

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

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[Shared Decision-Making and Cardiovascular Health: A Scientific Statement From the American Heart Association](#)

[37577791](#)

*TOMA DE DECISIONES COMPARTIDA Y SALUD CARDIOVASCULAR: DECLARACIÓN CIENTÍFICA DE LA AHA*

### Abstract

Shared decision-making is increasingly embraced in health care and recommended in cardiovascular guidelines. Patient involvement in health care decisions, patient-clinician communication, and models of patient-centered care are critical to improve health outcomes and to promote equity, but formal models and evaluation in cardiovascular care are nascent. Shared decision-making promotes equity by involving clinicians and patients, sharing the best available evidence, and recognizing the needs, values, and experiences of individuals and their families when faced with the task of making decisions. Broad endorsement of shared decision-making as a critical component of high-quality, value-based care has raised our awareness, although uptake in clinical practice remains suboptimal for a range of patient, clinician, and system issues. Strategies effective in promoting shared decision-making include educating clinicians on communication techniques, engaging multidisciplinary medical teams, incorporating trained decision coaches, and using tools (ie, patient decision aids) at appropriate literacy and numeracy levels to support patients in their cardiovascular decisions. This scientific statement shines a light on the limited but growing body of evidence of the impact of shared decision-making on cardiovascular outcomes and the potential of shared decision-making as a driver of health equity so that everyone has just opportunities. Multilevel solutions must align to address challenges in policies and reimbursement, system-level leadership and infrastructure, clinician training, access to decision aids, and patient engagement to fully support patients and clinicians to engage in the shared decision-making process and to drive equity and improvement in cardiovascular outcomes.

Texto completo: [Shared Decision-Making and Cardiovascular Health: A Scientific Statement From the American Heart Association | Circulation \(ahajournals.org\)](#)

PDF: <https://www.ahajournals.org/doi/reader/10.1161/CIR.0000000000001162>

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[Clinical Practice Guideline of Spanish Society of Pneumology and Thoracic Surgery \(SEPAR\) on Pharmacological Treatment of Tobacco Dependence 2023](#)

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GUÍA DE PRÁCTICA CLÍNICA DE LA SOCIEDAD ESPAÑOLA DE NEUMOLOGÍA Y CIRUGÍA TORÁCICA (SEPAR) SOBRE TRATAMIENTO FARMACOLÓGICO DE LA DEPENDENCIA DEL TABACO, 2023

## ABSTRACT

### Introduction

There are multiple systematic reviews and meta-analyses on the efficacy and safety of pharmacological treatments against nicotine dependence. However, there are few guidelines to answer frequent questions asked by a clinician treating a smoker. Therefore, the aim of this paper is to facilitate the treatment of tobacco addiction.

### Material and methods

12 PICO questions are formulated from a GLOBAL PICO question: “Efficacy and safety of pharmacological treatment of tobacco dependence”. A systematic review was carried out to answer each of the questions and recommendations were made. The GRADE (Grading of Recommendations, Assessment, Development and Evaluation) system was used to grade the certainty of the estimated effects and the strength of the recommendations.

### Results

Varenicline, nicotine replacement therapy (NRT), bupropion and cytisine are more effective than placebo. Varenicline and combined nicotine therapy are superior to the other therapies. In smokers with high dependence, a combination of drugs is recommended, being more effective those associations containing varenicline. Other optimization strategies with lower efficacy consist of increasing the doses, the duration, or retreat with varenicline. In

specific populations varenicline or NRT is recommended. In hospitalized, the treatment of choice is NRT. In pregnancy it is indicated to prioritize behavioral treatment. The financing of smoking cessation treatments increases the number of smokers who quit smoking. There is no scientific evidence of the efficacy of pharmacological treatment of smoking cessation in adolescents.

## Conclusions

The answers to the 12 questions allow us to extract recommendations and algorithms for the pharmacological treatment of tobacco dependence.

Testo completo:

[Clinical Practice Guideline of Spanish Society of Pneumology and Thoracic Surgery \(SEPAR\) on Pharmacological Treatment of Tobacco Dependence 2023 | Archivos de Bronconeumología \(archbronconeumol.org\)](#)

PDF: <https://www.archbronconeumol.org/es-pdf-S0300289623002624>

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[Canadian guideline for the clinical management of high-risk drinking and alcohol use disorder 37844924](#)

*GUÍA CANADIENSE PARA EL MANEJO CLÍNICO DEL TRASTORNO POR USO DE ALCOHOL Y BEBIDAS DE ALTO RIESGO*

## Abstract

**Background:** In Canada, low awareness of evidence-based interventions for the clinical management of alcohol use disorder exists among health care providers and people who could benefit from care. To address this gap, the Canadian Research Initiative in Substance Misuse convened a national committee to develop a guideline for the clinical management of high-risk drinking and alcohol use disorder.

**Methods:** Development of this guideline followed the ADAPTE process, building upon the 2019 British Columbia provincial guideline for alcohol use disorder. A national guideline committee (consisting of 36 members with diverse expertise, including academics, clinicians, people with lived and living experiences of alcohol use, and people who self-identified as Indigenous or Métis) selected priority topics, reviewed evidence and reached consensus on the recommendations. We used the Appraisal of Guidelines for Research and Evaluation Instrument (AGREE II) and the Guidelines International Network's Principles for Disclosure of Interests and Management of Conflicts to ensure the guideline met international standards for transparency, high quality and methodological rigour. We

rated the final recommendations using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) tool; the recommendations underwent external review by 13 national and international experts and stakeholders.

**Recommendations:** The guideline includes 15 recommendations that cover screening, diagnosis, withdrawal management and ongoing treatment, including psychosocial treatment interventions, pharmacotherapies and community-based programs. The guideline committee identified a need to emphasize both underused interventions that may be beneficial and common prescribing and other practice patterns that are not evidence based and that may potentially worsen alcohol use outcomes.

Texto completo: [Canadian guideline for the clinical management of high-risk drinking and alcohol use disorder | CMAJ](#)

PDF: <https://www.cmaj.ca/content/195/40/E1364.full.pdf>

[Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update](#)

[37816527](#)

GUÍA DE PRÁCTICA CLÍNICA PARA EL MANEJO DE LA OSTEOPOROSIS Y LA PREVENCIÓN DE FRACTURAS EN CANADÁ: ACTUALIZACIÓN DE 2023

## Abstract

**Background:** In Canada, more than 2 million people live with osteoporosis, a disease that increases the risk for fractures, which result in excess mortality and morbidity, decreased quality of life and loss of autonomy. This guideline update is intended to assist Canadian health care professionals in the delivery of care to optimize skeletal health and prevent fractures in postmenopausal females and in males aged 50 years and older.

**Methods:** This guideline is an update of the 2010 Osteoporosis Canada clinical practice guideline on the diagnosis and management of osteoporosis in Canada. We followed the Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework and quality assurance as per Appraisal of Guidelines for Research and Evaluation (AGREE II) quality and reporting standards. Primary care physicians and patient partners were represented at all levels of the guideline committees and groups, and participated throughout the entire process to ensure relevance to target users. The process for managing competing interests was developed before and continued throughout the guideline development, informed by the Guideline International Network principles. We considered benefits and harms, patient values and preferences, resources, equity, acceptability and feasibility when developing recommendations; the strength of each recommendation was assigned according to the GRADE framework.

**Recommendations** The 25 recommendations and 10 good practice statements are grouped under the sections of exercise, nutrition, fracture risk assessment and treatment initiation, pharmacologic interventions, duration and sequence of therapy, and monitoring. The management of osteoporosis should be guided by the patient's risk of fracture, based on clinical assessment and using a validated fracture risk assessment tool. Exercise, nutrition and pharmacotherapy are key elements of the management strategy for fracture prevention and should be individualized.

Texto completo: [Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update | CMAJ](#)

PDF: <https://www.cmaj.ca/content/195/39/E1333.full.pdf>

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[Executive Summary: Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus](#)

[37471272](#)

*RESUMEN EJECUTIVO: GUÍAS Y RECOMENDACIONES PARA EL ANÁLISIS DE LABORATORIO EN EL DIAGNÓSTICO Y TRATAMIENTO DE LA DIABETES MELLITUS*

## **BACKGROUND**

Numerous laboratory tests are used in the diagnosis and management of patients with diabetes mellitus. The quality of the scientific evidence supporting the use of these assays varies substantially. An expert committee compiled evidence-based recommendations for laboratory analysis in patients with diabetes. The overall quality of the evidence and the strength of the recommendations were evaluated. The draft consensus recommendations were evaluated by invited reviewers and presented for public comment. Suggestions were incorporated as deemed appropriate by the authors (see Acknowledgments in the full version of the guideline). The guidelines were reviewed by the Evidence Based Laboratory Medicine Committee and the Board of Directors of the American Association for Clinical Chemistry and by the Professional Practice Committee of the American Diabetes Association.

## **CONTENT**

Diabetes can be diagnosed by demonstrating increased concentrations of glucose in venous plasma or increased hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) in the blood. Glycemic control is monitored by the patients measuring their own blood glucose with meters and/or with continuous interstitial glucose monitoring devices and also by laboratory analysis of HbA<sub>1c</sub>. The potential roles of noninvasive glucose monitoring; genetic testing; and measurement of ketones, autoantibodies, urine albumin, insulin, proinsulin, and C-peptide are addressed.

## **SUMMARY**

The guidelines provide specific recommendations based on published data or derived from expert consensus. Several analytes are found to have minimal clinical value at the present time, and measurement of them is not recommended.

Texto completo: [Executive Summary: Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)

PDF: <https://diabetesjournals.org/care/article-pdf/46/10/1740/734759/dci230048.pdf>

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[Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus](#)

37471273

GUÍAS Y RECOMENDACIONES PARA EL ANÁLISIS DE LABORATORIO EN EL DIAGNÓSTICO Y TRATAMIENTO DE LA DIABETES MELLITUS

## BACKGROUND

Numerous laboratory tests are used in the diagnosis and management of diabetes mellitus. The quality of the scientific evidence supporting the use of these assays varies substantially.

## APPROACH

An expert committee compiled evidence-based recommendations for laboratory analysis in screening, diagnosis, or monitoring of diabetes. The overall quality of the evidence and the strength of the recommendations were evaluated. The draft consensus recommendations were evaluated by invited reviewers and presented for public comment. Suggestions were incorporated as deemed appropriate by the authors (see Acknowledgments). The guidelines were reviewed by the Evidence Based Laboratory Medicine Committee and the Board of Directors of the American Association for Clinical Chemistry and by the Professional Practice Committee of the American Diabetes Association.

## CONTENT

Diabetes can be diagnosed by demonstrating increased concentrations of glucose in venous plasma or increased hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) in the blood. Glycemic control is monitored by the people with diabetes measuring their own blood glucose with meters and/or with continuous interstitial glucose monitoring (CGM) devices and also by laboratory analysis of HbA<sub>1c</sub>. The potential roles of noninvasive glucose monitoring, genetic testing, and measurement of ketones, autoantibodies, urine albumin, insulin, proinsulin, and C-peptide are addressed.

## SUMMARY

The guidelines provide specific recommendations based on published data or derived from expert consensus. Several analytes are found to have minimal clinical value at the present time, and measurement of them is not recommended.

Texto completo: [Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)

PDF: <https://diabetesjournals.org/care/article-pdf/46/10/e151/735005/dci230036.pdf>

[2023 ESC Guidelines for the management of endocarditis: Developed by the task force on the management of endocarditis of the European Society of Cardiology \(ESC\) Endorsed by the European Association for Cardio-Thoracic Surgery \(EACTS\) and the European Association of Nuclear Medicine \(EANM\)](#)

37738322

GUÍAS ESC DE 2023 PARA EL MANEJO DE LAS ENDOCARDITIS: DESARROLLADAS POR EL GRUPO DE TRABAJO SOBRE EL MANEJO DE ENDOCARDITIS DE LA ESC Y RESPALDADAS POR LA EACTS Y LA EANM

Texto completo: [2023 ESC Guidelines for the management of endocarditis | European Heart Journal | Oxford Academic \(oup.com\)](#)

PDF: <https://academic.oup.com/eurheartj/article-pdf/44/39/3948/54250976/ehad193.pdf>

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[2023 ESC Guidelines for the management of cardiomyopathies: Developed by the task force on the management of cardiomyopathies of the European Society of Cardiology \(ESC\)](#)

*GUÍAS ESC DE 2023 PARA EL MANEJO DE LAS MIOCARDIOPATÍAS: DESARROLLADAS POR EL GRUPO DE TRABAJO SOBRE EL MANEJO DE MIOCARDIOPATÍAS DE LA ESC*

Texto completo: [2023 ESC Guidelines for the management of cardiomyopathies | European Heart Journal | Oxford Academic \(oup.com\)](#)

PDF: <https://academic.oup.com/eurheartj/article-pdf/44/37/3503/53793625/ehad194.pdf>

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[2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology \(ESC\)](#)

*GUÍAS DE LA ESC 2023 PARA EL MANEJO DE LOS SÍNDROMES CORONARIOS AGUDOS: DESARROLLADAS POR EL GRUPO DE TRABAJO SOBRE EL MANEJO DE SÍNDROMES CORONARIOS AGUDOS DE LA ESC*

Testo completo: [2023 ESC Guidelines for the management of acute coronary syndromes | European Heart Journal | Oxford Academic \(oup.com\)](#)

PDF: <https://academic.oup.com/eurheartj/article-pdf/44/38/3720/52018153/ehad191.pdf>

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[Updated USPSTF Recommendations for Preexposure Prophylaxis—New Choices, New Obstacles](#)  
[37606920](#)

*RECOMENDACIONES ACTUALIZADAS DEL USPSTF PARA LA PROFILAXIS PREEXPOSICIÓN—NUEVAS ELECCIONES, NUEVOS OBSTÁCULOS*

In the US, HIV diagnoses have decreased by 8% from 2017 to 2021, in part due to an increased uptake of preexposure prophylaxis (PrEP), a highly effective and safe biomedical intervention to prevent HIV acquisition.<sup>1</sup> Despite these encouraging data, considerable racial, ethnic, and regional disparities in new HIV diagnoses and PrEP use persist in the US and, paradoxically, are worsening as PrEP options and access increase.<sup>2</sup> While young (ages 13-34 years), Black, Latino, gay, bisexual, and other adolescents and men who have sex with men (MSM) living in the southern US carry the highest burden of new HIV diagnoses in the nation,<sup>1</sup> PrEP coverage in each of these demographic categories is lower than the national average of 30%.<sup>3</sup> For example, Black and Latino gay and bisexual men accounted for 37% and 30% of new HIV diagnoses, respectively, among MSM in 2021,<sup>1</sup> but only 11% and 21% of Black



and Latino PrEP-eligible individuals were prescribed PrEP, compared with 78% of their White counterparts.<sup>3</sup>

[Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update](#)

[37816527](#)

*GUÍA DE PRÁCTICA CLÍNICA PARA EL MANEJO DE OSTEOPOROSIS Y PREVENCIÓN DE FRACTURAS EN CANADÁ: ACTUALIZACIÓN DE 2023*

## Abstract

**Background:** In Canada, more than 2 million people live with osteoporosis, a disease that increases the risk for fractures, which result in excess mortality and morbidity, decreased quality of life and loss of autonomy. This guideline update is intended to assist Canadian health care professionals in the delivery of care to optimize skeletal health and prevent fractures in postmenopausal females and in males aged 50 years and older.

**Methods:** This guideline is an update of the 2010 Osteoporosis Canada clinical practice guideline on the diagnosis and management of osteoporosis in Canada. We followed the Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework and quality assurance as per Appraisal of Guidelines for Research and Evaluation (AGREE II) quality and reporting standards. Primary care physicians and patient partners were represented at all levels of the guideline committees and groups, and participated throughout the entire process to ensure relevance to target users. The process for managing competing interests was developed before and continued throughout the guideline development, informed by the Guideline International Network principles. We considered benefits and harms, patient values and preferences, resources, equity, acceptability and feasibility when developing recommendations; the strength of each recommendation was assigned according to the GRADE framework.

**Recommendations** The 25 recommendations and 10 good practice statements are grouped under the sections of exercise, nutrition, fracture risk assessment and treatment initiation, pharmacologic interventions, duration and sequence of therapy, and monitoring. The management of osteoporosis should be guided by the patient's risk of fracture, based on clinical assessment and using a validated fracture risk assessment tool. Exercise, nutrition and pharmacotherapy are key elements of the management strategy for fracture prevention and should be individualized.

Texto completo: [Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update | CMAJ](#)

PDF: <https://www.cmaj.ca/content/cmaj/195/39/E1333.full.pdf>

[Screening and Preventive Interventions for Oral Health in Adults: US Preventive Services Task Force Recommendation Statement](#)

[37934473](#)

*INTERVENCIONES PREVENTIVAS Y DE CRIBADO PARA LA SALUD ORAL EN ADULTOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF*



## Abstract

**Importance** Oral health is fundamental to health and well-being across the life span. Dental caries (cavities) and periodontal disease (gum disease) are common and often untreated oral health conditions that affect eating, speaking, learning, smiling, and employment potential. Untreated oral health conditions can lead to tooth loss, irreversible tooth damage, and other serious adverse health outcomes.

**Objective** The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate screening and preventive interventions for oral health conditions in adults.

**Population** Asymptomatic adults 18 years or older.

**Evidence Assessment** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for oral health conditions (eg, dental caries or periodontal disease) performed by primary care clinicians in asymptomatic adults. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of preventive interventions for oral health conditions (eg, dental caries or periodontal disease) performed by primary care clinicians in asymptomatic adults.

**Recommendations** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening performed by primary care clinicians for oral health conditions, including dental caries or periodontal-related disease, in adults. (I statement) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of preventive interventions performed by primary care clinicians for oral health conditions, including dental caries or periodontal-related disease, in adults. (I statement)

Texto completo: [Screening and Preventive Interventions for Oral Health in Adults: US Preventive Services Task Force Recommendation Statement | Otolaryngology | JAMA | JAMA Network](#)

[Screening and Preventive Interventions for Oral Health in Children and Adolescents Aged 5 to 17 Years: US Preventive Services Task Force Recommendation Statement 37934215](#)

INTERVENCIONES PREVENTIVAS Y DE CRIBADO PARA LA SALUD ORAL EN NIÑOS Y ADOLESCENTES ENTRE 5 Y 17 AÑOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

## Abstract

**Importance** Oral health is fundamental to health and well-being across the lifespan. Oral health conditions affect the daily lives of school-age children and adolescents, leading to loss of more than 51 million school hours every year. Untreated oral health conditions in children can lead to serious infections and affect growth, development, and quality of life.

**Objective** The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate screening and preventive interventions for oral health conditions in children and adolescents aged 5 to 17 years.

**Population** Asymptomatic children and adolescents aged 5 to 17 years.

**Evidence Assessment** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for oral health conditions (eg, dental caries) performed by primary care clinicians in asymptomatic children and adolescents aged 5 to 17 years. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of preventive interventions for oral health conditions (eg, dental caries) performed by primary care clinicians in asymptomatic children and adolescents aged 5 to 17 years.

**Recommendations** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening performed by primary care clinicians for oral health conditions, including dental caries, in children and adolescents aged 5 to 17 years. (I statement) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of preventive interventions performed by primary care clinicians for oral health conditions, including dental caries, in children and adolescents aged 5 to 17 years. (I statement)

Texto completo: [Screening and Preventive Interventions for Oral Health in Children and Adolescents Aged 5 to 17 Years: US Preventive Services Task Force Recommendation Statement | Otolaryngology | JAMA | JAMA Network](#)

[2022 American College of Rheumatology Guideline for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis](#)  
37845798

GUÍA 2022 DEL AMERICAN COLLEGE OF RHEUMATOLOGY PARA LA PREVENCIÓN Y TRATAMIENTO DE LA OSTEOPOROSIS INDUCIDA POR CORTICOIDES

## Abstract

### Objective

The objective is to update recommendations for prevention and treatment of glucocorticoid-induced osteoporosis (GIOP) for patients with rheumatic or

nonrheumatic conditions receiving >3 months treatment with glucocorticoids (GCs)  $\geq 2.5$  mg daily.

## Methods

An updated systematic literature review was performed for clinical questions on nonpharmacologic, pharmacologic treatments, discontinuation of medications, and sequential therapy. Grading of Recommendations Assessment, Development and Evaluation approach was used to rate the certainty of evidence. A Voting Panel achieved  $\geq 70\%$  consensus on the direction (for or against) and strength (strong or conditional) of recommendations.

## Results

For adults beginning or continuing >3 months of GC treatment, we strongly recommend as soon as possible after initiation of GCs, initial assessment of fracture risks with clinical fracture assessment, bone mineral density with vertebral fracture assessment or spinal x-ray, and Fracture Risk Assessment Tool if  $\geq 40$  years old. For adults at medium, high, or very high fracture risk, we strongly recommend pharmacologic treatment. Choice of oral or intravenous bisphosphonates, denosumab, or parathyroid hormone analogs should be made by shared decision-making. Anabolic agents are conditionally recommended as initial therapy for those with high and very high fracture risk. Recommendations are made for special populations, including children, people with organ transplants, people who may become pregnant, and people receiving very high-dose GC treatment. New recommendations for both discontinuation of osteoporosis therapy and sequential therapies are included.

## Conclusion

This guideline provides direction for clinicians and patients making treatment decisions for management of GIOP. These recommendations should not be used to limit or deny access to therapies.

Texto completo: [2022 American College of Rheumatology Guideline for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis - Humphrey - 2023 - Arthritis & Rheumatology - Wiley Online Library](#)