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Editorial

Academy brief[☆]



Breves de la academia

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The large number of scientific contributions published in hundreds of basic clinical research journals is a hurdle at times when it comes to our ability to carry out a thorough review. However, this has meant that topics related to our practice are taken into consideration in our reading. Critical reviews from other researchers are an important input to our analysis. In some cases, just reading an article precludes a broad analysis and the understanding of its scope from a different perspective.

Recently, the change in the way of assessing the risk of cardiac events in non-cardiac surgery¹ has resulted in a change in the rules for assessment. Although the new pre-operative assessment guidelines for cardiac patients taken to non-cardiac surgery provide clear and prompt input for decision-making, many of us had to shift from previous premises and keep only two steps in the risk assessment ladder: low or high. On the other hand, the use of beta-blockers in the perioperative period has been the source of great debates, though not of many changes in clinical practice. Studies such as POISE or DECREASED are not taken into consideration, although their inclusion or exclusion does not change the findings of other studies.²

Every day, pharmaceutical industry investigations propose new molecules that need to be tested in the clinical scenario, serelaxin being a case in point³ as a new inotrope with a different mechanism of action. Like this molecule, many others that may be made available to us must be tested thoroughly, and the same needs to be said about the studies supporting their safety, efficacy and effectiveness.

Acute Respiratory Distress Syndrome has given rise to many studies to look into its pathogenesis, risk factors and forms of management, among other things. Ventilation methods such as goal-directed ventilation have helped reduce mortality in this disease. The use of high frequency ventilation is relatively out of favour as a result of the OSCILLATE⁴ and OSCAR⁵ studies, while ventilation in prone position has gained popularity as a result of the PROSEVA study,⁶ which showed a beneficial effect. Regarding protective ventilation, it has been shown to reduce mortality in this disease. As far as this study is concerned, doctor Oliveros reviews doctor Levin's study^{7,8} regarding increased mortality associated with low-volume and low tidal volume, low-pressure intraoperative ventilation.

There is a felt need among the *Revista Colombiana de Anestesiología* community – readers and authors inside and outside the country – of conducting an analysis from our own perspective of those articles that are relevant to us and that are published in journals of the specialty or in other related publications so that, with the help of the editorial group and the participation of graduate anaesthesia programmes, article selection can be carried out for discussions, following the methodology described below:

Reference to the authors, name of the study and journal, following the publication standards determined by *Revista Colombiana de Anestesiología*.

Author names established in the form of the academic anaesthesia program to which they belong.

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Study summary, specifying the type of study (clinical trial, meta-analysis, observational study, etc.)

Brief description of the study and its conclusion. This is not the same as the abstract submitted by the study, but the submission from the review authors.

Analysis of the methodology, followed by a discussion of the topic, as well as of errors, correctness and study internal and external validity, and its application.

Suggestions for additional reading and, finally, a description of the cited references.

Doctors Oliveros, Ríos and Ruiz⁸ from the Universidad de la Sabana programme and from the Military Hospital will participate in the first review of the study by Levin et al.⁷ regarding increased mortality associated with low tidal volume and low-pressure intra-operative ventilation.

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