

	A	B	C	D	E	F	G	H	I	J	K
1		YEAR	ARTICLE TITLE	AUTHORS (FULL NAME)	JOURNAL	ISSN	eISSN	DOCUMENT TYPE	ABSTRACT	Pubmed Id	DOI
2	Practice Guideline	2017	Oral Immunotherapy for Food Allergy: A Spanish Guideline. Egg and Milk Immunotherapy Spanish Guide (ITEMS GUIDE). Part II: Maintenance Phase of Cow Milk (CM) and Egg Oral Immunotherapy (OIT), Special Treatment Dosing Schedules. Models of Dosing Schedules of OIT With CM and Egg	Martorell, A.; Alonso, E.; Echeverria, L.; Escudero, C.; Garcia-Rodriguez, R.; Blasco, C.; Bone, J.; Borja-Segade, J.; Bracamonte, T.; Claver, A.; Corzo, J. L.; De la Hoz, B.; Del Olmo, R.; Dominguez, O.; Fuentes-Aparicio, V.; Guallar, I.; Larramona, H.; Martin-Munoz, F.; Matheu, V; Michavila, A.; Ojeda, I; Ojeda, P.; Piquer, M.; Poza, P.; Reche, M.; del Rio P, Rodriguez; Rodriguez, M.; Ruano, F.; Sanchez-Garcia, S.; Terrados, S.; Valdesoiro, L.; Vazquez-Ortiz, M.	JOURNAL OF INVESTIGATIONAL ALLERGOLOGY AND CLINICAL IMMUNOLOGY	1018-9068		Article	Introduction: Cow milk and egg are the most frequent causes of food allergy in the first years of life. Oral immunotherapy (OIT) has been investigated as an alternative to avoidance diets. No clinical practice guidelines on the management of OIT with milk and egg are currently available. Objectives: To develop clinical guidelines for OIT based on available scientific evidence and the opinions of experts. Methods: A review was made of studies published between 1984 and June 2016, doctoral theses published in Spain, summaries of communications at scientific meetings (SEAIC, SEICAP, EAACI, and AAAAI), and the consensus of opinion established by a group of experts from the scientific societies SEICAP and SEAIC. Results: Recommendations were established regarding the indications, requirements and practical aspects of the different phases of OIT as well as special protocols for patients at high risk of adverse reactions. Conclusions: Clinical practice guidelines based on the consensus reached between Spanish experts are presented for the management of OIT with milk and egg.	28593864	10.18176/jiaci.0178
3	Practice Guideline	2017	Management of non variceal upper gastrointestinal bleeding: position statement of the Catalan Society of Gastroenterology	Garcia-Iglesias, Pilar; Botargues, Josep-Maria; Feu Caballe, Faust; Villanueva Sanchez, Candid; Calvet Calvo, Xavier; Brullet Benedi, Enric; Canovas Moreno, Gabriel; Fort Martorell, Esther; Gallach Montero, Marta; Gene Tous, Emili; Hidalgo Rosas, Jose-Manuel; Lago Macia, Amelia; Nieto Rodriguez, Ana; Papo Berger, Michel; Planella de Rubinat, Montserrat; Salo Rich, Joan; Fernandez de los Rios, Rafel Campo	GASTROENTEROLOGIA Y HEPATOLOGIA	0210-5705		Review	In recent years there have been advances in the management of non-variceal upper gastrointestinal bleeding that have helped reduce rebleeding and mortality. This document positioning of the Catalan Society of Digestologia is an update of evidence-based recommendations on management of gastrointestinal bleeding peptic ulcer. (C) 2016 Elsevier Espana, S.L.U., AEEH y AEG. All rights reserved.	28109636	10.1016/j.gastrohep.2016.11.009

	A	B	C	D	E	F	G	H	I	J	K
4	Practice Guideline	2017	Tratamiento antiretroviral del paciente adulto con infección por el VIH. Evidencias y recomendaciones. Catálogo maestro de guías de práctica clínica		INSTITUTO MEXICANO DEL SEGURO SOCIAL	(ISBN) 978-607-8270-77-4		Book	<p>Esta guía de práctica clínica fue elaborada con la participación de las instituciones que conforman el Sistema Nacional de Salud, bajo la coordinación del Centro Nacional de Excelencia Tecnológica en Salud. Los autores han hecho un esfuerzo por asegurarse de que la información aquí contenida sea completa y actual; por lo que asumen la responsabilidad editorial por el contenido de esta guía, declaran que no tienen conflicto de intereses y, en caso de haberlo, lo han manifestado puntualmente, de tal manera que no se afecte su participación y la confiabilidad de las evidencias y recomendaciones.</p> <p>Las recomendaciones son de carácter general, por lo que no definen un curso único de conducta en un procedimiento o tratamiento. Las recomendaciones aquí establecidas, al ser aplicadas en la práctica, podrían tener variaciones justificadas con fundamento en el juicio clínico de quien las emplea como referencia, así como en las necesidades específicas y preferencias de cada paciente en particular, los recursos disponibles al momento de la atención y la normatividad establecida por cada Institución o área de práctica.</p> <p>En cumplimiento de los artículos 28 y 29 de la Ley General de Salud; 50 del Reglamento Interior de la Comisión Interinstitucional del Cuadro Básico y Catálogo de Insumos del Sector Salud y Primero del Acuerdo por el que se establece que las dependencias y entidades de la Administración Pública Federal que presten servicios de salud aplicarán, para el primer nivel de atención médica, el cuadro básico</p>		

	A	B	C	D	E	F	G	H	I	J	K
5	Practice Guideline	2017	Spanish Clinical Guidelines on Vascular Access for Haemodialysis.	Ibeas, Jose; Roca-Tey, Ramon; Vallespin, Joaquin; Moreno, Teresa; Monux, Guillermo; Marti-Monros, Anna; Del Pozo, Jose Luis; Gruss, Enrique; Ramirez de Arellano, Manel; Fontserre, Nestor; Arenas, Maria Dolores; Merino, Jose Luis; Garcia-Revilla, Jose; Caro, Pilar; Lopez-Espada, Cristina; Gimenez-Gaibar, Antonio; Fernandez-Lucas, Milagros; Valdes, Pablo; Fernandez-Quesada, Fidel; de la Fuente, Natalia; Hernan, David; Arribas, Patricia; Sanchez de la Nieta, Maria Dolores; Martinez, Maria Teresa; Barba, Angel	Nefrologia : publicacion oficial de la Sociedad Espanola Nefrologia		1989-2284	Article	Vascular access for haemodialysis is key in renal patients both due to its associated morbidity and mortality and due to its impact on quality of life. The process, from the creation and maintenance of vascular access to the treatment of its complications, represents a challenge when it comes to decision-making, due to the complexity of the existing disease and the diversity of the specialities involved. With a view to finding a common approach, the Spanish Multidisciplinary Group on Vascular Access (GEMAV), which includes experts from the five scientific societies involved (nephrology [S.E.N.], vascular surgery [SEACV], vascular and interventional radiology [SERAM-SERVEI], infectious diseases [SEIMC] and nephrology nursing [SEDEN]), along with the methodological support of the Cochrane Center, has updated the Guidelines on Vascular Access for Haemodialysis, published in 2005. These guidelines maintain a similar structure, in that they review the evidence without compromising the educational aspects. However, on one hand, they provide an update to methodology development following the guidelines of the GRADE system in order to translate this systematic review of evidence into recommendations that facilitate decision-making in routine clinical practice, and, on the other hand, the guidelines establish quality indicators which make it possible to monitor the quality of healthcare.	29248052	10.1016/j.nefro.2017.11.004
6	Practice Guideline	2017	SEOM clinical guideline for treatment of kidney cancer (2017)	Gallardo, E.; Mendez-Vidal, M. J.; Perez-Gracia, J. L.; Sepulveda-Sanchez, J. M.; Campayo, M.; Chirivella-Gonzalez, I.; Garcia-del-Muro, X.; Gonzalez-del-Alba, A.; Grande, E.; Suarez, C.	CLINICAL & TRANSLATIONAL ONCOLOGY	1699-048X	1699-3055	Article	The goal of this article is to provide recommendations about the management of kidney cancer. Based on pathologic and molecular features, several kidney cancer variants were described. Nephron-sparing techniques are the gold standard of localized disease. After a randomized trial, sunitinib could be considered in adjuvant treatment in high-risk patients. Patients with advanced disease constitute a heterogeneous population. Prognostic classification should be considered. Both sunitinib and pazopanib are the standard options for first-line systemic therapy in advanced renal cell carcinoma. Based on the results of two randomized trials, both nivolumab and cabozantinib should be considered the standard for second and further lines of therapy. Response evaluation for present therapies is a challenge.	29134564	10.1007/s12094-017-1765-4

	A	B	C	D	E	F	G	H	I	J	K
7	Practice Guideline	2017	Diagnosis and treatment of catheter-related bloodstream infection: Clinical guidelines of the Spanish Society of Infectious Diseases and Clinical Microbiology and (SEIMC) and the Spanish Society of Spanish Society of Intensive and Critical Care Medicine and Coronary Units (SEMICYUC)	Chaves, F.; Garnacho-Montero, J.; del Pozo, J. L.; Bouza, E.; Capdevila, J. A.; de Cueto, M.; Dominguez, M. A.; Esteban, J.; Fernandez-Hidalgo, N.; Fernandez Sampedro, M.; Fortun, J.; Guembe, M.; Lorente, L.; Pano, J. R.; Ramirez, P.; Salavert, M.; Sanchez, M.; Valles, J.	MEDICINA INTENSIVA	0210-5691	1578-6749	Article	Catheter-related bloodstream infections (CRBSI) constitute an important cause of hospital-acquired infection associated with morbidity, mortality, and cost. The aim of these guidelines is to provide updated recommendations for the diagnosis and management of CRBSI in adults. Prevention of CRBSI is excluded. Experts in the field were designated by the two participating Societies (the Spanish Society of Infectious Diseases and Clinical Microbiology and [SEIMC] and the Spanish Society of Spanish Society of Intensive and Critical Care Medicine and Coronary Units [SEMICYUC]). Short-term peripheral venous catheters, non-tunneled and long-term central venous catheters, tunneled catheters and hemodialysis catheters are covered by these guidelines. The panel identified 39 key topics that were formulated in accordance with the PICO format. The strength of the recommendations and quality of the evidence were graded in accordance with ESCMID guidelines. Recommendations are made for the diagnosis of CRBSI with and without catheter removal and of tunnel infection. The document establishes the clinical situations in which a conservative diagnosis of CRBSI (diagnosis without catheter removal) is feasible. Recommendations are also made regarding empirical therapy, pathogen-specific treatment (coagulase-negative staphylococci, Staphylococcus aureus, Enterococcus spp., Gram-negative bacilli, and Candida spp.), antibiotic lock therapy, diagnosis and management of suppurative thrombophlebitis and local complications. (C) 2017 Elsevier Espana, S.L.U. y SEMICYUC. All rights reserved.	29406956	10.1016/j.eimc.2017.10.019
8	Practice Guideline	2017	SEOM clinical guidelines in gestational trophoblastic disease (2017)	Santaballa, A.; Garcia, Y.; Herrero, A.; Lainez, N.; Fuentes, J.; De Juan, A.; Rodriguez Freixinos, V.; Aparicio, J.; Casado, A.; Garcia-Martinez, E.	CLINICAL & TRANSLATIONAL ONCOLOGY	1699-048X	1699-3055	Article	Gestational trophoblastic disease (GTD) is a rare but curable disease. Recent improvements in diagnosis and molecular biology have resulted in changes in staging and treatment. These guidelines provide evidence-based recommendation on how to manage GTD.	29149431	10.1007/s12094-017-1793-0
9	Practice Guideline	2017	SEOM clinical guideline in nasopharynx cancer (2017)	Pastor, M.; Lopez Pousa, A.; del Barco, E.; Perez Segura, P.; Gonzalez Astorga, B.; Castelo, B.; Bonfill, T.; Martinez Trufero, J.; Jose Grau, J.; Mesia, R.	CLINICAL & TRANSLATIONAL ONCOLOGY	1699-048X	1699-3055	Article	Nasopharyngeal carcinoma (NPC) is distinct from other cancers of the head and neck in biology, epidemiology, histology, natural history, and response to treatment. Radiation therapy is an essential component of curative-intent of non-disseminated disease and the association of chemotherapy improves the rates of survival. In the case of metastatic disease stages, treatment requires platinum/gemcitabine-based chemotherapy and patients may achieve a long survival time.	29098554	10.1007/s12094-017-1777-0
10	Practice Guideline	2017	SEOM clinical guideline on unknown primary cancer (2017)	Losa, F.; Soler, G.; Casado, A.; Estival, A.; Fernandez, I.; Gimenez, S.; Longo, F.; Pazo-Cid, R.; Salgado, J.; Segui, M. A.	CLINICAL & TRANSLATIONAL ONCOLOGY	1699-048X	1699-3055	Article	Cancer of unknown primary site is a histologically confirmed cancer that manifests in advanced stage, with no identifiable primary site following standard diagnostic procedures. Patients are initially categorized based on the findings of the initial biopsy: adenocarcinoma, squamous-cell carcinoma, neuroendocrine carcinoma, and poorly differentiated carcinoma. Appropriate patient management requires understanding several clinical and pathological features that aid in identifying several subsets of patients with more responsive tumors.	29230692	10.1007/s12094-017-1807-y

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11	Practice Guideline	2017	Recommendations of the Spanish Working Group on Crohn's Disease and Ulcerative Colitis (GETECCU) and the Association of Crohn's Disease and Ulcerative Colitis Patients (ACCU) in the management of psychological problems in Inflammatory Bowel Disease patients	Barreiro-de Acosta, Manuel; Marin-Jimenez, Ignacio; Panadero, Abel; Guardiola, Jordi; Canas, Mercedes; Gobbo Montoya, Milena; Modino, Yolanda; Alcain, Guillermo; Maia Bosca-Watts, Marta; Calvet, Xavier; Casellas, Francesc; Chaparro, Maria; Fernandez Salazar, Luis; Ferreiro-Iglesias, Rocio; Ginard, Daniel; Iborra, Marisa; Mancenido, Noemi; Manosa, Miriam; Merino, Olga; Rivero, Montserrat; Roncero, Oscar; Sempere, Laura; Vega, Pablo; Zabana, Yamile; Minguez, Miguel; Nos, Pilar; Gisbert, Javier P.	GASTROENTEROLOGIA Y HEPATOLOGIA	0210-5705		Review	Aims: To establish recommendations for the management of psychological problems affecting patients with inflammatory bowel disease (IBD). Methods: A meeting of a group of IBD experts made up of doctors, psychologists, nurses and patient representatives was held. The following were presented: 1) Results of a previous focal group, 2) Results of doctor and patient surveys, 3) Results of a systematic review of tools for detecting anxiety and depression. A guided discussion was then held about the most important psychological and emotional problems associated with IBD, appropriate referral criteria and situations to be avoided. The validated instrument most applicable to clinical practice was selected. A recommendations document and a Delphi survey were designed. The survey was sent to the group and to a scientific committee of the GETECCU group in order to establish the level of agreement with these recommendations. Results: Fifteen recommendations were established linked to 3 key processes: 1) What steps should be taken to identify psychological problems at an IBD appointment; 2) What are the criteria for referring patients to a mental health specialist; 3) How to approach psychological problems. Conclusions: Resources should be made available to healthcare professionals so that they can treat these problems during consultations, identify the disorders which could affect the clinical course of the disease and determine their impact on the patient's life in order that these can be treated and followed up by the most suitable professional. These recommendations could serve as a basis for redesigning IBD services or processes and as justification for the training of healthcare personnel. (C) 2017 Elsevier Espana, S.L.U. All rights reserved.	29275001	10.1016/j.gastroh ep.2017.10.003

	A	B	C	D	E	F	G	H	I	J	K
12	Practice Guideline	2017	Consensus statement on definition, diagnosis, and management of high-risk prostate cancer patients on behalf of the Spanish Groups of Uro-Oncology Societies URONCOR, GUO, and SOGUG	Henriquez, I.; Rodriguez-Antolin, A.; Cassinello, J.; Gonzalez San Segundo, C.; Unda, M.; Gallardo, E.; Lopez-Torrecilla, J.; Juarez, A.; Arranz, J.	CLINICAL & TRANSLATIONAL ONCOLOGY	1699-048X	1699-3055	Article	Prostate cancer (PCa) is the most prevalent malignancy in men and the second cause of mortality in industrialized countries. Based on Spanish Register of PCa, the incidence of high-risk PCa is 29%, approximately. In spite of the evidence-based beneficial effect of radiotherapy and androgen deprivation therapy in high-risk PCa, these patients (pts) are still a therapeutic challenge for all specialists involved, in part due to the absence of comparative studies to establish which of the present disposable treatments offer better results. Nowadays, high-risk PCa definition is not well consensual through the published oncology guides. Clinical stage, tumour grade, and number of risk factors are relevant to be considered on PCa prognosis. However, these factors are susceptible to change depending on when surgical or radiation therapy is considered to be the treatment of choice. Other factors, such as reference pathologist, different diagnosis biopsy schedules, surgical or radiotherapy techniques, adjuvant treatments, biochemical failures, and follow-up, make it difficult to compare the results between different therapeutic options. This article reviews important issues concerning high-risk PCa. URONCOR, GUO, and SOGUG on behalf of the Spanish Groups of Uro-Oncology Societies have reached a consensus addressing a practical recommendation on definition, diagnosis, and management of high-risk PCa.	28785912	10.1007/s12094-017-1726-y
13	Practice Guideline	2017	Admission, discharge and triage guidelines for paediatric intensive care units in Spain	de la Oliva, Pedro; Jose Cambra-Lasaosa, Francisco; Quintana-Diaz, Manuel; Rey-Galan, Corsino; Ignacio Sanchez-Diaz, Juan; Cruz Martin-Delgado, Maria; Carlos de Carlos-Vicente, Juan; Hernandez-Rastrollo, Ramon; Soledad Holanda-Pena, Maria; Javier Pilar-Orive, Francisco; Ocete-Hita, Esther; Rodriguez-Nunez, Antonio; Serrano-Gonzalez, Ana; Blanch, Luis	ANALES DE PEDIATRIA	1695-4033	1696-4608	Article	A paediatric intensive care unit (PICU) is a separate physical facility or unit specifically designed for the treatment of paediatric patients who, because of the severity of illness or other life-threatening conditions, require comprehensive and continuous intensive care by a medical team with special skills in paediatric intensive care medicine. Timely and personal intervention in intensive care reduces mortality, reduces length of stay, and decreases cost of care. With the aim of defending the right of the child to receive the highest attainable standard of health and the facilities for the treatment of illness and rehabilitation, as well as ensuring the quality of care and the safety of critically ill paediatric patients, the Spanish Association of Paediatrics (AEP), Spanish Society of Paediatric Intensive Care (SECIP) and Spanish Society of Critical Care (SEMICYUC) have approved the guidelines for the admission, discharge and triage for Spanish PICUs. By using these guidelines, the performance of Spanish paediatric intensive care units can be optimised and paediatric patients can receive the appropriate level of care for their clinical condition. (C) 2017 Asociacion Espanola de Pediatria. Published by Elsevier Espana, S.L.U. All rights reserved.	29728212	10.1016/j.anpedi.2017.10.008

	A	B	C	D	E	F	G	H	I	J	K
14	Practice Guideline	2017	Recommendations of the Spanish Society of Rheumatology on treatment and use of systemic biological and non-biological therapies in psoriatic arthritis	Torre Alonso, Juan Carlos; del Campo Fontecha, Petra Diaz; Almodovar, Raquel; Canete, Juan D.; Montilla Morales, Carlos; Moreno, Mireia; Plasencia-Rodriguez, Chamaida; Ramirez Garcia, Julio; Queiro, Ruben	REUMATOLOGIA CLINICA	1699-258X	1885-1398	Article	Objective: The main purpose of this recommendation statement is to provide clinicians with the best available evidence and the best opinion agreed upon by the panelists for a rational use of synthetic disease modifying antirheumatic drugs (DMARDs) and biologicals in psoriatic arthritis (PsA) patients. The present document also focuses on important aspects in the management of PsA, such as early diagnosis, therapeutic objectives, comorbidities and optimization of treatment. Methods: The recommendations were agreed by consensus by a panel of 8 expert rheumatologists, previously selected by the Spanish Society of Rheumatology (SER) through an open call. The phases of the work were: identification of key areas for updating the previous consensus, analysis and synthesis of scientific evidence (modified Oxford system, Centre for Evidence-based Medicine, 2009) and formulation of recommendations based on this evidence and by consensus techniques. Results: Seventeen recommendations were issued for the treatment of PsA patients. Six of them were of general nature, ranging from the early diagnosis and treatment to the importance of assessing comorbidities. The other 11 were focused on the indications for DMARDs and biological therapy in the distinct clinical forms of the disease. Likewise, the situation of failure of the first biological is addressed and treatment algorithms and a table with the different biological therapies are also included. Conclusions: We present the update of SER recommendations for the treatment of PsA with DMARDs and biologics. (C) 2017 Elsevier Espana, S.L.U. and Sociedad Espanola de Reumatologia y Colegio Mexicano de Reumatologia. All rights reserved.	29111261	10.1016/j.reuma.2017.08.007

	A	B	C	D	E	F	G	H	I	J	K
15	Practice Guideline	2017	Recommendations by the Spanish Society of Rheumatology on the Use of Biological Therapies in Axial Spondyloarthritis	Gratacos, Jordi; del Campo Fontecha, Petra Diaz; Fernandez-Carballido, Cristina; Juanola Roura, Xavier; Linares Ferrando, Luis Francisco; de Miguel Mendieta, Eugenio; Munoz Fernandez, Santiago; Luis Rosales-Alexander, Jose; Zarco Montejo, Pedro; Guerra Rodriguez, Mercedes; Navarro Compan, Victoria	REUMATOLOGIA CLINICA	1699-258X	1885-1398	Article	Objective: Recent data published on biological therapy in axial spondyloarthritis (axSpA) since the last publication of the recommendations of the Spanish Society of Rheumatology (SER) has led to the generation of a review of these recommendations based on the best possible evidence. These recommendations should be a reference for rheumatologists and those involved in the treatment of patients with axSpA. Methods: Recommendations were drawn up following a nominal group methodology and based on systematic reviews. The level of evidence and grade of recommendation were classified according to the model proposed by the Centre for Evidence Based Medicine at Oxford. The level of agreement was established through the Delphi technique. Results: In this review, we did an update of the evaluation of disease activity and treatment objectives. We included the new drugs with approved therapeutic indication for axSpA. We reviewed both the predictive factors of the therapeutic response and progression of radiographic damage. Finally, we drafted some recommendations for the treatment of patients refractory to anti-tumor necrosis factor, as well as for the possible optimization of biological therapy. The document also includes a table of recommendations and a treatment algorithm. Conclusions: We present an update of the SER recommendations for the use of biological therapy in patients with axSpA. (C) 2017 Elsevier Espana, S.L.U. and Sociedad Espanola de Reumatologia y Colegio Mexicano de Reumatologia. All rights reserved.	29050839	10.1016/j.reuma.2017.08.008
16	Practice Guideline	2017	SED-SEEP Consensus document on the use of continuous glucose monitoring in Spain	Gimenez, Marga; Diaz-Soto, Gonzalo; Andia, Victor; Soledad Ruiz de Adana, Maria; Garcia-Cuartero, Beatriz; Rigla, Mercedes; Asuncion Martinez-Brocca, Maria	ENDOCRINOLOGIA DIABETES Y NUTRICION	2530-0180		Article		29412165	10.1016/j.endinu.2017.03.011
17	Practice Guideline	2018	Update on the management of Helicobacter pylori infection. Position paper from the Catalan Society of Digestology	Sanchez Delgado, Jordi; Garcia-Iglesias, Pilar; Tito, Lluçia; Puig, Ignasi; Planella, Montse; Gene, Emili; Salo, Joan; Martinez-Cerezo, Francesc; Molina-Infante, Javier; Gisbert, Javier P.; Calvet, Xavier	GASTROENTEROLOGIA Y HEPATOLOGIA	0210-5705		Review	More than 30 years after its discovery, Helicobacter pylori (H. pylori) infection remains the most common cause of gastric and duodenal diseases. H. pylori is the leading cause of chronic gastritis, peptic ulcer, gastric MALT lymphoma and gastric adenocarcinoma. Several consensuses have recently been published on the management of H. pylori infection. The general guidelines of the Spanish consensus, the Toronto Consensus and the Maastricht V Consensus of 2016 are similar but concrete recommendations can vary significantly. In addition, the recommendations of some of these consensuses are decidedly complex. This position paper from the Catalan Society of Digestology is an update of evidence-based recommendations on the management and treatment of H. pylori infection. The aim of this document is to review this information in order to make recommendations for routine clinical practice that are simple, specific and easily applied to our setting. (C) 2018 Elsevier Espana, S.L.U. All rights reserved.	29426621	10.1016/j.gastroh ep.2017.12.009

	A	B	C	D	E	F	G	H	I	J	K
18	Practice Guideline	2018	Admission, discharge and triage guidelines for paediatric intensive care units in Spain	de la Oliva, Pedro; Jose Cambra-Lasaosa, Francisco; Quintana-Diaz, Manuel; Rey-Galan, Corsino; Ignacio Sanchez-Diaz, Juan; Cruz Martin-Delgado, Maria; Carlos de Carlos-Vicente, Juan; Hernandez-Rastrollo, Ramon; Soledad Holanda-Pena, Maria; Javier Pilar-Orive, Francisco; Ocete-Hita, Esther; Rodriguez-Nunez, Antonio; Serrano-Gonzalez, Ana; Blanch, Luis	MEDICINA INTENSIVA	0210-5691	1578-6749	Article	A paediatric intensive care unit (PICU) is a separate physical facility or unit specifically designed for the treatment of paediatric patients who, because of the severity of illness or other life-threatening conditions, require comprehensive and continuous intensive care by a medical team with special skills in paediatric intensive care medicine. Timely and personal intervention in intensive care reduces mortality, reduces length of stay, and decreases cost of care. With the aim of defending the right of the child to receive the highest attainable standard of health and the facilities for the treatment of illness and rehabilitation, as well as ensuring the quality of care and the safety of critically ill paediatric patients, the Spanish Association of Paediatrics (AEP), Spanish Society of Paediatric Intensive Care (SECIP) and Spanish Society of Critical Care (SEMICYUC) have approved the guidelines for the admission, discharge and triage for Spanish PICUs. By using these guidelines, the performance of Spanish paediatric intensive care units can be optimised and paediatric patients can receive the appropriate level of care for their clinical condition. (C) 2017 Published by Elsevier Espana, S.L.U.	29699643	10.1016/j.medin.2017.10.015
19	Practice Guideline	2018	Recommendations of the Catalan Group of Thrombosis (Tromboc@t Working Group) for the treatment of patients receiving oral direct anticoagulants	Olivera, Pavel; Gabilondo, Miren; Constans, Mireia; Tassies, Dolors; Plensa, Esther; Pons, Veronica; Las Heras, German; Jimenez, Carmen; Campoy, Desiree; Bustins, Anna; Oliver, Artur; Marzo, Cristina; Canals, Tania; Varela, Anna; Sorigue, Marc; Sanchez, Eva; Ene, Gabriela; Perea, Granada; Vicente, Laura; Lopez, Meritxell; Cerda, Maria; Johansson, Erik; Reyes Aguinaco, M.; Santos, Nazly; Mateo, Jose; Carles Reverter, Joan; Moya, Angel; Santamaria, Amparo	MEDICINA CLINICA	0025-7753	1578-8989	Editorial Material		29602444	10.1016/j.medcli.2018.01.022

	A	B	C	D	E	F	G	H	I	J	K
20	Practice Guideline	2018	National consensus on the cardiological treatment and follow-up of Kawasaki disease	Barrios Tascon, Ana; Centeno Malfaz, Fernando; Rojo Sombrero, Henar; Fernandez-Cooke, Elisa; Sanchez-Manubens, Judith; Perez-Lescure Picarzo, Javier; Albert de la Torre, Leticia; Alcalde Martin, Carlos; Alvarez-Fuente, Maria; Blanco Rodriguez, Carolina; Giralt Garcia, Gemma; Gutierrez-Larraya, Federico; Latorre Navarro, Libertad; Sanchez Andres, Antonio; Toral Vazquez, Belen; de Vera McMullan, Paula; Akel Perez, Georges; Alados Arboledas, Francisco Javier; Alcalde Martin, Carlos; Alegria Echauri, Josune; Aparicio Garcia, Patricia; Arevalo, Paola; Armengol Rofes, August; Arroyas Sanchez, Maria; Balbacid Domingo, Enrique Jose; Bano Rodrigo, Antonio; Barcudi Abbona, Maria Silvina; Barranco Fernandez, Isabel; Barrios Tascon, Ana; Bernaldez Torralva, Clara Maria; Blanca Jover, Enrique; Blanco Rodriguez, Carolina; Blazquez Trigo, Sonia; Bravo Sayago, Maria Jose; Caldeiro Diaz, Maria Jesus; Cantero Tejedor, Maria Teresa; Carrasco Moreno, Jose Ignacio; Carreras Blesa, Carmen; Carretero Bellon, Juan Manuel; Pia Cassanello, Maria; Centeno Malfaz, Fernando; Cis	ANALES DE PEDIATRIA	1695-4033	1696-4608	Article	Kawasaki disease is a self-limiting acute vasculitis that affects small and medium-sized vessels, and is the most common cause of acquired heart disease in children in our environment. Up to 25% of untreated patients develop coronary aneurysms. It is suspected that an infectious agent may be the trigger of the disease, but the causative agent is still unknown. Based on the previous evidence, recommendations are proposed for the diagnosis, treatment of acute disease, and the long-term management of these patients, in order to unify criteria. The diagnosis must be quick, based on easy-to-use algorithms and with the support of complementary tests. This document includes the indication of available imaging techniques, as well as the planning of cardiological examinations based on the initial involvement. Intravenous immunoglobulin is the basis of the initial treatment. The role of corticosteroids is still controversial, but there are studies that support its use as adjuvant treatment. A multidisciplinary working group has developed a scheme with different treatment guidelines depending on the risk factors at diagnosis, the patient's clinical situation, and response to previous treatment, including indications for thromboprophylaxis in patients with coronary involvement. The stratification of risk for long-term treatment is essential, as well as the recommendations on the procedures based on the initial cardiological involvement and its progression. Patients with coronary aneurysms require continuous and uninterrupted cardiological monitoring for life. (C) 2018 Asociacion Espanola de Pediatria. Published by Elsevier Espana, S.L.U.	29778491	10.1016/j.anpedi.2018.04.003
21	Practice Guideline	2018	Dialysis arteriovenous access monitoring and surveillance according to the 2017 Spanish Guidelines	Roca-Tey, Ramon; Ibeas, Jose; Moreno, Teresa; Gruss, Enrique; Merino, Jose Luis; Vallespin, Joaquin; Hernan, David; Arribas, Patricia	JOURNAL OF VASCULAR ACCESS	1129-7298	1724-6032	Review	The Spanish Multidisciplinary Group on Vascular Access (GEMAV), which includes experts from the five scientific societies involved (nephrology (S.E.N.), vascular surgery (SEACV), interventional radiology (SERAM-SERVEI), infectious diseases (SEIMC), and nephrology nursing (SEDEN)), along with the methodological support of the Iberoamerican Cochrane Centre, has developed the Spanish Clinical Guidelines on Vascular Access for Hemodialysis. This article summarizes the main issues from the guideline's chapter entitled Monitoring and surveillance of arteriovenous access. We will analyze the current evidence on conflicting topics such as the value of the flow-based screening methods for the arteriovenous access surveillance or the role of Doppler ultrasound as the imaging exploration to confirm suspected stenosis. In addition, the concept of significant stenosis and the criteria to perform the elective intervention for stenosis were reviewed. The adoption of these guidelines will hopefully translate into a reduced risk of thrombosis and increased patency rates for both arteriovenous fistulas and grafts.	29544403	10.1177/1129729818761307

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22	Practice Guideline	2018	Do not do recommendations of the working groups of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (SEMICYUC) for the management of critically ill patients	de Molina Ortiz, F. J. Gonzalez; Gordo Vidal, F.; Estella Garcia, A.; Morrondo Valdeolmillos, P.; Fernandez Ortega, J. F.; Caballero Lopez, J.; Perez Villares, P. V.; Ballesteros Sanz, M. A.; de Haro Lopez, C.; Sanchez-Izquierdo Riera, J. A.; Serrano Lazaro, A.; Fuset Cabanes, M. P.; Terceros Almanza, L. J.; Nuvials Casals, X.; Martinez de Irujo, J. Baldira	MEDICINA INTENSIVA	0210-5691	1578-6749	Article	The project Commitment to Quality of Scientific Societies, promoted since 2013 by the Spanish Ministry of Health, seeks to reduce unnecessary health interventions that have not proven effective, have little or doubtful effectiveness, or are not cost-effective. The objective is to establish the do not do recommendations for the management of critically ill patients. A panel of experts from the 13 working groups (WGs) of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (SEMICYUC) was selected and nominated by virtue of clinical expertise and/or scientific experience to carry out the recommendations. Available scientific literature in the management of adult critically ill patients from 2000 to 2017 was extracted. The clinical evidence was discussed and summarized by the experts in the course of consensus finding of each WG, and was finally approved by the WGs after an extensive internal review process carried out during the first semester of 2017. A total of 65 recommendations were developed, of which 5 corresponded to each of the 13 WGs. These recommendations are based on the opinion of experts and scientific knowledge, and aim to reduce those treatments or procedures that do not add value to the care process; avoid the exposure of critical patients to potential risks; and improve the adequacy of health resources. (C) 2018 Elsevier Espana, S.L.U. y SEMICYUC. All rights reserved.	29789183	10.1016/j.medin.2018.04.001
23	Practice Guideline	2018	VIH en España 2017: políticas para una nueva gestión de la cronicidad más allá del control virológico	Del Amo J, Campbell C, Navarro G, Segura F, Suárez I, Teira R, Brañas F, Serrano-Villar S, Moreno S, Morillo R, Román I, Marrugat J, Fernández E, Marco MP, Blanch J, Castaño M, Pujol F, Fuster MJ, Hernández JS, García-Goñi M, Nuño-Solinis R, Elizondo N, del Llano JE, Gol-Montserrat J	Revista Española de Salud Pública	1135-5727		Article	El análisis de las bases de datos disponibles relacionadas con VIH/SIDA confirma un cambio de paradigma en la esperanza de vida del paciente: ahora el VIH se ha convertido en una enfermedad crónica, con la que los pacientes están envejeciendo. No obstante, este avance se acompaña de una contraparte negativa: debido al incremento en el número de años de vida ganados, se da una prevalencia de comorbilidades mayor a la de la población general y a una edad más temprana. Reducir el riesgo asociado a todas las comorbilidades que puede desarrollar el paciente con VIH/SIDA mientras envejece debe ser hoy en día un objetivo de salud, que se suma a los objetivos tradicionales que hasta ahora formaban parte de la estrategia para reducir el impacto de la infección por el VIH. En el caso específico de la mujer, además es necesario formar a las mujeres peri y postmenopáusicas para incrementar sus habilidades y su motivación para el cuidado de su salud; también es muy importante que se examine el rol que puede tener la terapia de reemplazo hormonal en la reducción de sus síntomas.		

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24	Practice Guideline	2018	Management of acute liver failure. Clinical guideline from the Catalan Society of Digestology	Escorsell, Angels; Castellote, Jose; Sanchez-Delgado, Jordi; Charco, Ramon; Crespo, Gonzalo; Fernandez, Javier	GASTROENTEROLOGIA Y HEPATOLOGIA	0210-5705		Review	Acute liver failure is an uncommon and severe disease characterised by a rapid onset of severe hepatocellular failure in individuals without previous liver disease. Initial management of this entity determines the outcome of the patient. Initial contact with the acute liver failure patients usually occurs in the emergency department, digestology clinic or, in more severe cases, intensive care units. The management of acute liver failure patients in all these cases must be multidisciplinary, involving surgeons and hepatologists who are experts in this condition, meaning those from hospitals with active liver transplant programmes. This article reviews the current body of evidence concerning the medical management of acute liver failure patients, from the suspected diagnosis and initial management to intensive medical treatment, including the need for an emergency liver transplantation. Moreover, we also review the use of artificial liver support systems in this setting. (C) 2018 Elsevier Espana, S.L.U. All rights reserved.	30309739	10.1016/j.gastroh ep.2018.07.013
25	Practice Guideline	2018	2018 update of the EULAR recommendations for the management of hand osteoarthritis	Kloppenborg, Margreet; Kroon, Feline Pb; Blanco, Francisco J.; Doherty, Michael; Dziedzic, Krysia S.; Greibrokk, Elsie; Haugen, Ida K.; Herrero-Beaumont, Gabriel; Jonsson, Helgi; Kjekken, Ingvild; Maheu, Emmanuel; Ramonda, Roberta; Ritt, Marco J. P. F.; Smeets, Wilma; Smolen, Josef S.; Stamm, Tanja A.; Szekanecz, Zoltan; Wittoek, Ruth; Carmona, Loreto	ANNALS OF THE RHEUMATIC DISEASES	0003-4967	1468-2060	Review	Since publication of the European League Against Rheumatism (EULAR) recommendations for management of hand osteoarthritis (OA) in 2007 new evidence has emerged. The aim was to update these recommendations. EULAR standardised operating procedures were followed. A systematic literature review was performed, collecting the evidence regarding all non-pharmacological, pharmacological and surgical treatment options for hand OA published to date. Based on the evidence and expert opinion from an international task force of 19 physicians, healthcare professionals and patients from 10 European countries formulated overarching principles and recommendations. Level of evidence, grade of recommendation and level of agreement were allocated to each statement. Five overarching principles and 10 recommendations were agreed on. The overarching principles cover treatment goals, information provision, individualisation of treatment, shared decision-making and the need to consider multidisciplinary and multimodal (non-pharmacological, pharmacological, surgical) treatment approaches. Recommendations 1-3 cover different non-pharmacological treatment options (education, assistive devices, exercises and orthoses). Recommendations 4-8 describe the role of different pharmacological treatments, including topical treatments (preferred over systemic treatments, topical non-steroidal anti-inflammatory drugs (NSAIDs) being first-line choice), oral analgesics (particularly NSAIDs to be considered for symptom relief for a limited duration), chondroitin sulfate (for symptom relief), intra-articular glucocorticoids (generally not recommended, consider for painful interphalangeal OA) and conventional/biological disease-modifying	30154087	10.1136/annrheumdis-2018-213826

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26	Practice Guideline	2018	Executive summary of outpatient parenteral antimicrobial therapy: Guidelines of the Spanish Society of Clinical Microbiology and Infectious Diseases and the Spanish Domiciliary Hospitalisation Society	Lopez Cortes, Luis Eduardo; Mujal Martinez, Abel; Fernandez Martinez de Mandojana, Magdalena; Martin, Natalia; Gil Bermejo, Merce; Sola Aznar, Joan; Villegas Bruguera, Eulalia; Pelaez Cantero, Maria Jose; Retamar Gentil, Pilar; Delgado Vicente, Miriam; Jose Gonzalez-Ramallo, Victor; Ponce Gonzalez, Miguel Angel; Miron Rubio, Manuel; Gomez Rodriguez de Mendarozqueta, M. Montserrat; Goenaga Sanchez, Miguel Angel; Sanroma Mendizabal, Pedro; Delgado Mejia, Elena; Pajaron Guerrero, Marcos; Garde Orbaiz, Carmen; Garcia Lezcano, Mario; Basterretxea Ozamiz, Andima; Gil Navarro, Maria Victoria; Ortonobes Roig, Sara; Llobet Barberi, Eva; Sanchez Martinez, Francisca; Miron Rubio, Manuel; del Rio Vizoso, Manuel	ENFERMEDADES INFECCIOSAS Y MICROBIOLOGIA CLINICA	0213-005X	1578-1852	Article	Outpatient parenteral antimicrobial therapy (OPAT) programmes make it possible to start or complete intravenous antimicrobial therapy for practically any type of infection at home, provided that patient selection is appropriate for the type of OPAT programme available. Although the clinical management of infections in the home setting is comparable in many respects to that offered in conventional hospitalization (selection of antibiotics, duration of treatment, etc.), there are many aspects that are specific to this care modality. It is essential to be aware of them so that OPAT continues to be as safe and effective as inpatient care. The objective of this clinical guideline is therefore to provide evidence and expert-based recommendations with a view to standardizing clinical practice in this care modality and contribute to a progressive increase in the number of patients who can be cared for and receive intravenous therapy in their own homes. (C) 2018 Elsevier Espana, S.L.U. and Sociedad Espanola de Enfermedades Infecciosas y Microbiologia Clinica. All rights reserved.	29784453	10.1016/j.eimc.2018.03.012
27	Practice Guideline	2018	Recommendations by the Spanish Society of Rheumatology on Osteoporosis	Naranjo Hernandez, Antonio; del Campo Fontecha, Petra Diaz; Aguado Acin, Maria Pilar; Arbolea Rodriguez, Luis; Casado Burgos, Enrique; Castaneda, Santos; Fiter Areste, Jordi; Gifre, Laia; Gomez Vaquero, Carmen; Candelas Rodrigue, Gloria; Francisco Hernandez, Felix Manuel; Guanabens Gay, Nuria	REUMATOLOGIA CLINICA	1699-258X	1885-1398	Article	Objective: To update the recommendations on osteoporosis (OP) of the Spanish Society of Rheumatology (SER) based on the best possible evidence. Methods: A panel of nine expert rheumatologists in OP was created, previously selected by the SER through an open call. The phases of the work were: identification of the key areas for updating the previous consensus, analysis and synthesis of the scientific evidence (using the SIGN levels of evidence) and formulation of recommendations based on this evidence and consensus techniques. Results: This revision of the recommendations implies an update in the diagnostic evaluation and treatment of OP. It proposes some criteria to consider the high risk of fracture and some indications to start treatment. The recommendations also address issues related to the safety of treatments and the management of special situations such as inflammatory diseases and treatment with glucocorticoids. Conclusions: We present an update of SER recommendations on OP. (C) 2018 Elsevier Espana, S.L.U. and Sociedad Espaliola de Reumatologia y Colegio Mexicano de Reumatologia. All rights reserved.	30470636	10.1016/j.reuma.2018.09.004

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28	Practice Guideline	2019	GEMICOMED/GEIRAS-SEIMC recommendations for the management of Candida auris infection and colonization	Alastruey-Izquierdo, Ana; Asensio, Angel; Besoli, Anna; Calabuig, Eva; Fernandez-Ruiz, Mario; Garcia-Vidal, Carolina; Gasch, Oriol; Guinea, Jesus; Teresa Martin-Gomez, Maria; Ramon Pano, Jose; Ramirez, Paula; Ruiz-Gaitan, Alba; Salavert, Miguel; Tacias, Mariona; Vinuela, Lourdes; Peman, Javier	REVISTA IBEROAMERICANA DE MICOLOGIA	1130-1406		Article	Candida auris is a new species of Candida that causes nosocomial outbreaks in several countries around the world, including Spain. C. auris is resistant to fluconazole and multi- and pan-resistant strains have been described. It is highly transmissible and can survive long term in the hospital environment, causing long-lasting outbreaks that are difficult to detect in early stages, and making it difficult to control and eradicate. It is currently an emerging threat to global health. This document provides a set of guidelines, developed by a multidisciplinary team, to limit the impact and facilitate the control of C. auris infection based on the experiences gathered in the Spanish and English outbreaks. The implementation of early and strict surveillance and control measures is essential to prevent the spread of the outbreak, which can spread over time, posing a significant risk to complex, critical and immunocompromised surgical patients. Immediate notification of C. auris isolation to clinical and infection control teams, as well as to health authorities and institutions, is essential to implement infection control measures at all levels in a timely manner, to prevent internal and inter-centre transmission, and to ensure a proper surveillance and prevention to patients who are already colonized and can develop an infection. (C) 2019 Asociacion Espanola de Micologia. Published by Elsevier Espana, S.L.U. All rights reserved.	31694788	10.1016/j.riam.2019.06.001
29	Practice Guideline	2019	Document on a comprehensive approach to type 2 diabetes mellitus	Reyes-Garcia, Rebeca; Moreno-Perez, Oscar; Tejera-Perez, Cristina; Fernandez-Garcia, Diego; Bellido-Castaneda, Virginia; de la Torre Casares, Martin Lopez; Rozas-Moreno, Pedro; Carlos Fernandez-Garcia, Jose; Marco Martinez, Amparo; Escalada-San Martin, Javier; Gargallo-Fernandez, Manuel; Botana-Lopez, Manuel; Lopez-Fernandez, Judith; Miguel Gonzalez-Clemente, Jose; Jodar-Gimeno, Esteban; Mezquita-Raya, Pedro	ENDOCRINOLOGIA DIABETES Y NUTRICION	2530-0180		Article	Objective: Treatment of type 2 diabetes mellitus (T2DM) is complex and is intended to decrease morbidity and mortality. Management should therefore include adequate diabetes education, lifestyle changes, drug treatment to achieve early blood glucose control and reduction of cardiovascular (CV) risk factors, early detection and treatment of complications, and assessment of associated comorbidities. The objective was to prepare a document including all aspects required for a comprehensive approach to T2DM. Participants: Members of the Diabetes Mellitus Working Group of the Spanish Society of Endocrinology. Methods: The available evidence regarding each aspect of diabetes management (blood glucose control goals, diet and exercise, drug treatment, risk factor management and control, detection of complications, and management of frail patients) was reviewed. Recommendations were formulated based on the grades of evidence stated in the 2018 Standards of Medical Care in Diabetes. Recommendations were discussed and agreed by the working group members. Conclusions: This document is intended to provide evidence-based practical recommendations for comprehensive management of T2DM by clinical endocrinologists. (C) 2019 SEEN y SED. Published by Elsevier Espana, S.L.U. All rights reserved.	30827909	10.1016/j.endinu.2018.10.010

	A	B	C	D	E	F	G	H	I	J	K
30	Practice Guideline	2019	Recommendations for the detection, diagnosis and follow-up of patients with non-alcoholic fatty liver disease in primary and hospital care	Caballeria, Llorenc; Augustin, Salvador; Broquetas, Teresa; Maria Morillas, Rosa; Vergara, Merce; Viroles, Silvia; Rosario Hernandez, Ma; Serra, Isabel; Goday, Alberto; Vila, Lluís; Siso-Almirall, Antonio; Solans, Rosa; Manuel Fernandez-Real, Jose; Antonio Carrion, Jose; Graupera, Isabel; Gines, Pere	MEDICINA CLINICA	0025-7753	1578-8989	Article	Non-alcoholic fatty liver disease (NAFLD) is one of the most common chronic liver diseases, with a prevalence of 20-30% in the general population and 60-80% in at-risk populations. In a not negligible percentage of patients, NAFLD progresses from steatosis to different stages of fibrosis and cirrhosis. Due to its high prevalence, NAFLD has become a significant health problem that requires specific action in detection, diagnosis, follow-up and treatment. Furthermore, given that NAFLD presents an increased risk of cardiovascular morbidity and mortality, a multidisciplinary approach is required for its treatment and follow-up. Patients with early stages of the disease, without fibrosis, can be diagnosed and receive treatment in the Primary Care setting, while those with more advanced liver disease benefit from specialised follow-up in the hospital setting to prevent and treat liver complications. This consensus document, prepared by the Catalan Societies of Digestology, Primary Care, Endocrinology, Diabetes and Internal Medicine, arises from the need to design strategies to guide patient flows between Primary and Hospital Care in order to offer patients with NAFLD the best care according to the stage of their disease. The consensus document describes the most commonly used non-invasive diagnostic methods for patient diagnosis and two algorithms have been designed for patient management in both Primary Care and Hospital Care. (C) 2019 The Authors. Published by Elsevier Espana, S.L.U.	31178295	10.1016/j.medcli.2019.01.030
31	Practice Guideline	2019	Enfermedades por alteración de la impronta genética. Síndrome de Prader Willi y de Angelman	E. Gabau, C. Aguilera, N. Baena, A Ruiz, M. Guitart	PEDIATRIA INTEGRAL			Article			

	A	B	C	D	E	F	G	H	I	J	K
32	Practice Guideline	2019	Management of Nonvariceal Upper Gastrointestinal Bleeding: Guideline Recommendations From the International Consensus Group	Barkun, Alan N.; Almadi, Majid; Kuipers, Ernst J.; Laine, Loren; Sung, Joseph; Tse, Frances; Leontiadis, Grigorios, I; Abraham, Neena S.; Calvet, Xavier; Chan, Francis K. L.; Douketis, James; Enns, Robert; Gralnek, Ian M.; Jairath, Vipul; Jensen, Dennis; Lau, James; Lip, Gregory Y. H.; Loffroy, Romaric; Maluf-Filho, Fauze; Meltzer, Andrew C.; Reddy, Nageshwar; Saltzman, John R.; Marshall, John K.; Bardou, Marc	ANNALS OF INTERNAL MEDICINE	0003-4819	1539-3704	Article	Description: This update of the 2010 International Consensus Recommendations on the Management of Patients With Non-variceal Upper Gastrointestinal Bleeding (UGIB) refines previous important statements and presents new clinically relevant recommendations. Methods: An international multidisciplinary group of experts developed the recommendations. Data sources included evidence summarized in previous recommendations, as well as systematic reviews and trials identified from a series of literature searches of several electronic bibliographic databases from inception to April 2018. Using an iterative process, group members formulated key questions. Two methodologists prepared evidence profiles and assessed quality (certainty) of evidence relevant to the key questions according to the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach. Group members reviewed the evidence profiles and, using a consensus process, voted on recommendations and determined the strength of recommendations as strong or conditional. Recommendations: Preendoscopic management: The group suggests using a Glasgow Blatchford score of 1 or less to identify patients at very low risk for rebleeding, who may not require hospitalization. In patients without cardiovascular disease, the suggested hemoglobin threshold for blood transfusion is less than 80 g/L, with a higher threshold for those with cardiovascular disease. Endoscopic management: The group suggests that patients with acute UGIB undergo endoscopy within 24 hours of presentation. Thermocoagulation and sclerosant injection are recommended, and clips are suggested, for endoscopic therapy in patients with high-risk stigmata. Use	31634917	10.7326/M19-1795
33	Practice Guideline	2019	Clinical practice guideline on peri- and postoperative care of arteriovenous fistulas and grafts for haemodialysis in adults	Gallieni, Maurizio; Hollenbeck, Markus; Inston, Nicholas; Kumwenda, Mick; Powell, Steve; Tordoir, Jan; Al Shakarchi, Julien; Berger, Paul; Bolignano, Davide; Cassidy, Deirdre; Chan, Tze Yuan; Dhondt, Annemieke; Drechsler, Christiane; Ecdar, Tefvik; Finocchiaro, Pietro; Haller, Maria; Hanko, Jennifer; Heye, Sam; Ibeas, Jose; Jemcov, Tamara; Kershaw, Stephanie; Khawaja, Aurangzaib; Labriola, Laura; Lomonte, Carlo; Malovrh, Marko; Monros, Anna Marti I.; Matthew, Shona; McGrogan, Damian; Meyer, Torsten; Mikros, Sotirios; Nistor, Ionut; Planken, Nils; Roca-Tey, Ramon; Ross, Rose; Troxler, Max; van der Veer, Sabine; Vanholder, Raymond; Vermassen, Frank; Welandar, Gunilla; Wilmink, Teun; Koobasi, Mugueta; Fox, Jonathan; Van Biesen, Wim; Nagler, Evi	NEPHROLOGY DIALYSIS TRANSPLANTATION	0931-0509	1460-2385	Article		31192372	10.1093/ndt/gfz072

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34	Practice Guideline	2019	Position of the Ibero-American Society of Neurourology and Urogynecology in relation to the use of synthetic suburethral meshes for the surgical treatment of female stress incontinence	Mueller-Arteaga, Carlos; Martin Martinez, Alicia; Padilla-Fernandez, Barbara; Blasco Hernandez, Pedro; Espuna Pons, Montserrat; Cruz, Francisco; Errando-Smet, Carlos; Martinez-Garcia, Roberto; Vicente Palacio, Eduardo; Castro Diaz, David; Lopez-Fando, Luis; Madurga Patuel, Blanca; Ros Cerro, Cristina; Arlandis Guzman, Salvador	NEUROUROLOGY AND URODYNAMICS	0733-2467	1520-6777	Article	Aims The aim of this paper is to establish the position of the Ibero-American Society of Neurourology and Urogynecology (SINUG) in relation to the use of suburethral meshes for the surgical treatment of female stress incontinence. Methods Tension-free mid-urethral slings (MUS) have become the most popular procedure for the treatment of stress urinary incontinence (SUI). In July 2018, the British government announced a pause in the use of meshes for both pelvic organ prolapse (POP) and urinary incontinence (UI) treatment without differentiating whether the meshes were used for treating UI or POP. The decision was taken to stop their use until the publication of the updated UI and POP guidelines of the British National Health Service, which is available from April 2019. SINUG has reviewed the evidence and official position of different societies in relation to the safety and efficacy of MUS in the surgical treatment of incontinence differentiating them from meshes used to repair POP. Results Data from synthetic mesh manufacturers indicate that in 2010, 300 000 women underwent surgical procedures to repair POP and approximately 260 000 were operated on for SUI. According to these estimates, approximately more than 80% of the surgical techniques for UI treatment were performed transvaginally with meshes. Conclusions Once reviewed evidence and position of different societies, the SINUG presents its vision in this communication, which is a summary of the document analysing the state of topic prepared by the society.	31588610	10.1002/nau.24178
35	Practice Guideline	2020	Contingency Plan for the Intensive Care Services for the COVID-19 pandemic	Rascado Sedes, P.; Ballesteros Sanz, M. A.; Bodi Saera, M. A.; Carrasco Rodriguez Rey, L. F.; Castellanos Ortega, A.; Catalan Gonzalez, M.; de Haro Lopez, C.; Diaz Santos, E.; Escriba Barcena, A.; Frade Mera, M. J.; Igeno Cano, J. C.; Martin Delgado, M. C.; Martinez Estalella, G.; Raimondi, N.; Roca i Gas, O.; Rodriguez Oviedo, A.; San Pio, E. Romero; Trenado Alvarez, J.; Raurell, M.	ENFERMERIA INTENSIVA	1130-2399	1578-1291	Article	In January 2020, the Chinese authorities identified a new virus of the Coronaviridae family as the cause of several cases of pneumonia of unknown aetiology. The outbreak was initially confined to Wuhan City, but then spread outside Chinese borders. On 31 January 2020, the first case was declared in Spain. On 11 March 2020, The World Health Organisation (WHO) declared the coronavirus outbreak a pandemic. On 16 March 2020, there were 139 countries affected. In this situation, the Scientific Societies SEMICYUC and SEEIUC, have decided to draw up this Contingency Plan to guide the response of the intensive care services. The objectives of this plan are to estimate the magnitude of the problem and identify the necessary human and material resources. This is to provide the Spanish Intensive Medicine Services with a tool to programme optimal response strategies. (c) 2020 Sociedad Espanola de Enfermeria Intensiva y Unidades Coronarias (SEEIUC). Published by Elsevier Espana, S.L.U. All rights reserved.	32360022	10.1016/j.enfi.2020.03.001

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36	Practice Guideline	2020	Surgical site infection prevention measures in General Surgery: Position statement by the Surgical Infections Division of the Spanish Association of Surgery	Badia, Josep M.; Rubio Perez, Ines; Manuel, Alba; Membrilla, Estela; Ruiz-Tovar, Jaime; Munoz-Casares, Cristobal; Arias-Diaz, Javier; Jimeno, Jaime; Guirao, Xavier; Balibrea, Jose M.	CIRUGIA ESPANOLA	0009-739X	1578-147X	Article	Surgical site infection is associated with prolonged hospital stay and increased morbidity, mortality and healthcare costs, as well as a poorer patient quality of life. Many hospitals have adopted scientifically-validated guidelines for the prevention of surgical site infection. Most of these protocols have resulted in improved postoperative results. The Surgical Infection Division of the Spanish Association of Surgery conducted a critical review of the scientific evidence and the most recent international guidelines in order to select measures with the highest degree of evidence to be applied in Spanish surgical services. The best measures are: no removal or clipping of hair from the surgical field, skin decontamination with alcohol solutions, adequate systemic antibiotic prophylaxis (administration within 30-60 minutes before the incision in a single preoperative dose; intraoperative re-dosing when indicated), maintenance of normothermia and perioperative maintenance of glucose levels. (C) 2019 AEC. Published by Elsevier Espana, S.L.U. All rights reserved.	31983392	10.1016/j.ciresp.2019.11.010
37	Practice Guideline	2020	Bacterial etiology of community-acquired pneumonia in immunocompetent hospitalized patients and appropriateness of empirical treatment recommendations: an international point-prevalence study	Carugati, Manuela; Aliberti, S.; Sotgiu, G.; Blasi, F.; Gori, A.; Menendez, R.; Encheva, M.; Gallego, M.; Leuschner, P.; Ruiz-Buitrago, S.; Battaglia, S.; Fantini, R.; Pascual-Guardia, S.; Marin-Corral, J.; Restrepo, M., I	EUROPEAN JOURNAL OF CLINICAL MICROBIOLOGY & INFECTIOUS DISEASES	0934-9723	1435-4373	Article	An accurate knowledge of the epidemiology of community-acquired pneumonia (CAP) is key for selecting appropriate antimicrobial treatments. Very few etiological studies assessed the appropriateness of empiric guideline recommendations at a multinational level. This study aims at the following: (i) describing the bacterial etiologic distribution of CAP and (ii) assessing the appropriateness of the empirical treatment recommendations by clinical practice guidelines (CPGs) for CAP in light of the bacterial pathogens diagnosed as causative agents of CAP. Secondary analysis of the GLIMP, a point-prevalence international study which enrolled adults hospitalized with CAP in 2015. The analysis was limited to immunocompetent patients tested for bacterial CAP agents within 24 h of admission. The CAP CPGs evaluated included the following: the 2007 and 2019 American Thoracic Society/Infectious Diseases Society of America (ATS/IDSA), the European Respiratory Society (ERS), and selected country-specific CPGs. Among 2564 patients enrolled, 35.3% had an identifiable pathogen. Streptococcus pneumoniae (8.2%) was the most frequently identified pathogen, followed by Pseudomonas aeruginosa (4.1%) and Klebsiella pneumoniae (3.4%). CPGs appropriately recommend covering more than 90% of all the potential pathogens causing CAP, with the exception of patients enrolled from Germany, Pakistan, and Croatia. The 2019 ATS/IDSA CPGs appropriately recommend covering 93.6% of the cases compared with 90.3% of the ERS CPGs (p < 0.01). S. pneumoniae remains the most common pathogen in patients hospitalized with CAP. Multinational CPG recommendations for patients with CAP seem to	32242314	10.1007/s10096-020-03870-3

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38	Practice Guideline	2020	Clinical Consensus Recommendations Regarding Non-Invasive Respiratory Support in the Adult Patient with Acute Respiratory Failure Secondary to SARS-CoV-2 infection	Cinesi Gomez, C.; Penuelas Rodriguez, O.; Lujan Torne, M. L.; Egea Santaolalla, C.; Masa Jimenez, J. F.; Garcia Fernandez, J.; Carratala Perales, J. M.; Heili-Frades, S. B.; Ferrer Monreal, M.; de Andres Nilsson, J. M.; Lista Arias, E.; Sanchez Rocamora, J. L.; Garrote, J., I; Zamorano Serrano, M. J.; Gonzalez Martinez, M.; Farrero Munoz, E.; Mediano San Andres, O.; Rialp Cervera, G.; Mas Serra, A.; Hernandez Martinez, G.; de Haro Lopez, C.; Roca Gas, O.; Ferrer Roca, R.; Romero Berrocal, A.; Ferrando Ortola, C.	REVISTA ESPANOLA DE ANESTESIOLOGIA Y REANIMACION	0034-9356	2340-3284	Article	Coronavirus disease 2019 (COVID-19) is a respiratory tract infection caused by a newly emergent coronavirus, that was first recognized in Wuhan, China, in December 2019. Currently, the World Health Organization (WHO) has defined the infection as a global pandemic and there is a health and social emergency for the management of this new infection. While most people with COVID-19 develop only mild or uncomplicated illness, approximately 14% develop severe disease that requires hospitalization and oxygen support, and 5% require admission to an intensive care unit. In severe cases, COVID-19 can be complicated by the acute respiratory distress syndrome (ARDS), sepsis and septic shock, and multiorgan failure. This consensus document has been prepared on evidence-informed guidelines developed by a multidisciplinary panel of health care providers from four Spanish scientific societies (Spanish Society of Intensive Care Medicine [SEMICYUC], Spanish Society of Put monologists [SEPAR], Spanish Society of Emergency [SEMES], Spanish Society of Anesthesiology, Reanimation, and Pain [SEDAR]) with experience in the clinical management of patients with COVID-19 and other viral infections, including SARS, as well as sepsis and ARDS. The document provides clinical recommendations for the noninvasive respiratory support (noninvasive ventilation, high flow oxygen therapy with nasal cannula) in any patient with suspected or confirmed presentation of COVID-19 with acute respiratory failure. This consensus guidance should serve as a foundation for optimized supportive care to ensure the best possible chance for survival and to allow for reliable comparison of investigational therapeutic interventions as part of randomized controlled trials. (C) 2020 Sociedad Espanola	32307151	10.1016/j.redar.2020.03.006

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39	Practice Guideline	2020	Recommendations for the evaluation and management of the anticipated and non-anticipated difficult airway of the Societat Catalana d'Anestesiologia, Reanimacio i Terapeutica del Dolor, based on the adaptation of clinical practice guidelines and expert consensus	Lopez, A. M.; Belda, I.; Bermejo, S.; Parra, L.; Anez, C.; Borrás, R.; Sabate, S.; Carbonell, N.; Marco, G.; Perez, J.; Masso, E.; Ma Soto, J.; Boza, E.; Gil, J. M.; Serra, M.; Tejedor, V.; Tejedor, A.; Roza, J.; Plaza, A.; Tena, B.; Valero, R.	REVISTA ESPANOLA DE ANESTESIOLOGIA Y REANIMACION	0034-9356	2340-3284	Article	The Airway Division of the Catalan Society of Anaesthesiology, Intensive Care and Pain Management (SCARTD) presents its Latest guidelines for the evaluation and management of the difficult airway. This update includes the technical advances and changes observed in clinical practice since publication of the first edition of the guidelines in 2008. The recommendations were defined by a consensus of experts from the 19 participating hospitals, and were adapted from 5 recently published international guidelines following an in-depth analysis and systematic comparison of their recommendations. The final document was sent to the members of SCARTD for evaluation, and was reviewed by 11 independent experts. The recommendations, therefore, are supported by the latest scientific evidence and endorsed by professionals in the field. This edition develops the definition of the difficult airway, including all airway management techniques, and places emphasis on evaluating and classifying the airway into 3 categories according to the anticipated degree of difficulty and additional safety considerations in order to plan the management strategy. Pre-management planning, in terms of preparing patients and resources and optimising communication and interaction between all professionals involved, plays a pivotal role in all the scenarios addressed. The guidelines reflect the increased presence of video laryngoscopes and second-generation devices in our setting, and promotes their routine use in intubation and their prompt use in cases of unanticipated difficult airway. They also address the increased use of ultrasound imaging as an aid to evaluation and decision-making. New scenarios have also been included, such as the risk of bronchoaspiration and difficult extubation	32471791	10.1016/j.redar.2019.11.011
40	Practice Guideline	2020	Contingency plan for the intensive care services for the COVID-19 pandemic	Rascado Sedes, P.; Ballesteros Sanz, M. A.; Bodi Saera, M. A.; Carrasco Rodriguez-Rey, L. F.; Castellanos Ortega, A.; Catalan Gonzalez, M.; de Haro Lopez, C.; Diaz Santos, E.; Escriba Barcena, A.; Frade Mera, M. J.; Igeno Cano, J. C.; Martin Delgado, M. C.; Martinez Estalella, G.; Raimondi, N.; Roca i Gas, O.; Rodriguez Oviedo, A.; Romero San Pio, E.; Trenado Alvarez, J.	MEDICINA INTENSIVA	0210-5691	1578-6749	Article	In January 2020, the Chinese authorities identified a new virus of the Coronaviridae family as the cause of several cases of pneumonia of unknown aetiology. The outbreak was initially confined to Wuhan City, but then spread outside Chinese borders. On 31 January 2020, the first case was declared in Spain. On 11 March 2020, The World Health Organization (WHO) declared the coronavirus outbreak a pandemic. On 16 March 2020, there were 139 countries affected. In this situation, the Scientific Societies SEMICYUC and SEEIUC have decided to draw up this Contingency Plan to guide the response of the Intensive Care Services. The objectives of this plan are to estimate the magnitude of the problem and identify the necessary human and material resources. This is to provide the Spanish Intensive Medicine Services with a tool to programme optimal response strategies. (C) 2020 Elsevier Espana, S.L.U. y SEMICYUC. All rights reserved.	32336551	10.1016/j.medin.2020.03.006

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41	Practice Guideline	2020	Recommendations of the Working Groups from the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (SEMICYUC) for the management of adult critically ill patients in the coronavirus disease (COVID-19)	Ballesteros Sanz, M. A.; Hernandez-Tejedor, A.; Estella, A.; Jimenez Rivera, J. J.; de Molina Ortiz, F. J. Gonzalez; Sandiumenge Camps, A.; Vidal Cortes, P.; de Haro, C.; Aguilar Alonso, E.; Bordeje Laguna, L.; Garcia Saez, I; Bodi, M.; Garcia Sanchez, M.; Parraga Ramirez, M. J.; Alcaraz Penarrocha, R. M.; Amezaga Menendez, R.; Burgueno Laguia, P.	MEDICINA INTENSIVA	0210-5691	1578-6749	Article	On March 11, 2020, the Director -General of the World Health Organization (WHO) declared the disease caused by SARS-CoV-2 (COVID-19) as a pandemic. The spread and evolution of the pandemic is overwhelming the healthcare systems of dozens of countries and has led to a myriad of opinion papers, contingency plans, case series and emerging trials. Covering all this literature is complex. Briefly and synthetically, in line with the previous recommendations of the Working Groups, the Spanish Society of Intensive, Critical Medicine and Coronary Units (SEMICYUC) has prepared this series of basic recommendations for patient care in the context of the pandemic. (C) 2020 Elsevier Espana, S.L.U. y SEMICYUC. All rights reserved.	32360034	10.1016/j.medin.2020.04.001
42	Practice Guideline	2020	SEEDO-SEMERGEN consensus document on continuous care of obesity between Primary Care and Specialist Hospital Units 2019	Caixas, Assumpta; Villaro, Merce; Arraiza, Carmen; Montalva, Juan-Carlos; Lecube, Albert; Fernandez-Garcia, Jose-Manuel; Corio, Rosario; Bellido, Diego; Llisterri, Jose-Luis; Tinahones, Francisco-Jose	MEDICINA CLINICA	0025-7753	1578-8989	Article	The high prevalence of obesity in our environment, a chronic disease of complex management and responsible for multiple comorbidities, requires the implementation of coordination strategies in clinical care between primary care and specialist hospital units. In a cross-sectional care model, primary care physicians guide all therapeutic management related to obesity. Together with them, specialists in endocrinology and nutrition and other health staff help to form a functional unit that focuses on obesity. The main goal of this document is to improve the coordination between care levels, to optimize resources, avoid patients' unrealistic expectations and improve patient follow-up after discharge from hospital. (C) 2020 Elsevier Espana, S.L.U. All rights reserved.	32081378	10.1016/j.medcli.2019.10.014
43	Practice Guideline	2020	Consensus Document on the Diagnosis and Treatment of Chronic Bronchial Infection in Chronic Obstructive Pulmonary Disease	de la Rosa Carrillo, David; Luis Lopez-Campos, Jose; Alcazar Navarrete, Bernardino; Calle Rubio, Myriam; Canton Moreno, Rafael; Luis Garcia-Rivero, Juan; Maiz Carro, Luis; Olveira Fusteri, Casilda; Angel Martinez-Garciaj, Miguel; Asesor del Documento, Comite	ARCHIVOS DE BRONCONEUMOLOGIA	0300-2896	1579-2129	Article	Although the chronic presence of microorganisms in the airways of patients with stable chronic obstructive pulmonary disease (COPD) confers a poor outcome, no recommendations have been established in disease management guidelines on how to diagnose and treat these cases. In order to guide professionals, the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) has prepared a document which aims to answer questions on the clinical management of COPD patients in whom microorganisms are occasionally or habitually isolated. Since the available scientific evidence is too heterogeneous to use in the creation of a clinical practice guideline, we have drawn up a document based on existing scientific literature and clinical experience, addressing the definition of different clinical situations and their diagnosis and management. The text was drawn up by consensus and approved by a large group of respiratory medicine experts with extensive clinical and scientific experience in the field, and has been endorsed by the SEPAR Scientific Committee. (C) 2020 SEPAR. Published by Elsevier Espana, S.L.U. All rights reserved.	32540279	10.1016/j.arbres.2020.04.023

	A	B	C	D	E	F	G	H	I	J	K
44	Practice Guideline	2020	Infectious Disease Prevention Group. Update on vaccines, 2020	Schwarz Chavarri, German; Sanchez Hernandez, Coro; Moreno Millan, Nemesio; Morato Agusti, M. Luisa; Martin Martin, Susana; Javierre Miranda, Ana Pilar; Gutierrez Perez, M. Isabel; Gomez Marco, Jose Javier; Garcia Iglesias, Cristina; Aldaz Herce, Pablo	ATENCION PRIMARIA	0212-6567	1578-1275	Article	Vaccine development is one of the fastest growing sectors in medicine now and in the future, as we are living with the emergency health care for the SARS-CoV-2 coronavirus. The semFYC PAPPS program biannually publishes the recommendations of the group and, in this edition, special emphasis is placed on the common vaccination proposed by the Ministry of Health, where, at last, it no longer discriminates between paediatrics and adults, and proposes a calendar throughout life. The main novelties in the field of vaccinology today are focused on the consolidation of the nonavalent vaccine against the human papilloma virus and in the change of the dose of monovalent meningitis vaccine C for the tetravalent one, ACWY, at age 12. The pandemic we are experiencing has led to the postponement of most preventive activities. On the return to normality, the vaccination calendar must be examined, and completed if necessary. © 2020 The Authors. Published by Elsevier Espana, S.L.U. This is an open access article under the CC BY-NC -ND license ( <a href="http://creativecommons.org/licenses/by-nc-nd/4.0/">http://creativecommons.org/licenses/by-nc-nd/4.0/</a> ).	33388119	10.1016/j.aprim.2020.08.001
45	Practice Guideline	2020	Consensus document of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (SEMICYUC), the Spanish Society of Otorhinolaryngology and Head and Neck Surgery (SEORL-CCC) and the Spanish Society of Anesthesiology and Resuscitation (SEDAR) on tracheotomy in patients with COVID-19 infection	Bernal-Sprekelsen, Manuel; Xavier Aviles-Jurado, Francesc; Alvarez Escudero, Julian; Aldecoa Alvarez-Santuyano, Cesar; de Haro Lopez, Candelaria; de Cerio Canduela, Pedro Diaz; Ferrandis Pereperez, Eduardo; Ferrando Ortola, Carlos; Ferrer Roca, Ricard; Hernandez Tejedor, Alberto; Lopez Alvarez, Fernando; Monedero Rodriguez, Pablo; Ortiz Suner, Andrea; Parente Arias, Pablo; Planas Roca, Antonio; Plaza Mayor, Guillermo; Rascado Sedes, Pedro; Sistiaga Suarez, Jon Alexander; Vera Ching, Claudia; Villalonga Vadell, Rosa; Martin Delgado, Maria Cruz	ACTA OTORRINOLARINGOLOGICA ESPANOLA	0001-6519	1988-3013	Article	The current COVID-19 pandemic has rendered up to 15% of patients under mechanical ventilation. Because the subsequent tracheotomy is a frequent procedure, the three societies mostly involved (SEMICYUC, SEDAR and SEORL-CCC) have setup a consensus paper that offers an overview about indications and contraindications of tracheotomy, be it by puncture or open, clarifying its respective advantages and enumerating the ideal conditions under which they should be performed, as well as the necessary steps. Regular and emergency situations are displayed together with the postoperative measures. (C) 2020 Sociedad Espanola de Otorrinolaringologia y Cirugia de Cabeza y Cuello. Published by Elsevier Espana, S.L.U. All rights reserved.	32513456	10.1016/j.otorri.2020.04.002
46	Practice Guideline	2020	Consensus Document of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (SEMICYUC), the Spanish Society of Otorhinolaryngology and Head and Neck Surgery (SEORL-CCC) and the Spanish Society of Anesthesiology and Resuscitation (SEDAR) on Tracheotomy in Patients with COVID-19 Infection	Villalonga Vadell, R.; Martin Delgado, M. C.; Aviles-Jurado, F. X.; Alvarez Escudero, J.; Aldecoa Alvarez-Santuyano, C.; de Haro Lopez, C.; de Cerio Canduela, P. Diaz; Ferrandis Pereperez, E.; Ferrando Ortola, C.; Ferrer Roca, R.; Hernandez Tejedor, A.; Lopez Alvarez, F.; Monedero Rodriguez, P.; Ortiz Suner, A.; Parente Arias, P.; Planas Roca, A.; Plaza Mayor, G.; Rascado Sedes, P.; Sistiaga Suarez, J. A.; Vera Ching, C.; Villalonga, R.; Delgado, M. C. Martin; Bernal-Sprekelsen, M.	REVISTA ESPANOLA DE ANESTESIOLOGIA Y REANIMACION	0034-9356	2340-3284	Article	The current COVID-19 pandemic has rendered up to 15% of patients under mechanical ventilation. Because the subsequent tracheotomy is a frequent procedure, the three societies mostly involved (SEMICYUC, SEDAR and SEORL-CCC) have setup a consensus paper that offers an overview about indications and contraindications of tracheotomy, be it by puncture or open, clarifying its respective advantages and enumerating the ideal conditions under which they should be performed, as well as the necessary steps. Regular and emergency situations are displayed together with the postoperative measures. (C) 2020 Sociedad Espanola de Anestesiologia, Reanimacion y Terapeutica del Dolor. Published by Elsevier Espana, S.L.U. All rights reserved.	32532430	10.1016/j.redar.2020.05.001

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47	Practice Guideline	2020	Clinical consensus recommendations regarding non-invasive respiratory support in the adult patient with acute respiratory failure secondary to SARS-CoV-2 infection	Cinesi Gomez, Cesar; Penuelas Rodriguez, Oscar; Lujan Torne, Manel; Egea Santaolalla, Carlos; Masa Jimenez, Juan Fernando; Garcia Fernandez, Javier; Carratala Perales, Jose Manuel; Beatrice Heili-Frades, Sarah; Ferrer Monreal, Miquel; de Andres Nilsson, Jose M.; Lista Arias, Eva; Sanchez Rocamora, Juan Luis; Ignacio Garrote, Jose; Zamorano Serrano, Miguel J.; Gonzalez Martinez, Monica; Farrero Munoz, Eva; Mediano San Andres, Olga; Rialp Cervera, Gemma; Mas Serra, Arantxa; Hernandez Martinez, Gonzalo; de Haro Lopez, Candelaria; Roca Gas, Oriol; Ferrer Roca, Ricard; Romero Berrocal, Antonio; Ferrando Ortola, Carlos	MEDICINA INTENSIVA	0210-5691	1578-6749	Article	Coronavirus disease 2019 (COVID-19) is a respiratory tract infection caused by a newly emergent coronavirus, that was first recognized in Wuhan, China, in December 2019. Currently, the World Health Organization (WHO) has defined the infection as a global pandemic and is a health and social emergency for the management of this new infection. While most people with COVID-19 develop only mild or uncomplicated illness, approximately 14% develop severe disease that requires hospitalization and oxygen support, and 5% require admission to an intensive care unit. In severe cases, COVID-19 can be complicated by the acute respiratory distress syndrome (ARDS), sepsis and septic shock, and multiorgan failure. This consensus document has been prepared on evidence-informed guidelines developed by a multidisciplinary panel of health care providers from four Spanish scientific societies (Spanish Society of Intensive Care Medicine [SEMI CYUC], Spanish Society of Pulmonologists [SEPAR], Spanish Society of Emergency [SEMES], Spanish Society of Anesthesiology, Reanimation, and Pain [SEDAR]) with experience in the clinical management of patients with COVID-19 and other viral infections, including SARS, as well as sepsis and ARDS. The document provides clinical recommendations for the noninvasive respiratory support (noninvasive ventilation, high flow oxygen therapy with nasal cannula) in any patient with suspected or confirmed presentation of COVID-19 with acute respiratory failure. This consensus guidance should serve as a foundation for optimized supportive care to ensure the best possible chance for survival and to allow for reliable comparison of investigational therapeutic interventions as part of randomized controlled trials. (C) 2020 Elsevier		10.1016/j.medin.2020.03.005
48	Practice Guideline	2020	Clinical practice guideline on peri- and postoperative care of arteriovenous fistulas and grafts for haemodialysis in adults	Vrtovsnik, Francois; Brunet, Philippe; Chauveau, Philippe; Juillard, Laurent; Lasseur, Catherine; Mercadal, Lucile	NEPHROLOGIE & THERAPEUTIQUE	1769-7255	1872-9177	Article		33139227	10.1016/j.nephro.2020.05.002

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49	Practice Guideline	2020	Summary of recommendations and key points of the consensus of Spanish scientific societies (SEPAR, SEMICYUC, SEMES; SECIP, SENEQ, SEDAR, SENP) on the use of non-invasive ventilation and high-flow oxygen therapy with nasal cannulas in adult, pediatric, and neonatal patients with severe acute respiratory failure	Lujan, M.; Penuelas, O.; Cinesi Gomez, C.; Garcia-Salido, A.; Moreno Hernando, J.; Romero Berrocal, A.; Gutierrez Ibarluzea, I.; Masa Jimenez, J. F.; Mas, A.; Carratala Perales, J. M.; Gaboli, M.; Concheiro Guisan, A.; Garcia Fernandez, J.; Escamez, J.; Parrilla Parrilla, J.; Farrero Munoz, E.; Gonzalez, M.; Heili-Frades, S. B.; Sanchez Quiroga, M. A.; Rialp Cervera, G.; Hernandez, G.; Sanchez Torres, A.; Una, R.; Ortola, C. F.; Ferrer Monreal, M.; Egea Santaolalla, C.	MEDICINA INTENSIVA	0210-5691	1578-6749	Article	Non-invasive respiratory support (NIRS) in adult, pediatric, and neonatal patients with acute respiratory failure (ARF) comprises two treatment modalities, non-invasive mechanical ventilation (NIMV) and high-flow nasal cannula (HFNC) therapy. However, experts from different specialties disagree on the benefit of these techniques in different clinical settings. The objective of this consensus was to develop a series of good clinical practice recommendations for the application of non-invasive support in patients with ARF, endorsed by all scientific societies involved in the management of adult and pediatric/neonatal patients with ARF. To this end, the different societies involved were contacted, and they in turn appointed a group of 26 professionals with sufficient experience in the use of these techniques. Three face-to-face meetings were held to agree on recommendations (up to a total of 71) based on a literature review and the latest evidence associated with 3 categories: indications, monitoring and follow-up of NIRS. Finally, the experts from each scientific society involved voted telematically on each of the recommendations. To classify the degree of agreement, an analog classification system was chosen that was easy and intuitive to use and that clearly stated whether the each NIRS intervention should be applied, could be applied, or should not be applied. (c) 2020 Elsevier Espana, S.L.U. y SEMICYUC. All rights reserved.	33309463	10.1016/j.medin.2020.08.016

	A	B	C	D	E	F	G	H	I	J	K
50	Practice Guideline	2020	Gastric cancer screening in low incidence populations: Position statement of AEG, SEED and SEAP	Cubiella, Joaquin; Aisa, Angeles Perez; Cuatrecasas, Miriam; Redondo, Pilar Diez; Esparrach, Gloria Fernandez; Marin-Gabriel, Jose Carlos; Moreira, Leticia; Nunez, Henar; Lopez, M. Luisa Pardo; de Santiago, Enrique Rodriguez; Roson, Pedro; Anquela, Jose Miguel Sanz; Calvet, Xavier	GASTROENTEROLOGIA Y HEPATOLOGIA	0210-5705		Article	This positioning document, sponsored by the Asociacion Espanola de Gastroenterologia, the Sociedad Espanola de Endoscopia Digestiva and the Sociedad Espanola de Anatomia Patologica, aims to establish recommendations for the screening of gastric cancer (GC) in low incidence populations, such as the Spanish. To establish the quality of the evidence and the levels of recommendation, we used the methodology based on the GRADE system (Grading of Recommendations Assessment, Development and Evaluation). We obtained a consensus among experts using a Delphi method. The document evaluates screening in the general population, individuals with relatives with GC and subjects with GC precursor lesions (GCPL). The goal of the interventions should be to reduce GC related mortality. We recommend the use of the OLGIM classification and determine the intestinal metaplasia (IM) subtype in the evaluation of GCPL. We do not recommend to establish endoscopic mass screening for GC or Helicobacter pylori. However, the document strongly recommends to treat H. pylori if the infection is detected, and the investigation and treatment in individuals with a family history of GC or with GCPL. Instead, we recommend against the use of serological tests to detect GCPL. Endoscopic screening is suggested only in individuals that meet familial GC criteria. As for individuals with GCPL, endoscopic surveillance is only suggested in extensive IM associated with additional risk factors (incomplete IM and/or a family history of GC), after resection of dysplastic lesions or in patients with dysplasia without visible lesion after a high quality gastroscopy with chromoendoscopy. (C) 2020 Elsevier Espana, S.L.U. All rights reserved.	33252332	10.1016/j.gastroh ep.2020.08.004

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51	Practice Guideline	2021	Executive summary: Updates to the dietary treatment of prediabetes and type 2 diabetes mellitus	Pascual Fuster, V; Perez Perez, A.; Carretero Gomez, J.; Caixas Pedragos, A.; Gomez-Huelgas, R.; Perez-Martinez, P.	CLINICA E INVESTIGACION EN ARTERIOSCLEROSIS	0214-9168	1578-1879	Article	Adequate lifestyle changes significantly reduce the cardiovascular risk factors associated with prediabetes and type 2 diabetes mellitus. Therefore, healthy eating habits, regular physical activity, abstaining from using tobacco, and good sleep hygiene are recommended for managing these conditions. There is solid evidence that diets that are plant-based; low in saturated fatty acids, cholesterol, and sodium; and high in fiber, potassium, and unsaturated fatty acids are beneficial and reduce the expression of cardiovascular risk factors in these subjects. In view of the foregoing, the Mediterranean diet, the DASH diet, a low-carbohydrate diet, and a vegan-vegetarian diet are of note. Additionally, the relationship between nutrition and these metabolic pathologies is fundamental in targeting efforts to prevent weight gain, reducing excess weight in the case of individuals with overweight or obesity, and personalizing treatment to promote patient empowerment. This document is the executive summary of an updated review that includes the main recommendations for improving dietary nutritional quality in people with prediabetes or type 2 diabetes mellitus. The full review is available on the webpages of the Spanish Society of Arteriosclerosis, the Spanish Diabetes Society, and the Spanish Society of Internal Medicine. (C) 2021 Published by Elsevier Espana, S.L.U. on behalf of Sociedad Espanola de Arteriosclerosis.	33612315	10.1016/j.arteri.2020.11.005
52	Practice Guideline	2021	Executive summary: Updates to the dietary treatment of prediabetes and type 2 diabetes mellitus	Pascual Fuster, Vicente; Perez Perez, Antonio; Carretero Gomez, Juana; Caixas Pedragos, Assumpta; Gomez-Huelgas, Ricardo; Perez-Martinez, Pablo	ENDOCRINOLOGIA DIABETES Y NUTRICION	2530-0180		Article	Adequate lifestyle changes significantly reduce the cardiovascular risk factors associated with prediabetes and type 2 diabetes mellitus. Therefore, healthy eating habits, regular physical activity, abstaining from using tobacco, and good sleep hygiene are recommended for managing these conditions. There is solid evidence that diets that are plant-based; low in saturated fatty acids, cholesterol, and sodium; and high in fiber, potassium, and unsaturated fatty acids are beneficial and reduce the expression of cardiovascular risk factors in these subjects. In view of the foregoing, the Mediterranean diet, the DASH diet, a low-carbohydrate diet, and a vegan-vegetarian diet are of note. Additionally, the relationship between nutrition and these metabolic pathologies is fundamental in targeting efforts to prevent weight gain, reducing excess weight in the case of individuals with overweight or obesity, and personalizing treatment to promote patient empowerment. This document is the executive summary of an updated review that includes the main recommendations for improving dietary nutritional quality in people with prediabetes or type 2 diabetes mellitus. The full review is available on the webpages of the Spanish Society of Arteriosclerosis, the Spanish Diabetes Society, and the Spanish Society of Internal Medicine. (c) 2021 SEEN y SED. Published by Elsevier Espa & ntilde;a, S.L.U. All rights reserved.	33593709	10.1016/j.endinu.2020.10.009

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53	Practice Guideline	2021	Multidisciplinary practice guidelines for the diagnosis, genetic counseling and treatment of pheochromocytomas and paragangliomas	Garcia-Carbonero, R.; Matute Teresa, F.; Mercader-Cidoncha, E.; Mitjavila-Casanovas, M.; Robledo, M.; Tena, I.; Alvarez-Escola, C.; Aristegui, M.; Bella-Cueto, M. R.; Ferrer-Albiach, C.; Hanzu, F. A.	CLINICAL & TRANSLATIONAL ONCOLOGY	1699-048X	1699-3055	Article	Pheochromocytomas and paragangliomas (PPGLs) are rare neuroendocrine tumors that arise from chromaffin cells of the adrenal medulla and the sympathetic/parasympathetic neural ganglia, respectively. The heterogeneity in its etiology makes PPGL diagnosis and treatment very complex. The aim of this article was to provide practical clinical guidelines for the diagnosis and treatment of PPGLs from a multidisciplinary perspective, with the involvement of the Spanish Societies of Endocrinology and Nutrition (SEEN), Medical Oncology (SEOM), Medical Radiology (SERAM), Nuclear Medicine and Molecular Imaging (SEMNUM), Otorhinolaryngology (SEORL), Pathology (SEAP), Radiation Oncology (SEOR), Surgery (AEC) and the Spanish National Cancer Research Center (CNIO). We will review the following topics: epidemiology; anatomy, pathology and molecular pathways; clinical presentation; hereditary predisposition syndromes and genetic counseling and testing; diagnostic procedures, including biochemical testing and imaging studies; treatment including catecholamine blockade, surgery, radiotherapy and radiometabolic therapy, systemic therapy, local ablative therapy and supportive care. Finally, we will provide follow-up recommendations.	33959901	10.1007/s12094-021-02622-9
54	Practice Guideline	2021	Quality in diagnostic upper gastrointestinal endoscopy for the detection and surveillance of gastric cancer precursor lesions: Position paper of AEG, SEED and SEAP	Fernandez-Esparrach, Gloria; Carlos Marin-Gabriel, Jose; Diez Redondo, Pilar; Nunez, Henar; Rodriguez de Santiago, Enrique; Roson, Pedro; Calvet, Xavier; Cuatrecasas, Miriam; Cubiella, Joaquin; Moreira, Leticia; Pardo Lopez, M. Luisa; Perez Aisa, Angeles; Sanz Anquela, Jose Miguel	GASTROENTEROLOGIA Y HEPATOLOGIA	0210-5705		Article	This position paper, sponsored by the Asociacion Espanola de Gastroenterologia [Spanish Association of Gastroenterology], the Sociedad Espanola de Endoscopia Digestiva [Spanish Gastrointestinal Endoscopy Society] and the Sociedad Espanola de Anatomia Patologica [Spanish Anatomical Pathology Society], aims to establish recommendations for performing an high quality upper gastrointestinal endoscopy for the screening of gastric cancer precursor lesions(GCPL) in low-incidence populations, such as the Spanish population. To establish the quality of the evidence and the levels of recommendation, we used the methodology based on the GRADE system (Grading of Recommendations Assessment, Development and Evaluation). We obtained a consensus among experts using a Delphi method. The document evaluates different measures to improve the quality of upper gastrointestinal endoscopy in this setting and makes recommendations on how to evaluate and treat the identified lesions. We recommend that upper gastrointestinal endoscopy for surveillance of GCPL should be performed by endoscopists with adequate training, administering oral premedication and use of sedation. To improve the identification of GCPL, we recommend the use of high definition endoscopes and conventional or digital chromoendoscopy and, for biopsies, NBI should be used to target the most suspicious areas of intestinal metaplasia. Regarding the evaluation of visible lesions, the risk of submucosal invasion should be evaluated with magnifying endoscopes and endoscopic ultrasound should be reserved for those with suspected deep invasion. In lesions amenable to endoscopic resection, submucosal endoscopic dissection is considered the technique of	33609597	10.1016/j.gastroh ep.2021.01.002

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55	Practice Guideline	2021	International Consensus Document on Obstructive Sleep Apnea.	Mediano, Olga; Gonzalez Mangado, Nicolas; Montserrat, Josep M; Alonso-Alvarez, M Luz; Almendros, Isaac; Alonso-Fernandez, Alberto; Barbe, Ferran; Borsini, Eduardo; Caballero-Eraso, Candelaria; Cano-Pumarega, Irene; de Carlos Villafranca, Felix; Carmona-Bernal, Carmen; Carrillo Alduenda, Jose Luis; Chiner, Eusebi; Cordero Guevara, Jose Aurelio; de Manuel, Luis; Duran-Cantolla, Joaquin; Farre, Ramon; Franceschini, Carlos; Gaig, Carles; Garcia Ramos, Pedro; Garcia-Rio, Francisco; Garmendia, Onintza; Gomez Garcia, Teresa; Gonzalez Pondal, Silvia; Hoyo Rodrigo, M Blanca; Lecube, Albert; Madrid, Juan Antonio; Maniegas Lozano, Lourdes; Martinez Carrasco, Jose Luis; Masa, Juan Fernando; Masdeu Margalef, Maria Jose; Mayos Perez, Merce; Mirabet Lis, Enrique; Monasterio, Carmen; Navarro Soriano, Nieves; Olea de la Fuente, Erika; Plaza, Guillermo; Puertas Cuesta, Francisco Javier; Rabec, Claudio; Resano, Pilar; Rigau, David; Roncero, Alejandra; Ruiz, Concepcion; Salord, Neus; Saltijeral, Adriana; Sampol Rubio, Gabriel; Sanchez Quiroga, M Angeles; Sans Capdevila, Oscar;	Archivos de bronconeumologia		1579-2129	Reference material	The main aim of this international consensus document on obstructive sleep apnea is to provide guidelines based on a critical analysis of the latest literature to help health professionals make the best decisions in the care of adult patients with this disease. The expert working group was formed primarily of 17 scientific societies and 56 specialists from a wide geographical area (including the participation of 4 international societies), an expert in methodology, and a documentalist from the Iberoamerican Cochrane Center. The document consists of a main section containing the most significant innovations and a series of online manuscripts that report the systematic literature searches performed for each section of the international consensus document. This document does not discuss pediatric patients or the management of patients receiving chronic non-invasive mechanical ventilation (these topics will be addressed in separate consensus documents).	33875282	10.1016/j.arbres.2021.03.017
56	Practice Guideline	2021	Executive summary: Updates to the dietary treatment of prediabetes and type 2 diabetes mellitus.	Pascual Fuster, Vicente; Perez Perez, Antonio; Carretero Gomez, Juana; Caixas Pedragos, Assumpta; Gomez-Huelgas, Ricardo; Perez-Martinez, Pablo	Endocrinologia, diabetes y nutricion		2530-0180	Reference material	Adequate lifestyle changes significantly reduce the cardiovascular risk factors associated with prediabetes and type 2 diabetes mellitus. Therefore, healthy eating habits, regular physical activity, abstaining from using tobacco, and good sleep hygiene are recommended for managing these conditions. There is solid evidence that diets that are plant-based; low in saturated fatty acids, cholesterol, and sodium; and high in fiber, potassium, and unsaturated fatty acids are beneficial and reduce the expression of cardiovascular risk factors in these subjects. In view of the foregoing, the Mediterranean diet, the DASH diet, a low-carbohydrate diet, and a vegan-vegetarian diet are of note. Additionally, the relationship between nutrition and these metabolic pathologies is fundamental in targeting efforts to prevent weight gain, reducing excess weight in the case of individuals with overweight or obesity, and personalizing treatment to promote patient empowerment. This document is the executive summary of an updated review that includes the main recommendations for improving dietary nutritional quality in people with prediabetes or type 2 diabetes mellitus. The full review is available on the webpages of the Spanish Society of Arteriosclerosis, the Spanish Diabetes Society, and the Spanish Society of Internal Medicine.	34266640	10.1016/j.endien.2020.10.008

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57	Practice Guideline	2021	Macroprolactin: From laboratory to clinical practice.	Biagetti, Betina; Ferrer Costa, Roser; Alfayate Guerra, Rocio; Alvarez Garcia, Elias; Berlanga Escalera, Eugenio; Casals, Gregori; Esteban Salan, Margarita; Granada Ibern, Maria-Luisa; Gorrin Ramos, Jorge; Lopez Lazareno, Nieves; Oriola, Josep; Sanchez Martinez, Pilar Maria; Torregrosa Quesada, M Eugenia; Urgell Rull, Eulalia; Garcia Lacalle, Concepcion	Endocrinologia, diabetes y nutricion		2530-0180	Reference material	<p>Prolactin measurement is very common in standard clinical practice. It is indicated not only in the study of pituitary adenomas, but also when there are problems with fertility, decreased libido, or menstrual disorders, among other problems. Inadequate interpretation of prolactin levels without contextualizing the laboratory results with the clinical, pharmacological, and gynecological/urological history of patients leads to erroneous diagnoses and, thus, to poorly based studies and treatments.</p> <p>Macroprolactinemia, defined as hyperprolactinemia due to excess macroprolactin (an isoform of a greater molecular weight than prolactin but with less biological activity), is one of the main causes of such erroneous diagnoses, resulting in poor patient management when not recognized. There is no unanimous agreement as to when macroprolactin screening is required in patients with hyperprolactinemia. At some institutions, macroprolactin testing by polyethylene glycol (PEG) precipitation is routinely performed in all patients with hyperprolactinemia, while others use a clinically based approach. There is also no consensus on how to express the results of prolactin/macroprolactin levels after PEG, which in some cases may lead to an erroneous interpretation of the results. The objectives of this study were: 1. To establish the strategy for macroprolactin screening by serum precipitation with PEG in patients with hyperprolactinemia: universal screening versus a strategy guided by the alert generated by the clinician based on the absence or presence of clinical symptoms or by the laboratory when hyperprolactinemia is detected. 2. To create a consensus document that standardizes the reporting of prolactin results after precipitation with PEG to minimize errors in the</p>	33903089	10.1016/j.endinu.2020.12.002
58	Practice Guideline	2021	Summary of recommendations and key points of the consensus of Spanish scientific societies (SEPAR, SEMICYUC, SEMES; SECIP, SENEQ, SEDAR, SENP) on the use of non-invasive ventilation and high-flow oxygen therapy with nasal cannulas in adult, pediatric, and neonatal patients with severe acute respiratory failure.	Lujan, M; Penuelas, O; Cinesi Gomez, C; Garcia-Salido, A; Moreno Hernando, J; Romero Berrocal, A; Gutierrez Ibarluzea, I; Masa Jimenez, J F; Mas, A; Carratala Perales, J M; Gaboli, M; Concheiro Guisan, A; Garcia Fernandez, J; Escamez, J; Parrilla Parrilla, J; Farrero Munoz, E; Gonzalez, M; Heili-Frades, S B; Sanchez Quiroga, M A; Rialp Cervera, G; Hernandez, G; Sanchez Torres, A; Una, R; Ortola, C F; Ferrer Monreal, M; Egea Santaolalla, C	Medicina intensiva		2173-5727	Reference material	<p>Non-invasive respiratory support (NIRS) in adult, pediatric, and neonatal patients with acute respiratory failure (ARF) comprises two treatment modalities, non-invasive mechanical ventilation (NIMV) and high-flow nasal cannula (HFNC) therapy. However, experts from different specialties disagree on the benefit of these techniques in different clinical settings. The objective of this consensus was to develop a series of good clinical practice recommendations for the application of non-invasive support in patients with ARF, endorsed by all scientific societies involved in the management of adult and pediatric/neonatal patients with ARF. To this end, the different societies involved were contacted, and they in turn appointed a group of 26 professionals with sufficient experience in the use of these techniques. Three face-to-face meetings were held to agree on recommendations (up to a total of 71) based on a literature review and the latest evidence associated with 3 categories: indications, monitoring and follow-up of NIRS. Finally, the experts from each scientific society involved voted telematically on each of the recommendations. To classify the degree of agreement, an analogue classification system was chosen that was easy and intuitive to use and that clearly stated whether the each NIRS intervention should be applied, could be applied, or should not be applied.</p>	34059220	10.1016/j.medin.2021.04.002

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59	Practice Guideline	2021	Chronic pancreatitis for the clinician. Part 1: Etiology and diagnosis. Interdisciplinary position paper of the Societat Catalana de Digestologia and the Societat Catalana de Pancrees.	Molero, Xavier; Ayuso, Juan Ramon; Balsells, Joaquim; Boadas, Jaume; Busquets, Juli; Casteras, Anna; Concepcion, Mar; Cuatrecasas, Miriam; Fernandez Esparrach, Gloria; Fort, Esther; Garcia Borobia, Francisco; Gines, Angels; Ilzarbe, Lucas; Loras, Carme; Masachs, Miquel; Merino, Xavier; Olsina, Jorge J; Puig-Divi, Valenti; Salord, Silvia; Serrano, Teresa; Vaquero, Eva Cristina	Gastroenterologia y hepatologia	0210-5705		Reference material		34157366	10.1016/j.gastroh ep.2021.05.017
60	Practice Guideline	2021	Chronic pancreatitis for the clinician. Part 2: Treatment and follow-up. Interdisciplinary Position Paper of the Societat Catalana de Digestologia and the Societat Catalana de Pancrees.	Molero, Xavier; Ayuso, Juan Ramon; Balsells, Joaquim; Boadas, Jaume; Busquets, Juli; Casteras, Anna; Concepcion, Mar; Cuatrecasas, Miriam; Fernandez Esparrach, Gloria; Fort, Esther; Garcia Borobia, Francisco; Gines, Angels; Ilzarbe, Lucas; Loras, Carme; Masachs, Miquel; Merino, Xavier; Olsina, Jorge J; Puig-Divi, Valenti; Salord, Silvia; Serrano, Teresa; Vaquero, Eva Cristina	Gastroenterologia y hepatologia	0210-5705		Reference material	Chronic pancreatitis is associated with impaired quality of life, high incidence of comorbidities, serious complications and mortality. Healthcare costs are exorbitant. Some medical societies have developed guidelines for treatment based on scientific evidence, but the gathered level of evidence for any individual topic is usually low and, therefore, recommendations tend to be vague or weak. In the present position papers on chronic pancreatitis from the Societat Catalana de Digestologia and the Societat Catalana de Pancrees we aimed at providing defined position statements for the clinician based on updated review of published literature and on multidisciplinary expert agreement. The final goal is to propose the use of common terminology and rational diagnostic/therapeutic circuits based on current knowledge. To this end 51 sections related to chronic pancreatitis were reviewed by 21 specialists from 6 different fields to generate 88 statements altogether. Statements were designed to harmonize concepts or delineate recommendations. Part 2 of these paper series discuss topics on treatment and follow-up. The therapeutic approach should include assessment of etiological factors, clinical manifestations and complications. The complexity of these patients advocates for detailed evaluation in multidisciplinary committees where conservative, endoscopic, interventional radiology or surgical options are weighed. Specialized multidisciplinary units of Pancreatology should be constituted. Indications for surgery are refractory pain, local complications, and suspicion of malignancy. Enzyme replacement therapy is indicated if evidence of exocrine insufficiency or after pancreatic surgery. Response should be evaluated by nutritional parameters and assessment of	34171422	10.1016/j.gastroh ep.2021.05.016

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61	Practice Guideline	2021	V Spanish Consensus Conference on Helicobacter pylori infection treatment.	Gisbert, Javier P; Alcedo, Javier; Amador, Javier; Bujanda, Luis; Calvet, Xavier; Castro-Fernandez, Manuel; Fernandez-Salazar, Luis; Gene, Emili; Lanas, Angel; Lucendo, Alfredo J; Molina-Infante, Javier; Nyssen, Olga P; Perez-Aisa, A; Puig, Ignasi	Gastroenterología y hepatología	0210-5705		Reference material	Helicobacter pylori infection is very common in the Spanish population and represents the main cause of chronic gastritis, peptic ulcer, and gastric cancer. The last iteration of Spanish consensus guidelines on H. pylori infection was conducted in 2016. Recent changes in therapeutic schemes along with increasing supporting evidence were key for developing the V Spanish Consensus Conference (May 2021). Fourteen experts performed a systematic review of the scientific evidence and developed a series of recommendations that were subjected to an anonymous Delphi process of iterative voting. Scientific evidence and the strength of the recommendation were classified using GRADE guidelines. An eradication therapy, when prescribed empirically, is considered acceptable when it reliably achieves, or preferably surpass, 90% cure rates. Currently, only quadruple therapies (with or without bismuth) and generally lasting 14 days, accomplish this goal in first- and second-line therapies. A non-bismuth quadruple concomitant regimen (proton pump inhibitor, clarithromycin, amoxicillin, and metronidazole) or a quadruple bismuth-based combination (proton pump inhibitor, bismuth, tetracycline, and metronidazole), are recommended as first-line regimens. Rescue therapies after eradication failure and management of H. pylori infection in peptic ulcer disease were also reviewed.	34629204	10.1016/j.gastroh ep.2021.07.011

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62	Practice Guideline	2021	Recommendations for the management of critically ill patients with COVID-19 in Intensive Care Units.	Vidal-Cortes, P; Diaz Santos, E; Aguilar Alonso, E; Amezaga Menendez, R; Ballesteros, M A; Bodi, M A; Bordeje Laguna, M L; Garnacho Montero, J; Garcia Sanchez, M; Lopez Sanchez, M; Martin-Loeches, I; Ochagavia Calvo, A; Ramirez Gallego, P; Alcantara Carmona, S; Andaluz Ojeda, D; Badallo Arebalo, O; Barrasa Gonzalez, H; Borges Sa, M; Castellanos-Ortega, A; Estella, A; Ferrer Roca, R; Fraile Gutierrez, V; Fuset Cabanes, M; Gimenez-Esparza Vich, C; Gonzalez Iglesias, C; Hernandez-Tejedor, A; Igeno Cano, J C; Iglesias Posadilla, D; Jimenez Rivera, J J; Llanos Jorge, C; Llompert-Pou, J A; Lopez Camps, V; Lorenzo Cardenas, C; Marcos Neira, P; Martin Delgado, M C; Martin Macho Gonzalez, M; Martin Villen, L; Nuvials Casals, X; Ortiz Suner, A; Quintana Diaz, M; Rascado Sedes, P; Recuerda Nunez, M; Del Rio Carbajo, L; Rodriguez Aguirregabiria, M; Rodriguez Oviedo, A; Seijas Betolaza, I; Soriano Cuesta, C; Suberviola Canas, B; Vera Ching, C; Vidal Gonzalez, A; Zapata Fenor, L; Zaragoza Crespo, R	Medicina intensiva		2173-5727	Reference material	The COVID-19 pandemic has led to the admission of a high number of patients to the ICU, generally due to severe respiratory failure. Since the appearance of the first cases of SARS-CoV-2 infection, at the end of 2019, in China, a huge number of treatment recommendations for this entity have been published, not always supported by sufficient scientific evidence or with methodological rigor necessary. Thanks to the efforts of different groups of researchers, we currently have the results of clinical trials, and other types of studies, of higher quality. We consider it necessary to create a document that includes recommendations that collect this evidence regarding the diagnosis and treatment of COVID-19, but also aspects that other guidelines have not considered and that we consider essential in the management of critical patients with COVID-19. For this, a drafting committee has been created, made up of members of the SEMICYUC Working Groups more directly related to different specific aspects of the management of these patients.	34903475	10.1016/j.medine.2021.11.019
63	Practice Guideline	2021	Joint position statement of the Societat Catalana de Digestologia and the Societat Catalana de Radiologia on gastroenterologist-led ultrasound in Catalonia.	Miquel, Mireia; Puig, Jordi; Montoliu, Silvia; Belmonte, Ernest; Loras, Carme; Roson, Nuria	Gastroenterologia y hepatologia	0210-5705		Reference material	Over recent years, ultrasonography has been used increasingly in various medical specialties and is now an indispensable diagnostic tool. In gastroenterology, bedside or point-of-care ultrasound allows the early diagnosis and monitoring of multiple intraabdominal conditions. Ultrasound guidance is also highly useful in certain therapeutic procedures, increasing procedural safety. Ultrasound is a non-invasive technique but has the drawback of being very operator dependent. Therefore, it is necessary to ensure that the professionals who perform ultrasonography have a sufficient level of training in the technique. In Catalonia, abdominal ultrasound is usually carried out by radiologists and has not yet been incorporated as an investigation performed by gastroenterologists. In view of this, the Societat Catalana de Radiologia and the Societat Catalana de Digestologia judged it necessary to develop a consensus framework document on ultrasound use and training for gastroenterologists. The document establishes the suggested format for training, the appropriate indications, the minimum material requirements and appropriate documentation of the procedure to ensure that gastroenterologist-performed ultrasound is useful and safe.	34052398	10.1016/j.gastroh ep.2021.04.003