GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES 4º CUATRIMESTRE 2022

The Management of Major Depressive Disorder: Synopsis of the 2022 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline
36122380
MANEJO DEL TRASTORNO DEPRESIVO MAYOR: SINOPSIS DE LA GUÍA DE PRÁCTICA CLÍNICA 2022 DEL US DEPARTMENT OF VETERANS AFFAIRS Y DEL US DEPARTMENT OF DEFENSE

Abstract

Description: In February 2022, the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) approved a joint clinical practice guideline (CPG) for the management of major depressive disorder (MDD). This synopsis summarizes key recommendations.

Methods: Senior leaders within the VA and the DoD assembled a team to update the 2016 CPG for the management of MDD that included clinical stakeholders and conformed to the National Academy of Medicine's tenets for trustworthy CPGs. The guideline panel developed key questions, systematically searched and evaluated the literature, created two 1-page algorithms, and distilled 36 recommendations for care using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system. Select recommendations that were identified by the authors to represent key changes from the prior CPG are presented in this synopsis.

Recommendations: The scope of the CPG is diverse; however, this synopsis focuses on key recommendations that the authors identified as important new evidence and changes to prior recommendations on pharmacologic management, pharmacogenomics, psychotherapy, complementary and alternative therapies, and the use of telemedicine.

Cancer Screening Guidelines Are Not Simple, But They Could Be Less Complex
36162109
LAS GUÍAS DE CRIBADO DEL CÁNCER NO SON SENCILLAS PERO PODÍAN SER MENOS COMPLEJAS

Evaluation of Harms Reporting in U.S. Cancer Screening Guidelines
36162112
EVALUACIÓN DE LOS INFORMES DE DAÑOS EN LAS GUÍAS DE CRIBADO DE CÁNCER ESTADOUNIDENSES

Abstract

Background: Cancer screening should be recommended only when the balance between benefits and harms is favorable. This review evaluated how U.S. cancer screening guidelines reported harms, within and across organ-specific processes to screen for cancer.

Objective: To describe current reporting practices and identify opportunities for improvement.

Design: Review of guidelines.

Setting: United States.

Patients: Patients eligible for screening for breast, cervical, colorectal, lung, or prostate cancer according to U.S. guidelines.

Measurements: Information was abstracted on reporting of patient-level harms associated with screening, diagnostic follow-up, and treatment. The authors classified harms reporting as not mentioned, conceptual, qualitative, or quantitative and noted whether literature was cited when harms were described. Frequency of harms reporting was summarized by organ type.

Results: Harms reporting was inconsistent across organ types and at each step of the cancer screening process. Guidelines did not report all harms for any specific organ type or for any category of harm across organ types. The most complete harms reporting was for prostate cancer screening guidelines and the least complete for colorectal cancer screening guidelines. Conceptualization of harms and use of quantitative evidence also differed by organ type.

Limitations: This review considers only patient-level harms. The authors did not verify accuracy of harms information presented in the guidelines.

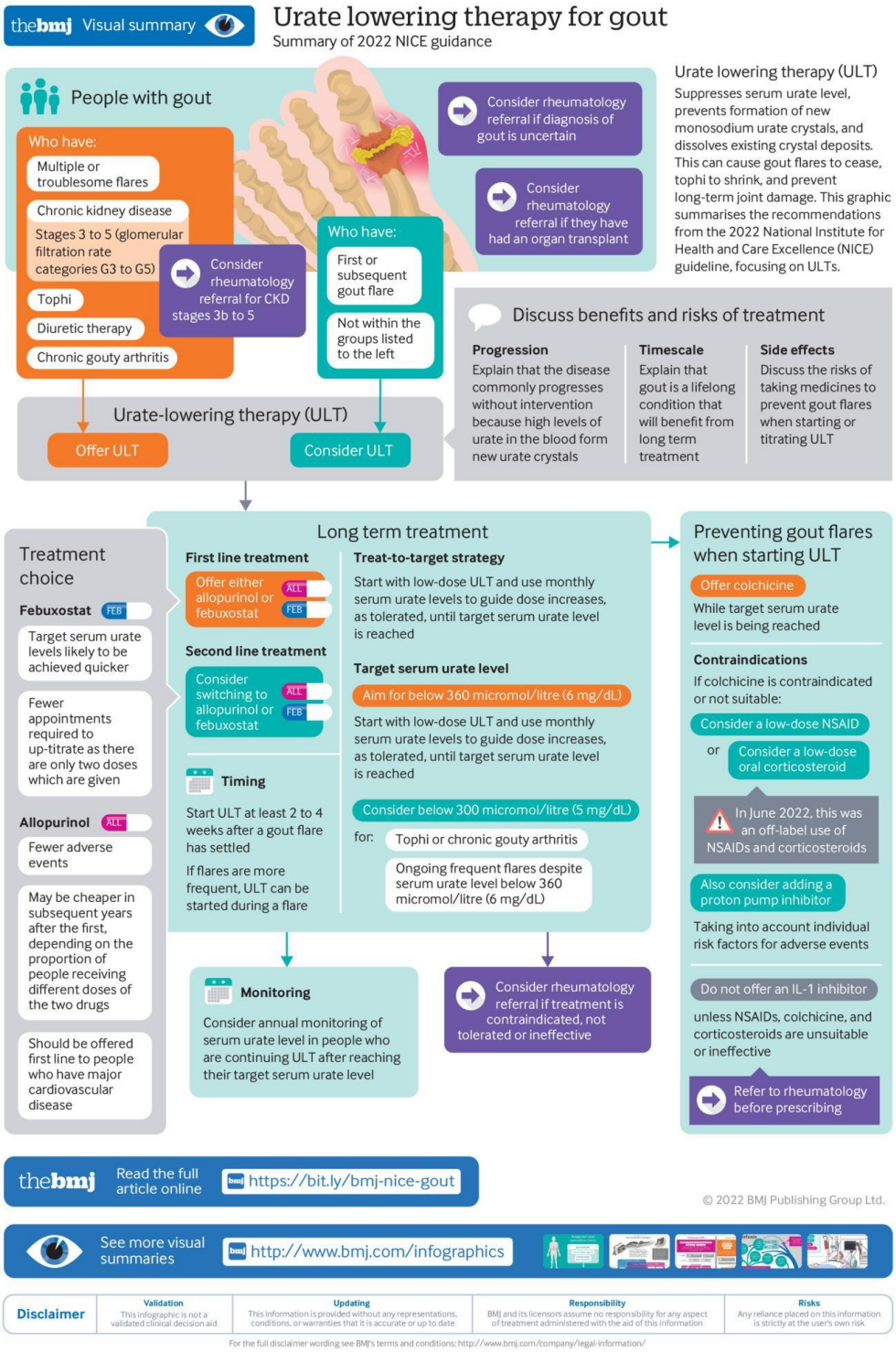
Conclusion: The review identified opportunities for improving conceptualization, assessment, and reporting of screening process-related harms in guidelines. Future work should consider nuances associated with each organ-specific process to screen for cancer, including which harms are most salient and where evidence gaps exist, and explicitly explore how to optimally weigh available evidence in determining net screening benefit. Improved harms

reporting could aid informed decision making, ultimately improving cancer screening delivery.

Gout: diagnosis and management—summary of NICE guidance
36041743
GOTA: DIAGNÓSTICO Y TRATAMIENTO—RESUMEN DE LA GUÍA NICE

What you need to know

- Urate lowering therapy (ULT) should be given using a treat-to-target management strategy (aiming for a serum urate level <360 μmol/L (6 mg/dL)) to provide therapeutic cure
- People without a major cardiovascular disease can be offered either allopurinol or febuxostat as first line treatment.
- When prescribing ULT, it is important to explain to people that treatment is lifelong
- Consider annual monitoring of serum urate level in people with gout who are continuing ULT after reaching their target serum urate level



TEXTO COMPLETO ACCESIBLE

Harmonization of the American College of Cardiology/American Heart Association and European Society of Cardiology/European Society of Hypertension Blood Pressure/Hypertension Guidelines: Comparisons, Reflections, and Recommendations 35950927

ARMONIZACIÓN DE LAS GUÍAS DE PRESIÓN ARTERIAL E HIPERTENSIÓN DEL ACC/AHA Y ESC/ESH

Abstract

The 2017 American College of Cardiology/American Heart Association and 2018 European Society of Cardiology/European Society of Hypertension clinical practice guidelines for management of high blood pressure/hypertension are influential documents. Both guidelines are comprehensive, were developed using rigorous processes, and underwent extensive peer review. The most notable difference between the 2 guidelines is the blood pressure cut points recommended for the diagnosis of hypertension. There are also differences in the timing and intensity of treatment, with the American College of Cardiology/American Heart Association guideline recommending a somewhat more intensive approach. Overall, there is substantial concordance in the recommendations provided by the 2 guideline-writing committees, with greater congruity between them than their predecessors. Additional harmonization of future guidelines would help to underscore the commonality of their core recommendations and could serve to catalyze changes in practice that would lead to improved prevention, awareness, treatment, and control of hypertension, worldwide.

TEXTO COMPLETO ACCESIBLE

Hypertension in children and adolescents: A consensus document from ESC Council on Hypertension, European Association of Preventive Cardiology, European Association of Cardiovascular Imaging, Association of Cardiovascular Nursing & Allied Professions, ESC Council for Cardiology Practice and Association for European Paediatric and Congenital Cardiology

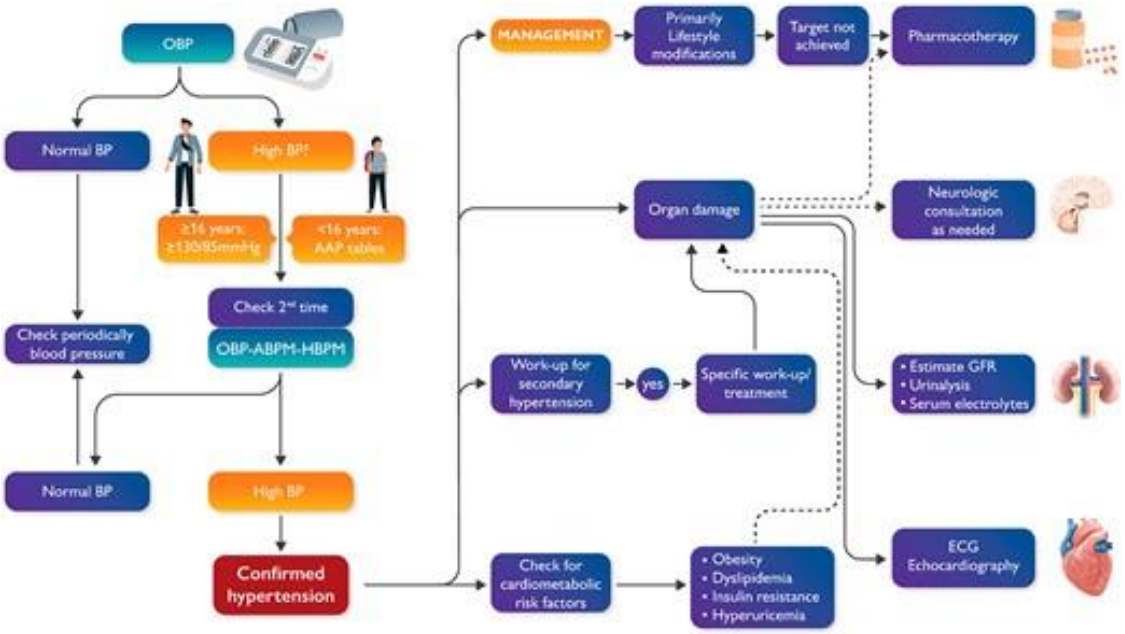
HIPERTENSIÓN EN NIÑOS Y ADOLESCENTES: DOCUMENTO DE CONSENSO DEL ESC COUNCIL ON HYPERTENSION, EUROPEAN ASSOCIATION OF PREVENTIVE CARDIOLOGY, EUROPEAN ASSOCIATION OF CARDIOVASCULAR IMAGING, ASSOCIATION OF CARDIOVASCULAR NURSING & ALLIED PROFESSIONS, ESC COUNCIL FOR CARDIOLOGY PRACTICE Y ASSOCIATION FOR EUROPEAN PAEDIATRIC AND CONGENITAL CARDIOLOGY

Abstract

Definition and management of arterial hypertension in children and adolescents are uncertain, due to different positions of current guidelines. The European Society of Cardiology task-force, constituted by Associations and Councils with interest in

arterial hypertension, has reviewed current literature and evidence, to produce a Consensus Document focused on aspects of hypertension in the age range of 6–16 years, including definition, methods of measurement of blood pressure, clinical evaluation, assessment of hypertension-mediated target organ damage, evaluation of possible vascular, renal and hormonal causes, assessment and management of concomitant risk factors with specific attention for obesity, and anti-hypertensive strategies, especially focused on life-style modifications. The Consensus Panel also suggests aspects that should be studied with high priority, including generation of multi-ethnic sex, age and height specific European normative tables, implementation of randomized clinical trials on different diagnostic and therapeutic aspects, and long-term cohort studies to link with adult cardiovascular risk. Finally, suggestions for the successful implementation of the contents of the present Consensus document are also given.

Graphical abstract



Suggested diagnostic algorithm, clinical work-up, and management of arterial hypertension in children and adolescents.

TEXTO COMPLETO ACCESIBLE

Harmonization of the American College of Cardiology/American Heart Association and European Society of Cardiology/European Society of Hypertension Blood Pressure/Hypertension Guidelines: Comparisons, Reflections, and Recommendations
ARMONIZACIÓN DE LAS GUÍAS DE PRESIÓN ARTERIAL E HIPERTENSIÓN DEL AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION Y EUROPEAN SOCIETY OF CARDIOLOGY/EUROPEAN SOCIETY OF HYPERTENSION

Abstract

The 2017 American College of Cardiology/American Heart Association and 2018 European Society of Cardiology/European Society of Hypertension clinical practice guidelines for management of high blood pressure/hypertension are influential documents. Both guidelines are comprehensive, were developed using rigorous processes, and underwent extensive peer review. The most notable difference between the 2 guidelines is the blood pressure cut points recommended for the diagnosis of hypertension. There are also differences in the timing and intensity of treatment, with the American College of Cardiology/American Heart Association guideline recommending a somewhat more intensive approach. Overall, there is substantial concordance in the recommendations provided by the 2 guideline-writing committees, with greater congruity between them than their predecessors. Additional harmonization of future guidelines would help to underscore the commonality of their core recommendations and could serve to catalyze changes in practice that would lead to improved prevention, awareness, treatment, and control of hypertension, worldwide.

TEXTO COMPLETO ACCESIBLE

Management of Helicobacter pylori infection: the Maastricht VI/Florence consensus report 35944925
TRATAMIENTO DE LA INFECCIÓN POR HELICOBACTER PYLORI: INFORME DE CONSENSO MAASTRICHT VI/FLORENCIA

Abstract

*Helicobacter pylori*Infection is formally recognised as an infectious disease, an entity that is now included in the International Classification of Diseases 11th Revision. This in principle leads to the recommendation that all infected patients

should receive treatment. In the context of the wide clinical spectrum associated with *Helicobacter pylori* gastritis, specific issues persist and require regular updates for optimised management.The identification of distinct clinical scenarios, proper testing and adoption of effective strategies for prevention of gastric cancer and other complications are addressed. *H. pylori* treatment is challenged by the continuously rising antibiotic resistance and demands for susceptibility testing with consideration of novel molecular technologies and careful selection of first line and rescue therapies. The role of *H. pylori* and antibiotic therapies and their impact on the gut microbiota are also considered.Progress made in the management of *H. pylori* infection is covered in the present sixth edition of the Maastricht/Florence 2021 Consensus Report, key aspects related to the clinical role of *H. pylori* infection were re-evaluated and updated. Forty-one experts from 29 countries representing a global community, examined the new data related to *H. pylori* infection in five working groups: (1) indications/associations, (2) diagnosis, (3) treatment, (4) prevention/gastric cancer and (5) *H. pylori* and the gut microbiota. The results of the individual working groups were presented for a final consensus voting that included all participants. Recommendations are provided on the basis of the best available evidence and relevance to the management of *H. pylori* infection in various clinical fields.

TEXTO COMPLETO ACCESIBLE

British Society of Gastroenterology guidelines on the management of functional dyspepsia 35798375
GUÍAS DE LA SOCIEDAD BRITÁNICA DE GASTROENTEROLOGÍA SOBRE EL MANEJO DE LA DISPEPSIA FUNCIONAL

Abstract

Functional dyspepsia (FD) is a common disorder of gut-brain interaction, affecting approximately 7% of individuals in the community, with most patients managed in primary care. The last British Society of Gastroenterology (BSG) guideline for the management of dyspepsia was published in 1996. In the interim, substantial advances have been made in understanding the complex pathophysiology of FD, and there has been a considerable amount of new evidence published concerning its diagnosis and classification, with the advent of the Rome IV criteria, and management. The primary aim of this guideline, commissioned by the BSG, is to review and summarise the current evidence to inform and guide clinical practice, by providing a practical framework for evidence-based diagnosis and treatment of patients. The approach to

investigating the patient presenting with dyspepsia is discussed, and efficacy of drugs in FD summarised based on evidence derived from a comprehensive search of the medical literature, which was used to inform an update of a series of pairwise and network meta-analyses. Specific recommendations have been made according to the Grading of Recommendations Assessment, Development and Evaluation system. These provide both the strength of the recommendations and the overall quality of evidence. Finally, in this guideline, we consider novel treatments that are in development, as well as highlighting areas of unmet need and priorities for future research.

TEXTO COMPLETO ACCESIBLE

Screening for Prediabetes and Type 2 Diabetes in Children and Adolescents. US Preventive Services Task Force Recommendation Statement

CRIBADO DE PREDIABETES Y DIABETES TIPO 2 EN NIÑOS Y ADOLESCENTES. DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance The Centers for Disease Control and Prevention estimates that 210 000 children and adolescents younger than 20 years had diabetes as of 2018; of these, approximately 23 000 had type 2 diabetes. Youth with type 2 diabetes have an increased prevalence of associated chronic comorbid conditions, including hypertension, dyslipidemia, and nonalcoholic fatty liver disease. Data indicate that the incidence of type 2 diabetes is rising; from 2002-2003 to 2014-2015, incidence increased from 9.0 cases per 100 000 children and adolescents to 13.8 cases per 100 000 children and adolescents.

Objective The US Preventive Services Task Force (USPSTF) commissioned a review of the evidence on screening for prediabetes and type 2 diabetes in asymptomatic, nonpregnant persons younger than 18 years. This is a new recommendation.

Population Children and adolescents younger than 18 years without known diabetes or prediabetes or symptoms of diabetes or prediabetes.

Evidence Assessment The USPSTF concludes that the evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in children and adolescents. There is a lack of evidence on the effect of screening for, and early detection and treatment of, type 2 diabetes on health outcomes in youth, and the balance of benefits and harms cannot be determined.

Recommendation The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in children and adolescents. (I statement)

TEXTO COMPLETO ACCESIBLE

Recommendations for Screening Children and Adolescents for Prediabetes and Type 2 Diabetes
RECOMENDACIONES PARA EL CRIBADO DE PREDIABETES Y DIABETES TIPO 2 EN NIÑOS Y ADOLESCENTES

TEXTO COMPLETO ACCESIBLE

Screening for Syphilis Infection in Nonpregnant Adolescents and Adults: US Preventive Services Task Force Reaffirmation Recommendation Statement
36166020
CRIBADO DE INFECCIÓN POR SÍFILIS EN ADOLESCENTES Y ADULTAS NO EMBARAZADAS: DECLARACIÓN DE REAFIRMACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance: Syphilis is a sexually transmitted infection that can progress through different stages (primary, secondary, latent, and tertiary) and cause serious health problems if left untreated. Reported cases of primary and secondary syphilis in the US increased from a record low of 2.1 cases per 100 000 population in 2000 and 2001 to 11.9 cases per 100 000 population in 2019. Men account for the majority of cases (83% of primary and secondary syphilis cases in 2019), and rates among women nearly tripled from 2015 to 2019.

Objective: To reaffirm its 2016 recommendation, the US Preventive Services Task Force (USPSTF) commissioned a reaffirmation evidence update focusing on targeted key questions evaluating the performance of risk assessment tools and the benefits and harms of screening for syphilis in nonpregnant adolescents and adults.

Population: Asymptomatic, nonpregnant adolescents and adults who have ever been sexually active and are at increased risk for syphilis infection.

Evidence assessment: Using a reaffirmation process, the USPSTF concludes with high certainty that there is a substantial net benefit of screening for syphilis infection in nonpregnant persons who are at increased risk for infection.

Recommendation: The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. (A recommendation).

TEXTO COMPLETO ACCESIBLE

Updated USPSTF Recommendations for Behavioral Counseling Interventions: Gaps, Challenges, and Opportunities
35881411
RECOMENDACIONES ACTUALIZADAS DEL USPSTF SOBRE INTERVENCIONES DE CONSEJO CONDUCTUAL: LAGUNAS, DESAFÍOS Y OPORTUNIDADES

A living WHO guideline on drugs for covid-19
32887691
GUÍA VIVA DE LA OMS SOBRE FÁRMACOS PARA COVID-19

Abstract

Updates: This is the twelfth version (eleventh update) of the living guideline, replacing earlier versions (available as data supplements). New recommendations will be published as updates to this guideline.

Clinical question: What is the role of drugs in the treatment of patients with covid-19?

Context: The evidence base for therapeutics for covid-19 is evolving with numerous randomised controlled trials (RCTs) recently completed and under way. The emerging SARS-CoV-2 variants (such as omicron) and subvariants are also changing the role of therapeutics. This update provides updated recommendations for remdesivir, addresses the use of combination therapy with corticosteroids, interleukin-6 (IL-6) receptor blockers, and janus kinase (JAK) inhibitors in patients with severe or critical covid-19, and modifies previous recommendations for the neutralising monoclonal antibodies sotrovimab and casirivimab-imdevimab in patients with non-severe covid-19.

New or updated recommendations: • Remdesivir: a conditional recommendation for its use in patients with severe covid-19; and a conditional recommendation against its use in patients with critical covid-19. • Concomitant use of IL-6 receptor blockers (tocilizumab or sarilumab) and the JAK inhibitor baricitinib: these drugs may now be combined, in addition to corticosteroids, in patients with severe or critical covid-19. • Sotrovimab and casirivimab-

imdevimab: strong recommendations against their use in patients with covid-19, replacing the previous conditional recommendations for their use.

Understanding the new recommendations: When moving from new evidence to updated recommendations, the Guideline Development Group (GDG) considered a combination of evidence assessing relative benefits and harms, values and preferences, and feasibility issues. For remdesivir, new trial data were added to a previous subgroup analysis and provided sufficiently trustworthy evidence to demonstrate benefits in patients with severe covid-19, but not critical covid-19. The GDG considered benefits of remdesivir to be modest and of moderate certainty for key outcomes such as mortality and mechanical ventilation, resulting in a conditional recommendation. For baricitinib, the GDG considered clinical trial evidence (RECOVERY) demonstrating reduced risk of death in patients already receiving corticosteroids and IL-6 receptor blockers. The GDG acknowledged that the clinical trials were not representative of the world population and that the risk-benefit balance may be less advantageous, particularly in patients who are immunosuppressed at higher risk of opportunistic infections (such as serious fungal, viral, or bacteria), those already deteriorating where less aggressive or stepwise addition of immunosuppressive medications may be preferred, and in areas where certain pathogens such as HIV or tuberculosis, are of concern. The panel anticipated that there would be situations where clinicians may opt for less aggressive immunosuppressive therapy or to combine medications in a stepwise fashion in patients who are deteriorating. The decision to combine the medications will depend on their availability, and the treating clinician's perception of the risk-benefit balance associated with combination immunosuppressive therapy, particularly in patient populations at risk of opportunistic infections who may have been under-represented in clinical trials. When making a strong recommendation against the use of monoclonal antibodies for patients with covid-19, the GDG considered in vitro neutralisation data demonstrating that sotrovimab and casirivimab-imdevimab evaluated in clinical trials have meaningfully reduced neutralisation activity of the currently circulating variants of SARS-CoV-2 and their subvariants. There was consensus among the panel that the absence of in vitro neutralisation activity strongly suggests absence of clinical effectiveness of these monoclonal antibodies. However, there was also consensus regarding the need for clinical trial evidence in order to confirm clinical efficacy of new monoclonal antibodies that reliably neutralise the circulating strains in vitro. Whether emerging new variants and subvariants might be susceptible to sotrovimab, casirivimab-imdevimab, or other anti-SARS-CoV-2 monoclonal antibodies cannot be predicted.

Prior recommendations: • Recommended for patients with severe or critical covid-19—strong recommendations for systemic corticosteroids; IL-6 receptor blockers (tocilizumab or sarilumab) in combination with corticosteroids; and

baricitinib as an alternative to IL-6 receptor blockers, in combination with corticosteroids. • Recommended for patients with non-severe covid-19 at highest risk of hospitalisation—a strong recommendation for nirmatrelvir/ritonavir; conditional recommendations for molnupiravir and remdesivir. • Not recommended for patients with non-severe covid-19—a conditional recommendation against systemic corticosteroids; a strong recommendation against convalescent plasma; a recommendation against fluvoxamine, except in the context of a clinical trial; and a strong recommendation against colchicine. • Not recommended for patients with non-severe covid-19 at low risk of hospitalisation—a conditional recommendation against nirmatrelvir/ritonavir. • Not recommended for patients with severe or critical covid-19—a recommendation against convalescent plasma except in the context of a clinical trial; and a conditional recommendation against the JAK inhibitors ruxolitinib and tofacitinib. • Not recommended, regardless of covid-19 disease severity—a strong recommendations against hydroxychloroquine and against lopinavir/ritonavir; and a recommendation against ivermectin except in the context of a clinical trial.

About this guideline: This living guideline from the World Health Organization (WHO) incorporates new evidence to dynamically update recommendations for covid-19 therapeutics. The GDG typically evaluates a therapy when the WHO judges sufficient evidence is available to make a recommendation. While the GDG takes an individual patient perspective in making recommendations, it also considers resource implications, acceptability, feasibility, equity, and human rights. This guideline was developed according to standards and methods for trustworthy guidelines, making use of an innovative process to achieve efficiency in dynamic updating of recommendations. The methods are aligned with the WHO Handbook for Guideline Development and according to a pre-approved protocol (planning proposal) by the Guideline Review Committee (GRC). A box at the end of the article outlines key methodological aspects of the guideline process. MAGIC Evidence Ecosystem Foundation provides methodological support, including the coordination of living systematic reviews with network meta-analyses to inform the recommendations. The full version of the guideline is available online in MAGICapp and in PDF, with a summary version here in The BMJ. These formats should facilitate adaptation, which is strongly encouraged by WHO to contextualise recommendations in a healthcare system to maximise impact.

Future recommendations: Recommendations on anticoagulation are planned for the next update to this guideline.

Screening for Anxiety in Children and Adolescents: US Preventive Services Task Force Recommendation Statement
36219403
CRIBADO DE ANSIEDAD EN NIÑOS Y ADOLESCENTES: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance: Anxiety disorder, a common mental health condition in the US, comprises a group of related conditions characterized by excessive fear or worry that present as emotional and physical symptoms. The 2018-2019 National Survey of Children's Health found that 7.8% of children and adolescents aged 3 to 17 years had a current anxiety disorder. Anxiety disorders in childhood and adolescence are associated with an increased likelihood of a future anxiety disorder or depression.

Objective: The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the benefits and harms of screening for anxiety disorders in children and adolescents. This is a new recommendation.

Population: Children and adolescents 18 years or younger who do not have a diagnosed anxiety disorder or are not showing recognized signs or symptoms of anxiety.

Evidence assessment: The USPSTF concludes with moderate certainty that screening for anxiety in children and adolescents aged 8 to 18 years has a moderate net benefit. The USPSTF concludes that the evidence is insufficient on screening for anxiety in children 7 years or younger.

Recommendation: The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety in children 7 years or younger. (I statement).

TEXTO COMPLETO ACCESIBLE

Screening for Pediatric Anxiety Disorders
36219415
CRIBADO DE TRASTORNOS DE ANSIEDAD PEDIÁTRICOS

Screening for Depression and Suicide Risk in Children and Adolescents: US Preventive Services Task Force Recommendation Statement
36219440
CRIBADO DE DEPRESIÓN Y RIESGO DE SUICIDIO EN NIÑOS Y ADOLESCENTES: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance: Depression is a leading cause of disability in the US. Children and adolescents with depression typically have functional impairments in their performance at school or work as well as in their interactions with their families and peers. Depression can also negatively affect the developmental trajectories of affected youth. Major depressive disorder (MDD) in children and adolescents is strongly associated with recurrent depression in adulthood; other mental disorders; and increased risk for suicidal ideation, suicide attempts, and suicide completion. Suicide is the second-leading cause of death among youth aged 10 to 19 years. Psychiatric disorders and previous suicide attempts increase suicide risk.

Objective: To update its 2014 and 2016 recommendations, the US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the benefits and harms of screening, accuracy of screening, and benefits and harms of treatment of MDD and suicide risk in children and adolescents that would be applicable to primary care settings.

Population: Children and adolescents who do not have a diagnosed mental health condition or are not showing recognized signs or symptoms of depression or suicide risk.

Evidence assessment: The USPSTF concludes with moderate certainty that screening for MDD in adolescents aged 12 to 18 years has a moderate net benefit. The USPSTF concludes that the evidence is insufficient on screening for MDD in children 11 years or younger. The USPSTF concludes that the evidence is insufficient on the benefit and harms of screening for suicide risk in children and adolescents owing to a lack of evidence.

Recommendation: The USPSTF recommends screening for MDD in adolescents aged 12 to 18 years. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for MDD in children 11 years or younger. (I statement) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk in children and adolescents. (I statement).

TEXTO COMPLETO ACCESIBLE

Screening for Adolescent Depression and Suicide Risk
36219421
CRIBADO DE DEPRESIÓN Y RIESGO DE SUICIDIO EN ADOLESCENTES

Continuous glucose monitoring for adults and children with diabetes: summary of updated NICE guidance
36288810
MONITORIZACIÓN CONTINUA DE GLUCOSA EN ADULTOS Y NIÑOS CON DIABETES: RESUMEN DE LA GUÍA NICE ACTUALIZADA

What you need to know

- The guideline update recommends real-time continuous glucose monitoring (CGM) and intermittently scanned CGM to a broader group of people than in previous recommendations, offering all people with type 1 diabetes access to this technology
- New recommendations for intermittently scanned CGM have been made aimed at a defined group of adults with type 2 diabetes who use insulin to manage their diabetes, particularly those who have recurrent or severe hypoglycaemia, impaired hypoglycaemia awareness, or a condition or disability that means they cannot self monitor their blood glucose levels and require input from carers
- The new guidance from NICE is likely to challenge short term funding from providers for glucose sensors, but cost effectiveness analyses within the guidance suggest that there are long term benefits to be gained from sensor use for patients with diabetes

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Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) guideline for the prevention and management of cardiovascular disease in primary care: 2022 update
36343954
EMPEÑO EN UNA GUÍA NACIONAL CARDIOVASCULAR CANADIENSE ARMONIZADA (C-CHANGE) PARA LA PREVENCIÓN Y EL MANEJO DE LA ENFERMEDAD CARDIOVASCULAR EN ATENCIÓN PRIMARIA: ACTUALIZACIÓN 2022

KEY POINTS

- This updated C-CHANGE guideline is a subset of recommendations chosen from guidelines from 11 of Canada's cardiovascular-focused guideline groups, expanded to include Health Canada's dietary guideline, the Canadian Consensus Conference on Diagnosis and Treatment of Dementia and the Canadian Cardiovascular

Society/Canadian Heart Rhythm Society guideline for the management of atrial fibrillation.

- The 2022 C-CHANGE update includes a total of 83 recommendations, of which 48 are new or revised.
- Multifaceted care for patients with cardiovascular risk includes the cornerstones of health behaviour change: healthy eating, regular physical activity and exercise, healthy body weight, stress management, reduced alcohol intake and smoking cessation.
- Cardiovascular disease prevention is foundational to primary care practice and incorporates appropriate risk screening and risk stratification.
- Cardiovascular disease management combines guideline-directed health behaviour change and pharmacologic therapies to reduce symptoms, burden of disease, complications and residual cardiovascular risk.

TEXTO COMPLETO ACCESIBLE

Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) 36148880

MANEJO DE LA HIPERGLUCEMIA EN LA DIABETES TIPO 2, 2022. INFORME DE CONSENSO DE LA ADA Y LA EASD

Abstract

The American Diabetes Association and the European Association for the Study of Diabetes convened a panel to update the previous consensus statements on the management of hyperglycemia in type 2 diabetes in adults, published since 2006 and last updated in 2019. The target audience is the full spectrum of the professional health care team providing diabetes care in the U.S. and Europe. A systematic examination of publications since 2018 informed new recommendations. These include additional focus on social determinants of health, the health care system, and physical activity behaviors, including sleep. There is a greater emphasis on weight management as part of the holistic approach to diabetes management. The results of cardiovascular and kidney outcomes trials involving sodium-glucose cotransporter 2 inhibitors and glucagon-like peptide 1 receptor agonists, including assessment of subgroups, inform broader recommendations for cardiorenal protection in people with diabetes at high risk of cardiorenal disease. After a summary listing of consensus recommendations, practical tips for implementation are provided.

Hormone Therapy for the Primary Prevention of Chronic Conditions in Postmenopausal Persons: US Preventive Services Task Force Recommendation Statement
36318127
TERAPIA HORMONAL PARA LA PREVENCIÓN PRIMARIA DE ENFERMEDADES CRÓNICAS EN PERSONAS POSTMENOPÁUSICAS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance: Menopause is defined as the cessation of a person's menstrual cycle. It is defined retrospectively, 12 months after the final menstrual period. Perimenopause, or the menopausal transition, is the few-year time period preceding a person's final menstrual period and is characterized by increasing menstrual cycle length variability and periods of amenorrhea, and often symptoms such as vasomotor dysfunction. The prevalence and incidence of most chronic diseases (eg, cardiovascular disease, cancer, osteoporosis, and fracture) increase with age, and US persons who reach menopause are expected on average to live more than another 30 years.

Objective: To update its 2017 recommendation, the US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the benefits and harms of systemic (ie, oral or transdermal) hormone therapy for the prevention of chronic conditions in postmenopausal persons and whether outcomes vary by age or by timing of intervention after menopause.

Population: Asymptomatic postmenopausal persons who are considering hormone therapy for the primary prevention of chronic medical conditions.

Evidence assessment: The USPSTF concludes with moderate certainty that the use of combined estrogen and progestin for the primary prevention of chronic conditions in postmenopausal persons with an intact uterus has no net benefit. The USPSTF concludes with moderate certainty that the use of estrogen alone for the primary prevention of chronic conditions in postmenopausal persons who have had a hysterectomy has no net benefit.

Recommendation: The USPSTF recommends against the use of combined estrogen and progestin for the primary prevention of chronic conditions in postmenopausal persons. (D recommendation) The USPSTF recommends against the use of estrogen alone for the primary prevention of chronic conditions in postmenopausal persons who have had a hysterectomy. (D recommendation).

Screening for Obstructive Sleep Apnea in Adults: US Preventive Services Task Force Recommendation Statement
36378202
CRIBADO DE APNEA OBSTRUCTIVA DEL SUEÑO EN ADULTOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance: Current prevalence of obstructive sleep apnea (OSA) in the US is not well established; however, based on cohort and survey data, in 2007-2010 the estimated prevalence of at least mild OSA (defined as an apnea-hypoxia index [AHI] ≥5) plus symptoms of daytime sleepiness among adults aged 30 to 70 years was 14% for men and 5% for women, and the estimated prevalence of moderate to severe OSA (defined as AHI ≥15) was 13% for men and 6% for women. Severe OSA is associated with increased all-cause mortality. Other adverse health outcomes associated with untreated OSA include cardiovascular disease and cerebrovascular events, type 2 diabetes, cognitive impairment, decreased quality of life, and motor vehicle crashes.

Objective: To update its 2017 recommendation, the US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the benefits and harms of screening for OSA in adults.

Population: Asymptomatic adults (18 years or older) and adults with unrecognized symptoms of OSA.

Evidence assessment: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for OSA in the general adult population.

Recommendation: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for OSA in the general adult population. (I statement).