

# *Abstracts* de publicaciones nacionales ISI

## **CIRUGÍA**

**REV MED CHILE 2015; 143: 864-869**

EFEECTO DE LA GASTRECTOMÍA TUBULAR VERTICAL EN LOS NIVELES DE GHRELINA PLASMÁTICA EN PACIENTES OBESOS

Braghetto Miranda, Italo; Taladriz, Cristian; Lanzarini Sobrevía, Enrique; Romero Osses, Carmen

Background: Plasma ghrelin levels may decrease after vertical sleeve gastrectomy, probably due to the excision of a large portion of the gastric fundus. It is worth exploring the long term effects of this surgical procedure on ghrelin levels and their associations with changes in body weight. Aim: To assess ghrelin levels and changes in body weight, one and five years after a vertical sleeve gastrectomy. Material and Methods: Plasma ghrelin was measured prior to gastric sleeve gastrectomy, immediately after surgery and BMI was controlled at one and five years of the postoperative period in 16 and 10 obese patients, respectively. Mean baseline body mass index was  $40.4 \pm 6$  kg/m<sup>2</sup>. Results: Ghrelin decreased in 10 patients and increased in six during the long term postoperative period. At one year, mean body mass index decreased to  $25.1 \pm 1.6$  kg/m<sup>2</sup>. Changes in weight and ghrelin levels had no relationship whatsoever. At five years of follow up, body mass index had increased to  $29.9 \pm 2.5$  kg/m<sup>2</sup>, again without any association with ghrelin levels. Conclusions: Ghrelin levels may decrease or increase after vertical sleeve gastrectomy and have no association with changes in body weight.

## **DERMATOLOGÍA**

**REV MED CHILE 2015; 143: 584-588**

MANIFESTACIONES CUTÁNEAS EN ADULTOS CON TRASPLANTE HEPÁTICO DEL HOSPITAL CLÍNICO DE LA UNIVERSIDAD DE CHILE

Daza, Francisca; Poniachik Teller, Jaime; Zemelman Decarli, Viviana; Ibarra, José; Espinoza, Miguel; Castillo Koch, Jaime; Cardemil Herrera, Gonzalo; Díaz Jeraldo, Juan; Saure Maritano, Alexandre; Lembach Jahnsen, Hanns; Calderón Herschman, Perla

Background: Skin manifestations after liver transplantation are increasing due to long term immunosuppressive therapy along with an increase in patient survival. Several studies have reported dermatologic complications following renal transplant, but few have studied dermatologic problems after liver transplantation. Aims: To describe the different types of cutaneous lesions encountered in adults receiving a liver allograft. To evaluate the frequency of cutaneous manifestations of patients in the liver transplant waiting list. Material and Methods: Eighty patients submitted to a liver transplant and 70 patients in the liver transplant waiting list were evaluated with a complete dermatological physical examination. Results: Sixty one percent of patients with a liver allograft had at least one skin manifestation. Of these, 34% had superficial fungal infections, 31% had viral infections, 20% had cutaneous side effects due to immunosuppressive treatment, 10% had malignant lesions, 2% had bacterial infections and one patient had a graft versus host disease. Only 28% of patients in the liver transplant waiting list had dermatologic problems, and the vast majority were lesions linked to liver cirrhosis. Conclusions: Cutaneous infections were the most common skin problems in liver transplant patients. Although neoplastic lesions are the most commonly mentioned lesions in the literature, only a 10% of our liver transplant patients presented these type of lesions.

## DEPARTAMENTO DE MEDICINA

### ENDOCRINOLOGÍA

#### REV MED CHILE 2015; 143: 938-942

##### SÍNDROME DE HIPOGLICEMIA AUTOINMUNE. PRIMEROS CASOS EN CHILE

Lanas Montecinos, Alejandra; Paredes, Ana; Espinosa, Consuelo; Caamaño, Egardo; Pérez Bravo, Francisco; Pinto, Rodrigo; Ñíguez Vila, German; Martínez, Darío; Soto, Néstor

Insulin autoimmune syndrome (IAS) is characterized by spontaneous hypoglycemia with extremely high insulin levels and the presence of circulating autoantibodies against insulin, in patients who have never been exposed to exogenous insulin. We report two patients with the syndrome. A 36 years old male presenting with hypoglycemia in the emergency room had an oral glucose tolerance test showed basal and 120 min glucose levels of 88 and 185 mg/dl. The basal and 120 min insulin levels were 2,759 and 5,942  $\mu$ UI/ml. The presence of an insulin secreting tumor was discarded. Anti-insulin antibodies were positive. He was successfully treated with a diet restricted in carbohydrates and frequent meals in small quantities. A 65 years old female presenting with hypoglycemia in the emergency room had the fasting insulin levels of 1,910  $\mu$ UI/ml. No insulin secreting tumor was detected by images and anti-insulin antibodies were positive. The polyethylene glycol precipitation test showed a basal and after exposition insulin level 1,483 and 114  $\mu$ UI/ml, respectively. She responded partially to diet and acarbose and required the use of prednisone with a good clinical response.

#### REV MED CHILE 2015; 143: 637-650

##### II CONSENSO DE LA SOCIEDAD CHILENA DE ENDOCRINOLOGÍA Y DIABETES SOBRE RESISTENCIA A LA INSULINA

Pollak, Felipe; Araya Quintanilla, Verónica; Lanas Montecinos, Alejandra; Sapunar, Jorge; Carrasco Naranjo, Fernando; Codner Dujovne, Ethel; Durruty Alfonso, Pilar; Liberman Guendelman, Claudio; López Stewart, Gloria; Poniachik Teller, Jaime; Sir Petermann, Teresa; Soto, Néstor

Insulin resistance is a prevalent condition commonly associated with unhealthy lifestyles. It affects several metabolic pathways, increasing risk of abnormalities at different organ levels. Thus, diverse medical specialties should be involved in its diagnosis and treatment. With the purpose of unifying criteria about this condition, a scientific-based consensus was elaborated. A questionnaire including the most important topics such as cardio-metabolic risk, non-alcoholic fatty liver disease and polycystic ovary syndrome, was designed and sent to national experts. When no agreement among them was achieved, the Delphi methodology was applied. The main conclusions reached are that clinical findings are critical for the diagnosis of insulin resistance, not being necessary blood testing. Acquisition of a healthy lifestyle is the most important therapeutic tool. Insulin-sensitizing drugs should be prescribed to individuals at high risk of disease according to clinically validated outcomes. There are specific recommendations for pregnant women, children, adolescents and older people.

### GASTROENTEROLOGÍA

#### REV CHILENA INFECTOL 2015; 32 (4): 482-484

##### RE-EVALUACIÓN DE SEROPREVALENCIA DE VIRUS HEPATITIS E

Covarrubias, Natalia; Hurtado Hein, Carmen; Díaz, Alex; Mezzano, Gabriel; Brahm Barril, Javier; Venegas Santos, Mauricio

Reported seroprevalence of hepatitis E virus (HEV) in developed countries is between 0.3-53%. Published data relies on the assays used and its technical performance. Sensitivity on new available tests has improved, which has changed HEV seroprevalence around the world. We re-evaluated retrospectively, 178 serum samples of patients with previous anti HEV IgG determination between 2009 and 2012. Initial analysis was performed with ELISA kit Genelabs (Singapore), with 7.3% positivity. The reevaluation was done with ELISA kit AccuDiag TMHEVlgG (Diagnostic Automation, United States), with reported sensitivity and specificity over 99.8%. With the new assay, 32.6% positive samples were found, significantly greater to the previous result ( $p < 0.001$ ) (4.5 times more). There were no differences in gender but a significant association between age and HEV IgG seropositivity was found ( $p < 0.001$ ). This suggests that previous testing might have underestimated HEV seroprevalence in Chile, which should be reevaluated using the new available test.

**REV MED CHILE 2015; 143: 663-667**

**ELIMINACIÓN ESPONTÁNEA DE VIRUS HEPATITIS C EN TRASPLANTADO HEPÁTICO: A PROPÓSITO DE DOS CASOS**

Urzúa Manchego, Álvaro; Poniachik Teller, Jaime; Díaz Jeraldo, Juan; Castillo Koch, Jaime; Saure Maritano, Alexandre; Lembach Jahnsen, Hanns; Ibarra, José; Venegas Santos, Mauricio

The spontaneous clearance of hepatitis C virus infection is rare, especially after liver transplantation, condition in which recurrence is almost universal. We report two cases in which clearance of the virus was achieved after liver transplantation. We reviewed the literature and described possible mechanisms explaining this phenomenon, with emphasis on therapeutic implications.

**REV MED CHILE 2015; 143: 197-202**

**LESIONES FOCALES HEPÁTICAS BENIGNAS: UN HALLAZGO FRECUENTE A LA TOMOGRAFÍA COMPUTADA**

Horta, Gloria; López Ramírez, Marcelo; Dotte, Andrés; Cordero, Jorge; Chesta, Caterina; Castro Lara, Ariel; Palavecino Rubilar, Patricio; Poniachik Teller, Jaime

Background: Multidetector computed tomography (MDCT) of the abdomen, with use of contrast medium, is able to detect and differentiate most focal liver lesions. Aim: To determine the prevalence and features of benign focal liver lesions (BFLL) detected by abdominal MDCT. Patients and Methods: We reviewed the reports of contrast abdominal MDCT performed to outpatients between August 2011 and July 2012. Clinical data of examined patients and imaging findings in terms of description of the hepatic parenchyma and the presence of BFLL, were recorded. Results: Data from 1,184 studies were analyzed. Of these, 461 studies (38.4%) reported BFLL. The most prevalent lesions were simple cysts in 290 studies (24%) and hemangiomas in 61 studies (5.1%), granuloma-calcification in 39(3.2%), focal nodular hyperplasia in 19(1.6%) and one adenoma. If patients with known causes of liver disease were excluded, the prevalence of BFLL did not change substantially (lesions were found in 396 (37.5%) patients). Compared with livers with signs of damage, normal livers had more cystic lesions (27 and 16.2% respectively,  $p = 0.014$ ) and hemangiomas (5.3 and 1.1% respectively,  $p = 0.043$ ). Conclusions: BFLL are very common findings in MDCT studies. Most of these lesions are simple cysts and hemangiomas.

**REV. MÉD. CHILE 2015; 143: 7-13.**

**EVENTOS ADVERSOS EN LA TERAPIA FARMACOLÓGICA DE LA ENFERMEDAD INFLAMATORIA INTESTINAL.**

Urzúa Á, Poniachik J, Díaz JC, Castillo J, Saure A, Lembach H, Ibarra J, Venegas M.

Background: The purpose of inflammatory bowel disease (IBD) treatment is to achieve resolution of symptoms and remission of disease with a minimum of adverse events (AE). Aim: To report AE of different prescriptions used for the treatment of IBD. Material and Methods: Analysis of a registry of patients with IBD held at a private clinic from 1976 to 2013. All used medications, the occurrence and severity of AE were recorded. Results: The records of 346 patients aged 16 to 86 years, 74% with ulcerative colitis, were analyzed. The most commonly type of medications prescribed were 5-aminosalicylates (5-ASAs) in 329 patients (92%), followed by adrenal steroids in 218 (61%). Forty nine AE were recorded in the same number of patents (14%). These were more common in patients with Crohn disease ( $n = 19$ , 21%). An univariate analysis, demonstrated that extra-intestinal manifestations, hospitalizations secondary to IBD crisis, requirement of surgery and treatment with steroids, immunosuppressants or biologic agents were significantly associated with the presence of AE. AEs were more common with immunosuppressants, followed by 5-ASAs and steroids. Discontinuation of therapy was required in 79, 100 and 43% of patients taking these medications, respectively. Twenty percent of AEs were severe. Leukopenia and pancytopenia along with alopecia were the most common AEs attributable to azathioprine. Conclusions: The occurrence of AEs in patients with IBD is uncommon. Even immunosuppressants or biologic agents have a low rate of AE and most of them mild.

**REV MED CHIL. 2015 SEP;143(9):1121-8.**

**TRATAMIENTO ENDOSCÓPICO EN LA PANCREATITIS CRÓNICA: SEGUIMIENTO A LARGO PLAZO.**

Díaz A, Yunge P, Urzúa Á, Berger Z.

BACKGROUND: Intraductal stones, ductal abnormalities and pancreatic pseudocysts are part of chronic pancreatitis (CP). The goal of treatment is pain relief, resolution of local complications and relapse prevention. Endoscopic therapy (ET) can be considered in those who do not respond to medical treatment. AIM: To evaluate the indication, immediate and long-term results of ET in CP patients. PATIENTS AND METHODS: Review of a database of patients with CP analyzing results of ET in 18 patients aged 16 to 60 years (13 males). Demographics, etiology, endoscopic technique, indication for treatment, pain relief, relapses and complications

were recorded. RESULTS: The etiology of CP was alcohol consumption in 5, idiopathic in 11, hereditary in one and autoimmune in one case. The follow-up period was 6 months to 14 years. Seven patients had diabetes mellitus type 3c and eight had moderate to severe exocrine pancreatic insufficiency. Pancreatic papillotomy was performed in all patients, with removal of some stones, without attempting a complete clearance of the pancreatic duct. In addition, a 7-10 French stent was placed in the main pancreatic duct in 15 patients with varying permanence (months to years). The stent was changed guided by recurrence of clinical symptoms. During the follow-up period, 10 patients remained asymptomatic and in three, pain or relapse were significantly reduced. Stenting failed in one patient for technical reasons. Two patients were operated. There were neither immediate nor late complications from ET. CONCLUSIONS: Long-lasting improvement of CP was observed in 13 of 18 patients treated with ET, without complications associated with the procedure.

**REV MED CHIL. 2015 AUG;143(8):1065-9.**

[A BIOGRAPHICAL SKETCH OF ALBERT SZENT-GYÖRGYI].

Berger Z, Berger Salinas A, Szánthó Pongrácz G.

Albert Szent-Györgyi was a Hungarian biochemist and physiologist. He identified the structure and function of vitamin C, naming it as ascorbic acid. His research on cellular respiration and oxidation provided the basis for Krebs' citric acid cycle. He was awarded the Nobel Prize in 1937. With his collaborators, he discovered the biochemical basis of muscle contractility, isolating the basic proteins, giving them the name myosin and actin. Later on, he worked on the theory of carcinogenesis, linked to electron movements. He was one of the first researchers to describe the connection between free radicals and cancer. He lived a long, very complete life, defending always his opinion and freedom.

**REV MED CHIL 2015;143:7-13.**

EVENTOS ADVERSOS EN LA TERAPIA FARMACOLÓGICA DE LA ENFERMEDAD INFLAMATORIA INTESTINAL

Meyer L, Simian D, Lubascher J, Acuña R, Figueroa C, Silva G, Brahm J, Quera R.

BACKGROUND: The purpose of inflammatory bowel disease (IBD) treatment is to achieve resolution of symptoms and remission of disease with a minimum of adverse events (AE). AIM: To report AE of different prescriptions used for the treatment of IBD. MATERIAL AND METHODS: Analysis of a registry of patients with IBD held at a private clinic from 1976 to 2013. All used medications, the occurrence and severity of AE were recorded. RESULTS: The records of 346 patients aged 16 to 86 years, 74% with ulcerative colitis, were analyzed. The most commonly type of medications prescribed were 5-aminosalicylates (5-ASAs) in 329 patients (92%), followed by adrenal steroids in 218 (61%). Forty nine AE were recorded in the same number of patents (14%). These were more common in patients with Crohn disease (n = 19, 21%). An univariate analysis, demonstrated that extra-intestinal manifestations, hospitalizations secondary to IBD crisis, requirement of surgery and treatment with steroids, immunosuppressants or biologic agents were significantly associated with the presence of AE. AEs were more common with immunosuppressants, followed by 5-ASAs and steroids. Discontinuation of therapy was required in 79, 100 and 43% of patients taking these medications, respectively. Twenty percent of AEs were severe. Leukopenia and pancytopenia along with alopecia were the most common AEs attributable to azathioprine. CONCLUSIONS: The occurrence of AEs in patients with IBD is uncommon. Even immunosuppressants or biologic agents have a low rate of AE and most of them mild.

## MEDICINA NUCLEAR

**REV MED CHILE 2015; 143: 697-706**

DESCRIPCIÓN DE LOS HALLAZGOS EN EL PERFIL LIPÍDICO Y PROTEICO DE PACIENTES DEPENDIENTES A COCAÍNA, EN ABSTINENCIA RECIENTE

Teresa Massardo A., Verónica Araya, Carlos Ibáñez, Jonathan Véliz, René Fernández, Rodrigo Jaimovich, Julio Pallavicini, Rolando Chandía, Karla Pereira, Jaime Pereira

Serum lipid levels in a group of cocaine dependent subjects in recent abstinence Background: Chronic cocaine users develop multiple potentially lethal ischemic vascular complications associated with accelerated atherosclerosis. Aim: To assess biochemical and lipid profiles among cocaine dependent subjects in recent abstinence. Material and Methods: A blood sample to measure blood count, biochemical and lipid profiles was obtained from 78 patients aged 19 to 53 years (78% males) who

complied with DSM-IV criteria for cocaine dependency. Laboratory results were compared with a group of normal subjects. Results: All cases had positive urinary cocaine, with a mean consumption lapse of 7.6 years. The frequency of smoking was higher in cases. Dependent males had higher body mass index than controls. Compared to controls, dependent females had significantly higher triglyceride (TG) levels and lower HDL cholesterol. Therefore the relation total/HDL cholesterol was higher ( $p = 0.0365$ ). Dependent males had higher TG levels than their normal counterparts. Dependent subjects consuming cocaine base-paste had higher TG levels. Total proteins, albumin, urea and blood urea nitrogen were lower in dependent subjects. Among males, serum creatinine was lower and blood urea was positively correlated with the daily amount of cocaine use ( $p = 0.03$ ). After a month of strict abstinence, lipid profile was repeated in 27 patients and remained unchanged. Conclusions: Chronic cocaine use was associated with higher TG in both genders and lower HDL cholesterol in women when compared with a group of healthy counterparts.

#### **REV MED CHILE 2015; 143: 1426-1434**

##### **SEGUIMIENTO CLÍNICO EN PACIENTES CON BUENA CAPACIDAD METABÓLICA EN LA PRUEBA DE ESFUERZO CON SPECT MIOCÁRDICO**

González, Javiera; Prat Martorell, Hernan; Swett, Eduardo; Berrocal, Isabel; Fernández, René; Zhindon, Juan Pablo; Castro, Ariel; Massardo Vega, Teresa

Background: The evaluation of coronary artery disease (CAD) can be performed with stress test and myocardial SPECT tomography. Aim: To assess the predictive value of myocardial SPECT using stress test for cardiovascular events in patients with good exercise capacity. Material and Methods: We included 102 males aged  $56 \pm 10$  years and 19 females aged  $52 \pm 10$  years, all able to achieve 10 METs and  $\geq 85\%$  of the theoretical maximum heart rate and at least 8 min in their stress test with gated  $^{99m}\text{Tc}$ -sestamibi SPECT. Eighty two percent of patients were followed clinically for  $33 \pm 17$  months. Results: Sixty seven percent of patients were studied for CAD screening and the rest for known disease assessment. Treadmill stress test was negative in 75.4%; 37% of patients with moderate to severe Duke Score presented ischemia. Normal myocardial perfusion SPECT was observed in 70.2%. Reversible defects appeared in 24.8% of cases, which were of moderate or severe degree ( $> 10\%$  left ventricular extension) in 56.6%. Only seven cases had coronary events after the SPECT. Two major (myocardial infarction and emergency coronary revascularization) and 5 minor events (elective revascularization) were observed in the follow-up. In a multivariate analysis, SPECT ischemia was the only statistically significant parameter that increased the probability of having a major or minor event. Conclusions: Nearly a quarter of our patients with good exercise capacity demonstrated reversible defects in their myocardial perfusion SPECT. In the intermediate-term follow-up, a low rate of cardiac events was observed, being the isotopic ischemia the only significant predictive parameter.

## **COMITÉ INFECCIONES INTRAHOSPITALARIAS**

#### **REV CHILENA INFECTOL 2015; 32 (3): 305-318**

##### **GRUPO COLABORATIVO DE RESISTENCIA BACTERIANA, CHILE: RECOMENDACIONES 2014 PARA EL CONTROL DE LA RESISTENCIA BACTERIANA**

Marcela Cifuentes, Francisco Silva, J. Miguel Arancibia, Ruth Rosales, M. Cristina Ajenjo, Gisela Riedel, Rossana Camponovo y Jaime Labarca

Five issues were reviewed in depth at the 2014 annual meeting of Collaborative Group Against Bacterial Resistance and the antecedents and conclusions are detailed in this document. I.- News in CLSI 2014: the difficulties and implications on its implementation at the local level were reviewed and recommendations were set. II.- Criteria for determining the incidence of multi-resistant microorganism in critical care units where indicators and monitoring methodology for better quantification of microorganisms were defined. III.- Quality requirements were established to be considered by the professionals involved in the selection of antimicrobials in the hospital. IV.- Transfer policies, screening and contact precautions for the control of transmission of multiresistant bacteria. V. Recommendations for health facilities when a carbapenemase producing enterobacteriaceae is detected, in a checklist format for rapid deployment in hospitals without endemia of these agents. These are suggestions that arise from the joint work of specialists from many hospitals that do not represent consensus or recommendation, but may help to control the resistance level of each health facility in the country.

## OBSTETRICIA Y GINECOLOGÍA

### REV MED CHILE 2015; 143: 874-879

ECLAMC: 41 AÑOS DE VIGILANCIA DE LA HOLOPROSENCEFALIA EN CHILE. PERÍODO 1972-2012

Nazer Herrera, Julio; Cifuentes Ovalle, Lucía; Cortez López, Andrea

Background: Holoprosencephaly is a structural anomaly of the brain that consists in a defect of the prosencephalon development that leads to face and neurological defects of variable intensity. Aim: To estimate holoprosencephaly prevalence at birth. Patients and Methods: All cases of holoprosencephaly, born alive or stillbirths, registered in the 15 Chilean Hospitals of the Latin American Collaborative Study of Congenital Malformations (ECLAMC) between 1972 and 2012, were studied. Craniofacial and other anomalies found in newborns affected by holoprosencephaly are described. Results: Fifty five cases of holoprosencephaly (58% males) were found among the 798.222 registered births (rendering a prevalence at birth of 0.69 per 10.000 newborns). The most common cranial defect was medial cleft lip with cleft palate (27.3%), bilateral cleft lip (11%) or both (38.2%), cyclopia (14%), single nostril (10.9%) and proboscis (9.1%). Eleven percent cases had a trisomy 13. A slight increase in prevalence over time was observed. Conclusions: Holoprosencephaly has a low frequency in Chile and is associated to trisomy 13. The increase in prevalence could be explained by a better prenatal diagnosis (ultrasonography).

### REV. MÉD. CHILE 2015;143:627-636.

ACTUALIZACIÓN EN EL DIAGNÓSTICO Y MANEJO DEL DAÑO HEPÁTICO AGUDO GRAVE EN EL EMBARAZO

Alvaro Sepulveda-Martinez, Carlos Romero, Guido Juarez, Jorge Hasbun, Mauro Parra-Cordero

Abnormalities in liver function tests appear in 3% of pregnancies. Severe acute liver damage can be an exclusive condition of pregnancy (dependent or independent of pre-eclampsia) or a concomitant disease. HELLP syndrome and acute fatty liver of pregnancy are the most severe liver diseases associated with pregnancy. Both appear during the third trimester and have a similar clinical presentation. Acute fatty liver may be associated with hypoglycemia and HELLP syndrome is closely linked with pre-eclampsia. Among concomitant conditions, fulminant acute hepatitis caused by medications or virus is the most severe disease. Its clinical presentation may be hyper-acute with neurological involvement and severe coagulation disorders. It has a high mortality and patients should be transplanted. Fulminant hepatic failure caused by acetaminophen overdose can be managed with n-acetyl cysteine. Because of the high fetal mortality rate, the gestational age at diagnosis is crucial.

## PEDIATRÍA

FACTORES DE RIESGO DE COLONIZACIÓN POR ENTEROCOCCUS SPP RESISTENTE A VANCOMICINA EN PACIENTES PEDIÁTRICOS HOSPITALIZADOS CON PATOLOGÍA ONCOLÓGICA

Paula Loyola, Juan Tordecilla, Dona Benadof, Karla Yohannessen y Mirta Acuña

Background: The isolation of vancomycin-resistant Enterococcus spp (ERV) has increased significantly within the last few years, along with the risk of infection and dissemination of these bacteria. Our aim was to determine risk factors (RF) for intestinal colonization in hospitalized pediatric patients with oncological disease at Hospital de Niños Roberto del Río. Methods: Between January 2012 and December 2013 a transversal study was performed with 107 rectal swabs and processed with a PCR for ERV. The patients were classified as "colonized with ERV" and "not colonized with ERV" and we evaluated possible RF for intestinal colonization in both groups. Results: VRE colonization was found in 51 patients (52%). The median of time elapsed between oncological diagnosis and VRE colonization was 35 days. The significant RF associated with VRE colonization were days of hospitalization prior to study, neutropenia and treatment with antibiotics within 30 days prior to study and mucositis. Conclusions: According to the RF revealed in this study we may suggest prevention standards to avoid ERV colonization. This is the first investigation in our country in hospitalized pediatric patients with oncological disease and processed with a multiplex PCR for ERV, therefore it is a great contribution about this subject in Chile.

## PSIQUIATRÍA Y SALUD MENTAL

### REV MED CHILE 2015; 143: 733-743

#### ANÁLISIS PRELIMINARES DE LA VERSIÓN ADAPTADA EN POBLACIÓN CHILENA DE LA ESCALA DE ADHERENCIA TERAPÉUTICA EN DIABETES MELLITUS TIPO 2 - EATDM-III

Alfonso Urzúa M., Carlos Cabrera R., Christofer González V., Pablo Arenas R., Mónica Guzmán G., Alejandra Caqueo-Urizar, Alfonso Villalobos P., Matías Irrázaval D.

Psychometric properties of the diabetes mellitus 2 treatment adherence scale version III (EATDM-III) adapted for Chilean patients  
Background: The Diabetes Mellitus 2 treatment adherence scale version III (EATDM-III) was devised in Costa Rica. Its seven factors are family support, community organization and support, physical exercise, medical control, hygiene and self-care and assessment of physical condition. Aim: To assess the psychometric properties of the scale in Chilean patients. Material and Methods: The results of the EATDM-III scale, applied to 274 patients with Diabetes Mellitus 2 aged  $59 \pm 11$  years (59% women), were analyzed. Reliability, item, exploratory and confirmatory factorial analyses were carried out both in the initial and the proposed model. Results: We propose a version of 30 items grouped in six dimensions, improving the fit indices obtained with the original scale. The review of item factor loadings shows that all are appropriate both in magnitude and statistical significance, with values between 0.46 and 0.93. Internal consistency measured by Cronbach's alpha, was 0.85 for the total scale. Conclusions: The adapted EATDM-III scale is reliable and can be used to assess treatment adherence in Chilean patients.

### REV. MÉD. CHILE 2015;43:213-222

#### EVALUACIÓN DE LA CALIDAD DE VIDA DE PACIENTES BIPOLARES CHILENOS: PROPIEDADES PSICOMÉTRICAS Y UTILIDAD DIAGNÓSTICA DE LA VERSIÓN CHILENA DEL CUESTIONARIO QUALITY OF LIFE BIPOLAR DISORDER (QoL.BD-CL)

Carolina Morgado, Tamara Tapia, Fernando Ivanovic-Zuvic, Andrés Antivilo

Background: The Quality of life Bipolar Disorder (QoL.BD) Questionnaire specifically measures quality of life in patients with bipolar disorder. Aim: To adapt a version translated into Spanish of the questionnaire and assess its validity in Chilean patients. Material and Methods: The QoL. BD was adapted to the Chilean population through the back-translation method and then administered to 32 adult patients with a bipolar disorder and 31 subjects without the disease, both groups with similar socioeconomic status. To confirm the diagnosis, the International Neuropsychiatric Interview (MINI), Young (YMRS) and Hamilton (HAM-D) scales were applied. Quality of life was assessed using the SF-36v.2 survey. We determined internal consistency, reliability, convergent validity, the cut-off point, and the sensibility and specificity of the scale. Results: The Chilean version of the Questionnaire [QoL. BD-CL] had a high reliability ( $\alpha = 0.95$ ) and a high validity in reference to external criteria (correlation coefficients with SF-36 ranging from 0.453 and 0.819;  $p < 0.01$ ). A cut-off point of 170, with sensitivity of 87.9% and specificity of 80% was determined. Conclusions: QoL.BD-CL has adequate psychometric properties, as well as an adequate sensitivity and specificity to distinguish between negative and positive perceptions of life quality in Chilean patients with bipolar disorders.

### REV. MÉD. CHILE VOL.143 NO.4 SANTIAGO APR. 2015

#### BARRERAS DE ACCESO A TRATAMIENTO DE LA DEPRESIÓN POSPARTO EN CENTROS DE ATENCIÓN PRIMARIA DE LA REGIÓN METROPOLITANA: UN ESTUDIO CUALITATIVO

Graciela Rojas, María Pía Santelices, Pablo Martínez, Alemka Tomicica, Mahaira Reinel, Marcia Olhaberry, Mariane Krause

Background: In Chile, postpartum depression is a prevalent and disabling condition. Universal screening is available but has not been translated into better treatment rates, suggesting the existence of access barriers. Aim: To describe access barriers to postpartum depression treatment in six primary health care clinics in Metropolitan Santiago, Chile. Material and Methods: Twenty women with postpartum depression and 18 primary health care professionals were subjected to a semi-structured interview. A qualitative methodology based on Grounded Theory was used. Results: There are user associated barriers such as lack of knowledge about the disease, a negative conceptualization and rejection of available treatment options. There are also barriers associated with poor network support and some features of the health care system such as long waiting times and lack of coordination between clinical and administrative decisions. Conclusions: Patient and provider related barriers restricting treatment of postpartum depression were identified.

**REV. MÉD. CHILE 2015;143:1179-1186**

FINANCIAMIENTO DE LA SALUD MENTAL EN CHILE: UNA DEUDA PENDIENTE

Paula Errázuriz, Camila Valdés, Paul A. Vöhringer, Esteban Calvo

In spite of the high prevalence of mental health disorders in Chile, there is a significant financing deficit in this area when compared to the world's average. The financing for mental health has not increased in accordance with the objectives proposed in the 2000 Chilean National Mental Health and Psychiatry Plan, and only three of the six mental health priorities proposed by this plan have secure financial coverage. The National Health Strategy for the Fulfilment of Health Objectives for the decade 2011-2020 acknowledges that mental disorders worsen the quality of life, increase the risk of physical illness, and have a substantial economic cost for the country. Thus, this article focuses on the importance of investing in mental health, the cost of not doing so, and the need for local mental health research. The article discusses how the United States is trying to eliminate the financial discrimination suffered by patients with mental health disorders, and concludes with public policy recommendations for Chile.