury-related morbidity and mortality among older adults in the US. In 2018, 27.5% of community-dwelling adults 65 years or older reported at least 1 fall in the past year and 10.2% reported a fall-related injury. In 2021, an estimated 38 742 deaths resulted from fall-related injuries.
Objective The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the effectiveness and harms of primary care–relevant interventions to prevent falls and fall-related morbidity and mortality in community-dwelling adults 65 years or older.
Population Community-dwelling adults 65 years or older at increased risk of falls.
Evidence Assessment The USPSTF concludes with moderate certainty that exercise interventions provide a moderate net benefit in preventing falls and fall-related morbidity in older adults at increased risk for falls. The USPSTF concludes with moderate certainty that multifactorial interventions provide a small net benefit in preventing falls and fall-related morbidity in older adults at increased risk for falls.

Recommendation The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. (B recommendation) The USPSTF recommends that clinicians individualize the decision to offer multifactorial interventions to prevent falls to community-dwelling adults 65 years or older who are at increased risk for falls. Existing evidence indicates that the overall net benefit of routinely offering multifactorial interventions to prevent falls is small. When determining whether this service is appropriate for an individual, patients and clinicians should consider the balance of benefits and harms based on the circumstances of prior falls, presence of comorbid medical conditions, and the patient's values and preferences. (C recommendation)

TEXTO COMPETO: Interventions to Prevent Falls in Community-Dwelling Older Adults: US Preventive Services Task Force Recommendation Statement | Guidelines | JAMA | JAMA Network

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Spanish Consensus on Remission in Asthma (REMAS)
38697903
CONSENSO ESPAÑOL SOBRE REMISIÓN DEL ASMA (REMAS)

Abstract
The concept of "remission" in asthma has been around for a long time and it has been a controversial topic. Despite the attempts of some studies to characterize this entity, the discussion continues.
In the case of asthma there is still no clear definition, either in terms of its meaning or the parameters that should be included or whether it should be divided into clinical or complete remission.
To help defining these controversial concepts, SEPAR has advocated the multidisciplinary working group REMAS (REMission in ASthma). Following the Delphi methodology and with the involvement of more than 120 specialists in asthma management, this group has arrived at a consensus on the definitions of remission in asthma and establishing the criteria and characteristics that will be of use in future studies evaluating the efficacy or effectiveness of treatments.

A scoping review of evidence-based guidance and guidelines published by general practice professional organizations
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REVISIÓN DE ALCANCE DE LAS GUÍAS BASADAS EN LA EVIDENCIA Y DE LAS GUÍAS PUBLICADAS POR LAS ORGANIZACIONES PROFESIONALES DE MEDICINA GENERAL

Abstract
Background
General practitioners (GPs) need robust, up-to-date evidence to deliver high-quality patient care. There is limited literature regarding the role of international GP professional organizations in developing and publishing clinical guidelines to support GPs clinical decision making.
Objective

To identify evidence-based guidance and clinical guidelines produced by GP professional organizations and summarize their content, structure, and methods of development and dissemination.

Methods

Scoping review of GP professional organizations following Joanna Briggs Institute guidance. Four databases were searched and a grey literature search was conducted. Studies were included if they were: (i) evidence-based guidance documents or clinical guidelines produced de novo by a national GP professional organization, (ii) developed to support GPs clinical care, and (iii) published in the last 10 years. GP professional organizations were contacted to provide supplementary information. A narrative synthesis was performed.

Results

Six GP professional organizations and 60 guidelines were included. The most common de novo guideline topics were mental health, cardiovascular disease, neurology, pregnancy and women's health and preventive care. All guidelines were developed using a standard evidence-synthesis method. All included documents were disseminated through downloadable pdfs and peer review publications. GP professional organizations indicated that they generally collaborate with or endorse guidelines developed by national or international guideline producing bodies.

Conclusion

The findings of this scoping review provide an overview of de novo guideline development by GP professional organizations and can support collaboration between GP organizations worldwide thus reducing duplication of effort, facilitating reproducibility, and identifying areas of standardization.

TEXTO COMPLETO: scoping review of evidence-based guidance and guidelines published by general practice professional organizations | Family Practice | Oxford Academic (oup.com)

Documento de posicionamiento. Recomendaciones del Grupo Español de Trabajo en Enfermedad de Crohn y Colitis Ulcerosa sobre sexualidad y enfermedad inflamatoria intestinal 38218430

DOCUMENTO DE POSICIONAMIENTO. RECOMENDACIONES DEL GRUPO ESPAÑOL DE TRABAJO EN ENFERMEDAD DE CROHN Y COLITIS ULCEROSA SOBRE SEXUALIDAD Y ENFERMEDAD INFLAMATORIA INTESTINAL

Resumen

Es ampliamente reconocido que la enfermedad inflamatoria intestinal (EII) se asocia con una alta prevalencia de disfunción sexual (DS). Sin embargo, existe una notable escasez de publicaciones específicas en este ámbito. Esta falta de información repercute en diferentes aspectos, incluyendo la comprensión y atención integral de la DS en el contexto de la EII. Además, los propios pacientes expresan esta limitación dentro del tratamiento de su enfermedad, generando así una necesidad insatisfecha en términos de su bienestar.

El objetivo del presente documento de posicionamiento del Grupo Español de Trabajo en Enfermedad de Crohn y Colitis Ulcerosa (GETECCU) es realizar una revisión sobre los aspectos más relevantes y las posibles áreas de mejora en la detección, evaluación y manejo de la DS en personas con EII para integrar el abordaje de la salud sexual en nuestra práctica clínica. Se establecen recomendaciones basadas en la evidencia científica disponible y la opinión de expertos. La elaboración de estas recomendaciones de GETECCU se ha efectuado a través de un enfoque colaborativo multidisciplinar en el que participan especialistas en gastroenterología, ginecología, urología, cirugía, enfermería, psicología, sexología y, por supuesto, pacientes con EII.

Selección realizada por Antonio Manteca González

TEXTO COMPLETO: Documento de posicionamiento. Recomendaciones del Grupo Español de Trabajo en Enfermedad de Crohn y Colitis Ulcerosa sobre sexualidad y enfermedad inflamatoria intestinal - ScienceDirect

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Documento de consenso de la Sociedad Española de Neurología (SEN), Sociedad Española de Medicina de Familia y Comunitaria (SEMFYC), Sociedad de Medicina de Atención Primaria (SEMERGEN) y Asociación Española de Migraña y Cefalea (AEMICE) sobre el tratamiento de la migraña
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DOCUMENTO DE CONSENSO DE LA SOCIEDAD ESPAÑOLA DE NEUROLOGÍA (SEN), SOCIEDAD ESPAÑOLA DE MEDICINA DE FAMILIA Y COMUNITARIA (SEMFYC), SOCIEDAD DE MEDICINA DE ATENCIÓN PRIMARIA (SEMERGEN) Y ASOCIACIÓN ESPAÑOLA DE MIGRAÑA Y CEFALEA (AEMICE) SOBRE EL TRATAMIENTO DE LA MIGRAÑA

Resumen
La migraña es una enfermedad con una alta prevalencia e incidencia, además de ser altamente discapacitante, y origina un gran impacto en la calidad de vida del paciente a nivel personal, familiar y laboral, pero también social, dado su elevado gasto debido a sus costes directos (asistenciales) e indirectos (presentismo y absentismo laboral).
Las múltiples y recientes novedades en su conocimiento fisiopatológico y en su terapia requieren una puesta al día y, por ello, en el presente artículo las sociedades científicas españolas más involucradas en su estudio y tratamiento (SEN, SEMFYC y SEMERGEN), conjuntamente con la Asociación Española de Pacientes con Migraña y otras Cefaleas (AEMICE), hemos elaborado estas recomendaciones asistenciales actualizadas.
Revisamos el tratamiento del ataque de migraña, que consistía principalmente en el uso de AINE y triptanes, al que se han añadido ditanes y gepantes. También analizamos el tratamiento preventivo integrado por fármacos preventivos orales, toxina botulínica y tratamientos que bloquean la acción del péptido relacionado con la calcitonina (CGRP).
Finalmente, destacamos que los tratamientos farmacológicos deben ser complementarios a la realización de medidas generales consistentes en identificar y gestionar/eliminar los factores precipitantes de los ataques y los factores cronificantes, controlar las comorbilidades de la migraña y eliminar el sobreuso analgésico.