

Publicacions científiques 2021

Consorti Sanitari del Maresme.
Publicacions de l'any 2021

Biblioteca.
Direcció Acadèmica, Recerca i Innovació
Consorti Sanitari del Maresme.



Presentació.

Aquest document recull i presenta els articles científics del Consorci Sanitari del Maresme (**amb almenys un autor amb filiació CSDM**) indexats al llarg de l'any 2021 en almenys alguna de les següents bases de dades: **MEDLINE/PubMed/Web of Science (WOS)/Journal Citation Reports (JCR)**.

Els indicadors bibliomètrics adjudicats a cada article i per Serveis (Factor d'Impacte, Factor d'Impacte Mig, Quartil, i Posició de la revista) corresponen al **Journal Citation Reports 2020**, per la qual cosa s'ha de tenir en compte que **són valors aproximats**, els valors definitius seran els del JCR 2021 i estaran disponibles el proper mes de juliol de 2022.

En aquest document s'inclouent els articles amb etiqueta **ahead of print** de PubMed encara que siguin posteriorment indexats a MEDLINE durant l'any 2022. Per tant, no s'han inclòs aquells articles **ahead of print** del 2020 de PubMed que han estat indexats definitivament a MEDLINE durant el 2021 que ja es van incloure a la llista de l'any passat o anteriors, evitant, d'aquesta manera, duplicitats.

Durant la pandèmia de la COVID-19, que es va iniciar al març de 2020, el CEIm (Comitè Ètic d'Investigació amb medicaments) del CSDM ha actuat de referència de diversos estudis dels que a més a més hem facilitat casos clínics i informació clínica i s'ha participat en la el.laboració i redacció dels documents publicats. Aquests articles, donada la seva rellevància, s'han considerat i comptabilitzat en aquest document en una categoria nova : **CEIm (Comitè Ètic d'Investigació amb medicaments)**.

No s'han considerat aquells articles que els autors CSDM consten dins de grups d'investigació (col.laboradors). I tampoc s'han considerat aquells articles indexats però que corresponen a resums/abstracts de congressos.

El document recull també els articles no indexats a cap de les BDD anteriors, així com altres documents (llibres, capítols de llibres, guies, protocols, documents de consens...) publicats durant l'any 2020.

Aquest document recull els articles publicats en el període que va del dia 22 de desembre de 2020 a 22 desembre 2021.



Fotografia : Dani Olea. Comunicació



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Identificació del tipus de publicació :

Article Indexat a: MEDLINE/PubMed/ Web of Science (WOS)/Journal Citation Reports (JRC).

Article no indexat a cap de les anteriors BDD.

Llibre o Capítol de llibre.

Altres documents: Guies, protocols, documents de consens, etcètera.

**ALIMENTACIÓ I DIETÈTICA – HUMAN NUTRITION & DIETETICS**

Nº Articles indexats: 1

Factor Impacte total: 1.057

Factor d'impacte liderat: 1.057

Martínez Rodríguez J, Roca Fontbona M.**Resultados de una encuesta dirigida a dietistas-nutricionistas sobre la gestión de los equipos de nutrición clínica durante la pandemia de COVID-19 en centros hospitalarios de Cataluña.**

Nutr Hosp. 2021 Oct 22. Spanish. doi: 10.20960/nh.03759. Epub ahead of print. PMID:34674535.

Abstract**Introduction:** the COVID-19 pandemic has had direct implications for clinical nutrition teams (NT), both at an organizational and healthcare level. Since March 2020, expert recommendations on nutritional intervention for patients with COVID-19 have been available.**Objectives:** to describe the nutritional intervention that has been carried out in patients with COVID-19, to estimate the presence of clinical dietitians-nutritionists (DN) in hospitals in Catalonia, and to know the organization of NTs.**Methods:** a cross-sectional study through an online survey directed to clinical DNs at hospitals in Catalonia (March 2021) was made.**Results:** the surveys of 36 NTs, made up of 104 DNs, have been analysed. A total of 44.44 % of NTs had to interrupt or reduce some of their usual activities during the pandemic. When nutritional screening was used, it was carried out early (24-48 h) in 56.25 % of cases, and the most common tool was the NRS-2002 (66.67 %). In 41.67 % of NTs a specific hospital diet was established, this being generally hyperproteic (89.66 %). Oral nutritional supplementation was systematically prescribed by 41.67 % of NTs, prioritizing hyperproteic (97.14 %) and hypercaloric (74.29 %) formulas. It is estimated that clinical DNs are present in approximately 61.54 % of public acute hospitals in Catalonia.**Conclusions:** the results reflect the adaptive capacity of NTs, reorganizing and redistributing their usual tasks and establishing infrequent measures to ensure nutritional support.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.057

Quartil: 4

Categoria: Nutrition & Dietetics

Posició: 77/88

Badia-Bernaus M, Jimenez-Garcia I, Martin-Giol M, **Martínez-Rodríguez J**, Megias-Rangil, I, Puig-Cepero C, Salleras-Compte N, Sanchez-Migallon-Montull, JM, Sendrós-Madroño, MJ, Simats-Orial, G, Vallés-Martí S.**Informe d'alta hospitalària del dietista-nutricionista.**

Col·legi de Dietistes-Nutricionistes de Catalunya. 1a edició: Barcelona, octubre de 2021. 18p.

Abstract:

La funció del dietista-nutricionista en l'àmbit hospitalari és vetllar per l'alimentació adequada dels pacients hospitalitzats, així com participar en les diferents teràpies nutricionals.

El marc que estableixen la Llei 16/2003, de 28 de maig, de cohesió i qualitat del Sistema Nacional de Salut; la Llei 44/2003, de 21 de novembre, d'ordenació de les professions sanitàries; el Reial decret 1277/2003, de 10 d'octubre, pel qual s'estableixen les bases generals sobre autorització de centres, serveis i establiments sanitaris, i a més, a Catalunya, el Decret 151/20174, de 17 d'octubre, pel qual s'estableixen els requisits i les garanties tecnicosanitàries comunes dels centres i serveis sanitaris i els procediments per a la seva autorització i registre, disposa que la unitat de nutrició i dietètica, dirigida per un facultatiu que idealment pugui ser un dietista-nutricionista, professional sanitari que, en qualsevol cas, n'ha de formar part, amb la funció de participar, en el marc de les seves competències específiques, en la teràpia nutricional de les diferents patologies, entre d'altres.



La unitat de nutrició i dietètica és una unitat amb identitat pròpia, amb capacitat per donar suport a tots els serveis del centre, tant en l'àrea d'hospitalització, ambulatoria i de gestió del servei d'alimentació, com en totes les activitats del centre en què es requereixi.

ANESTESIOLOGIA – ANESTHESIOLOGY

Nº Articles indexats: 2

Factor Impacte total: 1.653

Factor d'impacte liderat: 0

de Miguel Negro M, González Tallada A, de Nadal M, Biarnes Suñé A, Manrique Muñoz S, Campins Martí M, Álvarez Pérez A, Castellnou Ferré J, Pedregosa Sanz A, Rouras Hurtado G, Martínez Cabañero J, Osorio Salazar E, Montero Matamala A, Saludes J, Binagui Buitureira AV, Farré Tebar C, Baumgartner Lucero ML, Cadena Serramitja M, Lacambra Basil M, Faura A, Ibáñez Trujillo NF, **Delgado García R**, Santiveri Papiol FJ, Escolano Villén F, Tejedor Navarro A, Deiros García C, Remartínez Fernández F, Tobito Ramírez J, Moret Ferrón ML, Salmerón Zafra Ó, Isern Domingo X, Villalba Blanco N.

Pre-operative prevalence of asymptomatic carriers of COVID-19 in hospitals in Catalonia during the first wave after the resumption of surgical activity.

Cir Esp (Engl Ed). 2021 Jan 29:S0009-739X(21)00036-1. English, Spanish. doi: 10.1016/j.ciresp.2021.01.014. Epub ahead of print. PMID: 33610261; PMCID: PMC7846207.

Abstract

Introduction: The COVID-19 pandemic led to the cancellation of non-essential surgical procedures in March 2020. With the resumption of surgical activity, patients undergoing surgery were one of the first population groups to be systematically tested for PCR. The aim of this study was to determine the prevalence of asymptomatic SARS-CoV-2 carriers after the resumption of non-essential surgical activity.

Methods: Retrospective multicenter observational study of patients scheduled for surgery or undergoing emergency surgery in Catalonia between 20 April and 31 May 2020. The microbiological results of preoperative PCR tests and clinical records were reviewed, and an epidemiological survey was conducted on patients with positive PCR for SARS-CoV-2.

Results: A total of 10,838 patients scheduled for surgery or who underwent emergency surgery were screened for COVID-19. One hundred and eighteen patients (1.09%) were positive for SARS-CoV-2 in the 72 hours prior to surgery. The prevalence of asymptomatic carriers was 0.7% (95%CI: 0.6% - 0.9%). The first week of the study presented the highest prevalence of asymptomatic carriers [1.9% (95%CI: 1.1%-3.2%)].

Conclusions: The low levels of asymptomatic carriers of COVID-19 infection obtained in the surgical population of hospitals in Catalonia after the resumption of surgical activity, shows that most patients were able to undergo surgical procedures without the risks of COVID-19 associated complications in the perioperative period.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.653

Quartil: 3

Categoria: Surgery

Posició: 158/211

Villalonga Vadell RM, Sala Blanch X, Roigé Solé J, Garcia Eroles X, Morros Viñoles C, Valero Castell R, Bausili Ribera M, Pedregosa Sanz A, Sergi Angeles Fite G, Abreu Paradell S, Adalia Bartolomé R, Álvarez Pérez A, Amigó Bonet N, Asbert Sagasti R, Barbal Badia F, Carramiñana Dominguez A, Castellnou Ferré J, Bernia Gil JA, Carol Boeris F, Colomina Soler MJ, Chamero Pastilla A, Del Moral García MV, Del Pozo D, Escolano Villén F, Esquius Jofre P, Ferrando Ortolá C, García Marqueta C, Hernández Aguado C, Hernando Pastor D, Isach Comallonga N, Isern Domingo X, Cesar Jaramillo Carrión L, Koo García M, Lacambra Basil M, Lázaro Alcay JJ, Mailan Bello J, Manrique Muñoz S, Martínez Palli G, Martínez Jérez L, Masdeu Castellví J, Mercadal Mercadal J, Montero Matamala A, Morales Torres O, Moret Ferron ML, Moret Ruiz E, Muñoz Falcón L, de Nadal Clanchet M, Miquel



Ortells Nebot P, Prat Vallribera A, Remartinez Fernandez F, Roca Campos P, Roldan Osuna J, Sabaté Pes A, Sala Francino P, Saludes Serra J, Samsó Sabe E, Sarmiento Meneses E, Soto Ejarque JM, Tomas Torrelles A, Tomás Esteban A, **Yuste Graupera M.**

Implicación en Cataluña de los Servicios de Anestesiología y Reanimación en la pandemia por SARS-CoV-2. Una solución real coste-efectiva para una crisis sanitaria sin precedentes.

Rev Esp Anestesiol Reanim. 2021 Feb;68(2):114-116. English, Spanish. doi: 10.1016/j.redar.2020.05.013. Epub 2020 Jun 6. PMID: 33371977; PMCID: PMC7275179.

Abstract

La pandemia por el coronavirus SARS-CoV-2 ha puesto a prueba la capacidad asistencial de todo el sistema sanitario y en especial de las unidades de críticos que han tenido que doblar o triplicar su capacidad para poder absorber la demanda de cuidados. Para evitar el colapso de las camas de críticos, han sido fundamentales las Reanimaciones Quirúrgicas y otros dispositivos pertenecientes a las Áreas Quirúrgicas. Estos dispositivos pasan desapercibidos por las administraciones hospitalarias y sanitarias al no formar parte de las camas «administrativas» de Críticos en muchos hospitales, a pesar de disponer de todos los recursos requeridos en las unidades de intensivos, como establecen las recomendaciones de las Sociedades Científicas de Anestesiología¹. Esta falta de visibilidad administrativa afecta a determinadas Unidades de Reanimación, a las Unidades de Recuperación Post Anestésicas (URPA) y los propios quirófanos, gestionadas por los Servicios de Anestesiología y Reanimación.

Indexat a: MEDLINE/WOS

CEIm. COMITÈ ÈTIC D'INVESTIGACIÓ AMB MEDICAMENTS – RECm. ETHIC COMMITTEE FOR INVESTIGATION WITH MEDICINAL PRODUCTS

Nº Articles indexats: 2

Factor Impacte total: 35.454

Factor d'impacte liderat: 0

Asano T, Boisson B, Onodi F, Matuozzo D, Moncada-Velez M, Maglorius Renkilaraj MRL, Zhang P, Meertens L, Bolze A, Materna M, Korniotis S, Gervais A, Talouarn E, Bigio B, Seeleuthner Y, Bilguvar K, Zhang Y, Neehus AL, Ogishi M, Pelham SJ, Le Voyer T, Rosain J, Philippot Q, Soler-Palacín P, Colobran R, Martin-Nalda A, Rivière JG, Tandjaoui-Lambiotte Y, Chaïbi K, Shahrooei M, arazam IA, Olyaei NA, Mansouri D, Hatipoğlu N, Palabiyik F, Ozcelik T, Novelli G, Novelli A, Casari G, Aiuti A, Carrera P, Bondesan S, Barzaghi F, Rovere-Querini P, Tresoldi C, Franco JL, Rojas J, Reyes LF, Bustos IG, Arias AA, Morelle G, Christèle K, Troya J, Planas-Serra L, Schlüter A, Gut M, Pujol A, Allende LM, Rodriguez-Gallego C, Flores C, Cabrera-Marante O, Pleguezuelo DE, de Diego RP, Keles S, Aytakin G, Akcan OM, Bryceson YT, Bergman P, Brodin P, Smole D, Smith CIE, Norlin AC, Campbell TM, Covill LE, Hammarström L, Pan-Hammarström Q, Abolhassani H, Mane S, Marr N, Ata M, Al Ali F, Khan T, Spaan AN, Dalgard CL, Bonfanti P, Biondi A, Tubiana S, Burdet C, Nussbaum R, Kahn-Kirby A, Snow AL; COVID Human Genetic Effort; COVID-STORM Clinicians; COVID Clinicians (**Clavé P, Bolivar M**); Imagine COVID Group; French COVID Cohort Study Group; CoV-Contact Cohort; Amsterdam UMC Covid-; Biobank; NIAID-USUHS COVID Study Group, Bustamante J, Puel A, Boisson- Dupuis S, Zhang SY, Béziat V, Lifton RP, Bastard P, Notarangelo LD, Abel L, Su HC, Jouanguy E, Amara A, Soumelis V, Cobat A, Casanova JL.

X-linked recessive TLR7 deficiency in ~1% of men under 60 years old with life-threatening COVID-19.

Sci Immunol. 2021 Aug 19;6(62):eabl4348. doi: 10.1126/sciimmunol.abl4348. PMID: 34413140; PMCID: PMC8532080.

**Abstract:**

Autosomal inborn errors of type I IFN immunity and autoantibodies against these cytokines underlie at least 10% of critical COVID-19 pneumonia cases. We report very rare, biochemically deleterious X-linked TLR7 variants in 16 unrelated male individuals aged 7 to 71 years (mean: 36.7 years) from a cohort of 1,202 male patients aged 0.5 to 99 years (mean: 52.9 years) with unexplained critical COVID-19 pneumonia. None of the 331 asymptotically or mildly infected male individuals aged 1.3 to 102 years (mean: 38.7 years) tested carry such TLR7 variants ($p = 3.5 \times 10^{-5}$). The phenotypes of five hemizygous relatives of index cases infected with SARS-CoV-2 include asymptomatic or mild infection ($n=2$, 5 and 38 years), or moderate ($n=1$, 5 years), severe ($n=1$, 27 years), or critical ($n=1$, 29 years) pneumonia. Two boys (aged 7 and 12 years) from a cohort of 262 male patients with severe COVID-19 pneumonia (mean: 51.0 years) are hemizygous for a deleterious TLR7 variant. The cumulative allele frequency for deleterious TLR7 variants in the male general population is $< 6.5 \times 10^{-4}$. We also show that blood B cell lines and myeloid cell subsets from the patients do not respond to TLR7 stimulation, a phenotype rescued by wild-type TLR7. The patients' blood plasmacytoid dendritic cells (pDCs) produce low levels of type I IFNs in response to SARS-CoV-2. Overall, X-linked recessive TLR7 deficiency is a highly penetrant genetic etiology of critical COVID-19 pneumonia, in about 1.8% of male patients below the age of 60 years. Human TLR7 and pDCs are essential for protective type I IFN immunity against SARS-CoV-2 in the respiratory tract.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 17.727 Quartil/Decil: 1

Categoria: Immunology

Posició: 5/162

Bastard P, Gervais A, Le Voyer T, Rosain J, Philippot Q, Manry J, Michailidis E, Hoffmann HH, Eto S, Garcia-Prat M, Bizien L, Parra-Martínez A, Yang R, Haljasmägi L, Migaud M, Särekannu K, Maslovskaja J, de Prost N, Tandjaoui-Lambiotte Y, Luyt CE, Amador-Borrero B, Gaudet A, Poissy J, Morel P, Richard P, Cognasse F, Troya J, Trouillet-Assant S, Belot A, Saker K, Garçon P, Rivière JG, Lagier JC, Gentile S, Rosen LB, Shaw E, Morio T, Tanaka J, Dalmau D, Tharoux PL, Sene D, Stepanian A, Megarbane B, Triantafyllia V, Fekkar A, Heath JR, Franco JL, Anaya JM, Solé-Violán J, Imberti L, Biondi A, Bonfanti P, Castagnoli R, Delmonte OM, Zhang Y, Snow AL, Holland SM, Biggs C, Moncada-Vélez M, Arias AA, Lorenzo L, Boucherit S, Coulibaly B, Anglicheau D, Planas AM, Haerynck F, Duvlis S, Nussbaum RL, Ozcelik T, Keles S, Bousfiha AA, El Bakkouri J, Ramirez-Santana C, Paul S, Pan Hammarström Q, Hammarström L, Dupont A, Kurolap A, Metz CN, Aiuti A, Casari G, Lampasona V, Ciceri F, Barreiros LA, Dominguez-Garrido E, Vidigal M, Zatz M, van de Beek D, Sahanic S, Tancevski I, Stepanovskyy Y, Boyarchuk O, Nukui Y, Tsumura M, Vidaur L, Tangye SG, Burrell S, Duffy D, Quintana-Murci L, Klocperk A, Kann NY, Shcherbina A, Lau YL, Leung D, Coulangeat M, Marlet J, Koning R, Reyes LF, Chauvineau-Grenier A, Venet F, Monneret G, Nussenzweig MC, Arrestier R, Boudhabhay I, Baris-Feldman H, Hagin D, Wauters J, Meyts I, Dyer AH, Kellenly SP, Bourke NM, Halwani R, Sharif-Askari NS, Dorgham K, Sallette J, Sedkaoui SM, Alkhatir S, Rigo-Bonnin R, Morandeira F, Roussel L, Vinh DC, Ostrowski SR, Condino-Neto A, Prando C, Bonradenko A, Spaan AN, Gilardin L, Fellay J, Lyonnet S, Bilguvar K, Lifton RP, Mane S; HGID Lab; COVID Clinicians (**Clavé P, Bolívar M**); COVID-STORM Clinicians; NIAID Immune Response to COVID Group; NH-COVAIR Study Group; Danish CHGE; Danish Blood Donor Study; St. James's Hospital; SARS CoV2 Interest group; French COVID Cohort Study Group; Imagine COVID-Group; Milieu Intérieur Consortium; CoV-Contact Cohort; Amsterdam UMC Covid-19; Biobank Investigators; COVID Human Genetic Effort; CONSTANCES cohort; 3C-Dijon Study; Cerba Health-Care; Etablissement du Sang study group, Anderson MS, Boisson B, Béziat V, Zhang SY, Vandreakos E, Hermine O, Pujol A, Peterson P, Mogensen TH, Rowen L, Mond J, Dobbie S, de Lamballerie X, Duval X, Mentré F, Zins M, Soler-Palacin P, Colobran R, Gorochoff G, Solanich X, Susen S, Martinez-Picado J, Raoult D, Vasse M, Gregersen PK, Piemonti L, Rodríguez-Gallego C, Notarangelo LD, Su HC, Kisand K, Okada S, Puel A, Jouanguy E, Rice CM, Tiberghien P, Zhang Q, Cobat A, Abel L, Casanova JL.



Autoantibodies neutralizing type I IFNs are present in ~4% of uninfected individuals over 70 years old and account for ~20% of COVID-19 deaths.

Sci Immunol. 2021 Aug 19;6(62):eabl4340. doi: 10.1126/sciimmunol.abl4340. PMID: 34413139; PMCID: PMC8521484.

Abstract:

Circulating autoantibodies (auto-Abs) neutralizing high concentrations (10 ng/mL, in plasma diluted 1 to 10) of IFN- α and/or - ω are found in about 10% of patients with critical COVID-19 pneumonia, but not in subjects with asymptomatic infections. We detect auto-Abs neutralizing 100-fold lower, more physiological, concentrations of IFN- α and/or - ω (100 pg/mL, in 1/10 dilutions of plasma) in 13.6% of 3,595 patients with critical COVID-19, including 21% of 374 patients > 80 years, and 6.5% of 522 patients with severe COVID-19. These antibodies are also detected in 18% of the 1,124 deceased patients (aged 20 days-99 years; mean: 70 years). Moreover, another 1.3% of patients with critical COVID-19 and 0.9% of the deceased patients have auto-Abs neutralizing high concentrations of IFN- β . We also show, in a sample of 34,159 uninfected subjects from the general population, that auto-Abs neutralizing high concentrations of IFN- α and/or - ω are present in 0.18% of individuals between 18 and 69 years, 1.1% between 70 and 79 years, and 3.4% >80 years. Moreover, the proportion of subjects carrying auto-Abs neutralizing lower concentrations is greater in a subsample of 10,778 uninfected individuals: 1% of individuals <70 years, 2.3% between 70 and 80 years, and 6.3% >80 years. By contrast, auto-Abs neutralizing IFN- β do not become more frequent with age. Auto-Abs neutralizing type I IFNs predate SARS-CoV-2 infection and sharply increase in prevalence after the age of 70 years. They account for about 20% of both critical COVID-19 cases in the over-80s, and total fatal COVID-19 cases.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 17.727

Quartil/Decil: 1

Categoria: Immunology

Posició: 5/162

CIRURGIA GENERAL – GENERAL SURGERY

Nº Articles indexats: 11

Factor Impacte total: 45.219

Factor d'impacte liderat: 3.306

Ciscar Belles A, Makhoukhi T, López-Cano M, Hernández Granados P, Pereira Rodríguez JA; miembros del grupo EVEREG.

Umbilical incisional hernia (M3) Are trocar hernia different? Comparative analysis of the EVEREG Registry.

Cir Esp (Engl Ed). 2021 Feb 24;S0009-739X(21)00041-5. English, Spanish. doi: 10.1016/j.ciresp.2021.01.019. Epub ahead of print. PMID: 33640141.

Abstract

Introduction: Incisional hernia (HI), in open and laparoscopic surgery, is a very frequent complication. HI located in the umbilical region are called M3. The main aim of this study is to compare HI produced by the placement of an umbilical laparoscopic trocar (M3T) with those located in M3 in open surgery (M3O) in terms of basal characteristics, complications and recurrences; and secondarily the identification of risk factors.

Method: Cross-sectional observational study based on the national prospective registry EVEREG during the period of July 2012 - June 2018. The main variables were recurrences and postoperative complications. Both groups (M3T and M3O) were compared. Multiple logistic regression was performed to identify the risk factors of the entire cohort.

Results: 882 had a follow-up time longer than 12 months. M3O group presented superior ASA-Class, more complex HI and previous repair. It also presented a higher recurrence rate at 12 and 24 months (8.6 vs. 2.5%; $p < 0,0001$ and 9.3 vs. 2.9%; $p < 0.0001$) and higher postoperative complications rate (21.9 vs. 14.6%; $p = 0.02$). Previous repair, intervention length and associated procedures requirement were identified as risk factors for postoperative complications. Absence of a specialist present during surgery, previous repair, and the absence of



complications were identified as risk factors for recurrence. In the PSM analysis no differences were detected in of complications and recurrences.

Conclusions: HI M3O is more complex than M3T. The complexity is not related to the origin of the hernia but to its characteristics and those of the patient.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.653

Quartil: 3

Categoria: Surgery

Posició: 158/211

Busquets J, Lopez-Dominguez J, Gonzalez-Castillo A, **Vila M**, Pelaez N, Secanella L, Ramos E, Fabregat J.

Pancreas sparing duodenectomy in the treatment of primary duodenal neoplasms and other situations with duodenal involvement.

Hepatobiliary Pancreat Dis Int. 2021 Mar 9:S1499-3872(21)00039-4. doi: 10.1016/j.hbpd.2021.02.007. Epub ahead of print. PMID: 33753002

Abstract

Background: There are no clearly defined indications for pancreas-preserving duodenectomy. The present study aimed to analyze postoperative morbidity and the outcomes of patients undergoing pancreas-preserving duodenectomy.

Methods: Patients undergoing pancreas-preserving duodenectomy from April 2008 to May 2020 were included. We divided the series according to indication: scenario 1, primary duodenal tumors; scenario 2, tumors of another origin with duodenal involvement; and scenario 3, emergency duodenectomy.

Results: We included 35 patients. Total duodenectomy was performed in 1 patient of adenomatous duodenal polyposis, limited duodenectomy in 7, and third + fourth duodenal portion resection in 27. The indications for scenario 1 were gastrointestinal stromal tumor (n = 13), adenocarcinoma (n = 4), neuroendocrine tumor (n = 3), duodenal adenoma (n = 1), and adenomatous duodenal polyposis (n = 1); scenario 2: retroperitoneal desmoid tumor (n = 2), recurrence of liposarcoma (n = 2), retroperitoneal paraganglioma (n = 1), neuroendocrine tumor in pancreatic uncinata process (n = 1), and duodenal infiltration due to metastatic adenopathies of a germinal tumor with digestive hemorrhage (n = 1); and scenario 3: aortoenteric fistula (n = 3), duodenal trauma (n = 1), erosive duodenitis (n = 1), and biliopancreatic limb ischemia (n = 1). Severe complications (Clavien-Dindo \geq IIIb) developed in 14% (5/35), and postoperative mortality was 3% (1/35).

Conclusions: Pancreas-preserving duodenectomy is useful in the management of primary duodenal tumors, and is a technical option for some tumors with duodenal infiltration or in emergency interventions.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.780

Quartil: 3

Categoria: Gastroenterology & Hepatology

Posició: 51/92

Lopez Gordo S, Bettonica C, Miró M, Estremiana F, Aranda H, Farran L.

Gastric and Small Intestine Gist: Results of 156 Cases in 20 Years.

J Gastrointest Cancer. 2021 Apr 19. doi: 10.1007/s12029-021-00641-x. Epub ahead of print. PMID: 33871798.

Abstract

Purpose: Gastric and small intestine are the most common gastrointestinal stromal tumors (GISTs). There are few studies of patients who underwent surgical treatment with disparate findings. We aimed to evaluate the differences between groups and the risk factors for recurrence and mortality.



Methods: A retrospective study of 96 gastric and 60 small intestine GIST was performed between 1995 and 2015. Both groups were compared in terms of clinicopathologic features, morbidity, recurrence, and mortality. Statistical analysis was performed with SPSS®.

Results: Eighty-one gastric GISTs and 56 small intestine GISTs underwent surgical treatment. Gastrointestinal bleeding was the most common cause of emergency surgery being more frequent in gastric GIST ($P = 0.009$); however, emergency surgery was indicated more frequently in the small intestinal GIST ($P = 0.004$) and was mostly due to perforation ($P = 0.009$). With a median follow-up of 66.9 (39.7-94.8) months, 28 (20.4%) patients had recurrence. A mitotic index > 5 ($P \leq 0.001$) and the intestinal location ($P = 0.012$) were significantly associated to recurrence. Tumor size > 15 cm ($P = 0.001$) and an age of ≥ 75 years ($P = 0.014$) were associated to mortality. On univariate analysis, higher mean values of Ki-67 were associated to higher mortality ($P = 0.0032$). Small intestine GIST presented lower disease-free survival (DFS) than that of gastric GIST (65.7% vs 90.8%) with $P = 0.003$. The overall survival (OS) of gastric and small intestine GIST was 74.7% and 71.6%, respectively ($P = 0.68$).

Conclusion: Small intestine GIST received emergency surgery more frequently showing lower DFS and same OS than that of gastric GIST. We found that Ki-67 could be a prognostic factor. Further studies are necessary to assess whether Ki-67 is a prognostic risk factor for GISTs.

Indexat a: MEDLINE/WOS

Cero MD, Rodríguez-Santiago J, Miró M, Castro S, Miranda C, Santamaría M, Gobbi Y, Garsot E, Pujadas M, Luna A, Momblán D, Balagué C, Aldeano A, Olona C, Molinas J, **Pulido L**, Sánchez-Cano JJ, Güell M, Salazar D, Gimeno M, Grande L, Pera M; Spanish EURECCA Esophagogastric Cancer Group.

Evaluation of data quality in the Spanish EURECCA Esophagogastric Cancer Registry.

Eur J Surg Oncol. 2021 Apr 25;S0748-7983(21)00453-4. doi: 10.1016/j.ejso.2021.04.025. Epub ahead of print. PMID: 33933340.

Abstract

Background: Although the number of nationwide clinical registries in upper gastrointestinal cancer is increasing, few of them perform regular clinical audits. The Spanish EURECCA Esophagogastric Cancer Registry (SEEGCR) was launched in 2013. The aim of this study was to assess the reliability of the data in terms of completeness and accuracy.

Methods: Patients who were registered (2014-2017) in the online SEEGCR and underwent esophagectomy or gastrectomy with curative intent were selected for auditing. Independent teams of surgeons visited each center between July 2018 and December 2019 and checked the reliability of data entered into the registry. Completeness was established by comparing the cases reported in the registry with those provided by the Medical Documentation Service of each center. Twenty percent of randomly selected cases per hospital were checked during on-site visits for testing the accuracy of data (27 items per patient file). Correlation between the quality of the data and the hospital volume was also assessed.

Results: Some 1839 patients from 19 centers were included in the registry. The mean completeness rate in the whole series was 97.8% (range 82.8-100%). For the accuracy, 462 (25.1%) cases were checked. Out of 12,312 items, 10,905 were available for verification, resulting in a perfect agreement of 95% (87.1-98.7%). There were 509 (4.7%) incorrect and 35 (0.3%) missing entries. No correlation between hospital volume and the rate of completeness and accuracy was observed.

Conclusions: Our results indicate that the SEEGCR contains reliable data.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.424

Quartil: 1

Categoria: Surgery

Posició: 34/211



Dal Cero M, Román M, Grande L, Yarnoz C, Estremiana F, Gantxegi A, Codony C, Gobbi Y, Garsot E, Momblan D, González-Duaigües M, Luna A, Pérez N, Aldeano A, Fernández S, Olona C, Hermoso J, **Pulido L**, Sánchez-Cano JJ, Güell M, Salazar D, Gimeno M, Pera M; Spanish EURECCA Esophagogastric Cancer Group.

Textbook outcome and survival after gastric cancer resection with curative intent: A population- based analysis.

Eur J Surg Oncol. 2021 Nov 2:S0748-7983(21)00775-7. doi: 10.1016/j.ejso.2021.10.025. Epub ahead of print. PMID: 34753620.

Abstract

Background: The concept of textbook outcome (TO) has been proposed for analyzing quality of surgical care. This study assessed the incidence of TO among patients undergoing curative gastric cancer resection, predictors for TO achievement, and the association of TO with survival.

Method: All patients with gastric and gastroesophageal junction cancers undergoing curative gastrectomy between January 2014-December 2017 were identified from a population-based database (Spanish EURECCA Registry). TO included: macroscopically complete resection at the time of operation, R0 resection, ≥ 15 lymph nodes removed and examined, no serious postoperative complications (Clavien-Dindo $\geq II$), no re-intervention, hospital stay ≤ 14 days, no 30-day readmissions and no 90-day mortality. Logistic regression was used to assess the adjusted achievement of TO. Cox survival regression was used to compare conditional adjusted survival across groups.

Results: In total, 1293 patients were included, and TO was achieved in 541 patients (41.1%). Among the criteria, "macroscopically complete resection" had the highest compliance (96.5%) while "no serious complications" had the lowest compliance (63.7%). Age (OR 0.53 for the 65-74 years and OR 0.34 for the ≥ 75 years age group), Charlson comorbidity index ≥ 3 (OR 0.53, 95%CI 0.34-0.82), neoadjuvant chemoradiotherapy (OR 0.24, 95%CI 0.08-0.70), multivisceral resection (OR 0.55, 95%CI 0.33-0.91), and surgery performed in a community hospital (OR 0.65, CI95% 0.46-0.91) were independently associated with not achieving TO. TO was independently associated with conditional survival (HR 0.67, 95%CI 0.55-0.83).

Conclusion: TO was achieved in 41.1% of patients who underwent gastric cancer resection with curative intent and was associated with longer survival.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.424

Quartil: 1

Categoria: Surgery

Posició: 34/211

Morales-García D, Durantez FD, Capitán Vallvey J, Grau JMS, Eugenia Campo Cimarras M, Vinagre SG, **Grau LAH**, Puigercos Fusté J, Fernández CZ, Sánchez ZV, Ruiz VV.

Consenso de la seccion de cirugia mayor ambulatoria de la asociacion española de cirujanos sobre el papel de la cirugia mayor ambulatoria en la pandemia sars-cov-2.

Cir Esp (Engl Ed). 2021 Apr 27. Spanish. doi: 10.1016/j.ciresp.2021.04.012. Epub ahead of print. PMID: 33994557; PMCID: PMC8075840.

Abstract

The current situation of the SARS-CoV-2 pandemic has paralyzed non-urgent and/or oncological surgery in many hospitals in our country with what it means for the health of citizens who are awaiting a surgical procedure. Outpatient Surgery can afford more than 85% of the surgical procedures that are performed in a surgical department and is presented as a feasible and safe alternative at the present time since it does not require admission and decreases clearly the risk of infection. In addition, it is the tool that should be generalized to solve the accumulation of patients on the waiting list that the pandemic is generating, so it seems appropriate that



the Ambulatory Surgery section of the Spanish Association of Surgeons present a series of recommendations for the implementation of outpatient surgery in these exceptional circumstances that we have to live.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.653

Quartil: 3

Categoria: Surgery

Posició: 158/211

Morales-García D, Docobo-Durantez F, Capitán Vallvey JM, Suarez-Grau JM, Campo-Cimarras ME, González-Vinagre S, **Hidalgo-Grau LA**, Puigcercos-Fusté JM, Zaragoza-Fernández C, Valera-Sánchez Z, Vega-Ruiz V; Grupo de Trabajo CIRUGIA- AEC-COVID-19.

Consenso de la sección de cirugía mayor ambulatoria de la Asociación Española de Cirujanos sobre el papel de la cirugía mayor ambulatoria en la pandemia SARS-CoV-2.

Cir Esp. 2021 Apr 27:S0009-739X(21)00160-3. English, Spanish. doi: 10.1016/j.ciresp.2021.04.012. Epub ahead of print. PMID: 34049693.

Abstract

La situación actual de la pandemia por SARS-CoV-2 tiene paralizada la cirugía no urgente y/u oncológica en muchos hospitales de nuestro país con lo que esto conlleva para la salud de los ciudadanos que están pendientes de una intervención quirúrgica. La cirugía mayor ambulatoria puede abarcar en su cartera de servicios más del 85% de los procedimientos quirúrgicos que se realizan en un servicio de cirugía y se presenta como una alternativa factible y segura en el momento actual ya que no requiere camas de ingreso y disminuye claramente el riesgo de infección. Además, es la herramienta que debería generalizarse para solucionar la acumulación de pacientes en lista de espera que la pandemia está generando, por lo que parece oportuno que desde la sección de Cirugía Mayor Ambulatoria de la Asociación Española de Cirujanos se presente una serie de recomendaciones para la implementación de la misma en estas circunstancias excepcionales que nos toca vivir.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.653

Quartil: 3

Categoria: Surgery

Posició: 158/211

Osorio J, Madrazo Z, Videla S, Sainz B, Rodríguez-González A, Campos A, Santamaría M, Pelegrina A, González-Serrano C, Aldeano A, Sarriguarte A, Gómez- Díaz CJ, Ruiz-Luna D, García-Ruiz-de-Gordejuela A, Gómez-Gavara C, Gil- Barrionuevo M, **Vila M**, Clavell A, Campillo B, Millán L, Olona C, Sánchez-Cordero S, Medrano R, López Arévalo CA, Pérez-Romero N, Artigau E, Calle M, Echenagusia V, Otero A, Tebe C, Pallares N, Biondo S; COVID-CIR Collaborative Group Members of the COVID-CIR Collaborative Group.

Analysis of outcomes of emergency general and gastrointestinal surgery during the COVID-19 pandemic.

Br J Surg. 2021 Dec1;108(12):1438-1447. doi: 10.1093/bjs/znab299. PMID: 34535796.

Abstract

Background: Few surgical studies have provided adjusted comparative postoperative outcome data among contemporary patients with and without COVID-19 infection and patients treated before the pandemic. The aim of this study was to determine the impact of performing emergency surgery in patients with concomitant COVID-19 infection.

Methods: Patients who underwent emergency general and gastrointestinal surgery from March to June 2020, and from March to June 2019 in 25 Spanish hospitals were included in a retrospective study (COVID-CIR). The main outcome was 30-day mortality. Secondary outcomes included postoperative complications and failure to rescue (mortality among patients who developed complications). Propensity score-matched comparisons were performed between patients who were positive and those who were negative for COVID-19; and between COVID-19-negative cohorts before and during the pandemic.



Results: Some 5307 patients were included in the study (183 COVID-19-positive and 2132 COVID-19-negative during pandemic; 2992 treated before pandemic). During the pandemic, patients with COVID-19 infection had greater 30-day mortality than those without (12.6 versus 4.6 per cent), but this difference was not statistically significant after propensity score matching (odds ratio (OR) 1.58, 95 per cent c.i. 0.88 to 2.74). Those positive for COVID-19 had more complications (41.5 versus 23.9 per cent; OR 1.61, 1.11 to 2.33) and a higher likelihood of failure to rescue (30.3 versus 19.3 per cent; OR 1.10, 0.57 to 2.12). Patients who were negative for COVID-19 during the pandemic had similar rates of 30-day mortality (4.6 versus 3.2 per cent; OR 1.35, 0.98 to 1.86) and complications (23.9 versus 25.2 per cent; OR 0.89, 0.77 to 1.02), but a greater likelihood of failure to rescue (19.3 versus 12.9 per cent; OR 1.56, 95 per cent 1.10 to 2.19) than prepandemic controls.

Conclusion: Patients with COVID-19 infection undergoing emergency general and gastrointestinal surgery had worse postoperative outcomes than contemporary patients without COVID-19. COVID-19-negative patients operated on during the COVID-19 pandemic had a likelihood of greater failure-to-rescue than prepandemic controls.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.939

Quartil/Decil: 1

Categoria: Surgery

Posició: 11/211

Mora-López L, **Ruiz-Edo N**, **Estrada-Ferrer O**, Piñana-Campón ML, Labró-Ciurans M, Escuder-Perez J, Sales-Mallafre R, Rebasas-Cladera P, Navarro-Soto S, Serra- Aracil X; DINAMO-study Group.

Efficacy and Safety of Nonantibiotic Outpatient Treatment in Mild Acute Diverticulitis (DINAMO-study): A Multicentre, Randomised, Open-label, Noninferiority Trial.

Ann Surg. 2021 Nov 1;274(5):e435-e442. doi: 10.1097/SLA.0000000000005031. PMID: 34183510.

Abstract

Objective: Mild AD can be treated safely and effectively on an outpatient basis without antibiotics.

Summary of background data: In recent years, it has shown no benefit of antibiotics in the treatment of uncomplicated AD in hospitalized patients. Also, outpatient treatment of uncomplicated AD has been shown to be safe and effective.

Methods: A Prospective, multicentre, open-label, noninferiority, randomized controlled trial, in 15 hospitals of patients consulting the emergency department with symptoms compatible with AD. The Participants were patients with mild AD diagnosed by Computed Tomography meeting the inclusion criteria were randomly assigned to control arm (ATB-Group): classical treatment (875/125 mg/8 h amoxicillin/clavulanic acid apart from anti-inflammatory and symptomatic treatment) or experimental arm (Non-ATB-Group): experimental treatment (antiinflammatory and symptomatic treatment). Clinical controls were performed at 2, 7, 30, and 90 days. The primary endpoint was hospital admission. Secondary endpoints included number of emergency department revisits, pain control and emergency surgery in the different arms.

Results: Four hundred and eighty patients meeting the inclusion criteria were randomly assigned to Non-ATB-Group (n = 242) or ATB-Group (n = 238). Hospitalization rates were: ATB-Group 14/238 (5.8%) and Non-ATB-Group 8/242 (3.3%) [mean difference 2.58%, 95% confidence interval (CI) 6.32 to -1.17], confirming noninferiority margin. Revisits: ATB-Group 16/238 (6.7%) and Non-ATB-Group 17/242 (7%) (mean difference - 0.3, 95% CI 4.22 to -4.83). Poor pain control at 2 days follow up: ATB-Group 13/230 (5.7%), Non-ATB-Group 5/221 (2.3%) (mean difference 3.39, 95% CI 6.96 to -0.18).

Conclusions: Nonantibiotic outpatient treatment of mild AD is safe and effective and is not inferior to current standard treatment.

Trial registration: ClinicalTrials.gov (NCT02785549); EU Clinical Trials Register (2016-001596-75).

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 12.969

Quartil/Decil: 1

Categoria: Surgery

Posició: 2/211



Bernabeu García A, De la Cruz Verdun J, Suñol Sala X.

Cholecystitis enfisematous suspected SARS-CoV-2 infection.

Cir Esp (Engl Ed). 2021 Aug- Sep;99(7):538. doi: 10.1016/j.cireng.2021.06.003. Epub 2021 Jun 23. PMID: 34172414; PMCID: PMC8221043.

Abstract

The patient is an 82-year-old woman with cirrhosis of the liver due to hepatitis C, portal hypertension, heart failure and chronic kidney disease, who reported functional impairment, vomiting and pain in the right upper quadrant over the previous three days. Lab work-up showed neutrophilia, metabolic acidosis and CRP 13.09. Contrast-enhanced abdominal CT showed bilateral, peripheral and basal pulmonary ground glass opacities suggestive of SARS-CoV-2, although the PCR was negative. The gallbladder was distended, with air-filled walls and biliary sludge, and perihepatic and pelvic fluid were observed. Surgery was ruled out due to high risk of morbidity and mortality. Conservative treatment with antibiotics was agreed upon, and the patient died 24 h after admission. Diagnosis: emphysematous cholecystitis

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.653 Quartil: 3

Categoria: Surgery

Posició: 2/211

Madrazo González Z, Osorio Aguilar J, Videla Cés S, Sainz Villacampa B, Rodríguez-González A, Campos Serra A, Santamaría Gómez M, Pelegrina Manzano A, González-Serrano C, Aldeano Martín A, Sarriugarte Lasarte A, Gómez-Díaz CJ, Ruiz-Luna D, García-Ruiz-de-Gordejuela A, Gómez-Gavara C, Gil-Barrionuevo M, **Vila Tura M**, Clavell Font A, Campillo Alonso B, Millán Paredes L, Olona Casas C, Sánchez-Cordero S, Medrano Caviedes R, López-Arévalo CA, Pérez-Romero N, Artigau Nieto E, Calle Baraja M, Echenagusia Serrats V, Otero González A, Tebé Cordoní C, Pallarès Fontanet N, Biondo S; COVID-CIR Collaborative Group.

P-POSSUM as mortality predictor in COVID-19-infected patients submitted to emergency digestive surgery. A retrospective cohort study.

Int J Surg. 2021 Nov 10:106171. doi: 10.1016/j.ijisu.2021.106171. Epub ahead of print. PMID: 34774727.

Abstract

Background: COVID-19 infection is associated with a higher mortality rate in surgical patients, but surgical risk scores have not been validated in the emergency setting. [Reviewer #1, Comment #2] [Reviewer #2, Comment #1] We aimed to study the capacity for postoperative mortality prediction of the P-POSSUM score in COVID-19-positive patients submitted to emergency general and digestive surgery.

Material and methods: Consecutive patients undergoing emergency general and digestive surgery from March to June 2020, and from March to June 2019 in 25 Spanish hospitals were included in a retrospective cohort study.

Main outcome: 30-day mortality. P-POSSUM discrimination was quantified by the area under the curve (AUC) of ROC curves; calibration was assessed by linear regression slope (β estimator); and sensitivity and specificity were expressed as percentage and 95% confidence interval (CI).

Results: 4988 patients were included: 177 COVID-19-positive; 2011 intra-pandemic COVID-19-negative; and 2800 pre-pandemic. COVID-19-positive patients were older, with higher surgical risk, more advanced pathologies, and higher P-POSSUM values (1.79% vs. 1.09%, $p < 0.001$, [Reviewer #2, Comment #6] in both the COVID-19-negative and control cohort). 30-day mortality in the COVID-19-positive, intra-pandemic COVID-19-negative and pre-pandemic cohorts were: 12.9%, 4.6%, and 3.2%. The P-POSSUM predictive values in the three cohorts were, respectively: AUC 0.88 (95% CI 0.81-0.95), 0.89 (95% CI 0.87-0.92), and 0.91 (95% CI 0.88-0.93); β value 0.97 (95% CI 0.74-1.2), 0.99 (95% CI 0.82-1.16), and 0.78 (95% CI 0.74-0.82); sensitivity 83% (95% CI 61-



95), 91% (95% CI 84-96), and 89% (95% CI 80-94); and specificity 81% (95% CI 74-87), 76% (95% CI 74-78), and 80% (95% CI 79-82).

Conclusion: The P-POSSUM score showed a good [Reviewer #2, Comment #9] predictive capacity for postoperative mortality in COVID-19-positive patients submitted to emergency general and digestive surgery.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.071 Quartil/Decil: 1

Categoria: Surgery

Posició: 15/211

CIRURGIA ORTOPEDICA I TRAUMATOLOGIA – ORTHOPAEDIC SURGERY

Ballester-Alomar M, Lucar-López G, Bugallo F, March-Sorribes G, Revuri P, Guevara Noriega KA.

Edema óseo secundario a lesiones ligamentarias de tobillo. Hallazgos en las imágenes de resonancia magnética.

Rev. Asoc. Arg. Ort. y Traumatol. 2021;86(1):17-2.

Abstract

Introducción: El esguince agudo de tobillo es una de las lesiones musculoesqueléticas más frecuentes. Su creciente estudio con resonancia magnética llevado a una mayor detección de edema óseo. El edema óseo por contusión consiste en una fractura ósea subcondral microtrabecular del hueso esponjoso junto con hemorragia local y edema. El objetivo de este estudio fue analizar una posible relación estadística entre la lesión ligamentaria de tobillo y la localización del edema óseo.

Materiales y Métodos: Entre 2016, 2018, se analizaron 50 resonancias de pacientes con diagnóstico clínico de esguince sin lesión ósea en la radiografía. Dos radiólogos independientes analizaron las secuencias T1 y T2 en los planos coronal, axial y sagital. Se comparó la localización del edema óseo y las lesiones ligamentarias con el fin de encontrar posibles asociaciones.

Resultados: No hubo diferencias en la presencia del edema óseo en relación con el ligamento lesionado como consecuencia de un esguince de tobillo ($p > 0,05$). En general, el edema óseo fue más frecuente en la cabeza y el cuello del astrágalo (64%). No se halló una relación estadística entre la localización del edema óseo y el ligamento lesionado ($p > 0,05$).

Conclusiones: El edema óseo es un hallazgo frecuente en la resonancia magnética después de una lesión ligamentaria a causa de esguinces de tobillo; sin embargo, no hay evidencia de una relación entre la localización del edema y el ligamento lesionado.

Nivel de Evidencia: II

Guirao-Cano L, Samitier-Pastor B, **Tibau-Olivan R, Alós-Villacrosa J.**

Mejora de la funcionalidad en el paciente amputado transfemoral con el implante Keep Walking.

Rev. Esp. Traumatol Lab. 2021;4(1):55-65

Abstract

A pesar de los avances de la medicina y el énfasis en la prevención de las enfermedades, las amputaciones continúan siendo prevalentes en nuestra sociedad. Uno de los factores que se han relacionado con el éxito de



las protetizaciones es el nivel de amputación y la capacidad de apoyo distal ofrece también mayores oportunidades de éxito. El objetivo fue realizar un estudio en pacientes transfemorales con un implante de carga distal y valorar la funcionalidad. Se diseñó un estudio de tipo antes-después en 29 pacientes donde se valoraron los resultados a los 14 meses tras la cirugía del implante. La muestra final fue de 23 pacientes. De los 23 participantes en el estudio, el 88% fueron hombres y el 22% mujeres, con una edad media de $51,3 \pm 15,2$ años. La etiología de la amputación fue traumática en 11 pacientes (48%), enfermedad vascular periférica en 9 (39%) y enfermedad oncológica en 3 (13%). Los resultados del estudio demostraron mejoras significativas en la distancia recorrida (103,6 vs. 128 m) y la velocidad de la marcha (0,86 vs. 1,06 m/s), el dolor (2,7 vs. 0,3), el consumo de oxígeno (18,3 vs. 20 mL/kg/min), así como en el número de horas de uso protésico (10,7 vs. 12,8 h). La conclusión es que el implante de carga distal mejora la funcionalidad en los pacientes transfemorales a los 14 meses de la cirugía.

Ballester Alomar M.

Todo lo que nos puede aportar la tomografía axial computarizada en carga en los problemas del pie y el tobillo.

Mon Act Soc Esp Med Cir Pie Tobillo. 2021;13:11-6. doi: 10.24129/j.mact.1301.fs2105003.

Introducción

Dos aspectos clave en la mejora global de los resultados de las patologías de pie y tobillo son el perfeccionamiento de las técnicas de diagnóstico y la mejora de las técnicas quirúrgicas.

La tomografía axial computarizada (TAC) en carga del pie y el tobillo es una técnica diagnóstica que ha emergido en los últimos años y que se impondrá como una futura herramienta diagnóstica para entender y diagnosticar mejor los problemas y patologías que afectan al pie y al tobillo.

CIRURGIA VASCULAR – VASCULAR SURGERY

Nº Articles indexats: 1

Factor Impacte total: 3.619

Factor d'impacte liderat: 0

Langhoff R, Arjumand J, Waliszewski M, Reimer P, Härtel D, Hohl C, Raut W, Romani S, Alós J, Martínez E, Schmidt A, Yahya SA, Riazi H, Korosoglou G.

The Real-World CONSEQUENT ALL COMERS Study: Predictors for Target Lesion Revascularization and Mortality in an Unselected Patient Population.

Angiology. 2021 Mar 29;33:19721997314. doi: 10.1177/0003319721997314. Epub ahead of print. PMID: 33779291.

Abstract

We evaluated the safety and efficacy of a resveratrol-paclitaxel-coated peripheral balloon catheter in an all-comer patient cohort undergoing endovascular treatment of above-the-knee and below-the-knee peripheral artery disease. CONSEQUENT ALL COMERS (Clinical Post-Market Clinical Follow-up [PMCF] on Peripheral Arteries treated with SeQuent Please OTW [Over-the Wire]) is a prospective, single-arm, multicenter observational study (ClinicalTrials Identifier: NCT02460042). The primary end point was the 12-month target lesion revascularization (TLR) rate. Secondary end points included vessel patency, target vessel revascularization, and all-cause mortality. A total of 879 lesions in 784 consecutive patients (71.3 ± 10.4 years old, 57.7% male) were analyzed; 53.3% had claudication, whereas the remaining 46.7% exhibited critical limb ischemia (CLI). Substantial comorbidities were present, including diabetes mellitus (41.2%), smoking (66.1%), and coronary artery disease (33.9%). Lesion length (879 lesions) was 12.0 ± 9.3 cm and 31.8% were Transatlantic Inter-Society Consensus II C/D lesions. The overall technical success rate of the 1269 drug-coated balloon (DCB)'s used was 99.6% (1.60 ± 0.79 DCB's/patient). At 12 months, the TLR rates were 6.3% in patients with CLI and 9.6% in claudicants, with a



primary patency rate of 89.9% and 87.1%, respectively. All-cause mortality was 4.3% (28/658). The most important predictors for TLR were female gender, in-stent restenosis at baseline and lesion length.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.619

Quartil: 2

Categoria: Peripheral Vascular Disease

Posició: 25/65

DIGESTIU - GASTROENTEROLOGY

Nº Articles indexats: 2

Factor Impacte total: 14.385

Factor d'impacte liderat: 10.093

Castillo-Regalado E, Huertas C, Torrealba L, Hombrados M, Figa M, Busquets D, Uchima H.

Endoscopic full-thickness resection in the rectum closed with PolyLoop-and-clips method using single-channel endoscope.

Endoscopy. 2021 Feb 19. doi: 10.1055/a-1352-2356. Epub ahead of print. PMID: 33607659.

Abstract

Endoscopic submucosal dissection (ESD) allows en bloc resection regardless of tumor size. It is an effective but technically demanding procedure, with perforation rates of about 5%. Nevertheless, the safety profile is adequate, because almost all ESD complications can be managed endoscopically and the risk of surgery related to post-ESD complications (1 %) is low. The European Society of Gastrointestinal Endoscopy recommends the use of through-the-scope clips for iatrogenic perforations < 10mm and consideration of the use of the over-the-scope clip for defects > 10mm, nonetheless larger iatrogenic perforations or failed closure may require surgical repair. Another purse-string suture technique to close the perforations using a dual-channel endoscope with a PolyLoop (Olympus, Tokyo, Japan) and clips has been described.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 10.093

Quartil/Decil: 1

Categoria: Surgery

Posició: 5/211

Chaparro M, Garre A, Núñez Ortiz A, Diz-Lois Palomares MT, Rodríguez C, Riestra S, Vela M, Benítez JM, Fernández Salgado E, Sánchez Rodríguez E, Hernández V, Ferreiro-Iglesias R, Ponferrada Díaz Á, Barrio J, Huguet JM, Sicilia B, Martín-Arranz MD, Calvet X, Ginard D, Alonso-Abreu I, Fernández-Salazar L, Varela Trastoy P, Rivero M, Vera-Mendoza I, Vega P, Navarro P, Sierra M, Cabriada JL, Aguas M, Vicente R, Navarro-Llavat M, Echarri A, Gomollón F, Guerra Del Río E, Piñero C, Casanova MJ, Spicakova K, Ortiz de Zarate J, Torrella Cortés E, Gutiérrez A, Alonso-Galán H, Hernández-Martínez Á, Marrero JM, Lorente Poyatos R, Calafat M, Martí Romero L, Robledo P, Bosch O, Jiménez N, Esteve Comas M, Duque JM, Fuentes Coronel AM, **Josefa Sampedro M**, Sesé Abizanda E, Herreros Martínez B, Pozzati L, Fernández Rosáenz H, Crespo Suarez B, López Serrano P, Lucendo AJ, Muñoz Vicente M, Bermejo F, Ramírez Palanca JJ, Menacho M, Carmona A, Camargo R, Torra Alsina S, Maroto N, Nerín de la Puerta J, Castro E, Marín-Jiménez I, Botella B, Sapiña A, Cruz N, Forcelledo JLF, Bouhmidí A, Castañón-Milla C, Opio V, Nicolás I, Kutz M, Abrales Bechiarelli A, Gordillo J, Ber Y, Torres Domínguez Y, Novella Durán MT, Rodríguez Mondéjar S, Martínez-Cerezo FJ, Kolle L, Sabat M, Ledezma C, Iyo E, Roncero Ó, Irisarri R, Lluís L, Blázquez Gómez I, Zapata EM, José Alcalá M, Martínez Pascual C, Montealegre M, Mata L, Monrobel A, Hernández Camba A, Hernández L, Tejada M, Mir A, Galve ML, Soler M, Hervías D, Gómez-Valero JA, Barreiro-de Acosta M, Rodríguez-Artalejo F, García-Esquinas E, Gisbert JP, On Behalf Of The Epidemiology Study Group Of Getecu. Incidence,



Clinical Characteristics and Management of Inflammatory Bowel Disease in Spain: Large-Scale Epidemiological Study.

J Clin Med. 2021 Jun 29;10(13):2885. doi: 10.3390/jcm10132885. PMID: 34209680; PMCID: PMC8268420.

Abstract

Aims: To assess the incidence of inflammatory bowel disease (IBD) in Spain, to describe the main epidemiological and clinical characteristics at diagnosis and the evolution of the disease, and to explore the use of drug treatments.

Methods: Prospective, population-based nationwide registry. Adult patients diagnosed with IBD-Crohn's disease (CD), ulcerative colitis (UC) or IBD unclassified (IBD-U)-during 2017 in Spain were included and were followed-up for 1 year.

Results: We identified 3611 incident cases of IBD diagnosed during 2017 in 108 hospitals covering over 22 million inhabitants. The overall incidence (cases/100,000 person-years) was 16 for IBD, 7.5 for CD, 8 for UC, and 0.5 for IBD-U; 53% of patients were male and median age was 43 years (interquartile range = 31-56 years). During a median 12-month follow-up, 34% of patients were treated with systemic steroids, 25% with immunomodulators, 15% with biologics and 5.6% underwent surgery. The percentage of patients under these treatments was significantly higher in CD than UC and IBD-U. Use of systemic steroids and biologics was significantly higher in hospitals with high resources. In total, 28% of patients were hospitalized (35% CD and 22% UC patients, $p < 0.01$).

Conclusion: The incidence of IBD in Spain is rather high and similar to that reported in Northern Europe. IBD patients require substantial therapeutic resources, which are greater in CD and in hospitals with high resources, and much higher than previously reported. One third of patients are hospitalized in the first year after diagnosis and a relevant proportion undergo surgery.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.292

Quartil: 1

Categoria: Medicine, General & Internal

Posició: 35/315

ENDOCRINOLOGIA– ENDOCRINOLOGY

Nº Articles indexats: 1

Factor Impacte total: 7.561

Factor d'impacte liderat: 0

Teniente-Serra A, **Pizarro E**, Quirant-Sánchez B, Fernandez MA, Vives-Pi M, Martínez-Caceres EM.

Identifying Changes in Peripheral Lymphocyte Subpopulations in Adult Onset Type 1 Diabetes.

Front. Immunol., 06 December 2021 | <https://doi.org/10.3389/fimmu.2021.784110>

Abstract

T- and B-lymphocytes play an important role in the pathogenesis of type 1 diabetes (T1D), a chronic disease caused by the autoimmune destruction of the insulin-producing cells in the pancreatic islets. Flow cytometry allows their characterization in peripheral blood, letting to investigate changes in cellular subpopulations that can provide insights in T1D pathophysiology. With this purpose, CD4+ and CD8+ T cells (including naïve, central memory, effector memory and terminally differentiated effector (TEMRA), Th17 and Tregs) and B cells subsets (naïve, unswitched memory, switched memory and transitional B cells) were analysed in peripheral blood of adult T1D patients at disease onset and after ≥ 2 years using multiparametric flow cytometry. Here we report changes in the percentage of early and late effector memory CD4+ and CD8+ T cells as well as of naïve subsets, regulatory T cells and transitional B cells in peripheral blood of adult patients at onset of T1D when compared with HD. After 2 years follow-up these changes were maintained. Also, we found a decrease in percentage of Th17 and numbers of T cells with baseline. In order to identify potential biomarkers of disease, ROC curves were performed being late EM CD4 T cell subset the most promising candidate. In conclusion, the observed changes



in the percentage and/or absolute number of lymphocyte subpopulations of adult T1D patients support the hypothesis that effector cells migrate to the pancreas and this autoimmune process perseveres along the disease. Moreover, multiparametric flow allows to identify those subsets with potential to be considered biomarkers of disease.

drugs.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 7.561

Quartil: 1

Categoria: Immunology

Posició: 24/162

FARMÀCIA - PHARMACY

Nº Articles indexats: 2

Factor Impacte total: 2.709

Factor d'impacte liderat: 1.652

Crespo Martínez CL, Romero Jiménez RM, Vázquez-López C, **Pérez-Cordón L**, Vallinas Hidalgo S, Bravo José P. **Recomendaciones para la administración de antineoplásicos e inmunomoduladores orales por sonda enteral en oncohematología.**

Nutr Hosp. 2021 Sep 20. Spanish. doi: 10.20960/nh.03736. Epub ahead of print. PMID: 34538058

Abstract

Introduction and objective: in recent years, the number of oral antineoplastic and immunomodulating drugs in oncohematology has increased enormously. Often, these drugs must be administered to patients with enteral tube feeding or swallowing disorders, which causes safety problems when handling these drugs (many of them are classified as hazardous drugs). In addition, it is important to note that the administration of these drugs can also interact with enteral nutrition (EN). The objective of this study was to review and update the recommendations for the administration and handling of oral antineoplastic and immunomodulating drugs.

Method: a Working Group made up of pharmacists from the Pharmacy Group of The Spanish Society of Clinical Nutrition and Metabolism (SENPE) and the Clinical Nutrition Group of The Spanish Society of Hospital Pharmacy (SEFH) was created. A bibliographic review was carried out between 2015 and 2020 on the administration and handling of oral antineoplastic and immunomodulating drugs in oncohematology. The information about pharmaceutical specialties, dosage, presentation, brand names, instructions for oral or enteral tube administration, interactions with EN, precautions, and remarks for handling and administration was analyzed.

Results: a total of 77 active principles and 84 pharmaceutical forms were included. Recommendations and instructions for oral, nasogastric tube, and gastrostomy administration, handling of the antineoplastic and immunomodulating drugs, and interactions with EN were described.

Conclusions: the handling and administration information about the oral antineoplastic and immunomodulating drugs currently used in oncohematology for people with enteral accesses or swallowing disorders is limited. It is important to perform post-marketing studies to ensure a safe and effective administration of these drugs.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.057

Quartil: 4

Categoria: Nutrition & dietetics

Posició: 77/88

Miarons M, Marin S, **Amenos I**, **Campins L**, **Rovira M**, **Daza M**.

Pharmaceutical interventions in the emergency department: cost-effectiveness and cost-benefit analysis.

Eur J Hosp Pharm. 2021;28(3):133-38. doi: 10.1136/ejhpharm-2019-002067.

Abstract



Objective: It has been shown that pharmacists, as members of multidisciplinary patient care teams, can decrease the number of medicine errors. The objective of the present study was to analyse pharmaceutical interventions (PI) in emergency departments, to assess their clinical relevance, the cost-effectiveness and the potential economic benefits.

Methods: We designed a 5-month observational prospective study of PI in the emergency department (ED) of a 330-bed hospital in Spain. We analysed PI made by a pharmacist during a period of 3 hours a day from Monday to Friday in the ED, and classified detected medication errors according to their relevance and severity using the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) severity index, and whether or not the drug involved was on the High-Alert Medications Institute for Safe Medication Practices (ISMP) list. We used statistical analysis to study the relationship between the relevance of PI and age, gender, the number of interventions per patient, and whether or not the drug was on the High-Alert Medications ISMP list. We also estimated the incremental cost incurred for each PI (cost-effectiveness) and the potential economic benefits (cost-benefit).

Results: A total of 529 interventions for 390 patients (median age 72.7 +/- 8.6 years, 53.1% women) were performed during the study period, representing 1.4 interventions per patient with an acceptance rate of 84.9%. Of all potential medication errors, 112 (21.2%) were related to drugs on the High-Alert Medications ISMP list, and using the NCC MERP severity index, we found that 150 (28.3%) of those errors could cause harm. We also found a relationship between patients on high-risk medications according to the ISMP and the relevance of PI. Finally, this study showed an incremental cost for each PI of 20.23 Euros and a cost-benefit ratio of 3.46 Euros per intervention.

Conclusion: These results show that clinical pharmacist can positively identify and reduce medication errors and costs associated, considering the number of interventions observed and those of clinical relevance. Based on these results, drug safety therapy in the ED can be improved by the revision of prescriptions by a clinical pharmacist.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.652

Quartil: 4

Categoria: Pharmacology & Pharmacy

Posició: 242/276

Miró-Meda JM, Sisó-Almirall A, Pujol-Rojo M, Almirante-Grajera B, Ramos-Casals M, Carreras-Molas A, Puig-Capmany M, Benavent-Areu J, Roig-González T, **Campins-Bernadàs LI**, Paredes-Deiros R, Masclans-Enviz, JM, Castillo-Villegas D, Pontes-García C, Vallano-Ferraz A.

Tractament farmacològic de la infecció per SARSCoV-2. Recomanacions de tractament farmacològic de pacients adults amb infecció per SARS-CoV-2 a l'àmbit del SISCAT.

Servei Català de la Salut. Gerència del Medicament. 19a edició: Barcelona, novembre 2021. 47p. Disponible a: https://canalsalut.gencat.cat/web/.content/_A-Z/C/coronavirus-2019-ncov/material-divulgatiu/protocol-tractament-SARSCoV2.pdf

Context

Per al tractament de la infecció per SARS-CoV-2, es disposa d'assaigs clínics controlats que permeten realitzar recomanacions basades en l'evidència. Actualment s'estan duent a terme encara nombrosos estudis que es comuniquen constantment, en ocasions en revistes científiques, però sovint mitjançant comunicacions preliminars no revisades per parells, en proves prèvies a la publicació o, fins i tot, en comunicacions lliures en forma de notes de premsa o en xarxes socials. En aquest context, la presa de decisions s'ha de basar en la millor informació disponible, amb el suport de les recomanacions de grups d'experts, i amb l'experiència clínica adquirida en el tractament de la malaltia.



Per a l'elaboració d'aquest document la referència clau són les avaluacions de l'Agència Europea del Medicament (EMA), els documents tècnics del Ministeri de Sanitat per al maneig clínic de pacients amb COVID-19, les disposicions i consideracions sobre els tractaments disponibles de l'Agència Espanyola de Medicaments i Productes Sanitaris (AEMPS), el protocol farmacoclínic d'ús de remdesivir del Ministeri de Sanitat i els documents per a professionals del CatSalut sobre el SARS-CoV-2. D'altra banda, la constitució de la Comissió Assessoradora per al Tractament Farmacològic de la Infecció per SARS-CoV-2 del CatSalut permet incloure en aquest document la valoració de l'evidència disponible, la perspectiva assistencial i l'experiència clínica acumulada en el transcurs de la pandèmia en el nostre context.

L'objectiu d'aquest document és resumir les recomanacions per al maneig i tractament farmacològic dels pacients amb infecció per SARSCoV-2 i fer-ne una actualització freqüent d'acord amb l'aparició de novetats científiques i tenint en compte el context d'incertesa terapèutica associat encara a la malaltia. Així mateix, també s'inclou informació pràctica de maneig dels fàrmacs per als professionals sanitaris. Cal considerar que les pautes reflectides en aquest document s'han d'adaptar de manera individualitzada en funció de les característiques, edat i comorbiditats del pacient i que cal aplicar el judici clínic a la individualització del tractament. És necessari fer una valoració acurada dels beneficis potencials i dels tractaments i dels riscos associats als medicaments, i sempre considerar les característiques del pacient quant a morbiditat de base i factors de risc.

Tractament farmacològic de la infecció per SARS-CoV-2 5 de novembre de 2021 (versió 19) 6/47 Així, pot estar justificada una actitud terapèutica més intensa en els pacients que tenen una malaltia més greu, a diferència dels casos més lleus, on el millor pronòstic redueix la magnitud del benefici esperat, o dels pacients més fràgils i amb comorbiditats, més vulnerables a les reaccions adverses dels medicaments. En l'entorn actual d'incertesa en l'ús dels tractaments, és clau notificar les sospites de reaccions adverses relacionades amb els medicaments que s'estan utilitzant, així com consultar les notificacions que s'hagin realitzat als centres de farmacovigilància. L'AEMPS publica periòdicament un resum de les sospites de reaccions adverses notificades amb tractaments per a la COVID-19. A més, seria recomanable que totes les intervencions terapèutiques fora de les recomanacions oficials i sense evidència prèvia, s'inscriguessin en protocols de recerca. En aquest sentit, des de l'AEMPS s'anima a realitzar assaigs clínics per generar coneixement dels medicaments utilitzats en el tractament de persones afectades per SARS-CoV-2 dels quals encara no es disposa d'evidència científica robusta. Per aquest motiu, posa a disposició les adreces de correu electrònic següents: innov_spain@aemps.es, ascina@aemps.es o aecaem@aemps.es. La Gerència del Medicament del CatSalut (harmonitzacioMHDA@catsalut.cat) s'ofereix com a suport per a l'elaboració de protocols de recerca i facilitar el contacte amb l'AEMPS per a la seva posada en marxa. Finalment, en aquesta situació de canvi, les recomanacions d'aquest document queden subjectes a la publicació de noves evidències i a les modificacions dels protocols d'organització sanitària i d'atenció als malalts amb COVID-19 del sistema sanitari de Catalunya.

GERIATRIA– GERIATRICS

Nº Articles indexats: 1

Factor Impacte total: 0

Factor d'impacte liderat: 0

Cancio JM, Capdevila-Reniu A, Casanova T, Cuadra L, Ivanov A, **Llopis A**, Santiago JM, Sopena E
Perfil asistencial del paciente con osteoporosis tributario de visita de telemedicina en la era post-COVID-19.
 Rev Osteoporos Metab Miner. 2021;13(1):41-46

Abstract

Objetivo: Definir el perfil del paciente con osteoporosis candidato y no candidato a la asistencia en la teleconsulta de osteoporosis, en la era post-COVID-19. Propuesta de un protocolo de manejo para su seguimiento ambulatorio.

Métodos: Hemos realizado una revisión bibliográfica mediante una búsqueda sistemática en las bases de datos de Pubmed.gov de la evidencia disponible de artículos en inglés y español con fecha de inclusión hasta octubre



del 2020 siguiendo las recomendaciones del sistema GRADE (Grading of Recommendations, Assessment, Development and Evaluation). Base de datos cuyo objetivo es la localización y recuperación de información relevante para esta revisión de forma actualizada.

Resultados: El perfil del paciente candidato a teleconsulta sería aquel paciente con historia de osteoporosis, que conoce su enfermedad, con tratamiento y que precisa de seguimiento. La COVID-19 se ha dado en un contexto en el que las principales causas de mortalidad son las enfermedades crónicas y la necesidad de protegerse frente a la transmisión.

Conclusiones: Proponemos un consenso del manejo de dicho paciente, con apartados diferenciados para las distintas etapas del proceso asistencial telemático, que ayude a la toma de decisiones clínicas y que sirva de ayuda en el proceso de seguimiento y adherencia terapéutica, y, por tanto, en la optimización de recursos asistenciales.

Indexat a: WOS

HEMATOLOGIA – HEMATOLOGY

Nº Articles indexats: 3

Factor Impacte total: 8.699

Factor d'impacte liderat: 0

García de Gadiana-Romualdo L, Morell-García D, Morales-Indiano C, Bauça JM, Alcaide Martín MJ, Esparza Del Valle C, Gutiérrez Revilla JI, Urrechaga E, Álamo JM, Hernando Holgado AM, Lorenzo-Lozano MC, Sánchez Fdez-Pacheco S, de la Hera Cagigal P, Juncos Tobarra MA, Vílchez JA, Vírseda Chamorro I, Gutiérrez García I, Pastor Murcia Y, Sahuquillo Frías L, Altimira Queral L, Nuez-Zaragoza E, Adell Ruiz de León J, **Ruiz Ripa A**, Salas Gómez-Pablos P, Cebreiros López I, Fernández Uriarte A, Larruzea Á, López Yepes ML, Esteban Torrella P, Zamorano Andrés MC, Pedregosa Díaz J, Acevedo Alcaraz C, Blazquez-Manzanera AL, Padilla Jiménez AML, Baamonde Calzada MC, Vera M, Cháfer Rudilla M, Canalda Campás M, García Muñoz S, Vicente Gutiérrez L, Jiménez Añón L, Pérez Martínez A, Pons Castillo A, González Tamayo R, Ferriz Vivancos J, Rodríguez-Fraga O, Ferrer Díaz de Brito Fernández V, Aguadero V, García Arévalo MG, Arnaldos Carrillo M, González Morales M, Núñez Gárate M, Ruiz Iruela C, Sancho-Rodríguez N, Vila Pérez M, Egea-Caparrós JM, Sáenz L, Blasco Barbero Á, Galán Ortega A. **Characteristics and laboratory findings on admission to the emergency department among 2873 hospitalized patients with COVID-19: the impact of adjusted laboratory tests in multicenter studies. A multicenter study in Spain (BIOCOVID- Spain study).**

Scand J Clin Lab Invest. 2021 May;81(3):187-193. doi: 10.1080/00365513.2021.1881997. Epub 2021 Feb 16. PMID: 33591234; PMCID: PMC7898295.

Abstract

Identification of predictors for severe disease progression is key for risk stratification in COVID-19 patients. We aimed to describe the main characteristics and identify the early predictors for severe outcomes among hospitalized patients with COVID-19 in Spain. This was an observational, retrospective cohort study (BIOCOVID-Spain study) including COVID-19 patients admitted to 32 Spanish hospitals. Demographics, comorbidities and laboratory tests were collected. Outcome was in-hospital mortality. For analysis, laboratory tests values were previously adjusted to assure the comparability of results among participants. Cox regression was performed to identify predictors. Study population included 2873 hospitalized COVID-19 patients. Nine variables were independent predictors for in-hospital mortality, including creatinine (Hazard ratio [HR]:1.327; 95% Confidence Interval [CI]: 1.040-1.695, p = .023), troponin (HR: 2.150; 95% CI: 1.155-4.001; p = .016), platelet count (HR: 0.994; 95% CI: 0.989-0.998; p = .004) and C-reactive protein (HR: 1.037; 95% CI: 1.006-1.068; p = .019). This is the first multicenter study in which an effort was carried out to adjust the results of laboratory tests measured with different methodologies to guarantee their comparability. We reported a comprehensive information



about characteristics in a large cohort of hospitalized COVID-19 patients, focusing on the analytical features. Our findings may help to identify patients early at a higher risk for an adverse outcome.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.713

Quartil: 4

Categoria: Medicine, Research & Experimental

Posició: 119/140

García de Gadiana-Romualdo L, Morell-García D, Rodríguez-Fraga O, Morales- Indiano C, María Lourdes Padilla Jiménez A, Gutiérrez Revilla JI, Urrechaga E, Álamo JM, Hernando Holgado AM, Lorenzo-Lozano MDC, Sánchez Fdez-Pacheco S, de la Hera Cagigal P, Juncos Tobarra MÁ, Vílchez JA, Vírseda Chamorro I 1st, Gutiérrez Garcia I, Pastor Murcia Y, Sahuquillo Frías L, Altimira Queral L, Nuez-Zaragoza E, Adell Ruiz de León J, **Ruiz Ripa A**, Salas Gómez-Pablos P, Cebreiros López I,j Fernández Uriarte A, Larruzea Á, López Yepes ML, Sancho-Rodríguez N, Zamorano Andrés MC, Pedregosa Díaz J, Acevedo Alcaraz C, Blázquez Manzanera AL, Pérez Sanmartín S, Baamonde Calzada MDC, Vera M, Valera Nuñez E, Canalda Campás M, García Muñoz S, Bauça JM, Vicente Gutiérrez L, Jiménez Añón L, Pérez Martínez A, Pons Castillo A, González Tamayo R, Ferriz Vivancos J, José Alcaide Martín M, Ferrer Díaz de Brito Fernández V, Aguadero V, García Arévalo MG, Arnaldos Carrillo M, González Morales M, Núñez Gárate M, Ruiz Iruela C, Esteban Torrella P, Vila Pérez M, Egea-Caparrós JM, Sáenz L, Galán Ortega A, Consuegra-Sánchez L.

Cardiac troponin and COVID-19 severity: Results from BIOCOVID study.

Eur J Clin Invest. 2021 Jun;51(6):e13532. doi: 10.1111/eci.13532. Epub 2021 Mar 15. PMID: 33660278; PMCID: PMC7995181.

Abstract

Background: Myocardial injury is a common finding in COVID-19 strongly associated with severity. We analysed the prevalence and prognostic utility of myocardial injury, characterized by elevated cardiac troponin, in a large population of COVID-19 patients, and further evaluated separately the role of troponin T and I.

Methods: This is a multicentre, retrospective observational study enrolling patients with laboratory-confirmed COVID-19 who were hospitalized in 32 Spanish hospitals. Elevated troponin levels were defined as values above the sex-specific 99th percentile upper reference limit, as recommended by international guidelines. Thirty-day mortality was defined as endpoint.

Results: A total of 1280 COVID-19 patients were included in this study, of whom 187 (14.6%) died during the hospitalization. Using a nonspecific sex cut-off, elevated troponin levels were found in 344 patients (26.9%), increasing to 384 (30.0%) when a sex-specific cut-off was used. This prevalence was significantly higher (42.9% vs 21.9%; $P < .001$) in patients in whom troponin T was measured in comparison with troponin I. Sex-specific elevated troponin levels were significantly associated with 30-day mortality, with adjusted odds ratios (ORs) of 3.00 for total population, 3.20 for cardiac troponin T and 3.69 for cardiac troponin I.

Conclusion: In this multicentre study, myocardial injury was a common finding in COVID-19 patients. Its prevalence increased when a sex-specific cut-off and cardiac troponin T were used. Elevated troponin was an independent predictor of 30-day mortality, irrespective of cardiac troponin assay and cut-offs to detect myocardial injury. Hence, the early measurement of cardiac troponin may be useful for risk stratification in COVID-19.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.686

Quartil: 1

Categoria: Medicine, General & Internal

Posició: 36/167

García de Gadiana-Romualdo L, Morell-García D, Favalaro EJ, Vílchez JA, Bauça JM, Alcaide Martín MJ, Gutiérrez Garcia I, de la Hera Cagigal P, Egea- Caparrós JM, Pérez Sanmartín S, Gutiérrez Revilla JI, Urrechaga E, Álamo JM, Hernando Holgado AM, Lorenzo-Lozano MC, Canalda Campás M, Juncos Tobarra MA, Morales



Indiano C, Vírseda Chamorro I, Pastor Murcia Y, Sahuquillo Frías L, Altimira Queral L, Nuez-Zaragoza E, Adell Ruiz de León J, **Ruiz Ripa A**, Salas Gómez-Pablos P, Cebreiros López I, Fernández Uriarte A, Larruzea A, López Yepes ML, Sancho-Rodríguez N, Zamorano Andrés MC, Pedregosa Díaz J, Sáenz L, Esparza Del Valle C, Baamonde Calzada MC, García Muñoz S, Vera M, Martín Torres E, Sánchez Fdez-Pacheco S, Vicente Gutiérrez L, Jiménez Añón L, Pérez Martínez A, Pons Castillo A, González Tamayo R, Ferriz Vivancos J, Rodríguez-Fraga O, Díaz- Brito V, Aguadero V, García Arévalo MG, Arnaldos Carrillo M, González Morales M, Núñez Gárate M, Ruiz Iruela C, Esteban Torrella P, Vila Pérez M, Acevedo Alcaraz C, Blázquez-Manzanera AL, Galán Ortega A.

Harmonized D-dimer levels upon admission for prognosis of COVID-19 severity: Results from a Spanish multicenter registry (BIOCOVID-Spain study).

J Thromb Thrombolysis. 2021 Jul 16:1–10. doi: 10.1007/s11239-021-02527-y. Epub ahead of print. PMID: 34272635; PMCID: PMC8284690.

Abstract

Coagulopathy is a key feature of COVID-19 and D-dimer has been reported as a predictor of severity. However, because D-dimer test results vary considerably among assays, resolving harmonization issues is fundamental to translate findings into clinical practice. In this retrospective multicenter study (BIOCOVID study), we aimed to analyze the value of harmonized D-dimer levels upon admission for the prediction of in-hospital mortality in COVID-19 patients. All-cause in-hospital mortality was defined as endpoint. For harmonization of D-dimer levels, we designed a model based on the transformation of method-specific regression lines to a reference regression line. The ability of D-dimer for prediction of death was explored by receiver operating characteristic curves analysis and the association with the endpoint by Cox regression analysis. Study population included 2663 patients. In-hospital mortality rate was 14.3%. Harmonized D-dimer upon admission yielded an area under the curve of 0.66, with an optimal cut-off value of 0.945 mg/L FEU. Patients with harmonized D-dimer \geq 0.945 mg/L FEU had a higher mortality rate (22.4% vs. 9.2%; $p < 0.001$). D-dimer was an independent predictor of in-hospital mortality, with an adjusted hazard ratio of 1.709. This is the first study in which a harmonization approach was performed to assure comparability of D-dimer levels measured by different assays. Elevated D-dimer levels upon admission were associated with a greater risk of in-hospital mortality among COVID-19 patients, but had limited performance as prognostic test.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.300

Quartil: 3

Categoria: Peripheral Vascular Disease

Posició: 48/65

INFERMERIA– NURSING

Rodríguez-Comas F, Josep C, Robles-Perez A, Serra-Prat M, Palomera E, Boixeda R, Juanola J, Bardagí S, Giner J, Castillo JA, Almirall J, Vicente V, Duran A.

Desarrollo y validación de un cuestionario para evaluar el conocimiento de enfermedad asmática COAS(GEMPAC) en enfermos adultos.

Open Respir Archiv 2021;3(3): 100108. doi: <https://doi.org/10.1016/j.opresp.2021.100108>

Abstract:

La educación para la salud debe permitir un mayor control de la enfermedad asmática^{1, 2, 3}. Es necesario disponer de un cuestionario autoadministrado y que este facilite la tasa de respuesta⁴. Los objetivos de este estudio son: 1) desarrollar un cuestionario autoadministrado para la valoración del conocimiento de la enfermedad asmática (COAS) y un Grup d'Estudi del Maresme de la Pneumònia Adquirida a la Comunitat (GEMPAC) (subestudio 1). 2) Evaluar su comprensión y aceptabilidad (subestudio 2). 3) Desarrollar una prueba piloto para evaluar su fiabilidad y la validez (subestudio 3).

**MEDICINA DE FAMILIA – FAMILY MEDICINE**

Nº Articles indexats: 1

Factor Impacte total: 1.137

Factor d'impacte liderat: 1.137

Oyon J, Serra-Prat M, Ferrer M, Llinares A, Pastor N, Limón E, Rejón T, Ramírez S, Salietti A.**Psychosocial factors associated with frailty in the community-dwelling aged population with depression. A cross-sectional study.**

Aten Primaria. 2021 May;53(5):102048. doi: 10.1016/j.aprim.2021.102048. Epub 2021 Apr 1. PMID: 33813087; PMCID: PMC8050711.

Abstract**Objective:** There is a two-way relationship between frailty and depression, but the mechanisms by which one may influence the other are not well understood. The objective of this study was to evaluate the relationship between psychosocial factors and frailty in community-dwelling aged populations with depression.**Design:** Observational cross-sectional study. SITE: 5 primary care centres.**Participants:** Community-dwelling subjects with depression aged ≥70 years.**Main measurements:** Frailty status was established according to Fried criteria, depression and depression severity were evaluated by DSM-IV criteria and the Hamilton Depression Rating Scale, respectively, and psychosocial factors were assessed using the Gijón Social-Familial Evaluation Scale and ad hoc questionnaires.**Results:** Recruited were 338 subjects (mean age 77.2 years), 82% women and 36.1% rated as frail. A dose-response relationship was observed between depression severity and frailty risk. Widowhood was a risk factor for frailty, while a higher educational level, home internet, stairs in the home, and an active social life had a protective effect. A multivariate analysis showed that age, number of drugs, and depression severity were independent risk factors for frailty, while an active social life was a protective factor. The severity of depressive symptoms showed higher association with frailty than other clinical and socio-demographic characteristics.**Conclusions:** In depressed elderly subjects, frailty is associated with psychological factors such as the intensity of depressive symptoms and with social factors such as education level, widowhood, loneliness, and limited social life. More research is required to better understand the modifiable psychological risk factors for frailty.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.137

Quartil: 4

Categoria: Medicine, General & Internal

Posició: 130/167

Montero Alía JJ, Casanova Uclés A, Seda Gombau G, Gros Garcia T, Zurilla Leonarte E, Bartolomé Regué M, Jiménez González MM, Valentín Moya E, Rodríguez Álvarez MM, Rodríguez Gaspà L, Cid Andújar S, Champer Blasco A, Moreno Hernández I, Alcorta Vallejos S, Àrias Sáez X, Piró Ibáñez M, Torán Monserrat P.**Observatori de la medicina familiar i comunitària al Maresme (OMFaM): Impacte de la pandèmia COVID-19 sobre el burnout professional.**

But At Prim Cat 2021;39:16

Abstract

Els treballadors del sistema sanitari, amb una feina emocionalment intensa, recursos insuficients i estrès crònic, són especialment vulnerables a patir burnout. El desgast professional, conegut com burnout, va ser definit per Maslach i Jackson (1986) com: "síndrome d'esgotament emocional, despersonalització i baixa realització personal, que pot ocórrer entre individus que treballen amb persones". La pandèmia de la COVID-19 ha suposat un impacte aclaparador pels sistemes sanitaris i pel personal que treballa en ells. El metge cremat (burnt) està exposat a més errors mèdics, més absentisme i una baixa productivitat.



MEDICINA FISICA I REHABILITACIÓ - PHYSICAL MEDICINE & REHABILITATION

Nº Articles indexats: 3

Factor Impacte total: 21.563

Factor d'impacte liderat: 12.910

Garnacho-Castaño MV, Albesa-Albiol L, Serra-Payá N, Gomis Bataller M, **Pleguezuelos Cobo E**, Guirao Cano L, Guodemar-Pérez J, Carbonell T, Domínguez R, Maté-Muñoz JL.

Oxygen Uptake Slow Component and the Efficiency of Resistance Exercises.

J Strength Cond Res. 2021 Apr 1;35(4):1014-1022. doi: 10.1519/JSC.0000000000002905. PMID: 30335719.

Abstract

Garnacho-Castaño, MV, Albesa-Albiol, L, Serra-Payá, N, Gomis Bataller, M, Pleguezuelos Cobo, E, Guirao Cano, L, Guodemar-Pérez, J, Carbonell, T, Domínguez, R, and Maté-Muñoz, JL. Oxygen uptake slow component and the efficiency of resistance exercises. J Strength Cond Res 35(4): 1014-1022, 2021-This study aimed to evaluate oxygen uptake slow component (Vo_{2sc}) and mechanical economy/efficiency in half squat (HS) exercise during constant-load tests conducted at lactate threshold (LT) intensity. Nineteen healthy young men completed 3 HS exercise tests separated by 48-hour rest periods: 1 repetition maximum (1RM), incremental-load HS test to establish the %1RM corresponding to the LT, and constant-load HS test at the LT. During the last test, cardiorespiratory, lactate, and mechanical responses were monitored. Fatigue in the lower limbs was assessed before and after the constant-load test using a countermovement jump test. A slight and sustained increase of the Vo_{2sc} and energy expended (EE) was observed ($p < 0.001$). In blood lactate, no differences were observed between set 3 to set 21 ($p > 0.05$). A slight and sustained decrease of half squat efficiency and gross mechanical efficiency (GME) was detected ($p < 0.001$). Significant inverse correlations were observed between Vo₂ and GME ($r = -0.93$, $p < 0.001$). Inverse correlations were detected between EE and GME ($r = -0.94$, $p < 0.001$). Significant losses were observed in jump height ability and in mean power output ($p < 0.001$) in response to the constant-load HS test. In conclusion, Vo_{2sc} and EE tended to rise slowly during constant-load HS exercise testing. This slight increase was associated with lowered efficiency throughout constant-load test and a decrease in jump capacity after testing. These findings would allow to elucidate the underlying fatigue mechanisms produced by resistance exercises in a constant-load test at LT intensity.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.781

Quartil: 2

Categoria: Sport Sciences

Posició: 25/88

Pleguezuelos E, Del Carmen A, Llorensi G, Carcole J, Casarramona P, Moreno E, Ortega P, Serra-Prat M, Palomera E, Miravittles MM, Yebenes JC, Boixeda R, Campins L, Villelabeitia-Jaureguizar K, Garnacho-Castaño MV.

Severe loss of mechanical efficiency in COVID-19 patients.

J Cachexia Sarcopenia Muscle. 2021 Jun 8. doi: 10.1002/jcsm.12739. Epub ahead of print. PMID: 34102017.

Abstract

Background: There is limited information about the impact of coronavirus disease (COVID-19) on the muscular dysfunction, despite the generalized weakness and fatigue that patients report after overcoming the acute phase of the infection. This study aimed to detect impaired muscle efficiency by evaluating delta efficiency (DE) in patients with COVID-19 compared with subjects with chronic obstructive pulmonary disease (COPD), ischaemic heart disease (IHD), and control group (CG).



Methods: A total of 60 participants were assigned to four experimental groups: COVID-19, COPD, IHD, and CG (n = 15 each group). Incremental exercise tests in a cycle ergometer were performed to obtain peak oxygen uptake (VO₂ peak). DE was obtained from the end of the first workload to the power output where the respiratory exchange ratio was 1.

Results: A lower DE was detected in patients with COVID-19 and COPD compared with those in CG ($P \leq 0.033$). However, no significant differences were observed among the experimental groups with diseases ($P > 0.05$). Lower VO₂ peak, peak ventilation, peak power output, and total exercise time were observed in the groups with diseases than in the CG ($P < 0.05$). A higher VO₂, ventilation, and power output were detected in the CG compared with those in the groups with diseases at the first and second ventilatory threshold ($P < 0.05$). A higher power output was detected in the IHD group compared with those in the COVID-19 and COPD groups ($P < 0.05$) at the first and second ventilatory thresholds and when the respiratory exchange ratio was 1. A significant correlation ($P < 0.001$) was found between the VO₂ peak and DE and between the peak power output and DE ($P < 0.001$).

Conclusions: Patients with COVID-19 showed marked mechanical inefficiency similar to that observed in COPD and IHD patients. Patients with COVID-19 and COPD showed a significant decrease in power output compared to IHD during pedalling despite having similar response in VO₂ at each intensity. Resistance training should be considered during the early phase of rehabilitation.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 12.910

Quartil/Decil: 1

Categoria: Geriatrics & Gerontology

Posició: 1/53

Cosío BG, Hernandez C, Chiner E, Gimeno-Santos E, **Pleguezuelos E**, Seijas N, Rigau D, López-Campos JL, Soler-Cataluña JJ, Calle M, Miravittles M, Casanova C en nombre del equipo de trabajo de GesEPOC 2021.

Actualización 2021 de la Guía Española de la EPOC (GesEPOC). Tratamiento no farmacológico.

Arch Bronconeumol. 2021 Sep 17. doi: <https://doi.org/10.1016/j.arbres.2021.08.010>.

Abstract

La nueva edición de 2021 de la Guía Española de la EPOC (GesEPOC 2021) propone, junto al tratamiento farmacológico ajustado por estratificación de riesgo y fenotipo, el abordaje personalizado de los rasgos tratables, definidos como una característica (clínica, fisiológica o biológica) que se puede identificar mediante pruebas diagnósticas o biomarcadores y que tiene un tratamiento específico. Existen algunos rasgos tratables que tienen un tratamiento no farmacológico y que no fueron contemplados en detalle en la guía, como puede ser la desnutrición, el sedentarismo, el enfisema o la insuficiencia respiratoria. En este capítulo de GesEPOC 2021 se presenta una actualización narrativa con recomendaciones sobre tratamiento dietético, actividad física, rehabilitación respiratoria, oxigenoterapia, ventilación no invasiva, reducción de volumen y trasplante pulmonar. Además, se incluye una pregunta PICO con recomendación sobre el uso de oxígeno suplementario durante el ejercicio en pacientes con EPOC sin hipoxemia grave.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.872

Quartil: 2

Categoria: Respiratory System

Posició: 18/64

**MEDICINA INTENSIVA – INTENSIVE MEDICINE**

Nº Articles indexats: 9

Factor Impacte total: 44.016

Factor d'impacte liderat: 8.039

Ceccato A, Mendez R, Ewig S, **de la Torre MC**, Cilloniz C, Gabarrus A, Prina E, Ranzani OT, Ferrer M, **Almirall J**, Menendez R, Torres A.

Validation of a Prediction Score for Drug-Resistant Microorganisms in Community-acquired Pneumonia.

Ann Am Thorac Soc. 2021 Feb;18(2):257-265. doi: 10.1513/AnnalsATS.202005-558OC. PMID: 32915057.

Abstract:

Rationale: Recommended initial empiric antimicrobial treatment covers the most common bacterial pathogens; however, community-acquired pneumonia (CAP) may be caused by microorganisms not targeted by this treatment. Developed in 2015, the PES (Pseudomonas aeruginosa, extended-spectrum β -lactamase-producing Enterobacteriaceae, and methicillin-resistant Staphylococcus aureus) score was developed in 2015 to predict the microbiological etiology of CAP caused by PES microorganisms.

Objective: To validate the usefulness of the PES score for predicting PES microorganisms in two cohorts of patients with CAP from Valencia and Mataró.

Methods: We analyzed two prospective observational cohorts of patients with CAP from Valencia and Mataró. Patients in the Mataró cohort were all admitted to an intensive care unit (ICU).

Results: Of the 1,024 patients in the Valencia cohort, 505 (51%) had a microbiological etiology and 31 (6%) had a PES microorganism isolated. The area under the receiver operating characteristic curve was 0.81 (95% confidence interval [95% CI], 0.74-0.88). For a PES score ≥ 5 , sensitivity, specificity, the negative and positive predictive values as well as the negative and positive likelihood ratios were 72%, 74%, 98%, 14%, 0.38, and 2.75, respectively. Of the 299 patients in the Mataró cohort, 213 (71%) had a microbiological etiology and 11 (5%) had a PES microorganism isolated. The area under the receiver operating characteristic curve was 0.73 (95% CI 0.61-0.86). For a PES score ≥ 5 , sensitivity, specificity, the negative and positive predictive values, and the negative and positive likelihood ratios were 36%, 83%, 96%, 11%, 0.77, and 2.09, respectively. The best cutoff for patients admitted to the ICU was 4 points, which improved sensitivity to 86%. The hypothetical application of the PES score showed high rates of overtreatment in both cohorts (26% and 35%, respectively) and similar rates of undertreatment.

Conclusions: The PES score showed good accuracy in predicting the risk for microorganisms that required different empirical therapy; however, its use as a single strategy for detecting noncore pathogens could lead to high rates of overtreatment. Given its high negative predictive value, the PES score may be used as a first step of a wider strategy that includes subsequent advanced diagnostic tests.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.831

Quartil: 1

Categoria: Respiratory Sytem

Posició: 10/64

Tomasa-Irriguible TM, Sabater-Riera J, Pérez-Carrasco M, Ortiz-Ballujera P, Díaz-Buendía Y, Navas-Pérez A, Betbesé-Roig A, Rodríguez-López M, Ibarz- Vilamayor M, Olmo-Isasmendi A, Oliva-Zelaya I, Rovira-Anglès C, Cano-Hernández S, **Vendrell-Torra E**, Catalan-Ibars RM, Miralbés-Torner M, González de Molina J, Xirgu-Cortacans J, Marcos-Neira P.

Augmented renal clearance. An unnoticed relevant event.

Sci Prog. 2021 Apr-Jun;104(2):368504211018580. doi: 10.1177/00368504211018580. PMID: 34078190.

Abstract:



Augmented renal clearance (ARC) is a phenomenon that can lead to a therapeutic failure of those drugs of renal clearance. The purpose of the study was to ascertain the prevalence of ARC in the critically ill patient, to study the glomerular filtration rate (GFR) throughout the follow-up and analyze the concordance between the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) estimation formula and measured GFR. Observational, prospective, multicenter study. ARC was defined as a creatinine clearance greater than 130 ml/min/1.73 m². Eighteen hospitals were recruited. GFR measurements carried out twice weekly during a 2-month follow-up period. A total of 561 patients were included. ARC was found to have a non-negligible prevalence of 30%. More even, up to 10.7% already had ARC at intensive care unit (ICU) admission. No specific pattern of GFR was found during the follow-up. Patients in the ARC group were younger 56.5 (53.5-58.5) versus 66 (63.5-68.5) years than in the non-ARC group, $p < 0.001$. ICU mortality was lower in the ARC group, 6.9% versus 14.5%, $p = 0.003$. There was no concordance between the estimation of GFR by the CKD-EPI formula and GFR calculated from the 4-h urine. ARC is found in up to 30% of ICU patients, so renal removal drugs could be under dosed by up to 30%. And ARC is already detected on admission in 10%. It is a dynamic phenomenon without an established pattern that usually occurs in younger patients that can last for several weeks. And the CKD-EPI formula does not work to estimate the real creatinine clearance of these patients.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.774

Quartil: 2

Categoria: Muntidisciplinary Sciences

Posició: 31/72

Bordejé Laguna L, Marcos-Neira P, **de Lagrán Zurbano IM**, Marco EM, Guisasola CP, Viñas Soria CD, Martí PR. **Dysphagia and mechanical ventilation in SARS-COV-2 pneumonia: It's real.**

Clin Nutr. 2021 Nov 23:S0261-5614(21)00527-6. doi: 10.1016/j.clnu.2021.11.018. Epub ahead of print. PMID: 34879968; PMCID:PMC8608682.

Abstract:

Background & aims: Dysphagia can be a consequence of prolonged hospitalization in intensive care units (ICUs) due to severe SARS-CoV-2 pneumonia. This study aims at Identifying the risk factors for dysphagia in ICU patients with COVID-19 pneumonia requiring invasive mechanical ventilation, and at determining the frequency of postextubation dysphagia in this population.

Methods: Observational, descriptive, retrospective, cohort study of SARS-CoV-2 pneumonia patients admitted into the ICUs from March to May 2020. The Modified Viscosity Volume Swallowing Test (mV-VST) was used to screening for dysphagia during the first 48 h of extubation in patients requiring mechanical ventilation. Descriptive statistics, univariate and multivariate analyses were conducted. A logistic regression was applied to construct a predictive model of dysphagia.

Results: A total of 232 patients were admitted into the ICUs (age [median 60.5 years (95% CI: 58.5 to 61.9)]; male [74.1% (95% CI: 68.1 to 79.4)]; APACHE II score [median 17.7 (95% CI: 13.3 to 23.2)]; length of mechanical ventilation [median 14 days (95% CI: 11 to 16)]; prone position [79% (95% CI: 72.1 to 84.6)]; respiratory infection [34.5% (95% CI: 28.6 to 40.9)], renal failure [38.5% (95% CI: 30 to 50)]). 72% (167) of patients required intubation; 65.9% (110) survived; and in 84.5% (93) the mV-VST was performed. Postextubation dysphagia was diagnosed in 26.9% (25) of patients. APACHE II, prone position, length of ICU and hospital stay, length of mechanical ventilation, tracheostomy, respiratory infection and kidney failure developed during admission were significantly associated ($p < 0.05$) with dysphagia. Dysphagia was independently explained by the APACHE II score (OR: 1.1; 95% CI: 1.01 to 1.3; $p = 0.04$) and tracheostomy (OR: 10.2; 95% CI: 3.2 to 32.1) $p < 0.001$). The predictive model forecasted dysphagia with a good ROC curve (AUC: 0.8; 95% CI: 0.7 to 0.9).

Conclusions: Dysphagia affects almost one-third of patients with SARS-COV-2 pneumonia requiring intubation in the ICU. The risk of developing dysphagia increases with prolonged mechanical ventilation, tracheostomy, and poorer prognosis on admission (worst APACHE II score).



Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 7.325

Quartil/Decil: 1

Categoria: Nutrition & dietetics

Posició: 7/88

Delgado R, Núñez-González JD, **Yébenes JC**, **Lavado Á.**

Survival in the Intensive Care Unit: A prognosis model based on Bayesian classifiers.

Artif Intell Med. 2021 May;115:102054. doi: 10.1016/j.artmed.2021.102054. Epub 2021 Mar 23. PMID: 34001314

Abstract

We develop a predictive prognosis model to support medical experts in their clinical decision-making process in Intensive Care Units (ICUs) (a) to enhance early mortality prediction, (b) to make more efficient medical decisions about patients at higher risk, and (c) to evaluate the effectiveness of new treatments or detect changes in clinical practice. It is a machine learning hierarchical model based on Bayesian classifiers built from some recorded features of a real-world ICU cohort, to bring about the assessment of the risk of mortality, also predicting destination at ICU discharge if the patient survives, or the cause of death otherwise, constructed as an ensemble of five base Bayesian classifiers by using the average ensemble criterion with weights, and we name it the Ensemble Weighted Average (EWA). We compare EWA against other state-of-the-art machine learning predictive models. Our results show that EWA outperforms its competitors, presenting in addition the advantage over the ensemble using the majority vote criterion of allowing to associate a confidence level to the provided predictions. We also prove the convenience of locally recalibrate from data the standard model used to predict the mortality risk based on the APACHE II score, although as a predictive model it is weaker than the other.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 5.326

Quartil: 1

Categoria: Medical Informatics

Posició: 7/30

Murcia-Gubianas C, **Yébenes JC**, Buxó M, Sirvent JM, Pinart E.

Dynamics of high-sensitivity troponin T and myocardial dysfunction during the first 72 h of septic shock.

Eur J Intern Med. 2021 Jun 5:S0953-6205(21)00193-X. doi: 10.1016/j.ejim.2021.05.034. Epub ahead of print. PMID: 34103220

Abstract

Cardiomyopathy is frequently associated with septic shock, despite divergences in type and severity of cardiac alterations making difficult the management of these patients. Different studies have focused on the use of high-sensitivity troponin assays as a tool to early diagnose patients with suspected cardiovascular disease, since they have a higher efficiency for detecting myocardial necrosis than conventional assays. Nevertheless, their predictive role in the diagnosis of myocardial dysfunction associated to septic shock remains controversial.

We have recently performed a single-centre study to determine the high-sensitivity troponin T (hs-TnT) curve in septic shock patients (n = 87) during the first 72 h after Intensive Care Unit (ICU) admission and its relationship with myocardial dysfunction diagnosed by echocardiography and with demographic, hemodynamic and biochemical variables. All enrolled patients were diagnosed with septic shock according to the Third International Consensus Definition. Before enrollment, informed consent was requested from all patients or their relatives to carry out the tests and to collect epidemiological and analytical data. This study had been previously approved by the Ethical Committee (CEIm) of the University Hospital of Girona Dr. Josep Trueta (reference 2012.127).



Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.624

Quartil: 1

Categoria: Medicine, General & Internal

Posició: 37/167

Torres A, Motos A, Riera J, Fernández-Barat L, Ceccato A, Pérez-Arnal R, García-Gasulla D, Peñuelas O, Lorente JA, Rodríguez A, de Gonzalo-Calvo D, Almansa R, Gabarrús A, Menéndez R, Bermejo-Martin JF, Ferrer R, Amaya Villar R, Añón JM, Barberà C, Barberán J, Blandino Ortiz A, Bustamante-Munguira E, Caballero J, Carbajales C, Carbonell N, Catalán-González M, Galbán C, Gumucio- Sanguino VD, **de la Torre MDC**, Díaz E, Estella Á, Gallego E, García Garmendia JL, Garnacho-Montero J, Gómez JM, Huerta A, Jorge García RN, Loza-Vázquez A, Marin-Corral J, Martínez de la Gándara A, Martínez Varela I, López Messa J, M Albaiceta G, Novo MA, Peñasco Y, Pozo-Laderas JC, Ricart P, Salvador-Adell I, Sánchez-Miralles A, Sancho Chinesta S, Socias L, Solé-Violan J, Soares Sipmann F, Tamayo Lomas L, Trenado J, Barbé F; CIBERESUCICOVID Project (COV20/00110, ISCIII).

The evolution of the ventilatory ratio is a prognostic factor in mechanically ventilated COVID-19 ARDS patients.

Crit Care. 2021 Sep 13;25(1):331. doi: 10.1186/s13054-021-03727-x. PMID: 34517881; PMCID: PMC8436582.

Abstract

Background: Mortality due to COVID-19 is high, especially in patients requiring mechanical ventilation. The purpose of the study is to investigate associations between mortality and variables measured during the first three days of mechanical ventilation in patients with COVID-19 intubated at ICU admission.

Methods: Multicenter, observational, cohort study includes consecutive patients with COVID-19 admitted to 44 Spanish ICUs between February 25 and July 31, 2020, who required intubation at ICU admission and mechanical ventilation for more than three days. We collected demographic and clinical data prior to admission; information about clinical evolution at days 1 and 3 of mechanical ventilation; and outcomes.

Results: Of the 2,095 patients with COVID-19 admitted to the ICU, 1,118 (53.3%) were intubated at day 1 and remained under mechanical ventilation at day three. From days 1 to 3, PaO₂/FiO₂ increased from 115.6 [80.0-171.2] to 180.0 [135.4-227.9] mmHg and the ventilatory ratio from 1.73 [1.33-2.25] to 1.96 [1.61-2.40]. In-hospital mortality was 38.7%. A higher increase between ICU admission and day 3 in the ventilatory ratio (OR 1.04 [CI 1.01-1.07], p = 0.030) and creatinine levels (OR 1.05 [CI 1.01-1.09], p = 0.005) and a lower increase in platelet counts (OR 0.96 [CI 0.93-1.00], p = 0.037) were independently associated with a higher risk of death. No association between mortality and the PaO₂/FiO₂ variation was observed (OR 0.99 [CI 0.95 to 1.02], p = 0.47).

Conclusions: Higher ventilatory ratio and its increase at day 3 is associated with mortality in patients with COVID-19 receiving mechanical ventilation at ICU admission. No association was found in the PaO₂/FiO₂ variation..

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 9.097

Quartil: 1

Categoria: Critical Care Medicine

Posició: 5/36

Almirall J, Boixeda R, de la Torre MC, Torres A.

Aspiration pneumonia: A renewed perspective and practical approach.

Respir Med. 2021 May 26;185:106485. doi: 10.1016/j.rmed.2021.106485. Epub ahead of print. PMID: 34087609.

Abstract

Augmented renal clearance (ARC) is a phenomenon that can lead to a therapeutic failure of those drugs of renal clearance. The purpose of the study was to ascertain the prevalence of ARC in the critically ill patient, to study the glomerular filtration rate (GFR) throughout the follow-up and analyze the concordance between the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) estimation formula and measured GFR. Observational,



prospective, multicenter study. ARC was defined as a creatinine clearance greater than 130 ml/min/1.73 m². Eighteen hospitals were recruited. GFR measurements carried out twice weekly during a 2-month follow-up period. A total of 561 patients were included. ARC was found to have a non-negligible prevalence of 30%. More even, up to 10.7% already had ARC at intensive care unit (ICU) admission. No specific pattern of GFR was found during the follow-up. Patients in the ARC group were younger 56.5 (53.5-58.5) versus 66 (63.5-68.5) years than in the non-ARC group, $p < 0.001$. ICU mortality was lower in the ARC group, 6.9% versus 14.5%, $p = 0.003$. There was no concordance between the estimation of GFR by the CKD-EPI formula and GFR calculated from the 4-h urine. ARC is found in up to 30% of ICU patients, so renal removal drugs could be under dosed by up to 30%. And ARC is already detected on admission in 10%. It is a dynamic phenomenon without an established pattern that usually occurs in younger patients that can last for several weeks. And the CKD-EPI formula does not work to estimate the real creatinine clearance of these patients.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.415

Quartil: 2

Categoria: Respiratory System

Posició: 27/64

Murcia-Gubianas C, **Yébenes JC**, Buxó M, Foradada S, Pinart E.

Is serum hyperosmolality related with myocardial dysfunction in septic shock patients?

Eur J Intern Med. 2021 Oct 4:S0953-6205(21)00324-1. doi: 10.1016/j.ejim.2021.09.015. Epub ahead of print. PMID: 34620541.

Abstract

Etiopathogenesis of cardiac dysfunction in septic shock is multifactorial, arising from autonomic dysregulation, increased capillary permeability, metabolic and mitochondrial dysfunction, oxidative stress, and activation of cytokines and inflammatory factors [1,2]. Transthoracic echocardiography is the main tool to early diagnose cardiac dysfunction in septic shock patients [3], but the use of complementary tools to improve the diagnose and treatment of these patients is much warranted.

In the present study we analysed the relationship between blood osmolyte curve in the first 72h after ICU admission and myocardial dysfunction diagnosed by transthoracic echocardiography in septic shock patients. The study had been approved by the Ethical Committee (CEIm) of the University Hospital of Girona Dr. Josep Trueta (reference 2012.127); an informed consent was requested from all enrolled patients or their relatives.

Epidemiological variables of age, gender, comorbidities, Charlson's Comorbidity Index (CCI), episode indicators (septic foci, severity scores), consumption indicators (ICU length of stay), and survival were recorded. Acute Physiology and Chronic Health Evaluation (APACHE) II, Simplified Acute Physiology score (SAPS) II, and Sequential Organ Failure Assessment (SOFA) at ICU admission (0h) were used as severity indicators. At admission, hemodynamic constants of heart rate (HR), systolic blood pressure (SBP) and mean arterial pressure (MAP), presence of arrhythmias and need of mechanical ventilation were monitored, and serum levels of leukocytes, procalcitonin, C-reactive protein (CRP) and creatinine were measured. Lactate (LAC) and central venous oxygen saturation (SAT) were recorded at 0h and 6h; lactate clearance (LACc) and central venous oxygen saturation clearance (SATc), shock index (SI) and modified shock index (MSI) were calculated [3]. Norepinephrine dose required at 0h and 72h was recorded.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.624

Quartil: 1

Categoria: Medicine, General & Internal

Posició: 37/167

Servià-Goixart L, López-Delgado JC, Grau-Carmona T, Trujillano-Cabello J, Bordeje-Laguna ML, Mor-Marco E, Portugal-Rodríguez E, Lorenzo-Cardenas C, Montejo-Gonzalez JC, Vera-Artazcoz P, Macaya-Redin L, Martínez-



Carmona JC, Iglesias-Rodríguez R, Monge-Donaire D, Flordelis-Lasierra JL, Llorente-Ruiz B, Menor-Fernandez EM, **Martinez de Lagran I**, **Yebeles-Reyes JC** on behalf of the ENPIC Study Investigators.

Evaluation of Nutritional Practices in the Critical Care Patient (The ENPIC Study): Does Nutrition Really Affect ICU Mortality?

Clin Nutr ESPEN. 2021 Nov 16; doi: <https://doi.org/10.1016/j.clnesp.2021.11.018>

Abstract

Background & Aims: The importance of artificial nutritional therapy is underrecognized, typically being considered an adjunctive rather than a primary therapy. We aimed to evaluate the influence of nutritional therapy on mortality in critically ill patients.

Methods: This multicenter prospective observational study included adult patients needing artificial nutritional therapy for >48 h if they stayed in one of 38 participating intensive care units for ≥72 h between April and July 2018. Demographic data, comorbidities, diagnoses, nutritional status and therapy (type and details for ≤14 days), and outcomes were registered in a database. Confounders such as disease severity, patient type (e.g., medical, surgical or trauma), and type and duration of nutritional therapy were also included in a multivariate analysis, and hazard ratios (HRs) and 95% confidence intervals (95% CIs) were reported.

Results: We included 639 patients among whom 448(70.1%) and 191(29.9%) received enteral and parenteral nutrition, respectively. Mortality was 25.6%, with non-survivors having the following characteristics: older age; more comorbidities; higher Sequential Organ Failure Assessment (SOFA) scores (6.6 ± 3.3 vs 8.4 ± 3.7 ; $P < 0.001$); greater nutritional risk (Nutrition Risk in the Critically Ill [NUTRIC] score: 3.8 ± 2.1 vs 5.2 ± 1.7 ; $P < 0.001$); more vasopressor requirements (70.4% vs 83.5%; $P = 0.001$); and more renal replacement therapy (12.2% vs 23.2%; $P = 0.001$). Multivariate analysis showed that older age (HR: 1.023; 95% CI: 1.008–1.038; $P = 0.003$), higher SOFA score (HR: 1.096; 95% CI: 1.036–1.160; $P = 0.001$), higher NUTRIC score (HR: 1.136; 95% CI: 1.025–1.259; $P = 0.015$), requiring parenteral nutrition after starting enteral nutrition (HR: 2.368; 95% CI: 1.168–4.798; $P = 0.017$), and a higher mean Kcal/Kg/day intake (HR: 1.057; 95% CI: 1.015–1.101; $P = 0.008$) were associated with mortality. By contrast, a higher mean protein intake protected against mortality (HR: 0.507; 95% CI: 0.263–0.977; $P = 0.042$).

Conclusions: Old age, higher organ failure scores, and greater nutritional risk appear to be associated with higher mortality. Patients who need parenteral nutrition after starting enteral nutrition may represent a high-risk subgroup for mortality due to illness severity and problems receiving appropriate nutritional therapy. Mean calorie and protein delivery also appeared to influence outcomes.

Trial Registration: ClinicaTrials.gov NCT: 03634943.

Indexat a: MEDLINE/WOS

MEDICINA INTERNA–INTERNAL MEDICINE

Nº Articles indexats: 11

Factor Impacte total: 65.647

Factor d'impacte liderat: 2.580

Gómez-Antúnez M, Recio-Iglesias J, Almagro P, Díez-Manglano J, López-García F, **Boixeda R**.

Impact of the iCODEX tool in routine clinical practice in Spain.

Curr Med Res Opin. 2021 Dec 11:1-19. doi: [10.1080/03007995.2021.2014162](https://doi.org/10.1080/03007995.2021.2014162). Epub ahead of print. PMID: 34894948.

Abstract

Introduction: The prognosis of COPD patients can be calculated using multidimensional indexes that improve the predictive capacity of the individual variables. The CODEX index can be calculated using iCODEX, a digital support tool available on the web and in an app. The aim of this study was to evaluate how the usefulness and



applicability of iCODEX and its recommendations in routine clinical practice are perceived by specialists in internal medicine, pneumology, and primary care.

Methods: A cross-sectional study was conducted from November 2019 to February 2020 with the participation of specialists in internal medicine, primary care, and pneumology. All respondents completed a survey consisting of 104 questions on their perception of the iCODEX tool.

Results: Overall, 335 physicians responded. Of these, 95.2% had no difficulty accessing the tool and 83.1% were quite or very satisfied with it. Regarding the applicability and implementation of iCODEX recommendations in routine clinical practice, respondents reported that the recommendations were generally applicable: most questions obtained a median score of ≥ 4 out of 5. The recommendations with the greatest expected clinical benefit are listed.

Conclusions: Our study shows that the iCODEX tool is easy for participating specialists to use and identifies the recommendations that have greatest clinical impact in areas such as lung obstruction, severe exacerbations, exercise, smoking, and patient follow-up.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.580

Quartil: 2

Categoria: Medicine, General & Internal

Posició: 70/167

Gómez Antúnez M, Muiño Míguez A, Bendala Estrada AD, Maestro de la Calle G, Monge Monge D, **Boixeda R**, Ena J, Mella Pérez C, Anton Santos JM, Lumbreras Bermejo C; SEMI-COVID-19 Network.

Clinical Characteristics and Prognosis of COPD Patients Hospitalized with SARS-CoV-2.

Int J Chron Obstruct Pulmon Dis. 2021 Jan 5;15:3433-3445. doi: 10.2147/COPD.S276692. PMID: 33447021; PMCID: PMC7801905.

Abstract

Objective: To describe the characteristics and prognosis of patients with COPD admitted to the hospital due to SARS-CoV-2 infection.

Methods: The SEMI-COVID registry is an ongoing retrospective cohort comprising consecutive COVID-19 patients hospitalized in Spain since the beginning of the pandemic in March 2020. Data on demographics, clinical characteristics, comorbidities, laboratory tests, radiology, treatment, and progress are collected. Patients with COPD were selected and compared to patients without COPD. Factors associated with a poor prognosis were analyzed.

Results: Of the 10,420 patients included in the SEMI-COVID registry as of May 21, 2020, 746 (7.16%) had a diagnosis of COPD. Patients with COPD are older than those without COPD (77 years vs 68 years) and more frequently male. They have more comorbidities (hypertension, hyperlipidemia, diabetes mellitus, atrial fibrillation, heart failure, ischemic heart disease, peripheral vascular disease, kidney failure) and a higher Charlson Comorbidity Index (2 vs 1, $p < 0.001$). The mortality rate in COPD patients was 38.3% compared to 19.2% in patients without COPD ($p < 0.001$). Male sex, a history of hypertension, heart failure, moderate-severe chronic kidney disease, presence of cerebrovascular disease with sequelae, degenerative neurological disease, dementia, functional dependence, and a higher Charlson Comorbidity Index have been associated with increased mortality due to COVID-19 in COPD patients. Survival was higher among patients with COPD who were treated with hydroxychloroquine (87.1% vs 74.9%, $p < 0.001$) and with macrolides (57.9% vs 50%, $p < 0.037$). Neither prone positioning nor non-invasive mechanical ventilation, high-flow nasal cannula, or invasive mechanical ventilation were associated with a better prognosis.

Conclusion: COPD patients admitted to the hospital with SARS-CoV-2 infection have more severe disease and a worse prognosis than non-COPD patients.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.355

Quartil: 2

Categoria: Respiratory System

Posició: 29/64



Díez-Manglano J, Solís-Marquínez MN, Álvarez García A, Alcalá-Rivera N, Maderuelo Riesco I, Gericó Aseguinolaza M, Beato Pérez JL, Méndez Bailón M, Labirua-Iturburu Ruiz AE, García Gómez M, Martínez Cilleros C, Pesqueira Fontan PM, Abella Vázquez L, Blázquez Encinar JC, **Boixeda R**, Gil Sánchez R, de la Peña Fernández A, Loureiro Amigo J, Escobar Sevilla J, Guzmán García M, Martín Escalante MD, Magallanes Gamboa JO, Martínez González ÁL, Lumbreras Bermejo C, Antón Santos JM; SEMI-COVID-19 Network.

Healthcare workers hospitalized due to COVID-19 have no higher risk of death than general population. Data from the Spanish SEMI-COVID-19 Registry.

PLoS One. 2021 Feb 19;16(2):e0247422. doi: 10.1371/journal.pone.0247422. PMID: 33606820; PMCID: PMC7894924.

Abstract:

Aim: To determine whether healthcare workers (HCW) hospitalized in Spain due to COVID-19 have a worse prognosis than non-healthcare workers (NHCW).

Methods: Observational cohort study based on the SEMI-COVID-19 Registry, a nationwide registry that collects sociodemographic, clinical, laboratory, and treatment data on patients hospitalised with COVID-19 in Spain. Patients aged 20-65 years were selected. A multivariate logistic regression model was performed to identify factors associated with mortality.

Results: As of 22 May 2020, 4393 patients were included, of whom 419 (9.5%) were HCW. Median (interquartile range) age of HCW was 52 (15) years and 62.4% were women. Prevalence of comorbidities and severe radiological findings upon admission were less frequent in HCW. There were no difference in need of respiratory support and admission to intensive care unit, but occurrence of sepsis and in-hospital mortality was lower in HCW (1.7% vs. 3.9%; $p = 0.024$ and 0.7% vs. 4.8%; $p < 0.001$ respectively). Age, male sex and comorbidity, were independently associated with higher in-hospital mortality and healthcare working with lower mortality (OR 0.211, 95%CI 0.067-0.667, $p = 0.008$). 30-days survival was higher in HCW (0.968 vs. 0.851 $p < 0.001$).

Conclusions: Hospitalized COVID-19 HCW had fewer comorbidities and a better prognosis than NHCW. Our results suggest that professional exposure to COVID-19 in HCW does not carry more clinical severity nor mortality.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.240

Quartil: 2

Categoria: Multidisciplinary Sciences

Posició: 26/72

Dubois-Silva Á, Barbagelata-López C, Piñeiro-Parga P, Francisco I, **Falgá C**, Tirado R, Suriñach JM, Vela JR, Mella C, Quere I, Siniscalchi C, Monreal M; RIETE Investigators.

Prognostic Significance of Concomitant Superficial Vein Thrombosis in Patients with Deep Vein Thrombosis of the Lower Limbs.

Thromb Haemost. 2021 Mar 7. doi: 10.1055/a-1414-5055. Epub ahead of print. PMID: 33677826.

Abstract

Background: The prognostic significance of concomitant superficial vein thrombosis (SVT) in patients with lower-limb deep vein thrombosis (DVT) has not been consistently evaluated.

Methods: We used the RIETE (Registro Informatizado de Enfermedad TromboEmbólica) registry to compare the rates of subsequent pulmonary embolism (PE), recurrent DVT, major bleeding or death in patients with lower-limb DVT, according to the presence or absence of concomitant SVT.

Results: From March 2015 to May 2020, there were 8,743 patients with lower-limb DVT. Of these, 745 (8.5%) had concomitant SVT. Most patients (97.4% in both subgroups) received anticoagulant therapy (median duration: 138 vs. 147 days). During follow-up (median: 193 vs. 210 days), 156 (1.8%) patients developed subsequent PE, 336 (3.8%) had recurrent DVT, 201 (2.3%) had major bleeding and 844 (9.7%) died. Patients with concomitant SVT had a higher rate of subsequent PE (rate ratio [RR]: 2.11; 95% confidence interval [95%CI]: 1.33-3.24) than those with isolated DVT, with no significant differences in the rates of recurrent DVT (RR: 0.80; 95%CI: 0.50-1.21), major bleeding (RR: 0.77; 95%CI: 0.41-1.33) or death (RR: 0.81; 95%CI: 0.61-1.06). On



multivariable analysis, patients with DVT and SVT concomitantly were at increased risk of subsequent PE during anticoagulation (adjusted hazard ratio [HR]: 2.23; 95%CI: 1.22-4.05) and also during the entire follow-up period (adjusted HR: 2.33; 95%CI: 1.49-3.66).

Conclusion: Patients with lower-limb DVT and SVT concomitantly are at increased risk of developing PE. Further studies are needed to externally validate our findings and to determine if these patients could benefit from a different management strategy.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 5.723

Quartil: 1

Categoria: Peripheral Vascular Disease

Posició: 10/65

Torres-Peña JD, Pérez-Belmonte LM, Fuentes-Jiménez F, López Carmona MD, Pérez-Martínez P, López-Miranda J, Carrasco Sánchez FJ, Vargas Núñez JA, Del Corral Beamonte E, Magallanes Gamboa JO, González García A, González Moraleja J, Cortés Troncoso A, Taboada Martínez ML, Del Fidalgo Montero MDP, Seguí Ripol JM, Gil Sánchez R, Alegre González D, **Boixeda R**, Cortés Rodríguez B, Ena J, García García GM, Ventura Esteve A, Ramos Rincón JM, Gómez-Huelgas R; SEMI-COVID-19 Network.

Prior Treatment with Statins is Associated with Improved Outcomes of Patients with COVID-19: Data from the SEMI-COVID-19 Registry.

Drugs. 2021 Apr;81(6):685-695. doi: 10.1007/s40265-021-01498-x. Epub 2021 Mar 29. PMID: 33782908; PMCID: PMC8006631.

Abstract:

Objectives: To describe the clinical characteristics and clinical course of hospitalized patients with COVID-19 and autoimmune diseases (ADs) compared to the general population.

Methods: We used information available in the nationwide Spanish SEMI-COVID-19 Registry, which retrospectively compiles data from the first admission of adult patients with COVID-19. We selected all patients with ADs included in the registry and compared them to the remaining patients. The primary outcome was all-cause mortality during admission, readmission, and subsequent admissions, and secondary outcomes were a composite outcome including the need for intensive care unit (ICU) admission, invasive and non-invasive mechanical ventilation (MV), or death, as well as in-hospital complications.

Results: A total of 13,940 patients diagnosed with COVID-19 were included, of which 362 (2.6%) had an AD. Patients with ADs were older, more likely to be female, and had greater comorbidity. On the multivariate logistic regression analysis, which involved the inverse propensity score weighting method, AD as a whole was not associated with an increased risk of any of the outcome variables. Habitual treatment with corticosteroids (CSs), age, Barthel Index score, and comorbidity were associated with poor outcomes. Biological disease-modifying anti-rheumatic drugs (bDMARDs) were associated with a decrease in mortality in patients with AD.

Conclusions: The analysis of the SEMI-COVID-19 Registry shows that ADs do not lead to a different prognosis, measured by mortality, complications, or the composite outcome. Considered individually, it seems that some diseases entail a different prognosis than that of the general population. Immunosuppressive/immunoregulatory treatments (IST) prior to admission had variable effects..

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 9.546

Quartil/Decil: 1

Categoria: Pharmacology & Pharmacy

Posició: 11/276

Rubio-Rivas M, Mora-Luján JM, Montero A, Aguilar García JA, Méndez Bailón M, Fernández Cruz A, Oriol I, Teigell-Muñoz FJ, Dendariena Borque B, De la Peña Fernández A, Fernández González R, Gil Sánchez R, **Fernández Fernández J**, Catalán M, Cortés-Rodríguez B, Mella Pérez C, Montero Rivas L, Suárez Fuentetaja R,



Ternero Vega JE, Ena J, Martín-Urda Díez-Canseco A, Pérez García C, Varona JF, Casas-Rojo JM, Millán Núñez-Cortés J; SEMI-COVID-19 Network.

The Use of Corticosteroids or Tocilizumab in COVID-19 Based on Inflammatory Markers.

J Gen Intern Med. 2021 Oct 18;1–8. doi: 10.1007/s11606-021-07146-0. Epub ahead of print. PMID: 34664188; PMCID: PMC8523009.

Abstract

Background: The inflammatory cascade is the main cause of death in COVID-19 patients. Corticosteroids (CS) and tocilizumab (TCZ) are available to treat this escalation but which patients to administer it remains undefined.

Objective: We aimed to evaluate the efficacy of immunosuppressive/anti-inflammatory therapy in COVID-19, based on the degree of inflammation.

Design: A retrospective cohort study with data on patients collected and followed up from March 1st, 2020, to May 1st, 2021, from the nationwide Spanish SEMI-COVID-19 Registry. Patients under treatment with CS vs. those under CS plus TCZ were compared. Effectiveness was explored in 3 risk categories (low, intermediate, high) based on lymphocyte count, C-reactive protein (CRP), lactate dehydrogenase (LDH), ferritin, and D-dimer values.

Patients: A total of 21,962 patients were included in the Registry by May 2021. Of these, 5940 met the inclusion criteria for the present study (5332 were treated with CS and 608 with CS plus TCZ).

Main measures: The primary outcome of the study was in-hospital mortality. Secondary outcomes were the composite variable of in-hospital mortality, requirement for high-flow nasal cannula (HFNC), non-invasive mechanical ventilation (NIMV), invasive mechanical ventilation (IMV), or intensive care unit (ICU) admission.

Key results: A total of 5940 met the inclusion criteria for the present study (5332 were treated with CS and 608 with CS plus TCZ). No significant differences were observed in either the low/intermediate-risk category (1.5% vs. 7.4%, $p=0.175$) or the high-risk category (23.1% vs. 20%, $p=0.223$) after propensity score matching. A statistically significant lower mortality was observed in the very high-risk category (31.9% vs. 23.9%, $p=0.049$).

Conclusions: The prescription of CS alone or in combination with TCZ should be based on the degrees of inflammation and reserve the CS plus TCZ combination for patients at high and especially very high risk.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 5.128

Quartil: 1

Categoria: Medicine, General & Internal

Posició: 27/167

Nomah DK, Reyes-Urueña J, Díaz Y, Moreno S, Aceiton J, Bruguera A, Vivanco-Hidalgo RM, Llibre JM, Domingo P, Falcó V, Imaz A, Cortés C, **Force L**, Letang E, Vilaró I, Casabona J, Miro JM; PISCIS study group.

Sociodemographic, clinical, and immunological factors associated with SARS-CoV-2 diagnosis and severe COVID-19 outcomes in people living with HIV: a retrospective cohort study.

Lancet HIV. 2021 Oct 13;8(11):e701–10. doi: 10.1016/S2352-3018(21)00240-X. Epub ahead of print. PMID: 34655549; PMCID: PMC8514194.

Abstract:

Background: Factors affecting outcomes of SARS-CoV-2 infection in people living with HIV are unclear. We assessed the factors associated with SARS-CoV-2 diagnosis and severe outcomes among people living with HIV.

Methods: We did a retrospective cohort study using data from the PISCIS cohort of people with HIV in Catalonia (Spain) between March 1 and Dec 15, 2020. We linked PISCIS data with integrated health-care, clinical, and surveillance registries through the Public Data Analysis for Health Research and Innovation Program of Catalonia (PADRIS) to obtain data on SARS-CoV-2 diagnosis, chronic comorbidities, as well as clinical and mortality outcomes. Participants were aged at least 16 years in care at 16 hospitals in Catalonia. Factors associated with SARS-CoV-2 diagnoses and severe outcomes were assessed using univariable and multivariable Cox regression



models. We estimated the effect of immunosuppression on severe outcomes (hospital admission for >24 h with dyspnoea, tachypnoea, hypoxaemia, asphyxia, or hyperventilation; or death) using Kaplan-Meier survival analysis.

Findings: We linked 20 847 (72.8%) of 28 666 participants in the PISCIS cohort with PADRIS data; 13 142 people had HIV. 749 (5.7%) people with HIV were diagnosed with SARS-CoV-2: their median age was 43.5 years (IQR 37.0-52.7), 131 (17.5%) were female, and 618 (82.5%) were male. 103 people with HIV (13.8%) were hospitalised, seven (0.9%) admitted to intensive care, and 13 (1.7%) died. SARS-CoV-2 diagnosis was more common among migrants (adjusted hazard ratio 1.55, 95% CI 1.31-1.83), men who have sex with men (1.42, 1.09-1.86), and those with four or more chronic comorbidities (1.46, 1.09-1.97). Age at least 75 years (5.2, 1.8-15.3), non-Spanish origin (2.1, 1.3-3.4), and neuropsychiatric (1.69, 1.07-2.69), autoimmune disease (1.92, 1.14-3.23), respiratory disease (1.84, 1.09-3.09), and metabolic disease (2.59, 1.59-4.23) chronic comorbidities were associated with increased risk of severe outcomes. A Kaplan-Meier estimator showed differences in the risk of severe outcomes according to CD4 cell count in patients with detectable HIV RNA ($p=0.039$) but no differences were observed in patients with undetectable HIV RNA ($p=0.15$).

Interpretation: People living with HIV with detectable HIV viraemia, chronic comorbidities, and some subpopulations could be at increased risk of severe outcomes from COVID-19. These groups should be prioritised in clinical management and SARS-CoV-2 vaccination programmes..

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 12.767

Quartil/Decil: 1

Categoria: Infectious Diseases

Posició: 2/93

Ramos-Rincón JM, Bernabeu-Whittel M, Fiteni-Mera I, López-Sampalo A, López- Ríos C, García-Andreu MD, Mancebo-Sevilla JJ, Jiménez-Juan C, Matía-Sanz M, López-Quirantes P, Rubio-Rivas M, Paredes-Ruiz D, González-San-Narciso C, González-Vega R, Sanz-Espinosa P, Hernández-Milián A, Gonzalez-Noya A, Gil- Sánchez R, **Boixeda R**, Alcalá-Pedrajas JN, Palop-Cervera M, Cortés-Rodríguez B, Guisado-Espartero ME, Mella-Pérez C, Gómez-Huelgas R; SEMI-COVID-19 Network.

Clinical features and risk factors for mortality among long-term care facility residents hospitalized due to COVID-19 in Spain.

J Gerontol A Biol Sci Med Sci. 2021 Oct 9:glab305. doi: 10.1093/gerona/glab305. Epub ahead of print. PMID: 34626477.

Abstract

Background: COVID-19 severely impacted older adults and long-term care facility (LTCF) residents. Our primary aim was to describe differences in clinical and epidemiological variables, in-hospital management, and outcomes between LTCF residents and community-dwelling older adults hospitalized with COVID-19. The secondary aim was to identify risk factors for mortality due to COVID-19 in hospitalized LTCF residents.

Methods: This is a cross-sectional analysis within a retrospective cohort of hospitalized patients ≥ 75 years with confirmed COVID-19 admitted to 160 Spanish hospitals. Differences between groups and factors associated with mortality among LTCF residents were assessed through comparisons and logistic regression analysis.

Results: Of 6,189 patients ≥ 75 years, 1,185 (19.1%) were LTCF residents and 4,548 (73.5%) were community-dwelling. LTCF residents were older (median: 87.4 vs. 82.1 years), mostly female (61.6% vs. 43.2%), had more severe functional dependence (47.0% vs 7.8%), more comorbidities (Charlson Comorbidity Index: 6 vs 5), had dementia more often (59.1% vs. 14.4%), and had shorter duration of symptoms (median: 3 vs 6 days) than community-dwelling patients (all, $p<.001$). Mortality risk factors in LTCF residents were severe functional dependence (aOR:1.79;95%CI:1.13-2.83; $p=.012$), dyspnea (1.66;1.16-2.39; $p=.004$), SatO₂<94% (1.73;1.27-2.37; $p=.001$), temperature $\geq 37.8^\circ\text{C}$ (1.62;1.11-2.38; $p=.013$); qSOFA index ≥ 2 (1.62;1.11-2.38; $p=.013$), bilateral infiltrates (1.98;1.24-2.98; $p<.001$), and high C-reactive protein (1.005;1.003-1.007; $p<.001$). In-hospital mortality



was initially higher among LTCF residents (43.3% vs 39.7%), but lower after adjusting for sex, age, functional dependence, and comorbidities (aOR:0.74,95%CI:0.62-0.87;p<.001).

Conclusion: Basal functional status and COVID-19 severity are risk factors of mortality in LTCF residents. The lower adjusted mortality rate in LTCF residents may be explained by earlier identification, treatment, and hospitalization for COVID-19.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.053

Quartil/Decil: 1

Categoria: Gerontology

Posició: 1/36

Palacio-Vieira J, Reyes-Urueña JM, Imaz A, Bruguera A, **Force L**, Llaveria AO, Llibre JM, Vilaró I, Borràs FH, Falcó V, Riera M, Domingo P, de Lazzari E, Miró JM, Casabona J; PICIS study group.

Strategies to reengage patients lost to follow up in HIV care in high income countries, a scoping review.

BMC Public Health. 2021 Aug 28;21(1):1596. doi: 10.1186/s12889-021-11613-y. PMID: 34454444; PMCID: PMC8403456.

Abstract

Background: Despite remarkable achievements in antiretroviral therapy (ART), losses to follow-up (LTFU) might prevent the long-term success of HIV treatment and might delay the achievement of the 90-90-90 objectives. This scoping review is aimed at the description and analysis of the strategies used in high-income countries to reengage LTFU in HIV care, their implementation and impact.

Methods: A scoping review was done following Arksey & O'Malley's methodological framework and recommendations from Joanna Briggs Institute. Peer reviewed articles were searched for in Pubmed, Scopus and Web of Science; and grey literature was searched for in Google and other sources of information. Documents were charted according to the information presented on LTFU, the reengagement procedures used in HIV units in high-income countries, published during the last 15 years. In addition, bibliographies of chosen articles were reviewed for additional articles.

Results: Twenty-eight documents were finally included, over 80% of them published in the United States later than 2015. Database searches, phone calls and/or mail contacts were the most common strategies used to locate and track LTFU, while motivational interviews and strengths-based techniques were used most often during reengagement visits. Outcomes like tracing activities efficacy, rates of reengagement and viral load reduction were reported as outcome measures.

Conclusions: This review shows a recent and growing trend in developing and implementing patient reengagement strategies in HIV care. However, most of these strategies have been implemented in the United States and little information is available for other high-income countries. The procedures used to trace and contact LTFU are similar across reviewed studies, but their impact and sustainability are widely different depending on the country studied.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.259

Quartil: 2

Categoria: Public, Environmental & Occupational Health

Posició: 73/203

Formiga F, Rubio-Rivas M, Mora-Luján JM, Escudero SC, Martínez RFM, Mendez-Bailón M, Campo PD, Pérez AR, García-Sánchez FJ, Alcalá-Pedrajas JN, Hernández SA, Milian AH, Díez AL, Sánchez RG, **Boixeda R**, Vicente J, Cortes B, Pérez CM, Espartero MEG, Castro JL, Suárez SR, Varona JF, Gomez-Huelgas R, Ramos-Rincón JM; SEMI-COVID-19 SEMI-COVID-19 Network.

Does admission acetylsalicylic acid uptake in hospitalized COVID-19 patients have a protective role? Data from the Spanish SEMI-COVID-19 Registry.

Intern Emerg Med. 2021 Nov 29. doi:10.1007/s11739-021-02870-1. Epub ahead of print. PMID: 34843073.



Abstract

Acetylsalicylic acid (ASA) is widely used in the treatment and prevention of cardiovascular disorders. Our objective is to evaluate its possible protective role, not only in mortality but also in other aspects such as inflammation, symptomatic thrombosis, and intensive care unit (ICU) admission in hospitalized COVID-19 patients. We realized an observational retrospective cohort study of 20,641 patients with COVID-19 pneumonia collected and followed-up from Mar 1st, 2020 to May 1st, 2021, from the nationwide Spanish SEMI-COVID-19 Registry. Propensity score matching (PSM) was performed to determine whether treatment with ASA affected outcomes in COVID-19 patients. On hospital admission, 3291 (15.9%) patients were receiving ASA. After PSM, 3291 patients exposed to ASA and 2885 not-exposed patients were analyzed. In-hospital mortality was higher in the ASA group (30.4 vs. 16.9%, $p < 0.001$) in the global sample. After PSM, no differences were found between groups (30.4 vs. 30.3%, $p = 0.938$). There were no differences in inflammation, symptomatic thrombosis, or ICU admission. In conclusion, ASA intake is not associated with in-hospital mortality or any other health outcome evaluated after applying PSM analysis in a real-world large sample of hospitalized COVID-19 patients.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.397 Quartil: 2

Categoria: Medicine, General & Internal

Posició: 49/167

Pérez-Latorre L, Berenguer J, Micán R, Montero M, Cifuentes C, Puig T, Sanz J, Ferrero OL, De La Fuente B, Rodríguez C, Reus S, Hernández-Quero J, Gaspar G, Pérez-Martínez L, García C, **Force L**, Veloso S, De Miguel M, Jarrín I, González- García J; GeSIDA 8514 Study Group.

HIV/HBV coinfection: temporal trends and patient characteristics, Spain, 2002 to 2018.

Euro Surveill. 2021 Jun;26(25):2000236. doi: 10.2807/1560-7917.ES.2021.26.25.2000236. PMID: 34169818; PMCID: PMC8229377.

Abstract:

Background Recent and reliable estimates on the prevalence of coinfection with human immunodeficiency virus (HIV) and hepatitis B virus (HBV) in Europe are lacking. **Aim** Leveraged on a study designed to assess HIV/HCV coinfection prevalence, we assessed the prevalence of HIV/HBV coinfection in Spain in 2018 and compared the results with five similar studies performed since 2002. **Methods** This cross-sectional prevalence study was carried out in 43 centres, and patients were selected using simple random sampling. The reference population comprised 40,322 patients and the sample size were 1,690 patients. **Results** The prevalence of HIV/HBV coinfection in Spain at the end of 2018 was 3.2%. The prevalence in 2002, 2009, 2015, 2016 and 2017 was 4.9%, 3.4%, 3%, 3.9% and 3%, respectively. Among the HIV/HBV-coinfected patients identified in 2018, 16.7% had cirrhosis according to transient elastography and 26.3% tested positive for antibodies against hepatitis D virus. All HIV/HBV-coinfected patients were receiving drugs with activity against HBV, and 97% of those tested for HBV DNA had an HBV DNA load < 80 IU/mL. **Conclusions** The prevalence of HIV/HBV coinfection in Spain remained stable at around 3% for a decade. Our data could facilitate the design of national programmes to control HBV infection and help identify areas of patient management that need improvement.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.307

Quartil/Decil: 1

Categoria: Infectious Diseases

Posició: 8/93

Ayala Gutiérrez MDM, Rubio-Rivas M, Romero Gómez C, Montero Sáez A, Pérez de Pedro I, Homs N, Ayuso García B, Cuenca Carvajal C, Arnalich Fernández F, Beato Pérez JL, Vargas Núñez JA, Letona Giménez L, Suárez Fernández C, Méndez Bailón M, Tuñón de Almeida C, González Moraleja J, de Guzmán García-Monge M,



Helguera Amezua C, Fidalgo Montero MDP, Giner Galvañ V, Gil Sánchez R, Collado Sáenz J, **Boixeda R**, Ramos Rincón JM, Gómez Huelgas R, On Behalf Of The Semi-Covid- Network.

Autoimmune Diseases and COVID-19 as Risk Factors for Poor Outcomes: Data on 13,940 Hospitalized Patients from the Spanish Nationwide SEMI-COVID-19 Registry.

J Clin Med. 2021 Apr 23;10(9):1844. doi: 10.3390/jcm10091844. PMID: 33922777; PMCID: PMC8123043.

Abstract:

Objectives: To describe the clinical characteristics and clinical course of hospitalized patients with COVID-19 and autoimmune diseases (ADs) compared to the general population.

Methods: We used information available in the nationwide Spanish SEMI-COVID-19 Registry, which retrospectively compiles data from the first admission of adult patients with COVID-19. We selected all patients with ADs included in the registry and compared them to the remaining patients. The primary outcome was all-cause mortality during admission, readmission, and subsequent admissions, and secondary outcomes were a composite outcome including the need for intensive care unit (ICU) admission, invasive and non-invasive mechanical ventilation (MV), or death, as well as in-hospital complications.

Results: A total of 13,940 patients diagnosed with COVID-19 were included, of which 362 (2.6%) had an AD. Patients with ADs were older, more likely to be female, and had greater comorbidity. On the multivariate logistic regression analysis, which involved the inverse propensity score weighting method, AD as a whole was not associated with an increased risk of any of the outcome variables. Habitual treatment with corticosteroids (CSs), age, Barthel Index score, and comorbidity were associated with poor outcomes. Biological disease-modifying anti-rheumatic drugs (bDMARDs) were associated with a decrease in mortality in patients with AD.

Conclusions: The analysis of the SEMI-COVID-19 Registry shows that ADs do not lead to a different prognosis, measured by mortality, complications, or the composite outcome. Considered individually, it seems that some diseases entail a different prognosis than that of the general population. Immunosuppressive/immunoregulatory treatments (IST) prior to admission had variable effects.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.292

Quartil: 1

Categoria: Medicine, General & Internal

Posició: 35/315

MOTILITAT DIGESTIVA – GASTROINTESTINAL MOTILITY

Nº Articles indexats: 15

Factor Impacte total: 61.058

Factor d'impacte liderat: 39.686

Cola PC, Onofri SMM, Rubira CJ, Pedroni CR, **Clavé P**, da Silva RG.

Electrical, taste, and temperature stimulation in patients with chronic dysphagia after stroke: a randomized controlled pilot trial.

Acta Neurol Belg. 2021 Feb 14. doi: 10.1007/s13760-021-01624-2. Epub ahead of print. PMID:33586087.

Abstract:

The objective of present study was compare a traditional swallowing therapy program with a new combined swallowing therapy program including neuromuscular electrical stimulation in patients with oropharyngeal dysphagia after stroke. This pilot study included eight patients with chronic oropharyngeal dysphagia after stroke. These patients underwent traditional therapy with gustative-thermic-tactile stimulation (group A), or a new combined program adding neuromuscular electrical stimulation (group B). Study participants were evaluated before and after the intervention using fiberoptic endoscopic evaluation of swallowing with temporal measures of posterior oral spillage and whiteout time, functional oral intake scale and a visual analog scale classifies an individual's swallowing ability. The two groups did not differ in terms of posterior oral spillage time, whiteout time and functional oral intake scale. Subjects in group B exhibited significant increases in visual



analog scale scores. However, both groups demonstrated improvement with decreases in posterior oral spillage time, increased whiteout time, and increased functional oral intake scale and visual analog scale scores. There was no difference in the parameters studied in both therapeutic programs in individuals with chronic oropharyngeal dysphagia after stroke.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.396

Quartil: 3

Categoria: Clinical Neurology

Posició: 149/208

Tomsen N, Ortega O, Nascimento W, Carrión S, Clavé P.

Oropharyngeal Dysphagia in Older People is Associated with Reduced Pharyngeal Sensitivity and Low Substance P and CGRP Concentration in Saliva.

Dysphagia. 2021 Mar 12. doi: 10.1007/s00455-021-10248-w. Epub ahead of print. PMID: 33710390.

Abstract

Substance P (SP) and Calcitonine gene-related peptide (CGRP) are released by sensory nerve fibers in the oropharynx. Patients with oropharyngeal dysphagia (OD) present reduced oropharyngeal sensitivity and low SP concentration in saliva. We aimed to assess the concentration of salivary SP and CGRP in healthy volunteers, and older people without and with OD, and the relationship with pharyngeal sensory threshold. We included 15 healthy volunteers, 14 healthy elderly and 14 elderly with OD. Swallow function was assessed by videofluoroscopy (VFS). Pharyngeal sensory threshold was assessed by intrapharyngeal electrical stimulation. Hydration and phase angle were assessed by bioimpedance. Saliva samples were collected with a Salivette® to determine SP and CGRP concentration by ELISA. Elderly patients with OD presented impaired safety of swallow (PAS 4.38 ± 0.77 $p < 0.0001$ vs. healthy volunteers = 1 and healthy elderly = 1.43 ± 0.51). Healthy elderly and elderly with OD presented a reduction in intracellular water and saliva volume (healthy elderly, 592.86 ± 327.79 μl , $p = 0.0004$; elderly with OD, 422.00 ± 343.01 μl , $p = 0.0001$ vs healthy volunteers, 1333.33 ± 615.91 μl , $r = 0.6621$, $p < 0.0001$). Elderly patients with OD presented an impairment in pharyngeal sensory threshold (10.80 ± 3.92 mA vs. healthy volunteers, 5.74 ± 2.57 mA; $p = 0.007$) and a reduction in salivary SP (129.34 pg/ml vs. healthy volunteers: 173.89 pg/ml; $p = 0.2346$) and CGRP levels (24.17 pg/ml vs. healthy volunteers: 508.18 pg/ml; $p = 0.0058$). There was a negative correlation between both SP and CGRP concentrations and pharyngeal sensory threshold ($r = -0.450$, $p = 0.024$; $r = -0.4597$, $p = 0.036$, respectively), but only SP identified elderly patients with OD with higher pharyngeal sensory threshold. Elderly patients with OD presented hydropenia and sarcopenia, reduced salivary SP and CGRP and impaired pharyngeal sensitivity. Our study suggests SP levels in saliva as a potential biomarker to monitor pharyngeal sensitivity in elderly patients with OD.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.438

Quartil: 1

Categoria: Otorhinolaryngology

Posició: 6/44

Speyer R, Cordier R, Farneti D, **Nascimento W**, Pilz W, Verin E, Walshe M, Woisard V.

White Paper by the European Society for Swallowing Disorders: Screening and Non-instrumental Assessment for Dysphagia in Adults.

Dysphagia. 2021 Mar 31:1–17. doi: 10.1007/s00455-021-10283-7. Epub ahead of print. PMID: 33787994; PMCID: PMC8009935.

Abstract

This White Paper by the European Society for Swallowing Disorders (ESSD) reports on the current state of screening and non-instrumental assessment for dysphagia in adults. An overview is provided on the measures that are available, and how to select screening tools and assessments. Emphasis is placed on different types of



screening, patient-reported measures, assessment of anatomy and physiology of the swallowing act, and clinical swallowing evaluation. Many screening and non-instrumental assessments are available for evaluating dysphagia in adults; however, their use may not be warranted due to poor diagnostic performance or lacking robust psychometric properties. This white paper provides recommendations on how to select best evidence-based screening tools and non-instrumental assessments for use in clinical practice targeting different constructs, target populations and respondents, based on criteria for diagnostic performance, psychometric properties (reliability, validity, and responsiveness), and feasibility. In addition, gaps in research that need to be addressed in future studies are discussed. The following recommendations are made: (1) discontinue the use of non-validated dysphagia screening tools and assessments; (2) implement screening using tools that have optimal diagnostic performance in selected populations that are at risk of dysphagia, such as stroke patients, frail older persons, patients with progressive neurological diseases, persons with cerebral palsy, and patients with head and neck cancer; (3) implement measures that demonstrate robust psychometric properties; and (4) provide quality training in dysphagia screening and assessment to all clinicians involved in the care and management of persons with dysphagia.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.438

Quartil: 1

Categoria: Otorhinolaryngology

Posició: 6/44

Nascimento W, Tomsen N, Acedo S, Campos-Alcantara C, Cabib C, Alvarez-Larruy M, Clavé P. Effect of Aging, Gender and Sensory Stimulation of TRPV1 Receptors with Capsaicin on Spontaneous Swallowing Frequency in Patients with Oropharyngeal Dysphagia: A Proof-of-Concept Study.

Diagnostics (Basel). 2021 Mar 7;11(3):461. doi: 10.3390/diagnostics11030461. PMID: 33799960; PMCID: PMC7999082.

Abstract:

Spontaneous swallowing contributes to airway protection and depends on the activation of brainstem reflex circuits in the central pattern generator (CPG). We studied the effect of age and gender on spontaneous swallowing frequency (SSF) in healthy volunteers and assessed basal SSF and TRPV1 stimulation effect on SSF in patients with post-stroke oropharyngeal dysphagia (OD). The effect of age and gender on SSF was examined on 141 healthy adult volunteers (HV) divided into three groups: GI-18-39 yr, GII-40-59 yr, and GIII->60 yr. OD was assessed by the Volume-Viscosity Swallowing Test (VVST). The effect of sensory stimulation with capsaicin 10⁻⁵ M (TRPV1 agonist) was evaluated in 17 patients with post-stroke OD, using the SSF. SSF was recorded in all participants during 10 min using surface electromyography (sEMG) of the suprahyoid muscles and an omnidirectional accelerometer placed over the cricothyroid cartilage. SSF was significantly reduced in GII (0.73 ± 0.50 swallows/min; p = 0.0385) and GIII (0.50 ± 0.31 swallows/min; p < 0.0001) compared to GI (1.03 ± 0.62 swallows/min), and there was a moderate significant correlation between age and SFF (r = -0.3810; p < 0.0001). No effect of gender on SSF was observed. Capsaicin caused a strong and significant increase in SSF after the TRPV1 stimulation when comparing to basal condition (pre-capsaicin: 0.41 ± 0.32 swallows/min vs post-capsaicin: 0.81 ± 0.51 swallow/min; p = 0.0003). OD in patients with post-stroke OD and acute stimulation with TRPV1 agonists caused a significant increase in SSF, further suggesting the potential role of pharmacological stimulation of sensory pathways as a therapeutic strategy for CPG activation in patients with OD.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.706

Quartil: 1

Categoria: Medicine, General & Internal

Posició: 51/315



Arreola V, Ortega O, Álvarez-Berdugo D, Rofes L, Tomsen N, Cabib C, Muriana D, Palomera E, Clavé P. Effect of Transcutaneous Electrical Stimulation in Chronic Poststroke Patients with Oropharyngeal Dysphagia: 1-Year Results of a Randomized Controlled Trial.

Neurorehabil Neural Repair. 2021 Jun 17:15459683211023187. doi: 10.1177/15459683211023187. Epub ahead of print. PMID: 34137329.

Abstract

Background. Chronic poststroke oropharyngeal dysphagia (CPSOD) is associated with impaired oropharyngeal sensory/motor function. We aimed to assess effect of sensory (SES) and motor (NMES) transcutaneous electrical stimulation (TES) on safety of swallow and clinical outcomes in patients with CPSOD in a one-year follow-up randomized controlled trial.

Methods. Ninety patients (74.1 ± 11.5 y, modified Rankin score 2.6 ± 1.7) with CPSOD and impaired safety of swallow were randomized to (a) compensatory treatment (CT), (b) CT + SES, and (c) CT + NMES. Patients were treated with up to two cycles (6 months apart) of 15×1 hour TES sessions over two weeks and followed up with 4-5 clinical and videofluoroscopic assessments during one year.

Key results. Baseline penetration-aspiration scale (PAS) was 4.61 ± 1.75 , delayed time to laryngeal vestibule closure (LVC) 396.4 ± 108.7 ms, and impaired efficacy signs 94.25%. Swallowing parameters significantly improved between baseline and 1-year follow-up in SES and NMES groups for prevalence of patients with a safe swallow ($P < .001$), mean PAS ($P < .001$), time to LVC ($P < .01$), and need for thickening agents ($P < .001$). Patients in the CT presented a less intense improvement of signs of impaired safety of swallow without significant changes in time to LVC. No differences between groups were observed for 1-year mortality (6.1%), respiratory infections (9.6%), nutritional and functional status, QoL, and hospital readmission rates (27.6%). No significant adverse events related to TES were observed.

Conclusions and inferences. Transcutaneous electrical stimulation is a safe and effective therapy for older patients with CPSOD. After 1-year follow-up, TES greatly improved the safety of swallow and reduced the need for fluid thickening in these patients.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.919

Quartil/Decil: 1

Categoria: Rehabilitation

Posició: 6/68

Schindler A, Pizzorni N, Cereda E, Cosentino G, Avenali M, Montomoli C, Abbruzzese G, Antonini A, Barbiera F, Benazzo M, Benarroch E, Bertino G, **Clavé P**, Cortelli P, Eleopra R, Ferrari C, Hamdy S, Huckabee ML, Lopiano L, Marchese- Ragona R, Masiero S, Michou E, Occhini A, Pacchetti C, Pfeiffer RF, Restivo DA, Rondanelli M, Ruoppolo G, Sandrini G, Schapira A, Stocchi F, Tolosa E, Valentino F, Zamboni M, Zangaglia R, Zappia M, Tassorelli C, Alfonsi E.

Consensus on the treatment of dysphagia in Parkinson's disease.

J Neurol Sci. 2021 Sep 27;430:120008. doi: 10.1016/j.jns.2021.120008. Epub ahead of print. PMID: 34624796.

Abstract:

Background: Dysphagia is common in Parkinson's disease (PD). The effects of antiparkinsonian drugs on dysphagia are controversial. Several treatments for dysphagia are available but there is no consensus on their efficacy in PD.

Objective: To conduct a systematic review of the literature and to define consensus statements on the treatment of dysphagia in PD and related nutritional management.

Methods: A multinational group of experts in the field of neurogenic dysphagia and/or Parkinson's disease conducted a systematic evaluation of the literature and reported the results according to PRISMA guidelines. The evidence from the retrieved studies was analyzed and discussed in a consensus conference organized in



Pavia, Italy, and the consensus statements were drafted. The final version of statements was subsequently achieved by e-mail consensus.

Results: The literature review retrieved 64 papers on treatment and nutrition of patients with PD and dysphagia, mainly of Class IV quality. Based on the literature and expert opinion in cases where the evidence was limited or lacking, 26 statements were developed.

Conclusions: The statements developed by the Consensus panel provide a guidance for a multi-disciplinary treatment of dysphagia in patients with PD, involving neurologists, otorhinolaryngologists, gastroenterologists, phoniatricians, speech-language pathologists, dieticians, and clinical nutritionists.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.181

Quartil: 3

Categoria: Clinical Neurology

Posició: 111/208

Cereda E, **Clavé P**, Collins PF, Holdoway A, Wischmeyer PE.

Recovery Focused Nutritional Therapy across the Continuum of Care: Learning from COVID-19.

Nutrients. 2021 Sep 21;13(9):3293. doi: 10.3390/nu13093293. PMID: 34579171; PMCID: PMC8472175

Abstract

Targeted nutritional therapy should be started early in severe illness and sustained through to recovery if clinical and patient-centred outcomes are to be optimised. The coronavirus disease 2019 (COVID-19) pandemic has shone a light on this need. The literature on nutrition and COVID-19 mainly focuses on the importance of nutrition to preserve life and prevent clinical deterioration during the acute phase of illness. However, there is a lack of information guiding practice across the whole patient journey (e.g., hospital to home) with a focus on targeting recovery (e.g., long COVID). This review paper is of relevance to doctors and other healthcare professionals in acute care and primary care worldwide, since it addresses early, multi-modal individualised nutrition interventions across the continuum of care to improve COVID-19 patient outcomes. It is of relevance to nutrition experts and non-nutrition experts and can be used to promote inter-professional and inter-organisational knowledge transfer on the topic. The primary goal is to prevent complications and support recovery to enable COVID-19 patients to achieve the best possible nutritional, physical, functional and mental health status and to apply the learning to date from the COVID-19 pandemic to other patient groups experiencing acute severe illness.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 5.719

Quartil: 1

Categoria: Nutrition & Dietetics

Posició: 17/88

Riera SA, Marin S, Serra-Prat M, Tomsen N, Arreola V, Ortega O, Walshe M, Clavé P.

A Systematic and a Scoping Review on the Psychometrics and Clinical Utility of the Volume-Viscosity Swallow Test (V-VST) in the Clinical Screening and Assessment of Oropharyngeal Dysphagia.

Foods. 2021 Aug 16;10(8):1900. doi: 10.3390/foods10081900. PMID: 34441677; PMCID: PMC8391460

Abstract:

Background: The volume-viscosity swallow test (V-VST) is a clinical tool for screening and diagnosis of oropharyngeal dysphagia (OD). Our aims were to examine the clinical utility of the V-VST against videofluoroscopy (VFS) or fiberoptic endoscopic evaluation of swallow (FEES) and to map the V-VST usage with patients at risk of OD across the years since it was described for the first time, carrying a systematic and a scoping review.

Methods: We performed both a systematic review (SR) including studies that look at the diagnostic test accuracy, and a scoping review (ScR) with articles published from September 2008 to May 2020. Searches were



done in different databases, including PubMed and EMBASE from September 2008 until May 2020, and no language restrictions were applied. A meta-analysis was done in the SR to assess the psychometric properties of the V-VST. Quality of studies was assessed by Dutch Cochrane, QUADAS, GRADE (SR), and STROBE (ScR) criteria. The SR protocol was registered on PROSPERO (registration: CRD42020136252).

Results: For the diagnostic accuracy SR: four studies were included. V-VST had a diagnostic sensitivity for OD of 93.17%, 81.39% specificity, and an inter-rater reliability Kappa = 0.77. Likelihood ratios (LHR) for OD were 0.08 (LHR-) and 5.01 (LHR+), and the diagnostic odds ratio for OD was 51.18. Quality of studies in SR was graded as high with low risk of bias. In the ScR: 34 studies were retrieved. They indicated that V-VST has been used internationally to assess OD's prevalence and complications.

Conclusions: The V-VST has strong psychometric properties and valid endpoints for OD in different phenotypes of patients. Our results support its utility in the screening and clinical diagnosis and management of OD..

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.350

Quartil: 2

Categoria: Food Science & Technology

Posició: 37/143

Cosentino G, Avenali M, Schindler A, Pizzorni N, Montomoli C, Abbruzzese G, Antonini A, Barbiera F, Benazzo M, Benarroch EE, Bertino G, Cereda E, **Clavè P**, Cortelli P, Eleopra R, Ferrari C, Hamdy S, Huckabee ML, Lopiano L, Marchese Ragona R, Masiero S, Michou E, Occhini A, Pacchetti C, Pfeiffer RF, Restivo DA, Rondanelli M, Ruoppolo G, Sandrini G, Schapira AHV, Stocchi F, Tolosa E, Valentino F, Zamboni M, Zangaglia R, Zappia M, Tassorelli C, Alfonsi E.

A multinational consensus on dysphagia in Parkinson's disease: screening, diagnosis and prognostic value.

J Neurol. 2021 Aug 21. doi: 10.1007/s00415-021-10739-8. Epub ahead of print. PMID: 344178702

Abstract

Background: Parkinson's disease (PD) is a neurodegenerative disorder characterized by a combination of motor and non-motor dysfunction. Dysphagia is a common symptom in PD, though it is still too frequently underdiagnosed. Consensus is lacking on screening, diagnosis, and prognosis of dysphagia in PD.

Objective: To systematically review the literature and to define consensus statements on the screening and the diagnosis of dysphagia in PD, as well as on the impact of dysphagia on the prognosis and quality of life (QoL) of PD patients.

Methods: A multinational group of experts in the field of neurogenic dysphagia and/or PD conducted a systematic revision of the literature published since January 1990 to February 2021 and reported the results according to PRISMA guidelines. The output of the research was then analyzed and discussed in a consensus conference convened in Pavia, Italy, where the consensus statements were drafted. The final version of statements was subsequently achieved by e-mail consensus.

Results: Eighty-five papers were used to inform the Panel's statements even though most of them were of Class IV quality. The statements tackled four main areas: (1) screening of dysphagia: timing and tools; (2) diagnosis of dysphagia: clinical and instrumental detection, severity assessment; (3) dysphagia and QoL: impact and assessment; (4) prognostic value of dysphagia; impact on the outcome and role of associated conditions.

Conclusions: The statements elaborated by the Consensus Panel provide a framework to guide the neurologist in the timely detection and accurate diagnosis of dysphagia in PD.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.849

Quartil: 1

Categoria: Clinical Neurology

Posició: 52/208



Costa A, Martin A, Arreola V, Riera SA, Pizarro A, Carol C, Serras L, Clavé P.

Assessment of Swallowing Disorders, Nutritional and Hydration Status, and Oral Hygiene in Students with Severe Neurological Disabilities Including Cerebral Palsy.

Nutrients. 2021 Jul 14;13(7):2413. doi: 10.3390/nu13072413. PMID: 34371923; PMCID: PMC8308512

Abstract:

Background: Special needs schools (SNS) educate children and young people with major neurological disabilities who are at high risk of oropharyngeal dysphagia (OD) and malnutrition (MN). We aimed to assess the prevalence of OD, MN, dehydration (DH), and oral health (OH) in students at an SNS.

Methods: A cross-sectional observational study was conducted at SNS L'Arboç, Catalonia, Spain. We assessed (a) demographics, health status, comorbidities, and gross motor function classification system (GMFCS), (b) swallowing function, oral-motor evaluation, masticatory capacity, and EDACS classification for eating and drinking abilities, (c) nutritional and DH status (anthropometry, bioimpedance and dietary records), and (d) OH (Oral Hygiene Index Simplified).

Results: A total of 33 students (mean age 13.3 years; 39.4% level V of GMFCS) were included. Main diagnosis was cerebral palsy at 57.6%. All students presented OD, 90.6% had impaired safety, 68.7% were at levels II-III of EDACS, and 31.3% required PEG; furthermore, 89.3% had chronic MN, 21.4% had acute MN, 70% presented intracellular DH, and 83.9% presented impaired OH.

Conclusion: MN, DH, OD, and poor OH are highly prevalent conditions in students with cerebral palsy and other neurological disabilities and must be specifically managed through nutritional and educational strategies. The multidisciplinary team at SNS should include healthcare professionals specifically trained in these conditions.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 5.719

Quartil: 1

Categoria: Nutrition & Dietetics

Posició: 17/88

Martin-Martinez A, Ortega O, Viñas P, Arreola V, Nascimento W, Costa A, Riera SA, Alarcón C, Clavé P.

COVID-19 is associated with oropharyngeal dysphagia and malnutrition in hospitalized patients during the spring 2020 wave of the pandemic.

Clin Nutr. 2021 Jun 15:S0261-5614(21)00297-1. doi: 10.1016/j.clnu.2021.06.010. Epub ahead of print. PMID: 34187698; PMCID: PMC8205257

Abstract

Background & aims: Prevalence and complications of oropharyngeal dysphagia (OD) and malnutrition (MN) in COVID-19 patients is unknown. Our aim was to assess the prevalence, risk factors and clinical outcomes of OD and MN in a general hospital during the first wave of the COVID-19 pandemic.

Methods: This was a prospective, observational study involving clinical assessment of OD (Volume-Viscosity Swallowing Test), and nutritional screening (NRS2002) and assessment (GLIM criteria) in COVID-19 patients hospitalized in general wards at the Consorci Sanitari del Maresme, Catalonia, Spain. The clinical characteristics and outcomes of patients were assessed at pre-admission, admission and discharge, and after 3 and 6-months follow-up.

Results: We included 205 consecutive patients (69.28 ± 17.52 years, Charlson 3.74 ± 2.62, mean hospital stay 16.8 ± 13.0 days). At admission, Barthel Index was 81.3 ± 30.3; BMI 28.5 ± 5.4 kg/m²; OD prevalence 51.7% (44.1% impaired safety of swallow); and 45.5% developed MN with a mean weight loss of 10.1 ± 5.0 kg during hospitalization. OD was an independent risk factor for MN during hospitalization (OR 3.96 [1.45-10.75]), and hospitalization was prolonged in patients with MN compared with those without (21.9 ± 14.8 vs 11.9 ± 8.9 days, respectively; p < 0.0001). OD was independently associated with comorbidities, neurological symptoms, and low functionality. At 6-month follow-up, prevalence of OD was still 23.3% and that of MN only 7.1%. Patients with OD at discharge showed reduced 6-month survival than those without OD at discharge (71.6% vs 92.9%, p <



0.001); in contrast, those with MN at discharge did not show 6-month survival differences compared to those without (85.4% vs 83.8%, $p = 0.8$).

Conclusions: Prevalence and burden of OD and MN in patients hospitalized in COVID-19 wards is very high. Our results suggest that optimizing the management of MN might shorten the hospitalization period but optimizing the management of OD will likely impact the nutritional status of COVID-19 patients and improve their clinical outcomes and survival after hospital discharge.

ClinicalTrials.gov Identifier: NCT04346212.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 7.325

Quartil/Decil: 1

Categoria: Nutrition & Dietetics

Posició: 7/88

Marin S, Serra-Prat M, Ortega O, Audouard Fericgla M, Valls J, Palomera E, Cunillera R, Palomeras E, Ibàñez JM, Clavé P.

Healthcare costs of post-stroke oropharyngeal dysphagia and its complications: malnutrition and respiratory infections.

Eur J Neurol. 2021 Nov;28(11):3670-3681. doi: 10.1111/ene.14998. Epub 2021 Jul 27. PMID: 34176195

Abstract:

Background and purpose: The healthcare economic costs of post-stroke oropharyngeal dysphagia (OD) are not fully understood. The purpose of this study was to assess the acute, subacute and long-term costs related to post-stroke OD and its main complications (malnutrition and respiratory infections).

Methods: A cost of illness study of patients admitted to Mataró Hospital (Catalonia, Spain) from May 2010 to September 2014 with a stroke diagnosis was performed. OD, malnutrition and respiratory infections were assessed during hospitalization and follow-up (3 and 12 months). Hospitalization and long-term costs were measured from hospital and healthcare system perspectives. Multivariate linear regression analysis was performed to assess the independent effect of OD, malnutrition and respiratory infections on healthcare costs during hospitalization, and at 3 and 12 months' follow-up.

Results: In all, 395 patients were included of whom 178 had OD at admission. Patients with OD incurred major total in-hospital costs ($€5357.67 \pm €3391.62$ vs. $€3976.30 \pm €1992.58$, $p < 0.0001$), 3-month costs ($€8242.0 \pm €5376.0$ vs. $€5320.0 \pm €4053.0$, $p < 0.0001$) and 12-month costs ($€11,617.58 \pm €12,033.58$ vs. $€7242.78 \pm €7402.55$, $p < 0.0001$). OD was independently associated with a cost increase of $€789.68$ ($p = 0.011$) during hospitalization and of $€873.5$ ($p = 0.084$) at 3 months but not at 12 months. However, patients with OD who were at risk of malnutrition or malnourished and suffered respiratory infections incurred major mean costs compared with those patients without OD ($€19,817.58 \pm €13,724.83$ vs. $€7242.8 \pm €7402.6$, $p < 0.0004$) at 12 months' follow-up.

Conclusion: Oropharyngeal dysphagia causes significant high economic costs during hospitalization that strongly and significantly increase with the development of malnutrition and respiratory infections at long-term follow-up.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.089

Quartil: 1

Categoria: Clinical Neurology

Posició: 30/208

Soldino V, **Miró-Ramos J**, Carbonell-Vayá EJ.

Psychometric Properties of the Spanish Version of the Online Sexual Addiction Questionnaire: An Exploratory Study Using a Sample of Convicted Sex Offenders.

Victims & Offenders, 22 Aug. 2021, DOI: 10.1080/15564886.2021.1963900.

Abstract



This study explored the psychometric properties of the Online Sexual Addiction Questionnaire (OSA-Q). In total, 100 sexual offenders completed the OSA-Q Spanish version, along with the Millon Clinical Multiaxial Inventory-III (MCMI-III) for the assessment of related impairment. Thirty-four individuals with social-desirability bias were extracted from the sample. A four-factor structure accounted for 77% of the variance and internal consistency was strong ($\alpha = .97$). Additionally, correlations with related clinical scales were statistically significant. Overall, online sexual offenders showed higher scores on the OSA-Q than contact-exclusive offenders. According to our results, the OSA-Q shows promise as a screening in forensic samples.

Indexat a: WOS/JCR

Factor Impacte: 1.789

Quartil: 3

Categoria: Criminology & Penology

Posició: 50/69

Arco S, Saldaña E, **Serra-Prat M**, **Palomera E**, Ribas Y, **Font S**, **Clavé P**, **Mundet L**.

Functional Constipation in Older Adults: Prevalence, Clinical Symptoms and Subtypes, Association with Frailty, and Impact on Quality of Life.

Gerontology. 2021 Jul 15:1-10. doi: 10.1159/000517212. Epub ahead of print. PMID: 34265780.

Abstract

Introduction: Functional constipation (FC) is very prevalent in older adults, especially in women, but its relationship with frailty is not fully understood. The aims were to assess FC prevalence, clinical symptoms and subtypes, association with frailty, and impact on quality of life (QoL) in older people.

Methods: This epidemiological study included 384 individuals aged over 70 years recruited from the community, a hospital, and a nursing home and stratified into robust, pre-frail, and frail groups (Fried criteria). The following criteria were evaluated: frailty, FC (Rome III criteria), stool consistency (Bristol Stool Chart), comorbidities (Charlson), dependency (Barthel), QoL (EQ5D), and clinical and sociodemographic data. Defined by symptom aggregation were 2 main clinical subtypes as follows: slow colonic transit time (CTT) and functional defecation disorder (FDD).

Results: Mean age was 79.11 ± 6.43 years. Overall FC prevalence was 26.8%, higher in women (32.4% women vs. 21.8% men; $p = 0.019$) and highest in frail patients (41.7% frail vs. 33.9% pre-frail vs. 24.2% robust; $p < 0.001$). Straining and hard stools (Bristol 1-2) were the most prevalent symptoms (89.3 and 75.7%, respectively). Frailty and benzodiazepine intake were independently associated with FC. Patients with FC obtained poorer QoL scores in the EQ5D (perceived health 66.09 ± 17.8 FC patients vs. 56.4 ± 19.03 non-FC patients; $p < 0.05$). The FDD subtype became significantly more prevalent as frailty increased (6.5, 25.8, and 67.7% for robust, pre-frail, and frail patients, respectively); the slow CTT subtype was significantly more frequent in robust patients (38.5% robust vs. 30.5% pre-frail vs. 23.1% frail), $p = 0.002$.

Discussion/conclusion: FC prevalence in older adults was high, especially in women, and was associated with frailty and poor QoL. Clinical subtypes as related to frailty phenotypes reflect specific pathophysiological aspects and should lead to more specific diagnoses and improved treatment.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 5.140

Quartil: 1

Categoria: Geriatrics & Gerontology

Posició: 13/53

Dziewas R, Michou E, Trapl-Grundschober M, Lal A, Arsava EM, Bath PM, **Clavé P**, Glahn J, Hamdy S, Pownall S, Schindler A, Walshe M, Wirth R, Wright D, Verin E.

European Stroke Organisation and European Society for Swallowing Disorders guideline for the diagnosis and treatment of post-stroke dysphagia.

Eur Stroke J. 2021 Sep;6(3):LXXXIX-CXV. doi: 10.1177/23969873211039721. Epub 2021 Oct 13. PMID: 34746431; PMCID: PMC8564153.

**Abstract:**

Post-stroke dysphagia (PSD) is present in more than 50% of acute stroke patients, increases the risk of complications, in particular aspiration pneumonia, malnutrition and dehydration, and is linked to poor outcome and mortality. The aim of this guideline is to assist all members of the multidisciplinary team in their management of patients with PSD. These guidelines were developed based on the European Stroke Organisation (ESO) standard operating procedure and followed the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach. An interdisciplinary working group identified 20 relevant questions, performed systematic reviews and meta-analyses of the literature, assessed the quality of the available evidence and wrote evidence-based recommendations. Expert opinion was provided if not enough evidence was available to provide recommendations based on the GRADE approach. We found moderate quality of evidence to recommend dysphagia screening in all stroke patients to prevent post-stroke pneumonia and to early mortality and low quality of evidence to suggest dysphagia assessment in stroke patients having been identified at being at risk of PSD. We found low to moderate quality of evidence for a variety of treatment options to improve swallowing physiology and swallowing safety. These options include dietary interventions, behavioural swallowing treatment including acupuncture, nutritional interventions, oral health care, different pharmacological agents and different types of neurostimulation treatment. Some of the studied interventions also had an impact on other clinical endpoints such as feedings status or pneumonia. Overall, further randomized trials are needed to improve the quality of evidence for the treatment of PSD.

Indexat a: PubMed/WOS

Thomsen N, Clavé P.**Pharmacological use of transient receptor potential (TRP) ion channel agonists in neurological disease and aging: effects on swallowing and implications for nutrition. Chapter 31.**

Assessments, treatments and modeling in aging and neurological disease. The Neuroscience of aging. 1a Edición. Academic Press/Elsevier. London: 2021. 582 p.

Introduction:

Oropharyngeal dysphagia (OD) is a condition that consists of difficulty or discomfort during the progression of the alimentary bolus from the mouth to the esophagus. It is recognized by the World Health Organization with the International Classification of Diseases (ICD) codes 787.2 (ICD-9) and R13 (ICD-10). OD is very prevalent in several phenotypes of patient: 23%e51% in older people, 57%e84% in patients with neurodegenerative diseases, and 40%e81% in poststroke patients. However, it is underdiagnosed and undervalued in current clinical practice and does not have specific active treatment. The main alterations caused by OD are classified in two groups: impaired efficacy (oral and pharyngeal residue) and safety (penetrations and aspirations). These alterations are associated with several health complications, worsening the quality of life of patients. Impaired efficacy is related to malnutrition and dehydration and is caused by impaired bolus propulsion force. Impaired safety causes respiratory infections, aspiration pneumonia, and an increase in the associated mortality and is related to increased time to laryngeal vestibule closure (LVC) and upper esophageal sphincter opening (UESO).

The impairment of the oropharyngeal sensory function is closely related to the alteration of the oropharyngeal swallow response (OSR) seen in older people and patients with neurologic or neurodegenerative disease and OD. It is known that there is a correlation between oropharyngeal sensory threshold and age (Aviv, 1997), explained by the reduction of the number of small diameter, myelinated fibers in the internal superior laryngeal nerve observed in older people (Tiago, Pontes, & do Brasil, 2007). In addition, electroencephalographic studies have shown how older patients with and without dysphagia have increased latency and reduced amplitude of the characteristic peaks of the pharyngeal sensory potential (PSEP) due to the disrupted afferent input from the



pharynx to the central nervous system (CNS). Therefore, pharyngeal sensory loss is closely related to increased prevalence of swallowing safety impairments (Rofes, Ortega, Vilardell, Mundet, & Clavé, 2017).

Oropharyngeal sensitivity can also be affected in stroke patients, increasing the prevalence of aspiration pneumonia due to the high risk of aspiration (Aviv, 1997). Note that cortical sensory representation is bilateral and symmetric, causing a reduction in oropharyngeal sensitivity independently of the hemisphere where the stroke occurs (Cabib et al., 2017). In contrast, the motor aspects of the swallow response can only be impaired if the stroke affects the dominant hemisphere for deglutition as oropharyngeal motor representation in the cortex is asymmetrical (Singh & Hamdy, 2006). Recent studies concluded that patients with poststroke dysphagia show a disrupted sensory input integration and reduced cortical excitability, in addition to the inability of the nonaffected hemisphere to recover the swallow motor response (Cabib et al., 2017, 2019). Patients with neurodegenerative diseases, such as Parkinson's and Alzheimer's, also have impaired oropharyngeal sensitivity (Hammer, Murphy, & Abrams, 2013). This impairment is due to damage not only in the CNS but also in the peripheral nervous system, especially the sensory nerves that innervate the oropharynx (Mu et al., 2013). In addition, the presence of Lewy bodies has been described in the peripheral sensory nerve fibers of Parkinson's patients (Beach et al., 2010). Oropharyngeal sensory inputs involve the afferent pathway of the neurophysiological response of swallowing, which transmits the stimulus from the oropharynx to the sensory cortex and the central pattern generator (CPG) and triggers the OSR through the efferent pathway. If the afferent pathway is impaired, as has been described in several phenotypes of patients with swallowing disorders, the efferent pathway may also be affected, resulting in impaired OSR (Cabib et al., 2016). The sensory pathway could therefore be a therapeutic target to improve the OSR, and the best way to treat the decrease in oropharyngeal sensitivity is through the transient receptor potential (TRP) channel agonists.

NEUMOLOGIA– PNEUMOLOGY

Robles-Perez A, Molina-Molina M, Narcáez J.

Tratamiento actual de la enfermedad pulmonar intersticial asociada a la artritis reumatoide.

Open Respir Archiv 2021;3(2): 100106. doi: <https://doi.org/10.1016/j.opresp.2021.100106>

Abstract:

La enfermedad pulmonar intersticial difusa (EPID) es la manifestación pulmonar más frecuente de la artritis reumatoide (AR) y actualmente representa la segunda causa de muerte en esta enfermedad. A pesar de esta dramática situación, muchos son aún los aspectos que quedan por dilucidar en cuanto a su fisiopatología, cronología y, lo que es aún más apremiante, opciones de tratamiento.

El manejo de esta patología ha sido de creciente interés en los últimos años. Así lo demuestra el aumento del número de estudios llevados a cabo sobre la eficacia de tratamientos, principalmente con fármacos biológicos y antifibróticos.

A falta de unas guías de tratamiento, las estrategias terapéuticas en EPID-AR pueden variar de un centro a otro y se basan en series de casos o en la evidencia existente en otras enfermedades autoinmunes sistémicas (EAS), principalmente la esclerosis sistémica. Esta extrapolación no debería ser la norma, ya que existen importantes diferencias fisiopatológicas entre las diferentes EAS que pueden hacer variable la respuesta a un mismo tratamiento. Más recientemente la eficacia del tratamiento antifibrótico con nintedanib ha sido evaluado en un ensayo clínico que incluía pacientes con EPID fibrosantes y progresivas, siendo la EPID-AR la segunda entidad con más representación, con más del 10% del total de la muestra.

Contrariamente a teorías previas, a día de hoy existe evidencia sobre la seguridad a nivel pulmonar de los fármacos modificadores de la enfermedad (FAME), tales como metotrexato o leflunomida. Existen incluso



trabajos que muestran un potencial efecto beneficioso sobre el pulmón, apoyando la idea de que un mejor control de la actividad sistémica puede contribuir a una mejor evolución de la afectación pulmonar.

Respecto al tratamiento de la afectación pulmonar y a pesar de la escasa evidencia existente, dosis variables de corticoides sistémicos, solos o en combinación con otros agentes inmunosupresores, constituyen aún a día de hoy el pilar de tratamiento en muchas ocasiones. De entre los diferentes inmunosupresores disponibles actualmente, micofenolato mofetilo es el que ha presentado efectos más beneficiosos con un buen perfil de seguridad.

NEUROLOGIA - NEUROLOGY

Nº Articles indexats: 7

Factor Impacte total: 36.673

Factor d'impacte liderat: 0

Borrego-Écija S, Turon-Sans J, Ximelis T, Aldecoa I, Molina-Porcel L, Povedano M, Rubio MA, Gámez J, **Cano A**, Paré-Curell M, Bajo L, Sotoca J, Clarimón J, Balasa M, Antonell A, Lladó A, Sánchez-Valle R, Rojas-García R, Gelpi E.

Cognitive decline in amyotrophic lateral sclerosis: Neuropathological substrate and genetic determinants.

Brain Pathol. 2021 May;31(3):e12942. doi: 10.1111/bpa.12942. Epub 2021 Feb 12. PMID: 33576076.

Abstract

Cognitive impairment and behavioral changes in amyotrophic lateral sclerosis (ALS) are now recognized as part of the disease. Whether it is solely related to the extent of TDP-43 pathology is currently unclear. We aim to evaluate the influence of age, genetics, neuropathological features, and concomitant pathologies on cognitive impairment in ALS patients. We analyzed a postmortem series of 104 ALS patients and retrospectively reviewed clinical and neuropathological data. We assessed the burden and extent of concomitant pathologies, the role of APOE ε4 and mutations, and correlated these findings with cognitive status. We performed a logistic regression model to identify which pathologies are related to cognitive impairment. Cognitive decline was recorded in 38.5% of the subjects. Neuropathological features of frontotemporal lobar degeneration (FTLD) were found in 32.7%, explaining most, but not all, cases with cognitive impairment. Extent of TDP-43 pathology and the presence of hippocampal sclerosis were associated with cognitive impairment. Mutation carriers presented a higher burden of TDP-43 pathology and FTLD more frequently than sporadic cases. Most cases (89.4%) presented some degree of concomitant pathologies. The presence of concomitant pathologies was associated with older age at death. FTLD, but also Alzheimer's disease, were the predominant underlying pathologies explaining the cognitive impairment in ALS patients. In sum, FTLD explained the presence of cognitive decline in most but not all ALS cases, while other non-FTLD related findings can influence the cognitive status, particularly in older age groups.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.508

Quartil: 1

Categoria: Pathology

Posició: 8/77

Flores A, Seró L, Gomez-Choco M, Ustrell X, Pellisé A, Viñas J, Rodriguez P, Monterde A, Castilho G, Rubiera M, Amaro S, Padrós MAF, Cardona P, Martí- Fabregas J, Molina CA, Serena J, Jimenez-Fábrega FX, Purroy F, Zaragoza-Brunet J, Cocho D, **Palomeras E**, Kuprinski J, Más N, Hernández-Perez M, Sanjurjo E, Carrión D, Costa X, Barceló M, Monedero J, Catena E, Rybyeba M, Díaz G, de la Ossa NP, Ribó M; Catalan Stroke Code and Reperfusion Consortium.

The Role of Vascular Imaging at Referral Centers in the Drip and Ship Paradigm.



J Stroke Cerebrovasc Dis. 2021 Nov 15;31(1):106209. doi: 10.1016/j.jstrokecerebrovasdis.2021.106209. Epub ahead of print. PMID: 34794029.

Abstract

Background: In drip-and-ship protocols, non-invasive vascular imaging (NIVI) at Referral Centers (RC), although recommended, is not consistently performed and its value is uncertain. We evaluated the role of NIVI at RC, comparing patients with (VI+) and without (VI-) vascular imaging in several outcomes.

Methods: Observational, multicenter study from a prospective government-mandated population-based registry of code stroke patients. We selected acute ischemic stroke patients, initially assessed at RC from January-2016 to June-2020. We compared and analyzed the rates of patients transferred to a Comprehensive Stroke Center (CSC) for Endovascular Treatment (EVT), rates of EVT and workflow times between VI+ and VI- patients.

Results: From 5128 ischemic code stroke patients admitted at RC; 3067 (59.8%) were VI+, 1822 (35.5%) were secondarily transferred to a CSC and 600 (11.7%) received EVT. Among all patients with severe stroke (NIHSS ≥ 16) at RC, a multivariate analysis showed that lower age, thrombolytic treatment, and VI+ (OR:1.479, CI95%: 1.117-1.960, $p=0.006$) were independent factors associated to EVT. The rate of secondary transfer to a CSC was lower in VI+ group (24.6% vs. 51.6%, $p<0.001$). Among transferred patients, EVT was more frequent in VI+ than VI- (48.6% vs. 21.7%, $p<0.001$). Interval times as door-in door-out (median-minutes 83.5 vs. 82, $p= 0.13$) and RC-Door to puncture (median-minutes 189 vs. 178, $p= 0.47$) did not show differences between both groups.

Conclusion: In the present study, NIVI at RC improves selection for EVT, and is associated with receiving EVT in severe stroke patients. Time-metrics related to drip-and-ship model were not affected by NIVI.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.136

Quartil: 4

Categoria: Neurosciences

Posició: 225/273

Ramos-Pachón A, García-Tornel Á, Millán M, Ribó M, Amaro S, Cardona P, Martí-Fàbregas J, Roquer J, Silva Y, Ustrell X, Purroy F, Gómez-Choco M, Zaragoza-Brunet J, Cánovas D, Krupinski J, Sala NM, **Palomeras E**, Cocho D, Redondo L, Repullo C, Sanjurjo E, Carrión D, López M, Almendros MC, Barceló M, Monedero J, Catena E, Rybye M, Diaz G, Jiménez-Fàbrega X, Solà S, Hidalgo V, Pueyo MJ, Pérez de la Ossa N, Urrea X; Catalan Stroke Code and Reperfusion Consortium (Cat-SCR).

Bottlenecks in the Acute Stroke Care System during the COVID-19 Pandemic in Catalonia.

Cerebrovasc Dis. 2021 May 21;1-9. doi: 10.1159/000516309. Epub ahead of print. PMID: 34023822

Abstract

Introduction: The COVID-19 pandemic resulted in significant healthcare reorganizations, potentially striking standard medical care. We investigated the impact of the COVID-19 pandemic on acute stroke care quality and clinical outcomes to detect healthcare system's bottlenecks from a territorial point of view.

Methods: Crossed-data analysis between a prospective nation-based mandatory registry of acute stroke, Emergency Medical System (EMS) records, and daily incidence of COVID-19 in Catalonia (Spain). We included all stroke code activations during the pandemic (March 15-May 2, 2020) and an immediate prepandemic period (January 26-March 14, 2020). Primary outcomes were stroke code activations and reperfusion therapies in both periods. Secondary outcomes included clinical characteristics, workflow metrics, differences across types of stroke centers, correlation analysis between weekly EMS alerts, COVID-19 cases, and workflow metrics, and impact on mortality and clinical outcome at 90 days.

Results: Stroke code activations decreased by 22% and reperfusion therapies dropped by 29% during the pandemic period, with no differences in age, stroke severity, or large vessel occlusion. Calls to EMS were handled 42 min later, and time from onset to hospital arrival increased by 53 min, with significant correlations between weekly COVID-19 cases and more EMS calls ($\rho = 0.81$), less stroke code activations ($\rho = -0.37$), and



longer prehospital delays ($\rho = 0.25$). Telestroke centers were afflicted with higher reductions in stroke code activations, reperfusion treatments, referrals to endovascular centers, and increased delays to thrombolytics. The independent odds of death increased (OR 1.6 [1.05-2.4], p 0.03) and good functional outcome decreased (mRS ≤ 2 at 90 days: OR 0.6 [0.4-0.9], p 0.015) during the pandemic period.

Conclusion: During the COVID-19 pandemic, Catalonia's stroke system's weakest points were the delay to EMS alert and a decline of stroke code activations, reperfusion treatments, and interhospital transfers, mostly at local centers. Patients suffering an acute stroke during the pandemic period had higher odds of poor functional outcome and death. The complete stroke care system's analysis is crucial to allocate resources appropriately.

Indexat a: WOS/JCR

Factor Impacte: 2.762

Quartil: 3

Categoria: Peripheral Vascular Disease

Posició: 39/65

Martí-Fàbregas J, Guisado-Alonso D, Delgado-Mederos R, Martínez-Domeño A, Prats-Sánchez L, Guasch-Jiménez M, Cardona P, Núñez-Guillén A, Requena M, Rubiera M, Olivé M, Bustamante A, Gomis M, Amaro S, Lull L, Ustrell X, Castilho de Oliveira G, Seró L, Gomez-Choco M, Mena L, Serena J, Bashir Viturro S, Purroy F, Vicente M, Rodríguez-Campello A, Ois A, Catena E, Carmen Garcia-Carreira M, Barrachina O, **Palomeras E**, Krupinski J, Almeria M, Zaragoza J, Esteve P, Cocho D, Moreira A, van Eendenburg C, Emilio Cudas J, Pérez de la Ossa N, Salvat M, Camps-Renom P.

Impact of COVID-19 Infection on the Outcome of Patients With Ischemic Stroke.

Stroke. 2021 Dec;52(12):3908-3917.doi: 10.1161/STROKEAHA.121.034883. Epub 2021 Aug 30. PMID: 34455823; PMCID: PMC8607902.

Abstract

Background and purpose: We evaluated whether stroke severity, functional outcome, and mortality are different in patients with ischemic stroke with or without coronavirus disease 2019 (COVID-19) infection.

Methods: A prospective, observational, multicentre cohort study in Catalonia, Spain. Recruitment was consecutive from mid-March to mid-May 2020. Patients had an acute ischemic stroke within 48 hours and a previous modified Rankin Scale (mRS) score of 0 to 3. We collected demographic data, vascular risk factors, prior mRS score, National Institutes of Health Stroke Scale score, rate of reperfusion therapies, logistics, and metrics. Primary end point was functional outcome at 3 months. Favourable outcome was defined depending on the previous mRS score. Secondary outcome was mortality at 3 months. We performed mRS shift and multivariable analyses.

Results: We evaluated 701 patients (mean age 72.3 ± 13.3 years, 60.5% men) and 91 (13%) had COVID-19 infection. Median baseline National Institutes of Health Stroke Scale score was higher in patients with COVID-19 compared with patients without COVID-19 (8 [3-18] versus 6 [2-14], $P=0.049$). Proportion of patients with a favourable functional outcome was 33.7% in the COVID-19 and 47% in the non-COVID-19 group. However, after a multivariable logistic regression analysis, COVID-19 infection did not increase the probability of unfavourable functional outcome. Mortality rate was 39.3% among patients with COVID-19 and 16.1% in the non-COVID-19 group. In the multivariable logistic regression analysis, COVID-19 infection was a risk factor for mortality (hazard ratio, 3.14 [95% CI, 2.10-4.71]; $P<0.001$).

Conclusions: Patients with ischemic stroke and COVID-19 infection have more severe strokes and a higher mortality than patients with stroke without COVID-19 infection. However, functional outcome is comparable in both groups.

Indexat a: WOS/JCR

Factor Impacte: 7.914

Quartil/Decil: 1

Categoria: Clinical Neurology

Posició: 16/208



Belvís R, Irimia P, Pozo-Rosich P, González-Oria C, **Cano A**, Viguera J, Sánchez B, Molina F, Beltrán I, Oterino A, Cuadrado E, Gómez-Camello A, Alberte- Woodward M, Jurado C, Oms T, Ezpeleta D, de Terán JD, Morollón N, Latorre G, Torres-Ferrús M, Alpuente A, Lamas R, Toledano C, Leira R, Santos S, Del Río MS.

MAB-MIG: registry of the spanish neurological society of erenumab for migraine prevention.

J Headache Pain. 2021 Jul 17;22(1):74. doi: 10.1186/s10194-021-01267-x. PMID: 34273947; PMCID: PMC8285868.

Abstract

Background: Erenumab was approved in Europe for migraine prevention in patients with ≥ 4 monthly migraine days (MMDs). In Spain, Novartis started a personalized managed access program, which allowed free access to erenumab before official reimbursement. The Spanish Neurological Society started a prospective registry to evaluate real-world effectiveness and tolerability, and all Spanish headache experts were invited to participate. We present their first results.

Methods: Patients fulfilled the ICHD-3 criteria for migraine and had ≥ 4 MMDs. Sociodemographic and clinical data were registered as well as MMDs, monthly headache days, MHDs, prior and concomitant preventive treatment, medication overuse headache (MOH), migraine evolution, adverse events, and patient-reported outcomes (PROs): headache impact test (HIT-6), migraine disability assessment questionnaire (MIDAS), and patient global improvement change (PGIC). A $> 50\%$ reduction of MMDs after 12 weeks was considered as a response.

Results: We included 210 patients (female 86.7%, mean age 46.4 years old) from 22 Spanish hospitals from February 2019 to June 2020. Most patients (89.5%) suffered from chronic migraine with a mean evolution of 8.6 years. MOH was present in 70% of patients, and 17.1% had migraine with aura. Patients had failed a mean of 7.8 preventive treatments at baseline (botulinum toxin type A-BoNT/A-had been used by 95.2% of patients). Most patients (67.6%) started with erenumab 70 mg. Sixty-one percent of patients were also simultaneously taking oral preventive drugs and 27.6% were getting simultaneous BoNT/A. Responder rate was 37.1% and the mean reduction of MMDs and MHDs was -6.28 and -8.6, respectively. Changes in PROs were: MIDAS: -35 points, HIT-6: -11.6 points, PIGC: 4.7 points. Predictors of good response were prior HIT-6 score < 80 points ($p = 0.01$), ≤ 5 prior preventive treatment failures ($p = 0.026$), absence of MOH ($p = 0.039$), and simultaneous BoNT/A treatment ($p < 0.001$). Twenty percent of patients had an adverse event, but only two of them were severe (0.9%), which led to treatment discontinuation. Mild constipation was the most frequent adverse event (8.1%).

Conclusions: In real-life, in a personalized managed access program, erenumab shows a good effectiveness profile and an excellent tolerability in migraine prevention in our cohort of refractory patients.

Indexat a: WOS/JCR

Factor Impacte: 7.277

Quartil/Decil: 1

Categoria: Clinical Neurology

Posició: 20/208

Campo-Caballero D, de la Riva P, de Arce A, Martínez-Zabaleta M, Rodríguez- Antigüedad J, Ekiza J, Iruzubieta P, Purroy F, Fuentes B, de Lera Alfonso M, Krupinski J, Mengual Chirife JJ, **Palomeras E**, Guisado-Alonso D, Rodríguez-Yáñez M, Ustrell X, Tejada García J, de Felipe Mimbrera A, Paré-Curell M, Tembl J, Cajaraville S, Garcés M, Serena J.

Reperfusion treatment in acute ischaemic stroke due to cervical and cerebral artery dissection: results of a Spanish national multicentre study.

Neurología (Engl Ed). 2020 Dec 21:S0213-4853(20)30430-8. English, Spanish. doi: 10.1016/j.nrl.2020.10.016. Epub ahead of print. PMID: 33358059.

Abstract

Introduction: Ischaemic stroke (IS) due to cervical and cerebral artery dissection (CAD) is a rare entity, and few data are available on the use of such reperfusion therapies as intravenous fibrinolysis and mechanical



thrombectomy in these patients. We analysed the use of these treatments in patients with IS due to CAD and compared them against patients receiving reperfusion treatment for IS of other aetiologies.

Method: We conducted an observational, retrospective, multicentre study of patients with IS due to CAD recorded in the National Stroke Registry of the Spanish Society of Neurology during the period 2011-2019. Comparative analyses were performed between: a) patients with CAD treated and not treated with reperfusion therapies and b) patients treated with reperfusion for IS due to CAD and patients treated with reperfusion for IS due to other causes. Epidemiological data, stroke variables, and outcomes at discharge and at 3 months were included in the analysis.

Results: The study included 21,037 patients with IS: 223 (1%) had IS due to CAD, of whom 68 (30%) received reperfusion treatment. Reperfusion treatments were used less frequently in cases of vertebral artery dissection and more frequently in patients with carotid artery occlusion. Compared to patients with IS due to other causes, patients with CAD were younger, more frequently underwent mechanical thrombectomy, and less frequently received intravenous fibrinolysis. Rates of haemorrhagic complications, mortality, and independence at 3 months were similar in both groups.

Conclusions: Reperfusion therapy is frequently used in patients with IS due to CAD. The outcomes of these patients demonstrate the efficacy and safety of reperfusion treatments, and are comparable to the outcomes of patients with IS due to other aetiologies.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.109

Quartil: 3

Categoria: Clinical Neurology

Posició: 115/208

Rudilosso S, Ríos J, Rodríguez A, Gomis M, Vera V, Gómez-Choco M, Renú A, Matos N, Llull L, Purroy F, Amaro S, Terceño M, Obach V, Serena J, Martí- Fàbregas J, Cardona P, Molina C, Rodríguez-Campello A, Cánovas D, Krupinski J, Ustrell X, Torres F, Román LS, Salvat-Plana M, Jiménez-Fàbrega FX, **Palomeras E**, Catena E, Colom C, Cocho D, Baiges J, Aragones JM, Diaz G, Costa X, Almendros MC, Rybyeba M, Barceló M, Carrión D, Lòpez MN, Sanjurjo E, de la Ossa NP, Urra X, Chamorro Á; Catalan Stroke Code and Reperfusion (Cat-SCR) Consortium.

Effectiveness of Thrombectomy in Stroke According to Baseline Prognostic Factors: Inverse Probability of Treatment Weighting Analysis of a Population- Based Registry.

J Stroke. 2021 Sep;23(3):401-410. doi: 10.5853/jos.2021.00962. Epub 2021 Sep 30. PMID: 34649384; PMCID: PMC8521260.

Abstract

Background and purpose: In real-world practice, the benefit of mechanical thrombectomy (MT) is uncertain in stroke patients with very favorable or poor prognostic profiles at baseline. We studied the effectiveness of MT versus medical treatment stratifying by different baseline prognostic factors.

Methods: Retrospective analysis of 2,588 patients with an ischemic stroke due to large vessel occlusion nested in the population-based registry of stroke code activations in Catalonia from January 2017 to June 2019. The effect of MT on good functional outcome (modified Rankin Score ≤ 2) and survival at 3 months was studied using inverse probability of treatment weighting (IPTW) analysis in three pre-defined baseline prognostic groups: poor (if pre-stroke disability, age >85 years, National Institutes of Health Stroke Scale [NIHSS] >25 , time from onset >6 hours, Alberta Stroke Program Early CT Score <6 , proximal vertebrobasilar occlusion, supratherapeutic international normalized ratio >3), good (if NIHSS <6 or distal occlusion, in the absence of poor prognostic factors), or reference (not meeting other groups' criteria).

Results: Patients receiving MT (n=1,996, 77%) were younger, had less pre-stroke disability, and received systemic thrombolysis less frequently. These differences were balanced after the IPTW stratified by prognosis. MT was associated with good functional outcome in the reference (odds ratio [OR], 2.9; 95% confidence interval [CI], 2.0 to 4.4), and especially in the poor baseline prognostic stratum (OR, 3.9; 95% CI, 2.6 to 5.9), but not in



the good prognostic stratum. MT was associated with survival only in the poor prognostic stratum (OR, 2.6; 95% CI, 2.0 to 3.3).

Conclusions: Despite their worse overall outcomes, the impact of thrombectomy over medical management was more substantial in patients with poorer baseline prognostic factors than patients with good prognostic factors.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 6.967

Quartil: 1

Categoria: Clinical Neurology

Posició: 22/208

Casado V, Bonaventura I, Brieva L, Martínez-Yélamo S, Martíne G, Presas-Rodríguez S, Hervas M, Hernández JJ, Muntei E, Escartin A, Gubieras L, Mañé-Martínez MA, Ramió-Torrentà L, on behalf of the Relapse Costs study researchers.

Direct costs of relapses in patients with relapsing-remitting multiple sclerosis.

Neurol Perspect. 2021;1(3):160-9. doi: 10.1016/j.neurop.2021.05.003.

Abstract

Introduction: Effective treatments that reduce relapses can diminish the impact on MS costs in the long-term. This study aims to estimate direct costs of RRMS relapses in Catalonia (Spanish region).

Methods: Multi-centre, prospective, cross-sectional observational study with retrospective data collection. Estimated costs: disease-modifying therapies (DMTs) and symptoms treatments, use of hospital and ambulatory resources, technical aids, transport and paid caregivers from the National Health System (NHS) and global perspectives.

Results: One hundred and forty (140) suitable patients were included to estimate direct costs (mean [SD] age: 40.7 [10] years; females: 71.5%; low EDSS score at relapse start: 77.5%). Mean total direct costs of relapse/patient were €4,541 (NHS) and €4,626 (global). A subanalysis was performed in patients with relapses lasting ≤ 90 days (100 patients), relapse total direct costs/patient were €4,989 (NHS) and €5,115 (global). Motor relapses presented a higher cost (a mean of €9,345/patient). Mean total direct cost/patient was higher when there was a DMT switch due to the relapse (€14,370 compared to €1,149), from a global perspective.

Conclusion: Mean direct costs of RRMS relapse/patient in Catalonia were €4,989 and €5,115 for NHS and global perspectives, respectively. The type of relapse and switching the DMT due to the relapse were associated with an increase in direct costs.

Pelayo R, Ramió-Torrentà LI, Pericot I, **Cano A**.

Tractament simptomàtic i rehabilitador en l'Esclerosi Múltiple. Chapter 14.

Guia de diagnòstic i tractament de l'Esclerosi Múltiple. Societat Catalana de Neurologia. Barcelona: 2021. 139-147 p.

Introduction:

L'esclerosi múltiple (EM) té unes característiques particulars a l'hora d'abordar el seu tractament simptomàtic i rehabilitador. Així, el seu caràcter imprevisible i fluctuant, afegit a la seva llarga durada (acompanya al pacient en la majoria dels casos des de la joventut) obliga a establir estratègies diferents en funció de les circumstàncies. D'altra banda es tracta d'una malaltia que es manifesta de manera variable en diferents pacients, el que fa difícil establir normes generals d'actuació.

Un altre aspecte que afegeix complicació en l'abordatge del tema és la dificultat en trobar nivells d'evidència alts en la neurorehabilitació en general i en la rehabilitació de l'EM en particular. Tot i això cada vegada hi ha més constància de l'eficàcia de determinades actuacions. Per a això és necessari trobar i desenvolupar eines de mesura adequades per valorar els efectes d'aquestes intervencions. A nivell del tractament simptomàtic, moltes vegades s'utilitzen fàrmacs de manera analògica al seu ús en circumstàncies similars en altres malalties. No



obstant això, en l'actualitat disposem d'alguns fàrmacs amb un ús simptomàtic específic en l'EM amb un nivell més alt d'evidència.

ONCOLOGIA–ONCOLOGY

Nº Articles indexats: 1

Factor Impacte total: 3.706

Factor d'impacte liderat: 0

Aguado C, Giménez-Capitán A, Román R, Rodríguez S, Jordana-Ariza N, Aguilar A, Cabrera-Gálvez C, **Rivas-Corredor C**, **Lianes P**, Viteri S, Moya I, Molina-Vila MA.

RNA-Based Multiplexing Assay for Routine Testing of Fusion and Splicing Variants in Cytological Samples of NSCLC Patients.

Diagnostics (Basel). 2020 Dec 23;11(1):15. doi: 10.3390/diagnostics11010015. PMID: 33374879; PMCID: PMC7824402.

Abstract

The detection of ALK receptor tyrosine kinase (ALK), ROS proto-oncogen1, receptor tyrosine kinase (ROS1), ret proto-oncogen (RET), and MET proto-oncogen exon 14 skipping (METΔex14) allows for the selection of specific kinase inhibitor treatment in patients with non-small cell lung cancer (NSCLC). Multiplex technologies are recommended in this setting. We used nCounter, a multiplexed technology based on RNA hybridization, to detect ALK, ROS1, RET, and METΔex14 in RNA purified from cytological specimens (n = 16) and biopsies (n = 132). Twelve of the 16 cytological samples (75.0%) were evaluable by nCounter compared to 120 out of 132 (90.9%) biopsies. The geometrical mean (geomean) of the housekeeping genes of the nCounter panel, but not the total amount of RNA purified, was significantly higher in biopsies vs. cytological samples. Among cytological samples, we detected ALK (n = 3), METΔex14 (n = 1) and very high MET expression (n = 1) positive cases. The patient with METΔex14 had a partial response to tepotinib, one of the patients with ALK fusions was treated with crizotinib with a complete response. Cell blocks and cytological extensions can be successfully used for the detection of fusions and splicing variants using RNA-based methods such as nCounter.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.706

Quartil: 2

Categoria: Medicine, General & Internal

Posició: 45/167

PEDIATRIA– PEDIATRICS

Nº Articles indexats: 3

Factor Impacte total: 4.500

Factor d'impacte liderat: 3.000

Brunet-García L, Roses-Noguer F, Betrián P, Balcells J, Gran F.

Miocardiópatia restrictiva: la importància de su diagnòstic precoz.

An Pediatr (Engl Ed). 2021 Mar 9:S1695-4033(20)30498-7. Spanish. doi: 10.1016/j.anpedi.2020.11.012. Epub ahead of print. PMID: 33712406

Abstract

La miocardiópatia restrictiva (MCR) es una entidad poco frecuente en pediatria (incidencia del 2,5-5% del total de miocardiópatias pediátricas). Se caracteriza por disfunción diastólica con función sistólica preservada y grosor miocárdico normal. La mayoría de los casos son idiopáticos. Entre las causas conocidas destacan los casos secundarios a mutaciones genéticas (principalmente genes sarcoméricos) y a enfermedades infiltrativas (poco frecuentes en pediatria). Se han publicado casos de MCR pura o con fenotipos mixtos asociados a



hipertrabeculación (MCNC) o hipertrofia. El tratamiento médico no ha mejorado el pronóstico y existe rápida progresión de la hipertensión pulmonar (HTP) y riesgo de muerte súbita. Por ello, se debe considerar el trasplante cardíaco (TC) de forma precoz.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.500

Quartil: 4

Categoria: Pediatrics

Posició: 100/129

Brunet-Garcia L, Carretero Bellon JM, Pérez-Casares A, Prada Martínez FH, Sánchez-de-Toledo J.

Ausencia parcial de pericardio: ¿únicamente un hallazgo incidental?

An Pediatr (Engl Ed). 2021 Jul 28:S1695-4033(21)00192-2. Spanish. doi: 10.1016/j.anpedi.2021.05.005. Epub ahead of print. PMID: 34332880

Abstract

La ausencia de pericardio (AdP) es una entidad rara de diagnóstico incidental. Su incidencia es de < 1 caso por cada 10.000 habitantes¹. Se clasifica según su extensión (total o parcial) y posición (izquierda, derecha o bilateral), siendo la AdP total izquierda la más frecuente (70%)^{2, 3, 4}. En el 30-50% asocian cardiopatías congénitas como tetralogía de Fallot, comunicación interauricular, ductus arterioso persistente, alteraciones de la válvula mitral o defectos de seno venoso con drenaje venoso pulmonar anómalo parcial³; también defectos pulmonares, síndrome de Marfan, síndrome de VATER y síndrome de Palliester-Killian². Aunque la mayoría están asintomáticos, los pacientes con defectos parciales del pericardio (DPP) pueden presentar dolor torácico, palpitaciones, síncope o incluso muerte súbita secundaria a herniación de estructuras cardíacas a través del defecto pericárdico.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.500

Quartil: 4

Categoria: Pediatrics

Posició: 100/129

Garriga Ferrer-Bergua L, Borrull Senra AM, Pérez Velasco C, Montero Valladares C, **Collazo Valduriola I**, Moya Villanueva S, Velasco Zúñiga R, Pérez Alba M, de la Torre Espí M; en representación del Grupo de Trabajo de Enfermedades Infecciosas de la SEUP.

Tasa de Staphylococcus aureus resistentes a meticilina en urgencias pediátricas en España.

An Pediatr (Engl Ed). 2021 Jul 18:S1695-4033(21)00223-X. Spanish. doi: 10.1016/j.anpedi.2021.06.013. Epub ahead of print. PMID: 34289947

Abstract

Introduction: Staphylococcus aureus (S. aureus) is a common germ present in bacterial infections in children. Lately, the rate of methicillin-resistant S. aureus (MRSA) is increasing.

Objectives: The main aim of this study is to know the rate of positive cultures to MRSA in Spanish pediatric emergency departments. The secondary aims are to analyze the risk factors for MRSA isolation (patient origin, history of hospitalization or surgery in the previous 90 days, antibiotherapy in the previous 60 days, presence of comorbidity, invasive devices, prior MRSA isolation) and to analyze the morbidity of these infections.

Methodology: Retrospective multicenter study (07/01/2017-06/30/2018) with review of patient histories with isolation of S. aureus in samples of any origin obtained in 8 pediatric emergency departments of the Infectious Diseases Working Group of the Spanish Society of Pediatric Emergencies.

Results: During this period, S. aureus was detected in 403 patients (average age 75.8±59.2 months; 54.8% male): 28.8% hospital-related infections and 71.2% community-related infections. Overall, MRSA rate was 16.6% (95% CI: 13-20.2%); 18.1% in hospital-related infections and 16.2% in community-related infections (P>.05). The highest rates of MRSA were obtained in skin abscesses (29.3%, 95% CI: 21.8-36.8%), patients not born in Spain



(52%; 95% CI: 32-72%) or patients with a previous MRSA infection (90%; 95% CI: 71.4-100%). 167 (41%) patients were admitted, 12 (3%) had complications and 4 (1%) suffered sequels. There were no deaths.

Conclusions: The overall MRSA rate was one in six staphylococcal infections. Higher MRSA rates were detected in samples of suppurating skin injuries and in foreign children or in children with a history of previous MRSA infection. In suppurative skin lesions, early drainage is essential and the change to an antibiotic with MRSA coverage should be considered if the evolution is inadequate.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 1.500

Quartil: 4

Categoria: Pediatrics

Posició: 100/129

Albújar M, **Díez R**, Domingo M, Ginovart G, Paltrinieri A, Porta R, Ruiz C, pel Grup d'Estudis Neonatals de la Societat Catalana de Pediatria.

Acompanyament parental als nounats de les unitats neonatals i plantes de maternitat durant la pandèmia per SARS-CoV-2.

Pediatr Catalana. 2021;81(2):102-7

Abstract

Fonament: Des de l'inici de la pandèmia per SARS-CoV-2, la majoria d'unitats neonatals d'arreu del món han aplicat protocols de restricció de la presència de mares i pares, amb l'objectiu de protegir el personal sanitari i els nounats.

Objectiu: Avaluar els efectes col·laterals derivats de la poca presència de mares i pares al costat dels seus nadons a les unitats neonatals, i els relacionats amb les restriccions a les plantes de maternitat. Mètode. Revisió de la literatura. S'ha consultat Pubmed i Google Scholar utilitzant com a paraules clau 'SARS-CoV-2' i 'covid-19' combinades amb 'neonatal', 'NICU' i 'parents', 'family centered care' i 'neurodevelopmental care'. S'han consultat dominis en què es recullen resums actualitzats de l'evidència científica disponible sobre la pandèmia per SARS-CoV-2: www.dontforgetthebubbles.com i el web de la Societat Espanyola de Neonatologia (www.seneo.es). La veu de les famílies s'ha cercat mitjançant les pàgines de les associacions que els representen i a les xarxes socials.

Resultats: El model de cures centrades en el desenvolupament i la família, que ha demostrat efectes positius sobre la salut dels nadons ingressats i el neurodesenvolupament dels prematurs, es veu amenaçat si es limita la presència parental. La restricció també ha demostrat tenir efectes adversos sobre la lactància materna i la salut psicològica dels pares i mares. Les dades disponibles fins ara posen de manifest un comportament benigne de la infecció covid-19 en nadons.

Conclusions: En un moment crucial per a la implantació del model de cures centrades en el desenvolupament a les unitats neonatals catalanes, i amb les dades disponibles, és imprescindible redissenyar les polítiques d'acompanyament parental als nadons ingressats.

PSIQUIATRIA - PSYCHIATRY

Nº Articles indexats: 21

Factor Impacte total: 78.450

Factor d'impacte liderat: 23.187

Segalàs C, **Labad J**, Salvat-Pujol N, Real E, Alonso P, Bertolín S, Jiménez- Murcia S, Soriano-Mas C, Monasterio C, Menchón JM, Soria V.

Sleep disturbances in obsessive-compulsive disorder: influence of depression symptoms and trait anxiety.

BMC Psychiatry. 2021 Jan 14;21(1):42. doi: 10.1186/s12888-021-03038-z. PMID: 33446149; PMCID: PMC7809865.



Abstract

Background: Sleep disturbances have been reported in obsessive-compulsive disorder (OCD) patients, with heterogeneous results. The aim of our study was to assess sleep function in OCD and to investigate the relationship between sleep and the severity of obsessive-compulsive (OC) symptoms, depressive symptoms and trait anxiety.

Methods: Sleep quality was measured in 61 OCD patients and 100 healthy controls (HCs) using the Pittsburgh Sleep Quality Index (PSQI). Multiple linear regression was conducted to explore the association between sleep and psychopathological measures; a mediation analysis was also performed.

Results: OCD patients showed poor sleep quality and more sleep disturbances compared to HCs. The severity of depression, trait anxiety and OC symptomatology were correlated with poor sleep quality. Multiple linear regression analyses controlling for potential confounders revealed that the severity of depression and trait anxiety were independently related to poor sleep quality in OCD. A mediation analysis showed that both the severity of trait anxiety and depression mediate the relationship between the severity of OC symptoms and poor sleep quality among patients with OCD.

Conclusions: Our findings support the existence of sleep disturbances in OCD. Trait anxiety and depression play a key role in sleep quality among OCD patients.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.630

Quartil: 2

Categoria: Psychiatry (SCIE)

Posició: 71/156

Fernández de Gamarra-Oca L, Zubiaurre-Elorza L, Junqué C, Solana E, **Soria-Pastor S**, Vázquez É, Delgado I, Macaya A, Ojeda N, Poca MA.

Reduced hippocampal subfield volumes and memory performance in preterm children with and without germinal matrix-intraventricular hemorrhage.

Sci Rep. 2021 Jan 28;11(1):2420. doi: 10.1038/s41598-021-81802-7. PMID: 33510243; PMCID: PMC7844245.

Abstract

Preterm newborns with germinal matrix-intraventricular hemorrhage (GM-IVH) are at a higher risk of evidencing neurodevelopmental alterations. Present study aimed to explore the long-term effects that GM-IVH have on hippocampal subfields, and their correlates with memory. The sample consisted of 58 participants, including 36 preterm-born (16 with GM-IVH and 20 without neonatal brain injury), and 22 full-term children aged between 6 and 15 years old. All participants underwent a cognitive assessment and magnetic resonance imaging study. GM-IVH children evidenced lower scores in Full Intelligence Quotient and memory measures compared to their low-risk preterm and full-term peers. High-risk preterm children with GM-IVH evidenced significantly lower total hippocampal volumes bilaterally and hippocampal subfield volumes compared to both low-risk preterm and full-term groups. Finally, significant positive correlations between memory and hippocampal subfield volumes were only found in preterm participants together; memory and the right CA-field correlation remained significant after Bonferroni correction was applied ($p = .002$). In conclusion, memory alterations and both global and regional volumetric reductions in the hippocampus were found to be specifically related to a preterm sample with GM-IVH. Nevertheless, results also suggest that prematurity per se has a long-lasting impact on the association between the right CA-field volume and memory during childhood.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.380

Quartil: 1

Categoria: Multidisciplinary Sciences (SCIE)

Posició: 17/72



Díaz-Cutrarro L, García-Mieres H, López-Carrilero R, Ferrer M, Verdaguer- Rodríguez M, Barrigón ML, Barajas A, Grasa E, Pousa E, Lorente E, Ruiz-Delgado I, González-Higueras F, Cid J, **Palma-Sevillano C**, Moritz S; Spanish Metacognition Group, Ochoa S.

Jumping to conclusions is differently associated with specific subtypes of delusional experiences: An exploratory study in first- episode psychosis.

Schizophr Res. 2021 Feb;228:357-359. doi: 10.1016/j.schres.2020.12.037. Epub 2021 Feb 3. PMID: 33548835.

Abstract

The jumping to conclusions (JTC) is a reasoning bias-cognitive mechanism implicated in the predisposition, triggering and maintenance of psychosis, specifically of delusions (Dudley et al., 2016). The JTC is associated with worse antipsychotic response and longer hospitalization in first-episode psychosis (FEP) (Rodríguez et al., 2019). The relationship between JTC and delusional ideas has been extensively studied (Dudley et al., 2016). However, literature exploring the relationship between JTC bias and specific subtypes of delusional experiences are lacking, and those studying the topic have yielded controversial results (Ben-Zeev et al., 2012; Menon et al., 2013; Moritz et al., 2012). Understanding the relationship between JTC and specific delusional experiences can help us personalize interventions based on cognitive processes and improve therapeutic outcomes in young patients with psychosis. The aim of this study was to investigate what delusional subtypes are more frequently related to JTC in people with FEP. We performed a cross-sectional analysis based on baseline data from a large multicenter clinical trial (Ochoa et al., 2017). Sociodemographic variables, inclusion criteria and characteristics related to the total sample are described in the main study. A total of 121 patients with FEP and presence of delusional experiences in the previous year were included in the study. Dimensions of delusional thinking were assessed with the 21-item Peters et al. Delusions Inventory (PDI-21), which scopes the following subtypes: paranoid, experiences of influence, grandiosity, religiousness, magical thinking, referential, and depressive (López- Ilundain et al., 2006; Peters et al., 2004). We calculated presence and absence of each delusional domain. JTC was assessed as the presence or absence of JTC in any of the three conditions of the beads task (85:15; 60:40 and 60:40 salient task). Presence of JTC was defined as making a decision after seeing less than 3 beads (Dudley et al., 2016). The project was approved by the research and ethics committee of each center involved in the recruitment and evaluation of the participants.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.939

Quartil: 1

Categoria: Psychiatry (SCIE)

Posició: 37/156

Labad J, González-Rodríguez A, Cobo J, Puntí J, Farré JM.

A systematic review and realist synthesis on toilet paper hoarding: COVID or not COVID, that is the question.

PeerJ. 2021 Jan 29;9:e10771. doi: 10.7717/peerj.10771. PMID: 33575133; PMCID: PMC7849510

Abstract

Objective: To explore whether the coronavirus disease 2019 (COVID-19) pandemic is associated with toilet paper hoarding and to assess which risk factors are associated with the risk of toilet paper hoarding.

Design: A systematic review and realist review were conducted.

Data sources: PubMed, Web of Science, Scopus and PsycINFO were searched (systematic review). PubMed, pre-prints and grey literature were also searched (realist review). The databases were searched from inception until October 2020.

Study selection: There were no restrictions on the study design.

Outcomes and measures: For the systematic review, toilet paper hoarding was the main outcome, and pathological use of toilet paper was the secondary outcome. For the realist review, the context-mechanisms-outcome (CMO) scheme included the COVID-19 pandemic (context), four proposed mechanisms, and one outcome (toilet paper hoarding). The four potential mechanisms were (1) gastrointestinal mechanisms of



COVID-19 (e.g. diarrhoea), (2) social cognitive biases, (3) stress-related factors (mental illnesses, personality traits) and (4) cultural aspects (e.g. differences between countries).

Eligibility criteria for selecting studies: All studies of human populations were considered (including general population studies and clinical studies of patients suffering from mental health problems).

Results: The systematic review identified 14 studies (eight studies for the main outcome, six studies for the secondary outcome). Three surveys identified the role of the COVID-19 threat in toilet paper hoarding in the general population. One study pointed to an association between a personality trait (conscientiousness) and toilet paper buying and stockpiling as well as an additional significant indirect effect of emotionality through the perceived threat of COVID-19 on toilet paper buying and stockpiling. Six case reports of pathological use of toilet paper were also identified, although none of them were associated with the COVID-19 pandemic. The realist review suggested that of all the mechanisms, social cognitive biases and a bandwagon effect were potential contributors to toilet paper hoarding in the general population. The stressful situation (COVID-19 pandemic) and some personality traits (conscientiousness) were found to be associated with toilet paper hoarding. Cultural differences were also identified, with relatively substantial effects of toilet paper hoarding in several Asian regions (Australia, Japan, Taiwan and Singapore).

Conclusions: The COVID-19 pandemic has been associated with a worldwide increase in toilet paper hoarding. Social media and social cognitive biases are major contributors and might explain some differences in toilet paper hoarding between countries. Other mental health-related factors, such as the stressful situation of the COVID-19 pandemic, fear of contagion, or particular personality traits (conscientiousness), are likely to be involved.

Registration: PROSPERO CRD42020182308.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.984

Quartil: 2

Categoria: Multidisciplinary Sciences (SCIE)

Posició: 27/72

Giné Servén E, Martínez Ramirez M, Boix Quintana E, Petrizan Aleman A, Barón Fernández FJ, Fernández Corcuera P, Serra Buil M, Cañete Crespillo J.

Emerging cycloid psychosis episodes during COVID-19 pandemic: a case series.

Nord J Psychiatry. 2021 Feb 25:1-6. doi: 10.1080/08039488.2021.1885061. Epub ahead of print. PMID: 33630694.

Abstract

Aims: Cycloid psychosis (CP) is a clinical entity characterized by sudden onset of psychotic polymorphic symptomatology and fluctuant course. It has a reported rate of psychosocial precipitating factors ranging 30-65%. The aim of the study was to describe all cases of CP, admitted in our Psychiatry ward, during the first two months of the COVID-19 pandemic.

Method: In this retrospective and observational study, we reported a sample of eight patients who were treated as inpatients in the psychiatric ward of our hospital during the first two months of COVID-19 pandemic (mid-March to mid-May 2020) and compared it with previous years. All our patients fulfilled all four Perris & Brockington criteria for CP. We reported the sociodemographic, clinical and biological parameters.

Results: In our sample, all of the patients had maladaptive personality traits; the major external stressing factor was COVID-19; all our patients had short prodromal symptomatology, short Duration of Untreated Psychosis (DUP) and high score at the Positive Scale at Positive and Negative Syndrome Scale (PANSS-P) at hospital admission with the majority showing psychotic symptoms related to the actual COVID-19 pandemic. The predominant treatment during admission was olanzapine and a short time to full remission of psychotic symptoms was observed in all patients.



Conclusion: We found an increase in the admission of patients with CP during the first two months of the actual pandemic. Stress caused by the COVID-19 situation has possibly incremented the frequency of stress-related disorders and it has also influenced its clinical presentation..

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.202

Quartil: 3

Categoria: Psychiatry (SSCI)

Posició: 98/144

Salvat-Pujol N, **Labad J**, Urretavizcaya M, de Arriba-Arnau A, Segalàs C, Real E, Ferrer A, Crespo JM, Jiménez-Murcia S, Soriano-Mas C, Menchón JM, Soria V.

Childhood maltreatment interacts with hypothalamic-pituitary-adrenal axis negative feedback and major depression: effects on cognitive performance.

Eur J Psychotraumatol. 2021 Mar 10;12(1):1857955. doi: 10.1080/20008198.2020.1857955. PMID: 33796230; PMCID: PMC7968873.

Abstract

Background: Childhood maltreatment (CM) is associated with impaired hypothalamic-pituitary-adrenal (HPA) axis negative feedback and cognitive dysfunction, resembling those abnormalities linked to major depressive disorder (MDD).

Objectives: We aimed to assess the potential modulating effects of MDD diagnosis or HPA axis function in the association between different types of CM and cognitive performance in adulthood.

Methods: Sixty-eight MDD patients and 87 healthy controls were recruited. CM was assessed with the Childhood Trauma Questionnaire. We obtained three latent variables for neuropsychological performance (verbal memory, visual memory and executive function/processing speed) after running a confirmatory factor analysis with cognitive tests applied. Dexamethasone suppression test ratio (DSTR) was performed using dexamethasone 0.25 mg.

Results: Different types of CM had different effects on cognition, modulated by MDD diagnosis and HPA axis function. Individuals with physical maltreatment and MDD presented with enhanced cognition in certain domains. The DSTR differentially modulated the association between visual memory and physical neglect or sexual abuse.

Conclusions: HPA axis-related neurobiological mechanisms leading to cognitive impairment might differ depending upon the type of CM. Our results suggest a need for early assessment and intervention on cognition and resilience mechanisms in individuals exposed to CM to minimize its deleterious and lasting effects.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.071

Quartil: 2

Categoria: Psychiatry (SSCI)

Posició: 40/144

García-Rizo C, Vázquez-Bourgon J, **Labad J**, Ortiz García de la Foz V, Gómez- Revuelta M, Juncal Ruiz M, Crespo-Facorro B.

Prolactin, metabolic and immune parameters in naïve subjects with a first episode of psychosis. Prog Neuropsychopharmacol

Biol Psychiatry. 2021 Apr 21;110:110332. doi:10.1016/j.pnpbp.2021.110332. Epub ahead of print. PMID: 33891977.

Abstract

Background: Prolactin (Prl) is a pleiotropic hormone initially described for its regulation of lactation in mammals but later associated with metabolic and immune homeostasis, stress, inflammatory response and human behavior. Its regulation through dopamine receptors highlights its importance in psychiatry mostly because



hyperprolactinemia is a common secondary side effect of dopamine antagonists. Despite its undeciphered patho-physiological mechanisms, hyperprolactinemia in naïve psychosis patients has been widely described. Its consequences might underlie the increased morbidity and early mortality found in naïve subjects as described in the general population where prolactin values have been correlated with inflammatory, immune and metabolic parameters.

Methods: We aimed to evaluate the correlation between prolactin values and other biochemical parameters (C-reactive Protein-CrP, blood cell count, lipid and hepatic profile, fasting glucose) in a cohort of first episode psychosis naïve subjects (N = 491) stratified by sex. Regression analyses with confounders were performed to evaluate the association.

Findings: Prl displayed significant correlations with C-Reactive Protein (CrP), Low-Density Lipoprotein (LDL), Aspartate Transaminase (AST) for females and High-Density Lipoprotein (HDL) and eosinophil count for males. However, and despite previous specific sex correlations, significant associations were described for CrP, HDL, LDL, AST and ALT without sex interaction and despite confounders such as age, Body Mass Index or smoking status.

Conclusions: Our results show a specific relation of Prl with immune and metabolic parameters describing a heterogeneous pattern. Our results suggest that prolactin might underlie the excess of morbidity and early mortality in naïve patients through a specific pathway.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 13.382

Quartil/Decil: 1

Categoria: Psychiatry (SCIE)

Posició: 7/156

Montesano A, Medina JC, García-Mieres H, Niño-Robles N, García-Grau E, **Cañete-Crespillo J**, Garcia Gutierrez A, Alabernia-Segura M, Feixas G.

Does virtual reality increase the efficacy of psychotherapy for young adults with mild-to-moderate depression? A study protocol for a multicenter randomized clinical trial.

Trials 22, 916 (2021). <https://doi.org/10.1186/s13063-021-05809-1>.

Abstract

Background: The improvement of psychological treatments for depression in young adults is a pressing issue highlighted in the literature. Its relevance is determined not only because young adults are underrepresented in research, but also to prevent chronic severe mental health disorders later in life. Engagement is considered a key factor for a good therapeutic outcome, especially among young patients. In this sense, virtual reality could be particularly suited to engage young adults in the therapy process. This project aims to improve the psychological treatment of mild-to-moderate depression in young adults by testing out the efficacy of virtual reality-enhanced personal construct therapy (PCT-VR), as compared to personal construct therapy alone (PCT) and to the reference standard cognitive behavioral therapy (CBT). In contrast to CBT, PCT neither educates patients about depression nor gives them directions on the changes to be made in their dysfunctional behaviors or cognitions. Rather, PCT explores the coherence (or conflicts) of thoughts and behaviors with respect to the person's sense of identity and focuses on meaning-making processes.

Methods: The efficacy of this innovative intervention (PCT-VR) will be compared to PCT and to CBT in a randomized clinical trial. The study includes an appraisal of therapists' adherence and independent assessments to preserve internal validity. The Beck Depression Inventory-II is the primary outcome measure for calculating both statistical and clinical significance, but other outcomes will also be assessed (e.g., functioning, well-being, anxiety, stress) at pre- and post-therapy and at 6-month follow-up. The trial will be conducted in a naturalistic context, mostly at the usual health care center of each patient. A sample of 225 participants is targeted to reach enough statistical power to accomplish the goals of the study.



Discussion: We expect that providing evidence for PCT-VR will widen the repertoire of evidence-based technology-based psychotherapeutic interventions for young adults and contribute to the prevention of deteriorating courses of the disorder.

Trial registration: ClinicalTrials.gov NCT04321525. Registered on 18 February 2020.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.279

Quartil: 4

Categoria: Medicine, Research & Experimental

Posició: 108/140

Salvat-Pujol N, **Labad J**, Urretavizcaya M, De Arriba-Arnau A, Segalàs C, Real E, Ferrer A, Crespo JM, Jiménez-Murcia S, Soriano-Mas C, Menchón JM, Soria V.

Childhood Maltreatment and Its Interaction with Hypothalamic-Pituitary-Adrenal Axis Activity and the Remission Status of Major Depression: Effects on Functionality and Quality of Life.

Brain Sci. 2021 Apr 13;11(4):495. doi: 10.3390/brainsci11040495. PMID: 33924651; PMCID: PMC8069655.

Abstract

Relationships among childhood maltreatment (CM), hypothalamic-pituitary-adrenal (HPA) axis disturbances, major depressive disorder (MDD), poor functionality, and lower quality of life (QoL) in adulthood have been described. We aimed to study the roles of the remission status of depression and HPA axis function in the relationships between CM and functionality and QoL. Ninety-seven patients with MDD and 97 healthy controls were included. The cortisol awakening response, cortisol suppression ratio in the dexamethasone suppression test, and diurnal cortisol slope were assessed. Participants completed measures of psychopathology, CM, functionality, and QoL. Multiple linear regression analyses were performed to study the relationships between CM and functionality and QoL. Only non-remitted MDD patients showed lower functionality and QoL than controls, indicating that depressive symptoms may partly predict functionality and QoL. Cortisol measures did not differ between remitted and non-remitted patients. Although neither HPA axis measures nor depression remission status were consistently associated with functionality or QoL, these factors moderated the effects of CM on functionality and QoL. In conclusion, subtle neurobiological dysfunctions in stress-related systems could help to explain diminished functionality and QoL in individuals with CM and MDD and contribute to the persistence of these impairments even after the remission of depressive symptoms.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.394

Quartil: 3

Categoria: Neurosciences

Posició: 157/273

Guasp M, **Giné-Servén E**, Maudes E, Rosa-Justicia M, Martínez-Hernández E, **Boix-Quintana E**, Bioque M, Casado V, Módena-Ouarzi Y, **Guanyabens N**, **Muriana D**, Sugranyes G, Pacchiarotti I, **Davi-Loscós E**, **Torres-Rivas C**, Ríos J, Sabater L, Saiz A, Graus F, Castro-Fornieles J, Parellada E, Dalmau J.

Clinical, Neuroimmunologic, and CSF Investigations in First Episode Psychosis.

Neurology. 2021 May 12;10.1212/WNL.000000000012191. doi: 10.1212/WNL.000000000012191. Epub ahead of print. PMID: 33980703.

Abstract

Objectives: To report the neuropsychiatric features and frequency of N-methyl-d-aspartate receptor (NMDAR) and other neuronal IgG antibodies in patients with first episode psychosis (FEP), and assess the performance of reported warning signs and criteria for autoimmune psychosis (AP).

Methods: Prospective observational study of patients with FEP assessed for neuropsychiatric symptoms, serum and CSF neuronal antibodies (brain immunohistochemistry, cell-based assays, live neurons), and warning signs and criteria of AP. Previous autoimmune FEP series were reviewed.



Findings: 105 patients were included; median age 30 years (range 14-75), 44 (42%) female. None had neuronal antibodies. Two/105 (2%) had CSF pleocytosis, 4/100 (4%) brain MRI abnormalities, and 3/73 (4%) EEG alterations. Thirty-four (32%) and 39 (37%) patients fulfilled two sets of warning signs of AP, and 21 (20%) fulfilled criteria of possible or probable AP, yet none developed AP. The cause of FEP was psychiatric in 101 (96%) and non-psychiatric in 4 (4%). During this study, 3 patients with psychosis caused by anti-NMDAR encephalitis were transferred to our center; 2 did not meet criteria for possible AP. Of 1159 reported FEP patients, only 7 (1%) had CSF studies; 36 (3%) had serum NMDAR-antibodies (without definite diagnosis of AP), and 4 had CSF NMDAR-antibodies (3 classic anti-NMDAR encephalitis and 1 with isolated psychiatric features).

Conclusions: NMDAR-antibodies were not found in patients with FEP unless they had anti-NMDAR encephalitis. Warning signs and criteria for AP have limited utility when neurological symptoms are absent or paraclinical tests are normal. A diagnostic algorithm for autoimmune FEP is provided.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 9.910

Quartil/Decil: 1

Categoria: Clinical Neurology

Posició: 12/208

Casellas E, Raventós B, Piñeiro-Ríos M, Navarro-Martínez H, **Castillón- Espezel M**, Portella MJ, Martín-Blanco A. **A Real-World Study of the Association between a Brief Group Psychoeducation and the Course of Bipolar Disorder.**

Int J Environ Res Public Health. 2021 May 10;18(9):5019. doi: 10.3390/ijerph18095019. PMID: 34068535; PMCID: PMC8126006.

Abstract:

Although pharmacotherapy is considered the first-line treatment for bipolar disorders (BD), adjunctive psychoeducation has proven its effectiveness in improving self-management of the disease and reducing relapse rates. Few studies have evaluated the effect of brief group psychoeducation on pragmatic variables, such as the number of hospitalizations. The aim of the present study was to assess the mid-term effect of a four-session group psychoeducation on course-related variables in BD. Thirty-two individuals with BD were included in the study. Sixteen were exposed to psychoeducation and were matched to sixteen nonexposed individuals who received their usual treatment. Both groups were compared on insight, treatment adherence, change in the number of hospitalizations and visits to the emergency services, occurrence rate after intervention, and time to the first psychiatric hospitalization and the first urgent attendance. There was a significant reduction in the mean number of hospitalizations and urgent attendances in the exposed group in comparison to the nonexposed group. The first urgent attendance was significantly sooner in the nonexposed cohort. There were no differences between groups in any of the other variables. This intervention has shown benefits for pragmatic variables of the disease course and may be a feasible and cost-effective intervention to routinely implement in the management of BD.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.390

Quartil: 1

Categoria: Public, Environ. & Occupational Health (SSCI)

Posició: 42/176

Guàrdia A, González-Rodríguez A, Seeman MV, Álvarez A, Estrada F, Acebillo S, **Labad J**, Monreal JA. **Dopamine, Serotonin, and Structure/Function Brain Defects as Biological Bases for Treatment Response in Delusional Disorder: A Systematic**

Behav Sci (Basel). 2021 Oct 19;11(10):141. doi: 10.3390/bs11100141. PMID: 34677234; PMCID: PMC853352.

Abstract



Although blockade of dopamine receptors D2 and D3 appears to be the main mechanism of antipsychotic action, treatment response variability calls for an examination of other biological systems. Our aim is to systematically review reports of treatment response in delusional disorder (DD) in order to help determine its biological bases. Computerized searches of ClinicalTrials.gov, PubMed, and Scopus databases (from 1999 to September 2021) were systematically reviewed, in keeping with PRISMA directives. We used the search terms: (treat * OR therap * AND (delusional disorder)). We included all studies that explored the biological mechanisms of treatment response in DD, as diagnosed by ICD or DSM criteria. A total of 4344 records were initially retrieved, from which 14 papers were included: case reports, case series, and cohort studies. Findings point to (1) dopaminergic dysfunction (based on biochemical and genetic studies), (2) serotonergic dysfunction (based on partial agonism/antagonism of drugs), and (3) brain structure/function impairment, especially in the temporal and parietal lobes, as crucial factors in treatment response. Further studies with higher levels of evidence are needed to help clinicians determine treatment.

Indexat a: PubMed/WOS

Labad J, Melia CS, Segalàs C, Alonso P, Salvat-Pujol N, Real E, Ferrer Á, Jiménez-Murcia S, Soriano-Mas C, Soria V, Menchón JM.

Sex differences in the association between obsessive-compulsive symptom dimensions and diurnal cortisol patterns.

J Psychiatr Res. 2021 Jan;133:191-196. doi: 10.1016/j.jpsychires.2020.12.017. PMID: 33352399.

Abstract

Previous studies in non-clinical populations suggest that obsessive-compulsive symptoms are associated with hypothalamic-pituitary-adrenal (HPA) axis measures and that there are sex differences in these associations. We aimed to replicate these findings in a sample of 57 patients with obsessive-compulsive disorder (OCD) and 98 healthy subjects. Current and lifetime OCD symptom dimensions were assessed with the Dimensional Yale-Brown Obsessive Compulsive Scale (DY-BOCS). Depressive symptoms and state and trait anxiety were also assessed. The following HPA axis measures were analysed in saliva: the diurnal cortisol slope (calculated using two formulas: [1] awakening to 11 p.m. [AWE diurnal slope] and [2] considering fixed time points [FTP diurnal slope] from 10 a.m. to 11 p.m.) and the dexamethasone suppression test ratio (DSTR) after 0.25 mg of dexamethasone. Multiple linear regression analyses were conducted to explore the contribution of OCD symptom dimensions to each HPA axis measure while adjusting for age, sex, BMI, smoking, trait anxiety and depressive symptoms. A sex-specific association between current ordering/symmetry symptoms and AWE diurnal cortisol slope (positive association [flattened slope] in men, inverse association [stepper slope] in women) was found. Two similar sex by OCD dimensions interactions were found for lifetime aggressive and ordering/symmetry symptoms and both (FTP, AWE) diurnal cortisol slopes. Current and lifetime hoarding symptoms were associated to a more flattened FTP diurnal cortisol slope in women. The DSTR was not associated with OCD symptoms. The lifetime interference in functionality was associated with a more flattened AWE diurnal cortisol slope. In conclusion, our study suggests that there are sex differences in the association between OCD subtypes and specific HPA axis measures.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.791

Quartil: 1

Categoria: Psychiatry (SSCI)

Posició: 26/144

Giné-Servén E, **Martinez-Ramirez M**, **Boix-Quintana E**, **Davi-Loscós E**, **Guanyabens N**, **Casado V**, **Muriana D**, **Torres-Rivas C**, Crespo-Facorro B, **Labad J**.



Routine cerebrospinal fluid parameters as biomarkers in first-episode psychosis: A prospective observational study.

Prog Neuropsychopharmacol Biol Psychiatry. 2022 Jan 10;112:110424. doi: 10.1016/j.pnpbp.2021.110424. Epub 2021 Aug 5. PMID: 34363867.

Abstract:

In recent years, multiple studies have investigated the role of biomarkers in first-episode psychosis (FEP) to facilitate early diagnosis, disease stratification, therapeutic choice and outcome prediction. Few studies have focused on cerebrospinal fluid (CSF) investigations. In this prospective observational study, 95 FEP inpatients were followed up for one year. A lumbar puncture was performed at index admission (baseline) to study the CSF parameters (glucose, total proteins, lactate dehydrogenase [LDH], and pleocytosis). At the baseline visit, the clinical assessment included prodromal (psychotic and non-psychotic) symptoms before the psychotic outbreak and psychopathology at admission. The SCID-I was administered to obtain a clinical diagnosis at baseline and at 12 months. The relationship between prodromal and psychopathology symptoms at the baseline visit was tested with multiple linear regression. Multinomial logistic regression was also used to explore the association between CSF biomarkers and longitudinal diagnoses at follow-up (schizophrenia/schizoaffective disorder vs unipolar/bipolar depression vs other psychoses). Higher CSF glucose was associated with depressive (Standardized beta = 0.27, $p = 0.041$) and disorganized/concrete symptoms (Standardized beta = 0.33, $p = 0.023$) and lower CSF LDH was associated with prodromal symptoms (Standardized beta = -0.25, $p = 0.042$). Lower LDH concentrations were also associated with social withdrawal ($r = -0.342$, $p = 0.001$). CSF glucose was a predictor of the long-term diagnosis (lower CSF concentrations were associated with schizophrenia or schizoaffective disorder diagnoses [OR = 0.88, CI95%: 0.77-0.99]). Our study suggests that CSF biomarkers that involve bioenergetic systems are associated with prodromal symptoms and the phenotype of psychotic disorders during the early stages of the disease.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 5.067

Quartil: 1

Categoria: Psychiatry (SCIE)

Posició: 35/156

Ferrer A, Soria V, Salvat-Pujol N, Martorell L, Armario A, Urretavizcaya M, Gutiérrez-Zotes A, Monreal JA, Crespo JM, Massaneda C, Vilella E, Palao D, Menchón JM, **Labad J**.

The role of childhood trauma, HPA axis reactivity and FKBP5 genotype on cognition in healthy individuals. Psychoneuroendocrinology. 2021 Jun;128:105221. doi: 10.1016/j.psyneuen.2021.105221. Epub 2021 Apr 9. PMID: 33866068.

Abstract

Cognitive impairment has been associated with both childhood adversity and abnormalities of hypothalamic-pituitary-adrenal (HPA) axis function. An interaction exists between the functional polymorphism rs1360780 in the FKBP5 gene and childhood maltreatment, influencing a variety of clinical outcomes. Our goal was to study the relationship between different types of childhood trauma, HPA axis functionality, rs1360780 genotype and cognitive function in 198 healthy individuals who participated in the study. We obtained clinical data, childhood maltreatment scores and neurocognitive performance by clinical assessment; HPA negative feedback was analysed using the dexamethasone suppression test ratio (DSTR) after administration of 0.25 mg of dexamethasone; and the FKBP5 rs1360780 polymorphism was genotyped in DNA obtained from blood samples. The results showed a significant influence of physical neglect on measures of neurocognition as well as an interaction between the DSTR and physical and emotional neglect. Regarding social cognition, a significant association was found with sexual and physical abuse as well as with rs1360780 risk-allele carrier status. Moreover, an interaction between the rs1360780 genotype and the presence of physical abuse was significantly associated with social cognition results. Our results suggest a specific impact of different kinds of childhood



maltreatment on measures of neurocognition and social cognition, which might be influenced by HPA axis reactivity and genetic variants in HPA axis-related genes such as FKBP5. Disentangling the relationship between these elements and their influence on cognitive performance might help identify susceptible individuals with higher stress vulnerability and develop preventive interventions.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 4.905

Quartil: 1

Categoria: Psychiatry (SCIE)

Posició: 38/156

Giné-Servén E, Serra-Mestres J, **Martinez-Ramirez M**, **Boix-Quintana E**, **Davi- Loscos E**, **Guanyabens N**, **Casado V**, **Muriana D**, **Torres-Rivas C**, Cuevas-Esteban J, **Labad J**.

Anti-NMDA receptor encephalitis in older adults: A systematic review of case reports.

Gen Hosp Psychiatry. 2021 Dec 3;74:71-77. doi:10.1016/j.genhosppsy.2021.11.006. Epub ahead of print. PMID: 34929551.

Abstract

Objective: To ascertain the clinical characteristics of anti-NMDA receptor encephalitis (NMDARE) in older patients.

Method: A systematic literature review using PubMed and Scopus of all published case reports of NMDARE was undertaken, from database inception to June 2020. From this, cases reporting on patients older than 65 years of age and whose diagnosis was confirmed by the presence of anti-NMDAR antibodies in CSF were selected.

Results: 23 case reports fulfilling the study's criteria were found. Median age was 70.1 years (range 65-84), fourteen were female (60.9%), and mostly presented with acute behavioral and cognitive changes (95.7%). Atypical psychosis occurred in eleven patients (47.8%) with a sudden onset and fluctuating clinical pattern of delusions (39.1%), hallucinations (30.4%), and motility disturbances (34.8%) including catatonia (17.4%). Nine patients presented with seizures (39.1%). Pleocytosis in CSF (>5 WBC) was described in twelve cases (52.2%). Eleven cases (47.8%) had abnormal brain magnetic resonance imaging (MRI) scans with limbic inflammatory lesions. Thirteen patients had an abnormal EEG (56.5%).

Conclusion: NMDARE should be included in the differential diagnosis of older patients who present with new psychiatric episodes, especially when characterized by sudden onset psychotic polymorphic symptomatology, fluctuating course with marked cognitive decline, and with catatonic features.

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 3.238

Quartil: 2

Categoria: Psychiatry (SSCI)

Posició: 59/144

Fernandez-Puig V, **Farriols N**, Segura J.

Processes of reactivation and reconsolidation of implicit memories: interaction between neurosciences and psychotherapies.

Rev Psicoter. 2021;32(119):67-8. doi: 10.33898/rdp.v32i119.858

Abstract

In the last two decades, the interaction between neurosciences and psychotherapies has contributed to the advancement of both The objective and empirical vision of neurosciences and the interpersonal and subjective vision of psychotherapies complement each other. Of primary significance is the study of implicit and affective-relational processes. Implicit memories reflect unconscious learning patterns located in subcortical regions inaccessible to consciousness.

Research shows that when a long-term memory is evoked and reactivated, its locked and encoded synapses enter an unstable state, where they can be modified through different molecular processes. For reconsolidation



to occur, a mismatch experience needs to be juxtaposed to the destabilized memory. In this way, it is permanently modified in the same neural network.

These processes are at the base of interventions of various psychotherapies. In them, the implicit memory that underlies the production of the symptom is reactivated and the encounter with a discrepant experience is generated. The more conscious and explicit the reactivation of implicit memory, the greater the ability to modify it through reconsolidation. In this process, the underlying deep sense and emotional truth of the symptom is directly experienced. In the context of the secure attachment with the therapist, subjective emotional reactivation and neurological correlates are shaped to promote new and more adaptive experiences.

Indexat a: WOS

Diaz-Miranda E , Nadal R, Armario A, **Labad J** .

Prenatal Alcohol Exposure and Hypothalamic-Pituitary-Adrenal Axis Activity of the Offspring in Humans: a Systematic Review.

Curr Addict Rep. 2021;8(1):81-88. doi:10.1007/s40429-020-00349-1.

Abstract

Purpose of Review We aimed to conduct a systematic review of studies exploring the relationship between prenatal alcohol exposure (PAE) and hypothalamic-pituitary-adrenal (HPA) axis functioning in the offspring in humans. **Recent Findings** Animal studies have demonstrated that PAE has long-term consequences in HPA axis activity in the offspring. Fewer studies have been conducted in humans. Our systematic review identified 9 studies including infants/toddlers (n = 6) and children/adolescents (n = 3). Cortisol responses to stress were only studied in infants/toddlers (3 studies: painful stressors; 3 studies: social stressors). In infants/toddlers, PAE seems to be associated with a blunted response to painful stressors whereas an enhanced cortisol response to social stress is observed (only in boys). In children/adolescents, the normal cortisol circadian rhythm is altered in PAE participants with a FASD diagnosis, who show increased evening cortisol levels. These findings support the programming effects of alcohol on the HPA stress system.

Indexat a: WOS

de Arriba-Arnau A, Dalmau Llitjos A, Soria V, **Labad J**, Menchón JM, Urretavizcaya M.

Ventilation Adjustment in ECT During COVID-19: Voluntary Hyperventilation is an Effective Strategy.

Neuropsychiatr Dis Treat. 2021 May 20;17:1563-1569. doi: 10.2147/NDT.S303877. PMID: 34045858; PMCID: PMC8144845.

Abstract

Purpose: Airway management is a key objective in adapted electroconvulsive therapy (ECT) protocols during the COVID-19 pandemic to prevent infection. The objective of this study was to describe the effectiveness of a modified ventilation procedure designed to reduce aerosol-generating bag-mask ventilation (BMV) and isolate possible droplets while maintaining adequate respiratory gas values in ECT sessions.

Materials and methods: This prospective study analyzed the results of the modified protocol applied over a month. Adaptations entailed preoxygenation and extension of the voluntary hyperventilation (VHV) time for two minutes before anesthesia induction, asking patients to hyperventilate with oxygen therapy via nasal cannula and while wearing a face mask. Thereafter, vigorous hyperventilation was avoided, and patients were only assisted with tightly sealed BMV until emergence from anesthesia, isolating the ventilation by using a single-use plastic device. Oxygen saturation (SpO₂) and transcutaneous partial pressure of carbon dioxide (TcPCO₂) were recorded throughout the session.



Results: The study included 74 sessions of bilateral ECT with the modified ventilation protocol in 15 subjects. After VHV, the mean SpO₂ increase was 2.12±2.14%, and the mean TcPCO₂ decrease was 4.05±2.98 mmHg. TcPCO₂ values at the moment of stimulus administration were 2.22±3.07 mmHg below pre-ECT values. The mean EEG seizure was 38.70±17.03 s, and postictal suppression was 68.31± 34.58% and 2.13±0.75 on a 0-3 scale. Brief desaturation (SpO₂ <90) of 4-5 seconds duration was observed in 4 sessions.

Conclusion: This modified ventilation protocol was effective during COVID-19, and it did not elicit significant side effects. In addition to avoiding vigorous BMV, it induced moderate hypocapnia, which has been tied to seizure optimization and less hypercapnia during the apnea period..

Indexat a: MEDLINE/WOS/JCR

Factor Impacte: 2.570

Quartil: 3

Categoria: Psychiatry (SCIE)

Posició: 106/156

Sagué-Vilavella M, Berge D, Bioque M, Coromina M, **Labad X**, Mane A, Montalvo I, Sanchez-Gista V, Usall J, Baeza I, García-Rizo C, PEPCat Group

Actitudes de los psiquiatras sobre el tratamiento de las personas con un primer episodio psicótico en Cataluña.

Rev Psiquiatr Salud Ment. 2021 Sep 30; doi: <https://doi.org/10.1016/j.rpsm.2021.09.004>.

Abstract

En los pacientes con un primer episodio psicótico (PEP), las guías clínicas internacionales recomiendan tratamiento antipsicótico, clozapina ante farmacoresistencia, terapia electroconvulsiva (TEC) en determinadas situaciones y monitorización del síndrome metabólico. A pesar de ello, la práctica clínica es heterogénea y en ocasiones se distancia de estas recomendaciones. Según el conocimiento de los autores de este trabajo, no existen estudios publicados sobre las actitudes de los psiquiatras españoles con relación al tratamiento de personas con un PEP. Aquí presentamos los resultados obtenidos en una muestra de psiquiatras que ejercen en Cataluña.

Indexat a: WOS/JCR

Factor Impacte: 3.318

Quartil: 2

Categoria: Psychiatry (SSCI)

Posició: 55/144

Navarro-Gomez S, **Frías A**, **Palma C**.

Clinical differences and associations between women with borderline personality and their partners: an exploratory study.

J Psychopathol. 2020;26:264-72. <https://doi.org/10.36148/2284-0249-407>.

Abstract

Introduction: One of the most interesting areas of interpersonal functioning in people with Borderline Personality Disorder (BPD) is their romantic relationships (RR). In this empirical context, our main objective was to identify the principal differences and associations between clinical and relational variables in women with BPD compared with their partners.

Methods: A cross-sectional, comparative study was carried out on women with BPD (n = 23) and their partners (n = 23). Clinical and relational variables were measured using the following: the World Health Organization Quality of Life (WHOQOL) instrument, the Rosenberg Self-Esteem scale, the Personality Inventory (NEO PI-R), the Conflict Tactics Scale (CTS), the Communication Patterns Questionnaire (CPQ), the Experiences in Close Relationships scale (ECR), the Dyadic Adjustment Scale (DAS), and the Index of Sexual Satisfaction (ISS). Stepwise MANCOVA, MANOVA and Pearson correlates were performed.



Results: Partners scored significantly higher than did women with BPD on social relationships ($F = 6.08, p = .01$), self-esteem ($F = 12.90, p < .001$), agreeableness ($F = 12.19, p < .001$), conscientiousness ($F = 14.00, p < .001$), avoidant communication style ($F = 72.78, p < .001$), cohesion ($F = 10.09, p < .001$), and affection ($F = 72.20, p < .001$). Conversely, BPD women scored significantly higher than their partners did on demanding communication ($F = 278.76, p < .001$), consensus ($F = 62.36, p < .001$) emotional satisfaction ($F = 11.08, p < .001$), and anxious attachment ($F = 38.94, p < .001$). Correlation analyses showed significant positive associations between agreeableness in partners and demanding communication style in BPD women ($r = .43, p = .03$). Likewise, satisfaction in the BPD group was positively associated with conscientiousness in partners ($r = .53, p = .01$).

Conclusions: Women with BPD and their Partners shown a relational dyadic based on hiperdemanding communication of the BPD and an avoidant and contention pattern of the partner.

Indexat a: WOS

González-Rodríguez A, Guardia A, Alvarez A, Fucho GF, Farre JM, Betriu M, Acebillo S, Monreal JA, Palao DJ, **Labad J.**

Transtorno Delirante 2021.

Psicosom Psiquiatr. 2021;16:56-67

Abstract:

A pesar de ser un diagnóstico fiable y válido, en las últimas décadas ha habido una confusión en la terminología utilizada para describir al trastorno delirante y una controversia acerca de la utilidad de clasificar el trastorno en subtipos según el contenido. El principal objetivo de esta revisión es resumir la evidencia en datos epidemiológicos, clínicos y resultados terapéuticos. La prevalencia del trastorno delirante es baja (0.03%) aunque es más elevada en los servicios de urgencias y en población penitenciaria. El fenómeno psicopatológico elemental del trastorno delirante es la significación personal patológica o mórbida que diferencia el “delirio del paranoico” del delirio del esquizofrénico o el delirio afectivo. Los estudios centrados en las trayectorias evolutivas del trastorno delirante describen tasas de estabilidad diagnóstica cercanas al 80%. Autores clásicos definen dos fenotipos principales que pueden ser útiles para los clínicos: 1) Paranoia vera (similar al delirio interpretativo) y 2) Paranoia querulans (delirio reivindicativo). Existe una importante controversia acerca de la respuesta farmacológica en el trastorno delirante. La revisión sistemática más reciente reporta unas tasas de respuesta entre el 5-50%. Existe un escaso consenso sobre las definiciones operativas de la respuesta antipsicótica que podría explicar, en parte, la heterogeneidad de los datos. La identificación de factores predictores de la respuesta antipsicótica en el trastorno delirante puede ayudar a mejorar los resultados clínicos. Son considerados factores moderadores de la respuesta: edad, género, estado reproductivo, comorbilidad, estructura cerebral y variantes genéticas en genes que codifican para receptores dopaminérgicos y proteínas implicadas en la metabolización de los psicofármacos.

Factores mediadores de la respuesta: niveles plasmáticos de antipsicóticos, cambios funcionales cerebrales y niveles hormonales. El problema de la adherencia terapéutica en estos pacientes es uno de los mayores desafíos en el campo del trastorno delirante.

González-Rodríguez A, Seeman MV, Álvarez A, Guàrdia A, Sanz N, Fucho GF, Palao DJ, **Labad J.**

Care for Women with Delusional Disorder: Towards a Specialized Approach.

Women 2021, 1, 46-59. <https://doi.org/10.3390/women1010004>

Abstract:

Delusional disorder is a difficult-to-treat clinical condition with health needs that are often undertreated. Although individuals with delusional disorder may be high functioning in daily life, they suffer from serious



health complaints that may be sex-specific. The main aim of this narrative review is to address these sex-specific health needs and to find ways of integrating their management into service programs. Age is an important issue. Delusional disorder most often first occurs in middle to late adult life, a time that corresponds to menopause in women, and menopausal age correlates with increased development of both somatic and psychological health problems in women. It is associated with a rise in the prevalence of depression and a worsening of prior psychotic symptoms. Importantly, women with delusional disorder show low compliance rates with both psychiatric treatment and with medical/surgical referrals. Intervention at the patient, provider, and systems levels are needed to address these ongoing problems.

González-Rodríguez A, Labad J, Seeman MV.

Pain Sensitivity in Schizophrenia Spectrum Disorders: A Narrative Review of Recent Work.

Psychiatry Int. 2021, 2(1), 48-58; <https://doi.org/10.3390/psychiatryint2010004>.

Abstract

Many patients with schizophrenia seem relatively immune to physical pain while others complain of constant pain. This may result from disturbances or alterations of the sensory threshold for pain in populations with psychosis, a possibility for which there is some preliminary evidence. The inconsistency in pain perception may, in part, be explained by the treatments patients receive, but treatment-naïve patients also exhibit differences in response to pain. This suggests that decreased pain sensitivity may represent a specific psychosis endophenotype. Thus far, few experimental studies have investigated sensory thresholds, pain modalities, or other factors contributing to the perception or expression of physical pain in psychosis. A digital search for information on this topic was conducted in PubMed and Google Scholar. The result is a non-systematic, narrative review focusing on recent clinical and experimental findings of pain sensitivity in patients with psychosis. Importantly, physical and mental pain are closely connected constructs that may be difficult to differentiate. Our hope is that the review provides some clarity to the field in the specific context of schizophrenia.

San Molina M, Arranz Martí B, Bernardo Arroyo M, Alvarez E, Arranz Garcia S, Cañete Crespillo J.

Eficacia y efectividad de los antipsicóticos de acción prolongada frente a los antipsicóticos orales: un estudio observacional naturalístico en pacientes con esquizofrenia.

Revista Electrónica de PortalesMedicos.com. 2021, 16(23), 1058; https://www.revista-portalesmedicos.com/revista-medica/eficacia-y-efectividad-de-los-antipsicoticos-de-accion-prolongada-frente-a-los-antipsicoticos-orales-un-estudio-observacional-naturalistico-en-pacientes-con-esquizofrenia/#google_vignette.

Abstract

Introducción: Las tasas de discontinuación de los antipsicóticos orales, incluso los atípicos, son elevadas y superiores a las observadas con los antipsicóticos de acción prolongada (LAIs), cuya adherencia es mejor. Pocos estudios han comparado la eficacia y efectividad de estos fármacos en la práctica clínica habitual.

Materiales y métodos: En 75 pacientes con diagnóstico de esquizofrenia de más de 2 años de evolución que precisaron un cambio de medicación se evaluó ambispectivamente (12 meses en cada periodo) la efectividad de los antipsicóticos orales y los LAIs.

Resultados: En el 63,5% de los pacientes el tratamiento oral previo se cambió a un LAI (principales motivos: falta de eficacia y falta de adherencia). Al final del estudio la puntuación media en la PSP mejoró en el grupo LAIs comparada con el grupo oral ($53,7 \pm 28,5$ vs. $30,9 \pm 28,7$; $p = 0,0214$). La impresión clínica (CGI) y la adherencia (MARS) pre-post mejoraron en el grupo LAIs ($p = 0,0077$ y $p = 0,0049$, respectivamente). Las visitas a Atención Primaria aumentaron en el grupo oral y disminuyeron en el grupo LAIs ($p=0,0318$). Dentro del grupo LAIs, se



observó un descenso pre-post en el uso de los servicios de urgencias psiquiátricas ($p = 0,0105$) y de ingresos por problemas médicos no psiquiátricos ($p = 0,0253$) y psiquiátricos ($p = 0,0016$).

Conclusiones: Se observan resultados sobre efectividad y uso de recursos favorables al uso de LAIs que habría que corroborar en un estudio de mayor tamaño, a pesar del escaso tamaño muestral.

TREBALL SOCIAL– SOCIAL WORK

Sánchez-Echevarria E, Pou-Canales N.

Carcaterísticas sociales relacionadas con el consumo de recursos sanitarios en el Hospital de Día de Salud Mental de Adultos de Mataró, desde la intervención del trabajador social sanitario.

Agathos. 2020;20(4):34-40.

Abstract:

El Trabajador Social Sanitario, concretamente en el Hospital de día de Salud Mental de Adultos de Mataró, se centra en la detección de las necesidades de la persona en el momento del ingreso con el objetivo de llevar a cabo la integración de la persona en la comunidad en el momento del alta.

El modelo asistencial del Hospital de Día es de hospitalización parcial con la finalidad que al alta se produzca una remisión de la sintomatología, y la restructuración de las capacidades de adaptación a la vida social, relaciones laborales, relaciones familiares, actividades y programas rehabilitadores y la reinserción social de la persona que sufre un trastorno mental.

Según el estudio descriptivo retrospectivo llevado a cabo durante el año 2018, se concluye que la intervención del trabajador social sanitario en hospital de día de Salud Mental reduce los ingresos en dispositivos de salud mental en un 82%. Los resultados obtenidos son por un lado que solo el 16% de los pacientes en los que intervino el trabajador social sanitario ingresaron en los seis meses desde el alta, frente al 53% que han ingresado y no tenían intervención social. Por otra parte, se ha observado que los pacientes que reingresaron y tuvieron una intervención social, presentan un 4.4% de necesidades sociales, un dato significativo ya que la $p = 0.08$. Podemos afirmar que las personas con diagnóstico en salud mental que presentan más necesidades sociales son más susceptibles de reingresar en dispositivos de Salud Mental.

UNITAT DE RECERCA – RESEARCH UNIT

Nº Articles indexats: 1

Factor Impacte total: 0

Factor d'impacte liderat: 0

Serra-Prat M, Terradellas M, Lorenzo I, Arus M, Burdoy E, Salietti A, Ramirez S, Palomera E, Papiol M, Pleguezuelos E.

Effectiveness of a Weight-Loss Intervention in Preventing Frailty and Functional Decline in Community-Dwelling Obese Older People. A Randomized Controlled Trial.

J Frailty Aging. 2021;Sep. doi: 10.14283/jfa.2021.38.

Abstract

Background: Obesity is a risk factor for frailty and muscle weakness, so weight loss in obese older adults may prevent frailty and functional decline.

Objective: To assess the safety and efficacy of a multimodal weight-loss intervention in improving functional performance and reducing frailty risk in obese older adults.

Design: Randomized controlled trial with 2 parallel arms. **SETTING AND PARTICIPANTS:** Community-dwelling obese adults aged 65–75 years with body mass index (BMI) 30–39 kg/m². **INTERVENTION:** 6-month multimodal intervention based on diet and a physical activity program. **Control group:** Usual care.



Main and Secondary Outcome Measures: Frailty (Fried criteria) rate and functional performance at 6, 12, and 24 months of follow-up, respectively.

Intermediate Outcome Measures: Weight loss, body composition changes, and metabolic and inflammatory biomarker changes.

Results: N=305. The study intervention increased gait speed at 12 and 24 months of follow-up, but had no significant effect on frailty prevention. It was effective in reducing weight, BMI, fat mass, interleukin 6, and insulin resistance and improving self-reported quality of life.

Conclusions: The study intervention was not demonstrated to be effective in preventing frailty in obese people aged 65–75 years at 24 months of follow-up. However, it allowed weight loss and a reduction in inflammatory and insulin resistance markers, which could have a long-term effect on frailty that requires further research.

Indexat a: MEDLINE/WOS



INDICADORS BIBLIOMÈTRICS CSDM 2021

111

Articles Publicats

99

Articles Indexats

MEDLINE/PubMed/WOS/JCR

1

Llibres/Capítols

ARTICLES INDEXATS* PER SERVEI

	Articles Indexats*	Articles liderats CSDM**
Psiquiatria	21	10
Motilitat Digestiva	15	8
Medicina Interna	12	1
Cirurgia General	11	3
Medicina Intensiva	9	3
Neurologia	7	0
Pediatría	3	2
Medicina Física i Rehabilitació	3	1
Hematologia	3	0
Digestiu	2	1
Farmàcia	2	1
Anestesiologia	2	0
CEIm CSDM	2	0
Alimentació i Dietètica	1	1
Medicina de Família	1	1
Unitat de Recerca	1	1
Cirurgia Vascular	1	0
Endocrinologia	1	0
Geriatría	1	0
Oncologia	1	0

*BDD: MEDLINE/PubMed/WOS/JCR

** Articles amb primer, últim o corresponding author.

**FACTOR D'IMPACTE***

	FI Total per Servei*	Factor d'impacte liderat CSDM**
Psiquiatria	78.450	23.187
Medicina Interna	65.647	2.580
Motilitat Digestiva	61.058	39.686
Cirurgia General	45.219	3.306
Medicina Intensiva	44.016	8.741
Neurologia	36.673	-
CEIm CSDM	35.454	-
Medicina Física i Rehabilitació	21.563	12.710
Digestiu	14.385	10.093
Hematologia	8.699	-
Endocrinologia	7.561	-
Pediatria	4.500	3.000
Oncologia	3.706	-
Cirurgia Vasculat	3.619	-
Farmacia	2.709	1.652
Anestesiologia i Reanimació	1.653	-
Medicina de Família	1.137	1.137
Alimentació i Dietètica	1.057	1.057

* Font: Journal Citation Reports, JCR: 2020

** Articles amb primer, últim o corresponding autor CSDM.

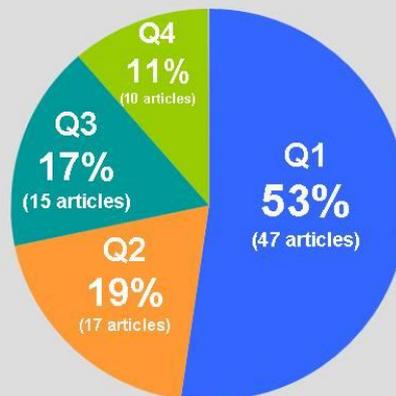
Factor d'Impacte* CSDM 2021



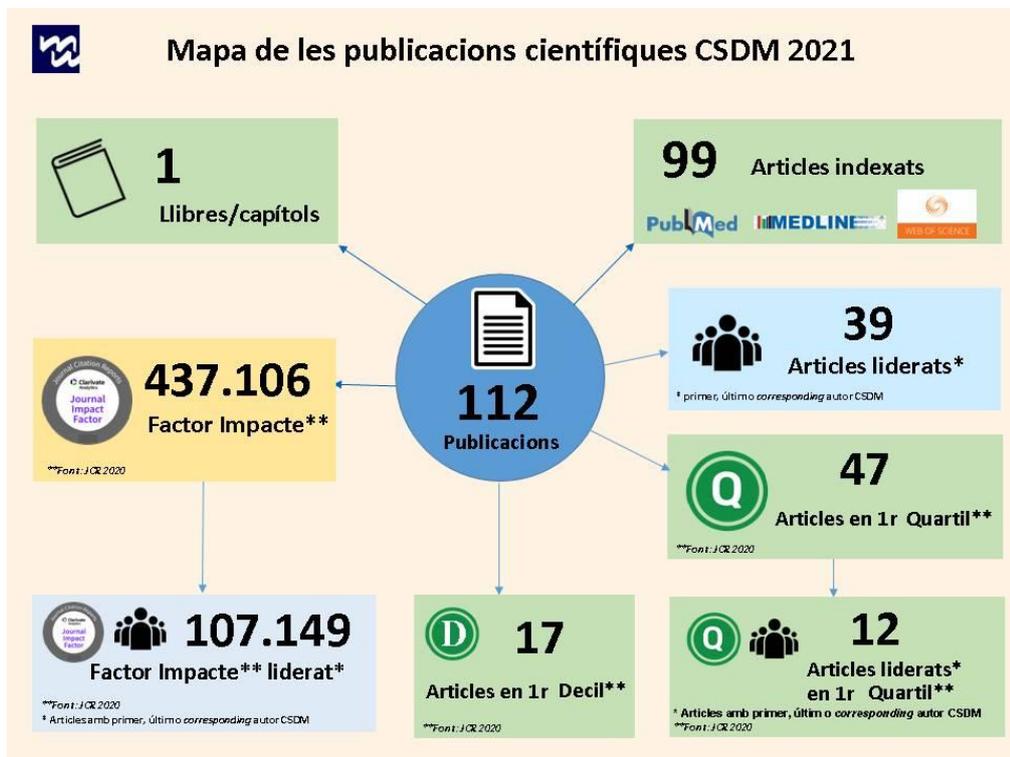
437.106

* Font: JCR, Journal Citation Reports: 2020

Publicacions científiques CSDM 2021 per Quartils*



* Font: JCR, Journal Citation Reports: 2020



INDICADORS BIBLIOMÈTRICS CSDM 2016-2021

Indicadors bibliomètrics CSDM 2016-21

	2016	2017	2018	2019	2020	2021
Articles publicats	74	77	86	75	92	111
Articles indexats*	71	65	73	70	91	99
Quartil 1**	20	22	25	28	32	47
Quartil 2**	16	15	19	13	26	17
Quartil 3**	20	17	12	11	17	15
Quartil 4**	8	6	13	9	9	10
Factor Impacte**	167.005	214.036	293.574	282.762	402.221	437.106

*PubliMed/MEDLINE/WOS/JCR
**Font: Journal Citation Reports 2015-2020

Biblioteca Consorci Sanitari del Maresme, 2021

