Los 10 artículos de mayor factor de impacto del 2º semestre 2014

1. Martínez-González MÁ; Toledo E; Arós F; **Fiol M**; Corella D; Salas-Salvadó J; Ros E; Covas MI; Fernández-Crehuet J; Lapetra J; Muñoz MA; Fitó M; Serra-Majem L; Pintó X; Lamuela-Raventós RM; Sorlí JV; Babio N; Buil-Cosiales P; Ruiz-Gutierrez V; Estruch R; Alonso A; PREDIMED Investigators. *Extravirgin olive oil consumption reduces risk of atrial fibrillation: the PREDIMED (Prevención con Dieta Mediterránea) trial.* **CIRCULATION** 2014 Jul 1;130(1):18-26. doi: 10.1161/CIRCULATIONAHA.113.006921. Epub 2014 Apr 30.

   FACTOR DE IMPACTO: 14,948 (Q1)

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Original Article

Epidemiology and Prevention

Extravirgin Olive Oil Consumption Reduces Risk of Atrial Fibrillation
The PREDIMED (Prevención con Dieta Mediterránea) Trial

Miguel Á. Martínez-González, MD, PhD; Estefanía Toledo, MD, PhD; Fernando Arós, MD, PhD; Miquel Fiol, MD, PhD; Dolores Corella, DPharm, PhD; Jordi Salas-Salvadó, MD, PhD; Emilio Ros, MD, PhD; Maria I. Covas, DPharm, PhD; Joaquín Fernández-Crehuet, MD, PhD; José Lapetra, MD, PhD; Miguel A. Muñoz, MD, PhD; Monserrat Fitó, MD, PhD; Luis Serra-Majem, MD, PhD; Xavier Pintó, MD, PhD; Rosa M. Lamuela-Raventós, DPharm, PhD; Jose V. Sorlí, MD, PhD; Nancy Babio, BSc, PhD; Pilar Buil-Cosiales, MD, PhD; Valentina Ruiz-Gutierrez, PhD; Ramón Estruch, MD, PhD; Alvaro Alonso, MD, PhD; for the PREDIMED Investigators*

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FACTOR DE IMPACTO: 11,248 (Q1)

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Fraction of exhaled nitric oxide values in childhood are associated with 17q11.2-q12 and 17q12-q21 variants

Ralf J.P. van der Valk, PhD*, Liesbeth Duijts, MD, PhD*, Nicolas J. Timpson, MD, PhD, Muhammad T. Salam, MD, PhD, Marie Standl, MSc, John A. Curtin, PhD, Jon Genuneit, MD, MSc, Marjan Kerhof, MD, PhD, Eskil Kreiner-Møller, MD, Alejandro Cáceres, MD, PhD, Anna Gref, MSc, Liming L. Liang, MD, PhD, H. Rob Taal, MD, PhD, Emmanuelle Bouzigon, MD, PhD, Florence Demenais, MD, Rachel Nadif, PhD, Carole Ober, PhD, Emma E. Thompson, PhD, Karol Estrada, PhD, Albert Hofman, MD, PhD, André G. Uitterlinden, PhD, Cornélia van Duijn, PhD, Fernando Rivadeneira, MD, PhD, Xia Li, MS, Sandrah P. Eckel, PhD, Kiros Berhane, PhD, W. James Gauderman, MD, PhD, Raquel Granell, PhD, David M. Evans, PhD, Beate St Pourcain, PhD, Wendy McArdle, PhD, John P. Kemp, MSc, George Davey Smith, MD, PhD, Carla M.T. Tiesler, MSc, Claudia Flexeder, MSc, Angela Simpson, MD, PhD, Clare S. Murray, MD, PhD, Oliver Fuchs, MD, PhD, Dirkje S. Postma, MD, PhD, Klaus Bønnelykke, MD, PhD, Maties Torrent, MD, PhD, Martin Andersson, MD, PhD, Patrick Sleiman, MD, PhD, Hakon Hakonarson, MD, PhD, William O. Cookson, MD, PhD, Miriam F. Moffatt, PhD, Lavinia Paternoster, PhD, Erik Melén, MD, PhD, Jordi Sunyer, MD, PhD, Hans Bisgaard, MD, DMSci, Gerard H. Koppelman, MD, PhD, Markus Ege, MD, PhD, Adnan Custovic, MD, PhD, Joachim Heinrich, PhD, Frank D. Gilliland, MD, PhD, Alexander J. Henderson, MD‡, Vincent W.V. Jaddoe‡, Johan C. de Jongste, MD, PhD‡ for the EArly Genetics & Lifecourse Epidemiology (EAGLE) Consortium

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‡ These authors jointly directed this work.

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FACTOR DE IMPACTO: 9,775 (Q1)

Regular Article

CLINICAL TRIALS AND OBSERVATIONS

GEM2005 trial update comparing VMP/VTP as induction in elderly multiple myeloma patients: do we still need alkylators?

María-Victoria Mateos,[1] Albert Oriol,[2] Joaquín Martínez-López,[3] Ana-Isabel Teruel,[4] Ana López de la Guía,[5] Javier López,[6] Enrique Bengoechea,[7] Montserrat Pérez,[8] Rafael Martínez,[9] Luis Palomera,[10] Felipe de Arriba,[11] Yolanda González,[12] José Mariano Hernández,[13] Miquel Granell,[14] José-Luis Bello,[15] Joan Bargay,[16] Francisco-Javier Peñalver,[17] María-Luisa Martín-Mateos,[18] Bruno Paiva,[19] María-Angeles Montalbán,[3] Joan Bladé,[20] Juan-Jose Lahuerta,[3] and Jesús F. San-Miguel[19]

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Key Points

- Melphalan, in combination with bortezomib, should be maintained as one of the standards of care for the treatment of elderly MM patients.
- Complete response and particularly flow complete response should be an important goal in the treatment of elderly myeloma patients.

Melphalan (M), in combination with prednisone (MP), has been the backbone of new combinations, including bortezomib plus MP (VMP). However, new alkylator-free schemes, such as lenalidomide plus low-dose dexamethasone, are challenging the role of alkylators in myeloma treatment of elderly patients. Here we have updated, after a long follow-up (median 6 years), the results of the GEM2005 study that addressed this question by comparing VMP with bortezomib plus thalidomide and prednisone (VTP) as induction. Between April 2005 and October 2008, 260 patients were randomized to receive 6 cycles of VMP or VTP as induction. The median progression-free survival was 32 months for the VMP and 23 months for the VTP arms ($P = .09$). VMP significantly prolonged the overall survival (OS) compared with VTP (median of 63 and 43 months, respectively; hazard ratio [HR]: 0.67, $P = .01$). Achieving immunophenotypic complete response was associated with a significantly longer OS, especially in the VMP arm (66% remain alive after 8 years). Melphalan, plus bortezomib, should be maintained as standard care for the treatment of elderly multiple myeloma patients. This trial was registered at www.clinicaltrials.gov as #NCT00443235. (*Blood*. 2014; 124(12): 1887-1893)

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   FACTOR DE IMPACTO: 8,570 (Q1)

Instituto de Investigación Sanitaria de Palma - IdISPa
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Hospital Universitari Son Espases. Edifici " S " 1ª Planta. Ctra. Valldemossa 79, 07010 Palma

American Diabetes Association. Diabetes Care

New Insulin Glargine 300 Units/mL Versus Glargine 100 Units/mL in People With Type 2 Diabetes Using Oral Agents and Basal Insulin: Glucose Control and Hypoglycemia in a 6-Month Randomized Controlled Trial (EDITION 2)

Hannele Yki-Järvinen[1†], Richard Bergenstal[2], Monika Ziemen[3], Marek Wardecki[4], Isabel Muehlen-Bartmer[2], Emmanuelle Boelle[5] and Matthew C. Riddle[6] on behalf of the EDITION 2 Study Investigators

Author Affiliations

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Abstract

OBJECTIVE To compare the efficacy and safety of new insulin glargine 300 units/mL (Gla-300) with glargine 100 units/mL (Gla-100) in people with type 2 diabetes using basal insulin (≥42 units/day) plus oral antihyperglycemic drugs (OADs).

RESEARCH DESIGN AND METHODS EDITION 2 was a multicenter, open-label, two-arm study. Adults receiving basal insulin plus OADs were randomized to Gla-300 or Gla-100 once daily for 6 months. The primary end point was change in HbA_{1c}. The main secondary end point was percentage of participants with one or more nocturnal confirmed (≤3.9 mmol/L [≤70 mg/dL]) or severe hypoglycemic events from week 9 to month 6.

RESULTS Randomized participants (n = 811) had a mean (SD) HbA_{1c} of 8.24% (0.82) and BMI of 34.8 kg/m^2 (6.4). Glycemic control improved similarly with both basal insulins; least squares mean (SD) reduction from baseline was −0.57% (0.09) for Gla-300 and −0.56% (0.09) for Gla-100 (mean difference −0.01% [95% CI −0.14 to 0.12]), with 10% higher dose of Gla-300. Less nocturnal confirmed (≤3.9 mmol/L [≤70 mg/dL]) or severe hypoglycemia was observed with Gla-300 from week 9 to month 6 (relative risk 0.77 [95% CI 0.61–0.99]; P = 0.038) and during the first 8 weeks. Fewer nocturnal and any time (24 h) hypoglycemic events were reported during the entire 6-month period. Weight gain was lower with Gla-300 than with Gla-100 (P = 0.015). No between-treatment differences in safety parameters were identified.

CONCLUSIONS Gla-300 was as effective as Gla-100 and associated with a lower risk of hypoglycemia during the night and at any time of the day.

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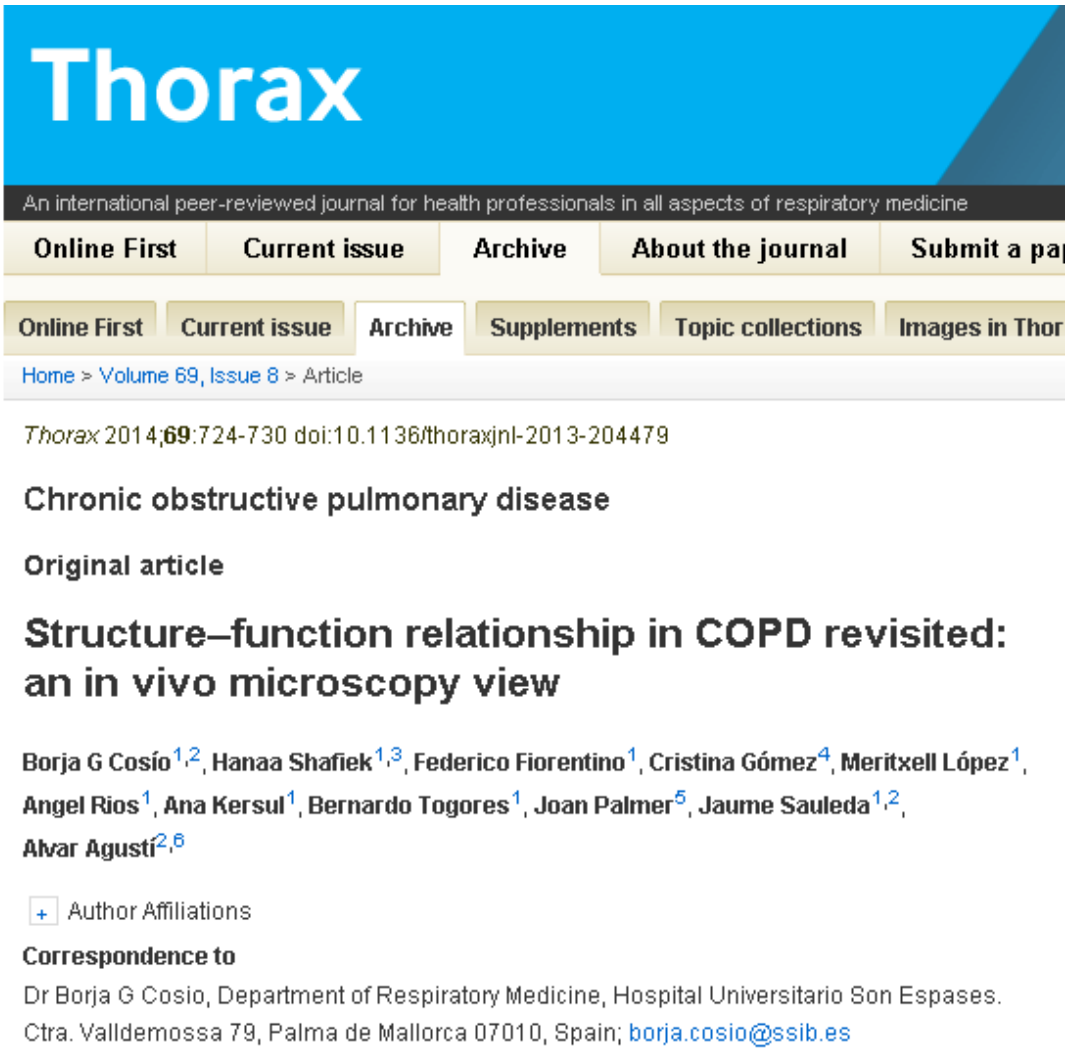
   FACTOR DE IMPACTO: 8,562 (Q1)



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Thorax 2014;**69**:724-730 doi:10.1136/thoraxjnl-2013-204479

Chronic obstructive pulmonary disease

Original article

Structure–function relationship in COPD revisited: an in vivo microscopy view

Borja G Cosío[1,2], Hanaa Shafiek[1,3], Federico Fiorentino[1], Cristina Gómez[4], Meritxell López[1], Angel Rios[1], Ana Kersul[1], Bernardo Togores[1], Joan Palmer[5], Jaume Sauleda[1,2], Alvar Agustí[2,6]

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FACTOR DE IMPACTO: 7,343 (Q1)

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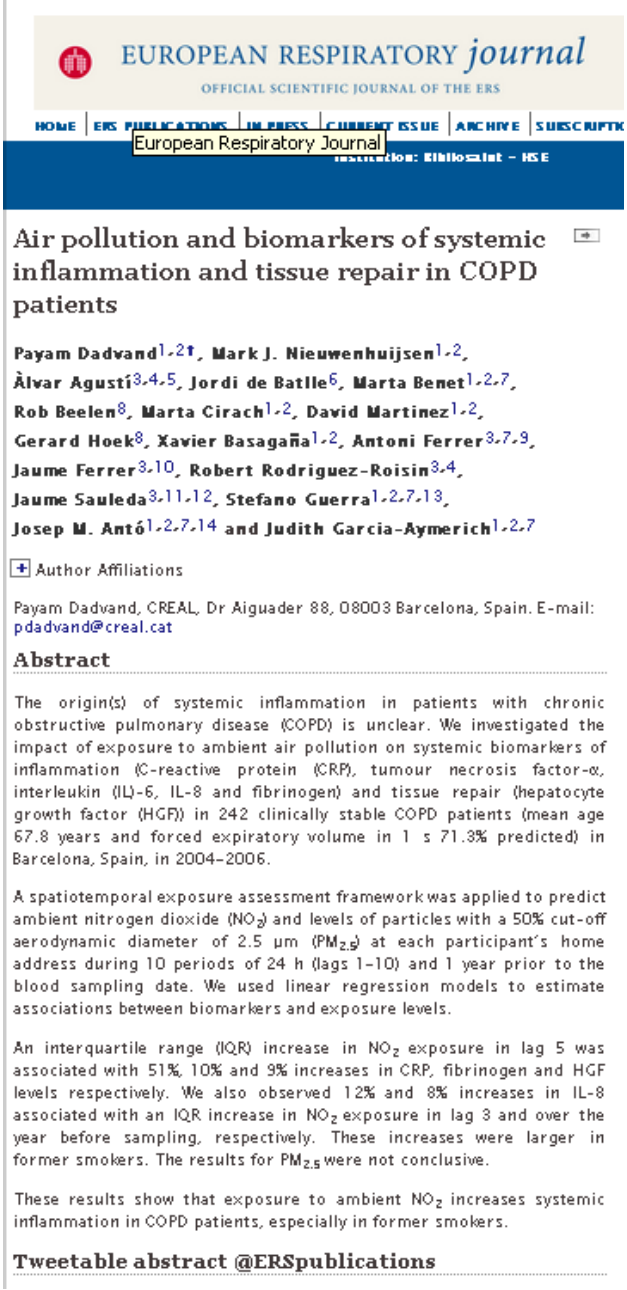
   FACTOR DE IMPACTO: 7,125 (Q1)



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Air pollution and biomarkers of systemic inflammation and tissue repair in COPD patients

Payam Dadvand[1,2†], Mark J. Nieuwenhuijsen[1,2], Àlvar Agustí[3,4,5], Jordi de Batlle[6], Marta Benet[1,2,7], Rob Beelen[8], Marta Cirach[1,2], David Martinez[1,2], Gerard Hoek[8], Xavier Basagaña[1,2], Antoni Ferrer[3,7,9], Jaume Ferrer[3,10], Robert Rodriguez-Roisin[3,4], Jaume Sauleda[3,11,12], Stefano Guerra[1,2,7,13], Josep M. Antó[1,2,7,14] and Judith Garcia-Aymerich[1,2,7]

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Abstract

The origin(s) of systemic inflammation in patients with chronic obstructive pulmonary disease (COPD) is unclear. We investigated the impact of exposure to ambient air pollution on systemic biomarkers of inflammation (C-reactive protein (CRP), tumour necrosis factor-α, interleukin (IL)-6, IL-8 and fibrinogen) and tissue repair (hepatocyte growth factor (HGF)) in 242 clinically stable COPD patients (mean age 67.8 years and forced expiratory volume in 1 s 71.3% predicted) in Barcelona, Spain, in 2004–2006.

A spatiotemporal exposure assessment framework was applied to predict ambient nitrogen dioxide (NO_2) and levels of particles with a 50% cut-off aerodynamic diameter of 2.5 μm ($PM_{2.5}$) at each participant's home address during 10 periods of 24 h (lags 1–10) and 1 year prior to the blood sampling date. We used linear regression models to estimate associations between biomarkers and exposure levels.

An interquartile range (IQR) increase in NO_2 exposure in lag 5 was associated with 51%, 10% and 9% increases in CRP, fibrinogen and HGF levels respectively. We also observed 12% and 8% increases in IL-8 associated with an IQR increase in NO_2 exposure in lag 3 and over the year before sampling, respectively. These increases were larger in former smokers. The results for $PM_{2.5}$ were not conclusive.

These results show that exposure to ambient NO_2 increases systemic inflammation in COPD patients, especially in former smokers.

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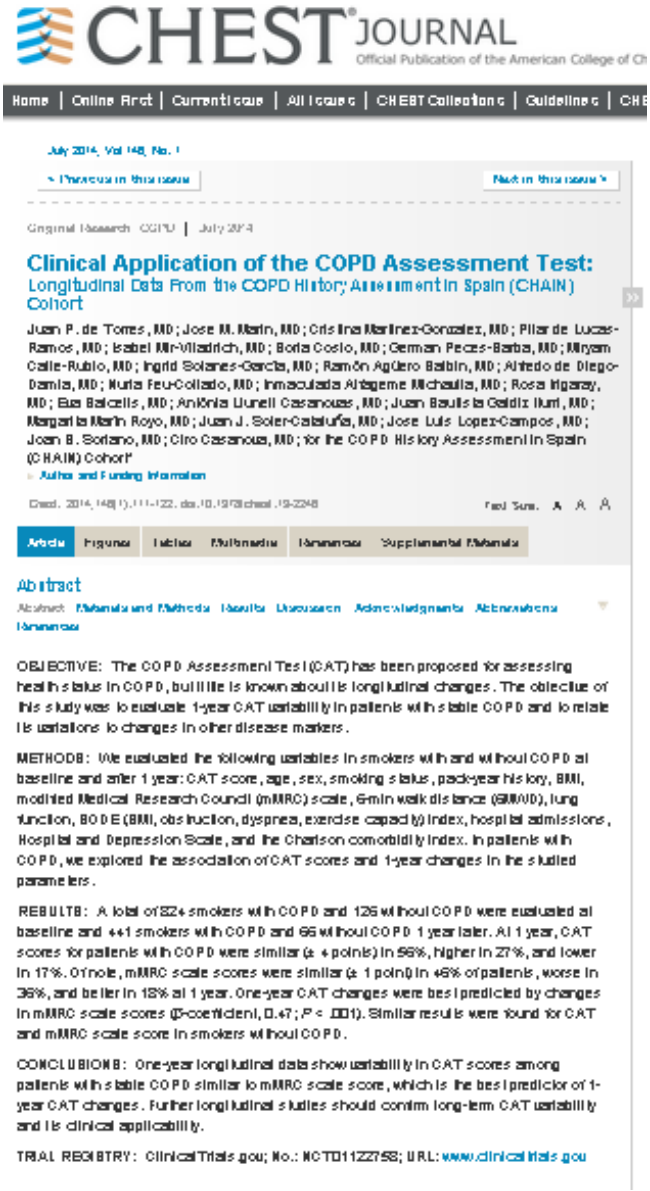
   FACTOR DE IMPACTO: 7,132 (Q1)



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Original Research COPD | July 2014

Clinical Application of the COPD Assessment Test: Longitudinal Data From the COPD History Assessment in Spain (CHAIN) Cohort

Juan P. de Torres, MD; Jose M. Marin, MD; Cristina Martinez-Gonzalez, MD; Pilar de Lucas-Ramos, MD; Isabel Mir-Viladrich, MD; Borja Cosio, MD; German Peces-Barba, MD; Miryam Calle-Rubio, MD; Ingrid Solanes-Garcia, MD; Ramón Agüero Balbin, MD; Alfredo de Diego-Damia, MD; Nuria Feu-Collado, MD; Inmaculada Aldeguer Michaulla, MD; Rosa Irigaray, MD; Eva Balcells, MD; Antonia Llunell Casanovas, MD; Juan Basilio Galdiz Iturri, MD; Margarita Marin Royo, MD; Juan J. Soler-Cataluña, MD; Jose Luis Lopez-Campos, MD; Joan B. Soriano, MD; Ciro Casanova, MD; for the COPD History Assessment in Spain (CHAIN) Cohort

Author and Funding Information

Chest. 2014; 146(1):111-122. doi: 10.1378/chest.13-2246

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Abstract

Abstract | Materials and Methods | Results | Discussion | Acknowledgments | Abbreviations | References

OBJECTIVE: The COPD Assessment Test (CAT) has been proposed for assessing health status in COPD, but little is known about its longitudinal changes. The objective of this study was to evaluate 1-year CAT variability in patients with stable COPD and to relate its variations to changes in other disease markers.

METHODS: We evaluated the following variables in smokers with and without COPD at baseline and after 1 year: CAT score, age, sex, smoking status, pack-year history, BMI, modified Medical Research Council (mMRC) scale, 6-min walk distance (6MWD), lung function, BODE (BMI, obstruction, dyspnea, exercise capacity) index, hospital admissions, Hospital and Depression Scale, and the Charlson comorbidity index. In patients with COPD, we explored the association of CAT scores and 1-year changes in the studied parameters.

RESULTS: A total of 824 smokers with COPD and 126 without COPD were evaluated at baseline and 441 smokers with COPD and 66 without COPD 1 year later. At 1 year, CAT scores for patients with COPD were similar (± 4 points) in 56%, higher in 27%, and lower in 17%. Of note, mMRC scale scores were similar (± 1 point) in 46% of patients, worse in 36%, and better in 18% at 1 year. One-year CAT changes were best predicted by changes in mMRC scale scores (β-coefficient, 0.47; $P < .001$). Similar results were found for CAT and mMRC scale score in smokers without COPD.

CONCLUSIONS: One-year longitudinal data show variability in CAT scores among patients with stable COPD similar to mMRC scale score, which is the best predictor of 1-year CAT changes. Further longitudinal studies should confirm long-term CAT variability and its clinical applicability.

TRIAL REGISTRY: ClinicalTrials.gov; No.: NCT01122758; URL: www.clinicaltrials.gov

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FACTOR DE IMPACTO: 6,918 (Q1)


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Association between Mediterranean and Nordic diet scores and changes in weight and waist circumference: influence of *FTO* and *TCF7L2* loci[1,2,3]

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FACTOR DE IMPACTO: 6,918 (Q1)

Fiber intake and all-cause mortality in the Prevención con Dieta Mediterránea (PREDIMED) study[1,2,3]

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