编号：YY003-20210405001

标题：Scientists launch first educational curriculum in longevity medicine for physicians

简介：Longevity medicine is a rapidly evolving branch of preventative precision medicine that is specifically focused on promoting healthspan and lifespan, utilizing aging biomarkers commonly referred to as aging clocks. Over the past decade advances in AI and machine learning enabled the development of deep aging clocks (DACs) and other novel tools to track the rate of aging. In parallel novel preventative and therapeutic interventions have been discovered or progressed into clinical trials.

全文链接：https://www.news-medical.net/news/20210316/Scientists-launch-first-educational-curriculum-in-longevity-medicine-for-physicians.aspx

编号：YY003-20210405002

标题：Virtual Medical Education in a Time of Social Distancing

简介：The move to online and virtual medical education has been accelerated by COVID-19, and these new learning opportunities possess multiple advantages which are here to stay.Elective surgeries have been paused out of necessity, travel and scientific conferences have been canceled, and medical post-graduates have been co-opted into more crucial roles. The number of physicians per unit has begun to be limited by hospitals, and some have been forced to eliminate clinical placements completely.

全文链接：https://www.news-medical.net/whitepaper/20200528/Virtual-Medical-Education-in-a-Time-of-Social-Distancing.aspx

编号：YY003-20210405003

标题：Patient involvement in medical education: To what problem is engagement the solution?

简介：Context Patient and public engagement is gaining momentum across many domains of health care, inclusive of education and research. In this framing, engagement is offered as a solution to a myriad of problems. Yet, the way problems and solutions are linked together may be assumed, rather than made explicit. In the absence of clarity, there is a risk that solutions that may have worked in one domain of health care could falter, or even create new problems, in another.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=75479

编号：YY003-20210405004

标题：Comparing the Preferences of Patients and the General Public for Treatment Outcomes in Type 2 Diabetes Mellitus

简介：Background Healthcare treatments and interventions are traditionally evaluated from the societal perspective, but a more patient-centric perspective has been proposed in recent years. We sought to compare preferences of patients and the general public for treatment outcomes of type 2 diabetes using both best-worst scaling (BWS) and rating approaches. Methods A survey evaluating the treatment priorities for type 2 diabetes was conducted in the United States. Members of the general public and patients with type 2 diabetes were recruited from a nationally sampled panel. Participants indicated the importance of seven potential treatment outcomes (hypoglycemic events, glycated hemoglobin [A1c], weight loss, mental health, functioning, glycemic stability, and cardiovascular health) using (1) BWS case 1 and (2) a rating

task. Preference differences from BWS prioritizations were explored using mixed logistic regression (BWS preference weights were probability re-scaled so that the weightings of the seven items collectively summed to 100). The consistency of scale between samples was explored using heteroskedastic conditional logistic regression of BWS data. Spearman rank correlation was used to compare standardized BWS preference weights and rating scores for each group. Both groups evaluated the BWS and rating activities using debriefing questions. Results The public and patient samples included 314 and 313 respondents, respectively. The public was on average 16 years younger than patients (48 vs 64 years,P < 0.001). In BWS, patients and the public both ranked A1c, glycemic stability, and cardiovascular health within their top three outcomes. Patients valued the outcome A1c most highly and found it twice as important as did the public (41.0 vs 20.2,P < 0.001). The public valued cardiovascular health most highly, and found it to be twice as important than did patients (31.3 vs 17.4,P < 0.001). Patients were more consistent in their preferences than the public (lambda = 1.66,P = 0.01). Preferences elicited using BWS and rating approaches were highly correlated for both patients (rho = 0.96) and the public (rho = 0.92). Patients were more likely than the public to endorse the BWS as easy to answer (P < 0.001), easy to understand (P < 0.001), consistent with preferences (P < 0.001), and relevant (P < 0.001). Both patients and the public found the rating activity easier to answer and understand, and more consistent with their preferences, than the BWS (P < 0.001). Conclusions We provide some of the first evidence demonstrating a difference in patient and public treatment priorities for diabetes. That patients were more consistent in their preferences than the public and found the BWS and Likert rating instruments more relevant suggests that patient priorities may be more appropriate than those of the general public in some medical decision-making contexts.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=75487

编号：YY003-20210405005

标题：Plasma Vitamin C and Type 2 Diabetes: Genome-Wide Association Study and Mendelian Randomization Analysis in European Populations

简介：OBJECTIVE Higher plasma vitamin C levels are associated with lower type 2 diabetes risk, but whether this association is causal is uncertain. To investigate this, we studied the association of genetically predicted plasma vitamin C with type 2 diabetes. RESEARCH DESIGN AND METHODS We conducted genome-wide association studies of plasma vitamin C among 52,018 individuals of European ancestry to discover novel genetic variants. We performed Mendelian randomization analyses to estimate the association of genetically predicted differences in plasma vitamin C with type 2 diabetes in up to 80,983 case participants and 842,909 noncase participants. We compared this estimate with the observational association between plasma vitamin C and incident type 2 diabetes, including 8,133 case participants and 11,073 noncase participants. RESULTS We identified 11 genomic regions associated with plasma vitamin C (P < 5 × 10~(?8)), with the strongest signal at SLC23A1 , and 10 novel genetic loci including SLC23A3 , CHPT1 , BCAS3 , SNRPF , RER1 , MAF , GSTA5 , RGS14 , AKT1 , and FADS1 . Plasma vitamin C was inversely associated with type 2 diabetes (hazard ratio per SD 0.88; 95% CI 0.82, 0.94), but there was no association between genetically predicted plasma vitamin C (excluding FADS1 variant due to its apparent pleiotropic effect) and type 2 diabetes (1.03; 95% CI 0.96, 1.10). CONCLUSIONS These findings indicate discordance between biochemically measured and genetically predicted

plasma vitamin C levels in the association with type 2 diabetes among European populations. The null Mendelian randomization findings provide no strong evidence to suggest the use of vitamin C supplementation for type 2 diabetes prevention.
全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=75480

编号：YY003-20210405006
标题：Will it work here? A realist approach to local decisions about implementing interventions evaluated as effective elsewhere
简介：There is increasing interest in what evidence is needed to inform decisions about transporting interventions evaluated as effective to new settings. There has been less attention to how local decision-makers decide whether to implement such interventions immediately or subject to further evaluation. Using the example of school-based social and emotional learning, we consider this drawing on realist methods. We suggest decisions need to assess existing evaluations not merely in terms of whether the intervention was effective but also: how the intervention was implemented and what contextual factors affected this (drawing on process evaluation); and for whom the intervention was effective and through what mechanisms (drawing on mediation, moderation and qualitative comparative analyses from primary studies and/or systematic reviews). We contribute new insights to local needs assessments, suggesting that these should assess: the potential, capability, contribution and capacity present in the new setting for implementation; and whether similar 'aetiological mechanisms' underlie adverse outcomes locally as in previous evaluations. We recommend that where there is uncertainty concerning whether an intervention can feasibly be implemented this indicates the need for piloting of implementation. Where there is uncertainty concerning whether implementation of the intervention will trigger intended mechanisms, this suggests the need for a new effectiveness trial. Where there is uncertainty concerning whether intervention mechanisms, even if triggered, will generate the intended outcomes, this suggests that decision-makers may need to look to other types of intervention as being needed for their setting instead.
全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=75473

编号：YY003-20210405007
标题：High prevalence of stroke and uncontrolled associated risk factors are major public health challenges in rural northeast China: A population-based study
简介：BACKGROUND Stroke has become a major burden and public health problem in rural China. We aimed to comprehensively assess the current status of stroke burden as well as the associated risk factors in rural northeast China. METHODS This population-based, cross-sectional study was conducted in 10,926 adults (response rate 85.3%) aged ≥40 years residing in rural northeast China. A multistage cluster sampling method was used to select the representative sample. The prevalent stroke cases were considered as stroke survivors on 31 August 2017. Stroke was diagnosed according to the World Health Organization's recommendations and was classified as ischemic stroke and hemorrhagic stroke based on the results of computed tomography or magnetic resonance imaging. The status of related risk factors was also evaluated. RESULTS Of the 10,926 participants, 731 were diagnosed with stroke (602 patients with ischemic stroke, 151 with hemorrhage stroke, and 22 with both ischemic stroke and hemorrhage stroke). The crude prevalence of overall stroke, ischemic stroke, and hemorrhage stroke was 6690.5,

5509.8, and 1382.0 per 100,000 people, respectively, and the age-standardized rate was 4903.8, 4041.7, and 990.9 per 100,000 people. Among the overall stroke population, 13.4% were living with consequences of stroke. Hypertension (86.7%), dyslipidemia (37.2%), and diabetes (24.5%) were highly prevalent in stroke participants. However, most of those comorbidities remained uncontrolled (93.7, 44.7, and 88.9%, respectively). CONCLUSION The burden of stroke in rural northeast China was substantial, with a high prevalence of stroke, recurrence, and disabilities. Uncontrolled comorbidities will likely contribute to recurrence and worsening disabilities in the coming decades. Strategies of long-term management of stroke and related risk factors are urgently required in rural northeast China.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=75482