

GUIAS, CONSENSOS, DECLARACIONES Y RECOMENDACIONES PRIMER CUATRIMESTRE 2024

[Screening for Speech and Language Delay and Disorders in Children: US Preventive Services Task Force Recommendation Statement](#)
[38261037](#)

CRIBADO DE TRASTORNOS DE RETRASO EN EL HABLA Y EL LENGUAJE EN NIÑOS: DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance: Speech and language delays and disorders can pose significant problems for children and their families. Evidence suggests that school-aged children with speech or language delays may be at increased risk of learning and literacy disabilities, including difficulties with reading and writing.

Objective: The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate benefits and harms of screening for speech and language delay and disorders in children 5 years or younger.

Population: Asymptomatic children 5 years or younger whose parents or clinicians do not have specific concerns about their speech, language, hearing, or development.

Evidence assessment: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for speech and language delay and disorders in children who do not present with signs or symptoms or parent/caregiver concerns.

Recommendation: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for speech and language delay and disorders in children 5 years or younger without signs or symptoms. (I statement).

[Recommendations for Speech and Language Screenings: Lack of Evidence Should Not Endorse Lack of Action](#)

[38261057](#)

RECOMENDACIONES SOBRE CRIBADOS DEL HABLA Y EL LENGUAJE: LA FALTA DE EVIDENCIA NO DEBERÍA RESPALDAR LA FALTA DE ACCIÓN

A recent Evidence Report from the US Preventive Services Task Force (USPSTF)^{1,2} highlights a persistent gap in research regarding preventive care services for children showing no obvious signs or symptoms of speech and language delay and disorder. In the accompanying Recommendation Statement,³ the task force concludes that the “evidence is insufficient to assess the balance of benefits and harms of screening for speech and language delay and disorders in children 5 years or younger without signs or symptoms (I statement).” The USPSTF recommendation was determined based on the general lack of evidence for screening rather than the absence of sound findings on the topic of speech and language delays, which underscores the importance of prioritizing research in this area to fill the current knowledge gaps. Given the rigorous data-driven approach of the USPSTF to evaluate the current evidence base, we as speech-language pathologists agree with the conclusions.

[The Management of Posttraumatic Stress Disorder and Acute Stress Disorder: Synopsis of the 2023 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline](#)

[38408360](#)

MANEJO DEL TRASTORNO DE ESTRÉS POSTRAUMÁTICO Y DEL TRASTORNO DE ESTRÉS AGUDO: SINOPSIS DE LA GUÍA DE PRÁCTICA CLÍNICA DE 2023 DEL DEPARTAMENTO DE ASUNTOS DE VETERANOS DE EE UU Y DEL DEPARTAMENTO DE DEFENSA DE EE UU

Abstract

Description: The U.S. Department of Veterans Affairs (VA) and Department of Defense (DoD) worked together to revise the 2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. This article summarizes the 2023 clinical practice guideline (CPG) and its development process, focusing on assessments and treatments for which evidence was sufficient to support a recommendation for or against.

Methods: Subject experts from both departments developed 12 key questions and reviewed the published literature after a systematic search using the PICOTS (population, intervention, comparator, outcomes, timing of outcomes measurement, and setting) method. The evidence was then evaluated using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) method. Recommendations were made after consensus was reached; they were based on quality and strength of evidence and informed by other factors, including feasibility and patient perspectives. Once the draft was peer reviewed by an external group of experts and their inputs were incorporated, the final document was completed.

Recommendations: The revised CPG includes 34 recommendations in the following 5 topic areas: assessment and diagnosis, prevention, treatment, treatment of nightmares, and treatment of posttraumatic stress disorder (PTSD) with co-occurring conditions. Six recommendations on PTSD treatment were rated as strong. The CPG recommends use of specific manualized psychotherapies over pharmacotherapy; prolonged exposure, cognitive processing therapy, or eye movement desensitization and reprocessing psychotherapy; paroxetine, sertraline, or venlafaxine; and secure video teleconferencing to deliver recommended psychotherapy when that therapy has been validated for use with video teleconferencing or when other options are unavailable. The CPG also recommends against use of benzodiazepines, cannabis, or cannabis-derived products. Providers are encouraged to use this guideline to support evidence-based, patient-centered care and shared decision making to optimize individuals' health outcomes and quality of life.

[The Management of Posttraumatic Stress Disorder and Acute Stress Disorder: Synopsis of the 2023 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline](#)
38408360

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[European expert consensus recommendations on the primary care use of direct oral anticoagulants in patients with venous thromboembolism](#)
38500048

RECOMENDACIONES DE CONSENSO DE EXPERTOS EUROPEOS SOBRE EL USO EN ATENCIÓN PRIMARIA DE ANTICOAGULANTES ORALES EN PACIENTES CON TROMBOEMBOLISMO VENOSO

Abstract

Background: Direct oral anticoagulants for the treatment of venous thromboembolism are supported by robust clinical trial evidence. Despite published guidance, general practitioners are faced with increasingly complex decisions and implementation remains sub-optimal in certain real-world scenarios.

Methods: A two stage formal consensus exercise was performed to formulate consensus statements and a summary guide, facilitating optimal management of direct oral anticoagulants in venous thromboembolism patients by generalist physicians across Europe. An online questionnaire distributed to a broad panel (Phase 1), followed by a virtual panel discussion by an expert group (Phase 2) were conducted. Phase 1 statements covered nine management domains, and were developed via a literature review and expert steering committee. Participants rated statements by their level of agreement. Phase 1 responses were collated and analysed prior to discussion and iterative refinement in Phase 2.

Results: In total 56 participants from across Europe responded to Phase 1. The majority had experience working as general practitioners. Consensus indicated that direct oral anticoagulants are the treatment of choice for managing patients with venous thromboembolism, at initiation and for extended treatment, with a review at three to six months to re-assess treatment effect and risk profile. Direct oral anticoagulant choice should be based on individual patient factors and include shared treatment choice between clinicians and patients; the only sub-group of patients requiring specific guidance are those with cancer.

Conclusion: Results demonstrate an appreciation of best practices, but highlight challenges in clinical practice. The patient pathway and consensus recommendations provided, aim to highlight key considerations for general practice decision making, and aid optimal venous thromboembolism treatment.

[Periodontal diseases and cardiovascular diseases, diabetes, and respiratory diseases: Summary of the consensus report by the European Federation of Periodontology and WONCA Europe 38511739](#)

ENFERMEDADES PERIODONTALES Y ENFERMEDADES CARDIOVASCULARES, DIABETES Y ENFERMEDADES RESPIRATORIAS: RESUMEN DEL INFORME DE CONSENSO PARA LA FEDERACIÓN EUROPEA DE PERIODONTOLOGÍA Y WONCA EUROPA

Abstract

Background: Periodontitis is a chronic inflammatory non-communicable disease (NCD) characterised by the destruction of the tooth-supporting apparatus (periodontium), including alveolar bone, the presence of periodontal pockets, and bleeding on probing.

Objectives: To outline, for family doctors, the implications of the association between periodontal and systemic diseases; to explore the role of family doctors in managing periodontitis as an ubiquitous non-communicable disease (NCD).

Methods: The consensus reports of previous focused collaborative workshops between WONCA Europe and the European Federation of Periodontology (using previously undertaken systematic reviews), and a specifically commissioned systematic review formed the technical papers to underpin discussions. Working groups prepared proposals independently, and the proposals were subsequently discussed and approved at plenary meetings.

Results: Periodontitis is independently associated with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, obstructive sleep apnoea, and COVID-19 complications. Treatment of periodontitis has been associated with improvements in systemic health outcomes. The article also presents evidence gaps. Oral health care professionals (OHPs) and family doctors should collaborate in managing these conditions, including implementing strategies for early case detection of periodontitis in primary medical care centres and of systemic NCDs in oral/dental care settings. There is a need to raise awareness of periodontal diseases, their consequences, and the associated risk factors amongst family doctors.

Conclusion: Closer collaboration between OHPs and family doctors is important in the early case detection and management of NCDs like cardiovascular diseases, diabetes mellitus, and respiratory diseases. Strategies for early case detection/prevention of NCDs, including periodontitis, should be developed for family doctors, other health professionals (OHPs), and healthcare funders. Evidence-based information on the reported associations between periodontitis and other NCDs should be made available to family doctors, OHPs, healthcare funders, patients, and the general population.

[38502069](#)

INTERVENCIONES EN ATENCIÓN PRIMARIA PARA PREVENIR EL MALTRATO INFANTIL:
DECLARACIÓN DE RECOMENDACIÓN DEL USPSTF

Abstract

Importance: Child maltreatment, which includes child abuse and neglect, can have profound effects on health, development, survival, and well-being throughout childhood and adulthood. The prevalence of child maltreatment in the US is uncertain and likely underestimated. In 2021, an estimated 600 000 children were identified by Child Protective Services as experiencing abuse or neglect and an estimated 1820 children died of abuse and neglect.

Objective: The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate benefits and harms of primary care-feasible or referable behavioral counseling interventions to prevent child maltreatment in children and adolescents younger than 18 years without signs or symptoms of maltreatment.

Population: Children and adolescents younger than 18 years who do not have signs or symptoms of or known exposure to maltreatment.

Evidence assessment: The USPSTF concludes that the evidence is insufficient to determine the balance of benefits and harms of primary care interventions to prevent child maltreatment in children and adolescents younger than 18 years without signs or symptoms of or known exposure to maltreatment.

Recommendation: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment. (I statement).

[Comentarios a la guía ESC 2023 sobre el tratamiento de la endocarditis](#)

[38007152](#)

COMENTARIOS A LA GUÍA ESC 2023 SOBRE EL TRATAMIENTO DE LA ENDOCARDITIS

TEXTO COMPLETO: [Comentarios a la guía ESC 2023 sobre el tratamiento de la endocarditis | Revista Española de Cardiología \(revescardiol.org\)](#)

[Comentarios a la guía ESC 2023 sobre enfermedad cardiovascular en pacientes con diabetes 38008212](#)

COMENTARIOS A LA GUÍA ESC 2023 SOBRE ENFERMEDAD CARDIOVASCULAR EN PACIENTES CON DIABETES

TEXTO COMPLETO: [Comentarios a la guía ESC 2023 sobre enfermedad cardiovascular en pacientes con diabetes | Revista Española de Cardiología \(revescardiol.org\)](#)

[Comentarios a la guía ESC 2023 sobre el diagnóstico y tratamiento de los síndromes coronarios agudos 38008211](#)

COMENTARIOS A LA GUÍA ESC 2023 SOBRE EL DIAGNÓSTICO Y TRATAMIENTO DE LOS SÍNDROMES CORONARIOS AGUDOS

TEXTO COMPLETO: [Comentarios a la guía ESC 2023 sobre el diagnóstico y tratamiento de los síndromes coronarios agudos | Revista Española de Cardiología \(revescardiol.org\)](#)

[Newer Pharmacologic Treatments in Adults With Type 2 Diabetes: A Clinical Guideline From the American College of Physicians 38639546](#)

LOS TRATAMIENTOS FARMACOLÓGICOS MÁS NOVEDOSOS EN ADULTOS CON DIABETES TIPO 2: GUÍA CLÍNICA DEL AMERICAN COLLEGE OF PHYSICIANS

Abstract

Description: The American College of Physicians (ACP) developed this clinical guideline to update recommendations on newer pharmacologic treatments of type 2 diabetes. This clinical guideline is based on the best available evidence for effectiveness, comparative benefits and harms, consideration of patients' values and preferences, and costs.

Methods: This clinical guideline is based on a systematic review of the effectiveness and harms of newer pharmacologic treatments of type 2 diabetes, including glucagon-like peptide-1 (GLP-1) agonists, a GLP-1 agonist and glucose-dependent insulintropic polypeptide agonist, sodium-glucose cotransporter-2 (SGLT-2) inhibitors, dipeptidyl peptidase-4 (DPP-4) inhibitors, and long-acting insulins, used either as monotherapy or in combination with other medications. The Clinical Guidelines Committee prioritized the following outcomes, which were evaluated using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach: all-

cause mortality, major adverse cardiovascular events, myocardial infarction, stroke, hospitalization for congestive heart failure, progression of chronic kidney disease, serious adverse events, and severe hypoglycemia. Weight loss, as measured by percentage of participants who achieved at least 10% total body weight loss, was a prioritized outcome, but data were insufficient for network meta-analysis and were not rated with GRADE.

Audience and patient population: The audience for this clinical guideline is physicians and other clinicians. The population is nonpregnant adults with type 2 diabetes.

Recommendation 1: *ACP recommends adding a sodium-glucose cotransporter-2 (SGLT-2) inhibitor or glucagon-like peptide-1 (GLP-1) agonist to metformin and lifestyle modifications in adults with type 2 diabetes and inadequate glycemic control (strong recommendation; high-certainty evidence).*

- *Use an SGLT-2 inhibitor to reduce the risk for all-cause mortality, major adverse cardiovascular events, progression of chronic kidney disease, and hospitalization due to congestive heart failure.*
- *Use a GLP-1 agonist to reduce the risk for all-cause mortality, major adverse cardiovascular events, and stroke.*

Recommendation 2: *ACP recommends against adding a dipeptidyl peptidase-4 (DPP-4) inhibitor to metformin and lifestyle modifications in adults with type 2 diabetes and inadequate glycemic control to reduce morbidity and all-cause mortality (strong recommendation; high-certainty evidence).*

[Stroke rehabilitation in adults: summary of updated NICE guidance 38519084](#)

REHABILITACIÓN DEL ICTUS EN ADULTOS: RESUMEN DE LA GUÍA NICE ACTUALIZADA

What you need to know

- Stroke rehabilitation total therapy time should be based on the person's needs, with the amount increasing to at least three hours a day on at least five days a week
- Fatigue is common; use a validated scale for early assessment
- Offer vision and hearing assessment
- Consider referral to community participation programmes suited to the person's rehabilitation goals

TEXTO COMPLETO: [Stroke rehabilitation in adults: summary of updated NICE guidance | The BMJ](#)

[Secondary prevention of cardiovascular disease, including cholesterol targets: summary of updated NICE guidance](#)
38548279

PREVENCIÓN SECUNDARIA DE ENFERMEDAD CARDIOVASCULAR, INCLUYENDO OBJETIVOS DE COLESTEROL: RESUMEN DE LA GUÍA NICE ACTUALIZADA

What you need to know

- Offer 80 mg atorvastatin (unless contraindicated or previously not tolerated) as soon as possible to people with atherothrombotic cardiovascular disease (CVD)
- 2.0 mmol LDL-C (or 2.6 mmol/L non-HDL) is the most cost effective target for patients with established atherothrombotic CVD
- Consider ezetimibe for patients with atherothrombotic CVD, even if their cholesterol level is below the target

TEXTO COMPLETO: [Secondary prevention of cardiovascular disease, including cholesterol targets: summary of updated NICE guidance | The BMJ](#)

[Exercise therapy for chronic symptomatic peripheral artery disease: A clinical consensus document of the European Society of Cardiology Working Group on Aorta and Peripheral Vascular Diseases in collaboration with the European Society of Vascular Medicine and the European Society for Vascular Surgery](#)
38467522

TERAPIA DE EJERCICIO PARA LA ARTERIOPATÍA PERIFÉRICA CRÓNICA SINTOMÁTICA: DOCUMENTO DE CONSENSO CLÍNICO DEL GRUPO DE TRABAJO SOBRE ENFERMEDADES VASCULARES AÓRTICAS Y PERIFÉRICAS DE LA ESC EN COLABORACIÓN CON LA EUROPEAN SOCIETY OF VASCULAR MEDICINE Y LA EUROPEAN SOCIETY FOR VASCULAR SURGERY

Abstract

All guidelines worldwide strongly recommend exercise as a pillar in the management of patients affected by lower extremity peripheral artery disease (PAD). Exercise therapy in this setting presents different modalities, and a structured programme provides optimal results. This clinical consensus paper is intended to promote and assist the set up of comprehensive exercise programmes and best advice for patients with symptomatic chronic PAD. Different exercise training protocols specific for patients with PAD are presented. Data on patient assessment and outcome measures are described based on the current best evidence. The document ends by highlighting

supervised exercise programme access disparities across Europe and the evidence gaps requiring further research.

Consensus statements

- **1.**

For patients with PAD and exercise induced limb symptoms of vascular origin, supervised exercise programmes should be the first line treatment modality.

- **2.**

For patients with PAD undergoing revascularisation, supervised exercise programmes should be included as adjuvant therapy.

- **3.**

Supervised exercise programmes should ideally be coordinated by vascular physicians, and sessions should ideally be supervised by clinical exercise physiologists or physiotherapists.

- **4.**

Prior to the initiation of exercise training, a complete medical history, examination, and screening for contraindications should be investigated.

- **5.**

Measures of walking ability, functional status, and quality of life should be assessed at the beginning and end of the programme to determine the patient's response to exercise training. Clinical outcomes and patient experience should also be documented.

- **6.**

Walking training (overground, pole striding, treadmill) should be proposed as first line exercise modality. When walking is not an option, alternative training modalities (resistance and strength training, arm cranking, cycling, combinations of exercise) should be performed.

- **7.**

The training frequency should be at least three times per week.

- **8.**

The training session duration should last a minimum of 30 minutes.

- **9.**

The training programme duration should last a minimum of three months.

- **10.**

Both claudication pain (A) and exercise intensity (B, based on common training intensity measures such as heart rate [HR] or the rate of perceived exertion [RPE] on Borg's scale) should be evaluated during training sessions:

- **(A)**

The current consensus is that patients should exercise to moderate – high claudication pain based on strong evidence. However, some trials have recently demonstrated improvement in walking ability using a low or no pain approach. As claudication pain is a commonly cited barrier to exercise, the universal prescription of high pain exercise may lead to poor uptake of, and adherence to, exercise training programmes. A more flexible approach to exercise prescription may therefore be required, considering the patient's needs and preferences and what might achieve a high level of (long term) adherence.

- **(B)**

Following a lead in period of low to moderate exercise intensity, a gradual progression to vigorous or high exercise intensity may be proposed if well tolerated by the patient.

- **11.**

If supervised exercise is not available or feasible, a structured community or home based exercise programme that includes behaviour change techniques should be proposed.

- **12.**

Supervised exercise programmes should include structured CVD and PAD risk factor reduction education and counselling. Smoking cessation should be a cornerstone of risk factor counselling.

- **13.**

Following initial exercise training (supervised or home based), patients are encouraged to sustain lifelong and high levels of regular physical activity.

[Vaccination of Adults With Cancer: ASCO Guideline 38498792](#)

VACUNACIÓN DE ADULTOS CON CÁNCER: GUÍA ASCO

Abstract

Purpose: To guide the vaccination of adults with solid tumors or hematologic malignancies.

Methods: A systematic literature review identified systematic reviews, randomized controlled trials (RCTs), and nonrandomized studies on the efficacy and safety of vaccines used by adults with cancer or their household contacts. This review builds on a 2013 guideline by the Infectious Disease Society of America. PubMed and the Cochrane Library were searched from January 1, 2013, to February 16, 2023. ASCO convened an Expert Panel to review the evidence and formulate recommendations.

Results: A total of 102 publications were included in the systematic review: 24 systematic reviews, 14 RCTs, and 64 nonrandomized studies. The largest body of evidence addressed COVID-19 vaccines.

Recommendations: The goal of vaccination is to limit the severity of infection and prevent infection where feasible. Optimizing vaccination status should be considered a key element in the care of patients with cancer. This approach includes the documentation of vaccination status at the time of the first patient visit; timely provision of recommended vaccines; and appropriate revaccination after hematopoietic stem-cell transplantation, chimeric antigen receptor T-cell

therapy, or B-cell-depleting therapy. Active interaction and coordination among healthcare providers, including primary care practitioners, pharmacists, and nursing team members, are needed. Vaccination of household contacts will enhance protection for patients with cancer. Some vaccination and revaccination plans for patients with cancer may be affected by the underlying immune status and the anticancer therapy received. As a result, vaccine strategies may differ from the vaccine recommendations for the general healthy adult population vaccine. Additional information is available at www.asco.org/supportive-care-guidelines.

[Comentarios a la actualización 2023 de la guía ESC 2021 sobre el diagnóstico y tratamiento de la insuficiencia cardíaca aguda y crónica](#)
[38048844](#)

COMENTARIOS A LA ACTUALIZACIÓN 2023 DE LA GUÍA ESC 2021 SOBRE EL DIAGNÓSTICO Y TRATAMIENTO DE LA INSUFICIENCIA CARDIACA AGUDA Y CRÓNICA

TEXTO COMPLETO: [Comentarios a la actualización 2023 de la guía ESC 2021 sobre el diagnóstico y tratamiento de la insuficiencia cardíaca aguda y crónica | Revista Española de Cardiología \(revescardiol.org\)](#)

[Comentarios a la guía ESC 2023 sobre el tratamiento de las miocardiopatías](#)
[38048845](#)

COMENTARIOS A LA GUÍA ESC 2023 SOBRE EL TRATAMIENTO DE LAS MIOCARDIOPATÍAS

TEXTO COMPLETO: [Comentarios a la guía ESC 2023 sobre el tratamiento de las miocardiopatías | Revista Española de Cardiología \(revescardiol.org\)](#)
