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"UI": "2024974877",

"TI": "Neurobiological and clinical effects of High-Definition tDCS on persistent auditory hallucinations in schizophrenia: A randomized controlled trial.",

"SO": "medRxiv. (no pagination), 2023. Date of Publication: 11 May 2023.",

"AU": [

"Parlikar R.",

"Chhabra H.",

"Selvaraj S.",

"Shivakumar V.",

"Sreeraj V.S.",

"Dinakaran D.",

"Suhas S.",

"Narayanaswamy J.C.",

"Rao N.P.",

"Venkatasubramanian G."

],

"IN": "Venkatasubramanian, Ganesan; ORCID: https://orcid.org/0000-0002-0949-898X",

"AB": "(Parlikar, Chhabra, Selvaraj, Shivakumar, Sreeraj, Dinakaran, Suhas, Narayanaswamy, Rao, Venkatasubramanian) WISER Neuromodulation Program, Department of Psychiatry, National Institute of Mental Health and Neurosciences, Bangalore, India",

"FTURL": "https://www.medrxiv.org/content/10.1101/2023.05.11.23.21247568v1",

"PM": "medRxiv",

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"UI":"37803298",

"TI":"In-person versus online delivery of a behavioral sleep intervention (Sleeping Sound©) for children with ADHD: protocol for a parallel-group, non-inferiority, randomized controlled trial.",

"SO":"BMC Pediatrics. 23(1):502, 2023 10 06.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Malkani MK  
  
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Crichton AJ  
  
Bucks RS  
  
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"MH":"Malkani, Maya K ORCID: http://orcid.org/0000-0001-9507-8529",

"DU":"Malkani, Maya K  
  
Sheridan, Andrew M C  
  
Crichton, Alison J  
  
Bucks, Romola S  
  
Pestell, Carmela F",

"OD":"Malkani, Maya K. School of Psychological Science, University Western Australia, Perth, Australia. maya.malkani@research.uwa.edu.au.  
  
Sheridan, Andrew M C. School of Psychological Science, University Western Australia, Perth, Australia.  
  
Crichton, Alison J. Department of Paediatrics, Monash University, Melbourne, Australia.  
  
Bucks, Romola S. School of Psychological Science, University Western Australia, Perth, Australia.  
  
Bucks, Romola S. School of Population and Global Health, University of Western Australia, Perth, Australia.  
  
Pestell, Carmela F. School of Psychological Science, University Western Australia, Perth, Australia.",

"AB":"Humans  
  
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Child, Preschool  
  
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Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Behavior Therapy/mt [Methods]  
  
Sleep  
  
Parents/px [Psychology]  
  
Sleep Wake Disorders/et [Etiology]  
  
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\*Sleep Wake Disorders  
  
Randomized Controlled Trials as Topic",

"FTURL":"ADHD Children Intervention Online Randomized controlled trial",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Children with Attention-Deficit/Hyperactivity Disorder (ADHD) often experience sleep difficulties such as difficulty initiating and maintaining sleep. Problem sleep may impact children's daily functioning and behaviors and exacerbate ADHD symptoms. Most effective behavioral interventions to improve sleep are conducted in person, limiting accessibility to treatment for individuals in remote or rural communities or those who are unable to attend a clinic. This trial aims to assess the efficacy of delivering an established behavioral intervention online, Sleeping Sound with ADHD©, compared to a face-to-face delivery mode.  
  
METHODS: This parallel group, non-inferiority, randomized controlled trial (RCT) will include at least 68 children, aged 5-12 years old with ADHD. Families of children will be recruited from private developmental and psychological clinics and social media, within the state of Western Australia (WA). Once written informed consent and baseline questionnaires are completed, families are randomized to receive the behavioral intervention either in-person or online via Telehealth services. The intervention targets the assessment and management of reported sleep problems, through two individual consultations and a follow-up phone call with a trained clinician. The sleep outcomes assessed consist of a parent-reported sleep questionnaire and actigraphy.  
  
DISCUSSION: To the best of our knowledge, this is the first RCT to investigate sleep treatment modality for children with ADHD. If effective, clinicians can provide an evidence-based sleep intervention in an accessible manner.  
  
TRIAL REGISTRATION: ANZCTR, ACTRN12621001681842 . Registered 9 December 2021-Retrospectively registered. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

"MV":"nan",

"TN":"Clinical Trial Protocol  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"DB":"Embase",

"UI":"2022075390",

"TI":"Examining the Role of Maternal Religiosity in Offspring Mental Health Using Latent Class Analysis in a UK Prospective Cohort Study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 12 Dec 2022.",

"AU":"Halstead I.  
  
Heron J.  
  
Svob C.  
  
Joinson C.",

"AO":"(Halstead, Joinson) The Centre for Academic Child Health, Population Health Sciences, Bristol Medical School, University of Bristol, Gloucestershire, Bristol BS8 2BN, United Kingdom  
  
(Heron) Population Health Sciences, Bristol Medical School, University of Bristol, Gloucestershire, Bristol BS8 2BN, United Kingdom  
  
(Svob) Department of Psychiatry, Vagelos College of Physicians and Surgeons, Department of Epidemiology, Mailman School of Public Health, Columbia University, Division of Child & Adolescent Psychiatry, New York State Psychiatric Institute, New York, NY, United States",

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"PB":"Agnostic  
  
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"OD":"Background Previous research has examined the role of parental religious belief in offspring mental health, but has revealed inconsistent results, and suffered from a number of limitations. The aim of this study is to examine the prospective relationship between maternal religiosity and offspring mental health and psychosocial outcomes. Methods We used latent classes of religious belief (Highly religious, Moderately religious, Agnostic, Atheist) in mothers from the Avon Longitudinal Study of Parents and Children and examined their association with parent-reported mental health outcomes and self-reported psychosocial outcomes in their children at age 7-8 (n = 6079 for mental health outcomes and n = 5235 for psychosocial outcomes). We used inverse probability weighted multivariable logistic regression analysis adjusted for maternal mental health, adverse childhood experience, and socioeconomic variables. Results There was evidence for a greater risk of internalising problems among the offspring of the Highly religious and Moderately religious classes (e.g. for depression OR = 1.51, 95% CI [1.24,1.77], OR = 1.50, 95% CI [1.26,1.73]), and greater risk of externalising problems in the offspring of the Atheist class (e.g. for ADHD OR = 1.44, 95% CI [1.18,1.71]), compared to the offspring of the Agnostic class. Conclusions These novel findings provide evidence associations between maternal religiosity and offspring mental health differ when examined using a person-centred approach, compared to the previously used variable-centred approaches. Our findings also suggest that differences may exist in the relationship between religious (non)belief and mental health variables when comparing the UK and US.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"UI":"37943296",

"TI":"Pharmacological update of mirtazapine: a narrative literature review. [Review]",

"SO":"Naunyn-Schmiedebergs Archives of Pharmacology. 2023 Nov 09",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Hassanein EHM  
  
Althagafy HS  
  
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"MH":"Hassanein, Emad H M  
  
Althagafy, Hanan S  
  
Baraka, Mohammad A  
  
Abd-Alhameed, Esraa K  
  
Ibrahim, Islam M",

"DU":"Hassanein, Emad H M. Department of Pharmacology and Toxicology, Faculty of Pharmacy, Al-Azhar University, Assiut Branch, Assiut, 71524, Egypt. emadhassanien@azhar.edu.eg.  
  
Althagafy, Hanan S. Department of Biochemistry, Faculty of Science, University of Jeddah, Jeddah, Saudi Arabia.  
  
Baraka, Mohammad A. Faculty of Pharmacy, Al-Azhar University, Assiut Branch, Assiut, 71524, Egypt.  
  
Abd-Alhameed, Esraa K. Department of Pharmacology and Toxicology, Faculty of Pharmacy, Beni-Suef University, Beni-Suef, Egypt.  
  
Ibrahim, Islam M. Department of Pharmacology and Toxicology, Faculty of Pharmacy, Beni-Suef University, Beni-Suef, Egypt.",

"OD":"Mirtazapine (MTZ) is an antidepressant drug with an exceptional pharmacological profile. It also has an excellent safety and tolerability profile. The present review provides a pharmacological update on MTZ and summarizes the research findings of MTZ's effects on different diseases. MTZ is hypothesized to have antidepressant effects because of the synergy between noradrenergic and serotonergic actions and is effective in treating major depressive disorder and depression associated with epilepsy, Alzheimer's disease, stroke, cardiovascular disease, and respiratory disease. In cancer patients, MTZ significantly reduced sadness, nausea, sleep disruption, and pain and improved quality of life. Also, it has promising effects on Parkinson's disease, schizophrenia, dysthymia, social anxiety disorder, alcohol dependency, posttraumatic stress disorder, panic disorder, pain syndromes, obsessive-compulsive disorder, and sleep disorders. Additionally, MTZ is potentially therapeutic in different situations associated with depression, such as liver, kidney, cardiovascular, respiratory, infertility, heavy metal-induced neurotoxicity, and pruritus. Potent antioxidative, anti-inflammatory, and anti-apoptotic bioactivities mediate these promising effects. These positive outcomes of the scientific investigations motivate more and more clinical trials for a golden exceptional antidepressant in different conditions. Copyright © 2023. The Author(s).",

"AB":"Journal Article  
  
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"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Antidepressant CNS disorders Mirtazapine",

"MV":"NOTNLM",

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"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2016898568",

"TI":"A Longitudinal Study of Dominant E. coli Lineages and Antimicrobial Resistance in the Gut of Children Living in an Upper Middle-income Country.",

"SO":"bioRxiv. (no pagination), 2022. Date of Publication: 12 Jan 2022.",

"AU":"Calderon D.  
  
Cardenas P.A.  
  
Prado B.  
  
Graham J.P.  
  
Trueba G.",

"AO":"Cardenas, Paul A. ORCID: https://orcid.org/0000-0001-9626-4489  
  
Trueba, Gabriel ORCID: https://orcid.org/0000-0003-2617-9021",

"IN":"(Calderon, Cardenas, Prado, Trueba) Microbiology Institute, Universidad San Francisco de Quito, Ecuador  
  
(Graham) Environmental Health Sciences Division, University of California, Berkeley, CA, United States",

"PB":"bioRxiv",

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"AB":"The gastrointestinal tract constitutes a complex and diverse ecosystem. Escherichia coli is one of the most frequently studied and characterized species in the gut ecosystem, nevertheless, there has been little research to determine their diversity and population dynamics in the intestines of children over time. In this prospective study, a fresh fecal sample was obtained from children longitudinally over one year (30 fecal samples at sampling period 1 and 22 fecal samples at sampling periods 2 and 3). From each stool sample, five E. coli colonies were randomly selected (n = 405 E. coli isolates total) in order to characterize the genotype and phenotypic antimicrobial resistance patterns. We found that all numerically dominant E. coli lineages in children's intestines were transient colonizers, and antimicrobial resistance phenotypes of these strains varied significantly over time without any apparent selective force. Whole-genome sequencing of 3 isolates belonging to ST131 found in one child during the sampling period I and II indicated that isolates were three different ST 131 clones that carried extended-spectrum beta-lactamase (ESBL) genes.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37700689",

"TI":"Efficacy and safety of ceftazidime/avibactam in patients with infections caused by beta-lactamase-producing Gram-negative pathogens: a pooled analysis from the Phase 3 clinical trial programme.",

"SO":"Journal of Antimicrobial Chemotherapy. 78(11):2672-2682, 2023 11 06.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Torres A  
  
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"MH":"Torres, Antoni ORCID: https://orcid.org/0000-0002-8643-2167  
  
Tawadrous, Margaret ORCID: https://orcid.org/0000-0002-6815-2647  
  
Quintana, Alvaro ORCID: https://orcid.org/0000-0001-8359-9909  
  
Bradford, Patricia A ORCID: https://orcid.org/0000-0002-1285-2978",

"DU":"Torres, Antoni  
  
Wible, Michele  
  
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Irani, Paurus  
  
Stone, Gregory G  
  
Quintana, Alvaro  
  
Debabov, Dmitri  
  
Burroughs, Margaret  
  
Bradford, Patricia A  
  
Kollef, Marin",

"OD":"Torres, Antoni. Servei de Pneumologia, Hospital Clinic, University of Barcelona, Villarroel 170, 08036, Barcelona, Spain.  
  
Wible, Michele. Pfizer, Collegeville, PA, USA.  
  
Tawadrous, Margaret. Hospital Business Unit, Pfizer, Groton, CT, USA.  
  
Irani, Paurus. Hospital Business Unit, Pfizer, Tadworth, Surrey, UK.  
  
Stone, Gregory G. Hospital Business Unit, Pfizer, Groton, CT, USA.  
  
Quintana, Alvaro. Hospital Business Unit, Pfizer, New York, NY, USA.  
  
Debabov, Dmitri. Non-clinical Development Microbiology, AbbVie, Irvine, CA, USA.  
  
Burroughs, Margaret. Global Pharmaceutical R&D, AbbVie, Madison, NJ, USA.  
  
Bradford, Patricia A. Antimicrobial Development Specialists, LLC, Nyack, NY, USA.  
  
Kollef, Marin. Division of Pulmonary & Critical Care Medicine, Institute of Clinical and Translational Sciences, Washington University School of Medicine, St Louis, MO, USA.",

"AB":"nan",

"FTURL":"nan",

"PM":"OBJECTIVES: This post hoc pooled analysis evaluated clinical and microbiological outcomes and safety in patients with infections caused by beta-lactamase-producing Gram-negative pathogens across five Phase 3, randomized, controlled, multicentre trials of ceftazidime/avibactam in adults with complicated intra-abdominal infection (cIAI), complicated urinary tract infection (cUTI)/pyelonephritis and nosocomial pneumonia (NP), including ventilator-associated pneumonia (VAP).  
  
METHODS: In each trial, RECLAIM/RECLAIM 3 (cIAI), REPRISE (cIAI/cUTI), RECAPTURE (cUTI) and REPROVE (NP, including VAP) patients were randomized 1:1 to IV ceftazidime/avibactam (plus metronidazole for patients with cIAI) or comparators (carbapenems in >97% patients) for 5-21 days. Clinical and microbiological responses at the test-of-cure visit were assessed for patients with ESBLs, and/or plasmidic and/or overexpression of chromosomal AmpC, and/or serine carbapenemases without MBLs identified in baseline Gram-negative isolates by phenotypic screening and molecular characterization in the pooled microbiological modified ITT (mMITT) population.  
  
RESULTS: In total, 813 patients (ceftazidime/avibactam, n = 389 comparator, n = 424) had >=1 beta-lactamase-producing baseline pathogen identified, amongst whom 792 patients (ceftazidime/avibactam, n = 379 comparator, n = 413) had no MBLs. The most frequent beta-lactamase-producing pathogens across treatment groups were Escherichia coli (n = 381), Klebsiella pneumoniae (n = 261) and Pseudomonas aeruginosa (n = 53). Clinical cure rates in the pooled non-MBL beta-lactamase-producing mMITT population were 88.1% (334/379) for ceftazidime/avibactam and 88.1% (364/413) for comparators favourable microbiological response rates were 76.5% (290/379) and 68.8% (284/413), respectively. The safety profile of ceftazidime/avibactam was consistent with previous observations.  
  
CONCLUSIONS: This analysis provides supportive evidence of the efficacy and safety of ceftazidime/avibactam in patients with infections caused by ESBLs, AmpC and serine carbapenemase-producing Gram-negative pathogens.  
  
TRIAL REGISTRATION: NCT01499290 NCT01726023 NCT01644643 NCT01595438/NCT01599806 NCT01808092. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of British Society for Antimicrobial Chemotherapy. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.",

"DJ":"Clinical Trial, Phase III  
  
Journal Article  
  
Multicenter Study  
  
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Research Support, Non-U.S. Gov't",

"MV":"2023",

"TN":"Click here for full text options",

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"Disease area":"Multiple myeloma",

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"UI":"37904019",

"TI":"CAR T cell therapy for patients with solid tumours: key lessons to learn and unlearn. [Review]",

"SO":"Nature Reviews Clinical Oncology. 2023 Oct 30",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Albelda SM",

"MH":"Albelda, Steven M",

"DU":"Albelda, Steven M. Center for Cellular Immunotherapies, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA. albelda@pennmedicine.upenn.edu.  
  
Albelda, Steven M. Pulmonary and Critical Care Division, Department of Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA. albelda@pennmedicine.upenn.edu.",

"OD":"nan",

"AB":"nan",

"FTURL":"Chimeric antigen receptor (CAR) T cells have been approved for use in patients with B cell malignancies or relapsed and/or refractory multiple myeloma, yet efficacy against most solid tumours remains elusive. The limited imaging and biopsy data from clinical trials in this setting continues to hinder understanding, necessitating a reliance on imperfect preclinical models. In this Perspective, I re-evaluate current data and suggest potential pathways towards greater success, drawing lessons from the few successful trials testing CAR T cells in patients with solid tumours and the clinical experience with tumour-infiltrating lymphocytes. The most promising approaches include the use of pluripotent stem cells, co-targeting multiple mechanisms of immune evasion, employing multiple co-stimulatory domains, and CAR ligand-targeting vaccines. An alternative strategy focused on administering multiple doses of short-lived CAR T cells in an attempt to pre-empt exhaustion and maintain a functional effector pool should also be considered. Copyright © 2023. Springer Nature Limited.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Albelda, Steven M ORCID: http://orcid.org/0000-0002-6598-3752",

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"TI":"Teclistamab Improves Patient-Reported Symptoms and Health-Related Quality of Life in Relapsed or Refractory Multiple Myeloma: Results From the Phase II MajesTEC-1 Study.",

"SO":"Clinical Lymphoma, Myeloma and Leukemia. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Martin T.G.  
  
Moreau P.  
  
Usmani S.Z.  
  
Garfall A.  
  
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San-Miguel J.F.  
  
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Gries K.S.  
  
van de Donk N.W.C.J.",

"AO":"Rosinol, Laura ORCID: https://orcid.org/0000-0002-2534-9239  
  
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"IN":"(Martin) University of California San Francisco, San Francisco, CA, United States  
  
(Moreau) Hematology Clinic, University Hospital Hotel-Dieu, Nantes, France  
  
(Usmani) Levine Cancer Institute/Atrium Health, Charlotte, NC, United States  
  
(Garfall) Abramson Cancer Center, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, United States  
  
(Mateos) University Hospital of Salamanca/IBSAL/CIC/CIBERONC, Salamanca, Spain  
  
(San-Miguel) Clinica Universidad de Navarra (CCUN), CIMA, CIBERONC, IDISNA, Pamplona, Spain  
  
(Oriol) Institut Catala d'Oncologia and Institut Josep Carreras, Hospital Germans Trias i Pujol, Barcelona, Badalona, Spain  
  
(Nooka) Winship Cancer Institute, Emory University, Atlanta, GA, United States  
  
(Rosinol) Hospital Clinic, IDIBAPS, University of Barcelona, Barcelona, Spain  
  
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"OD":"Introduction: Patients with relapsed or refractory multiple myeloma (RRMM) report significantly lower HRQoL compared with patients with newly diagnosed MM and experience further deterioration in HRQoL with each relapse and subsequent treatment. Therefore, consideration of the impact of treatment on HRQoL in addition to clinical outcomes is vital. Patients and Methods: In the phase I/II MajesTEC-1 (NCT03145181, NCT04557098) study, patients with RRMM who received teclistamab, an off-the-shelf, T-cell redirecting BCMA x CD3 bispecific antibody, had deep and durable responses with manageable safety. HRQoL was assessed using the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire core 30-item and the EuroQol 5 Dimension 5 Level descriptive questionnaire. Changes over time from baseline were measured with a repeated measures mixed-effects model. Proportions of patients with clinically meaningful improvement after starting treatment and time to clinically meaningful worsening were assessed. Result(s): Compliance was maintained throughout the study. Compared with baseline, positive changes were observed for pain, global health status, and emotional functioning with treatment other assessments were largely unchanged from baseline. Post hoc analysis showed patients with deeper clinical response generally reported improved HRQoL outcomes. Following an initial decline in HRQoL in some scales, the proportion of patients reporting clinically meaningful improvements increased, while the proportion reporting clinically meaningful worsening decreased over time. Clinically meaningful improvements in pain were reported in >=40% of patients at most assessment time points. Conclusion(s): These results complement previously reported clinical benefits and support teclistamab as a promising therapeutic option for patients with RRMM.Copyright © 2023",

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"TI":"Generalizable neuromarker for autism spectrum disorder across imaging sites and developmental stages: A multi-site study.",

"SO":"bioRxiv. (no pagination), 2023. Date of Publication: 28 Mar 2023.",

"AU":"Itahashi T.  
  
Yamashita A.  
  
Takahara Y.  
  
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Aoki Y.Y.  
  
Fujino J.  
  
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"IN":"(Itahashi, Aoki, Fujino, Nakamura, Aoki, Ohta, Kato, Hashimoto) Medical Institute of Developmental Disabilities Research, Showa University, Tokyo, Japan  
  
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(Yamashita) RIKEN, Center for Advanced Intelligence Project, Tokyo, Japan",

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"FTURL":"Autism spectrum disorder (ASD) is a lifelong condition, and its underlying biological mechanisms remain elusive. The complexity of various factors, including inter-site and development-related differences, makes it challenging to develop generalizable neuroimaging-based biomarkers for ASD. This study used a large-scale, multi-site dataset of 730 Japanese adults to develop a generalizable neuromarker for ASD across independent sites (U.S., Belgium, and Japan) and different developmental stages (children and adolescents). Our adult ASD neuromarker achieved successful generalization for the US and Belgium adults (area under the curve [AUC] = 0.70) and Japanese adults (AUC = 0.81). The neuromarker demonstrated significant generalization for children (AUC = 0.66) and adolescents (AUC = 0.71 all P<0.05, family-wise-error corrected). We identified 141 functional connections (FCs) important for discriminating individuals with ASD from TDCs. These FCs largely centered on social brain regions such as the amygdala, hippocampus, dorsomedial and ventromedial prefrontal cortices, and temporal cortices. Finally, we mapped schizophrenia (SCZ) and major depressive disorder (MDD) onto the biological axis defined by the neuromarker and explored the biological continuity of ASD with SCZ and MDD. We observed that SCZ, but not MDD, was located proximate to ASD on the biological dimension defined by the ASD neuromarker. The successful generalization in multifarious datasets and the observed relations of ASD with SCZ on the biological dimensions provide new insights for a deeper understanding of ASD.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37848887",

"TI":"Effects of one single-dose methylphenidate compared to one single-dose placebo on QbTest performance in adults with untreated ADHD: a randomized controlled trial.",

"SO":"BMC Psychiatry. 23(1):762, 2023 10 17.",

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Ostlund, Mona  
  
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"OD":"Jansson, Lennart. Psychiatric Clinic, Region Vastmanland, 721 89, Vasteras, Sweden.  
  
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Lohman, Monica. Centre for Clinical Research, Uppsala University, Vasteras, Sweden.  
  
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Ostlund, Mona. Centre for Clinical Research, Uppsala University, Vasteras, Sweden.  
  
Domingo, Blanca. Psychiatric Clinic, Region Vastmanland, 721 89, Vasteras, Sweden. blanca.domingo.arnaiz@regionvastmanland.se.  
  
Domingo, Blanca. Centre for Clinical Research, Uppsala University, Vasteras, Sweden. blanca.domingo.arnaiz@regionvastmanland.se.",

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"FTURL":"ADHD Adult Continuous performance tests (CPT) Methylphenidate Placebo Randomized trial",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Treatment of adults with attention-deficit/hyperactivity disorder (ADHD) primary involves methylphenidate (MPH). Earlier studies have identified placebo responders to increase toward the end of the treatment periods. However, little is known about the immediate effects of placebo on the core symptoms of ADHD in adults. The present study aimed to examine the effects of one single-dose MPH compared to one single-dose placebo during clinical assessments with continuous performance tests (CPT).  
  
METHODS: In a randomized study with cross-over design, 40 adults between 19 and 64 years (72.5% women) with untreated ADHD were consecutively enrolled. The study comprised two trial days with four days in between. The QbTest was performed twice on the same day, before and 80 min after intake of one single-dose 20 mg immediate release methylphenidate (IR-MPH) and with one single-dose placebo, in randomized order.  
  
RESULTS: Performance improved in QbInattention, F (3, 117) = 38.25, p < 0.001, after given IR-MPH (mean diff = 1.14) and after placebo (mean diff = 0.60) with the effect sizes 1.17 and 0.63 respectively. IR-MPH improved performance in QbActivity (mean diff = 0.81, p < 0.001) and QbImpulsivity (mean diff = 0.46, p < 0.04). The proportion of improvements (a decrease by >= 0.5 Qb-score) in the parameters QbInattention, QbActivity and QbImpulsivity were 90%, 60% and 52.5%, respectively. After given placebo, corresponding proportions were 60%, 30% and 35%, respectively.  
  
CONCLUSIONS: There seems to be an immediate placebo response in the core symptom inattention. The effect of placebo cannot be ruled out and must be taken in consideration during drug trials with continuous performance tests (CPTs).  
  
TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT02473185. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
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"TI":"Body mass index and childhood symptoms of depression, anxiety, and attention-deficit hyperactivity disorder: a within-family Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 22 Sep 2021.",

"AU":"Hughes A.M.  
  
Sanderson E.  
  
Morris T.  
  
Ayorech Z.  
  
Tesli M.  
  
Ask H.  
  
Reichborn-Kjennerud T.  
  
Andreassen O.A.  
  
Magnus P.  
  
Helgeland O.  
  
Johansson S.  
  
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Havdahl A.  
  
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"AO":"(Hughes, Sanderson, Morris, Smith, Havdahl, Howe, Davies) Medical Research Council Integrative Epidemiology Unit, University of Bristol BS8 2BN, United Kingdom  
  
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"OD":"Background: Higher BMI in childhood is associated with emotional and behavioural problems, but these associations may not be causal. Results of previous genetic studies imply causal effects but may reflect influence of demography and the family environment. Method(s): This study used data on 40,949 8-year-old children and their parents from the Norwegian Mother, Father and Child Cohort Study (MoBa) and Medical Birth Registry of Norway (MBRN). We investigated the impact of BMI on symptoms of depression, anxiety, and attention-deficit hyperactivity disorder (ADHD) at age 8. We applied within-family Mendelian randomization, which accounts for familial effects by controlling for parental genotype. Result(s): Within-family Mendelian randomization estimates using genetic variants associated with BMI in adults suggested that a child's own BMI increased their depressive symptoms (per 5kg/m2 increase in BMI, beta=0.26 S.D., CI=-0.01,0.52, p=0.06) and ADHD symptoms (beta= 0.38 S.D., CI=0.09,0.63, p=0.009). These estimates also suggested maternal BMI, or related factors, may independently affect a child's depressive symptoms (per 5kg/m2 increase in maternal BMI, beta=0.11 S.D., CI:0.02,0.09, p=0.01). However, within-family Mendelian randomization using genetic variants associated with retrospectively-reported childhood body size did not support an impact of BMI on these outcomes. There was little evidence from any estimate that the parents' BMI affected the child's ADHD symptoms, or that the child's or parents' BMI affected the child's anxiety symptoms. Conclusion(s): We found inconsistent evidence that a child's BMI affected their depressive and ADHD symptoms, and little evidence that a child's BMI affected their anxiety symptoms. There was limited evidence of an influence of parents' BMI. Genetic studies in samples of unrelated individuals, or using genetic variants associated with adult BMI, may have overestimated the causal effects of a child's own BMI. Funding(s): This research was funded by the Health Foundation. It is part of the HARVEST collaboration, supported by the Research Council of Norway. Individual co-author funding: the European Research Council, the South-Eastern Norway Regional Health Authority, the Research Council of Norway, Helse Vest, the Novo Nordisk Foundation, the University of Bergen, the South-Eastern Norway Regional Health Authority, the Trond Mohn Foundation, the Western Norway Regional Health Authority, the Norwegian Diabetes Association, the UK Medical Research Council. The Medical Research Council (MRC) and the University of Bristol support the MRC Integrative Epidemiology Unit.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

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"UI":"37929893",

"TI":"Targeted Treatment of Schizophrenia Symptoms as They Manifest, or Continuous Treatment to Reduce the Risk of Psychosis Recurrence.",

"SO":"Schizophrenia Bulletin. 2023 Oct 31",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Davidson M  
  
Carpenter WT Jr",

"MH":"Davidson, Michael  
  
Carpenter, William T Jr",

"DU":"Davidson, Michael. Department of Basic and Clinical Sciences, Psychiatry, University of Nicosia Medical School, 2414, Nicosia, Cyprus and Minerva Neurosciences, 1500 District Avenue, Burlington, MA 01803, USA.  
  
Carpenter, William T Jr. University of Maryland School of Medicine, Department of Psychiatry, Maryland Psychiatric Research Center, Baltimore, MD, USA.",

"OD":"Current pharmacological treatment of schizophrenia employs drugs that interfere with dopamine neurotransmission, aiming to suppress acute exacerbation of psychosis and maintenance treatment to reduce the risk of psychosis recurrence. According to this treatment scheme, available psychotropic drugs intended to treat negative symptoms, cognitive impairment, or anxiety are administered as add-ons to treatment with antipsychotics. However, an alternative treatment scheme proposes a targeted or intermittent treatment approach, by which antipsychotic drugs are administered upon psychosis exacerbation and discontinued upon remission or stabilization, while negative symptoms, cognitive impairment, or anxiety are treated with specific psychotropics as monotherapy. Along these lines, antipsychotics are renewed only in the event of recurrence of psychotic symptoms. This 50-year-old debate between targeted and continuous treatment schemes arises from disagreements about interpreting scientific evidence and discordant views regarding benefit/risk assessment. Among the debate's questions are: (1) what is the percentage of individuals who can maintain stability without antipsychotic maintenance treatment, and what is the percentage of those who exacerbate despite antipsychotic treatment? (2) how to interpret results of placebo-controlled 9- to 18-month-long maintenance trials in a life-long chronic disorder, and how to interpret results of the targeted trials, some of which are open label or not randomized (3) how to weigh the decreased risk for psychotic recurrence vs the almost certainty of adverse effects on patient's quality of life. Patients' profiles, preferences, and circumstances of the care provision should be considered as the targeted vs continuous treatment options are considered. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center.",

"AB":"Journal Article",

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"PM":"Click here for full text options",

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"AO":"De Vries, Christiaan R. ORCID: https://orcid.org/0000-0002-4667-5973  
  
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Banaei, Niaz ORCID: https://orcid.org/0000-0001-8501-3000",

"IN":"(Bach, De Vries, Khosravi, Sweere, Popescu, Van Belleghem, Kaber, Liu, Tran, Dharmaraj, Birukova, Sunkari, Nedelec, Bollyky) Division of Infectious Diseases and Geographic Medicine, Department of Medicine, Stanford University, Stanford, CA, United States  
  
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(Secor) University of Montana, Missoula, MT, United States  
  
(Suh) Division of Infectious Diseases, Mayo Clinic, Rochester, MN, United States",

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Souli, Maria  
  
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Bonomo, Robert A  
  
Doi, Yohei",

"OD":"Satlin, Michael J. Department of Pathology and Laboratory Medicine, Weill Cornell Medicine, New York, New York, USA.  
  
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Bonomo, Robert A. Research Service, Louis Stokes Cleveland Veterans Affairs Medical Center, Cleveland, Ohio, USA.  
  
Doi, Yohei. Division of Infectious Diseases, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA.  
  
Doi, Yohei. Departments of Microbiology and Infectious Diseases, Fujita Health University School of Medicine, Aichi, Japan.",

"AB":"antimicrobial resistance clinical trials gram-negative interventional studies observational studies",

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Research Support, N.I.H., Extramural",

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"SO":"Journal of Cancer Education. 2023 Oct 24",

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Romero, Martha",

"DU":"Guio, Juan. Center of Excellence for Multiple Myeloma, Hospital Universitario Fundacion Santa Fe de Bogota, Bogota, Colombia.  
  
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Romero, Martha. Department of Pathology and Laboratory, Hospital Universitario Fundacion Santa Fe de Bogota, Bogota, Colombia. martha.romero@fsfb.org.co.",

"OD":"Digital education program Medication adherence Multiple myeloma Quality of life",

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"FTURL":"Multiple myeloma, the second most common hematologic malignancy worldwide, is an aggressive disease with high morbidity and mortality rates. Although myeloma remains incurable, new treatments have improved patients' life expectancy and quality of life. However, as these therapies are administered for prolonged and often indefinite periods, their success depends on high treatment adherence and significant patient engagement. This study aimed to evaluate the impact of a novel digital educational strategy on treatment adherence, quality of life, and the development of complications in patients with newly diagnosed myeloma. To this end, a two-arm, randomized, prospective, double-blind study was conducted to compare the conventional educational approach alone or combined with the novel digital strategy. This strategy was based on some principles of the Persuasive Systems Design model and incorporated the educational recommendations of patients and caregivers. Compared to the control group that only received information through the conventional educational approach, patients randomized to the digital strategy showed significantly higher treatment adherence and quality of life, associated with increased functionality and rapid reincorporation into daily routines. The digital strategy empowered patients and caregivers to understand the disease and therapeutic options and helped patients recall treatment information and implement healthy lifestyle habits. These results support that patient-targeted educational strategies can positively influence treatment adherence and thus improve their quality of life. Copyright © 2023. The Author(s) under exclusive licence to American Association for Cancer Education.",

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"DJ":"2023",

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"TN":"Guio, Juan ORCID: http://orcid.org/0000-0003-0235-3195  
  
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"TI":"Serum IL-17 and TNFalpha as prognostic biomarkers in systemic sclerosis patients: a prospective study.",

"SO":"Rheumatology International. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Kosalka-Wegiel J.  
  
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"IN":"(Kosalka-Wegiel, Milewski, Kuszmiersz, Matyja-Bednarczyk, Siwiec-Kozlik, Wach, Bazan-Socha, Korkosz) Rheumatology and Immunology Clinical Department, University Hospital, Krakow, Poland  
  
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"OD":"Recent reports have demonstrated that endothelial injury is critical in the pathogenesis of systemic sclerosis (SSc) and is associated with increased levels of circulating inflammatory biomarkers. This study aims to analyze the serum concentrations of selected cytokines and evaluate their relationship with SSc clinics and the long-term course of the disease. This study included 43 SSc patients and 24 matched healthy controls. In both groups, we measured serum levels of inflammatory cytokines related to the inflammatory response, such as tumor necrosis factor (TNF)alpha, interferon (IFN)gamma, interleukin (IL)-4, IL-6, IL-10, and IL-17, and fibroblast activation protein (FAP). Additionally, in SSc patients, we evaluated the presence of four single nucleotide polymorphisms (SNPs) located in the promotor region of the TNFA gene, namely rs361525, rs1800629, rs1799964, and rs1799724, which might be related to increased TNFalpha concentrations. The main aim consisted of associating inflammatory cytokines with (1) clinical disease characteristics and (2) longitudinal observation of survival and cancer prevalence. SSc patients were characterized by a 17% increase in serum TNFalpha. There was no other difference in serum cytokines between the studied groups and diffuse vs. limited SSc patients. As expected, evaluated serum cytokines correlated with inflammatory biomarkers (e.g., IL-6 and C-reactive protein). Interestingly, patients with higher IL-17 had decreased left ventricle ejection fraction. During the median 5-year follow-up, we recorded four cases of neoplastic diseases (lung cancer in two cases, squamous cell carcinoma of unknown origin, and breast cancer with concomitant multiple myeloma) and nine deaths. The causes of death included lung cancer (n = 2), renal crisis (n = 1), multiple-organ failure (n = 1), and unknown reasons in five cases. Surprisingly, higher TNFalpha was associated with an increased cancer prevalence, while elevated IL-17 with death risk in the follow-up. Furthermore, the AG rs361525 genotype referred to higher TNFalpha levels than GG carriers. Both AG rs361525 and CT rs1799964 genotypes were associated with increased cancer risk. Higher serum concentrations of TNFalpha characterize the SSc patients, with the highest values associated with cancer. On the other hand, increased IL-17 in peripheral blood might predict poor SSc prognosis. Further research is needed to validate these findings.Copyright © 2023, The Author(s).",

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"TI":"Efficacy and Tolerability of Lesion Network Guided Transcranial Electrical Stimulation in Outpatients with Psychosis Spectrum Illness: A Nonrandomized Controlled Trial.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 03 Apr 2023.",

"AU":"Raymond N.  
  
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"IN":"(Raymond, Trotti, Hegde, Bannai, Gandu, Keshavan, Lizano) Department of Psychiatry, Beth Israel Deaconess Medical Center, Boston, MA, United States  
  
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"FTURL":"Importance: Transcranial electrical stimulation (tES) may improve psychosis symptoms, but few investigations have targeted brain regions causally linked to psychosis symptoms. We implemented a novel montage targeting the extrastriate visual cortex (eVC) previously identified by lesion network mapping in the manifestation of visual hallucinations. Objective(s): To determine if lesion network guided HD-tES to the eVC is safe and efficacious in reducing symptoms related to psychosis. Design, Setting, and Participant(s): Single-center, nonrandomized, single-blind trial using a crossover design conducted in two 4-week phases beginning November 2020, and ending January 2022. Participants were adults 18-55 years of age with a diagnosis of schizophrenia, schizoaffective or psychotic bipolar disorder as confirmed by the Structured Clinical Interview for DSM-V, without an antipsychotic medication change for at least 4 weeks. A total of 8 participants consented and 6 participants enrolled. Significance threshold set to <0.1 due to small sample size. Intervention(s): 6 Participants first received HD-tDCS (direct current), followed by 4 weeks of wash out, then 4 received 2Hz HD-tACS (alternating current). Participants received 5 consecutive days of daily (2 x 20min) stimulation applied bilaterally to the eVC. Main Outcomes and Measures: Primary outcomes included the Positive and Negative Syndrome Scale (PANSS) total, positive, negative, and general scores, biological motion task, and Event Related Potential (ERP) measures obtained from a steady state visual evoked potential (SSVEP) task across each 4-week phase. Secondary outcomes included the Montgomery-Asperg Depression Rating Scale (MADRS), Global Assessment of Functioning (GAF), velocity discrimination task, visual working memory task, and emotional ERP across each 4-week phase. Result(s): HD-tDCS improved general psychopathology in the short-term (d=0.47 pfdr=0.03), with long-term improvements in general psychopathology (d=0.62 pfdr=0.05) and GAF (d=-0.56 pfdr=0.04) with HD-tACS. HD-tDCS reduced SSVEP P1 (d=0.25 pfdr=0.005), which correlated with general psychopathology (beta=0.274, t=3.59, p=0.04). No significant differences in safety or tolerability measures were identified. Conclusions and Relevance: Lesion network guided HD-tES to the eVC is a safe, efficacious, and promising approach for reducing general psychopathology via changes in neuroplasticity. These results highlight the need for larger clinical trials implementing novel targeting methodologies for the treatments of psychosis.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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METHODS: We examined differences in cortical thickness (CT) and surface area (SA) and their genomic associations in a sample of 533 individuals from the Longitudinal European Autism Project. Using a general linear model including main effects of autism and ADHD, and an ASD-by-ADHD interaction, we examined to which degree ADHD modulates the autism-related neuroanatomy. Further, leveraging the spatial gene expression data of the Allen Human Brain Atlas, we identified genes whose spatial expression patterns resemble our neuroimaging findings.  
  
RESULTS: In addition to significant main effects for ASD and ADHD in fronto-temporal, limbic, and occipital regions, we observed a significant ASD-by-ADHD interaction in the left precentral gyrus and the right frontal gyrus for measures of CT and SA, respectively. Moreover, individuals with ASD + ADHD differed in CT to those without. Both main effects and the interaction were enriched for ASD-but not for ADHD-related genes.  
  
LIMITATIONS: Although we employed a multicenter design to overcome single-site recruitment limitations, our sample size of N = 25 individuals in the ADHD only group is relatively small compared to the other subgroups, which limits the generalizability of the results. Also, we assigned subjects into ADHD positive groupings according to the DSM-5 rating scale. While this is sufficient for obtaining a research diagnosis of ADHD, our approach did not take into account for how long the symptoms have been present, which is typically considered when assessing ADHD in the clinical setting.  
  
CONCLUSION: Thus, our findings suggest that the neuroanatomy of ASD is significantly modulated by ADHD, and that autistic individuals with co-occurring ADHD may have specific neuroanatomical underpinnings potentially mediated by atypical gene expression. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

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"AO":"(Dagnino, Braboszcz, Kroupi, Soria-Frisch) Starlab Barcelona SL, Neuroscience BU, Av Tibidabo 47 bis, Barcelona, Spain  
  
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"OD":"Transcranial Direct Current Stimulation (tDCS) is a non-invasive neuromodulation technique with a wide variety of applications in both the clinical and cognitive psychology domains. As increasingly acknowledged, its effectiveness is subject dependent, which may lead to timely and costly treatments with ineffective results if this variability is not taken into account. We propose the usage of electroencephalography (EEG) for the analysis and prediction of individual responses to tDCS. In this context the application of machine learning can be of enormous help. We analysed resting-state EEG activity to identify subgroups of participants with an homogeneous electrophysiological profile and their response to different tDCS interventions. The study described herein, which focuses on healthy controls, was conducted within a clinical trial for the development of treatments based on tDCS for age-matched children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). We have studied a randomized, double-blind, sham-controlled tDCS intervention in 56 healthy children and adolescents aged 10-17, applied in 2 parallel groups over 2 target regions, namely left Dorsolateral Prefrontal Cortex (lDLPFC) and right Inferior Frontal Gyrus (rIFG). Cognitive behavioural tasks were used to both activate particular brain areas during the stimulation and to assess the impact of the intervention afterwards. We have implemented an unsupervised learning approach to stratify participants based on their resting-state EEG spectral features before the tDCS application. We have then applied a correlational analysis to identify EEG profiles associated with tDCS subject response to the specific stimulation sites and the presence or not of concurrent tasks during the intervention. In the results we found specific digital electrophysiological profiles that can be associated to a positive response, whereas subjects with other profiles respond negatively or do not respond to the intervention. Findings suggest that unsupervised machine learning procedures, when associated with proper visualization features, can be successfully used to interpret and eventually to predict responses of individuals to tDCS treatment.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"OD":"BACKGROUND AND HYPOTHESIS: Obesity is a common comorbidity in individuals with schizophrenia and is associated with poor clinical outcomes. At present, there are limited effective approaches for addressing this issue. We conducted a double-blind, randomized, sham-controlled clinical trial to investigate the efficacy of noninvasive magnetic stimulation techniques in reducing obesity in individuals with schizophrenia.  
  
STUDY DESIGN: Forty overweight individuals with schizophrenia were recruited and randomly assigned to receive either the active or sham intervention. The active group received 50 accelerated continuous theta burst stimulation (cTBS) sessions over the left primary motor area (M1), while the sham group received sham stimulation. The primary outcomes were the change in body weight and body mass index (BMI), and the secondary outcomes were the psychiatric symptoms, eating behavior scales, metabolic measures, and electrophysiological to food picture stimuli.  
  
STUDY RESULTS: The study demonstrated a significant decrease in body weight and BMI after the intervention selectively in the active group (mean = -1.33 kg, P = .002), and this improvement remained at the 1-month follow-up (mean = -2.02 kg, P = .008). The score on the Barratt Impulsivity Scale (mean = -1.78, P = 0.036) decreased in the active group and mediated the effect of accelerated cTBS on body weight. In the food picture cue electroencephalograph task, the late positive potential component, which is related to motivated attention and emotional processing, decreased in frontal brain regions and increased in posterior regions after the active intervention.  
  
CONCLUSIONS: The accelerated cTBS may offer a promising approach for treating obesity in individuals with schizophrenia. Further research with a larger sample size or individualized stimulation protocol should be promising.  
  
TRIAL REGISTRATION: Clinical trial registered with clinicaltrials.gov (NCT05086133). Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center. All rights reserved. For permissions, please email: journals.permissions@oup.com.",

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"AB":"INTRODUCTION: The recommended therapeutic target for cefepime (FEP) is the time above MIC (fT>MIC). The frequency of target attainment and risk factors for sub-therapeutic concentrations in children have not been extensively studied. METHOD(S): We performed a prospective observational pilot study in children in our PICU receiving standard dosing of FEP for suspected sepsis (>=2 SIRS criteria). Three FEP concentrations were measured per subject and a urine sample was collected prior to PK sampling for measurement of urinary biomarkers. We used log linear regression to calculate the fT>MIC for each subject across a range of MIC values (1-16 microg/mL). We compared clinical factors/biomarkers between patients who did and did not achieve 100% fT>MIC for 8 microg/mL (cut-point for Pseudomonas) and tested the correlation between covariates and FEP troughs. RESULT(S): 21 subjects were enrolled (median SIRS criteria: 3). PK sampling occurred after a median of 5 doses (range: 3-9). 43% of subjects achieved 100% fT>MIC for an MIC of 8 microg/mL. Younger age (p=.005), higher estimated GFR (p=.03), and lower urinary NGAL (p=.006) and KIM-1 (.03) were associated with failure to attain 100% fT>8 microg/mL. Age (r = 0.53), eGFR (r = - 0.58), urinary NGAL (r = 0.42) and KIM-1 (r = 0.50) were significantly correlated with FEP troughs. CONCLUSION(S): A significant proportion of critically ill children failed to attain target concentrations for treatment of Pseudomonas aeruginosa with FEP. Younger patients and those with good kidney function (high GFR, low urinary biomarkers) may be at highest risk for subtherapeutic FEP concentrations.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"SO":"Journal of Antimicrobial Chemotherapy. 78(11):2752-2761, 2023 11 06.",

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"OD":"Piccica, Matteo. Department of Experimental and Clinical Medicine, University of Florence, Florence, Italy.  
  
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Bartoloni, Alessandro. Department of Experimental and Clinical Medicine, University of Florence, Florence, Italy.  
  
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"PM":"BACKGROUND: Cefiderocol is a novel siderophore cephalosporin with promising activity against most carbapenem-resistant Gram-negative bacteria (CRGNB). However, extensive postmarketing experiences are lacking. This study aimed to analyse the early experience on cefiderocol postmarketing use at three tertiary care hospitals in Italy.  
  
METHODS: We retrospectively included patients with infections caused by CRGNB treated with cefiderocol at three Italian tertiary care hospitals from 1 March 2021 to 30 June 2022. A multivariate Cox model was used to identify predictors of 30 day mortality. A propensity score (PS) analysis with inverse probability weighting (IPW) was also performed to compare the treatment effect of cefiderocol monotherapy (CM) versus combination regimens (CCRs).  
  
RESULTS: The cohort included 142 patients (72% male, median age 67 years, with 89 cases of Acinetobacter baumannii infection, 22 cases of Klebsiella pneumoniae, 27 cases of Pseudomonas aeruginosa and 4 of other pathogens). The 30 day all-cause mortality was 37% (52/142). We found no association between bacterial species and mortality. In multivariate analysis, a Charlson Comorbidity Index >3 was an independent predictor of mortality (HR 5.02, 95% CI 2.37-10.66, P < 0.001). In contrast, polymicrobial infection (HR 0.41, 95% CI 0.21-0.82, P < 0.05) was associated with lower mortality. There was no significant difference in mortality between patients receiving CM (n = 70) and those receiving a CCR (n = 72) (33% versus 40%, respectively), even when adjusted for IPW-PS (HR 1.11, 95% CI 0.63-1.96, P = 0.71).  
  
CONCLUSIONS: Real-life data confirm that cefiderocol is a promising option against carbapenem-resistant Gram-negative infections, even as monotherapy. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of British Society for Antimicrobial Chemotherapy.",

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"FTURL":"UNLABELLED: What Is the CADTH Reimbursement Recommendation for Sarclisa? CADTH recommends that Sarclisa be reimbursed by public drug plans for the treatment of relapsed or refractory multiple myeloma (MM) if certain conditions are met. Which Patients Are Eligible for Coverage? Sarclisa should only be covered for adult patients who have relapsed or refractory MM and who have received 1 to 3 prior treatments. Patients should show the presence of a marker called M protein in their blood or in urine and have good Performance Status. Patients must not have already had treatment with an anti-CD38 monoclonal antibody (mAb) (a type of drug that includes Sarclisa and similar medications), must not be resistant to treatment with carfilzomib (another drug used for MM), and must have acceptable heart function. To be effective, Sarclisa should be combined with carfilzomib and dexamethasone. What Are the Conditions for Reimbursement? Sarclisa should only be reimbursed if it is prescribed by physicians with expertise and experience in managing MM and if the cost of Sarclisa is reduced. Why Did CADTH Make This Recommendation? Evidence from a clinical trial suggested that Sarclisa delayed progression of MM when added to a commonly used regimen of 2 other drugs for multiple myeloma. Sarclisa meets patient needs of improving disease control by achieving longer remission and by having manageable side effects. Based on CADTH's assessment of the health economic evidence, Sarclisa does not represent good value to the health care system at the public list price. A 100% price reduction of Sarclisa is not sufficient to achieve good value unless the price plans pay for carfilzomib, which has to be given in combination with Sarclisa, is also 61% lower than its list price. Over 3 years Sarclisa is expected to increase drug costs to the public drug plans by more than $117,000,000.  
  
ADDITIONAL INFORMATION: What is Multiple Myeloma? MM is a cancer of plasma cells (the white blood cells that make antibodies) that is more common in older adults and accounts for 10% to 15% of all blood cancers. Many patients do not respond to initial treatments and their disease will relapse, so they will need to try many different treatments. Unmet Needs in Multiple Myeloma Treatments that are better at controlling disease and are less toxic are needed. There is a particular need for patients who are resistant to treatment as prognosis tends to be poor in these patients. How Much Does Sarclisa Cost? Treatment with Sarclisa is expected to cost approximately $12,126 per 28-day cycle (initial cycle = $24,253). When used in combination with carfilzomib and dexamethasone, treatment is expected to cost $27,472 per 28-day cycle (initial cycle = $36,532). Copyright © 2022 Canadian Agency for Drugs and Technologies in Health.",

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"TI":"Real world data on outcomes of anti-CD38 antibody treated, including triple class refractory, patients with multiple myeloma: a multi-institutional report from the Canadian Myeloma Research Group (CMRG) Database.",

"SO":"Blood Cancer Journal. 13(1) (no pagination), 2023. Article Number: 181. Date of Publication: December 2023.",

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"IN":"(Visram, McCurdy) Department of Medicine, The Ottawa Hospital, The Ottawa Hospital Research Institute, Ottawa, ON, Canada  
  
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(Venner) BC Cancer - Vancouver Centre, Lymphoma and Myeloma Program, University of British Columbia, Vancouver, BC, Canada  
  
(Kaedbey) Segal Cancer Centre, Jewish General Hospital, McGill University, Montreal, Montreal, QC, Canada",

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"OD":"Multiple myeloma (MM) remains incurable despite the availability of novel agents. This multi-center retrospective cohort study used the Canadian Myeloma Research Group Database to describe real-world outcomes of patients withanti-CD38 monoclonal antibody (mAb) refractory MM subsequently treated with standard of care (SoC) regimens. Patients with triple class refractory (TCR) disease (refractory to a proteasome inhibitor, immunomodulatory drug, and anti-CD38 mAb) were examined as a distinct cohort. Overall, 663 patients had disease progression on anti-CD38 mAb therapy, 466 received further treatment (346 with SoC regimens were included, 120 with investigational agents on clinical trial and were excluded). The median age at initiation of subsequent SoC therapy of 67.9 (range 39.6-89.6) years with a median of 3 prior lines (range 1-9). The median PFS and OS from the start of subsequent therapy was 4.6 (95% CI 4.1-5.6) months and 13.3 (95% CI 10.6-16.6) months, respectively. The median PFS and OS of patients with TCR disease (n = 199) was 4.4 (95% CI 3.6-5.3) months and 10.5 (95% CI 8.5-13.8) months. Our results reinforce that real-world patients with relapsed MM, particularly those with TCR disease, have dismal outcomes. There remains an urgent unmet need for the development of and access to effective therapeutics for these patients.Copyright © 2023, The Author(s).",

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"IN":"(Chopra, Segal, Oldham, Holmes, Sabaroedin, Orchard, Tiego, Bellgrove, Fornito) Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Clayton, Australia  
  
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"FTURL":"Importance: Psychotic illness is associated with anatomically distributed grey matter reductions that can worsen with illness progression, but the mechanisms underlying the specific spatial patterning of these changes is unknown. Objective(s): To test the hypothesis that brain network architecture constrains cross-sectional and longitudinal grey matter alterations across different stages of psychotic illness and to identify whether certain brain regions act as putative epicentres from which volume loss spreads. Design, Settings, Participants: This study included 534 individuals from 4 cohorts, spanning early and late stages of psychotic illness. Early-stage cohorts included patients with antipsychotic-naive first episode psychosis (N=59) and a group of medicated patients within 3 years of psychosis onset (N=121). Late-stage cohorts comprised two independent samples of people with established schizophrenia (N=136 in total). Each patient group had a corresponding matched control group (N=218 in total). A further independent sample of healthy adults (N=346) was used to derive representative structural and functional brain networks for modelling of network-based spreading processes. We additionally examined longitudinal illness-related and antipsychotic-related grey matter changes over 3 and 12 months using a triple-blind randomised placebo-control MRI study of the antipsychotic-naive patients. All data were collected between April 2008 and January 2020, and analyses were performed between March 2021 and January 2023. Main Outcomes and Measures: We used coordinated deformation models to predict the extent of grey matter volume change in each of 332 parcellated areas by the volume changes observed in areas to which they were structurally or functionally coupled. To identify putative epicentres of volume loss, we used a network diffusion model to simulate the spread of pathology from different seed regions. Correlations between predicted and empirical spatial patterns of grey matter volume alterations were used to quantify model performance. Result(s): In both early and late stages of illness, spatial patterns of cross-sectional volume differences between patients and controls were more accurately predicted by coordinated deformation models constrained by structural, rather than functional, network architecture (. 46 < r < .57 p < .001). The same model also robustly predicted longitudinal volume changes related to illness (r > 52 p < .001) and antipsychotic exposure (r > .50 p < .001). Diffusion modelling consistently identified, across all four datasets, the anterior hippocampus as a putative epicentre of pathological spread in psychosis (all p < .05). Epicentres of longitudinal grey matter loss were apparent posteriorly early in the illness and shifted anteriorly to prefrontal cortex with illness progression. Conclusion and Relevance: Our findings highlight a robust and central role for white matter fibres as conduits for the spread of pathology across different stages of psychotic illness, mirroring findings reported in neurodegenerative conditions. The structural connectome thus represents a fundamental constraint on brain changes in psychosis, regardless of whether these changes are caused by illness or medication. Moreover, the anterior hippocampus represents a putative epicentre of early brain pathology from which dysfunction may spread to affect connected areas.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"OD":"Lindvall, Mialinn Arvidsson. University Health Care Research Centre, Faculty of Medicine and Health, Orebro University, Orebro, 70182, SE, Sweden. mialinn.arvidsson-lindvall@oru.se.  
  
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"AB":"Adolescent  
  
Child  
  
Adult  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Quality of Life  
  
\*Occupational Therapy  
  
Anxiety Disorders  
  
Exercise  
  
Randomized Controlled Trials as Topic",

"FTURL":"ADHD Cognitive support Intervention Physical activity RCT",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Core symptoms in attention deficit hyperactivity disorder (ADHD) are inattention, impulsivity and hyperactivity. Many individuals with this disorder also have a sedentary lifestyle, co-morbid mental illness such as depressive and anxiety disorders, and reduced quality of life. People with ADHD often have impaired executive function, which among other things may include difficulty in time management and structuring of everyday life. Pharmacological treatment is often the first-line option, but non-pharmacological treatment is also available and is used in clinical settings. In children and adolescents with ADHD, physical exercise is used as a non-pharmacological treatment. However, the evidence for the effectiveness of exercise in adults is sparse.  
  
OBJECTIVE: To implement the START intervention (START = Stod i Aktivitet, Rorelse och Traning [Support in activity, movement and exercise]) consisting of a 12-week, structured mixed exercise programme with or without a cognitive intervention, in adults with ADHD, and study whether it has an effect on core symptoms of ADHD as well as physical, cognitive, mental and everyday functioning compared with usual treatment. A secondary aim is to investigate the participants' experiences of the intervention and its possible benefits, and to evaluate the cost-effectiveness of START compared with usual treatment.  
  
METHODS: This is a randomized controlled trial planned to be conducted in 120 adults with ADHD, aged 18-65. The intervention will be given as an add-on to standard care. Participants will be randomized to three groups. Group 1 will be given a physiotherapist-led mixed exercise programme for 12 weeks. Group 2 will receive the same intervention as group 1 with the addition of occupational therapist-led cognitive skills training. Group 3 will be the control group who will receive standard care only. The primary outcome will be reduction of ADHD symptoms measured using the World Health Organization (WHO) Adult ADHD Self-Report Scale (ASRS-v1.1), Clinical Global Impression-Severity scale (CGI-S) and CGI-Improvement scale (CGI-I). The effect will be measured within 1 week after the end of the intervention and 6 and 12 months later.  
  
DISCUSSION: Data collection began in March 2021. The final 12-month follow-up is anticipated to be completed by autumn 2024.  
  
TRIAL REGISTRATION: ClinicalTrials.gov (Identifier: NCT05049239). Registered on 20 September 2021 (last verified: May 2021). Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

"MV":"nan",

"TN":"Clinical Trial Protocol  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2020587230",

"TI":"Genetic influences on the shape of brain ventricular and subcortical structures.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 27 Sep 2022.",

"AU":"Zhao B.  
  
Li T.  
  
Yang X.  
  
Shu J.  
  
Wang X.  
  
Luo T.  
  
Yang Y.  
  
Wu Z.  
  
Fan Z.  
  
Jiang Z.  
  
Chen J.  
  
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Xiong D.  
  
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Guan W.  
  
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controlled study  
  
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\*genome-wide association study  
  
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"OD":"Brain ventricular and subcortical structures are heritable both in size and shape. Genetic influences on brain region size have been studied using conventional volumetric measures, but little is known about the genetic basis of ventricular and subcortical shapes. Here we developed pipelines to extract seven complementary shape measures for lateral ventricles, subcortical structures, and hippocampal subfields. Based on over 45,000 subjects in the UK Biobank and ABCD studies, 60 genetic loci were identified to be associated with brain shape features (P < 1.09 x 10-10), 19 of which were not detectable by volumetric measures of these brain structures. Ventricular and subcortical shape features were genetically related to cognitive functions, mental health traits, and multiple brain disorders, such as the attention-deficit/hyperactivity disorder. Vertex-based shape analysis was performed to precisely localize the brain regions with these shared genetic influences. Mendelian randomization suggests brain shape causally contributes to neurological and neuropsychiatric disorders, including Alzheimer's disease and schizophrenia. Our results uncover the genetic architecture of brain shape for ventricular and subcortical structures and prioritize the genetic factors underlying disease-related shape variations.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Zhao, Bingxin ORCID: https://orcid.org/0000-0002-0979-7891  
  
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"DJ":"nan",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"16",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37903861",

"TI":"A double-blind, randomized controlled study of the effects of celecoxib on clinical symptoms and cognitive impairment in patients with drug-naive first episode schizophrenia: pharmacogenetic impact of cyclooxygenase-2 functional polymorphisms.",

"SO":"Neuropsychopharmacology. 2023 Oct 30",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Wang DM  
  
Chen DC  
  
Xiu MH  
  
Wang L  
  
Kosten TR  
  
Zhang XY",

"MH":"Wang, Dong-Mei  
  
Chen, Da-Chun  
  
Xiu, Mei-Hong  
  
Wang, Li  
  
Kosten, Thomas R  
  
Zhang, Xiang-Yang",

"DU":"Wang, Dong-Mei. CAS Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Science, Beijing, China.  
  
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"OD":"Chronic low-grade peripheral and central nervous system inflammation may have a role in the pathogenesis of schizophrenia (SCZ). Inhibition of cyclooxygenase-2 (COX2), the arachidonic acid pathway, may inhibit cytokine responses and minimize inflammation. In this study, we added the COX2 inhibitor celecoxib to risperidone monotherapy to examine its efficacy on clinical symptoms and cognitive deficits in drug-naive first episode (DNFE) SCZ patients. First, we genotyped two polymorphisms (rs5275 and rs689466) in the COX-2 gene in a case-control study of 353 SCZ patients and 422 healthy controls. Ninety patients participated in a 12-week, double-blind, randomized, placebo-controlled trial of celecoxib 400 mg/day. We used the Positive and Negative Syndrome Scale (PANSS) and the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) to assess clinical symptoms and cognition. Our results show that the COX2 rs5275 polymorphism was significantly correlated with SCZ and positive symptoms. After 12-week treatment, celecoxib significantly improved the PANSS total and three subscale scores of SCZ patients. Furthermore, patients with the rs5275 TT genotype had greater improvement in PANSS total score than patients carrying the C allele. However, no significant difference in RBANS total and subscale scores existed between the celecoxib and placebo groups at week 12. Our findings suggest that COX2 inhibitors may be promising therapeutics for clinical symptoms rather than cognitive impairment in first episode SCZ patients. COX2 rs5275 gene polymorphism may be implicated in the development and the efficacy of treating clinical symptoms in SCZ.Trial Registration Number: The trial was registered with www.clinicaltrials.gov (NCT00686140). Copyright © 2023. The Author(s), under exclusive licence to American College of Neuropsychopharmacology.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"Wang, Li ORCID: http://orcid.org/0000-0002-1459-3412  
  
Kosten, Thomas R ORCID: http://orcid.org/0000-0003-1505-555X  
  
Zhang, Xiang-Yang ORCID: http://orcid.org/0000-0003-3326-382X",

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"Database":"EMBASE",

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"DB":"Embase",

"UI":"2016371230",

"TI":"Cleaning and disinfecting surfaces in hospitals and long-term care facilities for reducing hospital and facility-acquired bacterial and viral infections: A systematic review.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 23 Dec 2021.",

"AU":"Thomas R.E.  
  
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"AO":"nan",

"IN":"(Thomas) Department of Family Medicine, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada  
  
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bacterial colonization  
  
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"AB":"Background: Multiply drug-resistant organisms (MDROs) in hospitals and long-term care facilities (LTCFs) of particular concern include meticillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococcus, multidrug-resistant Acinetobacter species and extended spectrum beta-lactamase producing organisms. Respiratory viruses include influenza and SARS-CoV-2. Aim(s): To assess effectiveness of cleaning and disinfecting surfaces in hospitals and LTCFs. Method(s): CINAHL, Cochrane CENTRAL Register of Controlled Trials, EMBASE, Medline, and Scopus searched inception to 28 June 2021, no language restrictions, for randomized controlled trials, cleaning, disinfection, hospitals, LTCFs. Abstracts and titles were assessed and data abstracted independently by two authors. Finding(s): Of fourteen c-RCTs in hospitals and LTCFs, interventions in ten were focused on reducing patient infections of four MDROs and/or healthcare-associated infections (HAIs). In four c-RCTs patient MDRO and/or HAI rates were significantly reduced with cleaning and disinfection strategies including bleach, quaternary ammonium detergents, ultraviolet irradiation, hydrogen peroxide vapour and copper-treated surfaces or fabrics. Of three c-RCTs focused on reducing MRSA rates, one had significant results and one on Clostridioides difficile had no significant results. Heterogeneity of populations, methods, outcomes and data reporting precluded meta-analysis. Overall risk of bias assessment was low but high for allocation concealment, and GRADE assessment was low risk. No study assessed biofilms. Conclusion(s): Ten c-RCTs focused on reducing multiple MDROs and/or HAIs and four had significant reductions. Three c-RCTs reported only patient MRSA colonization rates (one significant reductions), and one focused on Clostridioides difficile (no significant differences). Standardised primary and secondary outcomes are required for future c-RCTs including detailed biofilm cleaning/disinfection interventions.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC 4.0 International license.",

"FTURL":"Click here for full text options",

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"Database":"Medline",

"ORN":"17",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37823536",

"TI":"Management strategies for severe Pseudomonas aeruginosa infections. [Review]",

"SO":"Current Opinion in Infectious Diseases. 36(6):585-595, 2023 Dec 01.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Do Rego H  
  
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"MH":"nan",

"DU":"Do Rego, Hermann  
  
Timsit, Jean-Francois",

"OD":"Do Rego, Hermann. AP-HP, Bichat Hospital, Medical and infectious diseases intensive care unit.  
  
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Timsit, Jean-Francois. Meta-network PROMISE, Inserm, Limoges Universit, Limoges University hospital (CHU), UMR1092, Limoges, France.",

"AB":"nan",

"FTURL":"nan",

"PM":"PURPOSE OF REVIEW: This review focuses on the management of severe Pseudomonas aeruginosa infections in critically ill patients.  
  
RECENT FINDINGS: Pseudomonas aeruginosa is the most common pathogen in intensive care the main related infections are nosocomial pneumonias, then bloodstream infections. Antimicrobial resistance is common despite new antibiotics, it is associated with increased mortality, and can lead to a therapeutic deadlock.  
  
SUMMARY: Carbapenem resistance in difficult-to-treat P. aeruginosa (DTR-PA) strains is primarily mediated by loss or reduction of the OprD porin, overexpression of the cephalosporinase AmpC, and/or overexpression of efflux pumps. However, the role of carbapenemases, particularly metallo-beta-lactamases, has become more important. Ceftolozane-tazobactam, ceftazidime-avibactam and imipenem-relebactam are useful against DTR phenotypes (noncarbapenemase producers). Other new agents, such as aztreonam-ceftazidime-avibactam or cefiderocol, or colistin, might be effective for carbapenemase producers. Regarding nonantibiotic agents, only phages might be considered, pending further clinical trials. Combination therapy does not reduce mortality, but may be necessary for empirical treatment. Short-term treatment of severe P. aeruginosa infections should be preferred when it is expected that the clinical situation resolves rapidly. Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.",

"DJ":"Review  
  
Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
Pseudomonas Infections/dt [Drug Therapy]  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"37797102",

"TI":"nan",

"SO":"Canadian Agency for Drugs and Technologies in Health. CADTH Reimbursement Reviews and Recommendations2022 02",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"nan",

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"OD":"nan",

"AB":"nan",

"FTURL":"What Is the CADTH Reimbursement Recommendation for Darzalex? CADTH recommends that Darzalex (daratumumab) in combination with cyclophosphamide, bortezomib, and dexamethasone (DCyBorD) should be reimbursed by public drug plans for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis if certain conditions are met. Which Patients Are Eligible for Coverage? Darzalex should only be covered to treat adult patients with newly diagnosed AL amyloidosis who have good performance status. Patients eligible for reimbursement of Darzalex must not have had prior therapy for AL amyloidosis or multiple myeloma, a previous or current diagnosis of multiple myeloma, or be planning to have a stem cell transplant during the first 6 cycles of treatment with DCyBorD. What Are the Conditions for Reimbursement? Darzalex should only be reimbursed if prescribed in combination with cyclophosphamide, bortezomib, and dexamethasone for 6 months, followed by daratumumab alone until the disease progresses or for a maximum of 2 years (whichever comes first), and if the cost of Darzalex is reduced. Why Did CADTH Make This Recommendation? Evidence from a clinical trial demonstrated that DCyBorD was more effective than CyBorD alone in terms of hematologic and organ response outcomes in patients with newly diagnosed AL amyloidosis. Darzalex met patient needs for an effective treatment to maintain quality of life without debilitating side effects. DCyBorD is the only approved treatment option for AL amyloidosis in Canada. Based on public list prices, DCyBorD would not be considered cost-effective at a willingness to pay of $50,000 per quality-adjusted life-year (QALY). A price reduction of at least 21% is needed to ensure DCyBorD is cost-effective at a $50,000 per QALY threshold. Based on public list prices, the cost to participating drug plans is expected to be $94,917,168 over 3 years.  
  
Additional InformationWhat Is AL Amyloidosis? AL amyloidosis is a disease that occurs when an abnormal protein (amyloid) builds up in the organs, most commonly the heart and kidneys, and interferes with their normal function. AL amyloidosis is rare in Canada, the annual incidence is 10 per million. Unmet Needs in Darzalex No treatments are currently publicly funded in Canada for patients with AL amyloidosis, and patients do not generally respond to those that are used. Therapies that can prevent, delay, or improve organ damage and are better tolerated by patients are needed. How Much Does Darzalex Cost? DCyBorD is given over a 28-day cycle. Treatment with DCyBorD is expected to cost public drug plans $31,892 per cycle in cycle 1 and cycle 2, $17,272 per cycle in cycle 3 to cycle 6, and $7,310 per cycle in subsequent cycles. Copyright © 2022 Canadian Agency for Drugs and Technologies in Health.",

"PM":"Review",

"DJ":"2022",

"MV":"Click here for full text options",

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"Unnamed: 22":"Daratumumab (Darzalex SC): CADTH Reimbursement Recommendation",

"Unnamed: 23":"nan",

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"ORN":"17",

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"UI":"2026989364",

"TI":"Predictors of early morbidity and mortality in newly diagnosed multiple myeloma: data from five randomized, controlled, phase III trials in 3700 patients.",

"SO":"Leukemia. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Mai E.K.  
  
Hielscher T.  
  
Bertsch U.  
  
Salwender H.J.  
  
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Munder M.  
  
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Scheid C.  
  
Dimopoulos M.A.  
  
Hillengass J.  
  
Weisel K.C.  
  
Cavo M.  
  
Sonneveld P.  
  
Goldschmidt H.",

"AO":"Mai, Elias K. ORCID: https://orcid.org/0000-0002-6226-1252  
  
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Sonneveld, Pieter ORCID: https://orcid.org/0000-0002-0808-2237",

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"OD":"Early morbidity and mortality affect patient outcomes in multiple myeloma. Thus, we dissected the incidence and causes of morbidity/mortality during induction therapy (IT) for newly diagnosed multiple myeloma (NDMM), and developed/validated a predictive risk score. We evaluated 3700 transplant-eligible NDMM patients treated in 2005-2020 with novel agent-based triplet/quadruplet IT. Primary endpoints were severe infections, death, or a combination of both. Patients were divided in a training (n = 1333) and three validation cohorts (n = 2367). During IT, 11.8%, 1.8%, and 12.5% of patients in the training cohort experienced severe infections, death, or both, respectively. Four major, baseline risk factors for severe infection/death were identified: low platelet count (<150/nL), ISS III, higher WHO performance status (>1), and age (>60 years). A risk score (1 risk factor=1 point) stratified patients in low (39.5% 0 points), intermediate (41.9% 1 point), and high (18.6% >=2 points) risk. The risk for severe infection/death increased from 7.7% vs. 11.5% vs. 23.3% in the low- vs. intermediate- vs. high-risk groups (p < 0.001). The risk score was independently validated in three trials incorporating quadruplet IT with an anti-CD38 antibody. Our analyses established a robust and easy-to-use score to identify NDMM patients at risk of severe infection/death, covering the latest quadruplet induction therapies. Trial registrations: HOVON-65/GMMG-HD4: EudraCT No. 2004-000944-26. GMMG-MM5: EudraCT No. 2010-019173-16. GMMG-HD6: NCT02495922. EMN02/HOVON-95: NCT01208766. GMMG-HD7: NCT03617731.Copyright © 2023, The Author(s).",

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"TI":"Causal associations between female reproductive behaviors and psychiatric disorders: a lifecourse Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 20 Mar 2023.",

"AU":"Hou L.  
  
Wu Y.  
  
Yu Y.  
  
Liu X.  
  
Wu S.  
  
He Y.  
  
Ge Y.  
  
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Qian F.  
  
Luo Q.  
  
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Yu T.  
  
Li H.  
  
Xue F.",

"AO":"nan",

"IN":"(Yu, Hou, Wu, Yu, Liu, Wu, He, Ge, Wei, Qian, Luo, Feng, Li, Xue) Department of Epidemiology and Health Statistics, School of Public Health, Cheeloo College of Medicine, Shandong University, Jinan, China  
  
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"FTURL":"Background: The timings of reproductive life events have been examined to be associated with various psychiatric disorders. However, studies have not considered the causal pathways from reproductive behaviors to different psychiatric disorders. This study aimed to investigate the nature of the relationships between five reproductive behaviors and twelve psychiatric disorders. Method(s): Firstly, we calculated genetic correlations between reproductive factors and psychiatric disorders. Then two-sample Mendelian randomization (MR) was conducted to estimate the causal associations among five reproductive behaviors, and these reproductive behaviors on twelve psychiatric disorders, using genome-wide association study (GWAS) summary data from genetic consortia. Multivariable MR was then applied to evaluate the direct effect of reproductive behaviors on these psychiatric disorders whilst accounting for other reproductive factors at different life periods. Result(s): Univariable MR analyses provide evidences that age at menarche, age at first sexual intercourse and age at first birth have effects on one (depression), seven (anxiety disorder, ADHD, bipolar disorder, bipolar disorder II, depression, PTSD and schizophrenia) and three psychiatric disorders (ADHD, depression and PTSD) (based on 7.14 10), respectively. However, after performing multivariable MR, only age at first sexual intercourse has direct effects on six psychiatric disorders (Depression, Attention deficit or hyperactivity disorder, Bipolar disorder, Posttraumatic stress disorder, Anxiety disorders and Anorexia Nervosa) when accounting for other reproductive behaviors with significant effects in univariable analyses. Conclusion(s): Our findings suggest that reproductive behaviors predominantly exert their detrimental effects on psychiatric disorders and age at first sexual intercourse has direct effects on psychiatric disorders.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"TI":"Study protocol of a randomized trial of STRIPES: a schoolyear, peer-delivered high school intervention for students with ADHD.",

"SO":"BMC psychology. 11(1):268, 2023 Sep 05.",

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Van Dreel, Shauntal J  
  
Rodriguez, Mercedes Ortiz  
  
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"OD":"Macphee, Fiona L. Center for Child Health, Behavior, and Development, Seattle Children's Research Institute, Seattle, WA, USA.  
  
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Page, Timothy F. Department of Management, H. Wayne Huizenga College of Business and Entrepreneurship Nova Southeastern University, Florida, USA.",

"AB":"Adolescent  
  
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"DJ":"BACKGROUND: Youth with ADHD are at risk of academic impairments, dropping out of high school, and dysfunction in young adulthood. Interventions delivered early in high school could prevent these harmful outcomes, yet few high school students with ADHD receive treatment due to limited access to intervention providers. This study will test a peer-delivered intervention (STRIPES) for general education 9th grade students with impairing ADHD symptoms.  
  
METHODS: A type 1 hybrid effectiveness-implementation design will be used to evaluate the effectiveness of STRIPES and explore the intervention's implementability. Analyses will test the impact of STRIPES vs. enhanced school services control on target mechanisms and determine whether differences in basic cognitive profiles moderate intervention response. The acceptability and feasibility of STRIPES and treatment moderators will also be examined.  
  
DISCUSSION: This study will generate knowledge about the effectiveness and implementability of STRIPES, which will inform dissemination efforts in the future. A peer-delivered high school intervention for organization, time management, and planning skills can provide accessible and feasible treatment targeting declines in academic motivation, grades, and attendance during the ninth-grade year.  
  
TRIAL REGISTRATION: This study is registered on OSF Registries (10.17605/OSF.IO/Q8V6S). Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

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"TI":"The role of inflammation in the prospective associations between early childhood sleep problems and ADHD at 10 years: Findings from a UK birth cohort study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 06 Jun 2022.",

"AU":"Munoz I.M.  
  
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"OD":"Background: Several underlying mechanisms potentially account for the link between sleep and attention deficit and hyperactivity disorder (ADHD), including inflammation. However, studies so far have been cross-sectional. We investigate (i) the association between early childhood sleep and probable ADHD diagnosis in childhood and (ii) whether childhood circulating inflammatory markers mediate any associations. Methods and Findings: Data from the Avon Longitudinal Study of Parents and Children (ALSPAC) were available for 7658 10-years-old children. Parent-reported sleep duration, night awakening frequency, and regular sleep routines were collected at 3.5 years. The Development and Wellbeing Assessment (DAWBA) was administered to capture children with clinically relevant ADHD symptoms, or probable ADHD diagnosis. Further, blood samples were collected at 9 years, from which two inflammatory markers were obtained [i.e. interleukin-6 (IL-6) and C-reactive protein (CRP)]. Logistic regressions were applied to investigate the associations between sleep variables at 3.5 years and probable ADHD diagnosis at 10 years. Further, path analysis was applied to examine the mediating role of inflammation at 9 years (i.e. as measured by CRP and IL-6) in the associations between early sleep and ADHD at 10 years. We found that less regular sleep routines (OR=0.51, 95%CI=0.28-0.93, p=0.029), shorter nighttime sleep (OR=0.70, 95%CI=0.56-0.89, p=0.004), and higher night awakening (OR=1.27, 95I%CI=1.06-1.52, p=0.009) at 3.5 years were associated with higher odds of probable ADHD at 10 years. Further, IL-6 at 9 years mediated the association between irregular sleep routines and ADHD (bias-corrected estimate, -0.002 p=0.005) and between night awakening and ADHD (bias-corrected estimate, 0.002 p=0.003). Conclusion(s): Several sleep problems in early childhood constitute a risk factor for probable ADHD diagnosis at 10 years. These associations may be mediated by inflammation, as measured by IL-6. These results open a new research vista to the pathophysiology of ADHD and highlight sleep and inflammation as potential preventative targets for ADHD.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"UI":"37882058",

"TI":"Trauma-focused therapy in early psychosis: results of a feasibility randomized controlled trial of EMDR for psychosis (EMDRp) in early intervention settings.",

"SO":"Psychological Medicine. :1-12, 2023 Oct 26",

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"DU":"Varese, Filippo. Division of Psychology and Mental Health, School of Health Sciences, Faculty of Biological, Medical and Health Sciences, University of Manchester, Manchester Academic Health Science Centre, Manchester, UK.  
  
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Bentall, Richard P. Clinical Psychology Unit, Department of Psychology, University of Sheffield, Sheffield, UK.",

"OD":"BACKGROUND: Trauma is prevalent amongst early psychosis patients and associated with adverse outcomes. Past trials of trauma-focused therapy have focused on chronic patients with psychosis/schizophrenia and comorbid Post-Traumatic Stress Disorder (PTSD). We aimed to determine the feasibility of a large-scale randomized controlled trial (RCT) of an Eye Movement Desensitization and Reprocessing for psychosis (EMDRp) intervention for early psychosis service users.  
  
METHODS: A single-blind RCT comparing 16 sessions of EMDRp + TAU v. TAU only was conducted. Participants completed baseline, 6-month and 12-month post-randomization assessments. EMDRp and trial assessments were delivered both in-person and remotely due to COVID-19 restrictions. Feasibility outcomes were recruitment and retention, therapy attendance/engagement, adherence to EMDRp treatment protocol, and the 'promise of efficacy' of EMDRp on relevant clinical outcomes.  
  
RESULTS: Sixty participants (100% of the recruitment target) received TAU or EMDR + TAU. 83% completed at least one follow-up assessment, with 74% at 6-month and 70% at 12-month. 74% of EMDRp + TAU participants received at least eight therapy sessions and 97% rated therapy sessions demonstrated good treatment fidelity. At 6-month, there were signals of promise of efficacy of EMDRp + TAU v. TAU for total psychotic symptoms (PANSS), subjective recovery from psychosis, PTSD symptoms, depression, anxiety, and general health status. Signals of efficacy at 12-month were less pronounced but remained robust for PTSD symptoms and general health status.  
  
CONCLUSIONS: The trial feasibility criteria were fully met, and EMDRp was associated with promising signals of efficacy on a range of valuable clinical outcomes. A larger-scale, multi-center trial of EMDRp is feasible and warranted.",

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"TI":"Genomic dissection of the bacterial population underlying Klebsiella pneumoniae infections in hospital patients: insights into an opportunistic pathogen.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 09 Dec 2021.",

"AU":"Gorrie C.L.  
  
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Jenney A.W.J.  
  
Holt K.E.",

"AO":"Gorrie, Claire L. ORCID: https://orcid.org/0000-0002-2637-2529  
  
Holt, Kathryn E. ORCID: https://orcid.org/0000-0003-3949-2471",

"IN":"(Gorrie, Strugnell, Jenney) Department of Microbiology and Immunology, The Peter Doherty Institute for Infection and Immunity, The University of Melbourne, VIC, Australia  
  
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(Pilcher, McGloughlin) Intensive Care Unit, The Alfred Hospital, Melbourne, VIC, Australia  
  
(Pilcher) Australian and New Zealand Intensive Care Research Centre, School of Public Health and Preventative Medicine, Monash University, VIC, Australia",

"PB":"medRxiv",

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"AB":"Klebsiella pneumoniae is a major cause of opportunistic healthcare-associated infections, which are increasingly complicated by the presence of extended-spectrum beta-lactamases (ESBLs) and carbapenem resistance. We conducted a year-long prospective surveillance study of K. pneumoniae clinical isolates identified in a hospital microbiological diagnostic laboratory. Disease burden was two-thirds urinary tract infections (UTI associated with female sex and age), followed by pneumonia (15%), wound (10%) and disseminated infections/sepsis (10%). Whole-genome sequencing (WGS) revealed a diverse pathogen population, including other species within the K. pneumoniae complex (18%). Several infections were caused by K. variicola/K. pneumoniae species hybrids, one of which showed evidence of nosocomial transmission, indicating fitness to transmit and cause disease despite a lack of acquired antimicrobial resistance (AMR). A wide range of AMR phenotypes were observed and, in most cases, corresponding mechanisms were identified in the genomes, mainly in the form of plasmid-borne genes. ESBLs were correlated with presence of other acquired AMR genes (median 10). Bacterial genomic features associated with nosocomial onset of disease were ESBL genes (OR 2.34, p=0.015) and rhamnose-positive capsules (OR 3.12, p<0.001). Virulence plasmid-encoded features (aerobactin, hypermucoidy) were rare (<3%), and mostly present in community-onset cases. WGS-confirmed nosocomial transmission was rare (10% of cases) but strongly associated with ESBLs (OR 21, p<1x10-11). We estimate 28% risk of onward nosocomial transmission for ESBL-positive strains vs 1.7% for ESBL-negative strains. These data indicate the underlying burden of K. pneumoniae disease in hospitalised patients is due largely to opportunistic infections with diverse strains. However, we also identified several successful lineages that were overrepresented but not due to nosocomial transmission. These lineages were associated with ESBL, yersiniabactin, mannose+ K loci and rhamnose- K loci most are also common in public clinical genome collections, suggesting enhanced propensity for colonisation and spread in the human population.Copyright © , CC BY.",

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"Disease area":"Gram-negative bacteria",

"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37819525",

"TI":"Improving the Predictive Value of Preclinical Mouse Models of Pseudomonas aeruginosa Respiratory Infection to Evaluate Antibiotic Efficacy.",

"SO":"Methods in Molecular Biology. 2721:215-231, 2024.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Cigana C  
  
Rossi A  
  
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"DU":"Cigana, Cristina  
  
Rossi, Alice  
  
Alcala-Franco, Beatriz  
  
Bragonzi, Alessandra",

"OD":"Cigana, Cristina. Infections and Cystic Fibrosis Unit, Division of Immunology, Transplantation and Infectious Disease, IRCSS San Raffaele Scientific Institute, Milan, Italy.  
  
Rossi, Alice. Infections and Cystic Fibrosis Unit, Division of Immunology, Transplantation and Infectious Disease, IRCSS San Raffaele Scientific Institute, Milan, Italy.  
  
Alcala-Franco, Beatriz. Infections and Cystic Fibrosis Unit, Division of Immunology, Transplantation and Infectious Disease, IRCSS San Raffaele Scientific Institute, Milan, Italy.  
  
Bragonzi, Alessandra. Infections and Cystic Fibrosis Unit, Division of Immunology, Transplantation and Infectious Disease, IRCSS San Raffaele Scientific Institute, Milan, Italy. bragonzi.alessandra@hsr.it.",

"AB":"Airway infection Antibiotics Drug administrations Murine models Pseudomonas aeruginosa Treatment regimen",

"FTURL":"NOTNLM",

"PM":"Disease-specific animal models and treatment regimens are essential to optimize anti-Pseudomonas drug testing. Mouse models of acute and chronic P. aeruginosa infections provide valuable resources that mimic the initial and progressive bronchopulmonary infection typically observed in a wide range of patients - in hospital settings, with cystic fibrosis or chronic obstructive pulmonary disease. In this chapter, we will explain how mice can be treated using different administration routes in disease-specific models of P. aeruginosa respiratory infection. We will also describe methods used to evaluate multiple endpoints, including profiling of bacterial and host responses. The application of these procedures in disease-specific models is essential to optimize the efficacy of anti-P. aeruginosa treatments and provide an enhanced link between preclinical testing and clinical trials. Copyright © 2024. The Author(s), under exclusive license to Springer Science+Business Media, LLC, part of Springer Nature.",

"DJ":"Journal Article  
  
Research Support, Non-U.S. Gov't",

"MV":"2024",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"37466796",

"TI":"A patient survey indicates quality of life and progression-free survival as equally important outcome measures in multiple myeloma clinical trials.",

"SO":"Journal of Cancer Research & Clinical Oncology. 149(14):12897-12902, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Fleischer A  
  
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Rasche, Leo",

"DU":"Fleischer, Anna. Department of Internal Medicine II, University Hospital Wurzburg, Oberdurrbacherstr. 6, 97080, Wurzburg, Germany.  
  
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Rasche, Leo. Department of Internal Medicine II, University Hospital Wurzburg, Oberdurrbacherstr. 6, 97080, Wurzburg, Germany. Rasche\_L@ukw.de.",

"OD":"Endpoint measure Lenalidomide maintenance therapy Multiple myeloma Patient involvement Progression-free survival Quality of life",

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"DB":"Embase",

"UI":"2024828600",

"TI":"Real-world multiple myeloma front-line treatment and outcomes by transplant in the United States.",

"SO":"eJHaem. 4(4) (pp 984-994), 2023. Date of Publication: November 2023.",

"AU":"Richter J.  
  
Pan D.  
  
Salinardi T.  
  
Rice M.S.",

"AO":"Richter, Joshua ORCID: https://orcid.org/0000-0002-0274-0585",

"IN":"(Richter, Pan) Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Salinardi, Rice) Sanofi, Cambridge, MA, United States",

"PB":"John Wiley and Sons Inc",

"MH":"adult  
  
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cytogenetics  
  
electronic health record  
  
female  
  
hazard ratio  
  
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"OD":"Stem cell transplantation (SCT) has been an integral treatment modality for multiple myeloma (MM) for decades. However, as standard-of-care therapies have improved, the benefit of SCT has been repeatedly called into question. This retrospective study evaluated the association between SCT in the first line of therapy (LOT) and outcomes for patients with newly diagnosed multiple myeloma (NDMM) in the United States. We included patients from a de-identified electronic health record-derived database who initiated front-line MM therapy between January 1, 2016, and January 31, 2022. Overall, 18.8% (1127 of 5996 patients) received SCT in the first LOT. Multivariable-adjusted Cox proportional hazards models, in which SCT was modeled as time varying, revealed longer real-world progression-free survival (rwPFS hazard ratio [HR] 0.49 95% confidence interval [CI] 0.43-0.57) and real-world overall survival (rwOS HR 0.47 95% CI 0.39-0.56) for patients who received SCT in the first LOT. The degree of rwPFS and rwOS benefit imparted by SCT was consistent across all subgroups examined, including patients aged >=75 years, women, non-Hispanic Black/African American patients, those with renal impairment, and those with high-risk cytogenetics. Findings from this analysis of real-world patients with NDMM suggest that SCT remains an important standard of care in the era of novel therapies.Copyright © 2023 The Authors. eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2023737516",

"TI":"Identifying potential risk genes and pathways for neuropsychiatric and substance use disorders using intermediate molecular mediator information.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 19 Mar 2023.",

"AU":"Gedik H.  
  
Nguyen T.H.  
  
Peterson R.E.  
  
Chatzinakos C.  
  
Riley B.P.  
  
Vladimirov V.I.  
  
Bacanu S.-A.",

"AO":"nan",

"IN":"(Gedik) Integrative Life Sciences, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, United States  
  
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(Vladimirov) Department of Psychiatry, College of Medicine-Phoenix, University of Arizona, Phoenix, AZ, United States",

"PB":"medRxiv",

"MH":"\*alcoholism  
  
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"FTURL":"Neuropsychiatric and substance use disorders (NPSUD) have a complex etiology that includes environmental and polygenic risk factors with significant cross-trait rG. Genome Wide Association Studies (GWAS) of NPSUD yield numerous association signals. However, for most of these regions, we do not yet have a firm understanding of either the specific risk variants or the effects of these variants. Post-GWAS methods allow researchers to use GWAS summary statistics and functional genomics data to infer the likely molecular mediators (transcript, protein and methylation abundances) for the effect of variants on disorders. One group of post-GWAS approaches is commonly referred to as transcriptome/proteome/methylome wide association studies, which are abbreviated as T/P/MWAS (or collectively as XWAS). Since these approaches use biological mediators, the multiple testing burden is reduced to the number of genes (~20,000) instead of millions GWAS SNPs leading to increased signal detection. In this work, our aim is to uncover likely risk genes for NPSUD by performing XWAS analyses in two tissues - blood and brain. Firstly, XWAS using the Summary-data based Mendelian Randomization (SMR), which takes GWAS summary statistics, reference xQTL data and a reference LD panel as inputs, was conducted to identify putative causal risk genes. Second, given the large comorbidities among NPSUD and the shared cis-xQTLs between blood and brain, we improved XWAS signal detection in NPSUD for underpowered analyses by performing joint concordance analyses between XWAS results i) across the two tissues and ii) across NPSUD. All XWAS signals i) were adjusted for HEIDI (non-causality) p-values and ii) used to test for pathway enrichment. The results suggest that there were widely shared gene/protein signals within the Major Histocompatibility (MHC) region on chromosome 6 (BTN3A2 and C4A) and elsewhere in the genome (RERE, FURIN, ZDHHC5 and NEK4). The identification of putative molecular genes and pathways underlying risk may offer new targets for therapeutic development. Some of our analyses' more immediate actionable signals might relate to vitamins, i.e., i) in KYAT3 (a part of the kynurenine pathway with vitamin B6 as a cofactor) for post-traumatic stress disorder and ii) omega-3 and vitamin D pathways for bipolar disorder.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

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"Database":"Medline",

"ORN":"18",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37528107",

"TI":"Transcranial random noise stimulation combined with cognitive training for treating ADHD: a randomized, sham-controlled clinical trial.",

"SO":"Transl Psychiatry Psychiatry. 13(1):271, 2023 08 02.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Dakwar-Kawar O  
  
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"MH":"Dakwar-Kawar, Ornella ORCID: http://orcid.org/0000-0002-0251-3649  
  
Mairon, Noam ORCID: http://orcid.org/0000-0001-6518-4742  
  
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Nahum, Mor ORCID: http://orcid.org/0000-0002-2861-6486",

"DU":"Dakwar-Kawar, Ornella  
  
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"OD":"Dakwar-Kawar, Ornella. School of Occupational Therapy, Hebrew University of Jerusalem, Jerusalem, Israel.  
  
Mairon, Noam. School of Occupational Therapy, Hebrew University of Jerusalem, Jerusalem, Israel.  
  
Hochman, Shachar. School of Psychology, University of Surrey, Guildford, UK.  
  
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Cohen Kadosh, Roi. School of Psychology, University of Surrey, Guildford, UK. r.cohenkadosh@surrey.ac.uk.  
  
Nahum, Mor. School of Occupational Therapy, Hebrew University of Jerusalem, Jerusalem, Israel. Mor.nahum@mail.huji.ac.il.",

"AB":"Adult  
  
Humans  
  
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Transcranial Direct Current Stimulation/ae [Adverse Effects]  
  
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Prefrontal Cortex/ph [Physiology]  
  
Executive Function  
  
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"FTURL":"nan",

"PM":"nan",

"DJ":"Non-invasive brain stimulation has been suggested as a potential treatment for improving symptomology and cognitive deficits in Attention-Deficit/Hyperactivity Disorder (ADHD), the most common childhood neurodevelopmental disorder. Here, we examined whether a novel form of stimulation, high-frequency transcranial random noise stimulation (tRNS), applied with cognitive training (CT), may impact symptoms and neural oscillations in children with ADHD. We conducted a randomized, double-blind, sham-controlled trial in 23 unmedicated children with ADHD, who received either tRNS over the right inferior frontal gyrus (rIFG) and left dorsolateral prefrontal cortex (lDLPFC) or sham stimulation for 2 weeks, combined with CT. tRNS + CT yielded significant clinical improvements (reduced parent-reported ADHD rating-scale scores) following treatment, compared to the control intervention. These improvements did not change significantly at a 3-week follow-up. Moreover, resting state (RS)-EEG periodic beta bandwidth of the extracted peaks was reduced in the experimental compared to control group immediately following treatment, with further reduction at follow-up. A lower aperiodic exponent, which reflects a higher cortical excitation/inhibition (E/I) balance and has been related to cognitive improvement, was seen in the experimental compared to control group. This replicates previous tRNS findings in adults without ADHD but was significant only when using a directional hypothesis. The experimental group further exhibited longer sleep onset latencies and more wake-up times following treatment compared to the control group. No significant group differences were seen in executive functions, nor in reported adverse events. We conclude that tRNS + CT has a lasting clinical effect on ADHD symptoms and on beta activity. These results provide a preliminary direction towards a novel intervention in pediatric ADHD. Copyright © 2023. The Author(s).",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"UniqueID":"143",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018694258",

"TI":"Bounding the average causal effect in Mendelian randomization studies with multiple proposed instruments: An application to prenatal alcohol exposure and attention deficit hyperactivity disorder.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 10 May 2022.",

"AU":"Diemer E.W.  
  
Havdahl A.  
  
Andreassen O.A.  
  
Munafo M.R.  
  
Njolstad P.R.  
  
Tiemeier H.  
  
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(Swanson) Department of Epidemiology, Erasmus MC, Rotterdam, Netherlands  
  
(Swanson) Department of Epidemiology, University of Pittsburgh, Pittsburgh, United States",

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"PB":"alcohol consumption  
  
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single nucleotide polymorphism [m]",

"OD":"Background: Point estimation in Mendelian randomization (MR), an instrumental variable model, usually requires strong homogeneity assumptions beyond the core instrumental conditions. Bounding, which does not require homogeneity assumptions, is infrequently applied in MR. Objective(s): We aimed to demonstrate computing nonparametric bounds for the causal risk difference derived from multiple proposed instruments in an MR study where effect heterogeneity is expected, Methods: Using data from the Norwegian Mother, Father, and Child Cohort Study and Avon Longitudinal Study of Parents and Children (n=4457, 6216) to study the average causal effect of maternal pregnancy alcohol use on offspring attention deficit hyperactivity disorder symptoms, we proposed 11 maternal SNPs as instruments. We computed bounds assuming subsets of SNPs were jointly valid instruments, for all combinations of SNPs where the MR model was not falsified. Result(s): The MR assumptions were violated for all sets with more than 4 SNPs in one cohort and for all sets with more than 2 SNPs in the other. Bounds assuming one SNP was an individually valid instrument barely improved on assumption-free bounds. Bounds tightened as more SNPs were assumed to be jointly valid instruments, and occasionally identified directions of effect, though bounds from different sets varied. Conclusion(s): Our results suggest that, when proposing multiple instruments, bounds can contextualize plausible magnitudes and directions of effects. Computing bounds over multiple assumption sets underscores the importance of evaluating the assumptions of MR models.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37607662",

"TI":"Predictors of successful anti-inflammatory drug trials in patients with schizophrenia: A meta-regression and critical commentary.",

"SO":"Brain, Behavior, & Immunity. 114:154-162, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Chandra A  
  
Miller BJ  
  
Goldsmith DR",

"MH":"Chandra, Anjali  
  
Miller, Brian J  
  
Goldsmith, David R",

"DU":"Chandra, Anjali. Emory University School of Medicine, Atlanta, GA, United States.  
  
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Goldsmith, David R. Emory University School of Medicine, Atlanta, GA, United States Department of Psychiatry and Behavioral Sciences, Emory University, Atlanta, GA, United States. Electronic address: drgolds@emory.edu.",

"OD":"Given evidence pointing toward a role for immune dysregulation in the pathogenesis of schizophrenia, anti-inflammatory agents are promising adjunctive treatments that have potential to support a causal relationship for inflammation and psychopathology and lead to novel treatments for individuals. Indeed, previous meta-analyses have demonstrated small-to-medium effect sizes (ES) in favor of various anti-inflammatory agents, though there is significant heterogeneity and challenges in the interpretation of this literature. Identifying predictors, including sociodemographic variables, trial duration, and/or symptoms themselves, of successful anti-inflammatory trials may help identify which patients who might benefit from these compounds. We performed a meta-regression analysis of 63 adjunctive anti-inflammatory trial arms (2232 patients randomized to adjunctive anti-inflammatory agents and 2207 patients randomized to placebo). Potential predictors of effect size estimates for changes in psychopathology scores from baseline to endpoint included geography, trial duration, sample size, age, sex, race, smoking, body mass index, illness duration, age of onset of psychosis, study quality score and psychopathology scores (total and subscale) at baseline. Geography (beta = 0.31, p = 0.011), smaller sample size (beta = 0.33, p = 0.009), and higher study quality score (beta = 0.44, p < 0.001) were significant predictors of larger ES estimates for change in total psychopathology in favor of anti-inflammatory agents. Smaller sample size (beta = 0.37, p = 0.034) and higher study quality score (beta = 0.55, p = 0.003) were significant predictors of larger ES estimates for change in negative psychopathology in favor of anti-inflammatory agents. Higher study quality score (beta = 0.46, p = 0.019) was a significant predictor of larger ES estimates for change in general psychopathology in favor of anti-inflammatory agents. These findings should be interpreted with caution given concerns of publication bias regarding the geographic differences and small study effects. The lack of an association with other demographic variables should be seen as a primary limitation of the literature that needs to be considered in future studies. The association with study quality score suggests that future anti-inflammatory trials must consider demographic variables known to be associated with inflammation (e.g., BMI and smoking) and evidence of increased baseline inflammation should be incorporated in study design. Moreover, evidence of target engagement and endpoints thoughts to be associated with increased inflammation should be considered as well. Copyright © 2023 Elsevier Inc. All rights reserved.",

"AB":"Journal Article",

"FTURL":"2023",

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"TI":"TUBOTYMPANIC TYPE OF CHRONIC OTITIS MEDIA (SAFE TYPE): BACTERIOLOGICAL PROFILE AND ANTIBIOTIC SENSITIVITY PATTERN IN A TERTIARY CARE HOSPITAL.",

"SO":"Journal of Cardiovascular Disease Research. 14(12) (pp 554-561), 2023. Date of Publication: 2023.",

"AU":"Samorekar A.V.",

"AO":"nan",

"IN":"(Samorekar) Department of ENT, Gadag Institute of Medical Sciences, Karnataka, Gadag, India",

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"MH":"adult  
  
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"AB":"AIMS: The aim of this study is to evaluate the bacteriological profile of active tubotympanic chronic otitis media (safe type) and the sensitivity pattern to available antibiotics. METHODOLOGY: Here we have conducted a prospective study in a tertiary care hospital , Bengaluru. Patients presenting with active tubotympanic COM who did not receive antibiotic therapy in the last 20 days were included in the study. Discharge from the middle ear was collected under strict aseptic precautions with the ear swabs. The isolates were grown on blood agar and identified according to standard microbiological and biochemical methods. The antibiotic sensitivity profile of the isolates was determined by Kirby-Bauer disc diffusion method on Mueller Hinton agar. RESULT(S): Out of total 160 (100%) samples the commonest micro-organism isolated was Staphylococcus aureus 60 (37.5%) followed by Pseudomonas aeruginosa 30 (18.75%). Staphylococcus aureus was highly sensitive to linezolid and vancomycin followed by ciprofloxacin. Pseudomonas aeruginosa was highly sensitive to polymyxin B followed by meropenem, cefoperazone plus sulbactam, and ciprofloxacin. CONCLUSION(S): The present study indicates that due to widespread use of antibiotics there can be a variation in the bacterial aetiologies of COM and their sensitivity pattern. So we have to be careful while conducting periodic evaluation of microbiological pattern and antibiotic sensitivity of COM.Copyright © 2023 EManuscript Technologies. All rights reserved.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37794888",

"TI":"Colonization of extended-spectrum beta-lactamase-producing Enterobacteriaceae does not affect subsequent infection and liver transplant outcomes: a retrospective observational cohort study.",

"SO":"Frontiers in Public Health. 11:1207889, 2023.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Yang, Ya  
  
Zhang, Haomin  
  
Zhang, Jianjun  
  
Xia, Qiang  
  
Gao, Yuan  
  
Deng, Yuxiao",

"OD":"Shang, Chen. Department of Critical Care Medicine, Renji Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai, China.  
  
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"AB":"colonization extended-spectrum beta-lactamase-producing Enterobacteriaceae extended-spectrum beta-lactamase-producing gram-negative bacilli infection liver transplant",

"FTURL":"NOTNLM",

"PM":"Objective: To investigate the colonization rate of extended-spectrum beta-lactamase-producing Enterobacteriaceae (ESBL-E), subsequent infections by ESBL-E and ESBL-producing gram-negative bacilli (ESBL-GNB), and the effect of ESBL-E colonization on clinical outcomes in liver transplantation (LT) recipients.  
  
Methods: This is a retrospective cohort study that included patients who underwent LT at Shanghai Renji Hospital between July 2016 and December 2017. Rectal swabs from LT patients at the postoperative ICU enrollment were screened anonymously for ESBL-E carriage. Demographics data, laboratory indexes, operative complications, and clinical course information were also obtained. The extent of ESBL-E colonization, the subsequent infection rates of ESBL-E and ESBL-GNB, and the clinical outcomes were compared between ESBL-E colonized and non-colonized patients.  
  
Results: In total, 496 liver transplant recipients (387 males) were included in this study. ESBL-E colonization was detected in 240 patients (48.4%). There was no significant difference between the rates of ESBL-E infection (5.8 vs. 3.1%, p = 0.143), Ischemia-reperfusion >= 3 (27.9 vs. 24.6%, p = 0.403), acute kidney injury (39.6 vs. 38.7%, p = 0.835), acute rejection (2.1 vs. 1.6%, p = 0.664), graft versus host reaction (1.3 vs. 1.2%, p = 0.937), duration of hospitalization (22 vs. 23 days, p = 0.568), 90-day mortality (7.1 vs. 4.7%, p = 0.262) and 1-year mortality (12.9 vs. 9.3%, p = 0.265) in patients with and without ESBL-E colonization. Though the ESBL-GNB infection rate was higher in ESBL-E colonized patients (12.1 vs. 6.6%, p = 0.037), multivariate analysis showed that ESBL-E colonization did not increase the risk of ESBL-GNB infection (Model 1: aOR 1.755, 95% CI: 0.911-3.380, p = 0.093 Model 2: aOR 1.556, 95% CI: 0.761-3.181, p = 0.226). The ESBL-producing bacteria spectrum of colonization was significantly different from that of infections occurring after LT, with only three colonization events leading to infection by the same pathogen identified.  
  
Conclusion: ESBL-E colonization in liver transplant patients is not associated with ESBL-E infection, nor is it a risk factor for post-transplant ESBL-GNB infection. Additionally, ESBL-E colonization does not lead to worse prognoses when compared with non-colonized patients.  
  
Clinical trial registration: Chinese Clinical Trial Registry, Identifier [ChiCTR2100043034]. Copyright © 2023 Shang, Yang, Yang, Zhang, Zhang, Xia, Gao and Deng.",

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"MV":"2023",

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"TI":"Nonrestrictive diet does not increase infections during post-HSCT neutropenia: data from a multicenter randomized trial.",

"SO":"Blood Advances. 7(19):5996-6004, 2023 Oct 10.",

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Vismara, Cecilia  
  
Miceli, Rosalba  
  
Ljevar, Silva  
  
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"DU":"Stella, Federico. Department of Pathophysiology and Transplantation, University of Milan, Milan, Italy.  
  
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Corradini, Paolo. Division of Hematology and Bone Marrow Transplant, Fondazione Istituto di Ricovero e Cura a Carattere Scientifico, Istituto Nazionale dei Tumori, Milan, Italy.",

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"FTURL":"Infections are a major cause of morbidity and mortality during neutropenia after hematopoietic stem cell transplantation (HSCT). The use of a low-microbial protective diet (PD) in the peritransplantation period is a standard of care, although its efficacy has never been tested prospectively. We conducted a multicenter, randomized, noninferiority trial, enrolling all consecutive adult patients undergoing high-dose induction chemotherapy or HSCT with the objective to compare nonrestrictive diet (NRD) vs PD. Overall, 222 patients were enrolled, randomly assigned, and analyzed. One hundred seventy-five subjects (79%) received autologous HSCT (auto-HSCT), 41 (18%) received allogeneic HSCT (allo-HSCT), and 6 (3%) patients received high-dose induction chemotherapy. There was no significant difference in terms of incidence of grade >=2 infections and death during neutropenia in the 2 arms. In multivariable analysis, only multiple myeloma diagnosis, fluoroquinolone prophylaxis, and the absence of mucositis were associated with a lower incidence of grade >=2 infections. We did not report any significant variation in terms of hospitalization length, incidence of mucositis and gastrointestinal infections, body weight, and serum albumin variations in the 2 arms. In allo-HSCT recipients, the incidence of acute graft-versus-host disease grade >=3 was similar. NRD was associated with higher patient-reported satisfaction. In conclusion, NRD is not inferior to a traditional PD during neutropenia after HSCT, and our results demonstrated that implementing a restrictive diet unnecessary burdens patients' quality of life. The clinical trial was registered prospectively in the clinical trial registry of the Istituto Nazionale dei Tumori of Milan as INT54/16. Copyright © 2023 by The American Society of Hematology. Licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0), permitting only noncommercial, nonderivative use with attribution. All other rights reserved.",

"PM":"Journal Article",

"DJ":"2023",

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Corradini, Paolo ORCID: https://orcid.org/0000-0002-9186-1353",

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"TI":"Predictors of unsustained measurable residual disease negativity in transplant-eligible multiple myeloma patients.",

"SO":"Blood. (no pagination), 2023. Date of Publication: 04 Dec 2023.",

"AU":"Guerrero C.  
  
Puig N.  
  
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Calasanz M.J.  
  
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Gonzalez Perez M.-S.  
  
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Martinez-Lopez J.  
  
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"AO":"Guerrero, Camila ORCID: https://orcid.org/0000-0003-1395-5140  
  
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(Fernandez) Hospital Universitario 12 de Octubre, Madrid, Spain  
  
(Oriol) ICO - Hosp Germans Trias i Pujol, Badalona, Spain  
  
(Rios-Tamayo) Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain  
  
(Hernandez Garcia) Hospital Universitario de Canarias, La Laguna. Tenerife, Spain  
  
(Martinez-Martinez) Hospital Clinico San Carlos  
  
(Bargay) Hospital Universitario Son LLatzer, Instituto de Investigacion Sanitaria Illes Balears (IdISBa), Palma de Mallorca, Spain  
  
(de Arriba) Hospital General Universitario Morales Meseguer. IMIB-Arrixaca. Universidad de Murcia., Murcia, Spain  
  
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"OD":"The role of measurable residual disease (MRD) negativity as a biomarker to stop treatment is being investigated in transplant-eligible multiple myeloma (MM). Thus, it is important to identify risk factors of MRD resurgence and/or progressive disease (PD) among patients achieving undetectable MRD in order to avoid undertreating them. Here, we studied 267 newly-diagnosed transplant-eligible MM patients enrolled in the GEM2012MENOS65 and GEM2014MAIN clinical trials who achieved MRD negativity by next-generation flow cytometry. After a median follow-up of 73 months since the first MRD negative assessment, 111 of the 267 (42%) patients showed MRD resurgence and/or PD. The only prognostic factors at diagnosis that predicted MRD resurgence and/or PD were an International staging system (ISS) 3 and the presence of >=0.01% circulating tumor cells (CTCs). Failure to achieve MRD negativity after induction also predicted higher risk of MRD resurgence and/or PD. Patients having none versus one versus two or more risk factors (ISS 3, >=0.01% CTCs and late MRD negativity) showed 5-year rates of MRD resurgence and/or PD of 16%, 33% and 57%, respectively (P<.001). Thus, these easily measurable risk factors could help refining the selection of patients for whom treatment cessation after MRD negativity is being investigated in clinical trials. Registered at www.clinicaltrials.gov with respective identifiers NCT01916252 and NCT02406144.Copyright © 2023 American Society of Hematology.",

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"TI":"Potentially causal associations between placental DNA methylation and schizophrenia and other neuropsychiatric disorders.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 08 Mar 2023.",

"AU":"Cilleros-Portet A.  
  
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Mari S.  
  
Cosin-Tomas M.  
  
Lozano M.  
  
Irizar A.  
  
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Guxens M.  
  
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Bilbao J.R.  
  
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"AO":"nan",

"IN":"(Cilleros-Portet, Mari, Garcia-Santisteban, Hernangomez-Laderas, Gonzalez-Garcia, Bilbao) Department of Genetics, Physical Anthropology and Animal Physiology, Biocruces-Bizkaia Health Research Institute, University of the Basque Country (UPV/EHU), Leioa, Spain  
  
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"FTURL":"Increasing evidence supports the role of placenta in neurodevelopment and potentially, in the later onset of neuropsychiatric disorders. Recently, methylation quantitative trait loci (mQTL) and interaction QTL (iQTL) maps have proven useful to understand SNP-genome wide association study (GWAS) relationships, otherwise missed by conventional expression QTLs. In this context, we propose that part of the genetic predisposition to complex neuropsychiatric disorders acts through placental DNA methylation (DNAm). We constructed the first public placental cis-mQTL database including nearly eight million mQTLs calculated in 368 fetal placenta DNA samples from the INMA project, ran cell type- and gestational age-imQTL models and combined those data with the summary statistics of the largest GWAS on 10 neuropsychiatric disorders using Summary-based Mendelian Randomization (SMR) and colocalization. Finally, we evaluated the influence of the DNAm sites identified on placental gene expression in the RICHS cohort. We found that placental cis-mQTLs are highly enriched in placenta-specific active chromatin regions, and useful to map the etiology of neuropsychiatric disorders at prenatal stages. Specifically, part of the genetic burden for schizophrenia, bipolar disorder and major depressive disorder confers risk through placental DNAm. The potential causality of several of the observed associations is reinforced by secondary association signals identified in conditional analyses, regional pleiotropic methylation signals associated to the same disorder, and cell type-imQTLs, additionally associated to the expression levels of relevant immune genes in placenta. In conclusion, the genetic risk of several neuropsychiatric disorders could operate, at least in part, through DNAm and associated gene expression in placenta.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37715345",

"TI":"Quiet eye training-based intervention can ameliorate inhibitory control but not visuospatial working memory in children with ADHD.",

"SO":"Brain and Behavior. 13(11):e3251, 2023 11.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Psotta R  
  
Sarvestan J  
  
Valtr L  
  
Jesina O",

"MH":"Jesina, Ondrej ORCID: https://orcid.org/0000-0003-2660-4139",

"DU":"Psotta, Rudolf  
  
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"OD":"Psotta, Rudolf. Faculty of Physical Culture, Palacky University, Olomouc, Czech Republic.  
  
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Humans  
  
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Memory, Short-Term/ph [Physiology]  
  
\*Memory, Short-Term  
  
Reaction Time  
  
Double-Blind Method",

"FTURL":"ADHD attention inhibition quiet eye training working memory",

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"DJ":"INTRO: The purpose of this study was to investigate the effects of quiet eye training (QET) on inhibitory control, visuospatial working memory (WM), and tonic attention in children with attention-deficit hyperactivity disorder (ADHD).  
  
METHODS: Forty-eight children with ADHD aged 9-12 years were randomly assigned to QET and control (CON) groups. The QET group practiced targeted hand-eye tasks within a QET protocol developed to optimize controlled attention and gaze through eye fixations. We used the go/no-go (GNG) test, the Corsi test, and the reaction test of alertness (RTA) to verify the effects of QET on inhibition control, WM, and tonic attention.  
  
RESULTS: QET group showed significantly shorter reaction times, a higher number of correct responses, and a lower number of omissions in the GNG inhibition test after QET as compared to the pre-measurements, whereas the CON group did not demonstrate significant changes in this test. The measures of WM (Corsi test) and tonic attention (RTA) did not change significantly with the QET-based intervention.  
  
CONCLUSION: The study demonstrated that the QET protocol, which includes instructions and a video demonstration to optimize eye fixation on a target during aiming tasks, is acceptable and usable for children with ADHD. Overall, a short-term, 5-week visuomotor training intervention based on the quiet eye paradigm was shown to be effective in improving inhibitory control and focused visual attention, but not visuospatial WM and intrinsic attention in 9-12-year-old children with inattentive or combined ADHD. Copyright © 2023 The Authors. Brain and Behavior published by Wiley Periodicals LLC.",

"MV":"nan",

"TN":"Journal Article  
  
Randomized Controlled Trial  
  
Research Support, Non-U.S. Gov't",

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"TI":"Investigating Causal Associations of Diet-Derived Circulating Antioxidants with Risk of Six Major Mental Disorders: A Mendelian Randomization Study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 16 May 2022.",

"AU":"Zhao H.  
  
Han X.  
  
Li L.  
  
Zhang X.  
  
Liao Y.  
  
Zhang H.  
  
Li W.  
  
Shi J.  
  
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McIntyre R.S.  
  
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Lu C.",

"AO":"(Zhao, Liao, Zhang, Li, Shi, Lai, Wang, Guo, Lu) Department of Medical Statistics and Epidemiology, School of Public Health, Sun Yat-sen University, Guangzhou, China  
  
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"OD":"Background: Observational studies have suggested associations between circulating antioxidant levels and many mental disorders, but evidence from randomized controlled trials (RCTs) is lacking and causal inferences have not been confirmed. The aim of this study was to explore whether genetically predicted diet-derived circulating antioxidants were causally associated with the risk of major mental disorders using Mendelian randomization (MR). Methods and findings: We performed 2-sample MR analyses of summary-level genetic data to explore whether diet-derived circulating antioxidants [e.g., vitamins E (alpha- and gamma-tocopherol), ascorbate, retinol, beta-carotene, and lycopene], assessed by absolute circulating antioxidants and relative circulating antioxidant metabolites, were causally associated with the risk of six major mental disorders, including major depressive disorder (MDD), schizophrenia (SCZ), bipolar disorder (BIP), autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). The inverse-variance weighted method was adopted as primary MR analyses and five additional MR methods (likelihood-based MR, MR-Egger, weighted median, penalized weighted median, and MR-PRESSO) and different outcome databases were used for sensitivity analyses. We found suggestive evidence that genetically predicted higher absolute circulating alpha-tocopherol levels marginally reduced the risk of SCZ, with the odds ratio (OR) per unit increase in log-transformed alpha-tocopherol values was 0.71 [95% confidence interval (CI) 0.54 to 0.94 P = 0.016]. However, after adjusting for multiple testing (threshold of P < 0.008), we found no significant evidence that genetically predicted higher diet-derived absolute circulating antioxidant levels and antioxidant metabolites concentrations were significantly causally associated with the six-foregoing major mental disorders. Conclusion(s): Overall, our study does not support significant causal associations of genetically predicted diet-derived circulating antioxidants with the risk of major mental disorders. Therefore, simply taking antioxidants to increase blood antioxidants levels is unlikely to have a significant protective effect on the prevention of most mental disorders.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

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"FTURL":"\*alpha tocopherol [m]  
  
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"PM":"Lai, Wenjian ORCID: https://orcid.org/0000-0003-2515-6231  
  
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Guo, Lan ORCID: https://orcid.org/0000-0002-5213-2158",

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"ORN":"19",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37855974",

"TI":"A Novel Method for Deriving Adverse Event Prevalence in Randomized Controlled Trials: Potential for Improved Understanding of Benefit-Risk Ratio and Application to Drug Labels.",

"SO":"Advances in Therapy. 2023 Oct 19",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

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Ogirala A  
  
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Hopkins SC",

"MH":"Piacentino, Daria  
  
Ogirala, Ajay  
  
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Loftus, Gregory  
  
Worden, MaryAlice  
  
Koblan, Kenneth S  
  
Hopkins, Seth C",

"DU":"Piacentino, Daria. Sumitomo Pharma America, Inc. (Formerly Sunovion Pharmaceuticals, Inc.), 84 Waterford Drive, Marlborough, MA, 01752, USA.  
  
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Hopkins, Seth C. Sumitomo Pharma America, Inc. (Formerly Sunovion Pharmaceuticals, Inc.), 84 Waterford Drive, Marlborough, MA, 01752, USA. seth.hopkins@sunovion.com.",

"OD":"INTRODUCTION: Adverse event (AE) data in randomized controlled trials (RCTs) allow quantification of a drug's safety risk relative to placebo and comparison across medications. The standard US label for Food and Drug Administration-approved drugs typically lists AEs by MedDRA Preferred Term that occur at >= 2% in drug and with greater incidence than in placebo. We suggest that the drug label can be more informative for both patients and physicians if it includes, in addition to AE incidence (percent of subjects who reported the AE out of the total subjects in treatment), the absolute prevalence (percent of subject-days spent with an AE out of the total subject-days spent in treatment) and expected duration (days required for AE incidence to be reduced by half). We also propose a new method to analyze AEs in RCTs using drug-placebo difference in AE prevalence to improve safety signal detection.  
  
METHODS: AE data from six RCTs in schizophrenia were analyzed (five RCTs of the dopamine D2 receptor-based antipsychotic lurasidone and one RCT of the novel trace amine-associated receptor 1 [TAAR1] agonist ulotaront). We determined incidence, absolute prevalence, and expected duration of AEs for lurasidone and ulotaront vs respective placebo. We also calculated areas under the curve of drug-placebo difference in AE prevalence and mean percent contribution of each AE to this difference.  
  
RESULTS: A number of AEs with the same incidence had different absolute prevalence and expected duration. When accounting for these two parameters, AEs that did not appear in the 2% incidence tables of the drug label turned out to contribute substantially to drug tolerability. The percent contribution of a drug-related AE to the overall side effect burden increased the drug-placebo difference in AE prevalence, whereas the percent contribution of a placebo-related AE decreased such difference, revealing a continuum of risk between drug and placebo. AE prevalence curves for drug were generally greater than those for placebo. Ulotaront exhibited a small drug-placebo difference in AE prevalence curves due to a relatively low incidence and short duration of AEs in the ulotaront treatment arm as well as the emergence of disease-related AEs in the placebo arm.  
  
CONCLUSION: Reporting AE absolute prevalence and expected duration for each RCT and incorporating them in the drug label is possible, is clinically relevant, and allows standardized comparison of medications. Our new metric, the drug-placebo difference in AE prevalence, facilitates signal detection in RCTs. We piloted this metric in RCTs of several neuropsychiatric indications and drugs, offering a new way to compare AE burden and tolerability among treatments using existing clinical trial information. Copyright © 2023. The Author(s).",

"AB":"Journal Article",

"FTURL":"2023",

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"DJ":"Adverse events Duration Lurasidone Prevalence Signal detection Ulotaront",

"MV":"NOTNLM",

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"TI":"Wastewater from healthcare centers in Burkina Faso is a source of ESBL, AmpC-beta-lactamase and carbapenemase-producing Escherichia coli and Klebsiella pneumoniae.",

"SO":"BMC Microbiology. 23(1) (no pagination), 2023. Article Number: 351. Date of Publication: December 2023.",

"AU":"Garba Z.  
  
Bonkoungou I.O.J.  
  
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"AO":"nan",

"IN":"(Garba, Bonkoungou, Barro) Department of Biochemistry and Microbiology, Universite Joseph KI-ZERBO, Ouagadougou, Burkina Faso  
  
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(Sangare) Department of Health Sciences, Universite Joseph KI-ZERBO, Ouagadougou, Burkina Faso",

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cotrimoxazole  
  
doxycycline  
  
ertapenem  
  
fosfomycin  
  
gentamicin  
  
imipenem  
  
kanamycin  
  
levofloxacin  
  
meropenem  
  
nalidixic acid  
  
nitrofurantoin  
  
norfloxacin  
  
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tobramycin",

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meropenem  
  
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multidrug resistant Escherichia coli  
  
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prospective study  
  
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water sampling",

"AB":"Background: Extended-spectrum beta-lactamase (ESBL), plasmid-mediated AmpC-beta-lactamase and carbapenemase-producing Escherichia coli and Klebsiella pneumoniae have spread into the environment worldwide posing a potential public health threat. However, the prevalence data for low- and middle-income countries are still scarce. The aim of this study was to evaluate the presence of ESBL, AmpC-beta-lactamase and carbapenemase-producing and multidrug-resistant E. coli and K. pneumoniae in wastewaters from healthcare centers in Burkina Faso. Result(s): Eighty-four (84) wastewater samples were collected from five healthcare centers and plated on selective ESBL ChromAgar. E. coli and Klebsiella pneumoniae isolates were identified using API20E. ESBL-producing bacteria were detected in 97.6% of the samples and their average concentration per hospital ranged from 1.10 x 105 to 5.23 x 106 CFU/mL. Out of 170 putative ESBL-producing isolates (64% of them were E. coli) and 51 putative AmpC-beta-lactamase-producing isolates, 95% and 45% were confirmed, respectively. Carbapenemase production was detected in 10 isolates, of which 6 were NDM producers, 3 were OXA-48 producers and 1 was NDM and OXA-48 producer. All isolates were multidrug resistant and, moreover, all of them were resistant to all tested beta-lactams. Resistance to ESBL inhibitors was also common, up to 66% in E. coli and 62% in K. pneumoniae. Amikacin, fosfomycin and nitrofurantoin were the antibiotics to which the least resistance was detected. Conclusion(s): This study showed that wastewater from healthcare centers constitutes a reservoir of multidrug-resistant bacteria in Burkina Faso, including carbapenemase producers. Untreated healthcare wastewater entering the environment exposes people and animals to infections caused by these multi-resistant bacteria, which are difficult to treat, especially in the resource-poor settings.Copyright © 2023, The Author(s).",

"FTURL":"Click here for full text options",

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"ORN":"20",

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"DB":"Ovid MEDLINE(R)",

"UI":"37891457",

"TI":"Limited effects of azithromycin on the oropharyngeal microbiome in children with CF and early pseudomonas infection.",

"SO":"BMC Microbiology. 23(1):312, 2023 10 27.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

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Retsch-Bogart, George  
  
Ramsey, Bonnie W  
  
Harris, J Kirk",

"OD":"Wagner, Brandie D. Department of Biostatistics and Informatics, Colorado School of Public Health, University of Colorado, Aurora, CO, USA. Brandie.wagner@cuanschutz.edu.  
  
Wagner, Brandie D. Children's Hospital Colorado, Aurora, CO, USA. Brandie.wagner@cuanschutz.edu.  
  
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Harris, J Kirk. Children's Hospital Colorado, Aurora, CO, USA.  
  
Harris, J Kirk. Department of Pediatrics, University of Colorado, Aurora, CO, USA.",

"AB":"Beta diversity Macrolides Microbiome Oropharyngeal swab Pulmonary exacerbation Tobramycin",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Tobramycin inhalation solution (TIS) and chronic azithromycin (AZ) have known clinical benefits for children with CF, likely due to antimicrobial and anti-inflammatory activity. The effects of chronic AZ in combination with TIS on the airway microbiome have not been extensively investigated. Oropharyngeal swab samples were collected in the OPTIMIZE multicenter, randomized, placebo-controlled trial examining the addition of AZ to TIS in 198 children with CF and early P. aeruginosa infection. Bacterial small subunit rRNA gene community profiles were determined. The effects of TIS and AZ were assessed on oropharyngeal microbial diversity and composition to uncover whether effects on the bacterial community may be a mechanism of action related to the observed changes in clinical outcomes.  
  
RESULTS: Substantial changes in bacterial communities (total bacterial load, diversity and relative abundance of specific taxa) were observed by week 3 of TIS treatment for both the AZ and placebo groups. On average, these shifts were due to changes in non-traditional CF taxa that were not sustained at the later study visits (weeks 13 and 26). Bacterial community measures did not differ between the AZ and placebo groups.  
  
CONCLUSIONS: This study provides further evidence that the mechanism for AZ's effect on clinical outcomes is not due solely to action on airway microbial composition. Copyright © 2023. The Author(s).",

"DJ":"Multicenter Study  
  
Journal Article  
  
Research Support, N.I.H., Extramural",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
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Azithromycin/tu [Therapeutic Use]  
  
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Cystic Fibrosis/mi [Microbiology]  
  
\*Cystic Fibrosis  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"36137401",

"TI":"Circular RNA in multiple myeloma: A new target for therapeutic intervention. [Review]",

"SO":"Pathology, Research & Practice. 238:154129, 2022 Oct.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Ren H  
  
Chen S  
  
Liu C  
  
Wu H  
  
Wang Z  
  
Zhang X  
  
Ren J  
  
Zhou L",

"MH":"Ren, Hefei  
  
Chen, Sai  
  
Liu, Chang  
  
Wu, Hongkun  
  
Wang, Zhenhua  
  
Zhang, Xiaomin  
  
Ren, Jigang  
  
Zhou, Lin",

"DU":"Ren, Hefei. Department of Laboratory Medicine, Shanghai Changzheng Hospital, Naval Medical University, 415 Fengyang Road, Shanghai 200003, China.  
  
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"OD":"Circular RNA Drug resistance Multiple myeloma Therapeutic intervention",

"AB":"NOTNLM",

"FTURL":"Circular RNAs (circRNAs) are RNA molecules with a stable closed-loop structure that are found in a variety of organisms. CircRNAs are highly stable and conserved, and they play important roles in transcriptional regulation and splicing. Multiple Myeloma (MM) is a malignant proliferative disease for which there are currently no effective and comprehensive treatments. Numerous circRNAs may contribute to the development and progression of MM by acting as oncogenes or regulators. Due to the unique function of circRNAs, they have a high potential for regulating the biological functions (including proliferation and apoptosis) of MM cells, and their expression levels and molecular mechanism are closely related to their diagnostic value, therapeutic sensitivity, and clinical prognosis of MM patients. In this review, we aim to provide a detailed overview of the structure and function of circRNAs and demonstrate the potential therapeutic value and potential mechanism of circRNAs in MM via experiments and clinical trials. Copyright © 2022 Elsevier GmbH. All rights reserved.",

"PM":"Journal Article  
  
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"DJ":"2022",

"MV":"Click here for full text options",

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"Unnamed: 22":"nan",

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"UI":"642922972",

"TI":"Predictors of Unsustained Minimal Residual Disease Negativity in Multiple Myeloma (MM) Patients.",

"SO":"Blood. (no pagination), 2023. Date of Publication: 04 Dec 2023.",

"AU":"D'Agostino M.  
  
Bertuglia G.  
  
Rota-Scalabrini D.  
  
Belotti A.  
  
More S.  
  
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Paris L.  
  
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Gay F.",

"AO":"Bertuglia, Giuseppe ORCID: https://orcid.org/0009-0009-3785-9824  
  
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"IN":"(D'Agostino) Division of Hematology, Azienda Ospedaliero-Universitaria Citta della Salute e della Scienza di Torino, University of Torino, Torino, Italy  
  
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(Cellini) Santa Maria delle Croci Hospital, Ravenna, Italy  
  
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(Zambello) Padua University School of Medicine, Padua, Italy  
  
(Petrucci) Hematology, University, Roma, Italy  
  
(Bruno) A.O.U. Citta della Salute e della Scienza di Torino, Turin, Italy  
  
(Musto) BariItaly  
  
(Gay) Division of Hematology, Azienda Ospedaliero-Universitaria Citta della Salute e della Scienza di Torino, University of Torino, Torino, Italy",

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\*multiple myeloma  
  
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"OD":"The prognostic impact of achieving and in particular maintaining MRD negativity in multiple myeloma is now established, therefore identifying among MRD-negative patients the ones at higher risk of losing MRD negativity is of importance. We analyzed predictors of unsustained MRD-negativity in patients enrolled in the FORTE trial (NCT02203643). MRD was performed by multiparameter flow-cytometry (sensitivity of 10-5) at premaintenance and every 6 months thereafter. The cumulative incidence (CI) of MRD resurgence and/or progression was analyzed in MRD-negative patients. 306/474 (65%) MRD-negative patients were analyzed. After a median follow-up of 50.4 months from MRD-negativity, 185/306 (60%) patients were still MRD-negative and progression-free, 118 (39%) lost their MRD-negative status and 3 patients (1%) died without progression. Amp1q vs. normal (4-years CI 63% vs 34), >=2 concomitant high-risk cytogenetic abnormalities vs. 0 (4-years CI 59% vs 33%), Circulating tumor cells at baseline (high vs. low 4-years CI 62% vs. 32%) and time-to-reach MRD negativity post-consolidation vs. pre-consolidation (4-years CI 46% vs 35%) were associated with a higher risk of unsustained MRD-negativity in a multivariate Fine-Grey model. During the first 2 years of maintenance, patients receiving carfilzomib-lenalidomide vs. lenalidomide alone had a lower risk of unsustained MRD-negativity (4-years CI 20% vs 33%). CT# NCT02203643.Copyright © 2023 American Society of Hematology.",

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"PM":"nan",

"DJ":"nan",

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"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"20",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2023737203",

"TI":"Informing individualized multi-scale neural signatures of clozapine response in patients with treatment-refractory schizophrenia.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 15 Mar 2023.",

"AU":"Ji J.L.  
  
Lencz T.  
  
Gallego J.  
  
Neufeld N.  
  
Voineskos A.  
  
Malhotra A.  
  
Anticevic A.",

"AO":"Lencz, Todd ORCID: https://orcid.org/0000-0001-8586-338X",

"IN":"(Ji, Anticevic) Department of Psychiatry, Yale University, New Haven, CT, United States  
  
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(Neufeld, Voineskos) Centre for Addiction and Mental Health, Department of Psychiatry, University of Toronto, Toronto, Canada",

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"FTURL":"Clozapine is currently the only antipsychotic with demonstrated efficacy in treatment-refractory schizophrenia (TRS). However, response to clozapine differs widely between TRS patients, and there are no available clinical or neural predictive indicators that could be used to increase or accelerate the use of clozapine in patients who stand to benefit. Furthermore, it remains unclear how the neuropharmacology of clozapine contributes to its therapeutic effects. Identifying the mechanisms underlying clozapine's therapeutic effects across domains of symptomatology could be crucial for development of new optimized therapies for TRS. Here, we present results from a prospective neuroimaging study that quantitatively related heterogeneous patterns of clinical clozapine response to neural functional connectivity at baseline. We show that we can reliably capture specific dimensions of clozapine clinical response by quantifying the full variation across item-level clinical scales, and that these dimensions can be mapped to neural features that are sensitive to clozapine-induced symptom change. Thus, these features may act as failure modes that can provide an early indication of treatment (non-)responsiveness. Lastly, we related the response-relevant neural maps to spatial expression profiles of genes coding for receptors implicated in clozapine's pharmacology, demonstrating that distinct dimensions of clozapine symptom-informed neural features may be associated with specific receptor targets. Collectively, this study informs prognostic neuro-behavioral measures for clozapine as a more optimal treatment for selected patients with TRS. We provide support for the identification of neuro-behavioral targets linked to pharmacological efficacy that can be further developed to inform optimal early treatment decisions in schizophrenia.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"UI":"33630716",

"TI":"Cost-Effectiveness of a Training Intervention for Adolescents with ADHD.",

"SO":"Journal of Clinical Child & Adolescent Psychology. 52(6):819-833, 2023 Nov-Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Margherio SM  
  
Evans SW  
  
Monopoli WJ  
  
Langberg JM",

"MH":"Margherio, Samantha M ORCID: https://orcid.org/0000-0003-3074-9525  
  
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Langberg, Joshua M ORCID: https://orcid.org/0000-0003-0169-2793",

"DU":"Margherio, Samantha M  
  
Evans, Steven W  
  
Monopoli, W John  
  
Langberg, Joshua M",

"OD":"Margherio, Samantha M. Department of Psychology, Ohio University.  
  
Evans, Steven W. Department of Psychology, Ohio University.  
  
Monopoli, W John. Department of Psychology, Ohio University.  
  
Langberg, Joshua M. Psychology Department, Virginia Commonwealth University.",

"AB":"Humans  
  
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Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Cost-Benefit Analysis  
  
Schools  
  
Parents/px [Psychology]  
  
Students",

"FTURL":"nan",

"PM":"nan",

"DJ":"OBJECTIVE: The aim of this study was to examine the costs and cost-effectiveness of a school-based training intervention delivered at varying levels of intensity with adolescents with attention-deficit/hyperactivity disorder (ADHD). Costs were examined in relation to post-treatment and 6-month follow-up effects of the Challenging Horizons Program (CHP), a training intervention for adolescents with ADHD.  
  
METHOD: A total of 326 middle-school students (71% male 77% White) with ADHD were randomized to an after-school version of the CHP (CHP-AS), a less-intensive mentoring version (CHP-M), or routine community care. Detailed time logs were maintained throughout the study and were used to estimate costs associated with each condition. Student grade point average (GPA) and parent-rated ADHD symptoms and organization skills were collected at post-treatment and 6-month follow-up.  
  
RESULTS: The cost analysis revealed that CHP-AS was more costly per student than CHP-M, both in terms of overall costs and direct expenses to the school. However, CHP-AS was less costly per hour of intervention provided to the youth than CHP-M. Incremental cost-effectiveness ratios revealed that CHP-M may be the more cost-effective option for post-treatment effects, yet CHP-AS may be the more cost-effective option in the long term for sustained gains in organization skills and GPA.  
  
CONCLUSIONS: This study provides stakeholders important information to make decisions regarding allocation of finite monetary resources to meet their prioritized goals.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

"Unnamed: 24":"nan",

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"If RCT or not":"No",

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"VN":"Ovid Technologies",

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"UI":"2015040713",

"TI":"Riemannian geometry of functional connectivity matrices for multi-site attention-deficit/hyperactivity disorder data harmonization.",

"SO":"bioRxiv. (no pagination), 2021. Date of Publication: 03 Sep 2021.",

"AU":"Simeon G.  
  
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"AO":"(Simeon) Computational Science Laboratory, Universitat Pompeu Fabra, Barcelona Biomedical Research Park (PRBB), C/Doctor Aiguader 88, Barcelona 08003, Spain  
  
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(Pareto) Neuroradiology Section, Department of Radiology, Institut de Diagnostic per la Imatge, Vall d'Hebron Hospital Universitari, Pg Vall d'Hebron 119-129, Barcelona 08035, Spain",

"IN":"bioRxiv",

"PB":"\*attention deficit hyperactivity disorder  
  
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\*functional connectivity  
  
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"OD":"The use of multi-site datasets in neuroimaging provides neuroscientists with more statistical power to perform their analyses. However, it has been shown that imaging-site introduces a variability in the data that cannot be attributed to biological sources. In this work, we show that functional connectivity matrices derived from resting-state multi-site data contain a significant imaging-site bias. To this aim, we exploited the fact that functional connectivity matrices belong to the manifold of symmetric positive-definite matrices, making possible to operate on them with Riemannian geometry. We hereby propose a geometry-aware harmonization approach, Rigid Log-Euclidean Translation, that accounts for this site bias. Moreover, we adapted other Riemannian-geometric methods designed for other domain adaptation tasks, and compared them to our proposal. Based on our results, Rigid Log-Euclidean Translation of multi-site functional connectivity matrices seems to be among the studied methods the most suitable one in a clinical setting. This represents an advance with respect to previous functional connectivity data harmonization approaches, which do not respect the geometric constraints imposed by the underlying structure of the manifold. In particular, when applying our proposed method on data from the ADHD-200 dataset, a multi-site dataset built for the study of attention-deficit/hyperactivity disorder, we obtained results that display a remarkable correlation with established pathophysiological findings and, therefore, represent a substantial improvement when compared to the non-harmonization analysis. Thus, we present evidence supporting that harmonization should be extended to other functional neuroimaging datasets, and provide a simple geometric method to address it.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Simeon, Guillem ORCID: https://orcid.org/0000-0003-3225-1632  
  
Piella, Gemma ORCID: https://orcid.org/0000-0001-5236-5819  
  
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"DJ":"nan",

"MV":"nan",

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"DB":"Ovid MEDLINE(R)",

"UI":"37562099",

"TI":"The relationship between the brain-derived neurotrophic factor and neurocognitive response to physical exercise in individuals with schizophrenia.",

"SO":"Psychoneuroendocrinology. 157:106356, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Bang-Kittilsen G  
  
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"MH":"Bang-Kittilsen, Gry  
  
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Andersen, Eivind  
  
Bigseth, Therese Torgersen  
  
Holmen, Tom Langerud  
  
Mordal, Jon  
  
Holst, Rene  
  
Engh, John Abel",

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"OD":"OBJECTIVE: Physical exercise can improve neurocognition in individuals with schizophrenia, presumably by facilitating neuroplasticity. There is, however, large inter-individual variation in response. The brain-derived neurotrophic factor (BDNF) has been proposed to mediate these effects. The current aim was to investigate the sparsely studied relationship between peripheral resting BDNF and neurocognitive response to physical exercise in individuals with schizophrenia.  
  
METHOD: The current study reports secondary analyses of data from a randomized controlled trial (RCT), ClinicalTrials.gov number 02205684, recently reported according to the CONSORT guidelines. Eighty-two individuals with schizophrenia (mean age 37 +/- 14 years old, 61% men) were randomly allocated to high-intensity interval training (HIIT) or a comparison group performing low-intensity active video gaming (AVG). Both interventions consisted of 2 sessions/week for 12 weeks. In previously published primary RCT analyses, HIIT and AVG showed comparable small to moderate improvements in neurocognition. We now address the inter-individual variability in neurocognitive response. We apply mediation and moderation analyses for repeated measures designs (MEMORE) and mixed effects models.  
  
RESULTS: Baseline neurocognition was not significantly correlated with baseline levels of mature BDNF (baseline-mBDNF) or the precursor proBDNF. Nonetheless, baseline-mBDNF, but not baseline proBDNF, moderated the effect of exercise on neurocognition (p = 0.025) and explained 7% of the variance. The neurocognitive improvement increased with increasing baseline-mBDNF values. The moderating effect of baseline-mBDNF remained significant in a more complex model adding the moderating effects of exercise mode, sex, age, duration of illness and baseline VO2max on the outcome (neurocognition). Mean baseline-mBDNF significantly decreased from baseline to post-intervention (p = 0.036), regardless of exercise mode, differing by sex and associated with improved VO2max but not with change in neurocognition. A mediating role of mBDNF on the effect of physical exercise on neurocognition was not supported. Values of proBDNF mainly remained stable from baseline to post-intervention.  
  
CONCLUSION: We found that baseline-mBDNF moderated the effect of physical exercise on neurocognition in individuals with schizophrenia and explained a small part of the inter-individual variation in neurocognitive response. Mean mBDNF decreased from baseline to post-intervention, regardless of exercise mode. A mediating role of mBDNF on the effect of exercise on neurocognition was not supported. The inter-individual variation in neurocognitive response and the complex role of peripheral BDNF in physical exercise is still to be elucidated. Copyright © 2023 Elsevier Ltd. All rights reserved.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Brain-derived neurotrophic factor Cognition Neurocognition Physical exercise Schizophrenia Treatment",

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"TI":"Assessing O.K.N.V.I. RESIST-5 performance for post-mortem biological samples: A prospective pilot study.",

"SO":"Experimental and Therapeutic Medicine. 27(1) (no pagination), 2024. Article Number: 14. Date of Publication: January 2024.",

"AU":"Diac I.  
  
Neculai-Candea L.  
  
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"AO":"nan",

"IN":"(Diac) PhD School, 'Carol Davila' University of Medicine and Pharmacy, Bucharest 020021, Romania  
  
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"PB":"Spandidos Publications",

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"AB":"In recent years, the emergence of carbapenem-resis- tant strains has been increasing worldwide, including in Romania. Rapid tests for post-mortem examinations have been researched and currently have several applications. In the present study, we aimed to test the performance of O.K.N.V.I. RESIST-5 tests on impure post-mortem biological samples compared with a standard of pure cultures. When a death occurs during hospitalization and the issue of malpractice arises, the medico-legal practice would benefit from rapid tests applicable to post-mortem samples. Thus, detection and differentiation of the five targeted carbapenemases, namely oxacilinase-48, Klebsiella pneumoniae carbapenemase, New Delhi metallo-beta-lactamase, Verona integron-encoded metallo-beta-lactamase and imipenemase, could be useful in guiding sampling for third-party microbiological assessment and could also be an asset from an epidemiological standpoint. The present prospective and observational pilot study included medico-legal autopsy cases performed at Mina Minovici National Institute of Legal Medicine (Romania) between June and July 2022. A total of two sets of O.K.N.V.I. RESIST-5 tests were performed: Test I, which was performed on-site from biological samples obtained during autopsy and Test II, which was performed on pure cultures after sample inoculation and incubation. Total of 39 O.K.N.V.I. RESIST-5 rapid tests were performed on 19 biological samples, at least one sample per case. The O.K.N.V.I. RESIST-5 tests performed on-site showed an overall sensitivity of 92.3% with a 100% specificity. The results obtained through rapid tests using post-mortem impure samples were comparable to the results obtained from sample cultures with good sensitivity and specificity. Through post-mortem screening for carbapenem resistance, it would be possible to narrow down the number of cases that require further bacteriological assessment.Copyright © 2023 Diac et al.",

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"DJ":"O.K.N.V.I. RESIST-5 [device term]",

"MV":"diagnostic kit",

"TN":"nan",

"Unnamed: 22":"nan",

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"Database":"Medline",

"ORN":"21",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37702483",

"TI":"Effectiveness of cefmetazole versus meropenem for invasive urinary tract infections caused by extended-spectrum beta-lactamase-producing Escherichia coli.",

"SO":"Antimicrobial Agents & Chemotherapy. 67(10):e0051023, 2023 10 18.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Hayakawa K  
  
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"DU":"Hayakawa, Kayoko  
  
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"OD":"Hayakawa, Kayoko. Disease Control and Prevention Center, National Center for Global Health and Medicine, Tokyo, Japan.  
  
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"AB":"E. coli antimicrobial resistance carbapenem cephamycin urinary tract infection",

"FTURL":"NOTNLM",

"PM":"Cefmetazole is active against extended-spectrum beta-lactamase-producing Escherichia coli (ESBLEC) and is a potential candidate for carbapenem-sparing therapy. This multicenter, observational study included patients hospitalized for invasive urinary tract infection due to ESBLEC between March 2020 and November 2021 at 10 facilities in Japan, for whom either cefmetazole or meropenem was initiated as a definitive therapy within 96 h of culture collection and continued for at least 3 d. Outcomes included clinical and microbiological effectiveness, recurrence within 28 d, and all-cause mortality (14 d, 30 d, in-hospital). Outcomes were adjusted for the inverse probability of propensity scores for receiving cefmetazole or meropenem. Eighty-one and forty-six patients were included in the cefmetazole and meropenem groups, respectively. Bacteremia accounted for 43% of the cefmetazole group, and 59% of the meropenem group. The crude clinical effectiveness, 14 d, 30 d, and in-hospital mortality for patients in the cefmetazole and meropenem groups were 96.1% vs 90.9%, 0% vs 2.3%, 0% vs 12.5%, and 2.6% vs 13.3%, respectively. After propensity score adjustment, clinical effectiveness, the risk of in-hospital mortality, and the risk of recurrence were similar between the two groups (P = 0.54, P = 0.10, and P = 0.79, respectively). In all cases with available data (cefmetazole : n = 61, meropenem : n = 22), both drugs were microbiologically effective. In all isolates, bla CTX-M was detected as the extended-spectrum beta-lactamase gene. The predominant CTX-M subtype was CTX-M-27 (47.6%). Cefmetazole showed clinical and bacteriological effectiveness comparable to meropenem against invasive urinary tract infection due to ESBLECs.",

"DJ":"Multicenter Study  
  
Observational Study  
  
Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
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"TI":"Bispecific CS1-BCMA CAR-T cells are clinically active in relapsed or refractory multiple myeloma.",

"SO":"Leukemia. 2023 Oct 17",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Mei, Heng. Hubei Clinical Medical Center of Cell Therapy for Neoplastic Disease, Wuhan, 430022, China. hmei@hust.edu.cn.",

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"FTURL":"Multiple myeloma (MM) bears heterogeneous cells that poses a challenge for single-target immunotherapies. Here we constructed bispecific CS1-BCMA CAR-T cells aiming to augment BCMA targeting with CS1. Sixteen patients with relapsed or refractory (RR) MM received CS1-BCMA CAR-T infusion. Six patients (38%) had cytokine release syndrome, which was of grade 1-2 in 31%. No neurological toxicities were observed. The most common severe adverse events were hematological, including leukopenia (100%), neutropenia (94%), lymphopenia (100%) and thrombocytopenia (31%). Three patients with solitary extramedullary disease (sEMD) did not respond. At a median follow-up of 246 days, 13 patients (81%) had an overall response and attained minimal residual disease-negativity, and six (38%) reached a stringent complete response (sCR). Among the 13 responders, 1-year overall survival and progression-free survival were 72.73% and 56.26%, respectively. Four patients maintained sCR with a median duration of 17 months. Four patients experienced BCMA+ and CS1+ relapse or progression. One patient responded after anti-BCMA CAR-T treatment failure. Lenalidomide maintenance after CAR-T infusion and the resistance mechanism of sEMD were preliminarily explored in three patients. CAR-T cells persisted at a median of 406 days. Soluble BCMA could serve as an ideal biomarker for efficacy monitoring. CS1-BCMA CAR-T cells were clinically active with good safety profiles in patients with RRMM. Clinical trial registration: This study was registered on ClinicalTrials.gov, number NCT04662099. Copyright © 2023. The Author(s).",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Li, Chenggong ORCID: http://orcid.org/0009-0005-3119-0147  
  
Hu, Yu ORCID: http://orcid.org/0000-0002-2815-4568  
  
Mei, Heng ORCID: http://orcid.org/0000-0001-7941-2443",

"Unnamed: 22":"nan",

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"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"21",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"639560882",

"TI":"Cyclophosphamide, Bortezomib, and Dexamethasone Consolidation in Patients with Multiple Myeloma after Stem Cell Transplantation: The KMM130 Study.",

"SO":"Cancer research and treatment. (no pagination), 2022. Date of Publication: 16 Nov 2022.",

"AU":"Jung J.  
  
Kim K.  
  
Jung S.-H.  
  
Yoon S.-S.  
  
Lee J.H.  
  
Kim J.S.  
  
Shin H.-J.  
  
Bang S.-M.  
  
Sohn S.K.  
  
Suh C.  
  
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"AO":"nan",

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(Kong) Department of Cancer Biomedical Science, National Cancer Center Graduate School of Cancer Science and Policy, Goyang, South Korea  
  
(Min) Department of Hematology, Seoul St. Mary's Hospital, College of Medicine, Catholic University of Korea, Seoul, South Korea",

"PB":"NLM (Medline)",

"MH":"adult  
  
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overall survival  
  
peripheral neuropathy  
  
phase 2 clinical trial  
  
progression free survival  
  
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South Korea [m]  
  
\*stem cell transplantation [m]  
  
surgery [m]",

"OD":"Purpose: A three-drug combination of cyclophosphamide, bortezomib, and dexamethasone (CVD) shows significant efficacy and manageable toxicity as induction therapy in patients with multiple myeloma (MM). Material(s) and Method(s): In this phase II study, we enrolled 45 patients who achieved a very good partial response (VGPR) or PR after autologous stem cell transplantation (ASCT) and evaluated the efficacy and toxicity of CVD consolidation. CVD consolidation comprised three cycles of cyclophosphamide 300 mg/m2 orally on days 1, 8, and 15, and bortezomib 1.3 mg/m2 subcutaneously on days 1, 8, 15, and 22, along with dexamethasone 20 mg orally or intravenously on days 1 and 2, 8 and 9, 15 and 16, and 22 and 23. Result(s): At enrollment, 39 (86.7%) patients showed VGPR, and nine (13.3%) presented with PR. Nineteen (45.2%) patients achieved a complete response (CR) or better as their best response after the end of consolidation. Overall, 22 (52.4%) of 42 patients experienced an improved response status with CVD consolidation. Three-year overall survival and progression-free survival rates were 89.0% and 42.7%, respectively. The most common non-hematologic toxicities were peripheral neuropathy and infection (20.5%), with no grade >= 3 neuropathy observed. Conclusion(s): These results showed that CVD consolidation therapy improved the response with reasonable toxicity in patients with residual disease after ASCT. This trial was registered with the Clinical Research Information Service, Republic of Korea (KCT0001327).",

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"Database":"EMBASE",

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"DB":"Embase",

"UI":"2022548274",

"TI":"Schizophrenia, inflammation and temporal change in brain morphology: an omnigenic Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 18 Jan 2023.",

"AU":"Ren H.  
  
Liu Y.  
  
Zhang Y.  
  
Wang Q.  
  
Deng W.  
  
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Zhao L.  
  
Li X.  
  
Sham P.  
  
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"AO":"Wang, Qiang ORCID: https://orcid.org/0000-0002-3849-1349",

"IN":"(Ren, Liu, Zhang, Wang, Deng, Ma, Zhao, Li) Mental Health Center, Psychiatric Laboratory, The State Key Laboratory of Biotherapy, West China Hospital, Sichuan University, Sichuan, Chengdu, China  
  
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(Li) NHC, CAMS, Key Laboratory of Medical Neurobiology, Zhejiang University, Hangzhou 310058, China",

"PB":"medRxiv",

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\*Mendelian randomization analysis [m]  
  
nervous system inflammation [m]  
  
randomized controlled trial [m]  
  
\*schizophrenia [m]  
  
white matter [m]",

"FTURL":"The last decades of research in schizophrenia witnessed a shift of etiological speculation from neurotransmitters to inflammation. However, identifying definite inflammatory effectors of schizophrenia remains elusive due to confounding factors such as medication and metabolic status. To tackle this issue, we carried out omnigenic-based Mendelian randomization (MR) analysis to explore the inflammatory responses of schizophrenia and the brain morphological consequences caused by these SCZ-triggering inflammation responses. Our results identified seven SCZ-triggering inflammation markers, with P values surviving the Bonferroni multiple comparisons (B\_NGF, P = 1.45 x10-8 GROA (CXCL1) P = 1.15x10-4 IL8, P = 3.64x10-7 MCSF, P = 9.30x10-4 MCP3 (CCL7), P = 1.3x10-6 TNF\_beta, P = 3.63x10-4 CRP, P = 1.71x10-32 ). Further, three of them, GROA (CXCL1), IL8 and CRP, could lead to significant linear change rate of brain morphologies, especially white matter in both cerebral and cerebellum. Our study is the first to use an omnigenic conceptual framework to capture the immune pathology of schizophrenia. Although future studies adopting a different methodology are needed to validate our results, our study provides another piece of evidence that extensive and low-grade neuroinflammation exists in schizophrenia and that some of these inflammation markers could be potential targets for the precise diagnosis and treatment of schizophrenia.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

"PM":"Click here for full text options",

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"Disease area":"ADHD",

"Database":"Medline",

"ORN":"21",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37946220",

"TI":"Assessment of probiotic strain Lactobacillus acidophilus LB supplementation as adjunctive management of attention-deficit hyperactivity disorder in children and adolescents: a randomized controlled clinical trial.",

"SO":"BMC Psychiatry. 23(1):823, 2023 11 09.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Elhossiny RM  
  
Elshahawy HH  
  
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Abdelmageed RI",

"MH":"Abdelmageed, Reham I ORCID: https://orcid.org/0000-0001-6801-5178",

"DU":"Elhossiny, Reham M  
  
Elshahawy, Heba H  
  
Mohamed, Hanan M  
  
Abdelmageed, Reham I",

"OD":"Elhossiny, Reham M. Pediatrics Department, Faculty of Medicine, Ain Shams University, Abbassya Square, Cairo, Egypt.  
  
Elshahawy, Heba H. Department of Neuropsychiatry, Faculty of Medicine, Okasha Institue of Psychiatry, Ain Shams University, Cairo, Egypt.  
  
Mohamed, Hanan M. Pediatrics Department, Faculty of Medicine, Ain Shams University, Abbassya Square, Cairo, Egypt.  
  
Abdelmageed, Reham I. Pediatrics Department, Faculty of Medicine, Ain Shams University, Abbassya Square, Cairo, Egypt. rehamibrahim@med.asu.edu.eg.",

"AB":"Humans  
  
Child  
  
Adolescent  
  
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Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
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Atomoxetine Hydrochloride/tu [Therapeutic Use]  
  
Lactobacillus acidophilus  
  
Lactobacillus  
  
Probiotics/tu [Therapeutic Use]  
  
\*Probiotics  
  
Dietary Supplements  
  
Treatment Outcome",

"FTURL":"ADHD Adolescents Attention-deficit/hyperactivity disorder Children Cognition Lactobacillus acidophilus LB Probiotic",

"PM":"NOTNLM",

"DJ":"BACKGROUND: This study was designed to examine the possible efficacy of the probiotic strain Lactobacillus acidophilus LB (Lacteol Fort) on attention-deficit/hyperactivity disorder (ADHD) symptomatology and evaluate its influence on cognition function.  
  
METHODS: In this randomized controlled trial, 80 children and adolescents with ADHD diagnosis, aged 6-16 years, were included. The participants were randomly assigned to two groups: one group received probiotics plus atomoxetine, whereas the other group received atomoxetine only. ADHD symptomatology was assessed using the Conners Parent Rating Scale-Revised Long Version (CPRS-R-L) and Child Behavioral Checklist (CBCL/6-18). The participants were evaluated for their vigilance and executive function using Conner's Continuous Performance Test (CPT) and Wisconsin Card Sort Test (WCST). Both groups were assessed at the beginning of the study and the end of the twelve weeks.  
  
RESULTS: The probiotic group comprised 36 patients, whereas the control group comprised 40 patients in the final analysis after four patients dropped out of the trial. After 3 months of probiotic supplementation, a significant improvement in the CPRS-R-L and CBCL total T scores was observed compared with those in the control group (p = 0.032, 0.024, respectively). Additionally, the probiotic group demonstrated improved focus attention (target accuracy rate and omission errorsp = 0.02, 0.043, respectively) compared with the control group. An analysis of the Wisconsin Card Sorting Test (WCST) performance demonstrated that the probiotic group had significantly lower perseverative (p = 0.017) and non-perseverative errors (p = 0.044) but no significant differences compared to the control group.  
  
CONCLUSION: Lactobacillus acidophilus LB supplementation combined with atomoxetine for 3 months had a beneficial impact on ADHD symptomology and a favorable influence on cognitive performance. As a result, the efficacy of probiotics as an adjunctive treatment for managing ADHD may be promising.  
  
TRIAL REGISTRATION: ClinicalTrials.gov (identifier: NCT04167995). Registration date: 19-11-2019. Copyright © 2023. The Author(s).",

"MV":"57WVB6I2W0 (Atomoxetine Hydrochloride)",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

"Unnamed: 24":"nan",

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"If RCT or not":"Yes",

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"UniqueID":"167",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"21",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2016370781",

"TI":"Dose-response relationship of extended-release methylphenidate for ADHD in adults: post-hoc analysis based on a systematic review.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 09 Dec 2021.",

"AU":"Boesen K.  
  
Jorgensen K.J.  
  
Gotzsche P.C.",

"AO":"(Boesen) Meta-Research Innovation Center Berlin (METRIC-B), Germany  
  
(Jorgensen) Cochrane, Denmark  
  
(Gotzsche) Institute for Scientific Freedom, Denmark",

"IN":"medRxiv",

"PB":"adult  
  
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"OD":"Objective: To assess potential dose-response relationships of extended-release methylphenidate for ADHD in adults on efficacy outcomes. Study design and setting: Post-hoc analysis based on a systematic review of extended-release methylphenidate (https://doi.org/10.1002/14651858.CD012857). Using data from clinical trials comparing multiple fixed-dose methylphenidate groups with placebo, we conducted subgroup meta-analyses for available efficacy outcomes. Result(s) and Conclusion(s): Five trials used a fixed-dose design with multiple methylphenidate groups receiving different doses. All trials were pivotal industry sponsored studies conducted to obtain marketing authorisation. We analysed four efficacy outcomes: Self-rated ADHD symptoms (5 trials, 1807 participants), investigator-rated ADHD symptoms (5 trials, 1904 participants), quality of life (4 trials, 1158 participants), and peer-rated ADHD symptoms (2 trials, 879 participants). There were no dose-response relationships for any outcome.Copyright © , CC BY.",

"AB":"Click here for full text options",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"21",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37665401",

"TI":"One-year efficacy of a lifestyle behavioural intervention on physical and mental health in people with severe mental disorders: results from a randomized controlled trial.",

"SO":"European Archives of Psychiatry & Clinical Neuroscience. 2023 Sep 04",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Luciano M  
  
Sampogna G  
  
D'Ambrosio E  
  
Rampino A  
  
Amore M  
  
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Rossi A  
  
Rossi R  
  
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Di Vincenzo M  
  
Fiorillo A",

"MH":"Luciano, M  
  
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Bianciardi, E  
  
Siracusano, A  
  
Della Rocca, Bianca  
  
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"DU":"Luciano, M. Department of Psychiatry, University of Campania L. Vanvitelli, Largo Madonna Delle Grazie 80039, Naples, Italy. mario.luciano@unicampania.it.  
  
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Fiorillo, A. Department of Psychiatry, University of Campania L. Vanvitelli, Largo Madonna Delle Grazie 80039, Naples, Italy.",

"OD":"This multicentric randomized controlled trial (RCT), carried out in six Italian University mental health sites, aims to test the efficacy of a six-month psychosocial intervention (LYFESTYLE) on Body Mass Index (BMI), body weight, waist circumference, fasting glucose, triglycerides, cholesterol, Framingham and HOmeostasis Model Assessment of insulin resistance (HOMA-IR) indexes in patients with schizophrenia, bipolar disorder, and major depression. Moreover, the efficacy of the intervention has also been tested on several other physical and mental health domains. Patients were randomly allocated to receive the six-month experimental intervention (LIFESTYLE) or a behavioural control intervention. All enrolled patients were assessed at baseline and after one year. We recruited 401 patients (206 in the experimental and 195 in the control group) with a diagnosis of schizophrenia or other psychotic disorder (29.9%), bipolar disorder (43.3%), or major depression (26.9%). At one year, patients receiving the experimental intervention reported an improvement in body mass index, body weight, waist circumference, HOMA-IR index, anxiety and depressive symptoms and in quality of life. Our findings confirm the efficacy of the LIFESTYLE intervention in improving physical and mental health-related outcomes in patients with severe mental illnesses after one year. Copyright © 2023. The Author(s).",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"BMI Bipolar disorder Comorbidity Depression Framingham Risk score HOMA-IR index LIFESTYLE RCT Schizophrenia Waist circumference",

"MV":"NOTNLM",

"TN":"Luciano, M ORCID: http://orcid.org/0000-0002-4338-1371",

"Unnamed: 22":"nan",

"Unnamed: 23":"LIFESTYLE Working Group",

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"UI":"2026988144",

"TI":"Extended-spectrum beta-lactamase-producing Enterobacterales in diverse foodstuffs: a prospective, longitudinal study in the city of Basel, Switzerland.",

"SO":"Frontiers in Microbiology. 14(no pagination), 2023. Article Number: 1295037. Date of Publication: 2023.",

"AU":"Gomez-Sanz E.  
  
Bagutti C.  
  
Garcia-Martin A.B.  
  
Roth J.A.  
  
Alt Hug M.  
  
Maurer Pekerman L.  
  
Schindler R.  
  
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Steffen I.  
  
Hubner P.  
  
Stadler T.  
  
Aguilar-Bultet L.  
  
Tschudin-Sutter S.",

"AO":"nan",

"IN":"(Gomez-Sanz, Garcia-Martin, Roth, Maurer Pekerman, Schindler, Aguilar-Bultet, Tschudin-Sutter) Division of Infectious Diseases and Hospital Epidemiology, University Hospital Basel, University of Basel, Basel, Switzerland  
  
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(Steffen) Rothen Laboratory, Basel, Switzerland  
  
(Stadler) Department of Biosystems Science and Engineering, ETH Zurich, Zurich, Switzerland",

"PB":"Frontiers Media SA",

"MH":"Africa  
  
article  
  
bacterium isolate  
  
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Enterobacter cloacae  
  
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ceftazidime  
  
data analysis software  
  
microbial identification system  
  
Enterobacter xiangfangensis  
  
Moellerella wisconsensis  
  
Serratia fonticola  
  
Brilliance  
  
PAPMID  
  
SARAMIS  
  
STATA",

"DU":"agar  
  
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cefepime  
  
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ceftazidime",

"OD":"Africa  
  
Article  
  
bacterium isolate  
  
cell culture technique  
  
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data base  
  
Eastern Europe  
  
Enterobacter cloacae  
  
\*Enterobacterales  
  
Enterobacteriaceae  
  
Escherichia coli  
  
\*food  
  
food industry  
  
Gallus gallus  
  
herb  
  
information processing  
  
kitchen  
  
Klebsiella pneumoniae  
  
longitudinal study  
  
matrix-assisted laser desorption-ionization mass spectrometry  
  
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Middle East  
  
nonhuman  
  
North Africa  
  
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phenotype  
  
\*prospective study  
  
Proteus mirabilis  
  
salad  
  
sampling  
  
Serratia (bacterium)  
  
Serratia liquefaciens  
  
South America  
  
South Asia  
  
Southeast Asia  
  
spatiotemporal analysis  
  
\*spectrum  
  
sprout  
  
statistical analysis  
  
study design  
  
Switzerland  
  
vegetable  
  
Western Europe  
  
whole food",

"AB":"Background: The involvement of non-human-to-human transmission of extended-spectrum beta-lactamase-producing Enterobacterales (ESBL-PE) remains elusive. Foodstuffs may serve as reservoirs for ESBL-PE and contribute to their spread. Aim(s): We aimed to systematically investigate the presence and spatiotemporal distribution of ESBL-PE in diverse unprocessed foodstuffs of different origin purchased in a central European city. Method(s): Chicken and green (herbs, salad, sprouts, vegetables) samples were collected monthly for two consecutive years, from June 2017 to June 2019, from large supermarket chains and small local food retailers, representing all ten postcode areas of the City of Basel (Switzerland), and the kitchen of the University Hospital Basel (Basel, Switzerland). After enrichment, presumptive ESBL-PE were isolated by selective culture methods and identified by Matrix-assisted laser desorption/ionization time-of-flight mass spectrometry. ESBL production was confirmed by phenotypic testing. Result(s): Among 947 food samples, 14.8% were positive for ESBL-PE isolate/s belonging to eight different ESBL-producing bacterial species. Escherichia coli and Serratia fonticola were predominant across samples (9 and 2%, respectively). Higher ESBL-PE prevalence was observed in chicken (25.9%) than in green (3.8%) samples (p < 0.001). Among greens, ESBL-PE were most frequently isolated from sprouts (15.2%). High ESBL-PE species diversity was observed among chicken samples, with E. coli as predominant (17.6%). ESBL-producing Enterobacter cloacae was detected among different greens. Yet, ESBL-producing Klebsiella pneumoniae was predominant in sprouts (12.1%). In total, 20.5% of samples from organic farming and 14.2% of samples from conventionally raised animals harbored an ESBL-producing isolate. Detection of ESBL-PE across samples differed between organic and non-organic when stratified by food source (p < 0.001), particularly among greens (12.5% organic, 2.4% conventional). High proportion of organic chicken samples was positive for ESBL-E. coli (33.3%), while the detection of several species characterized the conventional chicken samples. No significant differences in ESBL-PE frequences were detected between national (13.4%) and international samples (8.0%) (p = 0.122). Instead, differences were observed between regions of food production and countries (p < 0.001). No significant differences were found when comparing the proportion of ESBL-PE positive samples across districts, shop sizes and the hospital kitchen. The percentage of ESBL-PE positive samples did not differ monthly across the two-year sampling period (p = 0.107). Conclusion(s): Our findings indicate moderate dissemination of ESBL-PE in foodstuffs, especially between chicken products and sprouts. Chicken meat represents a source for several ESBL-producing Enterobacterales, especially E. coli, while greens are more prone to carry ESBL-K. pneumoniae and E. cloacae. We disclose the importance of food type, food production system and production origin when assessing the risk of contamination with different ESBL-PE species.Copyright © 2023 Gomez-Sanz, Bagutti, Garcia-Martin, Roth, Alt Hug, Maurer Pekerman, Schindler, Furger, Eichenberger, Steffen, Hubner, Stadler, Aguilar-Bultet and Tschudin-Sutter.",

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SARAMIS [device term]  
  
Stata [device term]",

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"Database":"Medline",

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"DB":"Ovid MEDLINE(R)",

"UI":"36113401",

"TI":"Treatment of multidrug-resistant Pseudomonas aeruginosa bacteremia using ceftolozane-tazobactam-based or colistin-based antibiotic regimens: A multicenter retrospective study.",

"SO":"Journal of Infection and Public Health. 15(10):1081-1088, 2022 Oct.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Islami M  
  
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Mansour, Reem  
  
Al Qahtani, Maha M  
  
Abbara, Dana  
  
Aldhayyan, Nada  
  
Dyab, Nariman  
  
Afaneh, Liyan  
  
Islami, Muna  
  
Al Duhailib, Zainab",

"OD":"Hakeam, Hakeam A. King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia College of Medicine, Alfaisal University, Riyadh, Saudi Arabia. Electronic address: hakeam@kfshrc.edu.sa.  
  
Askar, Ghadi. College of Medicine, Alfaisal University, Riyadh, Saudi Arabia.  
  
Al Sulaiman, Khalid. Pharmaceutical Care Services, King Abdulaziz Medical City, Riyadh, Saudi Arabia College of Pharmacy, King Saud bin Abdulaziz University for Health Science, Riyadh, Saudi Arabia Saudi Critical Care Pharmacy Research (SCAPE) Platform. Riyadh, Saudi Arabia.  
  
Mansour, Reem. King Fahad Medical City, Riyadh, Saudi Arabia.  
  
Al Qahtani, Maha M. College of Pharmacy, King Saud bin Abdulaziz University for Health Science, Riyadh, Saudi Arabia.  
  
Abbara, Dana. College of Medicine, Alfaisal University, Riyadh, Saudi Arabia.  
  
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Islami, Muna. King Faisal Specialist Hospital and Research Centre, Jeddah, Saudi Arabia.  
  
Al Duhailib, Zainab. King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia College of Medicine, Alfaisal University, Riyadh, Saudi Arabia.",

"AB":"Bacteremia Bloodstream infection Ceftolozane-tazobactam Colistin MDR P. aeruginosa",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Ceftolozane-tazobactam is an emerging treatment for severe infections caused by multidrug-resistant (MDR) Pseudomonas aeruginosa. However, limited data support its use in bacteremia treatment. This study aimed to assess the effectiveness of the treatment of MDR P. aeruginosa bacteremia using ceftolozane- tazobactam-based or colistin-based regimens. PATIENTS AND METHODS : This retrospective, cohort, multicentre study included adult patients with MDR P. aeruginosa bacteremia treated with either ceftolozane-tazobactam or colistin, between September 2018 and August 2021, at four hospitals in Saudi Arabia. The primary endpoint was the 30-day risk-adjusted mortality. Secondary endpoints included the 14-day risk of mortality, bacterial eradication, and clinical success. Cox proportional hazards regression and relative risk estimation were used for analysis, as appropriate. RESULTS: In total, 46 patients were included 17 patients received ceftolozane- tazobactam-based regimen, and 29 received a colistin-based regimen. There was no association with the use of ceftolozane-tazobactam compared to colistin and the 30-day risk-adjusted mortality (hazard ratio [HR] 0.58, 95% confidence interval [CI] 0.16-2.13, P = 0.42). Also, the 14-day risk of mortality and bacterial eradication were not different between the ceftolozane-tazobactam and colistin regimens, HR 2.1, 95% CI 0.42-10.48 P = 0.36 and relative risk (RR) 0.65 95% CI 0.28-1.52 P = 0.30 respectively. On the other hand, ceftolozane-tazobactam use was associated with higher clinical success than colistin (RR 1.84, 95% CI 1.11-3.06: P = 0.021). CONCLUSION: The risk of mortality of MDR P.aeruginosa bacteremia was similar when treated with ceftolozane-tazobactam-based or colistin-based antimicrobial regimens. A higher clinical success was observed with the ceftolozane- tazobactam-based regimen compared to the colistin-based regimen. . Copyright © 2022 The Author(s). Published by Elsevier Ltd.. All rights reserved.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2022",

"TN":"Click here for full text options",

"Unnamed: 22":"Adult  
  
Humans  
  
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Colistin/pd [Pharmacology]  
  
Retrospective Studies  
  
Pseudomonas Infections/dt [Drug Therapy]  
  
Pseudomonas Infections/mi [Microbiology]  
  
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Drug Resistance, Multiple, Bacterial  
  
Cephalosporins/tu [Therapeutic Use]  
  
Tazobactam/tu [Therapeutic Use]  
  
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"Disease area":"Multiple myeloma",

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"DB":"Ovid MEDLINE(R)",

"UI":"37848191",

"TI":"Teclistamab-cqyv in multiple myeloma. [Review]",

"SO":"European Journal of Haematology. 2023 Oct 17",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Martino EA  
  
Bruzzese A  
  
Labanca C  
  
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Lucia E  
  
Olivito V  
  
Neri A  
  
Morabito F  
  
Vigna E  
  
Gentile M",

"MH":"Martino, Enrica Antonia  
  
Bruzzese, Antonella  
  
Labanca, Caterina  
  
Mendicino, Francesco  
  
Lucia, Eugenio  
  
Olivito, Virginia  
  
Neri, Antonino  
  
Morabito, Fortunato  
  
Vigna, Ernesto  
  
Gentile, Massimo",

"DU":"Martino, Enrica Antonia. Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy.  
  
Bruzzese, Antonella. Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy.  
  
Labanca, Caterina. Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy.  
  
Mendicino, Francesco. Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy.  
  
Lucia, Eugenio. Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy.  
  
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Morabito, Fortunato. Biotechnology Research Unit, AO of Cosenza, Cosenza, Italy.  
  
Vigna, Ernesto. Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy.  
  
Gentile, Massimo. Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy.  
  
Gentile, Massimo. Department of Pharmacy, Health and Nutritional Science, University of Calabria, Rende, Italy.",

"OD":"Teclistamab-cqyv multiple myeloma therapy",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) is an incurable neoplasm characterized by significant morbidity and mortality. Despite advances in treatment, MM patients eventually experienced a relapse of the disease. Penta-drug refractory patients continue to be the hard core of relapsed/refractory (RR) settings. Teclistamab-cqyv is a humanized IgG4 antibody and a bispecific BCMA-director CD3 T-cell engager. It recruits endogenous T cells, by targeting CD3 receptors expressed on their surface, resulting in their activation against BCMA, an antigen expressed by plasma cells. US Food and Drug Administration (FDA) and European Medicines Agency (EMA) have approved Teclistamab-cqyv in monotherapy for the treatment of RRMM patients who have received at least three prior therapies, including immunomodulatory drugs (IMiDs), proteasome inhibitors (PIs), and anti-CD38 monoclonal antibodies (MoAbs) and have demonstrated disease progression during the last therapy. Its effectiveness was demonstrated in a pivotal clinical trial where the overall response rate (ORR) reached 60%. Other clinical studies are currently ongoing to investigate the association of the bispecific antibody with novel drugs with encouraging preliminary results, especially in the setting of heavily pretreated patients. In this review, the authors will provide a comprehensive overview of the drug, including its mechanism of action, major clinical trials, and future perspectives. Copyright © 2023 The Authors. European Journal of Haematology published by John Wiley & Sons Ltd.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Bruzzese, Antonella ORCID: https://orcid.org/0000-0002-9456-2404  
  
Morabito, Fortunato ORCID: https://orcid.org/0000-0002-2585-7073",

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"UI":"2016517421",

"TI":"Belantamab Mafodotin and Relapsed/Refractory Multiple Myeloma: This Is Not Game Over.",

"SO":"Acta Haematologica. (no pagination), 2021. Date of Publication: 2021.",

"AU":"Condorelli A.  
  
Garibaldi B.  
  
Gagliano C.  
  
Romano A.  
  
Del Fabro V.  
  
Parrinello N.L.  
  
Longo A.  
  
Cosentino S.  
  
Di Raimondo F.  
  
Conticello C.",

"AO":"nan",

"IN":"(Condorelli, Garibaldi, Romano, Del Fabro, Parrinello, Di Raimondo, Conticello) UOC di Ematologia con Trapianto di Midollo Osseo, AOU Policlinico G. Rodolico-San Marco, Via Santa Sofia 78, Catania 95123, Italy  
  
(Gagliano) UOC di Oculistica, AOU Policlinico G. Rodolico-San Marco Hospital, Viale Carlo Azeglio Ciampi, Catania 95121, Italy  
  
(Longo) UOC di Oculistica, AOU Policlinico G. Rodolico-San Marco, Via Santa Sofia 78, Catania 95123, Italy  
  
(Cosentino) Department of Advanced Technologies, Nuclear Medicine and PET Cannizzaro Hospital, Catania 95126, Italy",

"PB":"S. Karger AG",

"MH":"adult  
  
article  
  
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"OD":"Although the therapeutic landscape for multiple myeloma (MM) has expanded, the disease always tends to relapse. In attempt to obtain deep and durable responses, each relapse requires the use of a new strategy. In recent years, new treatment options have emerged even for heavily treated patients. Novel, well-tolerated and highly effective therapies in the relapsed/refractory (RRMM) setting currently represent a real hope. Belantamab mafodotin (BLENREPTM) is a first-in-class monoclonal antibody-drug conjugate (ADC) whose target is B-cell maturation antigen (BCMA) conjugated to the cytotoxic microtubule inhibitor monomethyl auristatin F (MMAF). Here, we present two cases of heavily pre-treated RRMM patients that were favorably treated with Belantamab mafodotin, obtaining at least a partial response. Treatment was well tolerated and is ongoing. This is a rare report on real life clinical use of Belantamab mafodotin outside of controlled clinical trials and provide information on efficacy and safety of this anti-myeloma new class of drugs. Copyright © 2021 S. Karger AG, Basel.",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022548474",

"TI":"EVALUATING THE CAUSAL RELATIONSHIP BETWEEN EDUCATIONAL ATTAINMENT AND MENTAL HEALTH.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 26 Jan 2023.",

"AU":"Demange P.A.  
  
Boomsma D.I.  
  
van Bergen E.  
  
Nivard M.G.",

"AO":"Nivard, Michel G. ORCID: https://orcid.org/0000-0003-2015-1888  
  
Demange, Perline A. ORCID: https://orcid.org/0000-0002-7061-8354  
  
van Bergen, Elsje ORCID: https://orcid.org/0000-0002-5860-5745  
  
Boomsma, Dorret I. ORCID: https://orcid.org/0000-0002-7099-7972",

"IN":"(Demange, Boomsma, van Bergen, Nivard) Department of Biological Psychology, Vrije Universiteit Amsterdam, Netherlands  
  
(Demange, van Bergen) Research Institute LEARN, Vrije Universiteit Amsterdam, Amsterdam, Netherlands  
  
(Demange, van Bergen) Amsterdam Public Health Research Institute, Mental Health, Amsterdam, Netherlands  
  
(Boomsma) Amsterdam Reproduction & Development Research Institute, Amsterdam, Netherlands",

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randomized controlled trial [m]  
  
schizophrenia [m]",

"FTURL":"We investigate the causal relationship between educational attainment (EA) and mental health using two research designs. First, we compare the relationship between EA and seventeen psychiatric diagnoses within sibship in Dutch national registry data (N = 1.7 million), controlling for unmeasured familial factors. Second, we use two-sample Mendelian Randomization, which uses genetic variants related to EA or psychiatric diagnosis as instrumental variables, to test whether there is a causal relation in either direction. Our results suggest that lower levels of EA causally increase the risk of MDD, ADHD, alcohol dependence, GAD and PTSD diagnoses. We also find evidence of a causal effect in the opposite direction for ADHD. Additionally, we find inconsistent results for schizophrenia, anorexia nervosa, OCD, and bipolar disorder, highlighting the importance of using multiple research designs to understand the complex relationship between EA and mental health.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC 4.0 International license.",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37862958",

"TI":"Clinical efficacy of neurofeedback protocols in treatment of Attention Deficit/Hyperactivity Disorder (ADHD): A systematic review. [Review]",

"SO":"Psychiatry Research: Neuroimaging. 335:111723, 2023 10.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Saif MGM  
  
Sushkova L",

"MH":"nan",

"DU":"Saif, Mohammed Gamil Mohammed  
  
Sushkova, Lyudmila",

"OD":"Saif, Mohammed Gamil Mohammed. Vladimir State University named after Alexander and Nikolay Stoletovs, Department of Electronics, Instrumentation and Biotechnical Systems, Vladimir, Russia. Electronic address: saifmohammed955@gmail.com.  
  
Sushkova, Lyudmila. Vladimir State University named after Alexander and Nikolay Stoletovs, Department of Electronics, Instrumentation and Biotechnical Systems, Vladimir, Russia.",

"AB":"Humans  
  
Neurofeedback/mt [Methods]  
  
\*Neurofeedback  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Treatment Outcome  
  
Systematic Reviews as Topic",

"FTURL":"ADHD EEG Neurofeedback Review SCP SMR TBR",

"PM":"NOTNLM",

"DJ":"Attention Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder of childhood and its effects mostly continue to adulthood. Neurofeedback training has shown promising results in the treatment of ADHD. However, there is no yet consensus as to the efficacy of neurofeedback in comparison to stimulant medication. Despite a large number of meta-analyses and comparative reviews on the effects of neurofeedback in the treatment of ADHD, there is a lack of comparative reviews on the efficacy of neurofeedback protocols. This review aims at examining the effect of different training protocols on the efficacy of neurofeedback in the treatment of ADHD across specific research studies published between 2017 and 2022. Altogether, a total of 916 records were identified and 18 articles met the inclusion criteria. Findings show that the efficacy of different neurofeedback protocols has been comparable to the efficacy of stimulant medications. Nevertheless, there is still room for more clinical trials on neurofeedback protocols for ADHD since some studies suggest not using neurofeedback as a stand-alone treatment for ADHD. To my knowledge, this systematic review is the first to review neurofeedback protocols for ADHD. This study provides significant implications and directions for researchers to conduct research, on alternatives to stimulant medications for ADHD, in the future. Copyright © 2023 Elsevier B.V. All rights reserved.",

"MV":"nan",

"TN":"Journal Article  
  
Review",

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"DB":"Embase",

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"TI":"Early neurodevelopmental problems and risk for avoidant/restrictive food intake disorder (ARFID) in the general child population: a Japanese birth cohort study.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 11 Nov 2021.",

"AU":"Dinkler L.  
  
Yasumitsu-Lovell K.  
  
Eitoku M.  
  
Fujieda M.  
  
Suganuma N.  
  
Hatakenaka Y.  
  
Hadjikhani N.  
  
Bryant-Waugh R.  
  
Rastam M.  
  
Gillberg C.",

"AO":"(Dinkler, Yasumitsu-Lovell, Hatakenaka, Hadjikhani, Rastam, Gillberg) Gillberg Neuropsychiatry Centre, Institute of Neuroscience and Physiology, University of Gothenburg, Gothenburg, Sweden  
  
(Dinkler, Yasumitsu-Lovell, Eitoku, Suganuma) Department of Environmental Medicine, Kochi Medical School, Kochi University, Kohasu, Oko-Cho, Kochi, Nankoku, Japan  
  
(Fujieda) Department of Pediatrics, Kochi Medical School, Kochi University, Kohasu, Oko-Cho, Kochi, Nankoku, Japan  
  
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(Gillberg) Department of Psychiatry, Kochi Medical School, Kochi University, Kohasu, Oko-Cho, Kochi, Nankoku, Japan",

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"OD":"Background: An overrepresentation of neurodevelopmental disorders (NDDs) has been observed in individuals with avoidant/restrictive food intake disorder (ARFID). Previous studies on the association between ARFID and NDDs are limited to cross-sectional data from clinical samples of small size. This study aimed to extend previous research by using prospectively collected data in children from a general population sample. We examined the occurrence and predictive power of early neurodevelopmental problems in 4-7-year-old children with suspected ARFID. Method(s): Data were collected via parent-report in 3,728 children born between 2011 and 2014 in Kochi prefecture, a sub-sample of the Japan Environment and Children's Study (JECS). Neurodevelopmental problems were assessed with several instruments at different time points between 0.5 and 3 years of age as part of the JECS. In an add-on study, ARFID was identified cross-sectionally (between 4 and 7 years of age) using a newly developed screening tool. Result(s): Circa 3% of children at high risk for NDDs in preschool age screened positive for ARFID between age 4 and 7 years, reflecting a three times increased risk of suspected ARFID. A fifth (20.8%) of children with suspected ARFID had likely NDDs, compared to 8.6% of children without suspected ARFID. Developmental delay trajectories of children with and without suspected ARFID started to divert after the age of 6 months. Only 2.2% of children with early feeding problems later screened positive for ARFID. The inclusion of neurodevelopmental problems improved the prediction of later ARFID. Conclusion(s): The results mirror the previously observed overrepresentation of NDDs in ARFID populations, although to a weaker extent. In non-clinical populations, early feeding problems are common and rarely develop into ARFID, however, our findings imply that they should be monitored closely in children with high neurodevelopmental risk in order to prevent ARFID.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"SO":"Schizophrenia Research. 2023 Aug 31",

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"TI":"Antibiotic prophylaxis and hospitalization of horses subjected to median laparotomy: gut microbiota trajectories and abundance increase of Escherichia.",

"SO":"Frontiers in Microbiology. 14(no pagination), 2023. Article Number: 1228845. Date of Publication: 2023.",

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Semmler T.  
  
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Walther B.",

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"IN":"(Kauter, Walther) Advanced Light and Electron Microscopy (ZBS4), Robert Koch Institute, Berlin, Germany  
  
(Brombach, Lubke-Becker) Center for Infection Medicine, Institute of Microbiology and Epizootics, Freie Universitat Berlin, Berlin, Germany  
  
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(Bang, Franzenburg) Institute of Clinical Molecular Biology, Christian-Albrechts-University of Kiel, Kiel, Germany  
  
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(Walther) Section Microbiological Risks (1.4), Department II Environmental Hygiene, German Environment Agency, Berlin, Germany",

"PB":"Frontiers Media SA",

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"AB":"Introduction: Horse clinics are hotspots for the accumulation and spread of clinically relevant and zoonotic multidrug-resistant bacteria, including extended-spectrum beta-lactamase producing (ESBL) Enterobacterales. Although median laparotomy in cases of acute equine colic is a frequently performed surgical intervention, knowledge about the effects of peri-operative antibiotic prophylaxis (PAP) based on a combination of penicillin and gentamicin on the gut microbiota is limited. Method(s): We collected fecal samples of horses from a non-hospitalized control group (CG) and from horses receiving either a pre-surgical single-shot (SSG) or a peri-operative 5-day (5DG) course of PAP. To assess differences between the two PAP regimens and the CG, all samples obtained at hospital admission (t0), on days three (t1) and 10 (t2) after surgery, were screened for ESBL-producing Enterobacterales and subjected to 16S rRNA V1-V2 gene sequencing. Result(s): We included 48 samples in the SSG (n = 16 horses), 45 in the 5DG (n = 15), and 20 in the CG (for t0 and t1, n = 10). Two samples of equine patients receiving antibiotic prophylaxis (6.5%) were positive for ESBL-producing Enterobacterales at t0, while this rate increased to 67% at t1 and decreased only slightly at t2 (61%). Shannon diversity index (SDI) was used to evaluate alpha-diversity changes, revealing there was no significant difference between horses suffering from acute colic (5DG, SDImean of 5.90, SSG, SDImean of 6.17) when compared to the CG (SDImean of 6.53) at t0. Alpha-diversity decreased significantly in both PAP groups at t1, while at t2 the onset of microbiome recovery was noticed. Although we did not identify a significant SDImean difference with respect to PAP duration, the community structure (beta-diversity) was considerably restricted in samples of the 5DG at t1, most likely due to the ongoing administration of antibiotics. An increased abundance of Enterobacteriaceae, especially Escherichia, was noted for both study groups at t1. Conclusion(s): Colic surgery and PAP drive the equine gut microbiome towards dysbiosis and reduced biodiversity that is accompanied by an increase of samples positive for ESBL-producing Enterobacterales. Further studies are needed to reveal important factors promoting the increase and residency of ESBL-producing Enterobacterales among hospitalized horses.Copyright © 2023 Kauter, Brombach, Lubke-Becker, Kannapin, Bang, Franzenburg, Stoeckle, Mellmann, Scherff, Kock, Guenther, Wieler, Gehlen, Semmler, Wolf and Walther.",

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"UI":"37367629",

"TI":"High Rate of Inappropriate Antibiotics in Patients with Hematologic Malignancies and Pseudomonas aeruginosa Bacteremia following International Guideline Recommendations.",

"SO":"Microbiology Spectrum. 11(4):e0067423, 2023 08 17.",

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"OD":"Chumbita, Mariana. Hospital Clinic de Barcelona-IDIBAPS, Universitat de Barcelona, Barcelona, Spain.  
  
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Soriano, Alex. Centro de Investigacion Biomedica en Red (CIBER) de Enfermedades Infecciosas, Barcelona, Spain.  
  
Garcia-Vidal, Carolina. Hospital Clinic de Barcelona-IDIBAPS, Universitat de Barcelona, Barcelona, Spain.  
  
Garcia-Vidal, Carolina. Centro de Investigacion Biomedica en Red (CIBER) de Enfermedades Infecciosas, Barcelona, Spain.",

"AB":"P. aeruginosa bacteremia empirical antibiotic treatment mortality neutropenia",

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"PM":"Optimal coverage of Pseudomonas aeruginosa is challenging in febrile neutropenic patients due to a progressive increase in antibiotic resistance worldwide. We aimed to detail current rates of resistance to antibiotics recommended by international guidelines for P. aeruginosa isolated from bloodstream infections (BSI) in patients with hematologic malignancies. Secondarily, we aimed to describe how many patients received inappropriate empirical antibiotic treatment (IEAT) and its impact on mortality. We conducted a retrospective, multicenter cohort study of the last 20 BSI episodes caused by P. aeruginosa in patients with hematologic malignancies from across 14 university hospitals in Spain. Of the 280 patients with hematologic malignancies and BSI caused by P. aeruginosa, 101 (36%) had strains resistant to at least one of the beta-lactam antibiotics recommended in international guidelines, namely, cefepime, piperacillin-tazobactam, and meropenem. Additionally, 21.1% and 11.4% of the strains met criteria for MDR and XDR P. aeruginosa, respectively. Even if international guidelines were followed in most cases, 47 (16.8%) patients received IEAT and 66 (23.6%) received inappropriate beta-lactam empirical antibiotic treatment. Thirty-day mortality was 27.1%. In the multivariate analysis, pulmonary source (OR 2.22, 95% CI 1.14 to 4.34) and IEAT (OR 2.67, 95% CI 1.37 to 5.23) were factors independently associated with increased mortality. We concluded that P. aeruginosa-causing BSI in patients with hematologic malignancies is commonly resistant to antibiotics recommended in international guidelines, which is associated with frequent IEAT and higher mortality. New therapeutic strategies are needed. IMPORTANCE Bloodstream infection (BSI) caused by P. aeruginosa is related with an elevated morbidity and mortality in neutropenic patients. For this reason, optimal antipseudomonal coverage has been the basis of all historical recommendations in the empirical treatment of febrile neutropenia. However, in recent years the emergence of multiple types of antibiotic resistances has posed a challenge in treating infections caused by this microorganism. In our study we postulated that P. aeruginosa-causing BSI in patients with hematologic malignancies is commonly resistant to antibiotics recommended in international guidelines. This observation is associated with frequent IEAT and increased mortality. Consequently, there is a need for a new therapeutic strategy.",

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Journal Article  
  
Research Support, Non-U.S. Gov't",

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"DB":"Ovid MEDLINE(R)",

"UI":"37838502",

"TI":"Progression-Free Survival of Daratumumab Versus Bortezomib Triplet Combination With Lenalidomide and Dexamethasone in Transplant Ineligible Patients With Newly Diagnosed Multiple Myeloma: TAURUS Chart Review Study.",

"SO":"Clinical lymphoma, myeloma & leukemia. 2023 Sep 14",

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"DU":"Gordan, Lucio Navarro. Florida Cancer Specialists & Research Institute, Gainesville, FL, USA. Electronic address: lgordan@flcancer.com.  
  
Tan, Carlyn Rose. Memorial Sloan Kettering Cancer Center, New York City, NY, USA.  
  
Vescio, Robert. Samuel Oschin Cancer Center, Cedars-Sinai, Los Angeles, CA, USA.  
  
Ye, Jing Christine. University of Michigan, Ann Arbor, MI, USA.  
  
Schinke, Carolina. University of Arkansas, Fayetteville, AR, USA.  
  
Medhekar, Rohan. Janssen Scientific Affairs, LLC, Horsham, PA, USA.  
  
Fu, Alex Z. Janssen Scientific Affairs, LLC, Titusville, NJ, USA Georgetown University Medical Center, Washington, DC, USA.  
  
Lafeuille, Marie-Helene. Analysis Group, Inc., Montreal, Quebec, Canada.  
  
Thompson-Leduc, Philippe. Analysis Group, Inc., Montreal, Quebec, Canada.  
  
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Davies, Faith. Perlmutter Cancer Center, NYU Langone Health, New York, NY, USA.  
  
Usmani, Saad Z. Memorial Sloan Kettering Cancer Center, New York City, NY, USA.",

"OD":"Antibodies Drug Therapy Hematology Monoclonal Progression-Free Survival",

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"FTURL":"BACKGROUND: Daratumumab, lenalidomide and dexamethasone (DRd) and bortezomib, lenalidomide and dexamethasone (VRd) are preferred regimens for transplant ineligible (TIE) patients with newly diagnosed multiple myeloma (NDMM). Both DRd and VRd demonstrated superior efficacy versus Rd in the MAIA and SWOG S0777 trials, respectively, but there is no head-to-head (H2H) clinical trial comparing their efficacy. Differing populations in the MAIA and S0777 trials make an unadjusted comparison of outcomes challenging and biased. The current TAURUS study is the first real-world H2H study comparing progression-free survival (PFS) among TIE NDMM patients treated with DRd or VRd as first-line (1L) in similar clinical settings.  
  
MATERIALS AND METHODS: A multicenter chart review study was conducted at nine sites across the United States. All TIE patients treated with DRd and a randomly selected population of VRd patients were included. TIE NDMM patients aged >=65 were included if they initiated 1L DRd/VRd between January 2019 and September 2021. PFS was defined as the time from DRd/VRd initiation until disease progression or death. A doubly-robust multivariable Cox regression model combined with inverse probability of treatment weighting (IPTW) methodology was used to compare PFS between cohorts.  
  
RESULTS: Weighted cohorts comprised 91 DRd and 87 VRd patients. Thirteen DRd and 24 VRd patients experienced progression/death. Patients treated with DRd had a lower risk of progression/death versus VRd (adjusted hazard ratio: 0.35, 95% confidence interval: [0.17 0.73]).  
  
CONCLUSION: DRd is associated with a significantly lower risk of disease progression or death compared to VRd as 1L treatment for TIE NDMM patients. Copyright © 2023 The Author(s). Published by Elsevier Inc. All rights reserved.",

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"TI":"Aberrant plasma cell contamination of peripheral blood stem cell autografts, assessed by next-generation flow cytometry, is a negative predictor for deep response post autologous transplantation in multiple myeloma a prospective study in 199 patients.",

"SO":"Cancers. 13(16) (no pagination), 2021. Article Number: 4047. Date of Publication: 02 Aug 2021.",

"AU":"Kostopoulos I.V.  
  
Eleftherakis-Papaiakovou E.  
  
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(Eleftherakis-Papaiakovou, Ntanasis-Stathopoulos, Kanellias, Malandrakis, Liacos, Papanota, Migkou, Fotiou, Gavriatopoulou, Kastritis, Dimopoulos, Terpos) Department of Clinical Therapeutics, School of Medicine, National and Kapodistrian University of Athens, Athens 11528, Greece",

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"OD":"High-dose chemotherapy with autologous stem cell support (ASCT) is the standard of care for eligible newly diagnosed Multiple Myeloma (MM) patients. Stem cell graft contamination by aberrant plasma cells (APCs) has been considered a possible predictive marker of subsequent clinical outcome, but the limited reports to date present unclear conclusions. We prospectively estimated the frequency of graft contamination using highly sensitive next-generation flow cytometry and evaluated its clinical impact in 199 myeloma patients who underwent an ASCT. Contamination (con+) was detected in 79/199 patients at a median level 2 x 10-5. Its presence and levels were correlated with response to induction treatment, with 94%, 71% and 43% achieving CR, VGPR and PR, respectively. Importantly, con+ grafts conferred 2-fold and 2.8-fold higher patient-risk of not achieving or delaying reaching CR (4 vs. 11 months) and MRD negativity (5 vs. 18 months) post ASCT, respectively. Our data also provide evidence of a potentially skewed bone marrow (BM) reconstitution due to unpurged grafts, since con+ derived BM had significantly higher prevalence of memory B cells. These data, together with the absence of significant associations with baseline clinical features, highlight graft contamination as a potential biomarker with independent prognostic value for deeper responses, including MRD negativity. Longer follow-up will reveal if this corresponds to PFS or OS advantage.Copyright © 2021 by the authors. Licensee MDPI, Basel, Switzerland.",

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"UI":"2022548241",

"TI":"Genetic liability to major psychiatric disorders contributes to multi-faceted quality of life outcomes in children and adults.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 18 Jan 2023.",

"AU":"Shi Y.  
  
Franke B.  
  
Mota N.R.  
  
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"AO":"Mota, Nina Roth ORCID: https://orcid.org/0000-0003-3504-759X  
  
Shi, Yingjie ORCID: https://orcid.org/0000-0003-1431-6340  
  
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"IN":"(Shi, Franke, Mota, Sprooten) Department of Human Genetics, Radboud University Medical Center, Nijmegen, Netherlands  
  
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(Sprooten) Department of Cognitive Neuroscience, Radboud University Medical Center, Nijmegen, Netherlands",

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"FTURL":"Importance Psychiatric disorders can have an immense impact on socioeconomic, physical, and social-psychological facets of life. Psychiatric disorders are also highly heritable. Under a liability threshold model, an important question arises as to what extent genetic liability for psychiatric disorders relates to, and possibly impacts on, different aspects of quality of life in the general population. Objective To characterize the link between psychiatric genetic liability and diverse aspects of quality of life in childhood and adulthood. Design, setting, and participants We used data from two multi-site, population-based cohorts, i.e. preadolescent children in the USA enrolled at age 9-10 years from the Adolescent Brain Cognitive Development (ABCD) study (N=4,645) and white British adults between age 40-69 years from the UK Biobank (UKB) study (N=377,664). Due to the current limitations of our genetic methods, only data from unrelated individuals of European descent could be included. Main outcomes and measures To derive robust measures capturing multiple domains of quality of life in each of the cohorts, we integrated an array of measurements of academic, economic, and physical status, as well as social well-being, in a second-level three-factor confirmatory factor analysis. The genetic liabilities to seven major psychiatric disorders were quantified by a set of polygenic scores (PGSs) derived from the largest genome-wide association studies to date, independent of the target cohorts, of major depressive disorder (MDD, N=142k-173k), anxiety disorders (ANX, N=22k-144k), attention-deficit/hyperactivity disorder (ADHD, N=226k), autism spectrum disorder (ASD, N=55k), schizophrenia (SCZ, N=130k), bipolar disorder (BIP, N=353k-414k), and cannabis use disorder (CUD, N=384k). Using general linear models we assessed associations between PGSs and the estimated latent factors, controlling for age, sex, site, genotyping batch, plate, and genetic ancestry. Results In each cohort, three latent factors indexing distinct but correlated quality of life domains, (1) educational performance and cognition (Edu, in ABCD) / social economic status (SES, in UKB), (2) physical health (Hea), (3) adverse social experience (Adv, in ABCD) / social well-being (Soc, in UKB), were estimated with excellent model fit indices. In addition, a general factor was derived that captured the covariances between the three latent factors (QoL). In the ABCD cohort, ADHD-PGS was significantly associated with Edu (beta = -0.13, t = -8.29, p = 1.53e-16), Adv (beta = -0.09, t = -5.79, p = 7.81e-09), and general QoL (beta = -0.14, t = -8.74, p = 3.37e-18) factors. In the UKB cohort, all examined disorder PGSs were significantly associated with the general QoL latent factor and at least one first-order subdomain, with ADHD-PGS (beta = -0.06 ~ -0.10, t = -29.1 ~ -52.5, p < 5.91e-186) and MDD-PGS (beta = -0.04 ~ -0.07, t = -23.8 ~ -36.3, p < 3.63e-125) showing the largest effects. Conclusions and relevance The present study reveals an inverse relationship between psychiatric genetic liabilities and multiple quality of life metrics, with ADHD-associated genetic risk being the main contributor in both children and adults, and MDD additionally showing effects in adults. All effect sizes observed were small, as expected. Understanding potential real-world outcomes of quantitative measures of disorder-related genetic risks in the general population can provide a scientific foundation for societal intervention and policy-making processes, with profound implications for promoting a flourishing society.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"DB":"Ovid MEDLINE(R)",

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"TI":"Effects of stochastic vestibular stimulation on cognitive performance in children with ADHD.",

"SO":"Experimental Brain Research. 241(11-12):2693-2703, 2023 Dec.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Paulander O  
  
Soderlund G",

"MH":"Jostrup, Erica ORCID: http://orcid.org/0009-0001-0173-3535  
  
Nystrom, Marcus ORCID: http://orcid.org/0000-0002-2089-9012  
  
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Soderlund, Goran ORCID: http://orcid.org/0000-0002-5941-8431",

"DU":"Jostrup, Erica  
  
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Claesdotter-Knutsson, Emma  
  
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Gustafsson, Peik  
  
Paulander, Oskar  
  
Soderlund, Goran",

"OD":"Jostrup, Erica. Child and Adolescent Psychiatry, Department of Clinical Sciences, Lund University, Lund, Sweden. erica.jostrup@med.lu.se.  
  
Nystrom, Marcus. Child and Adolescent Psychiatry, Department of Clinical Sciences, Lund University, Lund, Sweden.  
  
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Soderlund, Goran. Department of Education and Special Education, University of Gothenburg, Gothenburg, Sweden.",

"AB":"Humans  
  
Child  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Reaction Time/ph [Physiology]  
  
Cognition/ph [Physiology]  
  
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"FTURL":"Attention-deficit hyperactivity disorder Cognitive performance Reaction time variability Stochastic vestibular stimulation White noise Working memory",

"PM":"NOTNLM",

"DJ":"Previous work has shown that exposure to auditory white noise (WN) can improve cognitive performance in children with ADHD, but it is unknown whether this improvement generalizes to other sensory modalities. To address this knowledge gap, we tested the effect of Stochastic Vestibular Stimulation (SVS) on cognitive performance and reaction time (RT) variability in two groups: children with ADHD and typically developing children (TDC). Children with ADHD (N=42) and TDC (N=28) performed three cognitive tasks (Spanboard, Word Recall and N-back tasks) at two different occasions, with and without exposure to SVS, in a double blinded design. The results showed no main effects of SVS on neither performance nor RT variability for children in any of the groups, and no interactions between SVS and group. Based on these results we conclude that, using our stimulation protocol, the positive effects of WN exposure on cognition in children with ADHD do not generalize to Stochastic Vestibular Stimulation. Copyright © 2023. The Author(s).",

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"TI":"Randomised controlled trial of the effects of kefir on behaviour, sleep and the microbiome in children with ADHD: a study protocol.",

"SO":"BMJ Open. 13(12) (no pagination), 2023. Article Number: e071063. Date of Publication: 07 Dec 2023.",

"AU":"Lawrence K.  
  
Fibert P.  
  
Hobbs J.  
  
Myrissa K.  
  
Toribio-Mateas M.A.  
  
Quadt F.  
  
Cotter P.D.  
  
Gregory A.M.",

"AO":"(Lawrence, Fibert, Hobbs, Myrissa) School of Allied Health & Life Sciences, St Mary's University, Twickenham, United Kingdom  
  
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(Cotter) SeqBiome Ltd, Cork, Ireland  
  
(Cotter) University College Cork APC Microbiome Institute, Cork, Ireland  
  
(Cotter) Teagasc Food Research Centre, Cork, Moorepark, Ireland  
  
(Gregory) Department of Psychology, Goldsmiths University of London, London, United Kingdom",

"IN":"BMJ Publishing Group",

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"OD":"Introduction Current interventions for children with attention-deficit/hyperactivity disorder (ADHD) are primarily medication, behavioural therapy and parent training. However, research suggests dietary manipulations may provide therapeutic benefit for some. There is accumulating evidence that the gut microbiome may be atypical in ADHD, and therefore, manipulating gut bacteria in such individuals may help alleviate some of the symptoms of this condition. The aim of this study is to explore the effects of supplementation with kefir (a fermented dairy drink) on ADHD symptomatology, sleep, attention and the gut microbiome in children diagnosed with ADHD. Methods and analysis A 6-week randomised, double-blind, placebo-controlled trial in 70 children aged 8-13 years diagnosed with ADHD. Participants will be recruited throughout the UK, through support groups, community groups, schools, social media and word of mouth. Children will be randomised to consume daily either dairy kefir or a placebo dairy drink for 6weeks. The primary outcome, ADHD symptomatology, will be measured by The Strengths and Weakness of ADHD-symptoms and Normal-behaviour scale. Secondary outcomes will include gut microbiota composition (using shotgun metagenomic microbiome sequencing), gut symptomatology (The Gastrointestinal Severity Index questionnaire), sleep (using 7-day actigraphy recordings, The Child's Sleep Habits Questionnaire and Sleep Self Report questionnaire), inattention and impulsivity (with a computerised Go/NoGo test). Assessments will be conducted prior to the intervention and at the end of the intervention. Interaction between time (preintervention/postintervention) and group (probiotic/placebo) is to be analysed using a Mixed Model Analysis of Variances. Ethics and dissemination Ethical approval for the study was granted by St Mary's University Ethics Committee. Results will be disseminated through peer-reviewed publications, presentations to the scientific community and support groups. Trial registration number NCT05155696.Copyright © 2023 BMJ Publishing Group. All rights reserved.",

"AB":"Click here for full text options",

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"PM":"Lawrence, Kate ORCID: https://orcid.org/0000-0002-0284-9804",

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"UI":"37515316",

"TI":"Concentration-QTc Relationship from a Single Ascending Dose Study of ANAVEX3-71, a Novel Sigma-1 Receptor and Allosteric M1 Muscarinic Receptor Agonist in Development for the Treatment of Frontotemporal Dementia, Schizophrenia, and Alzheimer's Disease.",

"SO":"Clinical Pharmacology in Drug Development. 12(9):888-901, 2023 Sep.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Fadiran EO  
  
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Kaufmann, Walter E  
  
Missling, Christopher U  
  
Darpo, Borje",

"DU":"Fadiran, Emmanuel O. Anavex Life Sciences Corp., NY, USA.  
  
Hammond, Edward. Anavex Life Sciences Corp., NY, USA.  
  
Tran, James. Anavex Life Sciences Corp., NY, USA.  
  
Xue, Hongqi. ERT-Clario, Philadelphia, PA, USA.  
  
Chen, Janell. ERT-Clario, Philadelphia, PA, USA.  
  
Kaufmann, Walter E. Anavex Life Sciences Corp., NY, USA.  
  
Missling, Christopher U. Anavex Life Sciences Corp., NY, USA.  
  
Darpo, Borje. ERT-Clario, Philadelphia, PA, USA.",

"OD":"This is the cardiodynamic evaluation of a single ascending dose study in healthy participants with the primary objective of assessing the effect of ANAVEX3-71, formerly AF710B, on ECG parameters. Twelve-lead ECGs were obtained at 3 time points within 1 hour prior to dosing to establish a baseline and then serially postdose. Concentration-QTc analysis of plasma concentrations of ANAVEX3-71 and metabolite M8 was conducted. ANAVEX3-71 at the studied doses did not have a clinically relevant effect on heart rate or on the PR and QRS intervals. ANAVEX3-71 alone was retained in the primary model due to small fit differences between models which included the metabolite M8. The estimated population slope of the concentration-QTcF relationship was small and slightly negative: -0.017 ms per microg/L, with a small treatment effect-specific intercept of -0.49 ms. An effect on the placebo-corrected, change-from-baseline QTc exceeding 10 ms can be excluded within the full observed ranges of plasma concentrations of ANAVEX3-71 and M8 up to ~996 and ~58 microg/L, respectively. The results from this cardiodynamic evaluation demonstrated that ANAVEX3-71 at single ascending doses of 5-200 mg had no clinically relevant effects on any of the studied ECG parameters. Copyright © 2023, The American College of Clinical Pharmacology.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"ANAVEX3-71 QTcF cardiodynamics concentration-QTcF relationship drug effect first-in-human",

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"Database":"EMBASE",

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"UI":"2028856563",

"TI":"Multidrug-resistant and carbapenemase-producing critical gram-negative bacteria isolated from the intensive care unit environment in Amhara region, Ethiopia.",

"SO":"PLoS ONE. 18(11 November) (no pagination), 2023. Article Number: e0295286. Date of Publication: November 2023.",

"AU":"Kindu M.  
  
Moges F.  
  
Ashagrie D.  
  
Tigabu Z.  
  
Gelaw B.",

"AO":"nan",

"IN":"(Kindu, Moges, Gelaw) Department of Medical Microbiology, University of Gondar, Gondar, Ethiopia  
  
(Ashagrie) Medical Microbiology Laboratory, Felege Hiwot Comprehensive Specialized Hospital, Bahir Dar, Ethiopia  
  
(Tigabu) Department of Pediatrics and Child health, University of Gondar, Gondar, Ethiopia",

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Pseudomonas aeruginosa",

"AB":"Background Intensive care units are units where healthcare-associated infections (HAIs) are common and antimicrobial resistance rates are increasing. Microbial contamination in hospital environment plays an important role in the development of HAIs. Intervention-based improvements in infection prevention and control at national and facility level are critical for the containment of antimicrobial resistance and prevention of HAIs. Objectives This study aimed to determine the distribution of multidrug-resistant and carbapenemase-producing critical gram negative bacteria (Klebsiella pneumoniae, Escherichia coli, Pseudomonas aeruginosa and Acinetobacter species) and their antibiotic resistance in intensive care unit environmental surfaces at the University of Gondar and Felege Hiwot Comprehensive Specialized Hospitals. Methods This was multicenter hospital-based cross sectional study. Environmental samples were swabbed from all intensive care units using a normal saline moistened-sterile cotton tip stick. Bacteria culturing and antibiotic susceptibility testing were performed following standard microbiological techniques. Selected meropenem-resistant isolates were phenotypically assessed for carbapenemase production using modified and simplified carbapenem inactivation methods. Results From a total of 384 environmental samples analyzed, 126 (32.8%) showed growth and 162 isolates were identified. K. pneumoniae (79/162, 48.8%) was the commonest isolate followed by Acinetobacter species (51/162, 31.5%), E. coli (19/162, 11.7%) and P. aeruginosa (13/162, 8.0%). Multidrug-resistant and carbapenemase-producing isolates were detected on most hospital environment surface types, especially from the baby bed sets and incubators. The most common multidrug-resistant and principal carbapenemase producer was K. pneumoniae, with rates of 71(89.9%) and 24(85.7%), respectively. Conclusion This study revealed the distribution of multidrug-resistant and carbapenemase-producing critical gram negative bacteria in the environment of intensive care unit. Higher detection rate of multidrug-resistant and carbapenemase-producing K. pneumoniae on most environmental surfaces calls for urgent control action and further attention.Copyright © 2023 Public Library of Science. All rights reserved.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37289087",

"TI":"Clinical and Bacterial Characteristics Associated with Glove and Gown Contamination by Carbapenem-Resistant Klebsiella pneumoniae in the Health Care Setting.",

"SO":"Microbiology Spectrum. 11(4):e0177523, 2023 08 17.",

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"MH":"Rasko, David A ORCID: https://orcid.org/0000-0002-7337-7154",

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O'Hara, Lyndsay M  
  
Pineles, Lisa  
  
Michalski, Jane M  
  
Johnson, J Kristie  
  
Nguyen, M Hong  
  
Calfee, David P  
  
Miller, Loren G  
  
Harris, Anthony D  
  
Rasko, David A",

"OD":"Hazen, Tracy H. Institute for Genome Sciences, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Hazen, Tracy H. Department of Microbiology and Immunology, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Adediran, Timileyin. Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
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Pineles, Lisa. Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Michalski, Jane M. Institute for Genome Sciences, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Michalski, Jane M. Department of Microbiology and Immunology, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Johnson, J Kristie. Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Nguyen, M Hong. Department of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania, USA.  
  
Calfee, David P. Division of Infectious Diseases, Weill Cornell Medicine, New York, New York, USA.  
  
Miller, Loren G. Lundquist Institute at Harbor-UCLA Medical Center, Torrance, California, USA.  
  
Harris, Anthony D. Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Rasko, David A. Institute for Genome Sciences, University of Maryland School of Medicine, Baltimore, Maryland, USA.  
  
Rasko, David A. Department of Microbiology and Immunology, University of Maryland School of Medicine, Baltimore, Maryland, USA.",

"AB":"Klebsiella pneumoniae genomics health care provider transmission",

"FTURL":"NOTNLM",

"PM":"Carbapenem-resistant Klebsiella pneumoniae (CRKp) is a pathogen of significant concern to public health, as it has become increasingly associated with difficult-to-treat community-acquired and hospital-associated infections. Transmission of K. pneumoniae between patients through interactions with shared health care personnel (HCP) has been described as a source of infection in health care settings. However, it is not known whether specific lineages or isolates of K. pneumoniae are associated with increased transmission. Thus, we used whole-genome sequencing to analyze the genetic diversity of 166 carbapenem-resistant K. pneumoniae isolates from five U.S. hospitals in four states as part of a multicenter study examining risk factors for glove and gown contamination by carbapenem-resistant Enterobacterales (CRE). The CRKp isolates exhibited considerable genomic diversity with 58 multilocus sequence types (STs), including four newly designated STs. ST258 was the most prevalent ST, representing 31% (52/166) of the CRKp isolates, but was similarly prevalent among patients who had high, intermediate, and low CRKp transmission. Increased transmission was associated with clinical characteristics including a nasogastric (NG) tube or an endotracheal tube or tracheostomy (ETT/Trach). Overall, our findings provide important insight into the diversity of CRKp associated with transmission from patients to the gloves and gowns of HCP. These findings suggest that certain clinical characteristics and the presence of CRKp in the respiratory tract, rather than specific lineages or genetic content, are more often associated with increased transmission of CRKp from patients to HCP. IMPORTANCE Carbapenem-resistant Klebsiella pneumoniae (CRKp) is a significant public health concern that has contributed to the spread of carbapenem resistance and has been linked to high morbidity and mortality. Transmission of K. pneumoniae among patients through interactions with shared health care personnel (HCP) has been described as a source of infection in health care settings however, it remains unknown whether particular bacterial characteristics are associated with increased CRKp transmission. Using comparative genomics, we demonstrate that CRKp isolates associated with high or intermediate transmission exhibit considerable genomic diversity, and there were no K. pneumoniae lineages or genes that were universally predictive of increased transmission. Our findings suggest that certain clinical characteristics and the presence of CRKp, rather than specific lineages or genetic content of CRKp, are more often associated with increased transmission of CRKp from patients to HCP.",

"DJ":"Multicenter Study  
  
Journal Article  
  
Research Support, U.S. Gov't, P.H.S.  
  
Research Support, N.I.H., Extramural",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
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Anti-Bacterial Agents/tu [Therapeutic Use]  
  
Klebsiella Infections/mi [Microbiology]  
  
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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37232394",

"TI":"Advances in minimal residual disease monitoring in multiple myeloma. [Review]",

"SO":"Critical Reviews in Clinical Laboratory Sciences. 60(7):518-534, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Wijnands C  
  
Noori S  
  
Donk NWCJV  
  
VanDuijn MM  
  
Jacobs JFM",

"MH":"Wijnands, Charissa  
  
Noori, Somayya  
  
Donk, Niels W C J van de  
  
VanDuijn, Martijn M  
  
Jacobs, Joannes F M",

"DU":"Wijnands, Charissa. Department of Laboratory Medicine, Radboud University Medical Center, Nijmegen, the Netherlands.  
  
Noori, Somayya. Department of Neurology, Erasmus MC, University Medical Center Rotterdam, the Netherlands.  
  
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VanDuijn, Martijn M. Department of Neurology, Erasmus MC, University Medical Center Rotterdam, the Netherlands.  
  
Jacobs, Joannes F M. Department of Laboratory Medicine, Radboud University Medical Center, Nijmegen, the Netherlands.",

"OD":"M-protein Multiple myeloma mass spectrometry minimal residual disease monoclonal gammopathy",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) is characterized by the clonal expansion of plasma cells and the excretion of a monoclonal immunoglobulin (M-protein), or fragments thereof. This biomarker plays a key role in the diagnosis and monitoring of MM. Although there is currently no cure for MM, novel treatment modalities such as bispecific antibodies and CAR T-cell therapies have led to substantial improvement in survival. With the introduction of several classes of effective drugs, an increasing percentage of patients achieve a complete response. This poses new challenges to traditional electrophoretic and immunochemical M-protein diagnostics because these methods lack sensitivity to monitor minimal residual disease (MRD). In 2016, the International Myeloma Working Group (IMWG) expanded their disease response criteria with bone marrow-based MRD assessment using flow cytometry or next-generation sequencing in combination with imaging-based disease monitoring of extramedullary disease. MRD status is an important independent prognostic marker and its potential as a surrogate endpoint for progression-free survival is currently being studied. In addition, numerous clinical trials are investigating the added clinical value of MRD-guided therapy decisions in individual patients. Because of these novel clinical applications, repeated MRD evaluation is becoming common practice in clinical trials as well as in the management of patients outside clinical trials. In response to this, novel mass spectrometric methods that have been developed for blood-based MRD monitoring represent attractive minimally invasive alternatives to bone marrow-based MRD evaluation. This paves the way for dynamic MRD monitoring to allow the detection of early disease relapse, which may prove to be a crucial factor in facilitating future clinical implementation of MRD-guided therapy. This review provides an overview of state-of-the-art of MRD monitoring, describes new developments and applications of blood-based MRD monitoring, and suggests future directions for its successful integration into the clinical management of MM patients.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Wijnands, Charissa ORCID: https://orcid.org/0000-0001-9057-8751  
  
Noori, Somayya ORCID: https://orcid.org/0000-0003-3776-2976  
  
Donk, Niels W C J van de ORCID: https://orcid.org/0000-0002-7445-2603  
  
VanDuijn, Martijn M ORCID: https://orcid.org/0000-0002-6654-994X  
  
Jacobs, Joannes F M ORCID: https://orcid.org/0000-0002-6208-6386",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2013388461",

"TI":"Daratumumab provides a survival benefit in relapsed and refractory Multiple Myeloma, independent of baseline clinical characteristics: A meta-analysis.",

"SO":"Pharmacology Research and Perspectives. 9(4) (no pagination), 2021. Article Number: e00797. Date of Publication: August 2021.",

"AU":"Cao C.  
  
Zhou X.  
  
Ma Q.",

"AO":"Cao, Congcong ORCID: https://orcid.org/0000-0002-2360-5868",

"IN":"(Cao) Hematology Department, The People's Hospital of Pingyi County, Linyi, Shandong 273300, China  
  
(Zhou) General Surgery Department, Feixian People's Hospital, Linyi, China  
  
(Ma) Radiology Department, The People's Hospital of Pingyi County, Linyi, China",

"PB":"John Wiley and Sons Inc",

"MH":"adult  
  
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"OD":"Daratumumab was approved in patients with relapsed or refractory multiple myeloma (MM) who previously received proteasome inhibitors or immunomodulatory drugs. However, the efficacy and safety of the addition of daratumumab in subpopulations of patients with relapsed or refractory MM is still unknown. We systematically searched MEDLINE, EMBASE, and Cochrane for randomized controlled trials (inception to September 2020). All phase 3 randomized controlled trials (RCTs) which were conducted in patients with relapsed or refractory MM and compared the efficacy or safety with the addition of daratumumab versus control were adopted. Three studies including 1497 patients met our criteria. The addition of daratumumab increased the rates of overall response (RR 1.21, 95% CI 1.15-1.28, p <.001), complete response or better (RR 2.43, 95% CI 2.00-2.96, p <.001), very good partial response or better (RR 1.63, 95% CI 1.48-1.80, p <.001) compared with those with control. No clear evidence of heterogeneity was found in comparisons of progression-free survival obtained from subsets of studies grouped by the age of participant, ISS disease stage, type of measurable MM, the level of baseline renal function, cytogenetic profile. The results showed progression-free survival benefit was consistent between the treatment groups regarding previous clinical therapy information. Patients receiving daratumumab had higher risks of lymphopenia and infusion-related reactions of any grade and grade 3 or 4. In conclusions, this study provides a clear proof of beneficial effects of daratumumab-based therapy in patients with relapsed or refractory MM with an acceptable safety profile. The progression-free survival benefit was consistent regardless of patient's baseline characteristics or previous therapy agents.Copyright © 2021 The Authors. Pharmacology Research & Perspectives published by British Pharmacological Society and American Society for Pharmacology and Experimental Therapeutics and John Wiley & Sons Ltd.",

"AB":"Click here for full text options",

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"ORN":"24",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022548025",

"TI":"Genetic architecture of brain age and its casual relations with brain and mental disorders.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 11 Jan 2023.",

"AU":"Leonardsen E.H.  
  
Vidal-Pineiro D.  
  
Roe J.M.  
  
Frei O.  
  
Shadrin A.A.  
  
Iakunchykova O.  
  
de Lange A.-M.G.  
  
Kaufmann T.  
  
Taschler B.  
  
Smith S.M.  
  
Andreassen O.A.  
  
Wolfers T.  
  
Westlye L.T.  
  
Wang Y.",

"AO":"Vidal-Pineiro, Didac ORCID: https://orcid.org/0000-0001-9997-9156  
  
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Taschler, Bernd ORCID: https://orcid.org/0000-0001-6574-4789",

"IN":"(Vidal-Pineiro, Roe, Iakunchykova, Wang) Center for Lifespan Changes in Brain and Cognition (LCBC), Department of Psychology, University of Oslo, Oslo 0317, Norway  
  
(Leonardsen, Frei, Shadrin, Kaufmann, Andreassen, Wolfers, Westlye) NORMENT, Division of Mental Health and Addiction, Oslo University Hospital, Institute of Clinical Medicine, University of Oslo, Oslo 0317, Norway  
  
(Shadrin, Andreassen, Westlye) K.G. Jebsen Centre for Neurodevelopmental Disorders, University of Oslo, Oslo, Norway  
  
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(Kaufmann, Wolfers) Department of Psychiatry and Psychotherapy, Tubingen Center for Mental Health, University of Tubingen, Tubingen 72074, Germany  
  
(Taschler, Smith) Wellcome Centre for Integrative Neuroimaging (WIN FMRIB), University of Oxford, Oxford OX3 9DU, United Kingdom",

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"FTURL":"The difference between chronological age and the apparent age of the brain estimated from brain imaging data - the brain age gap (BAG) - is widely considered a general indicator of brain health. Converging evidence supports that BAG is sensitive to an array of genetic and non-genetic traits and diseases, yet few studies have examined the genetic architecture and its corresponding causal relationships with common brain disorders. Here, we estimate BAG using state-of-the-art neural networks trained on brain scans from 53,542 individuals (age range 3-95 years). A genome-wide association analysis across 28,104 individuals (40-84 years) from the UK Biobank revealed eight independent genomic regions significantly associated with BAG (p<5x10-8) implicating neurological, metabolic, and immunological pathways - among which seven are novel. No significant genetic correlations or causal relationships with BAG were found for Parkinson's disease, major depressive disorder, or schizophrenia, but two-sample Mendelian randomization indicated a causal influence of AD (p=7.9x10-4) and bipolar disorder (p=1.35x10-2) on BAG. These results emphasize the polygenic architecture of brain age and provide insights into the causal relationship between selected neurological and neuropsychiatric disorders and BAG.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"ORN":"24",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37021356",

"TI":"Extended-Release Viloxazine for the Treatment of Attention-Deficit Hyperactivity Disorder in School-Age Children and Adolescents. [Review]",

"SO":"Annals of Pharmacotherapy. 57(12):1436-1448, 2023 12.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Raible H  
  
D'Souza MS",

"MH":"D'Souza, Manoranjan S ORCID: https://orcid.org/0000-0003-4484-5251",

"DU":"Raible, Haley  
  
D'Souza, Manoranjan S",

"OD":"Raible, Haley. The Raabe College of Pharmacy, Ohio Northern University, Ada, OH, USA.  
  
D'Souza, Manoranjan S. The Raabe College of Pharmacy, Ohio Northern University, Ada, OH, USA.  
  
D'Souza, Manoranjan S. Department of Pharmaceutical and Biomedical Sciences, The Raabe College of Pharmacy, Ohio Northern University, Ada, OH, USA.",

"AB":"Humans  
  
Child  
  
Adolescent  
  
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Treatment Outcome",

"FTURL":"ADHD attention attention-deficit hyperactivity disorder cortex dopamine hyperactivity norepinephrine serotonin viloxazine",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: To describe the efficacy and safety of extended-release viloxazine (viloxazine ER Qelbree) for the treatment of attention-deficit hyperactivity disorder (ADHD) in school-age children and adolescents (6-17 years).  
  
DATA SOURCES: A literature search was conducted with PubMed using the following terms: viloxazine and ADHD (August 1, 2017 to February 1, 2023).  
  
STUDY SELECTION AND DATA EXTRACTION: All relevant English-language articles examining the efficacy and safety of viloxazine ER were considered for inclusion.  
  
DATA SYNTHESIS: Phase III studies reported significant improvement in ADHD symptoms after viloxazine ER treatment in both school-age children (100 mg/d, P = 0.0004 and 200 mg/d, P < 0.0001 NCT03247530) and adolescents (200 mg/d, P = 0.0232 400 mg/d, P = 0.0091 NCT03247517) compared with placebo. Common adverse effects associated with viloxazine ER included somnolence, fatigue, irritability, decreased appetite, and headache. Together, the studies demonstrated the efficacy and safety of viloxazine ER in patients with ADHD.  
  
RELEVANCE TO PATIENT CARE AND CLINICAL PRACTICE IN COMPARISON WITH EXISTING DRUGS: Viloxazine ER is a serotonin-norepinephrine modulator, which is administered once daily orally. It is classified as a nonstimulant medication, which can be used in patients with ADHD who do not respond to or cannot tolerate stimulant medications. Even though atomoxetine and viloxazine ER have not been directly compared, clinical studies have suggested that viloxazine ER has a faster onset of action (~1-2 weeks) compared with atomoxetine (~4 weeks). Like atomoxetine, viloxazine ER carries a boxed warning for suicidal ideation and/or behavior.  
  
CONCLUSION: Viloxazine ER is a useful addition to other nonstimulant medications available to treat patients with ADHD.",

"MV":"57WVB6I2W0 (Atomoxetine Hydrochloride)  
  
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"TN":"Journal Article  
  
Review  
  
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"Unnamed: 22":"2023",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026975631",

"TI":"UK Medical Cannabis Registry: An analysis of clinical outcomes of medicinal cannabis therapy for attention-deficit/hyperactivity disorder.",

"SO":"Neuropsychopharmacology Reports. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Ittiphakorn P.  
  
Erridge S.  
  
Holvey C.  
  
Coomber R.  
  
Rucker J.J.  
  
Sodergren M.H.",

"AO":"(Ittiphakorn, Erridge, Sodergren) Medical Cannabis Research Group, Department of Surgery and Cancer, Imperial College London, London, United Kingdom  
  
(Erridge, Holvey, Coomber, Sodergren) Sapphire Medical Clinics, London, United Kingdom  
  
(Coomber) St. George's Hospital NHS Trust, London, United Kingdom  
  
(Rucker) Department of Psychological Medicine, Kings College London, London, United Kingdom  
  
(Rucker) South London & Maudsley NHS Foundation Trust, London, United Kingdom",

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"PB":"adult  
  
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"OD":"Aim: This study aims to analyze the health-related quality of life (HRQoL) and safety outcomes in attention-deficit/hyperactivity disorder (ADHD) patients treated with cannabis-based medicinal products (CBMPs). Method(s): Patients were identified from the UK Medical Cannabis Registry. Primary outcomes were changes in the following patient-reported outcome measures (PROMs) at 1, 3, 6, and 12 months from baseline: EQ-5D-5L index value, generalized anxiety disorder-7 (GAD-7) questionnaire, and the single-item sleep quality score (SQS). Secondary outcomes assessed the incidence of adverse events. Statistical significance was defined as p < 0.050. Result(s): Sixty-eight patients met the inclusion criteria. Significant improvements were identified in general HRQoL assessed by EQ-5D-5L index value at 1, 3, and 6 months (p < 0.050). Improvements were also identified in GAD-7 and SQS scores at 1, 3, 6, and 12 months (p < 0.010). 61 (89.71%) adverse events were recorded by 11 (16.18%) participants, of which most were moderate (n = 26, 38.24%). Conclusion(s): An association between CBMP treatment and improvements in anxiety, sleep quality, and general HRQoL was observed in patients with ADHD. Treatment was well tolerated at 12 months. Results must be interpreted with caution as a causative effect cannot be proven. These results, however, do provide additional support for future evaluation within randomized controlled trials.Copyright © 2023 The Authors. Neuropsychopharmacology Reports published by John Wiley & Sons Australia, Ltd on behalf of The Japanese Society of Neuropsychopharmacology.",

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"FTURL":"\*cannabidiol [m]  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"37642580",

"TI":"Efficacy and safety of aripiprazole in the treatment of delirium. [Review]",

"SO":"Psychiatria Polska. :1-10, 2023 Jun 01",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Jarosz M  
  
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"MH":"Jarosz, Marcin  
  
Badura Brzoza, Karina Aagnieszka",

"DU":"Jarosz, Marcin. Katedra Psychiatrii, Wydzial Nauk Medycznych w Zabrzu, Slaski Uniwersytet Medyczny w Katowicach.  
  
Badura Brzoza, Karina Aagnieszka. Katedra Psychiatrii, Wydzial Nauk Medycznych w Zabrzu, Slaski Uniwersytet Medyczny w Katowicach.",

"OD":"Delirium is a psychosis with disorder of consciousness and it's caused by acute brain disfunction in the course of e.g. severe somatic condition, intoxication or withdrawal syndrome. Delirium management is based on the treatment of the state that caused disturbance in central nervous system. Severe delirium syndromes such as agitation, disorganized behavior or hallucinations require additional pharmacological treatment with antypsychotics. Aripiprazole is one of second generation antypsychotics (SGA), that is used in treatment of schizophrenia, bipolar disorder and Tourette syndrome, but also off-label in delirium. A systematic review of databases was carried out and results were limited to case reports, clinical trials and randomized controlled trials. The results of literature review suggest that aripiprazole can be useful in treatment of delirium symptomes. There is evidence, aripirazole has efficacy comparable to haloperidol and other SGA. Aripirazole can be a better option in particular groups of patients due to it's safer cardiological and metabolic profile and better tolerance of treatment. However, data from clinical findings are still insufficient to recommend a routine use of aripirazole in the treatment of delirium. Therefore, further investigations are necessary to work out new strategy of managing delirium syndrome.",

"AB":"Journal Article  
  
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"TI":"Multicenter evaluation of the BIOFIRE Joint Infection Panel for the detection of bacteria, yeast, and AMR genes in synovial fluid samples.",

"SO":"Journal of Clinical Microbiology. 61(11) (no pagination), 2023. Date of Publication: 2023.",

"AU":"Esteban J.  
  
Salar-Vidal L.  
  
Schmitt B.H.  
  
Waggoner A.  
  
Laurent F.  
  
Abad L.  
  
Bauer T.W.  
  
Mazariegos I.  
  
Balada-Llasat J.-M.  
  
Horn J.  
  
Wolk D.M.  
  
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Hermans M.  
  
Verhoofstad I.  
  
Butler-Wu S.M.  
  
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Murphy C.  
  
Cabrera B.  
  
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Leber A.  
  
Everhart K.  
  
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Flores I.I.  
  
Daly J.  
  
Barr R.  
  
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"AO":"Esteban, Jaime ORCID: https://orcid.org/0000-0002-8971-3167  
  
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Bard, Jennifer Dien ORCID: https://orcid.org/0000-0003-0524-9473",

"IN":"(Esteban, Salar-Vidal) IIS-Fundacion Jimenez Diaz, CIBERINFEC-CIBER de Enfermedades Infecciosas, Madrid, Spain  
  
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(Daly, Barr) Primary Children's Hospital, Salt Lake City, UT, United States  
  
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"PB":"American Society for Microbiology",

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\*synovial fluid  
  
\*yeast",

"AB":"The bioMerieux BIOFIRE Joint Infection (JI) Panel is a multiplex in vitro diagnostic test for the simultaneous and rapid (~1 h) detection of 39 potential pathogens and antimicrobial resistance (AMR) genes directly from synovial fluid (SF) samples. Thirty-one species or groups of microorganisms are included in the kit, as well as several AMR genes. This study, performed to evaluate the BIOFIRE JI Panel for regulatory clearance, provides data from a multicenter evaluation of 1,544 prospectively collected residual SF samples with performance compared to standard-of-care (SOC) culture for organisms or polymerase chain reaction (PCR) and sequencing for AMR genes. The BIOFIRE JI Panel demonstrated a sensitivity of 90.9% or greater for all but six organisms and a positive percent agreement (PPA) of 100% for all AMR genes. The BIOFIRE JI Panel demonstrated a specificity of 98.5% or greater for detection of all organisms and a negative percent agreement (NPA) of 95.7% or greater for all AMR genes. The BIOFIRE JI Panel provides an improvement over SOC culture, with a substantially shorter time to result for both organisms and AMR genes with excellent sensitivity/PPA and specificity/NPA, and is anticipated to provide timely and actionable diagnostic information for joint infections in a variety of clinical scenarios.Copyright © 2023 Esteban et al.",

"FTURL":"Click here for full text options",

"PM":"37877730 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37877730]",

"DJ":"\*BIOFIRE joint infection panel [other term]",

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"TI":"Efficacy and safety of sulbactam-durlobactam versus colistin for the treatment of patients with serious infections caused by Acinetobacter baumannii-calcoaceticus complex: a multicentre, randomised, active-controlled, phase 3, non-inferiority clinical trial (ATTACK).",

"SO":"The Lancet Infectious Diseases. 23(9):1072-1084, 2023 09.",

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Isaacs, Robin  
  
Altarac, David",

"OD":"Kaye, Keith S. Division of Allergy, Immunology and Infectious Diseases, Robert Wood Johnson Medical School, New Brunswick, NJ, USA. Electronic address: kk1116@rwjms.rutgers.edu.  
  
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Isaacs, Robin. Entasis Therapeutics, Waltham, MA, USA.  
  
Altarac, David. Entasis Therapeutics, Waltham, MA, USA.",

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"FTURL":"nan",

"PM":"BACKGROUND: An urgent need exists for antibiotics to treat infections caused by carbapenem-resistant Acinetobacter baumannii-calcoaceticus complex (ABC). Sulbactam-durlobactam is a beta-lactam-beta-lactamase inhibitor combination with activity against Acinetobacter, including multidrug-resistant strains. In a phase 3, pathogen-specific, randomised controlled trial, we compared the efficacy and safety of sulbactam-durlobactam versus colistin, both in combination with imipenem-cilastatin as background therapy, in patients with serious infections caused by carbapenem-resistant ABC.  
  
METHODS: The ATTACK trial was done at 59 clinical sites in 16 countries. Adults aged 18 years or older with ABC-confirmed hospital-acquired bacterial pneumonia, ventilator-associated bacterial pneumonia, ventilated pneumonia, or bloodstream infections were randomised 1:1 using a block size of four to sulbactam-durlobactam (1.0 g of each drug in combination over 3 h every 6 h) or colistin (2.5 mg/kg over 30 min every 12 h) for 7-14 days. All patients received imipenem-cilastatin (1.0 g of each drug in combination over 1 h every 6 h) as background therapy. The primary efficacy endpoint was 28-day all-cause mortality in patients with laboratory-confirmed carbapenem-resistant ABC (the carbapenem-resistant ABC microbiologically modified intention-to-treat population). Non-inferiority was concluded if the upper bound of the 95% CI for the treatment difference was less than +20%. The primary safety endpoint was incidence of nephrotoxicity assessed using modified Risk, Injury, Failure, Loss, End-stage renal disease criteria measured by creatinine level or glomerular filtration rate through day 42. This trial is registered at ClinicalTrials.gov, NCT03894046.  
  
FINDINGS: Between Sep 5, 2019, and July 26, 2021, 181 patients were randomly assigned to sulbactam-durlobactam or colistin (176 hospital-acquired bacterial pneumonia, ventilator-associated bacterial pneumonia, or ventilated pneumonia and five bloodstream infections) 125 patients with laboratory-confirmed carbapenem-resistant ABC isolates were included in the primary efficacy analysis. 28-day all-cause mortality was 12 (19%) of 63 in the sulbactam-durlobactam group and 20 (32%) of 62 in the colistin group, a difference of -13.2% (95% CI -30.0 to 3.5), which met criteria for non-inferiority. Incidence of nephrotoxicity was significantly (p<0.001) lower with sulbactam-durlobactam than colistin (12 [13%] of 91 vs 32 [38%] of 85). Serious adverse events were reported in 36 (40%) of 91 patients in the sulbactam-durlobactam group and 42 (49%) of 86 patients in the colistin group. Treatment-related adverse events leading to study drug discontinuation were reported in ten (11%) of 91 patients in the sulbactam-durlobactam group and 14 (16%) of 86 patients in the colistin group.  
  
INTERPRETATION: Our data show that sulbactam-durlobactam was non-inferior to colistin, both agents given in combination with imipenem-cilastatin, for the primary endpoint of 28-day all-cause mortality. Sulbactam-durlobactam was well tolerated and could be an effective intervention to reduce mortality from serious infections caused by carbapenem-resistant ABC, including multidrug-resistant strains.  
  
FUNDING: Entasis Therapeutics and Zai Lab. Copyright © 2023 Elsevier Ltd. All rights reserved.",

"DJ":"Randomized Controlled Trial  
  
Multicenter Study  
  
Clinical Trial, Phase III  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"MV":"2023",

"TN":"Click here for full text options",

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beta-Lactamase Inhibitors/tu [Therapeutic Use]  
  
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"VN":"Ovid Technologies",

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"UI":"37823394",

"TI":"M-protein diagnostics in multiple myeloma patients using ultra-sensitive targeted mass spectrometry and an off-the-shelf calibrator.",

"SO":"Clinical Chemistry & Laboratory Medicine. 2023 Oct 12",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Wijnands C  
  
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Noori, Somayya  
  
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van Gool, Alain J  
  
Dejoie, Thomas  
  
VanDuijn, Martijn M  
  
Jacobs, Joannes F M",

"DU":"Wijnands, Charissa. Department of Laboratory Medicine, Radboud University Medical Center, Nijmegen, The Netherlands.  
  
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Jacobs, Joannes F M. Department of Laboratory Medicine, Radboud University Medical Center, Nijmegen, The Netherlands.",

"OD":"M-protein clonotypic peptide minimal residual disease multiple myeloma targeted mass spectrometry",

"AB":"NOTNLM",

"FTURL":"OBJECTIVES: Minimal residual disease status in multiple myeloma is an important prognostic biomarker. Recently, personalized blood-based targeted mass spectrometry (MS-MRD) was shown to provide a sensitive and minimally invasive alternative to measure minimal residual disease. However, quantification of MS-MRD requires a unique calibrator for each patient. The use of patient-specific stable isotope labelled (SIL) peptides is relatively costly and time-consuming, thus hindering clinical implementation. Here, we introduce a simplification of MS-MRD by using an off-the-shelf calibrator.  
  
METHODS: SILuMAB-based MS-MRD was performed by spiking a monoclonal stable isotope labeled IgG, SILuMAB-K1, in the patient serum. The abundance of both M-protein-specific peptides and SILuMAB-specific peptides were monitored by mass spectrometry. The relative ratio between M-protein peptides and SILuMAB peptides allowed for M-protein quantification. We assessed linearity, sensitivity and reproducibility of SILuMAB-based MS-MRD in longitudinally collected sera from the IFM-2009 clinical trial.  
  
RESULTS: A linear dynamic range was achieved of over 5 log scales, allowing for M-protein quantification down to 0.001g/L. The inter-assay CV of SILuMAB-based MS-MRD was on average 11%. Excellent concordance between SIL- and SILuMAB-based MS-MRD was shown (R2>0.985). Additionally, signal intensity of spiked SILuMAB can be used for quality control purpose to assess system performance and incomplete SILuMAB digestion can be used as quality control for sample preparation.  
  
CONCLUSIONS: Compared to SIL peptides, SILuMAB-based MS-MRD improves the reproducibility, turn-around-times and cost-efficacy of MS-MRD without diminishing its sensitivity and specificity. Furthermore, SILuMAB can be used as a MS-MRD quality control tool to monitor sample preparation efficacy and assay performance. Copyright © 2023 the author(s), published by De Gruyter, Berlin/Boston.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Wijnands, Charissa ORCID: https://orcid.org/0000-0001-9057-8751  
  
VanDuijn, Martijn M ORCID: https://orcid.org/0000-0002-6654-994X",

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"TI":"Defining Unmet Need Following Lenalidomide Refractoriness: Real-World Evidence of Outcomes in Patients With Multiple Myeloma.",

"SO":"Frontiers in Oncology. 11(no pagination), 2021. Article Number: 703233. Date of Publication: 21 Jul 2021.",

"AU":"Lecat C.S.Y.  
  
Taube J.B.  
  
Wilson W.  
  
Carmichael J.  
  
Parrish C.  
  
Wallis G.  
  
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"IN":"(Lecat, Taube, Wallis, Kyriakou, Mahmood, Papanikolaou, Rabin, Sive, Wechalekar, Popat) Department of Haematology, University College London Hospitals NHS Foundation Trust, London, United Kingdom  
  
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(Carmichael, Cook) Department of Oncology, The National Institute for Health Research Leeds In Vitro Diagnostics Co-operative (NIHR Leeds MIC), Leeds, United Kingdom",

"PB":"Frontiers Media S.A.",

"MH":"adult  
  
article  
  
\*cancer patient  
  
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"OD":"Background: The treatment paradigm for multiple myeloma (MM) continues to evolve with the development of novel therapies and the earlier adoption of continuous treatments into the treatment pathway. Lenalidomide-refractory patients now represent a challenge with inferior progression free survival (PFS) reported to subsequent treatments. We therefore sought to describe the natural history of MM patients following lenalidomide in the real world. Method(s): This was a retrospective cohort review of patients with relapsed MM who received lenalidomide-based treatments in the U.K. Data were collected for demographics, subsequent therapies, treatment responses, survival outcomes and clinical trial enrollment. Result(s): 198 patients received lenalidomide-based treatments at a median of 2 prior lines of therapy at a median of 41 months (range 0.5-210) from diagnosis. 114 patients (72% of 158 evaluable) became refractory to lenalidomide. The overall survival (OS) after lenalidomide failure was 14.7 months having received between 0-6 subsequent lines of therapy. Few deep responses were observed with subsequent treatments and the PFS to each further line was < 7 months. There was a steep reduction in numbers of patients able to receive further treatment, with an associated increase in number of deaths. The OS of patients progressing on lenalidomide who did not enter a clinical trial incorporating novel agents was very poor (8.8 months versus 30 months, p 0.0002), although the trials group were a biologically fitter group. Conclusion(s): These data demonstrate the poor outcomes of patients failing lenalidomide-based treatments in the real world, the highlight need for more effective treatments.© Copyright © 2021 Lecat, Taube, Wilson, Carmichael, Parrish, Wallis, Kyriakou, Lee, Mahmood, Papanikolaou, Rabin, Sive, Wechalekar, Yong, Cook and Popat.",

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"TI":"Grey matter morphometric biomarkers for classifying early schizophrenia and PD psychosis: a multicentre study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 07 May 2022.",

"AU":"Knolle F.  
  
Arumugham S.S.  
  
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Chee M.W.L.  
  
Justicia A.  
  
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Lee J.  
  
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"FTURL":"Psychotic symptoms occur in a majority of schizophrenia patients, and in approximately 50% of all Parkinson's disease (PD) patients. Altered grey matter (GM) structure within several brain areas and networks may contribute to their pathogenesis. Little, however, is known about transdiagnostic similarities when psychotic symptoms occur in different disorders, such as schizophrenia and PD. The present study investigated a large, multicenter sample containing 722 participants: 146 patients with first episode psychosis, FEP 106 individuals at-risk mental state for developing psychosis, ARMS 145 healthy controls matching FEP and ARMS, Con-Psy 92 PD patients with psychotic symptoms, PDP 145 PD patients without psychotic symptoms, PDN 88 healthy controls matching PDN and PDP, Con-PD. We applied source-based morphometry in association with receiver operating curves (ROC) analyses to identify common GM structural covariance networks (SCN) and investigated their accuracy in identifying the different patient groups. We assessed group-specific homogeneity and variability across the different networks and potential associations with clinical symptoms. SCN-extracted GM values differed significantly between FEP and Con-Psy, PDP and Con-PD as well as PDN and Con-PD, indicating significant overall grey matter reductions in PD and early schizophrenia. ROC analyses showed that SCN-based classification algorithms allow good classification (AUC~0.80) of FEP and Con-Psy, and fair performance (AUC~0.72) when differentiating PDP from Con-PD. Importantly, best performance was found in partly the same networks including the precuneus. Finally, reduced GM volume in SCN with increased variability was linked to increased psychotic symptoms in both FEP and PDP. Alterations within selected SCNs may be related to the presence of psychotic symptoms in both early schizophrenia and PD psychosis, indicating some commonality of underlying mechanisms. Furthermore, results provide first evidence that GM volume within specific SCNs may serve as a biomarker for identifying FEP and PDP.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"TI":"Differences between centers in functional outcome of patients with ADHD after 1 year from the time of diagnosis.",

"SO":"Scientific Reports. 13(1):18738, 2023 10 31.",

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Finazzi, Stefano ORCID: https://orcid.org/0000-0002-3525-3249  
  
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"DU":"Cartabia, Massimo  
  
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Bonati, Maurizio",

"OD":"Cartabia, Massimo. Laboratory of Pharmacoepidemiology, Department of Public Health, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy.  
  
Finazzi, Stefano. Laboratory of Clinical Data Science, Department of Public Health,, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Ranica, BG, Italy.  
  
Bonati, Maurizio. Laboratory for Mother and Child Health, Department of Public Health, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Via Mario Negri, 2, 20156, Milano, Italy. maurizio.bonati@marionegri.it.",

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Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
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"DJ":"Although the pharmacological therapy of ADHD has been widely studied, little has been done to compare the different therapeutic approaches (e.g., drug therapy vs. psychological treatments) and even less has been done to compare the outcome of the therapy between centers. This multicenter observational study aims to assess between-center variation in functional outcome of ADHD patients one year after the diagnosis, according to the treatment received. We used the Regional ADHD Registry data on 1429 patients enrolled in 16 ADHD centers in the 2011-2022 period. To evaluate the effectiveness of the therapy we used a generalized linear mixed model with the center as the random effect, including patient condition at diagnosis and center characteristics, weighting by the inverse of the propensity score of the treatment received by the patient. Between-center variation was expressed as the relative difference in odds-ratios between the observed and the expected number of patients whose condition improved, using the Clinical Global Impressions-Improvement Scale (CGI-I), and the relative 95% CI. Patients who received combined treatment were significantly more likely to improve compared to other treatment groups (65.5% vs 54.4% for methylphenidate alone, 53.4% for psychological treatment alone, or 40.5% for no therapy). Adjusted for patients and center characteristics, the log-odds ratio ranged from 0.85 (0.29-1.55 95% CI) to - 0.64 (- 1.17-- 0.18 95% CI). The mean expected probability of improvement after one year of therapy for an average patient with ADHD for each center was 47.7% in a center at the 25th percentile and 61.2% in a center at the 75th percentile of the outcome distribution after adjustments. The wide between-center variation in patient functional improvement one year after the diagnosis of ADHD could be largely explained by center-specific therapeutic approaches or attitudes. More careful and stringent work is needed to reduce differences in responses between centers, as could formal and periodic audit programs within and between centers. Copyright © 2023. The Author(s).",

"MV":"0 (Central Nervous System Stimulants)  
  
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"TN":"Multicenter Study  
  
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Journal Article  
  
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"TI":"A review of recent treatments for adults living with attention-deficit/hyperactivity disorder.",

"SO":"South African Journal of Psychiatry. 29(no pagination), 2023. Article Number: a2152. Date of Publication: 2023.",

"AU":"Wakelin C.  
  
Willemse M.  
  
Munnik E.",

"AO":"(Wakelin, Willemse, Munnik) Department of Psychology, Faculty of Community and Health Sciences, University of the Western Cape, Cape Town, South Africa",

"IN":"AOSIS (pty) Ltd",

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Preferred Reporting Items for Systematic Reviews and Meta-Analyses  
  
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"OD":"Background: Attention-deficit/hyperactivity disorder (ADHD) is a neuro-developmental disorder prevalent among children and adults. Adults living with ADHD can experience significant distress affecting their daily functioning on emotional, physical, interpersonal, familial and financial levels. Intervention programmes may be a way to mitigate these challenges. Aim(s): This review identified good evidence-based intervention studies for adults with ADHD and described the usefulness of these interventions. Method(s): Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, articles were searched from 2009 to 2019 across four medical-and psychological-focused electronic databases using EBSCOhost. All articles selected for the review's thematic meta-synthesis were appraised by attaining a threshold score of at least 61%, using the Smith-Franciscus-Swartbooi appraisal tool. Two autonomous reviewers engaged in the review process. The study adhered to all ethical principles pertaining to systematic review practice. Result(s): Forty studies were identified for summation, including pharmacological, non-pharmacological and neuro-stimulation approaches. Most interventions used a multimodal approach. Results indicated the most effective stimulant and non-stimulant as methylphenidate and atomoxetine, respectively. Effective non-pharmacological approaches to treatment were identified as cognitive-behavioural treatment, mindfulness-based approaches, psycho-education and dialectical-focused therapies. Bright light treatment and neurofeedback were reported as the most efficacious neuro-stimulatory methods. Conclusion(s): Pharmacological and non-pharmacological approaches, as well as neuro-stimulation or a blend of these approaches were acknowledged as the most effective recent modalities in the treatment of adult ADHD. Contribution: This review reported on the most current approaches to treat adult ADHD. This will facilitate a better understanding and informed decisions with regard to dealing with adult ADHD.Copyright © 2023. The Authors. Licensee: AOSIS.",

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"UI":"37633776",

"TI":"Clozapine and neutrophil response in patients of African descent: A six-month, multinational, prospective, open-label clinical trial.",

"SO":"Schizophrenia Research. 2023 Aug 24",

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"DU":"Kelly, Deanna L. Maryland Psychiatric Research Center, University of Maryland School of Medicine, Baltimore, MD, United States of America. Electronic address: dlkelly@som.umaryland.edu.  
  
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Lawal, Rahman. Federal Neuropsychiatric Hospital Yaba, Lagos, Nigeria.  
  
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Adebayo, Richard. Federal Neuropsychiatric Hospital Yaba, Lagos, Nigeria.",

"OD":"INTRODUCTION: Clozapine is the most effective antipsychotic for treatment-resistant schizophrenia, but it is markedly underutilized, particularly in the US Black population, partly because of concern over clozapine-associated low absolute neutrophil count (ANC). People of African descent have a lower normative ANC range than the White population, which is associated with a specific ACKR1-null (Duffy null) CC genotype (SNP rs2814778) on the ACKR1 gene, termed benign ethnic neutropenia (BEN). The range of ANC variability and safety of clozapine have not been established in people with BEN or examined prospectively in people of African descent.  
  
METHODS: We completed a multisite, 6-month, prospective, open-label clinical trial of clozapine treatment in people of African descent with schizophrenia spectrum disorders for whom clozapine was clinically indicated, with or without the ACKR1-null genotype. We examined clozapine safety and weekly ANC during clozapine treatment and evaluated ANC variability by ACKR1-null genotype, sex, study site, and clozapine dosing using repeated measures analysis of covariance. Genotype was assayed using TaqMan R technology.  
  
RESULTS: We enrolled 274 participants, of whom 227 (82.8 %) completed 6 months of clozapine treatment. There was one case of severe neutropenia (<500 cells/mm3) (0.36 %) over 1467.6 person-months of clozapine exposure. This participant recovered without sequelae after discontinuation of clozapine. Of the 249 participants with known genotypes, 199 (79.9 %) had the ACKR1-null genotype. Neutropenia (<1500 cells/mm3) occurred significantly more often in the ACKR1-null group (33 % [65/199]) than in those with the T allele (6 % (3/50) p < 0.001). Fourteen (5 %) patients discontinued due to adverse events. Rates of infection and fever were low and sialorrhea was the commonest side effect (N = 187, 68 %).  
  
CONCLUSION: To our knowledge, this is the largest prospective clozapine trial in people of African descent. Severe neutropenia was rare, despite the high prevalence (80 %) of the ACKR1-null genotype. Our findings suggest that clozapine can be used safely in Black patients including those with BEN. Copyright © 2023 Elsevier B.V. All rights reserved.",

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"FTURL":"2023",

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"TI":"Role of urine culture in paediatric patients with cancer with fever and neutropenia: A prospective observational study.",

"SO":"Archives of Disease in Childhood. 108(12) (pp 982-986), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Alonso-Cadenas J.A.  
  
Sancosmed Ron M.  
  
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(Herrero) Paediatric Oncology Department, Hospital Universitario Nino Jesus, Madrid, Spain  
  
(Lassaletta) Pediatric Neuro-oncology Unit, Hospital Infantil Universitario Nino Jesus, Madrid, Spain",

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tooth abscess/di [Diagnosis]  
  
urinalysis  
  
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urinary tract infection  
  
\*urine culture  
  
viral upper respiratory tract infection/di [Diagnosis]  
  
antibiotic agent/pv [Special Situation for Pharmacovigilance]  
  
C reactive protein/ec [Endogenous Compound]  
  
colony stimulating factor  
  
corticosteroid/pv [Special Situation for Pharmacovigilance]  
  
extended spectrum beta lactamase/ec [Endogenous Compound]  
  
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central nervous system tumor  
  
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continence  
  
controlled study  
  
device infection / complication  
  
diagnostic test accuracy study  
  
diarrhea / diagnosis  
  
Enterobacter cloacae  
  
Escherichia coli  
  
Ewing sarcoma  
  
\*febrile neutropenia  
  
female  
  
germ cell tumor  
  
gold standard  
  
hepatoblastoma  
  
Hodgkin disease  
  
human  
  
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urinary tract infection  
  
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viral upper respiratory tract infection / diagnosis",

"AB":"Objective To evaluate the need for routine urine studies in children with febrile neutropenia with cancer. Design A prospective, observational study was conducted in two hospitals between November 2019 and October 2021. Patients We recruited 205 patients in total. Main outcome measures The primary outcome was presence of positive urine culture (UC). Urinary tract infection (UTI) was defined as urinary signs/symptoms and positive UC with or without pyuria. A descriptive analysis of data is provided. We conducted a prospective study of paediatric patients with cancer with urinary continence. Data were analysed using descriptive statistics. The diagnostic performance of urinalysis was calculated using positive UC as the gold standard. Results Positive UC was found in 7 of the 205 patients (3.4% 95% CI 1.4% to 6.9%), 2 presenting urinary symptoms. UTI prevalence was 1.0% (95% CI 0.1% to 3.5%). A 23.8% prevalence of positive UC was found in patients with urinary symptoms and/or history of urinary tract disease (95% CI 8.2% to 47.2%) as compared with 1.1% of those without symptoms or history (95% CI 0.1% to 3.9%) (p<0.001). The sensitivity, specificity, negative predictive value, and area under the curve for urinalysis were 16.7% (95% CI 3.0% to 56.4%), 98.4% (95% CI 95.3% to 99.4%), 97.3% (95% CI 93.9% to 98.9%), and 0.65 (95% CI 0.51 to 0.79), respectively. Conclusions UTI is an infrequent cause of infection in these patients. Urinalysis is indicated only in children with febrile neutropenia with urinary signs/symptoms and in asymptomatic patients with a history of urinary tract disease or unknown history. When urine is collected, UC should be requested regardless of the result of the urinalysis.Copyright © Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.",

"FTURL":"Click here for full text options",

"PM":"37553208 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37553208]",

"DJ":"nan",

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ventriculoperitoneal shunt system / adverse device effect",

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"Unnamed: 24":"nan",

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"If RCT or not":"No",

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"ORN":"26",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36912321",

"TI":"Quantification of time delay between screening and subsequent initiation of contact isolation for carriers of extended-spectrum beta-lactamase (ESBL)-producing Enterobacterales: A post hoc subgroup analysis of the R-GNOSIS WP5 Trial.",

"SO":"Infection Control & Hospital Epidemiology. 44(9):1410-1416, 2023 09.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Maechler F  
  
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"MH":"Maechler, Friederike ORCID: https://orcid.org/0000-0002-9554-3133  
  
Schwab, Frank ORCID: https://orcid.org/0000-0002-6666-725X  
  
Hansen, Sonja ORCID: https://orcid.org/0000-0001-5551-4672  
  
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Harbarth, Stephan ORCID: https://orcid.org/0000-0002-3551-1025  
  
Huttner, Benedikt D ORCID: https://orcid.org/0000-0002-1749-9464  
  
Kola, Axel ORCID: https://orcid.org/0000-0003-4333-5663",

"DU":"Maechler, Friederike  
  
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Harbarth, Stephan  
  
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"OD":"Maechler, Friederike. Institute of Hygiene and Environmental Medicine, Universitatsmedizin - ChariteBerlin, Germany.  
  
Schwab, Frank. Institute of Hygiene and Environmental Medicine, Universitatsmedizin - ChariteBerlin, Germany.  
  
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Harbarth, Stephan. Infection Control Program, Geneva University Hospitals and Medical School, Geneva, Switzerland.  
  
Huttner, Benedikt D. Infection Control Program, Geneva University Hospitals and Medical School, Geneva, Switzerland.  
  
Kola, Axel. Institute of Hygiene and Environmental Medicine, Universitatsmedizin - ChariteBerlin, Germany.  
  
Gastmeier, Petra. Institute of Hygiene and Environmental Medicine, Universitatsmedizin - ChariteBerlin, Germany.",

"AB":"nan",

"FTURL":"nan",

"PM":"OBJECTIVES: The aim of this study was to quantify the time delay between screening and initiation of contact isolation for carriers of extended-spectrum beta-lactamase (ESBL)-producing Enterobacterales (ESBL-E).  
  
METHODS: This study was a secondary analysis of contact isolation periods in a cluster-randomized controlled trial that compared 2 strategies to control ESBL-E (trial no. ISRCTN57648070). Patients admitted to 20 non-ICU wards in Germany, the Netherlands, Spain, and Switzerland were screened for ESBL-E carriage on admission, weekly thereafter, and on discharge. Data collection included the day of sampling, the day the wards were notified of the result, and subsequent ESBL-E isolation days.  
  
RESULTS: Between January 2014 and August 2016, 19,122 patients, with a length of stay >=2 days were included. At least 1 culture was collected for 16,091 patients (84%), with a median duration between the admission day and the day of first sample collection of 2 days (interquartile range [IQR], 1-3). Moreover, 854 (41%) of all 2,078 ESBL-E carriers remained without isolation during their hospital stay. In total, 6,040 ESBL-E days (32% of all ESBL-E days) accrued for patients who were not isolated. Of 2,078 ESBL-E-carriers, 1,478 ESBL-E carriers (71%) had no previous history of ESBL-E carriage. Also, 697 (34%) were placed in contact isolation with a delay of 4 days (IQR, 2-5), accounting for 2,723 nonisolation days (15% of ESBL-E days).  
  
CONCLUSIONS: Even with extensive surveillance screening, almost one-third of all ESBL-E days were nonisolation days. Limitations in routine culture-based ESBL-E detection impeded timely and exhaustive implementation of targeted contact isolation.",

"DJ":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
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Enterobacteriaceae Infections/pc [Prevention & Control]  
  
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"Unnamed: 24":"R-GNOSIS WP5 Study Group",

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"UI":"37807952",

"TI":"In-class transition from bortezomib-based therapy to IRd is an effective approach in newly diagnosed multiple myeloma.",

"SO":"Future Oncology. 2023 Oct 09",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Rifkin RM  
  
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Birhiray, Ruemu E  
  
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Lee, Hans C  
  
Stokes, Michael  
  
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Cherepanov, Dasha  
  
Bogard, Kimberly  
  
Noga, Stephen J  
  
Girnius, Saulius",

"DU":"Rifkin, Robert M. Rocky Mountain Cancer Centers/US Oncology Research, Denver, CO 80218, USA.  
  
Costello, Caitlin L. Department of Medicine, Division of Blood & Marrow Transplantation, Moores Cancer Center, University of California San Diego, La Jolla, CA 92037, USA.  
  
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Lee, Hans C. M.D. Anderson Cancer Center, Houston, TX 77030, USA.  
  
Stokes, Michael. Evidera, Data Analytics, St-Laurent, Quebec, H4T 1V6, Canada.  
  
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Bogard, Kimberly. Takeda Pharmaceuticals U.S.A., Inc., Lexington, MA 02421, USA.  
  
Noga, Stephen J. Takeda Pharmaceuticals U.S.A., Inc., Lexington, MA 02421, USA.  
  
Girnius, Saulius. TriHealth Cancer Institute, Cincinnati, OH 45247, USA.",

"OD":"In-class transition Ixazomib oral therapy proteasome inhibitor",

"AB":"NOTNLM",

"FTURL":"Aim: To compare the effectiveness of in-class transition to all-oral ixazomib-lenalidomide-dexamethasone (IRd) following parenteral bortezomib (V)-based induction versus continued V-based therapy in US oncology clinics. Patients & methods: Non-transplant eligible patients with newly diagnosed multiple myeloma (MM) receiving in-class transition to IRd (N = 100 US MM-6), or V-based therapy (N = 111 INSIGHT MM). Results: Following inverse probability of treatment weighting, overall response rate was 73.2% with IRd versus 57.5% with V-based therapy (p < 0.0001). Median duration of treatment was 10.8 versus 5.3 months (p < 0.0001). Overall, 18/24% of patients discontinued IRd/V-based therapy due to adverse events. Conclusion: IRd after V-based induction was associated with significantly improved overall response rate and duration of treatment than continued V-based combination therapy. Clinical Trial Registration: US MM-6: NCT03173092 INSIGHT MM: NCT02761187 (ClinicalTrials.gov).",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Rifkin, Robert M ORCID: https://orcid.org/0000-0003-3141-1518  
  
Richter, Joshua ORCID: https://orcid.org/0000-0002-0274-0585",

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"UI":"2014810282",

"TI":"Improved 18-FDG PET/CT diagnosis of multiple myeloma diffuse disease by radiomics analysis.",

"SO":"Nuclear Medicine Communications. (pp 1135-1143), 2021. Date of Publication: 2021.",

"AU":"Mesguich C.  
  
Hindie E.  
  
De Senneville B.D.  
  
Tlili G.  
  
Pinaquy J.-B.  
  
Marit G.  
  
Saut O.",

"AO":"nan",

"IN":"(Mesguich, Hindie, Tlili, Pinaquy) Nuclear Medicine Department, CHU, Bordeaux, France  
  
(Mesguich, Marit) INSERM U1035, University of Bordeaux, Bordeaux, France  
  
(Mesguich, De Senneville, Saut) University of Bordeaux, IMB, UMR CNRS 5251, INRIA Project Team Monc, Talence, France",

"PB":"Lippincott Williams and Wilkins",

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\*area under the curve  
  
article  
  
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male  
  
\*multiple myeloma  
  
nuclear medicine  
  
physician  
  
\*positron emission tomography-computed tomography  
  
prospective study  
  
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"OD":"Objectives In multiple myeloma, the diagnosis of diffuse bone marrow infiltration on 18-FDG PET/CT can be challenging. We aimed to develop a PET/CT radiomics-based model that could improve the diagnosis of multiple myeloma diffuse disease on 18-FDG PET/CT. Methods We prospectively performed PET/CT and whole-body diffusion-weighted MRI in 30 newly diagnosed multiple myeloma. MRI was the reference standard for diffuse disease assessment. Twenty patients were randomly assigned to a training set and 10 to an independent test set. Visual analysis of PET/CT was performed by two nuclear medicine physicians. Spine volumes were automatically segmented, and a total of 174 Imaging Biomarker Standardisation Initiative-compliant radiomics features were extracted from PET and CT. Selection of best features was performed with random forest features importance and correlation analysis. Machine-learning algorithms were trained on the selected features with cross-validation and evaluated on the independent test set. Results Out of the 30 patients, 18 had established diffuse disease on MRI. The sensitivity, specificity and accuracy of visual analysis were 67, 75 and 70%, respectively, with a moderate kappa coefficient of agreement of 0.6. Five radiomics features were selected. On the training set, random forest classifier reached a sensitivity, specificity and accuracy of 93, 86 and 91%, respectively, with an area under the curve of 0.90 (95% confidence interval, 0.89-0.91). On the independent test set, the model achieved an accuracy of 80%. Conclusions Radiomics analysis of 18-FDG PET/CT images with machine-learning overcame the limitations of visual analysis, providing a highly accurate and more reliable diagnosis of diffuse bone marrow infiltration in multiple myeloma patients.Copyright © 2021 Lippincott Williams and Wilkins. All rights reserved.",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022075156",

"TI":"Substance use in youth at genetic and clinical high risk for psychosis.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 06 Dec 2022.",

"AU":"Amir C.M.  
  
Kapler S.  
  
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"AO":"Amir, Carolyn M. ORCID: https://orcid.org/0000-0001-9078-8564",

"IN":"(Amir, Kapler, Hoftman, Kushan, Zinberg, Bearden) Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior, UCLA, Los Angeles, CA, United States  
  
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(Cannon) Department of Psychology, Yale University, New Haven, CT, United States  
  
(Bearden) Department of Psychology, UCLA, Los Angeles, CA, United States",

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"FTURL":"Background: Elevated rates of alcohol, tobacco, and cannabis use are observed in both patients with psychotic disorders and individuals at clinical high risk for psychosis (CHR-P), and strong genetic associations exist between substance use disorders and schizophrenia. While individuals with 22q11.2 deletion syndrome (22qDel) are at increased genetic risk for psychosis, initial evidence suggests that they have strikingly low rates of substance use. In the current study, we aimed to directly compare substance use patterns and their neurobehavioral correlates in genetic and clinical high-risk cohorts. Methods Data on substance use frequency and severity, clinical symptoms and neurobehavioral measures were collected at baseline and at 12-month follow-up visits in two prospective longitudinal cohorts: participants included 89 22qDel carriers and 65 age and sex-matched typically developing (TD) controls (40.67% male, Mage=19.26 +/- 7.84 years) and 1288 CHR-P youth and 371 matched TD controls from the North American Prodrome Longitudinal Study-2 and 3 (55.74% male Mage=18.71 +/- 4.27 years). Data were analyzed both cross-sectionally and longitudinally using linear mixed models. Results Controlling for age, sex, and site, CHR-P individuals had significantly elevated rates of tobacco, alcohol, and cannabis use relative to TD controls, whereas 22qDel had significantly lower rates. Increased substance use frequency and severity in CHR-P individuals was associated with increased positive psychosis symptom severity, dysphoric mood, social functioning, and IQ, while higher social anhedonia was associated with lower substance use frequency and severity, across all domains at baseline. These patterns persisted when we investigated these relationships longitudinally over one-year. CHR-P youth exhibited significantly increased positive psychosis symptoms, dysphoric mood, social anhedonia, and IQ compared to 22qDel carriers, and significantly higher social functioning and lower rates of autism spectrum disorder (ASD) compared to 22qDel carriers, both at baseline and at one year follow-up. Conclusions Individuals at genetic and clinical high risk for psychosis have strikingly different patterns of substance use. Factors such as increased neurodevelopmental symptoms (lower IQ, higher rates of ASD) and poorer social functioning in 22qDel may help explain this distinction from substance use patterns observed in CHR-P individuals.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC 4.0 International license.",

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"Disease area":"ADHD",

"Database":"Medline",

"ORN":"26",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"32561156",

"TI":"Validity of the ADHD module of the Mini International Neuropsychiatric Interview PLUS for screening of adult ADHD in treatment seeking substance use disorder patients: ADHD screening with MINI-Plus.",

"SO":"Spanish Journal of Psychiatry and Mental Health. 16(1):11-15, 2023 Jan-Mar.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Palma-Alvarez RF  
  
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Ramos-Quiroga JA",

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Carpentier, Pieter Jan  
  
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Dom, Geert  
  
Faraone, Stephen V  
  
Franck, Johan  
  
Johnson, Brian  
  
Kapitany-Foveny, Mate  
  
Kaye, Sharlene  
  
Konstenius, Maija  
  
Matthys, Frieda  
  
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Moller, Merete  
  
Schellekens, Arnt  
  
Skutle, Arvid  
  
van de Glind, Geurt  
  
van Emmerik-van Oortmerssen, Katelijne  
  
Verspreet, Sofie  
  
Schoevers, Robert A  
  
Wallhed, Sara  
  
Levin, Frances R  
  
Grau-Lopez, Lara  
  
Casas, Miguel  
  
van den Brink, Wim  
  
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"OD":"Palma-Alvarez, Raul Felipe. Department of Psychiatry, Hospital Universitari Vall d'Hebron, Barcelona, Spain Department of Psychiatry and Forensic Medicine, Universitat Autonoma de Barcelona, Barcelona, Spain.  
  
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Casas, Miguel. Department of Psychiatry, Hospital Universitari Vall d'Hebron, Barcelona, Spain Department of Psychiatry and Forensic Medicine, Universitat Autonoma de Barcelona, Barcelona, Spain.  
  
van den Brink, Wim. Amsterdam Institute for Addiction Research, Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands.  
  
Ramos-Quiroga, Josep Antoni. Department of Psychiatry, Hospital Universitari Vall d'Hebron, Barcelona, Spain Department of Psychiatry and Forensic Medicine, Universitat Autonoma de Barcelona, Barcelona, Spain. Electronic address: jaramos@vhebron.net.",

"AB":"Humans  
  
Adult  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
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"FTURL":"ADHD Comorbidity MINI Psychometrics Substance use disorder",

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"DJ":"OBJECTIVE: This study aims to assess the validity of the ADHD module of the Mini-International Neuropsychiatric Interview (MINI-Plus) in patients with substance use disorders (SUD), using the Conners' Adult ADHD Diagnostic Interview for DSM-IV (CAADID) as the external criterion.  
  
METHOD: A cross sectional international multi-center study in 10 countries was conducted in treatment seeking SUD patients. A sample of 1263 patients with both MINI-Plus and CAADID was analyzed to determine the psychometric properties of the MINI-Plus.  
  
RESULTS: According to the CAADID, 179 patients (14.2%) met criteria for adult ADHD, whereas according to the MINI-Plus 227 patients (18.0%) were identified as having adult ADHD. Sensitivity of the MINI-Plus ADHD module was 74%, specificity was 91%, positive predictive value was 60% and negative predictive value was 96%. Kappa was 0.60.  
  
CONCLUSION: The MINI-Plus has acceptable criterion validity for the screening of adult ADHD in treatment seeking SUD patients.  
  
SCIENTIFIC SIGNIFICANCE: On the basis of the results, The MINI-Plus may be used for the screening of ADHD in SUD patients. Copyright © 2020 The Author(s). Published by Elsevier Espana S.L.U. All rights reserved.",

"MV":"nan",

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Journal Article",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

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"TI":"The effects of tryptophan loading on Attention Deficit Hyperactivity in adults: A remote double blind randomised controlled trial.",

"SO":"PLoS ONE. 18(11 November) (no pagination), 2023. Article Number: e0294911. Date of Publication: November 2023.",

"AU":"Dinu L.M.  
  
Singh S.N.  
  
Baker N.S.  
  
Georgescu A.L.  
  
Overton P.G.  
  
Dommett E.J.",

"AO":"(Dinu, Singh, Baker, Georgescu, Dommett) Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom  
  
(Overton) Department of Psychology, The University of Sheffield, Cathedral Court, Sheffield, United Kingdom",

"IN":"Public Library of Science",

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"OD":"Background Despite the impact and prevalence of Attention Deficit Hyperactivity Disorder (ADHD), current treatment options remain limited and there is a drive for alternative approaches, including those building on evidence of a role for tryptophan (TRP) and serotonin (5-HT). This study aimed to evaluate the effect of acute TRP loading on attention and impulsivity in adults with ADHD. Trial design and methods We conducted a remote double blind randomised controlled trial (RCT) using TRP loading to examine the effects of a balanced amino acid load in comparison to low and high TRP loading in individuals with ADHD (medicated, N = 48, and unmedicated, N = 46) and controls (N = 50). Participants were randomised into one of three TRP treatment groups using stratified randomisation considering participant group and gender using a 1:1:1 ratio. Baseline testing of attention and impulsivity using the Test of Variables of Attention Task, Delay Discounting Task, and Iowa Gambling Task was followed by consumption of a protein drink (BAL, LOW, or HIGH TRP) before repeated testing. Results and conclusions No effects of TRP were observed for any of the measures. In the present study, TRP loading did not impact on any measure of attention or impulsivity in those with ADHD or Controls. The findings need to be confirmed in another trial with a larger number of patients that also considers additional measures of dietary protein, plasma TRP and aggression. (Registration ID ISRCTN15119603).Copyright: © 2023 Dinu et al.",

"AB":"Click here for full text options",

"FTURL":"amino acid  
  
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"DB":"Ovid MEDLINE(R)",

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"TI":"Effects of Exercise on Structural and Functional Brain Patterns in Schizophrenia-Data From a Multicenter Randomized-Controlled Study.",

"SO":"Schizophrenia Bulletin. 2023 Aug 19",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

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Sykorova, Eliska B  
  
Thieme, Christina E  
  
Vogel, Bob O  
  
Mohnke, Sebastian  
  
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Wolfarth, Bernd  
  
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Schmitt, Andrea  
  
Hasan, Alkomiet  
  
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"DU":"Roell, Lukas. Department of Psychiatry and Psychotherapy, University Hospital, LMU Munich, Munich, Germany.  
  
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"OD":"BACKGROUND AND HYPOTHESIS: Aerobic exercise interventions in people with schizophrenia have been demonstrated to improve clinical outcomes, but findings regarding the underlying neural mechanisms are limited and mainly focus on the hippocampal formation. Therefore, we conducted a global exploratory analysis of structural and functional neural adaptations after exercise and explored their clinical implications.  
  
STUDY DESIGN: In this randomized controlled trial, structural and functional MRI data were available for 91 patients with schizophrenia who performed either aerobic exercise on a bicycle ergometer or underwent a flexibility, strengthening, and balance training as control group. We analyzed clinical and neuroimaging data before and after 6 months of regular exercise. Bayesian linear mixed models and Bayesian logistic regressions were calculated to evaluate effects of exercise on multiple neural outcomes and their potential clinical relevance.  
  
STUDY RESULTS: Our results indicated that aerobic exercise in people with schizophrenia led to structural and functional adaptations mainly within the default-mode network, the cortico-striato-pallido-thalamo-cortical loop, and the cerebello-thalamo-cortical pathway. We further observed that volume increases in the right posterior cingulate gyrus as a central node of the default-mode network were linked to improvements in disorder severity.  
  
CONCLUSIONS: These exploratory findings suggest a positive impact of aerobic exercise on 3 cerebral networks that are involved in the pathophysiology of schizophrenia.  
  
CLINICAL TRIALS REGISTRATION: The underlying study of this manuscript was registered in the International Clinical Trials Database, ClinicalTrials.gov (NCT number: NCT03466112, https://clinicaltrials.gov/ct2/show/NCT03466112?term=NCT03466112&draw=2&rank=1) and in the German Clinical Trials Register (DRKS-ID: DRKS00009804). Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center. All rights reserved. For permissions, please email: journals.permissions@oup.com.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"brain structure exercise functional connectivity randomized-controlled trial schizophrenia",

"MV":"NOTNLM",

"TN":"Roell, Lukas ORCID: https://orcid.org/0000-0002-0284-2290  
  
Keeser, Daniel ORCID: https://orcid.org/0000-0002-0244-1024  
  
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Schmitt, Andrea ORCID: https://orcid.org/0000-0002-5426-4023  
  
Maurus, Isabel ORCID: https://orcid.org/0000-0002-6208-5180",

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"TI":"Bacterial contamination of multi-use tear drops, gels, and ointments.",

"SO":"Contact Lens and Anterior Eye. 46(6) (no pagination), 2023. Article Number: 102064. Date of Publication: December 2023.",

"AU":"Faruk Yilmaz O.  
  
Sarmis A.  
  
Ali Mutlu M.  
  
Busra Sahin Z.  
  
Pelin Kaya S.  
  
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"IN":"(Faruk Yilmaz) Goztepe Prof. Dr, Suleyman Yalcin City Hospital, Department of Ophthalmology, Istanbul, Turkey  
  
(Sarmis) Goztepe Prof. Dr, Suleyman Yalcin City Hospital, Department of Medical Microbiology, Istanbul, Turkey  
  
(Ali Mutlu) Fatih Sultan Mehmet Training and Research Hospital, Department of Medical Microbiology, Istanbul, Turkey  
  
(Busra Sahin, Pelin Kaya, Oguz) Istanbul Medeniyet University, Faculty of Medicine, Department of Ophthalmology, Istanbul, Turkey",

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"AB":"Purpose: This study aimed to investigate the bacterial contamination of multi-use tear drops, gels, and ointments that patients use at home. Method(s): A total of 271 multi-use containers used by 168 patients were examined. Conjunctival culture samples were obtained from patients who used tear drops, gels, and ointments that were found to be contaminated. Result(s): Bacterial contamination was detected in 33 (12.2 %) out of the 271 containers. The contamination rate was 7.9 % in tear drops, 11.7 % in gels, and 32 % in ointments. A statistically significant difference was found between the drops, gels, and ointment groups (P = 0.04). Bacterial contamination was detected in 25 (18.9 %) out of 132 collapsible tubes and 8 (5.8 %) out of 139 plastic bottles (P = 0.01). Important bacteria, including Pseudomonas stutzeri, Pseudomonas aeruginosa, Bacillus licheniformis, Paenibacillus pabuli, Proteus mirabilis, Pantoea agglomerans, Morganella morganii, Serratia marcescens, and Serratia liquefaciens, were detected. Mucorales spp. fungus was seen in a gel. Staphylococcus epidermidis, methicillin-resistant Staphylococcus aureus, and M. morganii were found in the conjunctival microbiota of three patients. Conclusion(s): The overall contamination rate of ocular lubricants was low (12.2%) however, a significant difference was found between the drops, gels, and ointments. The contamination rate was higher in gels and ointments than that in drops. The contamination rate was found to be increased in the collapsible tube. The use of ocular lubricants is safe however, patients must be cautious when using multi-use tear drops, gels, and ointments to avoid contamination. Whenever possible, bottles should be preferred instead of collapsible tubes.Copyright © 2023 British Contact Lens Association",

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"PM":"37806847 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37806847]",

"DJ":"conjunctival microbiota [other term]  
  
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"TI":"Multicenter Study of Colistin Heteroresistance in Carbapenem-Resistant Klebsiella pneumoniae Strains in China.",

"SO":"Microbiology Spectrum. 11(4):e0221822, 2023 08 17.",

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Du H",

"MH":"Tang, Yiwei ORCID: https://orcid.org/0000-0003-4888-6771  
  
Chen, Liang ORCID: https://orcid.org/0000-0001-5845-2235  
  
Du, Hong ORCID: https://orcid.org/0000-0002-2973-1523",

"DU":"Weng, Yuesong  
  
Wang, Tao  
  
Huang, Bin  
  
Yu, Hua  
  
Jia, Wei  
  
Shan, Bin  
  
Qu, Fen  
  
Tang, Yiwei  
  
Chen, Liang  
  
Du, Hong",

"OD":"Weng, Yuesong. Department of Clinical Laboratory, The Second Affiliated Hospital of Soochow University, Suzhou, Jiangsu, China.  
  
Weng, Yuesong. Department of Clinical Laboratory, The Affiliated Peoples' Hospital of Ningbo University, Ningbo, Zhejiang, China.  
  
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Chen, Liang. Department of Medical Sciences, Hackensack Meridian School of Medicine, Nutley, New Jersey, USA.  
  
Du, Hong. Department of Clinical Laboratory, The Second Affiliated Hospital of Soochow University, Suzhou, Jiangsu, China.",

"AB":"CRKP antibiotic resistance colistin heteroresistance",

"FTURL":"NOTNLM",

"PM":"Colistin has been considered a last-line option for the treatment of infections caused by carbapenem-resistant Klebsiella pneumoniae (CRKP). Heterogeneous resistance to colistin leads to unexplained clinical colistin treatment failure for CRKP. Our study aimed to investigate the extent of colistin heteroresistance among CRKP strains in China. A total of 455 colistin-susceptible strains, collected from six tertiary care hospitals in China, were characterized. The overall rate of colistin heteroresistance was 6.2%, as determined by the population analysis profiles (PAPs). Genomic analysis revealed that 60.7% of the colistin-heteroresistant isolates belonged to the epidemic sequence type 11 (ST11) clone. Single-nucleotide polymorphisms (SNPs) suggested that 6 ST5216 strains shared the same origin. Each of the subpopulations had a >=8-fold decrease in colistin MIC in the presence of carbonyl cyanide m-chlorophenylhydrazone (CCCP), which indicated that heteroresistance could be suppressed by an efflux pump inhibitor. In addition, our results suggested that the PhoPQ pathway plays an important role in the mechanisms of heteroresistance. IMPORTANCE The problem of CRKP has raised alarms concerning global health. Our study enriches the epidemiological study of colistin heteroresistance among CRKP strains in China, where the prevalence of this phenomenon was previously unknown. Importantly, colistin-heteroresistant strains may cause the failure of clinical treatment with colistin, even if the clinical laboratory reports that the strains are sensitive. The commonly used broth microdilution method is unable to detect this special phenomenon. Additionally, our results indicate that efflux pumps play a major role in colistin heteroresistance, and inhibitors can effectively reverse it. Our study is the first to provide a detailed analysis of the prevalence of colistin heteroresistance in China, as well as an analysis of the genetic mechanisms of this phenomenon.",

"DJ":"Multicenter Study  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"MV":"2023",

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Carbapenems/tu [Therapeutic Use]  
  
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"TI":"Implementation and operational management of marketed chimeric antigen receptor T cell (CAR-T Cell) therapy-a guidance by the GoCART Coalition Pharmacist Working Group. [Review]",

"SO":"Bone Marrow Transplantation. 58(10):1069-1074, 2023 Oct.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Nezvalova-Henriksen K  
  
Langebrake C  
  
Bauters T  
  
Moreno-Martinez ME  
  
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Bojanic I  
  
Cabrerizo Y  
  
Terwel S  
  
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"MH":"Nezvalova-Henriksen, Katerina  
  
Langebrake, Claudia  
  
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Ahnfelt, Emelie  
  
Ekelund, Heidi  
  
Domingos, Vera  
  
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Bonnin, Agnes  
  
Bojanic, Ines  
  
Cabrerizo, Yolanda  
  
Terwel, Sofie  
  
Tam, Alice",

"DU":"Nezvalova-Henriksen, Katerina. Department of Haematology, Oslo University Hospital, Oslo, Norway. katerina.nezvalova.henriksen@sykehusapotekene.no.  
  
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"OD":"nan",

"AB":"nan",

"FTURL":"Chimeric Antigen Receptor T cells (CAR-T cells) are a type of Advanced Therapy Medicinal Product (ATMP) classified as ex-vivo (cell-based) gene therapy. CAR-T cells constitute an immunotherapy that works by enabling T cells to specifically recognise cancer cells and destroy them [1]. CAR-T cells are currently licensed to treat certain blood cancers including relapsed or refractory lymphomas, B-cell acute lymphoblastic leukaemia or multiple myeloma [2]. The indications for their use are expanding and are expected to encompass other therapeutic areas. CAR-T cells are used both in children and adults [2]. CAR-T cells are biologic drugs and are therefore more complex than traditional medicinal products. T cells collected from the patient (or donor) are sent to a Good manufacturing Practice (GMP) manufacturing facility where they are genetically modified to contain a chimeric antigen receptor (CAR). This receptor is designed to recognise and target a specific protein on cancer cells. Once manufactured, they are delivered to the hospital where they are administered to the designated patient. Hospital pharmacies are central in the process of ensuring appropriate organisational governance, operational handling, clinical suitability, and pharmacovigilance [1, 3]. The GoCART Coalition Pharmacist working group's mission was to develop standards of care to advance the field of cellular therapies in Europe. The purpose of this document is to provide practical guidance on the implementation and safe operational use of marketed CAR-T cell products within hospital pharmacies primarily throughout Europe. This document outlines the key areas where pharmaceutical expertise should focus and the key considerations for the hospital pharmacy. Countries may have different requirements and there may be variation in practice between hospitals. This document is intended as a guide and the recommendations should be adapted to meet local requirements. This document does not provide clinical information relating to the use of CAR-T cell products. The Summary of medicinal Product Characteristics (SmPC) [4, 5], and national and international clinical guidelines (where in place) should be followed for the most up-to-date clinical management of CAR-T cell patients. An example is the UK institutional readiness documents for pharmacy which includes detailed checklists for each stage of the pathway [6]. Spain developed the Plan of Advanced Therapies in the National Health System: CAR medicines published in November 2018 [7], the CAR-T Medicines Management Procedure of the Spanish Society of Hospital Pharmacy [8] or the Hospital pharmacist's roles and responsibilities with CAR-T medicines article published also by the Spanish Oncology group of the Spanish Society of Pharmacy [9]. This guide has been designed to support the implementation of marketed CAR-T products however, the principles may also be applicable to clinical trials. For CAR-T cell products being used in clinical trials, additional trial regulation and clinical trial protocols must be followed. This document is divided into two sections. Section 1 outlines considerations for hospital pharmacies during the implementation of a CAR-T cell service. Section 2 outlines the key operational considerations for hospital pharmacies in the patient and product pathway. Copyright © 2023. The Author(s), under exclusive licence to Springer Nature Limited.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Nezvalova-Henriksen, Katerina ORCID: http://orcid.org/0000-0002-8085-4932  
  
Moreno-Martinez, Maria-Estela ORCID: http://orcid.org/0000-0001-6752-873X",

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"DB":"Embase",

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"TI":"Retrospective review of end-of-life care in the last month of life in older patients with multiple myeloma: what collaboration between haematologists and palliative care teams?.",

"SO":"BMJ supportive & palliative care. (no pagination), 2020. Date of Publication: 04 Sep 2020.",

"AU":"Chalopin T.  
  
Vallet N.  
  
Benboubker L.  
  
Ochmann M.  
  
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Chaumier F.",

"AO":"Chaumier, Francois ORCID: https://orcid.org/0000-0002-0848-3233",

"IN":"(Chalopin, Vallet, Benboubker, Gyan) Department of Haematology and Cell Therapy, Regional University Hospital Centre Tours, Centre-Val de Loire, Tours, France  
  
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(Chaumier) UMR INSERM U1246 SPHERE (methodS in Patients-centered outcomes and HEalth ResEarch), Universite de Tours, Centre-Val de Loire, Tours, France",

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"OD":"OBJECTIVES: Patients with haematological malignancies (HM) receive more aggressive treatments near the end-of-life (EOL) than patients with solid tumours. Palliative care (PC) needs are less widely acknowledged in patients with multiple myeloma (MM) than in other HM. The main objective of our study was to describe EOL care and PC referral in a population of older patients with MM. METHOD(S): We retrospectively included deceased inpatients and outpatients with an MM previously diagnosed at the age of 70 and over in two tertiary centres in France. We reported EOL characteristics regarding treatments considered to be aggressive-antimyeloma therapies, hospitalisations, blood product transfusions, intensive care units (ICUs) or emergency admissions-and PC referral. RESULT(S): We included 119 patients. In their last month of life, 75 (63%) were hospitalised for fever, pain, asthenia, anaemia or bleeding, 49 (41%) were admitted in the emergency department and 12 (10%) in ICU, 76 (64%) still received antimyeloma therapy and 45 (38%) had at least two transfusions. Only 24 (20%) received PC intervention for pain, global care, family support, anxiety, social care or confusion. Median follow-up until death was 20 days. CONCLUSION(S): Our study found a high rate of hospitalisations and antimyeloma therapies in the last month of life. The PC referral rate was low, often once specific treatments were stopped. Our results suggest the need for more effective collaboration between PC teams and haematologists in order to respond to the specific needs of these patients and to improve their quality of care at EOL.Copyright © Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.",

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"DB":"Embase",

"UI":"2021629045",

"TI":"Cross-phenotype relationship between opioid use disorder and suicide attempts: new evidence from polygenic association and Mendelian randomization analyses.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 07 Nov 2022.",

"AU":"Huang Y.  
  
Chen D.  
  
Levin A.M.  
  
Ahmedani B.K.  
  
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"IN":"(Huang, Wang) Mental Health Center and Psychiatric Laboratory, State Key Laboratory of Biotherapy, West China Hospital of Sichuan University, Sichuan, Chengdu, China  
  
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(Li) Zhongshan School of Medicine, Sun Yat-sen University, Guangdong, Guangzhou, China  
  
(Sham) Department of Psychiatry, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong",

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genetic risk score  
  
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"FTURL":"IMPORTANCE: Clinical epidemiological studies have found high rates of comorbidity between suicide attempts (SA) and opioid use disorder (OUD). However, the patterns of correlation and causation between them are still not clear due to psychiatric confounding. OBJECTIVE(S): To investigate the pairwise associations and interrogate the potential bidirectional relationship between OUD and SA using genetically based methods. DESIGN, SETTING, AND PARTICIPANTS: We utilized raw phenotypes and genotypes from UK Biobank, and summary statistics from Million Veteran Program, Psychiatric Genomic Consortium, iPSYCH, and International Suicide Genetics Consortium. Statistical genetics tools were used to perform epidemiological association, genetic correlation, polygenic risk score prediction, and Mendelian randomizations (MR). Analyses were conducted to examine the OUD-SA relationship with and without controlling for psychiatric disease status (e.g., major depressive disorder [MDD]). MAIN OUTCOMES AND MEASURES: OUD and SA with or without major psychiatric disorders (schizophrenia, bipolar disorder, major depressive disorder, and alcohol use disorder). RESULT(S): Strong correlations between OUD and SA were observed at both phenotypic level (overall samples [OR=2.94, P =1.59x10-14] non-psychiatric subgroup [OR=2.15, P =1.07x10-3]) and genetic level (r2=0.4 and 0.5 with or without conditioning on MDD). The higher genetic susceptibility to SA can increase the polygenic risk of OUD (OR=1.08, false discovery rate [FDR] =1.71x10-3), while the higher susceptibility to OUD can also increase the risk of SA (OR=1.09, FDR =1.73x10-6). However, predictive abilities for both were much weakened after controlling for influence of psychiatric diseases. A combination of different MR analyses suggested a possible causal association from SA to OUD (2-sample univariable MR: OR=1.14, P = 0.001 multivariable MR: OR=1.08, P = 0.001). CONCLUSIONS AND RELEVANCE: This study provided new genetic evidence underlying the strong OUD-SA comorbidity. While controlling for the influence of psychiatric diseases, there is still some clue on possible causal association between SA genetic liability and the risk for OUD. Future prevention strategy for each phenotype needs to take into consideration of screening for the other one.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

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"ORN":"27",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37846759",

"TI":"Viloxazine extended-release capsules for the treatment of attention-deficit/ hyperactivity disorder in adult patients. [Review]",

"SO":"Expert Review of Neurotherapeutics. 23(11):945-953, 2023 Jul-Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Childress A  
  
Sottile R  
  
Khanbijian S",

"MH":"Childress, Ann ORCID: https://orcid.org/0000-0001-5782-7891",

"DU":"Childress, Ann  
  
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Khanbijian, Sherine",

"OD":"Childress, Ann. Center for Psychiatry and Behavioral Medicine, Inc, Las Vegas, NV, USA.  
  
Sottile, Robert. Kirk Kerkorian School of Medicine at UNLV, University of Nevada Las Vegas, Las Vegas, NV, USA.  
  
Khanbijian, Sherine. Kirk Kerkorian School of Medicine at UNLV, University of Nevada Las Vegas, Las Vegas, NV, USA.",

"AB":"Adolescent  
  
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Delayed-Action Preparations/tu [Therapeutic Use]  
  
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Methylphenidate/tu [Therapeutic Use]  
  
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"FTURL":"ADHD attention-deficit/hyperactivity disorder nonstimulant norepinephrine reuptake inhibitor viloxazine extended-release",

"PM":"NOTNLM",

"DJ":"INTRODUCTION: Attention-deficit/hyperactivity disorder (ADHD) is a common neurobehavioral disorder with symptoms that may persist in up to 90% of adults diagnosed during childhood and continue to cause significant impairment throughout the lifespan. In the United States (US), amphetamine and methylphenidate formulations have been available to treat ADHD for several decades. Only one nonstimulant, atomoxetine, was available for the treatment of ADHD in adults until recently. In April 2022, a second nonstimulant, viloxazine extended-release (VLX-ER), became available in the US for the treatment of adult ADHD. Efficacy was previously established in placebo-controlled trials in children and adolescents.  
  
AREAS COVERED: VLX-ER is a norepinephrine reuptake inhibitor with serotonin activity. The efficacy in adults, adverse event profile, pharmacokinetics, drug-drug interactions, and metabolism of VLX-ER are reviewed.  
  
EXPERT OPINION: Despite the availability of effective pharmacological treatments for ADHD, many patients discontinue treatment in less than 1 year. Stimulants are effective in more than 80% of patients however, some may have difficulty tolerating them. Although there were no head-to-head studies, the effect size of VLX-ER in an adult efficacy trial was lower than has been shown for stimulants. Nevertheless, the approval of VLX-ER adds another effective ADHD treatment option for adults.",

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"TN":"Journal Article  
  
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"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

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"DB":"Embase",

"UI":"2028589626",

"TI":"Neuropsychiatric Developmental Disorders in Children Are Associated with an Impaired Response to Treatment in Bladder Bowel Dysfunction: A Prospective Multi-Institutional European Observational Study.",

"SO":"Journal of Urology. 210(6) (pp 899-907), 2023. Date of Publication: 01 Dec 2023.",

"AU":"O'Kelly F.  
  
T'Hoen L.A.  
  
Silay S.  
  
Lammers R.J.M.  
  
Sforza S.  
  
Bindi E.  
  
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"AO":"(O'Kelly) Division of Paediatric Urology, Beacon Hospital, University College Dublin, Dublin, Ireland  
  
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(Silay) Department of Urology, Biruni University, Istanbul, Turkey  
  
(Lammers) Department of Urology, University Medical Center Groningen, Groningen, Netherlands  
  
(Sforza) Paediatric Urology, Meyer Children Hospital, University of Florence, Florence, Italy  
  
(Bindi) Department of Pediatric Surgery, AOU Delle Marche, Ospedale Pediatrico G Salesi, Ancona, Italy  
  
(Baydilli) Department of Pediatric Urology, Erciyes University, Faculty of Medicine, Kayseri, Turkey  
  
(Donmez) Division of Pediatric Urology, Department of Urology, Istanbul University Istanbul, Faculty of Medicine, Istanbul, Turkey  
  
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(Marco) Department of Urology, University Hospital El Clinico, Madrid, Spain",

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"OD":"Purpose:Bladder and bowel dysfunction is a common but underdiagnosed pediatric entity which may represent up to 47% of pediatric urology consults. The objectives of this observational study were to determine functional 1-year outcomes following standard treatment of bladder and bowel dysfunction in both control and neuropsychiatric developmental disorder groups using validated questionnaires, and to perform an initial cost analysis.Materials and Methods:This was a prospective observational study conducted across a number of academic European centers (July 2020-November 2022) for new bladder and bowel dysfunction patients. Parents completed a sociodemographic survey, information pertaining to prior neuropsychiatric developmental disorder diagnoses, as well as a number of validated functional scores. Result(s):A total of 240 patients were recruited. In the control bladder and bowel dysfunction group, the baseline Dysfunctional Voiding Scoring System and Childhood Bladder and Bowel Dysfunction Questionnaire scores were 20% and 17.% lower, respectively, after 1 year compared to the neuropsychiatric developmental disorder group. The change in improvement was diminished for the neuropsychiatric developmental disorder cohort in both Dysfunctional Voiding Scoring System and Childhood Bladder and Bowel Dysfunction Questionnaire scores. The odds ratio of full symptom resolution was 5.7 in the control cohort compared to the neuropsychiatric developmental disorder cohort. A cost analysis on prescribed medications at referral led to a total cost of 32,603.76 (US $35,381.00) in the control group and 37,625.36 (US $40,830.00) in the neuropsychiatric developmental disorder group. Conclusion(s):This study demonstrates that pediatric patients with a neuropsychiatric developmental disorder exhibit more severe bladder and bowel dysfunction at baseline and throughout treatment with a lower overall quality of life, as well as 15.4% higher medication costs at referral. It is also important that parents' and caregivers' expectations are managed regarding higher levels of treatment resistance for functional bladder and bowel issues.Copyright © 2023 Lippincott Williams and Wilkins. All rights reserved.",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37594510",

"TI":"Smartphone video games improve cognitive function in patients with chronic schizophrenia: a randomized controlled trial.",

"SO":"European Archives of Psychiatry & Clinical Neuroscience. 2023 Aug 18",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Luo, Bei  
  
Yang, Yating  
  
Yuan, Xiaoping  
  
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Zhang, Kai",

"DU":"Shi, Shengya. Department of Psychiatry, Chaohu Hospital of Anhui Medical University, 64 North Chaohu Road, Hefei, 238000, China.  
  
Cui, Shu. Department of Psychiatry, Fuyang Third People's Hospital, Fuyang, China.  
  
Yao, Yitan. Department of Psychiatry, Chaohu Hospital of Anhui Medical University, 64 North Chaohu Road, Hefei, 238000, China.  
  
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Liu, Huanzhong. Department of Psychiatry, Chaohu Hospital of Anhui Medical University, 64 North Chaohu Road, Hefei, 238000, China.  
  
Zhang, Kai. Department of Psychiatry, Chaohu Hospital of Anhui Medical University, 64 North Chaohu Road, Hefei, 238000, China. zhangkai@ahmu.edu.cn.",

"OD":"This study aimed to examine the efficacy of video games in improving cognitive function in chronic patients with schizophrenia and to evaluate the biomarker of video games for cognitive function. The patients in the game group were requested to play single-player video games on their smartphones for 1 h per day, five times a week for 6 weeks. Those in the control group watched television for 1 h per day, five times a week for 6 weeks. Cognitive function was assessed using the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) and Stroop Color and Word Test (SCWT). Clinical symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS), Global Assessment of Functioning (GAF), General Self-Efficacy Scale (GSE), Problematic Mobile Gaming Questionnaire (PMGQ), and Patient Health Questionnaire-9 (PHQ-9). The game group demonstrated improved RBANS total score during the trial. There were no significant group effects among all SCWT scores. The game group demonstrated greater improvement on the PANSS Negative Scale, and global function (GAF score). The PMGQ scores were lower than the cutoff score at all time points in both groups. There were no significant group differences in the PHQ-9 and GSE scores. The serum BDNF levels were significantly higher in the game group following 6 weeks of video game intervention. The BDNF serum levels of all participants were positively associated with the RBANS total scores. This preliminary study suggested that video games can improve cognitive function in schizophrenia patients. Serum BDNF levels may be a suitable biomarker for predicting an improvement in cognitive function in schizophrenia patients.Trial registration: This study was registered on March 11, 2021 (ChiCTR2100044113). Clinical trials: Smartphone video games improve cognitive function in patients with chronic schizophrenia https://www.chictr.org.cn/hvshowproject.aspx?id=95623 ChiCTR2100044113. Copyright © 2023. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"BDNF Cognitive function Schizophrenia Smartphone video games",

"MV":"NOTNLM",

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"DB":"Embase",

"UI":"2026810706",

"TI":"Diagnostic Potential of Anterior Segment Optical Coherence Tomography Scans for Pseudomonas Keratitis.",

"SO":"Translational Vision Science and Technology. 12(11) (no pagination), 2023. Article Number: 34. Date of Publication: 2023.",

"AU":"Khalil H.  
  
Bolz M.  
  
Waser K.  
  
Pomberger L.  
  
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"IN":"(Khalil, Bolz, Waser, Pomberger, Laubichler, Jirak, Hirnschall) Department of Ophthalmology and Optometry, Kepler University Clinic GmbH, Johannes Kepler University, Linz, Austria  
  
(Khalil, Bolz, Waser, Pomberger, Laubichler, Hirnschall) Medical Faculty, Johannes Kepler University, Linz, Austria",

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Staphylococcus epidermidis",

"AB":"Purpose: The purpose of this study was to investigate the diagnostic value of anterior segment optical coherence tomography (AS-OCT) scans for Pseudomonas keratitis. Method(s): Patients with treatment-naive keratitis underwent AS-OCT imaging. The following parameters were evaluated: corneal thickness (CT), infiltrate thickness (IT), infiltrate diameter (ID), tissue loss/gain, entropy, and distance of the lesion from the corneal pupillary center. Three different OCT devices were used for the analysis. The relationship between the detected pathogen and the OCT patterns was analyzed. Result(s): Nineteen eyes of 19 patients were included in the analysis: seven cases in the Pseudomonas group and 12 cases in the Gram-positive group. The mean (SD) values for the Pseudomonas and Gram-positive groups, respectively, were as follows: CT, 834 mum (165 mum) and 760 mum (120 mum) IT, 290 mum (152 mum) and 287 mum (84 mum) ID, 2067 mum (1470 mum) and 1307 mum (745 mum) distance to center, 3.0 mm (1.2 mm) and 3.0 mm (1.6 mm) epithelial defect, 1193 mum (586 mum) and 484 mum (615 mum) tissue gain, +31% (19%) and +10% (12%) and entropy level, 4.0 (0.8) and 3.9 (1.1) Conclusion(s): This study introduces novel insights by identifying specific OCT parameters that distinguish Pseudomonas keratitis, including a 30% tissue gain. These findings align with earlier research that underscores the potential of OCT in differentiating various pathogens causing keratitis. Translational Relevance: The findings of this study could be used to develop new diagnostic strategies for Pseudomonas keratitis. The OCT findings could be used to develop new biomarkers for the infection.Copyright © 2023 The Authors.",

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"UI":"37331378",

"TI":"Antibiotic resistance in bloodstream isolates from high-complexity paediatric units in Madrid, Spain: 2013-2021.",

"SO":"Journal of Hospital Infection. 139:33-43, 2023 Sep.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Saavedra-Lozano, J",

"OD":"Aguilera-Alonso, D. Paediatric Infectious Diseases Unit, Department of Paediatrics, Hospital Gregorio Maranon, Madrid, Spain Instituto de Investigacion Sanitaria Gregorio Maranon (IiSGM), Madrid, Spain Centro de Investigacion Biomedica en Red de Enfermedades Infecciosas (CIBERINFEC), Instituto de Salud Carlos III, Madrid, Spain. Electronic address: david.aguilera@salud.madrid.org.  
  
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Camil Olteanu, F. Paediatric Infectious Diseases Unit, Hospital Universitario 12 de Octubre, Madrid, Spain Department of Paediatrics, Hospital Universitario de Guadalajara, Guadalajara, Spain.  
  
Cendejas-Bueno, E. Centro de Investigacion Biomedica en Red de Enfermedades Infecciosas (CIBERINFEC), Instituto de Salud Carlos III, Madrid, Spain Department of Microbiology, Hospital Universitario La Paz-Cantoblanco-Carlos III, Madrid, Spain.  
  
Orellana, M A. Instituto de Investigacion Hospital 12 de Octubre (imas12), Madrid, Spain Department of Microbiology, Hospital Universitario 12 de Octubre, Madrid, Spain Complutense University of Madrid, Madrid, Spain.  
  
Cercenado, E. Instituto de Investigacion Sanitaria Gregorio Maranon (IiSGM), Madrid, Spain Clinical Microbiology and Infectious Diseases Department, Hospital Gregorio Maranon, Madrid, Spain Centro de Investigacion Biomedica en Red de Enfermedades Respiratorias (CIBERES), Instituto de Salud Carlos III, Madrid, Spain Complutense University of Madrid, Madrid, Spain.  
  
Saavedra-Lozano, J. Paediatric Infectious Diseases Unit, Department of Paediatrics, Hospital Gregorio Maranon, Madrid, Spain Instituto de Investigacion Sanitaria Gregorio Maranon (IiSGM), Madrid, Spain Centro de Investigacion Biomedica en Red de Enfermedades Infecciosas (CIBERINFEC), Instituto de Salud Carlos III, Madrid, Spain Complutense University of Madrid, Madrid, Spain.",

"AB":"Antibacterial agents Antimicrobial resistance Bloodstream infections Children Epidemiology",

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"PM":"BACKGROUND: Antimicrobial resistance (AMR) has become a significant challenge in high-complexity healthcare settings.  
  
AIM: To evaluate the prevalence of AMR in bloodstream isolates from high-complexity paediatric units in Spain over a nine-year period.  
  
METHODS: A retrospective observational multicentre study was conducted in three tertiary hospitals, analysing bloodstream isolates from patients aged <18 years admitted to the paediatric intensive care, neonatology, and oncology-haematology units between 2013 and 2021. Demographics, antimicrobial susceptibility, and resistance mechanisms were analysed in two periods (2013-2017 and 2017-2021).  
  
FINDINGS: In all, 1255 isolates were included. AMR was more prevalent in older patients and those admitted to the oncology-haematology unit. Multidrug resistance was observed in 9.9% of Gram-negative bacteria (GNB) 20.0% of P. aeruginosa vs 8.6% of Entero-bacterales (P < 0.001), with an increase in Enterobacterales from 6.2% to 11.0% between the first and the second period (P = 0.021). Difficult-to-treat resistance was observed in 2.7% of GNB 7.4% of P. aeruginosa vs 1.6% of Enterobacterales (P < 0.001), with an increasing trend in Enterobacterales from 0.8% to 2.5% (P = 0.076). Carbapenem resistance among Enterobacterales increased from 3.5% to 7.2% (P = 0.029), with 3.3% producing carbapenemases (67.9% VIM). Meticillin resistance was observed in 11.0% of S. aureus and vancomycin resistance in 1.4% of Enterococcus spp., with both rates remaining stable throughout the study period.  
  
CONCLUSION: This study reveals a high prevalence of AMR in high-complexity paediatric units. Enterobacterales showed a concerning increasing trend in resistant strains, with higher rates among older patients and those admitted to oncology-haematology units. Copyright © 2023 The Healthcare Infection Society. Published by Elsevier Ltd. All rights reserved.",

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"MV":"2023",

"TN":"Click here for full text options",

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"TI":"Plain language summary of the MonumenTAL-1 study of talquetamab in people with relapsed or refractory multiple myeloma. [Review]",

"SO":"Future Oncology. 19(27):1823-1840, 2023 Sep.",

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"DU":"Chari, Ajai. Mount Sinai School of Medicine, New York, NY, USA.  
  
Askari, Elham. Hospital Universitario Fundacion Jimenez Diaz, Madrid, Spain.  
  
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Minnema, Monique C. University Medical Center Utrecht, University Utrecht, Utrecht, Netherlands.  
  
Oriol, Albert. Institut Catala d'Oncologia & Institut Josep Carreras, Hospital Germans Trias i Pujol, Badalona, Barcelona, Spain.  
  
Pillarisetti, Kodandaram. Janssen Research & Development, Spring House, PA, USA.  
  
van de Donk, Niels W C J. Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Cancer Center Amsterdam, Amsterdam, Netherlands.  
  
Rodriguez-Otero, Paula. Clinica Universidad de Navarra, Navarra, Spain.",

"OD":"Bispecific antibody GPRC5D clinical trial lay summary plain language summary relapsed or refractory multiple myeloma talquetamab",

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"FTURL":"WHAT IS THIS SUMMARY ABOUT?: This plain language summary describes the results of a phase 1 research study (or clinical trial) called MonumenTAL-1 published in the New England Journal of Medicine in December 2022. A phase 1 study is an early clinical trial where researchers evaluate how safe a medicine is at different doses in a small number of people. In the MonumenTAL-1 study, researchers looked at a new medicine under development called talquetamab, for people living with multiple myeloma (a type of blood cancer) who did not respond (refractory), stopped responding (relapsed), or who had difficulty dealing with their previous treatments.  
  
HOW WAS THE STUDY CONDUCTED?: The phase 1 MonumenTAL-1 study was performed in 2 parts. Safety was the main focus of Part 1 in which side effects, and how serious they were, were assessed. The results of Part 1 were used to identify doses of talquetamab that were well tolerated, without a need to stop treatment or reduce the doses, for further study in Part 2. Part 2 of the study examined how well talquetamab worked to decrease signs of the cancer and what side effects, and their severity, people experienced at the doses identified in Part 1.  
  
WHAT WERE THE RESULTS?: In Part 1 of the study, researchers identified 2 doses of talquetamab for further study: 405 micrograms for every kilogram of body weight (mug/kg) given weekly and 800 mug/kg every other week. All participants experienced at least one side effect of treatment at these 2 doses. Less than half of participants (43% at 405 mug/kg weekly dose and 34% at the 800 mug/kg every other week dose) experienced serious side effects which are those side effects that led to hospitalization, death, or permanent or life-threatening damage). The most common side effects at both doses were a condition known as cytokine release syndrome (CRS) changes in blood cell levels (where different types of cells in the blood were measured) changes in skin such as itching, dry skin, eczema, ulcers or shedding changes in nails such as discoloration or ridging (lines or dents) and changes in sense of taste such as food tasting sour or metallic. CRS is caused by the overactivation of the immune system (the body's natural defense system) and can result in fever, feeling sick (nausea), being tired (fatigue), low blood pressure, low blood oxygen levels and body aches. Most cases of CRS, as well as most other side effects, were mild or moderate. Most common serious events were CRS, fever and bone pain. Most people had fewer signs of the cancer after taking talquetamab, and the response was similar between the 2 doses. The median duration of response at the 2 identified doses was 8-10 months.  
  
WHAT DO THE RESULTS MEAN?: Most of the side effects people experienced when taking talquetamab were mild or moderate. Most people who took talquetamab responded to the treatment even though they hadn't responded or stopped responding to previous multiple myeloma treatments or stopped taking those treatments because they were unable to tolerate them. These results demonstrate the potential of talquetamab as a treatment option in people who have used up other available therapy options. The 2 doses of talquetamab identified here are being examined in a larger group of participants to further test for safety and to test how well people respond.",

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"TI":"A real-world comparative analysis of carfilzomib and other systemic multiple myeloma chemotherapies in a US community oncology setting.",

"SO":"Therapeutic Advances in Hematology. 10(pp 1-10), 2019. Date of Publication: 2019.",

"AU":"Rifkin R.M.  
  
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Mezzi K.  
  
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"AO":"Aguilar, Kathleen M. ORCID: https://orcid.org/0000-0002-2467-8663",

"IN":"(Rifkin) Rocky Mountain Cancer Centers, Denver, CO, United States  
  
(Rifkin, Amirian, Aguilar, Wilson, Boyd) McKesson Specialty Health, The US Oncology Network, The Woodlands, TX, United States  
  
(Medhekar, Mezzi) Amgen, Inc, Thousand Oaks, CA, United States  
  
(Panjabi) Amgen, Inc, 1120 Veterans Blvd, South San Francisco, CA 91320, United States",

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"OD":"Background: Most multiple myeloma (MM) patients ultimately progress, with remission duration decreasing after first relapse. Recently, novel agents have been approved for the treatment of relapsed MM. There is a paucity of real-world data on these treatments. We sought to compare time to next treatment (TTNT) in MM patients in their second line of therapy (LOT2), treated with common proteasome inhibitor (PI)-based triplets. Method(s): Adult MM patients who received carfilzomib (K) between 1 November 2013 and 29 February 2016 at US Oncology Network (USON) clinics utilizing iKnowMedTM electronic health records (EHRs) were identified. Patients were included if they were >=18 years of age, not enrolled in clinical trials, had >=2 visits at a USON clinic and received LOT2 regimens consisting of: K+lenalidomide with steroid (KRd), bortezomib+lenalidomide with steroid (VRd), or bortezomib+cyclophosphamide with steroid (VCyd). TTNT was estimated from LOT2 initiation to LOT3 initiation using the Kaplan-Meier method, and hazard ratios (HRs) were estimated using Cox modeling. Result(s): A total of 718 patients received a K-containing regimen sometime during their MM treatment (LOT1 to LOT5). Of these, 156 patients received: KRd (n = 112 71.8%), VRd (n =27 17.3%), or VCyd (n = 17 10.9%). Baseline characteristics were similar between groups (mean age: 64.8 years 58% male). Median TTNT was longest for KRd [25.3 months 95% confidence interval (CI): 19.71-NR], versus VRd or VCyd (VRd median TTNT: 10.2 months, 95% CI: 4.24- 12.71 VCyd: 6.5 months, 95% CI: 3.02-12.78 log-rank p < 0.0001). The adjusted HR for KRd was 0.19 (95% CI: 0.11-0.37), compared with VRd. Conclusion(s): Considering the real-world nature of these data, the median TTNT observed with KRd was relatively consistent, with progression-free survival (PFS) for KRd observed in the phase III ASPIRE trial (median PFS: ITT population = 26.3 months LOT2 = 29.6 months). Patients who received KRd at first relapse had significantly longer TTNT, compared with those on VRd or VCyd, confirming the value of KRd as an important treatment option for relapsed MM.Copyright © The Author(s), 2019.",

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"ORN":"28",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017268090",

"TI":"The psychotomimetic ketamine disrupts the transfer of late sensory information in the corticothalamic network.",

"SO":"bioRxiv. (no pagination), 2022. Date of Publication: 22 Feb 2022.",

"AU":"Qin Y.  
  
Mahdavi A.  
  
Bertschy M.  
  
Anderson P.M.  
  
Kulikova S.  
  
Pinault D.",

"AO":"Pinault, Didier ORCID: https://orcid.org/0000-0003-3807-4817",

"IN":"(Qin, Mahdavi, Bertschy, Pinault) Universite de Strasbourg, Strasbourg, France  
  
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(Mahdavi) The University of Freiburg, Bernstein Center Freiburg, Freiburg 79104, Germany  
  
(Anderson) Dept. Cognitive Neurobiology, Center for Brain Research, Medical University, Vienna, Austria  
  
(Kulikova) National Research University Higher School of Economics, Perm, Russian Federation",

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"FTURL":"In prodromal and early schizophrenia, disorders of attention and perception are associated with structural and chemical brain abnormalities, and with dysfunctional corticothalamic networks exhibiting disturbed brain rhythms. The underlying mechanisms are elusive. The non-competitive NMDA receptor antagonist ketamine simulates the symptoms of prodromal and early schizophrenia, including disturbances in ongoing and task & sensory-related broadband beta-/gamma-frequency (17-29 Hz/30-80 Hz) oscillations in corticothalamic networks. In normal healthy subjects and rodents, complex integration processes, like sensory perception, induce transient, large-scale synchronized beta/gamma oscillations in a time window of a few hundreds of ms (200-700 ms) after the presentation of the object of attention (e.g., sensory stimulation). Our goal was to use an electrophysiological multisite network approach to investigate, in lightly anesthetized rats, the effects of a single psychotomimetic dose (2.5 mg/kg, subcutaneous) of ketamine on sensory stimulus-induced oscillations. Ketamine transiently increased the power of baseline beta/gamma oscillations and decreased sensory-induced beta/gamma oscillations. In addition, it disrupted information transferability in both the somatosensory thalamus and the related cortex and decreased the sensory-induced thalamocortical connectivity in the broadband gamma range. In conclusion, the present findings support the hypothesis that NMDA receptor antagonism disrupts the transfer of perceptual information in the somatosensory cortico-thalamo-cortical system.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

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"Database":"Medline",

"ORN":"28",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37788928",

"TI":"Silver linings of ADHD: a thematic analysis of adults' positive experiences with living with ADHD.",

"SO":"BMJ Open. 13(10):e072052, 2023 10 03.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Nordby ES  
  
Guribye F  
  
Nordgreen T  
  
Lundervold AJ",

"MH":"Nordby, Emilie S ORCID: https://orcid.org/0000-0003-3686-8859",

"DU":"Nordby, Emilie S  
  
Guribye, Frode  
  
Nordgreen, Tine  
  
Lundervold, Astri J",

"OD":"Nordby, Emilie S. Division of Psychiatry, Haukeland University Hospital, Bergen, Norway emilie.nordby@uib.no.  
  
Nordby, Emilie S. Department of Biological and Medical Psychology, University of Bergen, Bergen, Norway.  
  
Guribye, Frode. Department of Information Science and Media Studies, University of Bergen, Bergen, Norway.  
  
Nordgreen, Tine. Division of Psychiatry, Haukeland University Hospital, Bergen, Norway.  
  
Nordgreen, Tine. Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway.  
  
Lundervold, Astri J. Department of Biological and Medical Psychology, University of Bergen, Bergen, Norway.",

"AB":"Adult  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Norway  
  
Qualitative Research",

"FTURL":"Adult psychiatry MENTAL HEALTH QUALITATIVE RESEARCH",

"PM":"NOTNLM",

"DJ":"OBJECTIVES: To identify and explore positive aspects of attention deficit hyperactivity disorder (ADHD) as reported by adults with the diagnosis.  
  
DESIGN: The current study used a qualitative survey design including the written responses to an open-ended question on positive aspects of ADHD. The participants' responses were analysed using thematic analysis.  
  
SETTING: The participants took part in trial of a self-guided internet-delivered intervention in Norway. As part of the intervention, the participants were asked to describe positive aspects of having ADHD.  
  
PARTICIPANTS: The study included 50 help-seeking adults with an ADHD diagnosis.  
  
RESULTS: The participants described a variety of positive aspects related to having ADHD. The participants' experiences were conceptualised and thematically organised into four main themes: (1) the dual impact of ADHD characteristics (2) the unconventional mind (3) the pursuit of new experiences and (4) resilience and growth.  
  
CONCLUSIONS: Having ADHD was experienced as both challenging and beneficial, depending on the context and one's sociocultural environment. The findings provide arguments for putting a stronger emphasis on positive aspects of ADHD, alongside the challenges, in treatment settings.  
  
TRIAL REGISTRATION NUMBER: NCT04511169. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.",

"MV":"nan",

"TN":"Clinical Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"28",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028781691",

"TI":"Effectiveness of Technology-Based Interventions for School-Age Children With Attention-Deficit/Hyperactivity Disorder: Systematic Review and Meta-Analysis of Randomized Controlled Trials.",

"SO":"JMIR Mental Health. 10(1) (no pagination), 2023. Article Number: e51459. Date of Publication: 2023.",

"AU":"Wong K.P.  
  
Qin J.  
  
Xie Y.J.  
  
Zhang B.",

"AO":"(Wong) Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong, Hong Kong  
  
(Qin, Xie, Zhang) School of Nursing, The Hong Kong Polytechnic University, Hong Kong, Hong Kong",

"IN":"JMIR Publications Inc.",

"PB":"\*age  
  
\*attention deficit hyperactivity disorder  
  
behavior disorder  
  
behavior rating inventory of executive function  
  
child  
  
Child Behavior Checklist  
  
\*cognition  
  
continuous performance test  
  
disruptive behavior  
  
drug therapy  
  
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executive function  
  
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human  
  
learning  
  
male  
  
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\*neurofeedback  
  
quality of life  
  
randomized controlled trial  
  
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visual attention [m]",

"OD":"Background: Attention-deficit/hyperactivity disorder (ADHD) is relatively common among school-age children. Technology-based interventions, such as computer-assisted training programs, neurofeedback training, and virtual reality, show promise in regulating the behaviors and cognitive functions of children with ADHD. An increasing number of randomized controlled trials have been conducted to evaluate the effectiveness of these technologies in improving the conditions of children with ADHD. Objective(s): This study aims to conduct a systematic review of technological interventions for school-age children with ADHD and perform a meta-analysis of the outcomes of technology-based interventions. Method(s): A total of 19 randomized controlled studies involving 1843 participants were selected from a pool of 2404 articles across 7 electronic databases spanning from their inception to April 2022. ADHD behaviors, cognitive functions, learning ability, and quality of life were addressed in this study. Result(s): Random effects meta-analyses found that children with ADHD receiving technology-based intervention showed small and significant effect sizes in computer-rated inattention (standardized mean difference [SMD] -0.35 P<.04), parent-rated overall executive function measured by the Behavior Rating Inventory of Executive Function (SMD -0.35 P<.04), parent-rated disruptive behavior disorder measured by the Child Behavior Checklist (SMD -0.50 P<.001) and Disruptive Behavior Disorder Rating Scale (SMD -0.31 P<.02), and computer-rated visual attention measured by the Continuous Performance Test (SMD -0.42 P<.001) and Reaction Time (SMD -0.43 P<.02). Conclusion(s): Technology-based interventions are promising treatments for improving certain ADHD behaviors and cognitive functions among school-age children with ADHD.Copyright © 2023 Berghahn Journals. All rights reserved.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37564452",

"TI":"The Effect of Lieberman Community Return Program on Reducing Positive and Negative Symptoms and Improving Social Skills in Patients with Schizophrenia.",

"SO":"Advanced Biomedical Research. 12:146, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Emami M  
  
Kheirabadi G  
  
Fallahi M",

"MH":"Emami, Maryam  
  
Kheirabadi, Gholamreza  
  
Fallahi, Mona",

"DU":"Emami, Maryam. Department of Psychiatry, Isfahan University of Medical Sciences, Isfahan, Iran.  
  
Kheirabadi, Gholamreza. Department of Psychiatry, Isfahan University of Medical Sciences, Isfahan, Iran.  
  
Fallahi, Mona. Department of Psychiatry, Isfahan University of Medical Sciences, Isfahan, Iran.",

"OD":"Background: The aim of this study was to investigate the effect of Lieberman community return program on reducing positive and negative symptoms and improving social skills in people with schizophrenia.  
  
Materials and Methods: In this clinical trial study, 58 patients with schizophrenia were randomly allocated into two groups of 29. The first group received 16 sessions of Lieberman community return training and the second group received routine care as a control group. All patients were evaluated before intervention and 1 and 3 months after intervention using the Matson Social Skills Questionnaire and Negative and Positive Symptoms Assessment Scale and compared between the two groups.  
  
Results: Evaluation of negative symptoms showed that the dimensions of affective flattening, avolition, anhedonia-asociality, attention, and alogia in the intervention group decreased significantly over time (P < 0.05), but no significant difference was seen in the control group. The mean score of positive symptoms such as hallucinations, delusion, inappropriate affect, and formal thinking disorder in the intervention group were decreased significantly (P < 0.05), but no significant difference was seen in the control group. Appropriate social skills and overall skill score were increased significantly in the intervention group over time (P < 0.05).  
  
Conclusion: Lieberman community return program is likely to reduce the symptoms of schizophrenia and increase patients' social skills. Copyright: © 2023 Advanced Biomedical Research.",

"AB":"Journal Article",

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"PM":"Click here for full text options",

"DJ":"Lieberman community return program positive and negative symptoms schizophrenia social skills",

"MV":"NOTNLM",

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"UniqueID":"225",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"29",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642921130",

"TI":"A novel synthetic method for backbone-cyclized polypeptide POL7080 with the help of hydrophobic-support materials.",

"SO":"Organic & biomolecular chemistry. (no pagination), 2023. Date of Publication: 04 Dec 2023.",

"AU":"Gu X.  
  
Chen W.  
  
Guo T.  
  
Chang X.  
  
Zhang S.  
  
Bai B.  
  
Ma S.",

"AO":"Ma, Shutao ORCID: https://orcid.org/0000-0003-1206-2375",

"IN":"(Gu, Chen, Guo, Chang, Zhang, Bai) Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China  
  
(Ma) Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China",

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bactericidal activity  
  
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"AB":"Murepavadin (POL7080) in phase III clinical trials, a backbone-cyclized polypeptide composed of 14 amino acids, has a novel mode of action and shows a specific and efficient bactericidal effect against multidrug-resistant Pseudomonas aeruginosa. It is a potential candidate to treat severe P. aeruginosa infections in the future and still has significant commercial value for further research and development. In this paper, we report a liquid-phase peptide synthetic route for this valuable candidate polypeptide assisted by hydrophobic-support materials (tags), which overcomes the difficulties of high cost and poor yield in the traditional solid-phase synthesis of macrocyclic peptides. Through the careful optimization of reaction conditions and the innovative strategy of synthetic post-treatment, we established a simple and efficient liquid-phase synthetic route suitable for POL7080 and other similar structures, with satisfactory yield, high purity and a production process not being controlled by scale.",

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"PM":"38047328 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38047328]",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37404159",

"TI":"Ceftolozane-Tazobactam Versus Ceftazidime-Avibactam for the Treatment of Infections Caused by Multidrug-Resistant Pseudomonas aeruginosa: a Multicenter Cohort Study.",

"SO":"Antimicrobial Agents & Chemotherapy. 67(8):e0040523, 2023 08 17.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Almangour TA  
  
Ghonem L  
  
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Alfahad W  
  
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Alanazi MQ  
  
Alsowaida YS",

"MH":"Almangour, Thamer A ORCID: https://orcid.org/0000-0003-1508-8693  
  
Alsowaida, Yazed Saleh ORCID: https://orcid.org/0000-0002-0450-9846",

"DU":"Almangour, Thamer A  
  
Ghonem, Leen  
  
Alassiri, Dareen  
  
Aljurbua, Alanoud  
  
Al Musawa, Mohammed  
  
Alharbi, Aminah  
  
Almohaizeie, Abdullah  
  
Almuhisen, Sara  
  
Alghaith, Jeelan  
  
Damfu, Nader  
  
Aljefri, Doaa  
  
Alfahad, Wafa  
  
Khormi, Yaqoub  
  
Alanazi, Menyfah Q  
  
Alsowaida, Yazed Saleh",

"OD":"Almangour, Thamer A. Department of Clinical Pharmacy, College of Pharmacy, King Saud University, Riyadh, Saudi Arabia.  
  
Ghonem, Leen. Clinical Pharmacy Services, King Saud University Medical City, King Saud University, Riyadh, Saudi Arabia.  
  
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Damfu, Nader. Infection Prevention and Control Department, King Abdulaziz Medical City, Ministry of National Guard Health Affairs, Jeddah, Saudi Arabia.  
  
Aljefri, Doaa. Pharmaceutical Care Department, King Abdul Aziz Medical City, Ministry of National Guard Health Affairs, Jeddah, Saudi Arabia.  
  
Aljefri, Doaa. King Abdullah International Medical Research Centre, Riyadh, Saudi Arabia.  
  
Alfahad, Wafa. Pharmacy services, Prince Sultan Military Medical City, Riyadh, Saudi Arabia.  
  
Khormi, Yaqoub. Pharmacy services, Prince Sultan Military Medical City, Riyadh, Saudi Arabia.  
  
Alanazi, Menyfah Q. King Abdullah International Medical Research Centre, Riyadh, Saudi Arabia.  
  
Alanazi, Menyfah Q. King Saud Bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia.  
  
Alsowaida, Yazed Saleh. Department of Clinical Pharmacy, College of Pharmacy, Hail University, Hail, Saudi Arabia.",

"AB":"Pseudomonas aeruginosa ceftazidime-avibactam ceftolozane-tazobactam multidrug-resistant",

"FTURL":"NOTNLM",

"PM":"Ceftolozane-tazobactam (C-T) and ceftazidime-avibactam (CAZ-AVI) are two novel antimicrobials that retain activity against resistant Pseudomonas aeruginosa. The comparative effectiveness and safety of C-T versus CAZ-AVI remain unknown. A retrospective, multicenter cohort study was performed in six tertiary centers in Saudi Arabia and included patients who received either C-T or CAZ-AVI for infections due to multidrug-resistant (MDR) P. aeruginosa. Overall in-hospital mortality, 30-day mortality, and clinical cure were the main study outcomes. Safety outcomes were also evaluated. A multivariate analysis using logistic regression was used to determine the independent impact of treatment on the main outcomes of interest. We enrolled 200 patients in the study (100 in each treatment arm). A total of 56% were in the intensive care unit, 48% were mechanically ventilated, and 37% were in septic shock. Approximately 19% of patients had bacteremia. Combination therapy was administered to 41% of the patients. The differences between the C-T and CAZ-AVI groups did not reach statistical significance in the overall in-hospital mortality (44% versus 37% P = 0.314 OR, 1.34 95% CI, 0.76 to 2.36), 30-day mortality (27% versus 23% P = 0.514 OR, 1.24 95% CI, 0.65 to 2.35), clinical cure (61% versus 66% P = 0.463 OR, 0.81 95% CI, 0.43 to 1.49), or acute kidney injury (23% versus 17% P = 0.289 OR, 1.46 95% CI, 0.69 to 3.14), even after adjusting for differences between the two groups. C-T and CAZ-AVI did not significantly differ in terms of safety and effectiveness, and they serve as potential options for the treatment of infections caused by MDR P. aeruginosa.",

"DJ":"Multicenter Study  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
\*Pseudomonas aeruginosa  
  
Anti-Bacterial Agents/tu [Therapeutic Use]  
  
Retrospective Studies  
  
Cohort Studies  
  
Ceftazidime/tu [Therapeutic Use]  
  
Cephalosporins/tu [Therapeutic Use]  
  
Tazobactam/tu [Therapeutic Use]  
  
Azabicyclo Compounds/tu [Therapeutic Use]  
  
Drug Combinations  
  
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"TI":"Creating Equitable and Inclusive Clinical Trials for Multiple Myeloma.",

"SO":"Clinical lymphoma, myeloma & leukemia. 2023 Sep 15",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Hartley-Brown M  
  
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"MH":"Hartley-Brown, Monique  
  
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Price, Pamela  
  
Andreini, Michael  
  
Mulligan, George  
  
Young, Anne Quinn  
  
Cho, Hearn Jay",

"DU":"Hartley-Brown, Monique. Dana-Farber Cancer Institute, Boston, MA.  
  
Cole, Craig E. Michigan State University-Karmanos Cancer Institute, Lansing, MI.  
  
Price, Pamela. The Balm in Gilead, Richmond, VA.  
  
Andreini, Michael. Multiple Myeloma Research Foundation, Norwalk, CT.  
  
Mulligan, George. Multiple Myeloma Research Foundation, Norwalk, CT.  
  
Young, Anne Quinn. Multiple Myeloma Research Foundation, Norwalk, CT.  
  
Cho, Hearn Jay. Multiple Myeloma Research Foundation, Norwalk, CT Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY. Electronic address: choh@themmrf.org.",

"OD":"Clinical trial Diversity Equity Inclusivity Multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Black and Latino/Hispanic populations are disproportionately impacted by multiple myeloma (MM) in the United States and are underrepresented in many clinical trials. The Multiple Myeloma Research Foundation sponsored a 1-day workshop of 46 experts spanning the ecosystem of MM research and care, including government, academia, nonprofits, pharma/biotech, community partners, and retail pharmacy. Specific, tangible steps to overcome the well-documented barriers to improving the diversity and inclusivity of clinical trials were discussed, including broadening inclusion/exclusion criteria, reducing the financial and other burdens of trial participants, selecting diverse study sites, including implicit bias training, and taking steps to empower patients. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.",

"PM":"Journal Article",

"DJ":"2023",

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"UI":"2017669341",

"TI":"Efficacy and safety of carfilzomib regimens in multiple myeloma patients relapsing after autologous stem cell transplant: ASPIRE and ENDEAVOR outcomes.",

"SO":"Leukemia. 31(12) (pp 2630-2641), 2017. Date of Publication: December 2017.",

"AU":"Hari P.  
  
Mateos M.-V.  
  
Abonour R.  
  
Knop S.  
  
Bensinger W.  
  
Ludwig H.  
  
Song K.  
  
Hajek R.  
  
Moreau P.  
  
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Feng S.  
  
Obreja M.  
  
Aggarwal S.K.  
  
Iskander K.  
  
Goldschmidt H.",

"AO":"nan",

"IN":"(Hari) Medical College of Wisconsin, Milwaukee, WI, United States  
  
(Mateos) Hematology, Hospital Clinico Universitario de Salamanca-IBSAL, Salamanca, Spain  
  
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(Song, Hajek) University Hospital Ostrava and Faculty of Medicine, University of Ostrava, Ostrava, Czechia  
  
(Moreau) Department of Hematology, University of Nantes, Nantes, France  
  
(Siegel) John Theurer Cancer Center at Hackensack University, Hackensack, NJ, United States  
  
(Feng, Obreja, Aggarwal, Iskander) Amgen Inc., Thousand Oaks, CA, United States  
  
(Goldschmidt) Universitatsklinikum Heidelberg, Heidelberg, Germany",

"PB":"Springer Nature",

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"OD":"Autologous stem cell transplantation (ASCT) is a standard treatment for eligible multiple myeloma (MM) patients, but many patients will relapse after ASCT and require subsequent therapy. The proteasome inhibitor carfilzomib is approved for relapsed or refractory MM (RRMM). In phase 3 trials, carfilzomib-based regimens (ASPIRE, carfilzomib-lenalidomide-dexamethasone ENDEAVOR, carfilzomib-dexamethasone) demonstrated superior progression-free survival (PFS) compared with standard therapies for RRMM (ASPIRE: lenalidomide-dexamethasone ENDEAVOR, bortezomib-dexamethasone). This subgroup analysis of ASPIRE and ENDEAVOR evaluated outcomes according to prior ASCT status. In total, 446 patients in ASPIRE and 538 in ENDEAVOR had prior ASCT. Median PFS was longer for carfilzomib-based regimens vs non-carfilzomib-based regimens for patients with prior ASCT (ASPIRE: 26.3 vs 17.8 months (hazard ratio (HR) = 0.68) ENDEAVOR: not estimable vs 10.2 months (HR = 0.61)), those with one prior line of therapy that included ASCT (ASPIRE: 29.7 vs 17.8 months (HR = 0.70) ENDEAVOR: not estimable vs 11.2 months (HR = 0.46)), and those without prior ASCT (ASPIRE: 26.4 vs 16.6 months (HR = 0.76) ENDEAVOR: 17.7 vs 8.5 months (HR = 0.43)). Overall response rates also favored the carfilzomib-based regimens. No new safety signals were detected. This analysis suggests that carfilzomibbased treatment may lead to improvement in PFS and response rates regardless of prior transplant status. Further evaluation is warranted.Copyright © The Author(s) 2017.",

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"UI":"2020587230",

"TI":"Genetic influences on the shape of brain ventricular and subcortical structures.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 27 Sep 2022.",

"AU":"Zhao B.  
  
Li T.  
  
Yang X.  
  
Shu J.  
  
Wang X.  
  
Luo T.  
  
Yang Y.  
  
Wu Z.  
  
Fan Z.  
  
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Chen J.  
  
Shan Y.  
  
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Xiong D.  
  
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Gao M.  
  
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Tomlinson C.E.  
  
Dong Q.  
  
Li Y.  
  
Stein J.L.  
  
Wang Y.  
  
Zhu H.",

"AO":"Zhao, Bingxin ORCID: https://orcid.org/0000-0002-0979-7891  
  
Stein, Jason L. ORCID: https://orcid.org/0000-0003-4829-0513",

"IN":"(Zhao, Fan) Department of Statistics and Data Science, University of Pennsylvania, Philadelphia, PA 19104, United States  
  
(Zhao, Yang, Shu, Wu, Fan) Department of Statistics, Purdue University, West Lafayette, IN 47907, United States  
  
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(Zhu) Department of Statistics and Operations Research, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, United States",

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"FTURL":"Brain ventricular and subcortical structures are heritable both in size and shape. Genetic influences on brain region size have been studied using conventional volumetric measures, but little is known about the genetic basis of ventricular and subcortical shapes. Here we developed pipelines to extract seven complementary shape measures for lateral ventricles, subcortical structures, and hippocampal subfields. Based on over 45,000 subjects in the UK Biobank and ABCD studies, 60 genetic loci were identified to be associated with brain shape features (P < 1.09 x 10-10), 19 of which were not detectable by volumetric measures of these brain structures. Ventricular and subcortical shape features were genetically related to cognitive functions, mental health traits, and multiple brain disorders, such as the attention-deficit/hyperactivity disorder. Vertex-based shape analysis was performed to precisely localize the brain regions with these shared genetic influences. Mendelian randomization suggests brain shape causally contributes to neurological and neuropsychiatric disorders, including Alzheimer's disease and schizophrenia. Our results uncover the genetic architecture of brain shape for ventricular and subcortical structures and prioritize the genetic factors underlying disease-related shape variations.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"DJ":"nan",

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"DB":"Ovid MEDLINE(R)",

"UI":"37819836",

"TI":"Solriamfetol for Attention-Deficit/Hyperactivity Disorder in Adults: A Double-Blind Placebo-Controlled Pilot Study.",

"SO":"Journal of Clinical Psychiatry. 84(6), 2023 Oct 09.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Walsh, Daniel M  
  
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Vater, Chloe Hutt  
  
Kaufman, Daniel",

"OD":"Surman, Craig B H. Clinical and Research Program in Adult ADHD, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.  
  
Surman, Craig B H. Corresponding Author: Craig B. Surman, MD, 55 Fruit St, Warren 625, Boston, MA 02114, (csurman@mgh.harvard.edu).  
  
Walsh, Daniel M. Clinical and Research Program in Adult ADHD, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.  
  
Horick, Nora. Clinical and Research Program in Adult ADHD, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.  
  
DiSalvo, Maura. Clinical and Research Program in Adult ADHD, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.  
  
Vater, Chloe Hutt. Clinical and Research Program in Adult ADHD, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.  
  
Kaufman, Daniel. Clinical and Research Program in Adult ADHD, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.",

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\*Central Nervous System Stimulants  
  
Pilot Projects  
  
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Treatment Outcome  
  
Double-Blind Method",

"FTURL":"nan",

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"DJ":"Objective: Some individuals with attention-deficit/hyperactivity disorder (ADHD) may not tolerate or adequately respond to currently available treatments. This study examined whether solriamfetol could have a favorable pattern of effects and tolerability as a treatment for ADHD in adults.  
  
Methods: Sixty adults with DSM-5 ADHD participated from August 2021 through January 2023 in a remotely conducted, randomized, double-blind, placebo-controlled, 6-week dose-optimization trial of 75 mg or 150 mg of solriamfetol. Measures included the Adult ADHD Investigator Symptom Rating Scale (AISRS), which was our primary outcome measure, as well as the Clinical Global Impressions scale (CGI), vital signs, the Global Assessment of Functioning (GAF), the Behavior Rating Inventory of Executive Function-Adult Form (BRIEF-A), the Epworth Sleepiness Scale (ESS), the Pittsburgh Sleep Quality Index (PSQI), and a modified Adult ADHD Self-Report Scale (MASRS).  
  
Results: Solriamfetol was well tolerated, with no significant effect on mean heart rate (+3.7 vs +2.2 bpm, P = .5609), systolic blood pressure (+2.4 vs +1.5 mm Hg, P = .6474), or diastolic blood pressure (+1.1 vs +1.5 mm Hg, P = .8117). There was no statistically significant treatment effect on occurrence of adverse events. Compared to individuals on placebo, individuals on solriamfetol treatment experienced adverse events at a rate of at least 10 percentage points higher in the categories of decreased appetite, headache, gastrointestinal, insomnia, increased energy, cardiovascular, and neurologic. Compared to individuals on placebo, by study endpoint, a greater proportion of individuals in the treatment group met the a priori-defined treatment response (CGI score indicating much or very much improved and AISRS score reduced >= 25%: 45% vs 6.9%, P = .0020) those treated with solriamfetol also had greater improvement in total AISRS scores by week 3 through week 6 (P = .0012 week 6 effect size = 1.09). Significantly more solriamfetol-treated adults than placebo-treated adults had 0.5-standard deviation improvement in T-score on the BRIEF-A Global Executive Composite (P = .0173) those treated with solriamfetol also had greater mean change in GAF score (-4.8 vs -0.3, P = .0006) and greater mean MASRS total score change (P = .0047 effect size = 1.23). Mean ESS score improved more with solriamfetol than with placebo (P = .0056), but this difference did not predict AISRS response (P = .3735). There was no significant association between solriamfetol and change in PSQI scores.  
  
Conclusions: Solriamfetol may be a novel and effective treatment for the management of ADHD in adults. Further replication in larger trials is indicated.  
  
Trial Registration: ClinicalTrials.gov identifier: NCT04839562. © Copyright 2023 Physicians Postgraduate Press, Inc.",

"MV":"0 (Central Nervous System Stimulants)  
  
939U7C91AI (solriamfetol)",

"TN":"Randomized Controlled Trial  
  
Journal Article",

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"UI":"2028692539",

"TI":"Exposure to chlorpyrifos and pyrethroid insecticides and symptoms of Attention Deficit Hyperactivity Disorder (ADHD) in preschool children from the Odense Child Cohort.",

"SO":"Environmental Research. 241(no pagination), 2024. Article Number: 117679. Date of Publication: 15 Jan 2024.",

"AU":"Fage-Larsen B.  
  
Andersen H.R.  
  
Wesselhoeft R.  
  
Larsen P.V.  
  
Dalsager L.  
  
Nielsen F.  
  
Rauh V.  
  
Bilenberg N.",

"AO":"(Fage-Larsen, Wesselhoeft, Bilenberg) Child and Adolescent Psychiatry Odense, Mental Health Services in the Region of Southern Denmark, Denmark  
  
(Andersen, Wesselhoeft, Dalsager, Nielsen) Clinical Pharmacology, Pharmacy and Environmental Medicine, Department of Public Health, University of Southern Denmark, Denmark  
  
(Rauh) Population and Family Health at the Columbia University Medical Center, New York, United States  
  
(Larsen) Mental Health Services in Region Southern Denmark, Denmark  
  
(Dalsager) The National Research Centre for the Working Environment, Copenhagen, Denmark",

"IN":"Academic Press Inc.",

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special situation for pharmacovigilance [m]  
  
urine sampling [m]",

"OD":"Background: Attention Deficit Hyperactivity Disorder (ADHD) is a common childhood psychiatric disorder with severe and lifelong impact on mental health and socioeconomic achievements. Environmental factors may play a role in the increasing incidens rates. Previous studies on associations between prenatal and childhood exposure to organophosphate and pyrethroid insecticides and ADHD symptoms have yielded mixed findings. Objective(s): To investigate associations between prenatal and childhood exposure to chlorpyrifos and pyrethroids and ADHD symptoms in 5-year-old children from the Odense Child Cohort. Method(s): Spot urine samples from pregnant women in gestational week 28 (n = 614) and offspring at 5 years of age (n = 814) were collected and analyzed for the specific metabolite of chlorpyrifos, TCPY (3,5,6-trichloro-2-pyridinol), as well as the generic pyrethroid metabolite, 3-PBA (3-phenoxybenzoic acid). Offspring ADHD symptoms were assessed at age 5 years using the parent reported ADHD scale from the Child Behavior Checklist 11/2-5 (n = 1114). Associations between insecticide exposure variables and an ADHD score >=90th percentile were analyzed using logistic regression for all children and stratified by sex. Result(s): Most pregnant women had detectable concentrations of 3-PBA (93%) and TCPY (91%) with median concentrations of 0.20 mug/L and 1.62 mug/L, respectively. In children, 3-PBA and TCPY concentrations were detectable in 88% and 82% of the samples, and the median concentrations were 0.17 and 1.16 mug/L. No statistically significant associations were observed between insecticide metabolites and an ADHD score >=90th percentile at age 5. Conclusion(s): In this relatively large Danish birth cohort study with mainly low dietary insecticide exposure, we found no statistically significant associations between prenatal or childhood exposure to chlorpyrifos or pyrethroids, and excess ADHD-symptom load, in 5-year-old children. Prospective studies with multiple urine samples across vulnerable windows of neurodevelopment is warranted to improve assessment of safe exposure levels, which is particularly relevant for pyrethroids, since their use is increasing.Copyright © 2023 The Authors",

"AB":"Click here for full text options",

"FTURL":"\*chlorpyrifos [m]  
  
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pyridinol [m]",

"PM":"Fage-Larsen, Bettina ORCID: https://orcid.org/0000-0002-6851-1961  
  
Andersen, Helle Raun ORCID: https://orcid.org/0000-0002-9184-3593  
  
Rauh, Virginia ORCID: https://orcid.org/0000-0003-3164-9892  
  
Dalsager, Louise ORCID: https://orcid.org/0000-0002-6931-9525",

"DJ":"37980991 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37980991]",

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"DB":"Ovid MEDLINE(R)",

"UI":"37565574",

"TI":"Nutrition and schizophrenia: associations worthy of continued revaluation. [Review]",

"SO":"Nutritional Neuroscience. :1-19, 2023 Aug 11",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Cai, Hualin  
  
Wang, Ying",

"DU":"Tang, Mimi. Department of Pharmacy, Xiangya Hospital, Central South University, Changsha, People's Republic of China.  
  
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Zhao, Tingyu. Institute for Rational and Safe Medication Practices, National Clinical Research Center for Geriatric Disorders, Xiangya Hospital, Central South University, Changsha, People's Republic of China.  
  
Liu, Ting. Department of Pharmacy, Xiangya Hospital, Central South University, Changsha, People's Republic of China.  
  
Liu, Ting. Institute for Rational and Safe Medication Practices, National Clinical Research Center for Geriatric Disorders, Xiangya Hospital, Central South University, Changsha, People's Republic of China.  
  
Dang, Ruili. Institute of Clinical Pharmacy, Jining First People's Hospital, Jining Medical University, Jining, People's Republic of China.  
  
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Cai, Hualin. Institute of Clinical Pharmacy, Central South University, Changsha, People's Republic of China.  
  
Wang, Ying. Department of Pharmacy, The Second Xiangya Hospital, Central South University, Changsha, People's Republic of China.  
  
Wang, Ying. Institute of Clinical Pharmacy, Central South University, Changsha, People's Republic of China.",

"OD":"BACKGROUND: Accumulating evidence have shown that diet and nutrition play significant roles in mental illness, such as depression, anxiety and bipolar disorder. However, comprehensive evaluation of the relationship between nutrition and schizophrenia is lacking.  
  
OBJECTIVE: The present review aims to synthetic elaborate the associations between nutrition and schizophrenia. Relevant studies on dietary patterns, macronutrients, micronutrients were performed through a literature search to synthesize the extracted data.  
  
SUMMARY: Dietary interventions may help prevent the occurrence of schizophrenia, or delay symptoms: Healthy diets like nutritious plant-based foods and high-quality protein, have been linked to reducing the risk or symptoms of schizophrenia. Moreover, diet high in saturated fat and sugar is linked to more serious outcomes of schizophrenia. Additionally, when N-acetylcysteine acts as an adjuvant therapy, the overall symptoms of schizophrenia are significantly reduced. Also nascent evidence showed mental disorders may be related to intestinal microbiota dysfunction. Our study offered important insights into the dietary habits of patients with schizophrenia and the potential impact of nutritional factors on the disease. We also emphasized the need for further research, particularly in the form of large randomized double-blind controlled trials, to better understand the effects of nutrients on schizophrenia symptoms in different populations and disease types.",

"AB":"Journal Article  
  
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"DJ":"N-acetylcysteine Nutrition dietary patterns macronutrients micronutrients nutritional supplements obesity schizophrenia",

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"TI":"Susceptibility of cefiderocol and other antibiotics against carbapenem-resistant, Gram-negative bacteria.",

"SO":"Proceedings of the National Academy of Sciences of the United States of America. 119(13) (no pagination), 2022. Article Number: 261. Date of Publication: 29 Mar 2022.",

"AU":"Wang Y.  
  
Li Y.  
  
Zhao J.  
  
Guan J.  
  
Ni W.  
  
Gao Z.",

"AO":"nan",

"IN":"(Li) Clinical Laboratory, The Sixth Medical Center of PLA General Hospital, Beijing, China  
  
(Zhao) Department of Pulmonary and Critical Care Medicine, Air Force Medical Center, Chinese People's Liberation Army, Beijing, China  
  
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(Wang, Ni, Gao) Department of Pulmonary and Critical Care Medicine, Peking University People's Hospital, No. 11 Xizhimen South Street, Xicheng District, Beijing 100044, China",

"PB":"National Academy of Sciences",

"MH":"adult  
  
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"AB":"Background: Cefiderocol is a promising antimicrobial agent against carbapenem-resistant, Gram-negative bacteria, but susceptibility data from the Chinese mainland are lacking. The aim of the present study was to test the susceptibility of cefiderocol against carbapenem-resistant, Gram-negative bacteria collected from Beijing, China. Method(s): Carbapenem-resistant Klebsiella pneumoniae (CR-KP n=105), carbapenem-resistant Acinetobacter baumannii (CR-AB n=126), carbapenem-resistant Pseudomonas aeruginosa (CR-PA n=74), and Stenotrophomonas maltophilia (SM n=72) isolates were collected from inpatients at 4 tertiary hospitals in Beijing, China. Minimum inhibitory concentrations (MICs) for cefiderocol were determined using iron-depleted cation-adjusted Mueller Hinton broth (CAMHB), and for comparators using CAMHB, according to the recommended Clinical and Laboratory Standards Institute (CLSI) methodology. Carbapenemase and other beta-lactamase gene profiles were determined using polymerase chain reaction (PCR). Result(s): Cefiderocol inhibited 100% of CR-KP and CR-PA, and 98.6% of the SM isolates at the susceptibility breakpoint concentration of 4 mg/L. However, the susceptibility rate for cefiderocol against CR-AB was only 62.7%, with MIC90 values as high as 128 mg/L. Nearly all the cefiderocol-susceptible CRAB isolates were found to be positive for blaOXA-23 and blaTEM, whereas all the cefiderocol-resistant CR-AB isolates were found to be positive for the blaPER genes, in addition to blaOXA-23 and blaTEM. Conclusion(s): Cefiderocol showed potent in vitro activity against CR-KP, CR-PA, and SM isolates collected from Beijing, China. However, the resistance rate for cefiderocol against CR-AB was higher than that reported by other research centers, and the presence of blaPER might contribute to resistance in non-susceptible CR-AB isolates.Copyright © Annals of Translational Medicine. All rights reserved.",

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"TI":"High Rates of ESBL-producing and Gentamycin-resistant Gram-negative Bacteria During the First Week of Life: A Multicenter Cross-sectional Study Among Infants Younger Than 2 Months With Urinary Tract Infection.",

"SO":"Pediatric Infectious Disease Journal. 42(9):750-753, 2023 09 01.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Washahi M  
  
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"MH":"Jacob, Ron ORCID: https://orcid.org/0000-0002-1626-1120",

"DU":"Washahi, Muhammad  
  
Miron, Dan  
  
Steinberg Ben Zeev, Zohar  
  
Chayen, Gilad  
  
Jacob, Ron",

"OD":"Washahi, Muhammad. From the Pediatric Department.  
  
Miron, Dan. Pediatric Infectious Disease Unit, Ha'Emek Medical Center, Afula.  
  
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Chayen, Gilad. Pediatric Emergency Department.  
  
Jacob, Ron. Pediatric Emergency Department.  
  
Jacob, Ron. Rappaport Faculty of Medicine, Technion-Institute of Technology, Haifa, Israel.",

"AB":"nan",

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"PM":"INTRODUCTION: Reducing the risk of renal scarring in infants with urinary tract infection (UTI) necessitates timely and effective administration of antimicrobial treatment. The Israeli Medical Association recommends the empirical use of gentamicin and ampicillin for febrile infants younger than 2 months with suspected UTI. We aimed to assess the prevalence of Extended Spectrum Beta-Lactamase (ESBL)-producing and gentamicin-resistant Gram-negative UTI among infants younger than 2 months.  
  
METHODS: A multicenter retrospective cross-sectional study of infants younger than 2 months with UTI who visited Clalit Health Services pediatric emergency departments between January 1, 2016, and December 31, 2021. The primary outcome measure was the prevalence of ESBL-associated and gentamicin-resistant UTI. The secondary outcome measure was the factors associated with such resistant bacteria.  
  
RESULTS: Overall, 1142 infants were included. Sixty-five (5.7%) and 64 (5.6%) infants had gentamicin-resistant and ESBL-producing Gram-negative UTI, respectively. Forty-two percent of ESBL-associated UTI were gentamicin-resistant. Higher ESBL rates were found during first week of life (14.8% versus 4.1%-7.7% P = 0.009). Similarly, higher rates of gentamicin resistance were found in this age group (11.2%). Admission rate to pediatric intensive care units (ICUs) was higher in infants with ESBL-associated UTI (9.8% versus 3.5% P = 0.015). Gestational bacteriuria, previous neonatal ICU admission or gender were not associated with either gentamicin or ESBL-producing resistance.  
  
CONCLUSIONS: Our findings support the current recommendations for empirical intravenous treatment. However, modification of the treatment protocol should be considered for infants younger than 7 days, who had higher rates of ESBL-producing and gentamicin-resistant Gram-negative UTI. Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.",

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"TI":"Daratumumab, Bortezomib, and Dexamethasone for Treatment of Patients with Relapsed or Refractory Multiple Myeloma and Severe Renal Impairment: Results from the Phase 2 GMMG-DANTE Trial.",

"SO":"Cancers. 15(18), 2023 Sep 21.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Jauch, Anna  
  
Zago, Manola  
  
Martus, Peter  
  
Goldschmidt, Hartmut  
  
Bokemeyer, Carsten  
  
Dimopoulos, Meletios A  
  
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"DU":"Leypoldt, Lisa B. Department of Hematology, Oncology and Bone Marrow Transplantation with Section of Pneumology, University Medical Center Hamburg-Eppendorf, 20246 Hamburg, Germany.  
  
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Dimopoulos, Meletios A. Department of Clinical Therapeutics, School of Medicine, Alexandra General Hospital, National and Kapodistrian University of Athens, 11528 Athens, Greece.  
  
Weisel, Katja C. Department of Hematology, Oncology and Bone Marrow Transplantation with Section of Pneumology, University Medical Center Hamburg-Eppendorf, 20246 Hamburg, Germany.",

"OD":"clinical trial daratumumab hemodialysis multiple myeloma relapsed/refractory renal impairment",

"AB":"NOTNLM",

"FTURL":"Renal function impairment (RI) is a common complication in multiple myeloma (MM). However, limited data exist on the safety and efficacy of anti-MM regimens in patients with severe RI, as these patients are frequently excluded from clinical trials. This investigator-initiated multicentric phase II GMMG-DANTE trial evaluated daratumumab, bortezomib, and dexamethasone (DVd) in relapsed or refractory (r/r) MM patients with severe RI. r/rMM patients with >=1 prior treatment line and a GFR <30 mL/min/1.73 m2 or undergoing hemodialysis were eligible and received eight cycles of DVd followed by daratumumab maintenance. The trial closed prematurely after 22/36 planned patients. The primary endpoint was overall response rate (ORR). Median age of patients was 70 (range 55-89) years, with a median GFR of 20.1 mL/min/1.73 m2 (interquartile range, 9.4-27.3 mL/min/1.73 m2), and eight patients under hemodialysis. Median number of prior lines was two (range 1-10). The trial was successful, albeit with premature termination, as it met its primary endpoint, with an ORR of 67% (14/21). The rates of partial response, very good partial response, and complete response were 29%, 29%, and 10%, respectively (n = 6, 6, and 2). Fourteen patients (67%) achieved renal response. After median follow-up of 28 months, median progression-free survival was 10.4 months median overall survival was not reached. Higher-grade toxicity was mainly hematologic, and non-hematologic toxicities >=Grade 3 were mostly infections (24%). The prospective GMMG-DANTE trial investigating DVd exclusively in r/rMM patients with severe RI showed efficacy and safety to be comparable to data from patients without RI.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Leypoldt, Lisa B ORCID: https://orcid.org/0000-0002-9248-588X  
  
Salwender, Hans ORCID: https://orcid.org/0000-0001-7803-0814  
  
Khandanpour, Cyrus ORCID: https://orcid.org/0000-0003-4655-6269  
  
Goldschmidt, Hartmut ORCID: https://orcid.org/0000-0003-0961-0035  
  
Dimopoulos, Meletios A ORCID: https://orcid.org/0000-0001-8990-3254",

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"DB":"Embase",

"UI":"619482244",

"TI":"Transfusion management for patients taking an anti-CD38 monoclonal antibody.",

"SO":"Revista Brasileira de Hematologia e Hemoterapia. (no pagination), 2017. Date of Publication: 2017.",

"AU":"Bub C.B.  
  
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Santos L.D.  
  
Bastos E.P.  
  
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Castilho L.",

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"IN":"(Bub, Reis, Aravechia, Santos, Bastos, Kutner, Castilho) Hospital Israelita Albert Einstein, Sao Paulo, SP, Brazil  
  
(Castilho) Universidade Estadual de Campinas (UNICAMP), Campinas, SP, Brazil",

"PB":"Elsevier Editora Ltda (E-mail: sbhh@terra.com.br)",

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"OD":"Introduction: Pre-transfusion tests, essential for the release of blood components, may be affected by drugs. Monoclonal antibodies represent a class of medications increasingly used in the clinical practice, with anti-CD38 monoclonal antibodies (daratumumab) being a promising resource in the treatment of refractory myeloma. This monoclonal antibody recognizes CD38 in myeloma cells and interferes with pre-transfusion tests by causing panreactivity in indirect antiglobulin tests thereby clinically masking alloantibodies. Dithiothreitol is a reagent that breaks disulfide bonds and effectively destroys antigenic sites for CD38 on red blood cells. This study reports the immunohematological findings of pre-transfusion tests of patients with multiple myeloma receiving daratumumab and on solutions to prevent the interference of this monoclonal antibody. Method(s): Serum samples from five patients on anti-CD38 monoclonal antibody treatment were evaluated. Tests performed included ABO/RhD typing, indirect antiglobulin test, direct antiglobulin test and eluate test. A daily evaluation was performed to determine the shelf life of dithiothreitol-treated red blood cells when stored in Alsever's solution. Result(s): No interference in the ABO/RhD typing results was noted but in all samples, a panreactivity was observed in indirect antiglobulin tests. Regarding the direct antiglobulin test, two samples presented positive results but negative eluates. In all samples, treatment of reagent red blood cells with 0.2. M dithiothreitol offset interference by anti-CD38 monoclonal antibodies. Dithiothreitol-treated red blood cells stored in Alsever's solution were stable for up to 15 days. Conclusion(s): Treatment of reagent red blood cells with dithiothreitol can be efficient and accessible to offset the interference of the anti-CD38 drug in pre-transfusion tests. The number of costly serological workups can be reduced by having stored dithiothreitol red blood cells with this proving to be a useful reagent for investigating anti-CD38.Copyright © 2017 Associacao Brasileira de Hematologia, Hemoterapia e Terapia Celular.",

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"UI":"2018694236",

"TI":"Characterization of Childhood Trauma, Hippocampal Mediation and Cannabis Use in a Large Dataset of Psychosis and Non-Psychosis Individuals.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 10 May 2022.",

"AU":"del Re E.C.  
  
Yassin W.  
  
Zeng V.  
  
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"IN":"(del Re, Yassin, Zeng, Mesholam-Gately, Lizano, Keshavan) Harvard Medical School, United States  
  
(del Re) VA Boston HealthCare System, United States  
  
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(Hill) Rosalind Franklin University, United States  
  
(McDowell, Clementz) University of Georgia, United States  
  
(Pearlson) Yale University, United States  
  
(Bishop) University of Minnesota, United States  
  
(Merola) Xi'an Jiaotong-Liverpool University, Suzhou, China  
  
(Alliey-Rodriguez) University of Texas Rio Grande Valley, Harlingen, TX, United States  
  
(Rychagov) Harvard University, United States",

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"FTURL":"Background. Cannabis use (CA) and childhood trauma (CT) independently increase the risk of earlier psychosis onset but their interaction in relation to psychosis risk and association with endocannabinoid-receptor rich brain regions, i.e. the hippocampus (HP), remains unclear. The objective was to determine whether lower age of psychosis onset (AgePsyOnset) is associated with CA and CT through mediation by the HP, and genetic risk, as measured by schizophrenia polygene scores (SZ-PGRS). Method(s): Cross-sectional, case-control, multicenter sample from 5 metropolitan US regions. Participants (n=1185) included 397 controls not affected by psychosis (HC) 209 participants with bipolar disorder type-1 279 with schizoaffective disorder and 300 with schizophrenia (DSM IV-TR). CT was assessed using the Childhood Trauma Questionnaire (CTQ) CA was assessed by self-reports and trained clinical interviewers. Assessment included neuroimaging, symptomatology, cognition and calculation of the SZ polygenic risk score (SZ-PGRS). Outcome(s): In survival analysis, low CT and CA are associated with lower AgePsyOnset. At high CT or CA, CT or CA are individually sufficient to affect AgePsyOnset. CT relation with AgePsyOnset is mediated in part by the HP in CA users before AgePsyOnset. CA before AgePsyOnset is associated with higher SZ-PGRS and correlated with younger age at CA usage. Interpretation(s): CA and CT interact to increase risk when moderate while severe CT and/or CA abuse/dependence are each sufficient to affect AgePsyOnset, indicating a ceiling effect. Probands with/out CA before AgePsyOnset differ on biological variables, suggesting divergent pathways to psychosis.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"UI":"37439737",

"TI":"Central executive training for ADHD: Impact on organizational skills at home and school. A randomized controlled trial.",

"SO":"Neuropsychology. 37(8):859-871, 2023 Nov.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

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Singh LJ  
  
Kofler MJ",

"MH":"Chan, Elizabeth S M ORCID: https://orcid.org/0000-0001-7494-3587",

"DU":"Chan, Elizabeth S M  
  
Gaye, Fatou  
  
Cole, Alissa M  
  
Singh, Leah J  
  
Kofler, Michael J",

"OD":"Chan, Elizabeth S M. Department of Psychology, Florida State University.  
  
Gaye, Fatou. Department of Psychology, Florida State University.  
  
Cole, Alissa M. Department of Psychology, Florida State University.  
  
Singh, Leah J. Department of Psychology, Florida State University.  
  
Kofler, Michael J. Department of Psychology, Florida State University.",

"AB":"Child  
  
Female  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Memory, Short-Term  
  
Schools  
  
Treatment Outcome",

"FTURL":"nan",

"PM":"nan",

"DJ":"OBJECTIVE: The current randomized controlled trial (RCT) was the first to examine the benefits of central executive training (CET, which trains the working components of working memory [WM]) for reducing organizational skills difficulties relative to a carefully matched neurocognitive training intervention (inhibitory control training [ICT]).  
  
METHOD: A carefully phenotyped sample of 73 children with attention-deficit/hyperactivity-impulsivity disorder (ADHD ages 8-13, M = 10.15, SD = 1.43 20 girls 73% White/Non-Hispanic) participated in a preregistered RCT of CET versus ICT (both 10-week treatments). Parent-rated task planning, organized actions, and memory/materials management data were collected at pretreatment, posttreatment, and 2-4 month follow-up teacher ratings were obtained at pretreatment and 1-2 month follow-up.  
  
RESULTS: CET was superior to ICT for improving organizational skills based on teacher report (Treatment x Time interaction: d = 0.61, p = .01, BF10 = 31.61). The CET group also improved significantly based on parent report, but this improvement was equivalent in both groups (main effect of time: d = 0.48, p < .001, BF10 = 3.13 x 107 Treatment x Time interaction: d = 0.29, p = .25, BF01 = 3.73). Post hocs/preregistered planned contrasts indicated that CET produced significant and clinically meaningful (number needed to treat = 3-8) pre/post gains on all three parent (d = 0.50 -0.62) and all three teacher (d = 0.46 -0.95) subscales, with gains that were maintained at 1-2 month (teacher report) and 2-4 month follow-up (parent report) for five of six outcomes.  
  
CONCLUSIONS: Results provide strong initial evidence that CET produces robust and lasting downstream improvements in school-based organizational skills for children with ADHD based on teacher report. These findings are generally consistent with model-driven predictions that ADHD-related organizational problems are secondary outcomes caused, at least in part, by underdeveloped working memory abilities. (PsycInfo Database Record (c) 2023 APA, all rights reserved).",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

"Unnamed: 24":"nan",

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"If RCT or not":"Yes",

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"UniqueID":"239",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"30",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642922382",

"TI":"The Effects of Mindfulness for Youth (MYmind) versus Group Cognitive Behavioral Therapy in Improving Attention and Reducing Behavioral Problems among Children with Attention-Deficit Hyperactivity Disorder and Their Parents: A Randomized Controlled Trial.",

"SO":"Psychotherapy and psychosomatics. (pp 1-12), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Wong S.Y.S.  
  
Chan S.K.C.  
  
Yip B.H.K.  
  
Wang W.  
  
Lo H.H.M.  
  
Zhang D.  
  
Bogels S.M.",

"AO":"(Wong, Chan, Yip, Wang, Zhang) JC School of Public Health and Primary Care, Chinese University of Hong Kong, Hong Kong, China  
  
(Lo) Department of Applied Social Sciences, Hong Kong Polytechnic University, Hong Kong, China  
  
(Bogels) Research Institute of Child Development and Education, University of Amsterdam, Amsterdam, Netherlands",

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test of everyday attention  
  
therapy",

"OD":"INTRODUCTION: There is a lack of studies evaluating mindfulness-based interventions for children with attention-deficit hyperactivity disorder (ADHD) compared with an evidence-based control. This randomized controlled trial (RCT) evaluated the effects of mindfulness for youth (MYmind) in improving children's attention, behavior, and parent-related outcomes versus cognitive behavioral therapy (CBT). METHOD(S): A total of 138 families of children with ADHD aged 8-12 years were recruited from the community with 69 randomized to MYmind and 69 to CBT. Participants were assessed at baseline, immediately after intervention, at 3 months and 6 months. The primary outcome was the attention score of the Sky Search subtest of the Test of Everyday Attention for Children (TEA-Ch). Secondary outcomes were child behavior and parent-related assessments. Linear mixed models were used to assess the efficacy of MYmind compared with CBT. RESULT(S): Both MYmind and CBT significantly improved children's attention score at 6 months (MYmind: beta = 1.48, p = 0.013, Cohen's d = 0.32 CBT: beta = 1.46, p = 0.008, d = 0.27). There were significant within-group improvements in most secondary outcomes. No significant difference was shown for both primary or secondary outcomes between the two arms at any time point. CONCLUSION(S): Both MYmind and CBT appeared to improve children's attention and behavior outcomes, although no difference was found between these two interventions. This is the largest RCT so far comparing MYmind and CBT although there was loss of follow-up assessments during the pandemic. Further RCTs adopting a non-inferiority design are needed to validate the results.Copyright © 2023 The Author(s). Published by S. Karger AG, Basel.",

"AB":"Click here for full text options",

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"PM":"nan",

"DJ":"38043516 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38043516]",

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"Database":"Medline",

"ORN":"30",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37463340",

"TI":"Haloperidol versus Second-generation Antipsychotics on the cognitive performance of individuals with schizophrenia and related disorders: pairwise meta-analysis of randomized controlled trials.",

"SO":"Trends in Psychiatry & Psychotherapy. 2023 Jul 25",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Baldez DP  
  
Biazus TB  
  
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Martins DS  
  
Signori JPS  
  
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"MH":"Baldez, Daniel Prates  
  
Biazus, Tais Boeira  
  
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Nogaro, Guilherme Pedro  
  
Martins, Dayane Santos  
  
Signori, Joao Pedro Soledade  
  
Gnielka, Vanessa  
  
Passos, Ives Cavalcante  
  
Czepielewski, Leticia Sanguinetti  
  
Kunz, Mauricio",

"DU":"Baldez, Daniel Prates. Laboratory of Molecular Psychiatry, Hospital de Clinicas de Porto Alegre, Porto Alegre, RS, Brazil. Programa de Pos-Graduacao em Psiquiatria e Ciencias do Comportamento, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.  
  
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Signori, Joao Pedro Soledade. Laboratory of Molecular Psychiatry, Hospital de Clinicas de Porto Alegre, Porto Alegre, RS, Brazil.  
  
Gnielka, Vanessa. Laboratory of Molecular Psychiatry, Hospital de Clinicas de Porto Alegre, Porto Alegre, RS, Brazil.  
  
Passos, Ives Cavalcante. Laboratory of Molecular Psychiatry, Hospital de Clinicas de Porto Alegre, Porto Alegre, RS, Brazil. Programa de Pos-Graduacao em Psiquiatria e Ciencias do Comportamento, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.  
  
Czepielewski, Leticia Sanguinetti. Laboratory of Molecular Psychiatry, Hospital de Clinicas de Porto Alegre, Porto Alegre, RS, Brazil. Programa de Pos-Graduacao em Psicologia, Instituto de Psicologia, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.  
  
Kunz, Mauricio. Laboratory of Molecular Psychiatry, Hospital de Clinicas de Porto Alegre, Porto Alegre, RS, Brazil. Programa de Pos-Graduacao em Psiquiatria e Ciencias do Comportamento, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.",

"OD":"INTRODUCTION: Despite previous literature, the superiority of Second-generation Antipsychotics (SGAs) relative to First-generation Antipsychotics- especially haloperidol - on cognitive management in schizophrenia is still controversial. Thus, we aimed to compare the effects of haloperidol versus SGAs on the cognitive performance of individuals with schizophrenia or related disorders.  
  
METHODS: We conducted an updated systematic review and nine pairwise meta-analyses of double-blinded randomized controlled trials published up to October 30th, 2022, using Medline, Web of Science, and Embase.  
  
RESULTS: Twenty-eight trials were included, enrolling 1,932 individuals. Compared to SGAs, haloperidol performed worse on cognitive composite (MD -0.13 95% CI: -0.33 to -0.03 MD = mean difference, CI = confidence interval), processing speed (MD -0.17 95% CI: -0.28 to -0.07), attention (MD -0.14 95% CI: -0.26 to -0.02), motor performance (MD -0.17 95% CI: -0.31 to -0.03), memory and verbal learning (MD -0.21 95% CI: -0.35 to -0.08), and executive function (MD -0.27 95% CI: -0.43 to -0.11). In contrast, there were no significant differences between SGAs and haloperidol on working memory (MD 0.10 95% CI: -0.08 to 0.27), visual learning (MD 0.08 95% CI: -0.05 to 0.21), social cognition (MD 0.29 95% CI: -0.30 to 0.88), and visuoconstruction (MD 0.17 95% CI: -0.04 to 0.39).  
  
CONCLUSION: Haloperidol had poorer performance in global cognition and in some cognitive domains, but with small effect sizes. Therefore, it was not possible to conclude that haloperidol is certainly worse than SGAs in the long-term cognitive management of schizophrenia.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Cognition antipsychotics haloperidol meta-analysis schizophrenia",

"MV":"NOTNLM",

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"Unnamed: 25":"nan",

"If RCT or not":"No",

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"UniqueID":"241",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"31",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2015362903",

"TI":"The Value of Neutrophil-To-Lymphocyte Ratio for Evaluating Blood Stream Infection Caused by Carbapenem-Resistant Klebsiella pneumoniae: A Retrospective Cohort Study.",

"SO":"Frontiers in Medicine. 9(no pagination), 2022. Article Number: 832655. Date of Publication: 07 Mar 2022.",

"AU":"Wu H.  
  
Mao Y.  
  
Du X.  
  
Zhao F.  
  
Jiang Y.  
  
Yu Y.",

"AO":"nan",

"IN":"(Wu, Du, Jiang, Yu) Department of Infectious Diseases, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine, Hangzhou, China  
  
(Wu, Du, Jiang, Yu) Key Laboratory of Microbial Technology and Bioinformatics of Zhejiang Province, Hangzhou, China  
  
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(Zhao) Department of Clinical Laboratory, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine, Hangzhou, China",

"PB":"Frontiers Media S.A.",

"MH":"adult  
  
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"AB":"Background: The neutrophil-to-lymphocyte ratio (NLR) is a useful marker of inflammation. However, the prognostic function of the NLR in patients with carbapenem-resistant Klebsiella pneumoniae (CRKP) blood stream infection (BSI) remains largely unknown. The aim of this study was to explore the potential relationship between the NLR and mortality in these patients. Method(s): We performed a retrospective cohort study based on data retrieved from the computerized patient record system in a tertiary hospital from 1 January 2017 to 31 October, 2020. A total of 134 inpatients with CRKP BSI were enrolled in this study, including 54 fatal cases and 80 survival cases, 28 days after the onset of CRKP BSI. A logistic analysis was performed to assess the association between the NLR on the 4th day and 28-day mortality. Multivariate analyses were used to control for the confounders. Result(s): The overall 28-day mortality rate of patients with a CRKP BSI episode was 40.3% (54/134). We conducted a multivariate analysis of the data of 134 patients and found that the NLR on the 4th day [odds ratio (OR) 1.148, 95% confidence interval (CI) 1.076-1.225, p < 0.001] and antibiotic exposure before BSI onset (OR 3.847, 95% CI 1.322-11.196, p = 0.013) were independent risk factors for 28-day mortality of patients with CRKP BSI, while appropriate initial therapy (AIT, OR 0.073, 95% CI 0.017-0.307, p < 0.001) was an independent protective factor. Among patients treated with AITs, the Cox proportional hazards regression analysis revealed a significant difference in prognosis (p = 0.006) between the ceftazidime/avibactam contained (CAZ) group and non CAZ-AVI groups. After dividing the non CAZ-AVI group into the tigecycline (TGC), colistin (COL), and TGC + COL groups, there were no differences between the CAZ-AVI group and the TGC group (p = 0.093), but CAZ-AVI group showed lower 28-day mortality than COL (p = 0.002) and TGC + COL (p = 0.002) groups. Meanwhile, there was no difference in NLR on the 1st day (p = 0.958) of patients in different groups but significant difference in NLR on the 4th day (p = 0.047). Conclusion(s): The NLR on the 4th day is a readily available and independent prognostic biomarker for patients with CRKP BSI. This marker may have the potential for use in evaluating the efficacy of different anti-infection therapy strategies at an early stage.Copyright © 2022 Wu, Mao, Du, Zhao, Jiang and Yu.",

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"Database":"Medline",

"ORN":"31",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37402428",

"TI":"Nanoparticles-based therapeutics for the management of bacterial infections: A special emphasis on FDA approved products and clinical trials. [Review]",

"SO":"European Journal of Pharmaceutical Sciences. 188:106515, 2023 Sep 01.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Aflakian F  
  
Mirzavi F  
  
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Vakili-Ghartavol, Roghayyeh",

"OD":"Aflakian, Fatemeh. Department of Pathobiology, Faculty of Veterinary Medicine, Ferdowsi University of Mashhad, Mashhad, Iran.  
  
Mirzavi, Farshad. Cardiovascular Diseases Research Center, Birjand University of Medical Sciences, Birjand, Iran.  
  
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Rafati Zomorodi, Abolfazl. Department of Bacteriology and Virology, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Vakili-Ghartavol, Roghayyeh. Department of Medical Nanotechnology, School of Advanced Medical Sciences and Technologies, Shiraz University of Medical Sciences, Shiraz, Iran Nanomedicine and Nanobiology Research Center, Shiraz University of Medical Sciences, Shiraz, Iran. Electronic address: Roghayyehvakili@sums.ac.ir.",

"AB":"Bacterial infection Drug delivery Microbial resistance Nanotechnology",

"FTURL":"NOTNLM",

"PM":"Microbial resistance has increased in recent decades as a result of the extensive and indiscriminate use of antibiotics. The World Health Organization listed antimicrobial resistance as one of ten major global public health threats in 2021. In particular, six major bacterial pathogens, including third-generation cephalosporin-resistant Escherichia coli, methicillin-resistant Staphylococcus aureus, carbapenem-resistant Acinetobacter baumannii, Klebsiella pneumoniae, Streptococcus pneumoniae, and Pseudomonas aeruginosa, were found to have the highest resistance-related death rates in 2019. To respond to this urgent call, the creation of new pharmaceutical technologies based on nanoscience and drug delivery systems appears to be the promising strategy against microbial resistance in light of recent advancements, particularly the new knowledge of medicinal biology. Nanomaterials are often defined as substances having sizes between 1 and 100 nm. If the material is used on a small scale its properties significantly change. They come in a variety of sizes and forms to help provide distinguishing characteristics for a wide range of functions. The field of health sciences has demonstrated a strong interest in numerous nanotechnology applications. Therefore, in this review, prospective nanotechnology-based therapeutics for the management of bacterial infections with multiple medication resistance are critically examined. Recent developments in these innovative treatment techniques are described, with an emphasis on preclinical, clinical, and combinatorial approaches. Copyright © 2023 The Author(s). Published by Elsevier B.V. All rights reserved.",

"DJ":"Journal Article  
  
Review",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
\*Methicillin-Resistant Staphylococcus aureus  
  
Prospective Studies  
  
Drug Resistance, Bacterial  
  
Bacterial Infections/dt [Drug Therapy]  
  
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"UI":"37760519",

"TI":"Bispecific Antibodies in Hematological Malignancies: A Scoping Review. [Review]",

"SO":"Cancers. 15(18), 2023 Sep 14.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Omer MH  
  
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"DU":"Omer, Mohamed H. School of Medicine, Cardiff University, Cardiff CF14 4YS, UK.  
  
Shafqat, Areez. College of Medicine, Alfaisal University, Riyadh 11533, Saudi Arabia.  
  
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Alkattan, Khaled. College of Medicine, Alfaisal University, Riyadh 11533, Saudi Arabia.  
  
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Damlaj, Moussab. College of Medicine, Khalifa University, Abu Dhabi P.O. Box 127788, United Arab Emirates.",

"OD":"CAR-T antibodies bispecific antibody hematological cancer leukemia lymphoma multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Bispecific T-cell engagers (BiTEs) and bispecific antibodies (BiAbs) have revolutionized the treatment landscape of hematological malignancies. By directing T cells towards specific tumor antigens, BiTEs and BiAbs facilitate the T-cell-mediated lysis of neoplastic cells. The success of blinatumomab, a CD19xCD3 BiTE, in acute lymphoblastic leukemia spearheaded the expansive development of BiTEs/BiAbs in the context of hematological neoplasms. Nearly a decade later, numerous BiTEs/BiAbs targeting a range of tumor-associated antigens have transpired in the treatment of multiple myeloma, non-Hodgkin's lymphoma, acute myelogenous leukemia, and acute lymphoblastic leukemia. However, despite their generally favorable safety profiles, particular toxicities such as infections, cytokine release syndrome, myelosuppression, and neurotoxicity after BiAb/BiTE therapy raise valid concerns. Moreover, target antigen loss and the immunosuppressive microenvironment of hematological neoplasms facilitate resistance towards BiTEs/BiAbs. This review aims to highlight the most recent evidence from clinical trials evaluating the safety and efficacy of BiAbs/BiTEs. Additionally, the review will provide mechanistic insights into the limitations of BiAbs whilst outlining practical applications and strategies to overcome these limitations.",

"PM":"Journal Article  
  
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"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Omer, Mohamed H ORCID: https://orcid.org/0000-0001-5967-9984  
  
Shafqat, Areez ORCID: https://orcid.org/0000-0002-1202-7214  
  
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Yaqinuddin, Ahmed ORCID: https://orcid.org/0000-0001-7536-910X",

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"UI":"614918583",

"TI":"Current Review on High-Risk Multiple Myeloma.",

"SO":"Current Hematologic Malignancy Reports. (pp 1-13), 2017. Date of Publication: 20 Mar 2017.",

"AU":"Chan H.S.H.  
  
Chen C.I.  
  
Reece D.E.",

"AO":"nan",

"IN":"(Chan, Chen, Reece) Princess Margaret Cancer Centre, 610 University Ave, Toronto, ON M5G 2M9, Canada",

"PB":"Current Science Inc. (E-mail: info@current-reports.com)",

"MH":"cancer staging  
  
clinical trial  
  
doctor patient relation  
  
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"OD":"Purpose of Review: New risk stratification systems and treatment strategies have been introduced in recent years. We aim to provide an overview of these recent changes and summarise these data in a concise article that would be useful for clinicians. Recent Findings: Apart from clinical stage, disease genetics are now recognised as important prognostic risk factors, and various new cytogenetic changes with negative prognostic impact have been identified. New technologies such as minimal residual disease detection are also playing an important role in prognostic assessment. Recent introduction of combination therapy with proteasome inhibitors and immunomodulatory drugs is showing promising results in high-risk patients and may partially abrogate the negative impact associated with some of the adverse risk factors. Summary: Recent advance has improved our understanding of high-risk multiple myeloma, and new therapeutic agents are now coming through the pipeline for this patient group with once dismal outcome.Copyright © 2017 Springer Science+Business Media New York",

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"TI":"Investigating Causal Associations of Diet-Derived Circulating Antioxidants with Risk of Six Major Mental Disorders: A Mendelian Randomization Study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 16 May 2022.",

"AU":"Zhao H.  
  
Han X.  
  
Li L.  
  
Zhang X.  
  
Liao Y.  
  
Zhang H.  
  
Li W.  
  
Shi J.  
  
Lai W.  
  
Wang W.  
  
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Teopiz K.M.  
  
Guo L.  
  
Lu C.",

"AO":"Lai, Wenjian ORCID: https://orcid.org/0000-0003-2515-6231  
  
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"IN":"(Zhao, Liao, Zhang, Li, Shi, Lai, Wang, Guo, Lu) Department of Medical Statistics and Epidemiology, School of Public Health, Sun Yat-sen University, Guangzhou, China  
  
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"FTURL":"Background: Observational studies have suggested associations between circulating antioxidant levels and many mental disorders, but evidence from randomized controlled trials (RCTs) is lacking and causal inferences have not been confirmed. The aim of this study was to explore whether genetically predicted diet-derived circulating antioxidants were causally associated with the risk of major mental disorders using Mendelian randomization (MR). Methods and findings: We performed 2-sample MR analyses of summary-level genetic data to explore whether diet-derived circulating antioxidants [e.g., vitamins E (alpha- and gamma-tocopherol), ascorbate, retinol, beta-carotene, and lycopene], assessed by absolute circulating antioxidants and relative circulating antioxidant metabolites, were causally associated with the risk of six major mental disorders, including major depressive disorder (MDD), schizophrenia (SCZ), bipolar disorder (BIP), autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). The inverse-variance weighted method was adopted as primary MR analyses and five additional MR methods (likelihood-based MR, MR-Egger, weighted median, penalized weighted median, and MR-PRESSO) and different outcome databases were used for sensitivity analyses. We found suggestive evidence that genetically predicted higher absolute circulating alpha-tocopherol levels marginally reduced the risk of SCZ, with the odds ratio (OR) per unit increase in log-transformed alpha-tocopherol values was 0.71 [95% confidence interval (CI) 0.54 to 0.94 P = 0.016]. However, after adjusting for multiple testing (threshold of P < 0.008), we found no significant evidence that genetically predicted higher diet-derived absolute circulating antioxidant levels and antioxidant metabolites concentrations were significantly causally associated with the six-foregoing major mental disorders. Conclusion(s): Overall, our study does not support significant causal associations of genetically predicted diet-derived circulating antioxidants with the risk of major mental disorders. Therefore, simply taking antioxidants to increase blood antioxidants levels is unlikely to have a significant protective effect on the prevention of most mental disorders.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

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"TI":"Single and Combined Effects of Multiple Intensities of Behavioral Modification and Methylphenidate for Children with ADHD in the Home Setting.",

"SO":"Research on Child and Adolescent Psychopathology. 51(10):1481-1495, 2023 10.",

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"DU":"Merrill, Brittany M  
  
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Garefino, Allison  
  
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Pelham, William E Jr. Center for Children and Families, Florida International University, Miami, FL, 33199, USA. wpelham@fiu.edu.",

"AB":"Child  
  
Humans  
  
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\*Attention Deficit Disorder with Hyperactivity  
  
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"FTURL":"ADHD Combined treatment Methylphenidate Parent training Treatment preference",

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"DJ":"Behavioral treatment, stimulants, and their combination are the recommended treatments for childhood attention-deficit/hyperactivity disorder (ADHD). The current study utilizes within-subjects manipulations of multiple doses of methylphenidate (placebo, 0.15, 0.30, and 0.60 mg/kg/dose t.i.d.) and intensities of behavioral modification (no, low, and high intensity) in the summer treatment program (STP) and home settings. Outcomes are evaluated in the home setting. Participants were 153 children (ages 5-12) diagnosed with ADHD. In alignment with experimental conditions implemented during the STP day, parents implemented behavioral modification levels in three-week intervals, child medication status varied daily, and the orders were randomized. Parents provided daily reports of child behavior, impairment, and symptoms and self-reported parenting stress and self-efficacy. At the end of the study, parents reported treatment preferences. Stimulant medication led to significant improvements across all outcome variables with higher doses resulting in greater improvement. Behavioral treatment significantly improved child individualized goal attainment, symptoms, and impairment in the home setting and parenting stress and self-efficacy. Effect sizes indicate that behavioral treatment combined with a low-medium dose (0.15 or 0.30 mg/kg/dose) of medication results in equivalent or superior outcomes compared to a higher dose (0.60 mg/kg/dose) of medication alone. This pattern was seen across outcomes. Parents overwhelmingly reported preferring treatment with a behavioral component as a first-choice treatment (99%). Results underscore the need to consider dosing as well as parent preference when utilizing combined treatment approaches. This study provides further evidence that combining behavioral treatment and stimulant medication may reduce the stimulant dose needed for beneficial effects. Copyright © 2023. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.",

"MV":"0 (Central Nervous System Stimulants)  
  
207ZZ9QZ49 (Methylphenidate)",

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Journal Article  
  
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"VN":"Ovid Technologies",

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"UI":"638684365",

"TI":"Sleep in Individuals with ADHD: Prevalence, Impacts, Causes, and Treatments.",

"SO":"Current Topics in Behavioral Neurosciences. 57(pp 199-220), 2022. Date of Publication: 2022.",

"AU":"Sciberras E.",

"AO":"(Sciberras) Centre for Social and Early Emotional Development, School of Psychology, Deakin University, Geelong, VIC, Australia  
  
(Sciberras) Health Services, Murdoch Children's Research Institute, Parkville, VIC, Australia  
  
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"IN":"Springer Science and Business Media Deutschland GmbH",

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"OD":"Sleep problems are common in children and adolescents with ADHD. This chapter covers the basics of sleep and the prevalence and types of sleep problems experienced by children and adolescents with ADHD. The impacts of sleep problems on the day-to-day lives of children with ADHD and their families are covered including impacts on child daily functioning and cognition, as well as family well-being. There is no one cause of sleep problems in children with ADHD with both biological and environmental factors implicated. There are a small number of randomized controlled trials that support the efficacy of treating sleep problems in children with ADHD using behavioral strategies. A small number of studies also have found improvements in sleep onset delay in children with ADHD following treatment with melatonin. Little is known about how to best support adolescents and adults with ADHD with sleep, although a small emerging literature largely in adults with ADHD suggests that bright light therapies could potentially be helpful given the extent of circadian involvement in the sleep problems experienced by individuals with ADHD. This chapter ends with consideration of future research directions largely related to approaches to supporting individuals with ADHD and sleep difficulties.Copyright © 2022, The Author(s), under exclusive license to Springer Nature Switzerland AG.",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37350486",

"TI":"Long-Acting Injectable Second-Generation Antipsychotics vs Placebo and Their Oral Formulations in Acute Schizophrenia: A Systematic Review and Meta-Analysis of Randomized-Controlled-Trials.",

"SO":"Schizophrenia Bulletin. 2023 Jun 23",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

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Leucht, Stefan",

"DU":"Wang, Dongfang. Department of Sport and Health Sciences, Technical University of Munich, Munich, Germany.  
  
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Priller, Josef. Department of Psychiatry and Psychotherapy, School of Medicine, Technical University of Munich, Munich, Germany.  
  
Leucht, Stefan. Department of Psychiatry and Psychotherapy, School of Medicine, Technical University of Munich, Munich, Germany.",

"OD":"BACKGROUND AND HYPOTHESIS: Long-acting injectable antipsychotic drugs (LAIs) are mainly used for relapse prevention but could also be advantageous for acutely ill patients with schizophrenia.  
  
STUDY DESIGN: We conducted a systematic review and meta-analysis of randomized-controlled-trials (RCTs) comparing the second-generation long-acting injectable antipsychotics (SGA-LAIs) olanzapine, risperidone, paliperidone, and aripiprazole with placebo or their oral counterparts in acutely ill patients with schizophrenia. We analyzed 23 efficacy and tolerability outcomes, with the primary outcome being overall symptoms of schizophrenia. The results were obtained through random effects, pairwise meta-analyses, and subgroup tests. The study quality was assessed using the Cochrane-Risk-of-Bias-Tool version-1.  
  
STUDY RESULTS: Sixty-six studies with 16 457 participants were included in the analysis. Eleven studies compared second-generation long-acting injectable antipsychotics (SGA-LAIs) with a placebo, 54 compared second-generation oral antipsychotics (SGA-orals) with a placebo, and one compared an SGA-LAI (aripiprazole) with its oral formulation. All 4 SGA-LAIs reduced overall symptoms more than placebo, with mean standardized differences of -0.66 (95% CI: -0.90 -0.43) for olanzapine, -0.64 (-0.80 -0.48) for aripiprazole, -0.62 (-0.76 -0.48) for risperidone and -0.42 (-0.53 -0.31) for paliperidone. The side-effect profiles of the LAIs corresponded to the patterns known from the oral formulations. In subgroup tests compared to placebo, some side effects were less pronounced under LAIs than under their oral formulations.  
  
CONCLUSIONS: SGA-LAIs effectively treat acute schizophrenia. Some side effects may be less frequent than under oral drugs, but due to the indirect nature of the comparisons, this finding must be confirmed by RCTs comparing LAIs and orals head-to-head. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center. All rights reserved. For permissions, please email: journals.permissions@oup.com.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

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"TI":"Outcomes of octogenarians and nonactogenarians with Pseudomonas aeruginosa bacteremia: a multicenter retrospective study.",

"SO":"Infection. (no pagination), 2022. Date of Publication: 26 Dec 2022.",

"AU":"Atamna A.  
  
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(Paul, Dickstei) Infectious Diseases Unit, Rambam Health Care Campus, Haifa, Israel  
  
(Yahav) Infectious Diseases Unit, Sheba Medical Center, Ramat-Gan, Israel",

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"SO":"Journal of Microbiology, Immunology & Infection. 56(4):822-832, 2023 Aug.",

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"OD":"Kao, Hsiao-Hui. Institute of Emergency and Critical Care Medicine, National Yang-Ming Chiao-Tung University, Taipei, Taiwan.  
  
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"AB":"Carbapenem-resistant Acinetobacter baumannii Mortality VAP onset Time Ventilator dependence Ventilator-associated pneumonia",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Carbapenem-resistant Acinetobacter baumannii (CRAB) is a key pathogen associated with ventilator-associated pneumonia (VAP). Research on treatment outcomes, especially ventilator dependence, in patients with VAP caused by CRAB remains limited.  
  
METHODS: This retrospective multicenter study included ICU-admitted patients with VAP caused by CRAB. The original cohort was included as the mortality evaluation cohort. The ventilator dependence evaluation cohort included cases that survived more than 21 days after VAP and without prolonged ventilation before VAP onset. The mortality rate, ventilator dependence rate, clinical factors associated with treatment outcomes, and treatment outcome differences with various VAP onset times were investigated.  
  
RESULTS: In total, 401 patients with VAP caused by CRAB were analyzed. The 21-day all-cause mortality rate was 25.2%, and the 21-day ventilator dependence rate was 48.8%. Clinical factors associated with 21-day mortality included lower body mass index, higher sequential organ failure assessment score, vasopressors usage, CRAB persistence, and VAP onset time > seven days. Clinical factors associated with 21-day ventilator dependence included older age, vasopressors usage, and VAP onset time > seven days.  
  
CONCLUSIONS: ICU-admitted patients with CRAB-related VAP had high mortality and ventilator dependence rates. Older age, vasopressor usage, and longer VAP onset time were independent factors associated with ventilator dependence. Copyright © 2023. Published by Elsevier B.V.",

"DJ":"Multicenter Study  
  
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"SO":"Annals of Hematology. 2023 Sep 11",

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"OD":"Effectiveness Ixazomib Multiple myeloma Real-world data Relapsed/refractory Safety",

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"FTURL":"Real-world studies permit inclusion of a more diverse patient population and provide more information on the effectiveness of treatments used in routine clinical practice. This prospective, multicenter, observational study investigated the effectiveness and safety of ixazomib plus lenalidomide and dexamethasone (IRd) in 295 patients with relapsed/refractory multiple myeloma (RRMM) in routine clinical practice in Japan. Patients had a median age of 74 years, 80.0% were aged >= 65 years, 42.0% had received >= 3 lines of prior treatment, and 28.5% were frail according to the International Myeloma Working Group frailty score. After a median follow-up of 25.0 months, median progression-free survival (PFS) was 15.3 (95% CI 12.4-19.5) months, while median overall survival was not reached. The overall response rate was 53.9%, and 31.5% of patients had a very good partial response or better. In the subgroup analysis, median PFS was better in patients with 1 versus 2 or >= 3 lines of prior treatment (29.0 vs 19.2 or 6.9 months) and paraprotein versus clinical relapse (16.0 vs 7.9 months), but median PFS was not notably affected by frailty score or age group. Dose adjustment was more frequent among patients aged > 75 years, especially early after IRd treatment initiation. Treatment-emergent adverse events (TEAEs) of any grade occurred in 84.4% of patients and 24.7% of patients discontinued treatment due to TEAEs no new safety concerns were found. These findings suggest that oral IRd triplet regimen is an effective and tolerable treatment option for RRMM patients in real-world settings outside of clinical trials.ClinicalTrials.gov identifier: NCT03433001 Date of registration: 14 February 2018. Copyright © 2023. The Author(s).",

"PM":"Journal Article",

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"TN":"Iida, Shinsuke ORCID: http://orcid.org/0000-0002-4951-960X",

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"TI":"Allogeneic Hematopoietic Cell Transplantation for Myeloma: When and in Whom Does It Work.",

"SO":"Current Hematologic Malignancy Reports. (pp 1-10), 2017. Date of Publication: 11 Mar 2017.",

"AU":"Bashir Q.  
  
Qazilbash M.H.",

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"IN":"(Bashir, Qazilbash) Division of Cancer Medicine, Department of Stem Cell Transplantation and Cellular Therapy, UT MD Anderson Cancer Center, Houston, TX 77030, United States",

"PB":"Current Science Inc. (E-mail: info@current-reports.com)",

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"OD":"The growing list of available therapies for patients with multiple myeloma has resulted in tremendously high response rates and prolonged survival. However, the cure remains elusive. A continued effort at developing strategies to utilize all available treatment modalities in the most effective manner is needed. Allogeneic hematopoietic cell transplantation (allo-HCT) is a robust platform, associated with high response rates, and provides a unique foundation on which immune therapies and novel agents can be employed to improve clinical outcomes. Patients with high-risk myeloma and those relapsing after novel agent-based therapies or early after an autologous HCT should be considered for allo-HCT, ideally in a clinical trial setting. Results from several ongoing studies are expected to provide important information that will help determine the place of allo-HCT in the myeloma treatment algorithm.Copyright © 2017 Springer Science+Business Media New York",

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"TI":"Changes in immunoglobulin levels during clozapine treatment in schizophrenia.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 21 May 2022.",

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"IN":"(Griffiths, Mellado, McQueen, Sendt, Pollak, Egerton, MacCabe) Department of Psychosis Studies, Institute of Psychiatry Psychology and Neuroscience, King's College London, United Kingdom  
  
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"FTURL":"Background: Clozapine is the only licensed pharmacotherapy for patients with treatment-resistant schizophrenia (TRS), but its use is limited due to adverse effects. Clozapine treatment has been recently associated with reductions in immunoglobulin (Ig) levels cross-sectionally, however prospective studies are required to establish longitudinal effects. This study aimed to determine whether reductions in immunoglobulin levels occur over 6 months after initiating clozapine treatment. An exploratory aim was to investigate relationships between immunoglobulin levels and symptom severity over the course of clozapine treatment. Method(s): In 56 participants with TRS, Ig A, M and G levels were measured in serum using a sandwich immunoassay. Samples for analysis were acquired prior to starting clozapine and at 6, 12 and 24 weeks after initiating clozapine treatment. Clinical symptoms were measured using the positive and negative syndrome scale for schizophrenia (PANSS). Result(s): All three classes of Ig decreased during clozapine treatment. For IgA and IgG the reduction was significant at 24 weeks (IgA: B - 32.7, 95% CI = -61.19, -4.2, p = 0.04 IgG: B - 55.94, 95% CI = -111.03, -0.844, p = 0.05). For IgM the reduction was significant at 12 and 24 weeks (12 weeks: B = -21.73, 95% CI = -37.10, -6.35, p = 0.006 24 weeks: B = -32.54, 95% CI = -48.89, 16.18, p = 0.0001). Changes in both IgA and IgG were correlated with the percentage change in PANSS total scores over 12 weeks, such that greater reductions in IgA and IgG during clozapine treatment were associated with greater reductions in symptom severity (n = 32, IgA r = 0.59, p = 0.005 IgG r = 0.50, p = 0.02) Conclusion(s): The observed reductions in immunoglobulin levels over six months of clozapine treatment add further evidence linking clozapine to secondary antibody deficiency. The associations between Ig reduction and symptom improvement may however indicate that immune mechanisms contribute to both desirable and undesirable effects of clozapine.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"OD":"van Tetering, Emilie M A. Karakter Child and Adolescent Psychiatry, Nijmegen, The Netherlands. e.vantetering@karakter.com.  
  
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Deenik, Jeroen. School for Mental Health and Neuroscience, Maastricht University, Maastricht, The Netherlands.  
  
Pillen, Sigrid. Kinderslaapexpert BV (Pediatric Sleep Expert Ltd), Mook, The Netherlands.  
  
Cahn, Wiepke. Department of Psychiatry, University Medical Centre Utrecht, Utrecht, The Netherlands.  
  
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Oomen, Mieke. GGz Eindhoven, Eindhoven, The Netherlands.  
  
Rommelse, Nanda N. Karakter Child and Adolescent Psychiatry, Nijmegen, The Netherlands.  
  
Rommelse, Nanda N. Department of Cognitive Neuroscience, Donders Institute for Brain, Cognition and Behaviour, Radboudumc, Nijmegen, The Netherlands.  
  
Rommelse, Nanda N. Department of Psychiatry, Radboud University Medical Centre, Nijmegen, The Netherlands.  
  
Staal, Wouter G. Karakter Child and Adolescent Psychiatry, Nijmegen, The Netherlands.  
  
Staal, Wouter G. Department of Cognitive Neuroscience, Donders Institute for Brain, Cognition and Behaviour, Radboudumc, Nijmegen, The Netherlands.  
  
Staal, Wouter G. Department of Psychiatry, Radboud University Medical Centre, Nijmegen, The Netherlands.  
  
Staal, Wouter G. Leiden Institution for Brain and Cognition, Leiden, The Netherlands.  
  
Klip, Helen. Karakter Child and Adolescent Psychiatry, Nijmegen, The Netherlands.",

"AB":"Adolescent  
  
Humans  
  
Child  
  
\*Life Style  
  
Diet  
  
Parenting  
  
Quality of Life  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity",

"FTURL":"Children Lifestyle intervention Mental illness Short and long-term effects Treatment",

"PM":"NOTNLM",

"DJ":"BACKGROUND: A lifestyle including poor diet, physical inactivity, excessive gaming and inadequate sleep hygiene is frequently seen among Dutch children. These lifestyle behaviors can cause long-term health problems later in life. Unhealthy lifestyle and poor physical health are even more prevalent among children with mental illness (MI) such as autism, attention-deficit/hyperactivity disorder, depression, and anxiety. However, research on lifestyle interventions among children with MI is lacking. As a result, there are currently no guidelines, or treatment programs where children with MI and poor lifestyle can receive effective support. To address these issues and to provide insight into the effectiveness of lifestyle interventions in children with MI and their families, the Movementss study was designed. This paper describes the rationale, study design, and methods of an ongoing randomized controlled trial (RCT) comparing the short-term (12 weeks) and long-term (1 year) effects of a lifestyle intervention with care as usual (CAU) in children with MI and an unhealthy lifestyle.  
  
METHODS: A total of 80 children (6-12 years) with MI according to DSM-V and an unhealthy lifestyle are randomized to the lifestyle intervention group or CAU at a specialized child and adolescent mental hospital. The primary outcome measure is quality of life measured with the KIDSCREEN. Secondary outcomes include emotional and behavior symptoms, lifestyle parameters regarding diet, physical activity, sleep, and screen time, cognitive assessment (intelligence and executive functions), physical measurements (e.g., BMI), parenting styles, and family functioning, prior beliefs, adherence, satisfaction, and cost-effectiveness. Assessments will take place at the start of the study (T0), after 12 weeks (T1), six months (T2), and 12 months of baseline (T3) to measure long-term effects.  
  
DISCUSSION: This RCT will likely contribute to the currently lacking knowledge on lifestyle interventions in children with MI.  
  
TRIAL REGISTRATION: trialsearch.who.int/ NL9822. Registered at November 2nd, 2021. Copyright © 2023. The Author(s).",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

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"UI":"638684255",

"TI":"New Drugs to Treat ADHD: Opportunities and Challenges in Research and Development.",

"SO":"Current Topics in Behavioral Neurosciences. 57(pp 79-126), 2022. Date of Publication: 2022.",

"AU":"Heal D.J.  
  
Gosden J.  
  
Smith S.L.",

"AO":"(Heal, Gosden, Smith) DevelRx Ltd, Nottingham, United Kingdom  
  
(Heal) Department of Pharmacy and Pharmacology, University of Bath, Bath, United Kingdom",

"IN":"Springer Science and Business Media Deutschland GmbH",

"PB":"\*attention deficit hyperactivity disorder  
  
clinical trial  
  
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"OD":"Since the landmark MTA (Multimodal Treatment of ADHD) trial unequivocally demonstrated the efficacy of methylphenidate, catecholaminergic drugs, especially stimulants, have been the therapeutic mainstay in treatment of Attention-Deficit Hyperactivity Disorder (ADHD). We review the new drugs which have entered the ADHD formulary. The lessons learned from drug-candidates that have succeeded in clinical trials together with those that have not have also been considered. What emerges confirms and consolidates the hypothesis that clinically effective ADHD drugs indirectly or directly increase catecholaminergic neurotransmission in the prefrontal cortex (PFC). Attempts to enhance catecholaminergic signalling through modulatory neurotransmitter systems or cognitive-enhancing drugs have all failed. New drugs approved for ADHD are catecholaminergic reuptake inhibitors and releasing agents, or selective noradrenaline reuptake inhibitors. Triple reuptake inhibitors with preferential effects on dopamine have not been successful. The substantial number of failures probably accounts for a continued focus on developing novel catecholaminergic and noradrenergic drugs, and a dearth of drug-candidates with novel mechanisms entering clinical development. However, substantial improvements in ADHD pharmacotherapy have been achieved by the almost exclusive use of once-daily medications and prodrugs, e.g. lisdexamfetamine and Azstarys, which improve compliance, deliver greater efficacy and reduce risks for diversion and abuse.Copyright © 2022, The Author(s), under exclusive license to Springer Nature Switzerland AG.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37126871",

"TI":"A randomized controlled trial of add-on naproxen, simvastatin and their combination for the treatment of schizophrenia or schizoaffective disorder.",

"SO":"European Neuropsychopharmacology. 73:65-74, 2023 Apr 29.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Weiser M  
  
Levi L  
  
Park J  
  
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Dudkiewicz, Israel  
  
Davis, John M",

"DU":"Weiser, Mark. Sheba Medical Center, Tel Hashomer 52621, Israel. Electronic address: mweiser@netvision.net.il.  
  
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Dudkiewicz, Israel. Sheba Medical Center, Tel Hashomer 52621, Israel.  
  
Davis, John M. Department of Psychiatry, University of Illinois, Chicago, IL 60607, USA.",

"OD":"This large randomized controlled trial examined the effect of naproxen, simvastatin or both on patients with schizophrenia. This was a large multi-center, twelve-week, randomized, double-blind, placebo-controlled, four-arm clinical trial administering naproxen, simvastatin or both to 232 subjects with schizophrenia or schizoaffective disorder. The primary outcome was change in PANSS total score. ANCOVA and mixed model analyses of the PANSS total score change showed no significant difference between naproxen and placebo (adjusted p = 0.78), simvastatin and placebo (adjusted p = 0.38) or the combination of naproxen and simvastatin compared to placebo (adjusted p = 0.72). No statistically significant drug-placebo differences were found in the PANSS subscales, CGI or BACS between all groups. There was a near significant improvement in negative symptoms (p = 0.06), and an analysis of the 5 factor PANSS factors analysis found a significant improvement in simvastatin above placebo in withdrawal (p = 0.03). These finding were not significant after correcting for multiple comparisons. A meta-analysis on changes in total PANSS scores in studies on statins in schizophrenia, including the present study together with six other studies showed a significant improvement for statins compared to placebo (Hedges' G of -0.245 (CI= -0.403, -0.086, p = 0.002). When one outlying study which showed particularly strong effects of statins was removed, part of the effect went away. In conclusion, in this study, naproxen and simvastatin alone or in combination were not efficacious in the treatment of symptoms in schizophrenia. However, the meta-analysis of all studies of simvastatin for schizophrenia indicates further research on this topic. Copyright © 2023. Published by Elsevier B.V.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Add-on Meta-analysis Naproxen Rct Schizophrenia Simvastatin",

"MV":"NOTNLM",

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"UI":"638559721",

"TI":"A Double-blind Randomized Placebo-controlled Phase-3 Trial of Tobramycin Inhalation Solution in Adults with Bronchiectasis with Pseudomonas aeruginosa Infection.",

"SO":"Chest. (no pagination), 2022. Date of Publication: 18 Jul 2022.",

"AU":"Guan W.-J.  
  
Xu J.-F.  
  
Luo H.  
  
Xu X.-X.  
  
Song Y.-L.  
  
Ma W.-L.  
  
Liang Z.-A.  
  
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Tian D.-B.  
  
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Zhong N.-S.",

"AO":"nan",

"IN":"(Guan) State Key Laboratory of Respiratory Disease, National Clinical Research Center for Respiratory Disease, Guangzhou Institute of Respiratory Disease, The First Affiliated Hospital of Guangzhou Medical University, Guangzhou, Guangdong, China Department of Thoracic Surgery, Guangzhou Institute of Respiratory Disease, The First Affiliated Hospital of Guangzhou Medical University, Guangzhou, Guangdong, China. Electronic address: battery203@163.com  
  
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(Zhang) Department of Respiratory and Critical Care Medicine, First Affiliated Hospital of Zhengzhou University, Zhengzhou, Henan, China  
  
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"AB":"BACKGROUND: Few large-scale studies demonstrated the efficacy of tobramycin nebulization in bronchiectasis. We evaluated the efficacy and safety of nebulized tobramycin inhalation solution (TIS) in adults with bronchiectasis with Pseudomonas aeruginosa infection. RESEARCH QUESTION: Can TIS effectively reduce sputum Pseudomonas aeruginosa density and improve the bronchiectasis-specific quality-of-life in bronchiectasis patients with Pseudomonas aeruginosa infection? STUDY DESIGN: S AND METHODS: This was a phase III, 16-week, multi-center, randomized, double-blind, placebo-controlled trial. Eligible adults with bronchiectasis were recruited from October 2018 to July 2021. Based on usual care, patients nebulized TIS (300 mg/5 ml twice daily) or normal saline (5 ml twice daily) via vibrating-mesh nebulizer. Treatment consisted of two cycles of 28 days on- and off-treatment alternating periods. The co-primary endpoints were changes from baseline in P. aeruginosa density and Quality-of-life-Bronchiectasis Respiratory Symptom Score at day 29. RESULT(S): The modified intention-to-treat population consisted of 167 patients in tobramycin group and 172 patients in placebo group. Compared with placebo, TIS resulted in a significantly greater reduction in P. aeruginosa density (adjusted mean difference: 1.74 Log10 colony forming units/g, 95% confidence interval: 1.12 to 2.35, P<0.001) and greater improvement in Quality-of-life-Bronchiectasis Respiratory Symptom Score (adjusted mean difference: 7.91, 95% confidence interval: 5.72 to 10.11, P<0.001) at day 29. Similar findings were observed at day 85. TIS resulted in a significant reduction in 24-hour sputum volume and sputum purulence score at days 29, 57 and 85. More patients became culture negative for P. aeruginosa in tobramycin group than in placebo group at day 29 (29.3% vs. 10.6%). The incidence of adverse events and serious adverse events were comparable between the two groups. INTERPRETATION: TIS is an effective treatment option and has an acceptable safety profile in bronchiectasis patients with P. aeruginosa infection.Copyright © 2022. Published by Elsevier Inc.",

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"PM":"35863486 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35863486]",

"DJ":"nan",

"MV":"nan",

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"Database":"Medline",

"ORN":"33",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37552115",

"TI":"A data-driven machine learning approach for discovering potent LasR inhibitors.",

"SO":"Bioengineered. 14(1):2243416, 2023 12.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Koh CMM  
  
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San, Hwang Siaw  
  
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Wezen, Xavier Chee",

"OD":"Koh, Christabel Ming Ming. Faculty of Engineering, Computing, and Science, Swinburne University of Technology, Sarawak, Malaysia.  
  
Ping, Lilian Siaw Yung. Faculty of Engineering, Computing, and Science, Swinburne University of Technology, Sarawak, Malaysia.  
  
Xuan, Christopher Ha Heng. Faculty of Engineering, Computing, and Science, Swinburne University of Technology, Sarawak, Malaysia.  
  
Theng, Lau Bee. Faculty of Engineering, Computing, and Science, Swinburne University of Technology, Sarawak, Malaysia.  
  
San, Hwang Siaw. Faculty of Engineering, Computing, and Science, Swinburne University of Technology, Sarawak, Malaysia.  
  
Palombo, Enzo A. Department of Chemistry and Biotechnology, Swinburne University of Technology, Hawthorn, Victoria, Australia.  
  
Wezen, Xavier Chee. Faculty of Engineering, Computing, and Science, Swinburne University of Technology, Sarawak, Malaysia.",

"AB":"Drug discovery LasR Machine learning Pseudomonas aeruginosa",

"FTURL":"NOTNLM",

"PM":"The rampant spread of multidrug-resistant Pseudomonas aeruginosa strains severely threatens global health. This severity is compounded against the backdrop of a stagnating antibiotics development pipeline. Moreover, with many promising therapeutics falling short of expectations in clinical trials, targeting the las quorum sensing (QS) system remains an attractive therapeutic strategy to combat P. aeruginosa infection. Thus, our primary goal was to develop a drug prediction algorithm using machine learning to identify potent LasR inhibitors. In this work, we demonstrated using a Multilayer Perceptron (MLP) algorithm boosted with AdaBoostM1 to discriminate between active and inactive LasR inhibitors. The optimal model performance was evaluated using 5-fold cross-validation and test sets. Our best model achieved a 90.7% accuracy in distinguishing active from inactive LasR inhibitors, an area under the Receiver Operating Characteristic Curve value of 0.95, and a Matthews correlation coefficient value of 0.81 when evaluated using test sets. Subsequently, we deployed the model against the Enamine database. The top-ranked compounds were further evaluated for their target engagement activity using molecular docking studies, Molecular Dynamics simulations, MM-GBSA analysis, and Free Energy Landscape analysis. Our data indicate that several of our chosen top hits showed better ligand-binding affinities than naringenin, a competitive LasR inhibitor. Among the six top hits, five of these compounds were predicted to be LasR inhibitors that could be used to treat P. aeruginosa-associated infections. To our knowledge, this study provides the first assessment of using an MLP-based QSAR model for discovering potent LasR inhibitors to attenuate P. aeruginosa infections.",

"DJ":"Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37191917",

"TI":"Histone deacetylase-based dual targeted inhibition in multiple myeloma. [Review]",

"SO":"Medicinal Research Reviews. 43(6):2177-2236, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Ferro A  
  
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Athanassopoulos, Constantinos M  
  
Cuendet, Muriel",

"DU":"Ferro, Angelica. School of Pharmaceutical Sciences, University of Geneva, Geneva, Switzerland.  
  
Ferro, Angelica. Institute of Pharmaceutical Sciences of Western Switzerland, University of Geneva, Geneva, Switzerland.  
  
Pantazaka, Evangelia. Synthetic Organic Chemistry Laboratory, Department of Chemistry, University of Patras, Patras, Greece.  
  
Pantazaka, Evangelia. Laboratory of Biochemistry/Metastatic Signaling, Section of Genetics, Cell Biology, and Development, Department of Biology, University of Patras, Patras, Greece.  
  
Athanassopoulos, Constantinos M. Synthetic Organic Chemistry Laboratory, Department of Chemistry, University of Patras, Patras, Greece.  
  
Cuendet, Muriel. School of Pharmaceutical Sciences, University of Geneva, Geneva, Switzerland.  
  
Cuendet, Muriel. Institute of Pharmaceutical Sciences of Western Switzerland, University of Geneva, Geneva, Switzerland.",

"OD":"clinical trials histone deacetylase inhibitors hybrid compounds multiple myeloma proteasome inhibitors",

"AB":"NOTNLM",

"FTURL":"Despite enormous advances in terms of therapeutic strategies, multiple myeloma (MM) still remains an incurable disease with MM patients often becoming resistant to standard treatments. To date, multiple combined and targeted therapies have proven to be more beneficial compared to monotherapy approaches, leading to a decrease in drug resistance and an improvement in median overall survival in patients. Moreover, recent breakthroughs highlighted the relevant role of histone deacetylases (HDACs) in cancer treatment, including MM. Thus, the simultaneous use of HDAC inhibitors with other conventional regimens, such as proteasome inhibitors, is of interest in the field. In this review, we provide a general overview of HDAC-based combination treatments in MM, through a critical presentation of publications from the past few decades related to in vitro and in vivo studies, as well as clinical trials. Furthermore, we discuss the recent introduction of dual-inhibitor entities that could have the same beneficial effects as drug combinations with the advantage of having two or more pharmacophores in one molecular structure. These findings could represent a starting-point for both reducing therapeutic doses and lowering the risk of developing drug resistance. Copyright © 2023 The Authors. Medicinal Research Reviews published by Wiley Periodicals LLC.",

"PM":"Journal Article  
  
Review",

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"TN":"Athanassopoulos, Constantinos M ORCID: https://orcid.org/0000-0002-7549-1911  
  
Cuendet, Muriel ORCID: http://orcid.org/0000-0002-1523-1907",

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"TI":"CARs in the Lead Against Multiple Myeloma.",

"SO":"Current Hematologic Malignancy Reports. (pp 1-7), 2017. Date of Publication: 23 Feb 2017.",

"AU":"Ormhoj M.  
  
Bedoya F.  
  
Frigault M.J.  
  
Maus M.V.",

"AO":"nan",

"IN":"(Ormhoj, Bedoya, Frigault, Maus) Cellular Immunotherapy Program, Massachusetts General Hospital Cancer Center, 149 13th Street, Charlestown, MA 02129, United States  
  
(Ormhoj, Bedoya, Frigault, Maus) Harvard Medical School, Boston, MA, United States  
  
(Ormhoj) Department of Clinical Immunology, Odense University Hospital, Odense, Denmark  
  
(Ormhoj) University of Southern Denmark, Odense, Denmark",

"PB":"Current Science Inc. (E-mail: info@current-reports.com)",

"MH":"acute leukemia  
  
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"OD":"The recent clinical success of CD19-directed chimeric antigen receptor (CAR) T cell therapy in chronic and acute leukemia has led to increased interest in broadening this technology to other hematological malignancies and solid tumors. Now, advances are being made using CAR T cell technology to target myeloma antigens such as B cell maturation antigen (BCMA), CD138, and kappa-light chain as well as CD19 on putative myeloma stem cells. To date, only a limited number of multiple myeloma patients have received CAR T cell therapy but preliminary results have been encouraging. In this review, we summarize the recently reported results of clinical trials conducted utilizing CAR T cell therapy in multiple myeloma (MM).Copyright © 2017 Springer Science+Business Media New York",

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"TI":"Probiotic supplements reduce antipsychotic-induced metabolic disturbances in drug-naive first-episode schizophrenia.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 19 Feb 2021.",

"AU":"Kang D.  
  
Zhang F.  
  
Yang Y.  
  
Liu C.  
  
Xiao J.  
  
Long Y.  
  
Huang J.  
  
Peng X.  
  
Wang W.  
  
Wang X.  
  
Davis J.M.  
  
Zhao J.  
  
Wu R.",

"AO":"nan",

"IN":"(Kang, Yang, Liu, Xiao, Long, Huang, Peng, Wang, Wang, Zhao, Wu) National Clinical Research Center for Metabolic Diseases, Department of Psychiatry, The Second Xiangya Hospital of Central South University, Hunan, Changsha 410011, China  
  
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(Davis) Psychiatric Institute, University of Illinois, Chicago, IL, United States  
  
(Wu) Shanghai Institutes for Biological Sciences, Chinese Academy of Sciences, Shanghai 200031, China",

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"FTURL":"Probiotic supplements have demonstrated efficacy in improving metabolic abnormalities and may prevent antipsychotic-induced metabolic disturbance and weight gain. A few studies in rodents have found that antipsychotic-induced metabolic dysfunctions are associated with the altered composition of gut microbiota. Here, we conducted a randomized-controlled clinical trial to determine the effectiveness and safety of probiotic supplements on antipsychotic-induced metabolic disturbance and weight gain. Patients with drug-naive first-episode schizophrenia were randomized to receive either olanzapine plus probiotics or olanzapine monotherapy and scheduled to evaluate with follow-ups for clinical and metabolic profiles. After a treatment of 12 weeks with addition of probiotics, the increase of mean fasting insulin was significantly lower than olanzapine monotherapy. Insulin resistance increased considerably in the olanzapine plus probiotics, but also significantly lower than olanzapine monotherapy. We noted a difference in the increase in body mass index and body weight between treatments at a nominal level of significance, but it became non-significant after adjusting for appetite increase. Probiotics concurrently used with olanzapine is effective and safe in attenuating antipsychotic-induced elevation of fasting insulin and insulin resistance, but not the weight gain in drug-naive first-episode schizophrenia. Further study is warranted to assess the longer-term maintenance of efficacy and safety.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37848299",

"TI":"A Parent-child yoga intervention for reducing attention deficits in children with congenital heart disease: the Yoga for Little Hearts Feasibility Study Protocol.",

"SO":"BMJ Open. 13(10):e079407, 2023 10 17.",

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Brossard-Racine M  
  
Masse B  
  
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"MH":"Lepage, Charles ORCID: https://orcid.org/0009-0008-6105-8958  
  
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Brossard-Racine, Marie ORCID: https://orcid.org/0000-0003-0641-0054",

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Paquette, Natacha  
  
Doussau, Amelie  
  
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Beauchamp, Miriam H  
  
Cote, Sylvana M  
  
Pinchefsky, Elana  
  
Brossard-Racine, Marie  
  
Masse, Benoit  
  
Gallagher, Anne",

"OD":"Simard, Marie-Noelle. Centre de recherche, CHU Sainte-Justine, Montreal, Quebec, Canada.  
  
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Gallagher, Anne. Department of Psychology, Universite de Montreal, Montreal, Quebec, Canada.",

"AB":"Humans  
  
Child  
  
Child, Preschool  
  
\*Attention Deficit Disorder with Hyperactivity  
  
\*Yoga  
  
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Parent-Child Relations",

"FTURL":"behavior congenital heart disease developmental neurology & neurodisability feasibility studies randomized controlled trial",

"PM":"NOTNLM",

"DJ":"INTRODUCTION: Preschoolers and school-aged children with congenital heart disease (CHD) are at higher risk of attention deficit hyperactivity disorder (ADHD) compared with the general population. To this day, no randomised controlled trial (RCT) aiming to improve attention has been conducted in young children with CHD. There is emerging evidence indicating that parent-child yoga interventions improve attention and reduce ADHD symptoms in both typically developing and clinical populations.  
  
METHODS AND ANALYSIS: This is a single-blind, two-centre, two-arm trial during which 24 children with CHD and their parents will be randomly assigned to (1) a parent-child yoga intervention in addition to standard clinical care or (2) standard clinical care alone. All participants will undergo standardised assessments: (1) at baseline, (2) immediately post-treatment and (3) 6 months post-treatment. Descriptive statistics will be used to estimate the feasibility and neurodevelopmental outcomes. This feasibility study will evaluate: (1) recruitment capacity (2) retention, drop-out and withdrawal rates during the yoga programme and at the 6-month follow-up (3) adherence to the intervention (4) acceptability of the randomisation process by families (5) heterogeneity in the delivery of the intervention between instructors and use of home-based exercises between participants (6) proportion of missing data in the neurodevelopmental assessments and (7) SD of primary outcomes of the full RCT in order to determine the future appropriate sample size.  
  
ETHICS AND DISSEMINATION: Ethical approval has been obtained by the Research Ethics Board of the Sainte-Justine University Hospital. The findings will be disseminated in peer-reviewed journals and conferences and presented to the Canadian paediatric grand round meetings.  
  
TRIAL REGISTRATION NUMBER: NCT05997680. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.",

"MV":"nan",

"TN":"Journal Article  
  
Research Support, Non-U.S. Gov't",

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"UI":"2019935258",

"TI":"Addressing co-occurring conditions in behavioural therapy for tic disorders: a review and guideline.",

"SO":"European Child and Adolescent Psychiatry. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Sanderson C.  
  
Verdellen C.  
  
Debes N.  
  
Tarnok Z.  
  
van de Griendt J.  
  
Zimmerman-Brenner S.  
  
Murphy T.",

"AO":"(Sanderson, Murphy) UCL Great Ormond Street Institute of Child Health (ICH), 30 Guilford Street, London WC1N 1EH, United Kingdom  
  
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(Debes) Department of Paediatrics, Herlev University Hospital, Borgmester Ib Juuls Vej 25C, 3rd floor, Herlev 2730, Denmark  
  
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(Verdellen, van de Griendt) TicXperts, Julianaweg 7, Heteren 6666 CT, Netherlands  
  
(Zimmerman-Brenner) School of Psychology, Reichman University (IDC Herzliya), P.O. Box 167, Herzliya 4610101, Israel  
  
(Sanderson, Murphy) Psychological and Mental Health Services, Great Ormond Street Hospital for Children NHS Trust, Great Ormond Street, London WC1N 3JH, United Kingdom",

"IN":"Springer Science and Business Media Deutschland GmbH",

"PB":"adult  
  
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"OD":"Co-occurring psychiatric conditions are very common in tic disorders and Tourette syndrome. These additional symptoms are often detrimental to quality of life and may impact upon the implementation and efficacy of evidence-based behavioural therapies (BT) for tics. Combining a review of the available literature, relevant theory, and expert clinical practice, we present a guideline for implementing behavioural and psychosocial interventions when common comorbidities are present. These include attention-deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), anxiety, disruptive behaviour, autism spectrum disorder (ASD) and depression. Practical recommendations are provided for assessment, formulation and management of specific and multiple comorbidities in BT for both children and adults. Despite comorbidities being common in tic disorders, few studies have comprehensively addressed how they may influence the efficacy or implementation of existing therapies or how such treatments may need to be modified or sequenced. We outline recommendations for future research, including randomised control trials of BT for those with specific or multiple comorbidities, as well as adequately powered sub-group analyses within larger scale trials or naturalistic study designs. Transdiagnostic models of psychiatric disorders and treatment, including modular cross-diagnostic therapies, which recognise the dimensionality of psychiatric disorders are also highlighted as an important focus in treatment development in tic disorders.Copyright © 2022, The Author(s), under exclusive licence to Springer-Verlag GmbH Germany.",

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"UI":"37119212",

"TI":"Dexmedetomidine Sublingual Film: A New Treatment to Reduce Agitation in Schizophrenia and Bipolar Disorders. [Review]",

"SO":"Annals of Pharmacotherapy. :10600280231171179, 2023 Apr 29",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Karlin DM  
  
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"MH":"Karlin, Danielle M  
  
Nelson, Leigh Anne  
  
Campbell, Austin R",

"DU":"Karlin, Danielle M. Department of Pharmacy, School of Pharmacy, University of Missouri-Kansas City, Kansas City, MO, USA.  
  
Nelson, Leigh Anne. Department of Pharmacy, School of Pharmacy, University of Missouri-Kansas City, Kansas City, MO, USA.  
  
Campbell, Austin R. Department of Pharmacy, School of Pharmacy at MU, University of Missouri-Kansas City, Columbia, MO, USA.",

"OD":"OBJECTIVE: The objective of this study was to review the available literature for dexmedetomidine sublingual film use in the treatment of acute agitation associated with schizophrenia and bipolar disorders.  
  
DATA SOURCES: A literature search of PubMed (January 2017-March 2023) and EMBASE (January 2017-March 2023) was performed using the terms: Igalmi, dexmedetomidine, schizophrenia, bipolar disorder, and agitation. Additional information sources include ClinicalTrials.gov, scientific posters, and articles identified through review of references from clinical trials publications.  
  
STUDY SELECTION AND DATA EXTRACTION: Relevant English-language articles conducted in humans were considered, with a preference for phase 3 clinical trials. Trial analyses and articles discussing pharmacology, pharmacokinetics, efficacy, and safety were also evaluated.  
  
DATA SYNTHESIS: Dexmedetomidine sublingual film was evaluated for use in schizophrenia in the SERENITY 1 pivotal trial and for bipolar disorders in the SERENITY 2 pivotal trial. Both studies found treatment of mild to moderate agitation with dexmedetomidine sublingual film 180 and 120 mug to be superior to placebo in reducing the severity of agitation. Treatment effect was seen as early as 20 minutes. Somnolence was the most common adverse effect in both studies. Cardiovascular adverse effects were mild and transient in most cases.  
  
RELEVANCE TO PATIENT CARE AND CLINICAL PRACTICE: Dexmedetomidine sublingual film is a new and novel treatment for agitation and gives clinicians an alternative to antipsychotic and benzodiazepine use. It has advantageous properties including its noninvasive route of administration, fast absorption, and rapid onset of effect. Cost may limit its use.  
  
CONCLUSION: Dexmedetomidine sublingual film provides an alternative approach to treatment of acute agitation in adults with schizophrenia and bipolar disorders based on both mechanism of action and route of administration.",

"AB":"Journal Article  
  
Review",

"FTURL":"2023",

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"DJ":"Igalmi agitation bipolar disorder dexmedetomidine schizophrenia",

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"TN":"Nelson, Leigh Anne ORCID: https://orcid.org/0000-0003-1481-8682",

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"Database":"EMBASE",

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"TI":"Genomic New Insights Into Emergence and Clinical Therapy of Multidrug-Resistant Klebsiella pneumoniae in Infected Pancreatic Necrosis.",

"SO":"Frontiers in Microbiology. 12(no pagination), 2021. Article Number: 669230. Date of Publication: 25 Jun 2021.",

"AU":"Hao H.  
  
Liu Y.  
  
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Tong Z.  
  
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"AO":"Li, Weiqin ORCID: https://orcid.org/0000-0002-8483-6264",

"IN":"(Hao, Liu, Gao, Lu, Wang, Lu, Tong, Li) Department of Critical Care Medicine, Affiliated Jinling Hospital, Medical School of Nanjing University, Nanjing, China  
  
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(Li) State Key Laboratory of Pharmaceutical Biotechnology, School of Life Sciences, Nanjing University, Nanjing, China",

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"AB":"Infected pancreatic necrosis (IPN) is a key risk factor in the progression of severe acute pancreatitis, and use of antibiotics is one of the main clinical actions. However, early prophylactic or unreasonable use of antibiotics promotes drug resistance in bacteria and also delays optimum treatment. To explore genomic evidence of rational antibiotic use in intensive care units, we isolated Klebsiella pneumoniae from IPN samples that showed the highest positive-culture rate in 758 patients. Based on whole-genome sequencing from eight strains, 42 antibiotic-resistant genes were identified in the chromatin and 27 in the plasmid, which included classic resistance-mechanism factors such as beta-lactamases [16.67% (7/42) in the chromatin and 25.93% (7/27) in the plasmid]. The K. pneumoniae isolates were identified to be resistant to multiple antibiotics used in clinics. In vivo and in vitro, ceftazidime-avibactam (CZA) plus aztreonam (ATM) (2.5:1) showed more significant antibacterial effectiveness than CZA alone. The isolated K. pneumoniae were of three different types according to the resistance phenotypes for CZA and ATM. Those co-harboring blaNDM-5, blaCTX-M-15, blaOXA-1, and blaSHV-187 showed higher resistance to CAZ than blaNDM-5. Those co-harboring blaCTX-M-65, blaSHV-182, and blaTEM-181 were significantly less resistant to beta-lactam than to other extended-spectrum beta-lactamases. However, beta-lactamases were inhibited by avibactam (AVI), except for NDM-5. ATM plus AVI showed a significant inhibitory effect on K. pneumoniae, and the minimum dosage of ATM was < 1 mg/L. In conclusion, we propose that ATM plus AVI could be a major therapy for complex infectious diseases caused by multidrug-resistant K. pneumoniae.© Copyright © 2021 Hao, Liu, Cao, Gao, Lu, Wang, Wang, Lu, Hu, Tong and Li.",

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"ORN":"34",

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"DB":"Ovid MEDLINE(R)",

"UI":"37349243",

"TI":"Outcome of patients with carbapenem-resistant Acinetobacter baumannii infections treated with cefiderocol: A multicenter observational study.",

"SO":"Journal of Infection and Public Health. 16(9):1485-1491, 2023 Sep.",

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Macera, Margherita  
  
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Gentile, Ivan  
  
Di Caprio, Giovanni  
  
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Buonomo, Antonio Riccardo  
  
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"OD":"Calo, Federica. Department of Mental Health and Public Medicine - Infectious Diseases Unit. University of Campania Luigi Vanvitelli, Naples, Italy.  
  
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Leone, Sebastiano. Unit of Infectious Disease, AORN San Giuseppe Moscati, Avellino, Italy.  
  
Maggi, Paolo. Infectious and Tropical Diseases Clinic, AORN Sant'Anna and San Sebastiano, Caserta, Italy.  
  
Coppola, Nicola. Department of Mental Health and Public Medicine - Infectious Diseases Unit. University of Campania Luigi Vanvitelli, Naples, Italy. Electronic address: nicola.coppola@unicampania.it.",

"AB":"A. baumannii Carbapenem-resistant Cefiderocol Clinical failure Microbiological failure Mortality",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: No clear evidence supports the use of cefiderocol as first line treatment in A. baumannii infections.  
  
METHODS: We conducted an observational retrospective/prospective multicenter study including all patients> 18 years with carbapenem-resistant A. baumannii (CRAB) infections treated with cefiderocol, from June 12021 to October 30 2022. Primary endpoint was 30-day mortality, secondary end-points the clinical and microbiological response at 7 days and at the end of treatment. Furthermore, we compared the clinical and microbiological outcomes among patients who received cefiderocol in monotherapy or in combination.  
  
RESULTS: Thirty-eight patients with forty episodes of infection were included [mean age 65 years (SD+16.3), 75% males, 90% with hospital-acquired infections and 70% showing sepsis or septic shock]. The most common infections included unknown source or catheter-related bacteremia (45%) and pneumonia (40%). We observed at 7 days and at the end of therapy a rate of microbiological failure of 20% and 10%, respectively, and of clinical failure of 47.5% and 32.5%, respectively the 30-day mortality rate was 47.5%. At multivariate analysis clinical failure at 7 days of treatment was the only independent predictor of 30-day mortality. Comparing monotherapy (used in 72.5%) vs. combination therapy (used in 27.5%), no differences were observed in mortality (51.7 vs 45.5%) and clinical (41.4 vs 63.7%) or microbiological failure (24.1 vs 9.1%).  
  
CONCLUSIONS: The findings of this study reinforce the effectiveness of cefiderocol in CRAB infections, also as monotherapy. However, prospective multicenter studies with larger sample sizes and a control group treated with standard of care are needed to identify the best treatment for CRAB infections. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.",

"DJ":"Multicenter Study  
  
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Journal Article",

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"TN":"Click here for full text options",

"Unnamed: 22":"Male  
  
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Prospective Studies  
  
Acinetobacter Infections/dt [Drug Therapy]  
  
Acinetobacter Infections/mi [Microbiology]  
  
\*Acinetobacter Infections  
  
Carbapenems/pd [Pharmacology]  
  
Carbapenems/tu [Therapeutic Use]",

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"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"34",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37779413",

"TI":"CAR-T Therapy in Relapsed Refractory Multiple Myeloma.",

"SO":"Current Medicinal Chemistry. 2023 Sep 27",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Wu Y  
  
Ding H",

"MH":"Wu, Yu  
  
Ding, Hong",

"DU":"Wu, Yu. Department of Hematology, West China Hospital, Sichuan University, China.  
  
Ding, Hong. Department of Hematology, West China Hospital, Sichuan University, China.",

"OD":"Multiple myeloma antibody-drug conjugates bispecific antibodies chimeric antigen receptor T-cells immunotherapy relapsed refractory multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma is a plasma cell neoplasm. The emergence of proteasome inhibitors, immunomodulatory drugs, and anti-CD38 monoclonal antibodies has improved the prognosis of multiple myeloma patients. However, some patients are still insensitive to conventional therapy or frequently relapse after remission. Chemotherapy based on proteasome inhibitors or immunomodulatory drugs is ineffective in controlling the progression of relapsed refractory multiple myeloma. No consensus has been reached on treating relapsed refractory multiple myeloma to date. Recently chimeric antigen receptor T cells therapy has shown promising results that could achieve rapid remissions of patients and improve their prognoses. Additionally, most patients in chimeric antigen receptor T cell clinical trials were triple-refractory multiple myeloma patients, indicating that chimeric antigen receptor T cell immunotherapy could overcome drug resistance to new drugs. Since single immunotherapies are prone to acquired resistance, combination immunotherapies based on emerging immunotherapies may solve this issue. Achieving complete remission and minimal residual disease negative status as soon as possible is beneficial to patients. This paper reviewed the main chimeric antigen receptor T cell products in relapsed refractory multiple myeloma, and it explained the drug resistance mechanism and improvement methods of chimeric antigen receptor T cells therapy. This review summarized the best beneficiaries of chimeric antigen receptor T cell therapy and the salvage treatment of disease recurrence after chimeric antigen receptor T cell therapy, providing some ideas for the clinical application of chimeric antigen receptor T cells. Copyright© Bentham Science Publishers For any queries, please email at epub@benthamscience.net.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Wu, Yu ORCID: https://orcid.org/0000-0001-8708-9711",

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"DB":"Embase",

"UI":"2017711796",

"TI":"Siltuximab (CNTO 328) with lenalidomide, bortezomib and dexamethasone in newly-diagnosed, previously untreated multiple myeloma: an open-label phase I trial.",

"SO":"Blood Cancer Journal. 6(2) (no pagination), 2016. Article Number: e396. Date of Publication: February 2016.",

"AU":"Shah J.J.  
  
Feng L.  
  
Thomas S.K.  
  
Berkova Z.  
  
Weber D.M.  
  
Wang M.  
  
Qazilbash M.H.  
  
Champlin R.E.  
  
Mendoza T.R.  
  
Cleeland C.  
  
Orlowski R.Z.",

"AO":"nan",

"IN":"(Shah, Thomas, Berkova, Weber, Wang, Orlowski) Department of Lymphoma and Myeloma, The University of Texas MD Anderson Cancer Center, Houston, TX, United States  
  
(Feng) Department of Biostatistics, The University of Texas MD Anderson Cancer Center, Houston, TX, United States  
  
(Qazilbash, Champlin) Department of Stem Cell Transplantation, The University of Texas MD Anderson Cancer Center, Houston, TX, United States  
  
(Mendoza, Cleeland) Department of Symptom Research, The University of Texas MD Anderson Cancer Center, Houston, TX, United States  
  
(Orlowski) Department of Experimental Therapeutics, The University of Texas MD Anderson Cancer Center, Houston, TX, United States",

"PB":"Springer Nature",

"MH":"adult  
  
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"OD":"The safety and efficacy of siltuximab (CNTO 328) was tested in combination with lenalidomide, bortezomib and dexamethasone (RVD) in patients with newly-diagnosed, previously untreated symptomatic multiple myeloma. Fourteen patients were enrolled in the study, eleven of whom qualified to receive therapy. A majority of patients (81.8%) completed the minimal number or more of the four required cycles, while two patients completed only three cycles. The maximum tolerated dose (MTD) of siltuximab with RVD was dose level - 1 (siltuximab: 8.3 mg/kg bortezomib: 1.3 mg/m2 lenalidomide: 25 mg dexamethasone: 20 mg). Serious adverse events were grade 3 pneumonia and grade 4 thrombocytopenia, and no deaths occurred during the study or with follow-up (median follow-up 28.1 months). An overall response rate, after 3-4 cycles of therapy, of 90.9% (95% confidence interval (CI): 58.7%, 99.8%) (9.1% complete response (95% CI: 0.2%, 41.3%), 45.5% very good partial response (95% CI: 16.7%, 76.6%) and 36.4% partial response (95% CI: 10.9%, 69.2%)) was seen. Two patients withdrew consent, and nine patients (81.8%) opted for autologous stem cell transplantation.Copyright © 2016, Blood Cancer Journal. All rights reserved.",

"AB":"Click here for full text options",

"FTURL":"\*bortezomib [m]  
  
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"Database":"EMBASE",

"ORN":"34",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017611122",

"TI":"Investigating neurophysiological effects of a short course of tDCS for cognition in schizophrenia: a target engagement study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 04 Mar 2022.",

"AU":"Hoy K.E.  
  
Coyle H.  
  
Gainsford K.  
  
Hill A.T.  
  
Bailey N.W.  
  
Fitzgerald P.B.",

"AO":"nan",

"IN":"(Hoy, Coyle, Gainsford, Bailey, Fitzgerald) Epworth Centre for Innovation in Mental Health, Epworth Healthcare, Monash University Department of Psychiatry, Camberwell, VIC 3124, Australia  
  
(Hill) Cognitive Neuroscience Unit, School of Psychology, Deakin University, Melbourne, VIC, Australia",

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"MH":"adult  
  
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\*transcranial direct current stimulation [m]  
  
transcranial magnetic stimulation [m]",

"FTURL":"Background: Cognitive impairment is highly prevalent in schizophrenia and treatment options are severely limited. Development of effective treatments will rely on successful engagement of biological targets. There is growing evidence that the cognitive impairments in schizophrenia are related to impairments in prefrontal cortical inhibition and dysfunctional cortical oscillations. Method(s): In the current study we sought to investigate whether a short course of transcranial Direct Current Stimulation (tDCS) could modulate these pathophysiological targets. Thirty participants with schizophrenia were recruited and underwent neurobiological assessment (Transcranial Magnetic Stimulation combined with EEG [TMS-EEG] and task-related EEG) and assessment of cognitive functioning (n-back task and the MATRICS Consensus Cognitive Battery). Participants were then randomized to receive 5 sessions of either active or sham anodal tDCS to the left prefrontal cortex. Twenty-four hours after the last tDCS session participants repeated the neurobiological and cognitive assessments. Neurobiological outcome measures were TMS-evoked potentials (TEPs), TMS-related oscillations and oscillatory power during a 2-back task. Cognitive outcome measures were d prime and accurate reaction time on the 2-back and MATRICS scores. Result(s): Following active tDCS there was a significant reduction in the N40 TEP amplitude in the left parietal occipital region. There were no other significant changes. Conclusion(s): Future interrogation of evidence based therapeutic targets in large scale RCTs is required.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

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"Database":"Medline",

"ORN":"34",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37848293",

"TI":"Placebo and nocebo effects and mechanisms associated with pharmacological interventions: an umbrella review. [Review]",

"SO":"BMJ Open. 13(10):e077243, 2023 10 17.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Frisaldi E  
  
Shaibani A  
  
Benedetti F  
  
Pagnini F",

"MH":"Frisaldi, Elisa ORCID: https://orcid.org/0000-0002-3783-1997  
  
Shaibani, Aziz ORCID: https://orcid.org/0000-0001-9828-0861  
  
Benedetti, Fabrizio ORCID: https://orcid.org/0000-0003-4057-1150  
  
Pagnini, Francesco ORCID: https://orcid.org/0000-0003-1612-4211",

"DU":"Frisaldi, Elisa  
  
Shaibani, Aziz  
  
Benedetti, Fabrizio  
  
Pagnini, Francesco",

"OD":"Frisaldi, Elisa. Department of Neuroscience Rita Levi Montalcini, University of Turin, Turin, Italy elisa.frisaldi@unito.it.  
  
Shaibani, Aziz. Muscle and Nerve Center, Houston, Texas, USA.  
  
Shaibani, Aziz. Department of Medicine, Baylor College of Medicine, Houston, Texas, USA.  
  
Benedetti, Fabrizio. Department of Neuroscience Rita Levi Montalcini, University of Turin, Turin, Italy.  
  
Pagnini, Francesco. Department of Psychology, Universita Cattolica del Sacro Cuore, Milan, Italy.",

"AB":"Humans  
  
\*Nocebo Effect  
  
Systematic Reviews as Topic  
  
Placebo Effect  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Anxiety",

"FTURL":"CLINICAL PHARMACOLOGY Physiology Systematic Review",

"PM":"NOTNLM",

"DJ":"OBJECTIVES: This review aimed to summarise the existing knowledge about placebo and nocebo effects associated with pharmacological interventions and their mechanisms.  
  
DESIGN: Umbrella review, adopting the Assessment of Multiple Systematic Reviews 2 tool for critical appraisal.  
  
DATA SOURCES: MEDLINE/PubMed, Scopus, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trial were searched in September 2022, without any time restriction, for systematic reviews, narrative reviews, original articles. Results were summarised through narrative synthesis, tables, 95% CI.  
  
OUTCOME MEASURES: Mechanisms underlying placebo/nocebo effects and/or their effect sizes.  
  
RESULTS: The databases search identified 372 studies, for a total of 158 312 participants, comprising 41 systematic reviews, 312 narrative reviews and 19 original articles. Seventy-three per cent of the examined systematic reviews were of high quality.Our findings revealed that mechanisms underlying placebo and/or nocebo effects have been characterised, at least in part, for: pain, non-noxious somatic sensation, Parkinson's disease, migraine, sleep disorders, intellectual disability, depression, anxiety, dementia, addiction, gynaecological disorders, attention-deficit hyperactivity disorder, immune and endocrine systems, cardiovascular and respiratory systems, gastrointestinal disorders, skin diseases, influenza and related vaccines, oncology, obesity, physical and cognitive performance. Their magnitude ranged from 0.08 to 2.01 (95% CI 0.37 to 0.89) for placebo effects and from 0.32 to 0.90 (95% CI 0.24 to 1.00) for nocebo effects.  
  
CONCLUSIONS: This study provides a valuable tool for clinicians and researchers, identifying both results ready for clinical practice and gaps to address in the near future.  
  
FUNDING: Universita Cattolica del Sacro Cuore, Milan, Italy with the 'Finanziamento Ponte 2022' grant.  
  
PROSPERO REGISTRATION NUMBER: CRD42023392281. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.",

"MV":"nan",

"TN":"Review  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

"Unnamed: 24":"nan",

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"If RCT or not":"No",

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"UniqueID":"271",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"34",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"639392906",

"TI":"Parenting Behaviors as Mediators of the Association Between Parental Internalizing Symptoms and Child Externalizing Symptoms.",

"SO":"Child psychiatry and human development. (no pagination), 2022. Date of Publication: 28 Oct 2022.",

"AU":"Klemp M.-T.  
  
Dose C.  
  
Hautmann C.  
  
Jendreizik L.T.  
  
Muhlenmeister J.  
  
Pluck J.  
  
Wahnke L.  
  
Dopfner M.",

"AO":"(Klemp, Dose, Hautmann, Jendreizik, Muhlenmeister, Pluck, Wahnke, Dopfner) Faculty of Medicine and University Hospital Cologne, School for Child and Adolescent Cognitive Behavior Therapy (AKiP), University of Cologne, Cologne 50969, Germany  
  
(Dopfner) Faculty of Medicine and University Hospital Cologne, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University of Cologne, Robert-Koch-Str. 10, Cologne 50931, Germany",

"IN":"NLM (Medline)",

"PB":"animal experiment  
  
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physiological stress [m]",

"OD":"This study analyzes whether the association between parental internalizing symptoms (depression, anxiety, stress) and child symptoms of attention-deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder (ODD) is mediated by positive and negative parenting behaviors. Cross-sectional data of 420 parents of children (age 6-12 years) with elevated levels of externalizing symptoms were collected in a randomized controlled trial. Measures included parent ratings of their internalizing symptoms and parenting behaviors and of their child's externalizing symptoms. Two mediation models were examined, one including ADHD symptoms and one including ODD symptoms as the dependent variable. Parental internalizing symptoms were modeled as the independent variable and positive and negative parenting behaviors were modeled as parallel mediators. Regression analyses support negative parenting behavior as a mediator of the association between parental internalizing symptoms and child ODD symptoms. For the ADHD model, no significant mediator could be found. Future studies should use prospective designs and consider reciprocal associations.Copyright © 2022. The Author(s).",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Klemp, Marie-Theres ORCID: https://orcid.org/0000-0002-1394-5818",

"DJ":"36306027 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36306027]",

"MV":"nan",

"TN":"nan",

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"Database":"Medline",

"ORN":"34",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36882957",

"TI":"Propensity score stratified MAP prior and posterior inference for incorporating information across multiple potentially heterogeneous data sources.",

"SO":"Journal of Biopharmaceutical Statistics. :1-15, 2023 Mar 07",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Zhu AY  
  
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Zhu Z  
  
Sailer MO",

"MH":"Zhu, Angela Yaqian  
  
Roy, Dooti  
  
Zhu, Zheng  
  
Sailer, Martin Oliver",

"DU":"Zhu, Angela Yaqian. Statistics and Decision Sciences, Janssen Research & Development, Johnson & Johnson, Raritan, New Jersey, USA.  
  
Roy, Dooti. Department of Biostatistics and Data Science, Boehringer Ingelheim Pharmaceuticals Inc, Ridgefield, Connecticut, USA.  
  
Zhu, Zheng. Department of Biostatistics and Data Science, Boehringer Ingelheim Pharmaceuticals Inc, Ridgefield, Connecticut, USA.  
  
Sailer, Martin Oliver. Department of Biostatistics and Data Science, Boehringer Ingelheim Pharma GmbH & Co. KG, Biberach, Germany.",

"OD":"Incorporation of external information is becoming increasingly common when designing clinical trials. Availability of multiple sources of information has inspired the development of methodologies that account for potential heterogeneity not only between the prospective trial and the pooled external data sources but also between the different external data sources themselves. Our approach proposes an intuitive way of handling such a scenario for the continuous outcomes setting by using propensity score-based stratification and then utilizing robust meta-analytic predictive priors for each stratum to incorporate the prior data to distinguish among different external data sources in each stratum. Through extensive simulations, our approach proves to be more efficient and less biased than the currently available methods. A real case study using clinical trials that study schizophrenia from multiple different sources is also included.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Bayesian borrowing Propensity score external controls heterogeneity schizophrenia treatment effect",

"MV":"NOTNLM",

"TN":"Zhu, Angela Yaqian ORCID: https://orcid.org/0000-0001-5187-2667",

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"VN":"Ovid Technologies",

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"UI":"634801196",

"TI":"Risk Factors and Impact of Perioperative Prophylaxis on the Risk of Extended-spectrum beta-Lactamase-producing Enterobacteriaceae-related Infection among Carriers following Liver Transplantation.",

"SO":"Transplantation. (pp 338-345), 2021. Date of Publication: 2021.",

"AU":"Logre E.  
  
Bert F.  
  
Khoy-Ear L.  
  
Janny S.  
  
Giabicani M.  
  
Grigoresco B.  
  
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Dondero F.  
  
Dokmak S.  
  
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Weiss E.",

"AO":"nan",

"IN":"(Logre, Khoy-Ear, Janny, Giabicani, Grigoresco, Toussaint, Paugam-Burtz, Weiss) Department of Anesthesiology and Critical Care, Beaujon Hospital, DMU Parabol, AP-HP, Nord, Clichy, France  
  
(Bert) Department of Microbiology, Beaujon Hospital, AP-HP, Nord, Clichy, France  
  
(Dondero, Dokmak, Soubrane) Department of Hepatobiliopancreatic Surgery and Liver Transplantation, Beaujon Hospital, AP-HP, Nord, Clichy, France  
  
(Roux, Francoz, Durand) Department of Hepatology, Beaujon Hospital, AP-HP, Nord, Clichy, France  
  
(Francoz, Soubrane, Durand, Paugam-Burtz, Weiss) Inserm UMR\_S 1149, Centre de Recherche sur l'Inflammation, Paris, France  
  
(Soubrane, Durand, Paugam-Burtz, Weiss) Universite de Paris, Paris, France",

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"AB":"Background. Extended-spectrum beta-lactamase-producing Enterobacteriaceae (ESBL-E) carriage is frequent among liver transplant (LT) recipients, thereby fostering a large empirical carbapenem prescription. However, ESBL-E infections occur in only 10%-25% of critically ill patients with rectal colonization. Our aim was to identify risk factors for post-LT ESBL-E infection in colonized patients. The effect of perioperative antimicrobial prophylaxis (AP) was also analyzed in patients with prophylaxis lasting <48 hours and without proven intraoperative infection. Methods. Retrospective study from a prospective database including patients with a positive ESBL-E rectal screening transplanted between 2010 and 2016. Results. Among the 749 patients transplanted, 100 (13.3%) were colonized with an ESBL-E strain. Thirty-nine (39%) patients developed an infection related to the same ESBL-E (10 pulmonary, 11 surgical site, 13 urinary, 5 bloodstream) within 11 postoperative days in median. Klebsiella pneumoniae carriage, model for end-stage liver disease >=25, preoperative spontaneous bacterial peritonitis prophylaxis, and antimicrobial exposure during the previous month were independent predictors of ESBL-E infection. We propose a colonization to infection risk score built on these variables. The prevalence of infection for colonization to infection score of 0, 1, 2, and >=3 were 7.4%, 26.3%, 61.9%, and 91.3%, respectively. Of note, the incidence of post-LT ESBL-E infection was lower in case of perioperative AP targeting colonizing ESBL-E (P = 0.04). Conclusions. Thirty-nine percentage of ESBL-E carriers develop a related infection after LT. We identified predictors for ESBL-E infection in carriers that may help in rationalizing carbapenem prescription. Perioperative AP targeting colonizing ESBL-E may be associated with a reduced risk of post-LT ESBL-E infections.Copyright © 2021 Lippincott Williams and Wilkins. All rights reserved.",

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"TI":"Cefepime vs carbapenems for treating third-generation cephalosporin-resistant AmpC beta-lactamase-hyperproducing Enterobacterales bloodstream infections: a multicenter retrospective study.",

"SO":"International Journal of Infectious Diseases. 134:273-279, 2023 Sep.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Ursenbach, Axel",

"OD":"Hoellinger, Baptiste. CHU de Strasbourg, service des Maladies Infectieuses et Tropicales, Strasbourg, France Hopital Emile Muller, service de Medecine Interne, Mulhouse, France.  
  
Kaeuffer, Charlotte. Hopital Emile Muller, service de Medecine Interne, Mulhouse, France.  
  
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Danion, Francois. CHU de Strasbourg, service des Maladies Infectieuses et Tropicales, Strasbourg, France Inserm UMR\_S 1109, Laboratoire d'ImmunoRhumatologie Moleculaire, Strasbourg, France.  
  
Ruch, Yvon. CHU de Strasbourg, service des Maladies Infectieuses et Tropicales, Strasbourg, France.  
  
Ursenbach, Axel. CHU de Strasbourg, service des Maladies Infectieuses et Tropicales, Strasbourg, France. Electronic address: axel.ursenbach@chru-strasbourg.fr.",

"AB":"AmpC beta-lactamases Bacteremia Carbapenems Cefepime Enterobacteriaceae",

"FTURL":"NOTNLM",

"PM":"OBJECTIVES: AmpC beta-lactamase-hyperproducing Enterobacterales (ABLHE) bloodstream infections (BSI) are emerging and leading to therapeutic challenges worldwide. Prescriptions of carbapenems may lead to the emergence of resistance. This study aimed to compare cefepime with carbapenems for the treatment of third-generation cephalosporin-resistant ABLHE BSI.  
  
METHODS: This retrospective multicenter study included patients with ABLHE BSI from two tertiary hospitals in France, between July 2017 and July 2022. Non-AmpC-producing Enterobacterales, extended-spectrum beta-lactamase, and carbapenemase-producing Enterobacterales were excluded. Cefepime was prescribed only in case of minimal inhibitory concentration <=1 mg/l. The primary outcome was 30-day in-hospital mortality from the date of index blood culture. Secondary outcomes were infection recurrence and treatment toxicity. An inverse probability of treatment weighting approach was used to balance the baseline characteristics between the two groups.  
  
RESULTS: We analyzed 164 BSI, which included 77 in the cefepime group and 87 in the carbapenem group. In the weighted cohort, the 30-day mortality rates were similar between the cefepime group (23.3%) and the carbapenem group (19.6%) with a relative risk of 1.19 (95% confidence interval, 0.61-2.33 P = 0.614). No significant difference in recurrence or toxicity was found between the two groups.  
  
CONCLUSION: This study adds evidence in favor of the use of cefepime for treating third-generation cephalosporin-resistant ABLHE BSI in case of minimal inhibitory concentration <= 1 mg/l, which could spare carbapenems. Copyright © 2023 The Author(s). Published by Elsevier Ltd.. All rights reserved.",

"DJ":"Multicenter Study  
  
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"MV":"2023",

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"UI":"37754488",

"TI":"SLAMF7 as a Promising Immunotherapeutic Target in Multiple Myeloma Treatments. [Review]",

"SO":"Current Oncology. 30(9):7891-7903, 2023 Aug 27.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Wu J  
  
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"MH":"Chu, Emily  
  
Wu, Jian  
  
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"DU":"Chu, Emily. Division of Hematologic Malignancies and Cellular Therapy, Department of Medicine, Duke University Medical Center, Durham, NC 27710, USA.  
  
Chu, Emily. Trinity College of Arts and Sciences, Duke University, Durham, NC 27708, USA.  
  
Wu, Jian. Division of Hematologic Malignancies and Cellular Therapy, Department of Medicine, Duke University Medical Center, Durham, NC 27710, USA.  
  
Kang, Stacey S. College of Arts and Sciences, Washington University in St. Louis, St. Louis, MO 63130, USA.  
  
Kang, Yubin. Division of Hematologic Malignancies and Cellular Therapy, Department of Medicine, Duke University Medical Center, Durham, NC 27710, USA.",

"OD":"CAR-T SLAMF7 antibody-based immunotherapy elotuzumab multiple myeloma",

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"FTURL":"Multiple myeloma (MM) is a common hematological malignancy that has fostered several new therapeutic approaches to combat newly diagnosed or relapsed MM. While the field has advanced over the past 2 decades, the majority of patients will develop resistance to these treatments, causing the need for new therapeutic targets. SLAMF7 is an attractive therapeutic target in multiple myeloma, and a monoclonal antibody that targets SLAMF7 has shown consistent beneficial outcomes in clinical trials to date. In this review, we will focus on the structure and regulation of SLAMF7 and its mechanism of action. The most recent clinical trials will be reviewed to further understand the clinical implications and improve the prognosis of MM. Furthermore, the efficacy of anti-SLAMF7 monoclonal antibodies combined with standard therapies and possible resistance mechanisms will be discussed. This review aimed to provide a detailed summary of the role of SLAMF7 in the pathogenesis of patients with MM and the rationale for further investigation into SLAMF7-mediated molecular pathways associated with MM development.",

"PM":"Journal Article  
  
Review",

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"TN":"Wu, Jian ORCID: https://orcid.org/0000-0001-7065-9917",

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"UI":"2017709740",

"TI":"Risk stratification in myeloma by detection of circulating plasma cells prior to autologous stem cell transplantation in the novel agent era.",

"SO":"Blood Cancer Journal. 6(12) (no pagination), 2016. Article Number: e512. Date of Publication: 2016.",

"AU":"Chakraborty R.  
  
Muchtar E.  
  
Kumar S.K.  
  
Jevremovic D.  
  
Buadi F.K.  
  
Dingli D.  
  
Dispenzieri A.  
  
Hayman S.R.  
  
Hogan W.J.  
  
Kapoor P.  
  
Lacy M.Q.  
  
Leung N.  
  
Gertz M.A.",

"AO":"nan",

"IN":"(Chakraborty, Muchtar, Kumar, Buadi, Dingli, Dispenzieri, Hayman, Hogan, Kapoor, Lacy, Leung, Gertz) Department of Internal Medicine, Division of Hematology, Mayo Clinic, Mayo Building, Desk W10, 200 First street SW, Rochester, MN 55905, United States  
  
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(Jevremovic) Department of Laboratory Medicine and Pathology, Division of Hematopathology, Mayo Clinic, Rochester, MN, United States",

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"OD":"The impact of circulating plasma cells (CPCs) prior to autologous stem cell transplantation (ASCT) for multiple myeloma has not been defined in the novel agent era. We evaluated the impact of pre-transplant CPCs, detected by six-color flow cytometry in patients undergoing early ASCT on post-transplant response, progression-free survival (PFS) and overall survival (OS). CPCs were detected in 162 out of 840 (19.3%) patients, with the median number of CPCs being 58 per 150 000 events. Ninety-nine percent of patients had received proteasome inhibitor and/or immunomodulator-based induction. The incidence of post-transplant stringent complete response (sCR) in the subgroups with and without CPCs was 15% and 38%, respectively, (Po0.001). The median PFS in the subgroups with and without CPCs was 15.1 (95% confidence interval (CI), 12.5-17.8) and 29.6 months (95% CI, 26.2-32.8), respectively, and the median OS was 41.0 months (95% CI, 32.6-58.2) and not reached (NR) (95% CI, 99.1-NR), respectively, (Po0.001 for both). On multivariate analysis for OS, factors independently predictive of mortality were the presence of CPCs (hazard ratio (HR) 2.5 95% CI, 1.8-3.6 Po0.001) and sCR post transplant (HR 0.4 95% CI, 0.2-0.6 Po0.001). Presence of CPCs prior to transplant has a high prognostic impact and should be prospectively validated in clinical trials.Copyright © The Author(s) 2016.",

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"TI":"Antipsychotic Effects on Longitudinal Cognitive Functioning in First-Episode Psychosis: A randomised, triple-blind, placebo-controlled study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 21 Feb 2022.",

"AU":"Allott K.  
  
Yuen H.P.  
  
Baldwin L.  
  
O'Donoghue B.  
  
Fornito A.  
  
Chopra S.  
  
Nelson B.  
  
Graham J.  
  
Kerr M.J.  
  
Proffitt T.  
  
Ratheesh A.  
  
Alvarez-Jimenez M.  
  
Harrigan S.  
  
Brown E.  
  
Thompson A.D.  
  
Pantelis C.  
  
Berk M.  
  
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Francey S.M.  
  
Wood S.J.",

"AO":"Nelson, Barnaby ORCID: https://orcid.org/0000-0002-6263-2332  
  
Alvarez-Jimenez, Mario ORCID: https://orcid.org/0000-0002-3535-9086  
  
Harrigan, Susy ORCID: https://orcid.org/0000-0002-1384-3969  
  
Allott, Kelly ORCID: https://orcid.org/0000-0002-0640-4634",

"IN":"(Allott, Yuen, Baldwin, O'Donoghue, Nelson, Graham, Kerr, Proffitt, Ratheesh, Alvarez-Jimenez, Brown, Thompson, Berk, McGorry, Francey, Wood) Orygen, Parkville, Australia  
  
(Allott, Yuen, Baldwin, O'Donoghue, Nelson, Graham, Kerr, Ratheesh, Alvarez-Jimenez, Brown, Thompson, McGorry, Francey, Wood) Centre for Youth Mental Health, The University of Melbourne, Parkville, Australia  
  
(O'Donoghue) St Vincent's University Hospital, Elm Park, 4, Dublin, Ireland  
  
(Fornito, Chopra) Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Clayton, Australia  
  
(Fornito, Chopra) Monash Biomedical Imaging, Monash University, Clayton, Australia  
  
(Harrigan) Department of Social Work, School of Primary and Allied Health Care, Monash University, Melbourne, Australia  
  
(Harrigan) Centre for Mental Health, Melbourne School of Global and Population Health, The University of Melbourne, Parkville, Australia  
  
(Thompson) Division of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Warwick, United Kingdom  
  
(Pantelis) Melbourne Neuropsychiatry Centre, Department of Psychiatry, The University of Melbourne, Parkville, Australia  
  
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(Pantelis) NorthWestern Mental Health, Western Hospital Sunshine, St Albans, VIC, Australia  
  
(Berk) Deakin University, IMPACT - the Institute for Mental and Physical Health and Clinical Translation, School of Medicine, Barwon Health, Geelong, Australia  
  
(Wood) School of Psychology, University of Birmingham, Edgbaston, United Kingdom  
  
(Allott) 35 Poplar Road, Parkville, VIC 3052, Australia",

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"FTURL":"Objective: Cognitive impairment occurs in antipsychotic-naive first-episode psychosis (FEP), but antipsychotics confound interpretation of the longitudinal course of cognition. The primary aim was to disentangle the effects of illness from antipsychotics on cognition over the first 6-months of FEP treatment. Method(s): Randomised, triple-blind placebo-controlled trial (Staged Treatment and Acceptability Guidelines in Early Psychosis STAGES), where cognition was a secondary outcome. Antipsychotic-naive FEP patients were allocated to receive risperidone/paliperidone (N=38) or placebo (N=40) in addition to intensive psychosocial therapy for 6-months. A healthy control group (N=42) was also recruited. A cognitive battery assessing attention, working memory, processing speed, verbal fluency, cognitive control and verbal paired-associate learning and memory was administered at baseline and 6-months. Twelve- and 24-month follow-up was also conducted. Result(s): Over the 6-month trial period, cognitive performance remained stable (working memory, verbal fluency) or improved (attention, processing speed, cognitive control), with no group-by-time interaction evident. The exception was for verbal paired-associate learning and memory, where a significant group-by-time interaction was observed. The placebo and healthy control groups improved, and the medication group deteriorated on immediate paired-associate recall (p=0.039) and delayed cued recall (p=0.005) effect sizes were medium-to-large. Findings were similar when only trial completers were included in the analysis. Conclusion(s): Risperidone/paliperidone may cause progression of memory impairment in the early months of FEP. Replication is needed in confirmatory trials. The findings support the need for careful consideration of the risks and benefits of various antipsychotics and the importance of accounting for their cognitive effects in longitudinal research.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"ORN":"35",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37453207",

"TI":"Brain tissue iron neurophysiology and its relationship with the cognitive effects of dopaminergic modulation in children with and without ADHD.",

"SO":"Developmental Cognitive Neuroscience. 63:101274, 2023 10.",

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Luna, Beatriz  
  
Cohen, Jessica R",

"OD":"Cascone, Arianna D. Neuroscience Curriculum, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA. Electronic address: acascone@email.unc.edu.  
  
Calabro, Finnegan. Department of Psychiatry, University of Pittsburgh, Pittsburgh, PA, USA Department of Bioengineering, University of Pittsburgh, Pittsburgh, PA, USA.  
  
Foran, William. Department of Psychiatry, University of Pittsburgh, Pittsburgh, PA, USA.  
  
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Parr, Ashley C. Department of Psychiatry, University of Pittsburgh, Pittsburgh, PA, USA.  
  
Tervo-Clemmens, Brenden. Department of Psychiatry, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA.  
  
Luna, Beatriz. Department of Psychiatry, University of Pittsburgh, Pittsburgh, PA, USA.  
  
Cohen, Jessica R. Carolina Institute for Developmental Disabilities, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA Department of Psychology and Neuroscience, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA Biomedical Research Imaging Center, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA.",

"AB":"Humans  
  
Child  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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"FTURL":"ADHD Dopamine Methylphenidate Response inhibition Reward Tissue iron",

"PM":"NOTNLM",

"DJ":"Children with attention-deficit/hyperactivity disorder (ADHD) exhibit impairments in response inhibition. These impairments are ameliorated by modulating dopamine (DA) via the administration of rewards or stimulant medication like methylphenidate (MPH). It is currently unclear whether intrinsic DA availability impacts these effects of dopaminergic modulation on response inhibition. Thus, we estimated intrinsic DA availability using magnetic resonance-based assessments of basal ganglia and thalamic tissue iron in 36 medication-naive children with ADHD and 29 typically developing (TD) children (8-12 y) who underwent fMRI scans and completed standard and rewarded go/no-go tasks. Children with ADHD additionally participated in a double-blind, randomized, placebo-controlled, crossover MPH challenge. Using linear regressions covarying for age and sex, we determined there were no group differences in brain tissue iron. We additionally found that higher putamen tissue iron was associated with worse response inhibition performance in all participants. Crucially, we observed that higher putamen and caudate tissue iron was associated with greater responsivity to MPH, as measured by improved task performance, in participants with ADHD. These results begin to clarify the role of subcortical brain tissue iron, a measure associated with intrinsic DA availability, in the cognitive effects of reward- and MPH-related dopaminergic modulation in children with ADHD and TD children. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.",

"MV":"0 (Central Nervous System Stimulants)  
  
VTD58H1Z2X (Dopamine)  
  
207ZZ9QZ49 (Methylphenidate)",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, N.I.H., Extramural",

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"UI":"639160020",

"TI":"Understanding the development of bipolar disorder and borderline personality disorder in young people: a meta-review of systematic reviews.",

"SO":"Psychological medicine. (pp 1-14), 2022. Date of Publication: 30 Sep 2022.",

"AU":"Durdurak B.B.  
  
Altaweel N.  
  
Upthegrove R.  
  
Marwaha S.",

"AO":"(Durdurak, Altaweel, Upthegrove, Marwaha) Institute for Mental Health, School of Psychology, University of Birmingham, Birmingham, United Kingdom  
  
(Upthegrove) Early Intervention Service, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, United Kingdom  
  
(Marwaha) Specialist Mood Disorders Clinic, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom",

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Medline  
  
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Web of Science [m]",

"OD":"BACKGROUND: There is ongoing debate on the nosological position of bipolar disorder (BD) and borderline personality disorder (BPD). Identifying the unique and shared risks, developmental pathways, and symptoms in emerging BD and BPD could help the field refine aetiological hypotheses and improve the prediction of the onset of these disorders. This study aimed to: (a) systematically synthesise the available evidence from systematic reviews (SRs) and meta-analyses (MAs) concerning environmental, psychosocial, biological, and clinical factors leading to the emergence of BD and BPD (b) identify the main differences and common features between the two disorders to characterise their complex interplay and, (c) highlight remaining evidence gaps. METHOD(S): Data sources were PubMed, PsychINFO, Embase, Cochrane, CINAHL, Medline, ISI Web of Science. Overlap of included SRs/MAs was assessed using the corrected covered area process. The methodological quality of each included SR and MA was assessed using the AMSTAR. RESULT(S): 22 SRs and MAs involving 249 prospective studies met eligibility criteria. Results demonstrated that family history of psychopathology, affective instability, attention deficit hyperactivity disorder, anxiety disorders, depression, sleep disturbances, substance abuse, psychotic symptoms, suicidality, childhood adversity and temperament were common predisposing factors across both disorders. There are also distinct factors specific to emerging BD or BPD. CONCLUSION(S): Prospective studies are required to increase our understanding of the development of BD and BPD onset and their complex interplay by concurrently examining multiple measures in BD and BPD at-risk populations.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Durdurak, Buse Beril ORCID: https://orcid.org/0000-0001-9257-1457",

"DJ":"36177878 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36177878]",

"MV":"nan",

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"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"35",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36576049",

"TI":"The effect of computerized working memory training on working memory and emotion perception for patients with chronic schizophrenia and normal cognition.",

"SO":"Applied Neuropsychology. Adult. :1-9, 2022 Dec 28",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Chiang SK  
  
Liu WY  
  
Hu TM",

"MH":"Chiang, Shih Kuang  
  
Liu, Wan-Yu  
  
Hu, Tsung-Ming",

"DU":"Chiang, Shih Kuang. National Dong Hwa University, Shoufeng, Taiwan.  
  
Liu, Wan-Yu. Chung Shan Medical Rehabilitative Hospital, Taichung, Taiwan.  
  
Hu, Tsung-Ming. Taipei Veterans General Hospital, Taipei, Taiwan.",

"OD":"BACKGROUND: Cognitive impairment and affective symptoms are hallmark features of patients with schizophrenia. This study determines whether a computerized working memory training program improves the patient's working memory and affective perception.  
  
METHODS: Thirty-nine male patients with schizophrenia, aged 25-65, participated in this study. The study uses a single-blind randomized controlled design. Twenty subjects were assigned to the experimental group and received an eight-week working memory computerized training course comprising four modules of the CogniPlus system. Nineteen subjects were assigned to the control group and received treatment as usual. All subjects received the same assessments twice, including the Mini-Mental Status Examination (MMSE), Working Memory Index (WMI) of Wechsler Adult Intelligence Scale-Third Edition, and the subjective rating of pictures of the International affective picture system by Self-Assessment Manikin (SAM).  
  
RESULTS: This study shows that computerized working memory training improves WMI and the score for MMSE and produces a significant increase in the pleasure score for S.A.M. for negative pictures, between the pretest and post-test for the experimental group.  
  
CONCLUSIONS: Working memory training improves working memory and emotion perception for patients with chronic schizophrenia and normal cognition. The limitations of this study and suggestions for future study are also discussed.",

"AB":"Journal Article",

"FTURL":"2022",

"PM":"Click here for full text options",

"DJ":"Cognition training emotion perception schizophrenia working memory",

"MV":"NOTNLM",

"TN":"Chiang, Shih Kuang ORCID: https://orcid.org/0000-0002-3868-4829",

"Unnamed: 22":"nan",

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"Unnamed: 25":"nan",

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"Database":"EMBASE",

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"DB":"Embase",

"UI":"2018068653",

"TI":"In-Silico Analysis and Protective Efficacy of the PcrV Recombinant Vaccine against Pseudomonas Aeruginosa in the Burned and PA-Infected BALB/c Mouse Model.",

"SO":"Iranian Journal of Immunology. 17(2) (pp 121-136), 2020. Date of Publication: June 2020.",

"AU":"Fakoor M.H.  
  
Owlia P.  
  
Gargari S.L.M.  
  
Sabokbar A.",

"AO":"nan",

"IN":"(Fakoor, Sabokbar) Department of Microbiology, Karaj Branch, Islamic Azad University, Karaj, Iran, Islamic Republic of  
  
(Owlia) Molecular Microbiology Research Center (MMRC), Shahed University, Tehran, Iran, Islamic Republic of  
  
(Gargari) Department of Biology, Faculty of Basic Sciences, Shahed University, Tehran, Iran, Islamic Republic of",

"PB":"Shiraz University of Medical Sciences",

"MH":"animal experiment  
  
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animal tissue  
  
antibody titer  
  
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\*computer model  
  
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dilution  
  
Escherichia coli  
  
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LD50  
  
liver  
  
lung  
  
male  
  
molecular weight  
  
mouse  
  
nonhuman  
  
passive immunization  
  
\*Pseudomonas aeruginosa  
  
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survival rate [m]",

"AB":"Background: Pseudomonas aeruginosa is considered as the most severe cause of infections in burn patients and pneumonia infections. Objective(s): To study the protective effects of recombinant protein vaccine harboring the PcrV of P. aeruginosa in the mice model of burn and respiratory infections. Method(s): Recombinant protein vaccine harboring the PcrV was expressed in the E.coli BL-21 strain. Mice were immunized with the purified recombinant protein and the antibody titer was measured in the sera obtained from the immunized mice. Immunized and control mice were challenged by active and passive immunization. The microbial counts in the lung, skin, liver, spleen, and kidney were compared with the control mice. Result(s): Bioinformatics analysis indicated that the PcrV protein was conserved in 1552 clinical and environmental isolates. Also, the isoelectric point (pI), molecular weight, and Grand Average of Hydropathy (GRAVY) score were analyzed. Mice were injected with recombinant protein and serum from immunized mice reacted strongly with recombinant antigen at a dilution of 1:64000. The survival rate of the mice infected with 5 x LD50 of the PA was significantly increased up to 75% in the standard strains (PAO1 and PAK), and the number of bacteria, especially in the internal organs (kidney, spleen, and liver) significantly reduced compared to the mice immunized with the placebo. Conclusion(s): Our results demonstrated that the PcrV protein could be an effective candidate vaccine for generation of immunity against the P. aeruginosa infection.Copyright © 2020, Shiraz University of Medical Sciences. All rights reserved.",

"FTURL":"Click here for full text options",

"PM":"32602466 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32602466]",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

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"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"36",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37387401",

"TI":"Ten-Year Performance of Posterior 6-mm Implants with Single-Tooth Restorations: A Randomized Controlled Trial.",

"SO":"Journal of Dental Research. 102(9):1015-1021, 2023 08.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Sahrmann P  
  
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Jung RE  
  
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"MH":"Sahrmann, P ORCID: https://orcid.org/0000-0001-5568-2529  
  
Naenni, N ORCID: https://orcid.org/0000-0002-6689-2684",

"DU":"Sahrmann, P  
  
Naenni, N  
  
Jung, R E  
  
Hammerle, C H F  
  
Attin, T  
  
Schmidlin, P R",

"OD":"Sahrmann, P. Clinic of Periodontology, Endodontology and Cariology, University Center of Dental Medicine, University of Basel, Basel, Switzerland.  
  
Naenni, N. Clinic of Fixed and Removable Prosthodontics and Dental Material Science, Center of Dental Medicine, University of Zurich, Zurich, Switzerland.  
  
Jung, R E. Clinic of Fixed and Removable Prosthodontics and Dental Material Science, Center of Dental Medicine, University of Zurich, Zurich, Switzerland.  
  
Hammerle, C H F. Clinic of Fixed and Removable Prosthodontics and Dental Material Science, Center of Dental Medicine, University of Zurich, Zurich, Switzerland.  
  
Attin, T. Clinic of Preventive Dentistry, Periodontology and Cariology, Center of Dental Medicine, University of Zurich, Zurich, Switzerland.  
  
Schmidlin, P R. Clinic of Preventive Dentistry, Periodontology and Cariology, Center of Dental Medicine, University of Zurich, Zurich, Switzerland.",

"AB":"alveolar bone loss clinical research dental radiography marginal bone level peri-implantitis single-tooth dental implants",

"FTURL":"NOTNLM",

"PM":"The aim of the study was to compare the clinical and radiographic outcomes of short dental implants (6-mm test group, TG) to longer implants (10-mm control group, CG) with single crown restorations after 10 y of loading. Patients requiring single-tooth replacement in the posterior jaws were randomly assigned to TG or CG. Implants were loaded with screw-retained single crowns after a healing period of 10 wk. Follow-up appointments were scheduled yearly and comprised patient-adapted oral hygiene reinstructions and polishing of all teeth and implants. After 10 y, clinical and radiographical parameters were assessed again. Out of initially 94 patients (47 in TG and CG, each), 70 (36 TG and 34 CG) could be reassessed. Survival rates accounted for 85.7% (TG) and 97.1% (CG), without significant intergroup difference (P = 0.072). All but 1 lost implant had been located in the lower jaw. These implants were not lost due to peri-implantitis but due to a late loss of osseointegration without signs of inflammation and with actually stable marginal bone levels (MBLs) over the investigation period. In general, MBLs were stable with medians (interquartile ranges) of 0.13 (0.78) mm and 0.08 (1.2) mm, for TG and CG, without significant intergroup differences. Crown-to-implant ratio showed a highly significant intergroup difference of 1.06 +/- 0.18 mm and 0.73 +/- 0.17 mm (P < 0.001). Few technical complications (i.e., screw loosening or chipping) were registered during the investigation period. In conclusion, given stringent professional maintenance, short dental implants with single-crown restorations show a slightly worse but statistically not different survival rate after 10 y, especially in the lower jaw, but can still be considered a valuable alternative, especially when vertical bone dimensions are limited (German Clinical Trials Registry: DRKS00006290).",

"DJ":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"MV":"2023",

"TN":"Click here for full text options",

"Unnamed: 22":"Humans  
  
\*Dental Implants  
  
\*Dental Implants, Single-Tooth  
  
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\*Peri-Implantitis  
  
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"UI":"37439329",

"TI":"Elotuzumab plus pomalidomide and dexamethasone in relapsed/refractory multiple myeloma: a multicenter, retrospective real-world experience with 200 cases outside of controlled clinical trials.",

"SO":"Haematologica. 2023 07 13",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Palmieri, Salvatore  
  
Galli, Monica  
  
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Rago, Angela  
  
Ria, Roberto  
  
Uccello, Giuseppina  
  
Barila, Gregorio  
  
Palumbo, Gaetano  
  
Pompa, Alessandra  
  
Vincelli, Donatella  
  
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Amendola, Angela  
  
Fontana, Raffaele  
  
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Rossini, Bernardo  
  
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Gozzetti, Alessandro  
  
Rizzi, Rita  
  
Sgherza, Nicola  
  
Ferretti, Eleonora  
  
Bertuglia, Giuseppe  
  
Nappi, Davide  
  
Petrucci, Maria Teresa  
  
Di Raimondo, Francesco  
  
Neri, Antonino  
  
Morabito, Fortunato  
  
Musto, Pellegrino",

"DU":"Gentile, Massimo. Department of Onco-hematology, Hematology Unit, Azienda Ospedaliera Annunziata, Cosenza, Italy Department of Pharmacy, Health and Nutritional Science, University of Calabria, Rende. massim.gentile@tiscali.it.  
  
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Ferretti, Eleonora. Scientific Directorate, Azienda USL-IRCCS di Reggio Emilia, Reggio Emilia.  
  
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Nappi, Davide. Hematology Unit, IRCCS Istituto Romagnolo per lo Studio dei Tumori (IRST) Dino Amadori.  
  
Petrucci, Maria Teresa. Department of Translational and Precision Medicine, Hematology Azienda Policlinico Umberto I Sapienza University of Rome, Rome.  
  
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Neri, Antonino. Scientific Directorate, Azienda USL-IRCCS di Reggio Emilia, Reggio Emilia. antonino.neri@ausl.re.it.  
  
Morabito, Fortunato. Biotechnology Research Unit, AO of Cosenza, Cosenza.  
  
Musto, Pellegrino. Hematology Section, Department of Precision and Regenerative Medicine and Ionian Area (DiMePRe-J), University of Bari 'Aldo Moro', Bari.",

"OD":"nan",

"AB":"nan",

"FTURL":"In the ELOQUENT-3 trial, the combination of elotuzumab, pomalidomide and dexamethasone (EloPd) proved a superior clinical benefit over Pd with a manageable toxicity profile, leading to its approval in relapsed/refractory multiple myeloma (RRMM), who had received at least two prior therapies, including lenalidomide and a proteasome inhibitor (PI). We report here a real-world experience of 200 RRMMs treated with EloPd in 35 Italian centers outside of clinical trials. In our dataset, the median number of prior lines of therapy was 2, with 51% of cases undergoing autologous stem cell transplant (ASCT) and 73% exposed to daratumumab. After a median follow-up of 9 months, 126 patients stopped EloPd, most of them (88.9%) because of disease progression. The overall response rate (ORR) was 55.4%, in line with the pivotal trial results. Regarding adverse events, our cohort experienced a toxicity profile similar to the ELOQUENT-3 trial, with no significant differences between younger (<70 years) and older patients. The median progression-free survival (PFS) was 7 months, shorter than that observed in the ELOQUENT-3, probably due to the different clinical characteristics of the two cohorts. Interestingly, the ISS stage III (HR:2.55) was associated with worse PFS. Finally, our series's median overall survival (OS) was shorter than that observed in the ELOQUENT-3 trial (17.5 versus 29.8 months). In conclusion, our real-world study confirms EloPd as a safe and possible therapeutic choice for RRMM who received at least two prior therapies, including lenalidomide and a PI.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

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"Database":"EMBASE",

"ORN":"36",

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"DB":"Embase",

"UI":"612265737",

"TI":"To b(ortezomib) or not to be: The stroma's the thing.",

"SO":"Journal of Pathology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Krem M.M.  
  
Yan J.",

"AO":"nan",

"IN":"(Krem, Yan) Division of Blood and Marrow Transplantation, Department of Medicine, James Graham Brown Cancer Center University of Louisville School of Medicine Louisville, KY USA  
  
(Yan) Division of Hematology/Oncology, Department of Medicine, James Graham Brown Cancer Center University of Louisville School of Medicine Louisville, KY USA",

"PB":"John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)",

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cell proliferation  
  
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endogenous compound  
  
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"OD":"The proteasome inhibitor bortezomib has been widely used to treat patients with multiple myeloma (MM). However, some patients show primary or secondary resistance. In recent work published in The Journal of Pathology, Beyar-Katz et al demonstrate that bortezomib treatment stimulates a host inflammatory response, which in turn promotes MM cell migration, viability, and proliferation. These effects appear to be mediated by pro-inflammatory M1-like stromal macrophages partly via secretion of cytokine IL-16. These unexpected findings imply that the binary M1/M2 definition of macrophages may not accurately describe the complexity and heterogeneity of macrophages associated with MM tumour growth and progression, and further suggest that bortezomib treatment stimulates host-driven tumour-promoting activity in addition to its cytotoxic activity, thus leading to potential bortezomib resistance in MM patients.Copyright © 2016 Pathological Society of Great Britain and Ireland.",

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"TI":"Semantic speech networks linked to formal thought disorder in early psychosis.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 28 Feb 2022.",

"AU":"Nettekoven C.R.  
  
Diederen K.  
  
Giles O.  
  
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Vertes P.E.  
  
Spencer T.J.  
  
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McGuire P.",

"AO":"Nettekoven, Caroline R. ORCID: https://orcid.org/0000-0001-5427-2907",

"IN":"(Nettekoven, Vertes, Morgan) Department of Psychiatry, School of Clinical Medicine, University of Cambridge, United Kingdom  
  
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(Collier) Theoretical and Applied Linguistics, Faculty of Modern and Medieval Languages, University of Cambridge, United Kingdom  
  
(Morgan) Department of Computer Science and Technology, University of Cambridge, United Kingdom",

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"FTURL":"Background and Hypothesis. Mapping a patient's speech as a network has proved to be a useful way of understanding formal thought disorder in psychosis. However, to date, graph theory tools have not incorporated the semantic content of speech, which is altered in psychosis. Study Design. We developed an algorithm, netts, to map the semantic content of speech as a network, then applied netts to construct semantic speech networks for a general population sample, and a clinical sample comprising patients with first episode psychosis (FEP), people at clinical high risk of psychosis (CHR-P), and healthy controls. Study Results. Semantic speech networks from the general population were more connected than size-matched randomised networks, with fewer and larger connected components, reflecting the non-random nature of speech. Networks from FEP patients were smaller than from healthy participants, for a picture description task but not a story recall task. For the former task, FEP networks were also more fragmented than those from controls showing more, smaller connected components. CHR-P networks showed fragmentation values in-between FEP patients and controls. A clustering analysis suggested that semantic speech networks captured novel signal not already described by existing NLP measures. Network features were also related to negative symptom scores and scores on the Thought and Language Index, although these relationships did not survive correcting for multiple comparisons. Conclusions. Overall, these data suggest that semantic networks can enable deeper phenotyping of formal thought disorder in psychosis. We are releasing Netts as an open Python package alongside this manuscript.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"SO":"Pharmacology, Biochemistry & Behavior. 230:173607, 2023 09.",

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"OD":"Parrella, Nina-Francecsa. Cognitive Neuroscience Unit, School of Psychology, Deakin University, Melbourne, Victoria 3125, Australia. Electronic address: parrellan@deakin.edu.au.  
  
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"DJ":"Cannabis-derived compounds, such as cannabidiol (CBD) and delta-9-trans-tetrahydrocannabinol (THC), are increasingly prescribed for a range of clinical indications. These phyto-cannabinoids have multiple biological targets, including the body's endocannabinoid system. There is growing scientific interest in the use of CBD, a non-intoxicating compound, to ameliorate symptoms associated with neurodevelopmental disorders. However, its suitability as a pharmaceutical intervention has not been reliably established in these clinical populations. This systematic review examines the nine published randomised controlled trials (RCTs) that have probed the safety and efficacy of CBD in individuals diagnosed with attention deficit hyperactivity disorder, autism spectrum disorder, intellectual disability, Tourette Syndrome, and complex motor disorders. Studies were identified systematically through searching four databases: Medline, CINAHL complete, PsycINFO, and EMBASE. Inclusion criteria were randomised controlled trials involving CBD and participants with neurodevelopmental disorders. No publication year or language restrictions were applied. Relevant data were extracted from the identified list of eligible articles. After extraction, data were cross-checked between the authors to ensure consistency. Several trials indicate potential efficacy, although this possibility is currently too inconsistent across RCTs to confidently guide clinical usage. Study characteristics, treatment properties, and outcomes varied greatly across the included trials. The material lack of comparable RCTs leaves CBD's suitability as a pharmacological treatment for neurodevelopmental disorders largely undetermined. A stronger evidence base is urgently required to establish safety and efficacy profiles and guide the ever-expanding clinical uptake of cannabis-derived compounds in neurodevelopmental disorders. Prospero registration number: CRD42021267839. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.",

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"TI":"Evaluation of ocular surface in children with attention deficit hyperactivity disorder with respect to methylphenidate treatment.",

"SO":"Arquivos brasileiros de oftalmologia. (no pagination), 2022. Date of Publication: 23 Sep 2022.",

"AU":"Aydemir E.  
  
Aydemir G.A.  
  
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"AO":"(Aydemir, Aydemir) Ophthalmology Department, Adiyaman University Training and Research Hospital, Turkey  
  
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"OD":"PURPOSE: This study aimed to screen the ocular surface of children with attention deficit hyperactivity disorder and identify the adverse effects of methylphenidate related to dry eye disease. METHOD(S): This cross-sectional study included children with attention deficit hyperactivity disorder and healthy children (all aged 5-18 years). They were randomized into Group A (without methylphenidate treatment), Group B (with methylphenidate treatment), and Group C (healthy children). Tear film break-up time, Ocular Surface Disease Index questionnaire, tear meniscus height, tear meniscus area, and Schirmer test results were evaluated. Furthermore, symptom severity in attention deficit hyperactivity disorder was assessed by Turgay DSM-IV-based Child and Adolescent Behavioral Disorders Screening and Rating Scale and Conners Parent Rating Scale-48. RESULT(S): Groups A, B, and C consisted of 34, 40, and 60 individuals (n=34, 40, and 60 eyes age=11.44 +/- 2.79, 11.70 +/- 2.83, and 11.96 +/- 3.63 years, median age=12, 12, and 11.5 years), respectively. Tear film break-up time, Ocular Surface Disease Index, tear meniscus height, tear meniscus area, and Schirmer test results were not significantly different between Groups A and C (p=0.964, 0.336, 0.445, 0.439, and 0.759, respectively). However, Group B showed a significant decrease in tear film break-up time (10.50 +/- 3.39 vs. 12.52 +/- 2.46 s p=0.005), tear meniscus height (307.40 +/- 5.53 vs. 310.82 +/- 7.30 microm p=0.025), tear meniscus area (0.024 +/- 0.0037 vs. 0.026 +/- 0.0046 mm2 p=0.010) and Schirmer test (12.75 +/- 3.96 vs. 15.41 +/- 3.75 mm p=0.004) results compared with Group A. CONCLUSION(S): Compared with healthy children, children with attention deficit hyperactivity disorder showed ocular surface parameters suggestive of dry eye disease despite taking methylphenidate. Thus, they require close ophthalmologic follow-up to prevent sight-threatening dry eye complications.",

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"DU":"Asherson, Philip. Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK  
  
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Thomson, Lindsay. Division of Psychiatry, University of Edinburgh, Edinburgh, UK  
  
Thomson, Lindsay. The Board, The State Hospital, Carstairs, UK",

"OD":"BACKGROUND: It is estimated that 20-30% of prisoners meet diagnostic criteria for attention deficit hyperactivity disorder (ADHD). Methylphenidate reduces ADHD symptoms, but its effect among prisoners remains uncertain.  
  
OBJECTIVES: The primary objective was to estimate the efficacy of osmotic release oral system (OROS) methylphenidate in reducing ADHD symptoms in male prisoners aged 16-25 years who met diagnostic criteria for ADHD. Secondary objectives investigated change for associated clinical and behavioural problems and the role of ADHD symptoms in mediating change in behaviour.  
  
DESIGN: A Phase IV, 8-week, parallel-arm, double-blind, randomised, placebo-controlled trial of OROS-methylphenidate, compared with placebo, in young male adult prisoners with ADHD. Participants were randomised in a 1 : 1 ratio of OROS-methylphenidate to placebo, stratified by prison.  
  
SETTING: Participants were recruited from Her Majesty's Prison and Young Offender Institution Isis (London, England) and Her Majesty's Young Offender Institution Polmont (Falkirk, Scotland).  
  
PARTICIPANTS: The participants were 200 male prisoners with ADHD aged 16-25 years who met the diagnostic criteria for ADHD. Exclusion criteria included moderate or severe learning disability serious risk of violence to researchers current major depression, psychosis, mania or hypomania, or a past history of bipolar disorder or schizophrenia and drug-seeking behaviour that was of sufficient severity to affect the titration protocol.  
  
INTERVENTION: The intervention was overencapsulated OROS-methylphenidate (18 mg) or placebo capsules. Trial medication was titrated weekly for 5 weeks against symptom reduction and adverse effects to a final dose of one to four capsules per day, followed by a stable dose for 3 weeks.  
  
MAIN OUTCOME MEASURES: The primary outcome was ADHD symptoms at 8 weeks using the investigator-rated Conners' Adult ADHD Rating Scale-Observer. There were 13 secondary outcomes, including measures of emotional dysregulation, general psychopathology, reports of behaviour by prison staff and engagement with educational activities.  
  
RESULTS: For the primary outcome, the estimated improvement between the OROS-methylphenidate and placebo arms was 0.57 points on the Conners' Adult ADHD Rating Scale-Observer (95% confidence interval -2.41 to 3.56) at 8 weeks, with a standardised effect size of 0.06. The difference was not statistically significant and was smaller than the difference the trial was powered to detect. Responder rate, defined as a 20% reduction in the Conners' Adult ADHD Rating Scale-Observer score, was 48.3% for the OROS-methylphenidate arm and 47.9% for the placebo arm. None of the 13 secondary outcomes that could be formally compared between the trial arms showed a significant effect and no mediators of change in behaviour were identified.  
  
LIMITATIONS: Low adherence to trial medication and low medication dose might have affected the results.  
  
CONCLUSION: OROS-methylphenidate was not found to have an effect, compared with placebo, on the primary and secondary outcomes investigated. The findings indicate that ADHD symptoms do not respond to a standard treatment for ADHD following titration to low doses in young adults in prison. The findings do not support the routine treatment with OROS-methylphenidate of young adult prisoners meeting diagnostic criteria for ADHD.  
  
FUTURE RESEARCH: Investigations of adequate, maintained dosing, non-pharmacological interventions and community studies are suggested.  
  
TRIAL REGISTRATION: This trial is registered as ISRCTN16827947 and EudraCT 2015-004271-78.  
  
FUNDING: This project was funded by the Efficacy and Mechanism Evaluation (EME) programme, a MRC and National Institute for Health and Care Research (NIHR) partnership. Janssen-Cilag Ltd supplied OROS-MPH (Concerta-XL). This will be published in full in Efficacy and Mechanism Evaluation Vol. 9, No. 6. See the NIHR Journals Library website for further project information. Copyright © 2022 Asherson et al. This work was produced by Asherson et al. under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaption in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source - NIHR Journals Library, and the DOI of the publication must be cited.",

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"TI":"Does Training Innate Immunity Confer Broad-spectrum Protection Against Bone and Joint Infection in a Mouse Model?.",

"SO":"Clinical Orthopaedics and Related Research. 478(11) (pp 2670-2681), 2020. Date of Publication: 01 Nov 2020.",

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"IN":"(Zhu, Lin, Wei, Bao, Gao, Zheng) Department of Orthopaedic Surgery, Shanghai Jiao Tong University Affiliated Sixth People's Hospital, 600 Yishan Road, Shanghai 200000, China",

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"AB":"BackgroundThe innate immune system can recall previous immunologic challenges and thus respond more effectively to subsequent unrelated challenges, a phenomenon called trained immunity. Training the innate immune system before surgery might be a potential option to prevent bone and joint infection.Questions/purposes(1) Does the training process cause adverse effects such as fever or organ injury? (2) Does training the innate immune system confer broad-spectrum protection against bone and joint infection in a mouse model? (3) Does trained immunity remain effective for up to 8 weeks in this mouse model?MethodsAfter randomization and group information blinding, we trained the innate immune system of C57BL/6 mice (n = 20 for each group) by intravenously injecting them with either 0.1 mg of zymosan (a toll-like receptor 2 agonist), 0.1 mg of lipopolysaccharide (a toll-like receptor 4 agonist), or normal saline (control). For assessing the host response and possible organ injury after training and infection challenge, we monitored rectal temperature, collected blood to determine leukocyte counts, and performed biochemical and proinflammatory cytokine analyses. After 2 weeks, we then assessed whether trained immunity could prevent infections in an intraarticular implant model subjected to a local or systemic challenge with a broad spectrum of bacterial species (Staphylococcus aureus, Escherichia coli, Enterococcus faecalis, Streptococcus pyogenes, or Pseudomonas aeruginosa) in terms of culture-positive rate and colony counts. The proportion of culture-positive joint samples from trained and control groups were compared after 4 weeks. Finally, we increased the interval between training and bacterial challenge up to 8 weeks to assess the durability of training efficacies.ResultsTraining with zymosan and lipopolysaccharide caused mild and transient stress in host animals in terms of elevated rectal temperature and higher blood urea nitrogen, creatinine, alanine aminotransferase, and aspartate aminotransferase levels. Trained mice had fewer culture-positive joint samples after local inoculation with S. aureus (control: 100% [20 of 20] zymosan: 55% [11 of 20], relative risk 0.55 [95% CI 0.37 to 0.82] p = 0.001 lipopolysaccharide: 60% [12 of 20], RR 0.60 [95% CI 0.42 to 0.86] p = 0.003) and systemic challenge with S. aureus (control: 70% [14 of 20] zymosan: 15% [3 of 20], RR 0.21 [95% CI 0.07 to 0.63] p = 0.001 lipopolysaccharide: 15% [3 of 20], RR 0.21 [95% CI 0.07 to 0.63] p = 0.001) than controls. We observed similar patterns of enhanced protection against local and systemic challenge of E. coli, E. faecalis, S. pyogenes, and P. aeruginosa. Zymosan-trained mice were more effectively protected against both local (control: 20 of 20 [100%], zymosan: 14 of 20 [70%], RR 0.70 [95% CI 0.53 to 0.93] p = 0.02) and systemic (control: 70% [14 of 20] zymosan: 30% [6 of 20], RR 0.43 [95% CI 0.21 to 0.89] p = 0.03) challenge with S. aureus for up to 8 weeks than controls.ConclusionsTrained immunity confers mild stress and broad-spectrum protection against bone and joint infection in a mouse model. The protection conferred by immunity training lasted up to 8 weeks in this mouse model. The results of the current research support further study of this presurgical strategy to mitigate bone and joint infection in other large animal models.Clinical RelevanceIf large animal models substantiate the efficacy and safety of presurgical immunity training-based strategies, clinical trials would be then warranted to translate this strategy into clinical practice.Copyright © 2020 Lippincott Williams and Wilkins. All rights reserved.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37360393",

"TI":"Small-molecule inhibitors of bacterial-producing metallo-beta-lactamases: insights into their resistance mechanisms and biochemical analyses of their activities. [Review]",

"SO":"Rsc Medicinal Chemistry. 14(6):1012-1048, 2023 Jun 22.",

"AU":"1",

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"IN":"PubMed-not-MEDLINE",

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"DU":"Ayipo, Yusuf Oloruntoyin  
  
Chong, Chien Fung  
  
Mordi, Mohd Nizam",

"OD":"Ayipo, Yusuf Oloruntoyin. Centre for Drug Research, Universiti Sains Malaysia USM 11800 Pulau Pinang Malaysia.  
  
Ayipo, Yusuf Oloruntoyin. Department of Chemistry and Industrial Chemistry, Kwara State University P. M. B., 1530, Malete Ilorin Nigeria yusuf.ayipo@kwasu.edu.ng.  
  
Chong, Chien Fung. Department of Allied Health Sciences, Universiti Tunku Abdul Rahman 31900 Kampar Perak Malaysia.  
  
Mordi, Mohd Nizam. Centre for Drug Research, Universiti Sains Malaysia USM 11800 Pulau Pinang Malaysia.",

"AB":"nan",

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"PM":"Antibiotic resistance (AR) remains one of the major threats to the global healthcare system, which is associated with alarming morbidity and mortality rates. The defence mechanisms of Enterobacteriaceae to antibiotics occur through several pathways including the production of metallo-beta-lactamases (MBLs). The carbapenemases, notably, New Delhi MBL (NDM), imipenemase (IMP), and Verona integron-encoded MBL (VIM), represent the critical MBLs implicated in AR pathogenesis and are responsible for the worst AR-related clinical conditions, but there are no approved inhibitors to date, which needs to be urgently addressed. Presently, the available antibiotics including the most active beta-lactam-types are subjected to deactivation and degradation by the notorious superbug-produced enzymes. Progressively, scientists have devoted their efforts to curbing this global menace, and consequently a systematic overview on this topic can aid the timely development of effective therapeutics. In this review, diagnostic strategies for MBL strains and biochemical analyses of potent small-molecule inhibitors from experimental reports (2020-date) are overviewed. Notably, N1 and N2 from natural sources, S3-S7, S9 and S10 and S13-S16 from synthetic routes displayed the most potent broad-spectrum inhibition with ideal safety profiles. Their mechanisms of action include metal sequestration from and multi-dimensional binding to the MBL active pockets. Presently, some beta-lactamase (BL)/MBL inhibitors have reached the clinical trial stage. This synopsis represents a model for future translational studies towards the discovery of effective therapeutics to overcome the challenges of AR. Copyright This journal is © The Royal Society of Chemistry.",

"DJ":"Journal Article  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"37739860",

"TI":"Autologous stem cell transplantation in patients older than 65 years with multiple myeloma: a real-world study.",

"SO":"Hematology Transfusion & Cell Therapy. 2023 Sep 05",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

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Arbelbide, Jorge  
  
Fantl, Dorotea  
  
Basquiera, Ana Lisa",

"DU":"Seehaus, Cristian Maximiliano. Hospital Italiano de Buenos Aires, Buenos Aires, Argentina. Electronic address: cristian.seehaus@hospitalitaliano.org.ar.  
  
Schutz, Natalia. Hospital Italiano de Buenos Aires, Buenos Aires, Argentina.  
  
Brulc, Erika. Hospital Italiano de Buenos Aires, Buenos Aires, Argentina.  
  
Ferini, Gonzalo. Hospital Italiano de Buenos Aires, Buenos Aires, Argentina.  
  
Arbelbide, Jorge. Hospital Italiano de Buenos Aires, Buenos Aires, Argentina.  
  
Fantl, Dorotea. Hospital Italiano de Buenos Aires, Buenos Aires, Argentina.  
  
Basquiera, Ana Lisa. Hospital Italiano de Buenos Aires, Buenos Aires, Argentina.",

"OD":"Autologous stem cell transplantation Elderly Multiple myeloma",

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"FTURL":"INTRODUCTION: The treatment of elderly multiple myeloma (MM) patients with autologous stem cell transplantation (ASCT) is a controversial procedure. Most clinical trials evaluating the safety and efficacy of ASCT have primarily included patients younger than 65 years.  
  
DESIGN AND METHODS: This was a retrospective analysis of patients with MM who underwent ASCT between 2008 and 2018. Patients at or over 65 years were compared with patients under 65 years. We analyzed treatment-related mortality (TRM), response rate, progression-free survival (PFS) and overall survival (OS).  
  
RESULTS: Two hundred and twenty-one patients were included: 50 patients at or over 65 years, (median age 68 years), including 7 patients over 70 years and 151 patients under 65 years, (median age 57 years). No differences were found in the neutrophil and platelet engraftment, median days of hospitalization and life support requirement during the hospitalization period for the ASCT. No statistically significant differences were found in the incidence of TRM between both groups at 100 days post-transplant (2% vs. 2.9%, p = 0.322). The ASCT improved complete response and stringent complete response rates (44% vs. 37%, p < 0.001). Survival was not modified by age: after a median follow-up of 53 months, the estimated PFS rates at three years were 63% and 60% (p = 0.88) and the OS rates at five years were 75% and 74% (p = 0.72), respectively.  
  
CONCLUSIONS: Our data suggest that the ASCT is feasible in selected elderly patients with MM over 65 years of age, achieving response and survival rates similar to those of younger patients. Copyright © 2023 Associacao Brasileira de Hematologia, Hemoterapia e Terapia Celular. Published by Elsevier Espana, S.L.U. All rights reserved.",

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"DB":"Embase",

"UI":"611663620",

"TI":"Lenalidomide consolidation treatment in patients with multiple myeloma suppresses myelopoieses but spares erythropoiesis.",

"SO":"International Journal of Cancer. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Wilk C.M.  
  
Heinzler N.  
  
Boquoi A.  
  
Cadeddu R.-P.  
  
Strapatsas T.  
  
Dienst A.  
  
Majidi F.  
  
Deenen R.  
  
Bruns I.  
  
Schroeder T.  
  
Kohrer K.  
  
Haas R.  
  
Kobbe G.  
  
Fenk R.",

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"IN":"(Wilk, Heinzler, Boquoi, Cadeddu, Strapatsas, Dienst, Majidi, Schroeder, Haas, Kobbe, Fenk) Department of Hematology, Oncology and Clinical ImmunologyUniversity Hospital Duesseldorf and Heinrich-Heine-University DuesseldorfDuesseldorf Germany  
  
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(Strapatsas) Division of Emergency CareHelios Klinikum WuppertalWuppertal Germany  
  
(Deenen, Kohrer) Biologisch-Medizinisches Forschungszentrum (BMFZ), Heinrich-Heine-University DuesseldorfDuesseldorf Germany  
  
(Bruns) Department of Cell BiologyAlbert Einstein College of Medicine, BronxNew York",

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"OD":"New drugs for the treatment of multiple myeloma (MM) comprise immunomodulatory substances such as lenalidomide and related compounds. While lenalidomide has found its way into first-line treatment as well as into relapse therapy, little is known about lenalidomide effects on normal hematopoietic stem and progenitor cells (HSPCs). In this study, we investigated whether HSPCs are influenced by lenalidomide on a phenotypic, functional and gene expression level. For that purpose, samples from patients with MM were obtained who underwent equivalent first-line treatment including induction therapy, cytotoxic stem cell mobilization and high-dose melphalan therapy followed by autologous blood stem cell transplantation and a subsequent uniform lenalidomide consolidation treatment within a prospective clinical trial. We found that after six months of lenalidomide therapy, the number of CD34+ HSPCs decreased. Additionally, lenalidomide affects the numerical composition of hematopoietic cells in the bone marrow while it does not affect long-term HSPC proliferation in vitro. We found a significant amplification of fetal hemoglobin (HbF) expression on a transcriptional level and can confirm a stimulated erythropoiesis on a phenotypic level. These effects were accompanied by silencing of the TGF-beta signaling pathway on the gene expression and protein level that is known to be amplified in active MM. However, these pleiotropic effects gave no evidence for mutagenic potential. In conclusion, lenalidomide does not exert long-term effects on proliferation of HSPCs but instead promotes erythropoiesis by shifting hemoglobin expression toward HbF and by silencing the TGF-beta signaling pathway.Copyright © 2016 UICC.",

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"TI":"Presentation and Short-term Course of New Onset Cannabis Induced Psychotic Disorder in Males.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 31 Jan 2022.",

"AU":"D'Souza D.C.  
  
Raj J.  
  
Ganesh S.  
  
Goyal N.  
  
Vidya K.L.  
  
Tikka S.K.  
  
Shreekantiah U.  
  
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Sinha V.K.  
  
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"IN":"(D'Souza, Ganesh, Cortes-Briones) Dept. of Psychiatry, Yale University, School of Medicine, United States  
  
(Raj, Goyal, Vidya, Tikka, Shreekantiah, Ram, Sinha) Central Institute of Psychiatry, Ranchi, India  
  
(Murthy, Sharma) National Institute of Mental Health and Neurosciences, Bengaluru, India  
  
(Tikka) All India Institute of Medical Sciences, Bibinagar, India",

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"FTURL":"Introduction: Cannabis use has been associated with several psychosis outcomes including acute and persistent psychosis termed Cannabis Induced Psychotic Disorder (CIPD). The clinical and cognitive profile, course of CIPD, and the extent to which it is different from psychosis unrelated to cannabis exposure (PsyNoCan) is not clear. Method(s): The acute presentation and short-term (~4 weeks) course of hospitalized male patients with new onset CIPD were compared prospectively to PsyNoCan using measures of psychosis, depression, mania, memory and other cognitive processes at admission, and after 4 weeks of inpatient hospitalization. A subsample of CIPD patients were followed up after 4-6 months of discharge. Cognitive test performance was benchmarked for comparison in healthy controls and individuals with Cannabis Use Disorder. Result(s): Compared to PsyNoCan (n=53), CIPD (n=66) had a significantly lower severity of psychotic symptoms at admission but no differences in mood symptoms. After 4 weeks of hospitalization, the CIPD group had less psychosis. While both groups had significant cognitive deficits at baseline compared to healthy controls, cognitive test performance improved to a greater extent in CIPD. Amongst 16 CIPD cases with longitudinal follow-up data, 10 relapsed with psychosis within 6 months after resuming cannabis use. Conclusion(s): CIPD in males has a distinct presentation and short-term course, characterized by less severe psychosis, and greater resolution of psychopathology and cognitive deficits relative to PsyNoCan. Relapse of cannabis use may predict poorer long-term outcomes with greater psychotic relapses. The longer-term course, prognosis and biology of CIPD, and its presentation in females needs further study.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"DB":"Ovid MEDLINE(R)",

"UI":"35279770",

"TI":"Stability of the effects of a social competence training program for children with oppositional defiant disorder/conduct disorder: a 10-month follow-up.",

"SO":"European Child & Adolescent Psychiatry. 32(9):1599-1608, 2023 Sep.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

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"OD":"Giudice, Teresa Del. Faculty of Medicine, School of Child and Adolescent Cognitive Behavior Therapy (AKiP), University Hospital Cologne, University of Cologne, Cologne, Germany. Teresa.del-giudice@uk-koeln.de.  
  
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Gortz-Dorten, Anja. Faculty of Medicine, School of Child and Adolescent Cognitive Behavior Therapy (AKiP), University Hospital Cologne, University of Cologne, Cologne, Germany.  
  
Gortz-Dorten, Anja. Faculty of Medicine, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University Hospital Cologne, University of Cologne, Cologne, Germany.",

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"PM":"NOTNLM",

"DJ":"The stability and effectiveness of the Treatment Program for Children with Aggressive Behavior (THAV) in terms of reducing behavioral problems in children with oppositional defiant disorder (ODD) and conduct disorder (CD) were examined at a 10-month follow-up (FU). A total of 76 families and their children (boys aged 6-12 years), who previously participated in a randomized controlled trial comparing THAV with an active control group, took part in the 10-month FU assessment. Outcome measures were rated by parents and included the evaluation of child aggressive behavior, prosocial behavior, problem-maintaining and problem-moderating factors, and comorbid symptoms. Linear mixed models for repeated measures (MMRM) were conducted. The results revealed that THAV effects remained stable (problem-maintaining and problem-moderating factors comorbid symptoms) and even partially improved (aggressive behavior ADHD symptoms) over the FU period. Additionally, the differences between the THAV intervention group and the control group, which were apparent at the end of the treatment (post), mainly also remained at the FU assessment. It can be concluded that THAV is an effective and stable intervention for boys aged 6-12 years with ODD/CD. Copyright © 2022. The Author(s).",

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"TI":"Rumination as a Mechanism of the Longitudinal Association Between COVID-19-Related Stress and Internalizing Symptoms in Adolescents.",

"SO":"Child psychiatry and human development. (no pagination), 2022. Date of Publication: 08 Sep 2022.",

"AU":"Fredrick J.W.  
  
Nagle K.  
  
Langberg J.M.  
  
Dvorsky M.R.  
  
Breaux R.  
  
Becker S.P.",

"AO":"(Fredrick, Nagle, Becker) Division of Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, OH 45229, United States  
  
(Fredrick, Becker) Department of Pediatrics, University of Cincinnati College of Medicine, Cincinnati, OH, United States  
  
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(Dvorsky) Division of Psychology and Behavioral Health, Children's National Hospital, Center for Translational Research, WA, United States  
  
(Dvorsky) Department of Psychiatry & Behavioral Sciences, Department of Pediatrics, George Washington University School of Medicine and Health Sciences, WA, United States  
  
(Breaux) Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA, United States",

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"OD":"The current prospective longitudinal study evaluated brooding rumination as an intervening mechanism of the association between COVID-19-related stress and internalizing symptoms during the first year of the pandemic. Attention-deficit/hyperactivity disorder (ADHD) status and adolescent sex were tested as moderators of the indirect effect. Adolescents with and without ADHD (N=238 M age=16.74) completed rating scales of COVID-19 stress and both adolescents and parents completed ratings scales of internalizing symptoms in May/June 2020 (T1). In October/November 2020 (T2), adolescents reported on their brooding rumination. Adolescents and parents reported on internalizing symptoms again in March/April 2021 (T3). Covariates included participant characteristics and baseline symptoms. T1 self-reported COVID-19-related stress was associated with increased T3 self-reported anxiety (ab=0.10), self-reported depression (ab=0.07), and parent-reported depression (ab=0.09) via T2 brooding rumination. The indirect effect did not differ for adolescents with and without ADHD or for female and male adolescents. Brooding rumination may be one mechanism to target to promote the mental health adjustment of adolescents during periods of high stress of the COVID-19 pandemic and future stressors.Copyright © 2022. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.",

"AB":"Click here for full text options",

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"PM":"Fredrick, Joseph W. ORCID: https://orcid.org/0000-0003-4617-8552  
  
Becker, Stephen P. ORCID: https://orcid.org/0000-0001-9046-5183  
  
Langberg, Joshua M. ORCID: https://orcid.org/0000-0003-0169-2793  
  
Dvorsky, Melissa R. ORCID: https://orcid.org/0000-0002-3790-1334  
  
Breaux, Rosanna ORCID: https://orcid.org/0000-0001-5500-6950",

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"DB":"Ovid MEDLINE(R)",

"UI":"36475415",

"TI":"Effectiveness of an Uncertainty Management Psychoeducation Program for Schizophrenia Caregivers: A Randomized Controlled Trial.",

"SO":"Journal of the American Psychiatric Nurses Association. :10783903221141890, 2022 Dec 07",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"DU":"Bora, Sultan Tas. Sultan Tas Bora, PhD, Akdeniz University, Antalya, Turkey.  
  
Buldukoglu, Kadriye. Kadriye Buldukoglu, BSN, PhD, Akdeniz University, Antalya, Turkey.  
  
Bailey, Donald Etheridge Jr. Donald Etheridge Bailey Jr., PhD, RN, FAAN, Duke University School of Nursing, Durham, NC, USA.",

"OD":"BACKGROUND: The inconsistent course of schizophrenia causes a long-term experience of uncertainty for individuals and their families. In Turkey, no studies yet exist that have attempted to address this constant uncertainty that is experienced by caregivers of schizophrenic patients.  
  
AIMS: To evaluate the effects of the Uncertainty Management Psychoeducation Program on reducing uncertainty and intolerance to uncertainty, improving psychological well-being, and coping styles in caregivers of patients with schizophrenia.  
  
METHOD: Single-blinded randomized controlled trial. Caregivers of schizophrenia inpatients were recruited from the psychiatry clinic of a university-affiliated hospital. Data were collected between April 2019 and August 2020. Eligible individuals were randomly allocated to one of the two groups: intervention or control. The intervention group had five individual psychoeducation sessions: Recognizing Uncertainty, Cognitively Reframing Uncertainty, Solving Uncertainty-Related Issues, Dealing with Uncertainty Using Communication Skills, and the Closing Session. Participants in the control group received the usual care. Uncertainty, intolerance to uncertainty, psychological well-being, and stress coping strategies were measured at two points: at baseline and immediately following the intervention. Hypotheses were tested using the Mann-Whitney U and Wilcoxon tests.  
  
RESULTS: A total of 54 participants were recruited. The intervention group's ratings for seeking social support and optimistic approach were higher than the control group's ratings. Significant within-group changes in terms of uncertainty and optimistic approach were reported for the intervention group in the post-intervention. In the control group, significant changes were seen in terms of uncertainty and psychological well-being over time.  
  
CONCLUSION: The Uncertainty Management Psychoeducation Program was found to be effective in reducing the level of uncertainty, increasing their optimistic approach, and seeking social support of caregivers of schizophrenic patients.",

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"TI":"Italian Young Doctors' knowledge, attitude and practices on antibiotic use and resistance: A national cross-sectional survey.",

"SO":"Journal of global antimicrobial resistance. (no pagination), 2020. Date of Publication: 21 Sep 2020.",

"AU":"Di Gennaro F.  
  
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Bernaudo F.  
  
Frisicale E.M.  
  
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Veronese N.  
  
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"IN":"(Di Gennaro, Marotta) Italian Young Medical Doctors Association, Italy Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo Neuromed, 86077 Pozzilli, Italy  
  
(Amicone) Italian Young Medical Doctors Association, Italy Department of Public Health, Nefrology Unit, University of Naples Federico II, Naples, Italy  
  
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(Frisicale) Italian Young Medical Doctors Association, Italy Local Health Authority (ASL) Roma 1, Rome, Italy Department of Woman and Child Health and Public Health - Public Health Area, Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italia  
  
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(Veronese) University of Palermo, Geriatrics Department, Palermo, Italy  
  
(Murri, Fantoni) Department di Clinica delle Malattie Infettive, Universita Cattolica S Cuore, Roma, Italy",

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"AB":"OBJECTIVES: Antimicrobial resistance (AMR) is one of the major health issues world-wide. Clinicians should play a central role to fight AMR, and medical training is a pivotal issue to contrast it therefore, assessing levels of knowledge, attitudes and practices among young doctors is essential for future antimicrobial stewardship (AMS) programs. METHOD(S): A national-wide cross-sectional, multicentre survey was conducted. A descriptive analysis of knowledge and attitudes was performed, along with a univariate and multivariate analysis of their determinants. RESULT(S): Overall, 1179 young doctors accessed the survey and 1055 completed all sections (89.5%). As for the knowledge section of the questionnaire, almost all the participants declared to know the different species of bacteria proposed, however, the percentage of participants who correctly responded to clinical quizzes was of 23% for the question on vancomycin-resistant enterococci (VRE), 42% the one about carbapenem-resistant Enterobacteriaceae (CRE), 32% on extended-spectrum-beta-lactamases (ESBL) producing bacteria and of 27% (285) on methicillin-resistant Staphilococcus aureus (MRSA). Similarly, 81% of participants disagreed in stating that, during their medical training, AMR was adequately addressed and 70% disagreed that they received the right example from their tutors. Finally, a high rate of agreement with the proposed actions to contrast AMR was documented in particular, percentages of agreement were 75% of respondents who agreed to be part of an active surveillance system or AMS programs. CONCLUSION(S): Tackling AMR should be a priority for politicians and for all health workers. The inclusion of competencies in antibiotic use in all specialty curricula is urgently needed.Copyright © 2020. Published by Elsevier Ltd.",

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"TI":"Colistin Monotherapy versus Combination Therapy for Carbapenem-Resistant Organisms.",

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Ghazyaran, Varduhi  
  
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"OD":"Kaye, Keith S. Division of Allergy, Immunology, and Infectious Diseases, Department of Medicine, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ.  
  
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Pogue, Jason M. Department of Clinical Pharmacy, University of Michigan College of Pharmacy, Ann Arbor.",

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"PM":"BACKGROUND: Pneumonia and bloodstream infections (BSI) due to extensively drug-resistant (XDR) Acinetobacter baumannii, XDR Pseudomonas aeruginosa, and carbapenem-resistant Enterobacterales (CRE) are associated with high mortality rates, and therapeutic options remain limited. This trial assessed whether combination therapy with colistin and meropenem was superior to colistin monotherapy for the treatment of these infections.  
  
METHODS: The OVERCOME (Colistin Monotherapy versus Combination Therapy) trial was an international, randomized, double-blind, placebo-controlled trial. We randomly assigned participants to receive colistin (5 mg/kg once followed by 1.67 mg/kg every 8 hours) in combination with either meropenem (1000 mg every 8 hours) or matching placebo for the treatment of pneumonia and/or BSI caused by XDR A. baumannii, XDR P. aeruginosa, or CRE. The primary outcome was 28-day mortality, and secondary outcomes included clinical failure and microbiologic cure.  
  
RESULTS: Between 2012 and 2020, a total of 464 participants were randomly assigned to treatment, and 423 eligible patients comprised the modified intention-to-treat population. A. baumannii was the predominant trial pathogen (78%) and pneumonia the most common index infection (70%). Most patients were in the intensive care unit at the time of enrollment (69%). There was no difference in mortality (43 vs. 37% P=0.17), clinical failure (65 vs. 58% difference, 6.8 percentage points 95% confidence interval [CI], -3.1 to 16.6), microbiologic cure (65 vs. 60% difference, 4.8 percentage points 95% CI, -5.6 to 15.2), or adverse events (acute kidney injury, 52 vs. 49% [P=0.55] hypersensitivity reaction, 1 vs. 3% [P=0.22] and neurotoxicity, 5 vs. 2% [P=0.29]) between patients receiving monotherapy and combination therapy, respectively.  
  
CONCLUSIONS: Combination therapy with colistin and meropenem was not superior to colistin monotherapy for the treatment of pneumonia or BSI caused by these pathogens. (Funded by the National Institute of Allergy and Infectious Diseases, Division of Microbiology and Infectious Diseases protocol 10-0065 ClinicalTrials.gov number, NCT01597973.).",

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"UI":"37736806",

"TI":"CRISPR-Cas9 system: a novel and promising era of genotherapy for beta-hemoglobinopathies, hematological malignancy, and hemophilia. [Review]",

"SO":"Annals of Hematology. 2023 Sep 22",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"MH":"Alayoubi, Abdulfatah M  
  
Khawaji, Zakaria Y  
  
Mohammed, Mohammed A  
  
Mercier, Francois E",

"DU":"Alayoubi, Abdulfatah M. Department of Biochemistry and Molecular Medicine, College of Medicine, Taibah University, Madinah, Saudi Arabia.  
  
Khawaji, Zakaria Y. College of Medicine, Taibah University, Madinah, Saudi Arabia. Zakaria.khawaji1@gmail.com.  
  
Mohammed, Mohammed A. College of Medicine, Taibah University, Madinah, Saudi Arabia.  
  
Mercier, Francois E. Divisions of Experimental Medicine & Hematology, Department of Medicine, Faculty of Medicine, McGill University, Montreal, Quebec, Canada.",

"OD":"Beta-thalassemia CAR-T cell CRISPR-Cas9 Gene editing Hemophilia Sickle cell anemia",

"AB":"NOTNLM",

"FTURL":"Gene therapy represents a significant potential to revolutionize the field of hematology with applications in correcting genetic mutations, generating cell lines and animal models, and improving the feasibility and efficacy of cancer immunotherapy. Compared to different genetic engineering tools, clustered regularly interspaced short palindromic repeats (CRISPR) CRISPR-associated protein 9 (Cas9) emerged as an effective and versatile genetic editor with the ability to precisely modify the genome. The applications of genetic engineering in various hematological disorders have shown encouraging results. Monogenic hematological disorders can conceivably be corrected with single gene modification. Through the use of CRISPR-CAS9, restoration of functional red blood cells and hemostasis factors were successfully attained in sickle cell anemia, beta-thalassemia, and hemophilia disorders. Our understanding of hemato-oncology has been advanced via CRIPSR-CAS9 technology. CRISPR-CAS9 aided to build a platform of mutated genes responsible for cell survival and proliferation in leukemia. Therapeutic application of CRISPR-CAS9 when combined with chimeric antigen receptor (CAR) T cell therapy in multiple myeloma and acute lymphoblastic leukemia was feasible with attenuation of CAR T cell therapy pitfalls. Our review outlines the latest literature on the utilization of CRISPR-Cas9 in the treatment of beta-hemoglobinopathies and hemophilia disorders. We present the strategies that were employed and the findings of preclinical and clinical trials. Also, the review will discuss gene engineering in the field of hemato-oncology as a proper tool to facilitate and overcome the drawbacks of chimeric antigen receptor T cell therapy (CAR-T). Copyright © 2023. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.",

"PM":"Journal Article  
  
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"DJ":"2023",

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"TI":"Multiple myeloma: Practice patterns across Europe.",

"SO":"British Journal of Haematology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Raab M.S.  
  
Cavo M.  
  
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"IN":"(Raab) Department of Internal Medicine University of Heidelberg Heidelberg Germany  
  
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(Driessen) Department of Oncology and Haematology Kantonsspital St Gallen St Gallen Switzerland  
  
(Fink, Flinois) Kantar Health Montrouge France  
  
(Gonzalez-Mcquire, Safaei, Schoen) Amgen (Europe) GmbH Zug Switzerland  
  
(Karlin) Centre Hospitalier Lyon Sud Lyon France  
  
(Mateos) Haematology Service University Hospital Salamanca Salamanca Spain  
  
(Yong) Department of Haematology University College London London UK",

"PB":"Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)",

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"OD":"Summary: Real-world data describing management of patients with multiple myeloma are limited. A European (Belgium, France, Germany, Italy, Spain, Switzerland, UK) observational chart review was conducted to address this. Physicians completed questionnaires for every patient seen during a 2-4-week observation period, regardless of treatment status. A total of 435 physicians completed 7635 cross-sectional chart reviews. Overall, 47% of patients were undergoing anti-tumour drug treatment, 42% had previously received >=1 line of treatment and 12% had never received anti-tumour drug treatment. Of the patients treated by oncologists, onco-haematologists or internists, 95% received, or were expected to receive, at least one line of anti-tumour drug treatment, 61% received >=2 lines of therapy and 38% received >=3 lines. Except in the UK, the most commonly used induction therapies contained bortezomib (48%) lenalidomide was the most commonly used first-line maintenance therapy (45%) and second- and third-line agent overall (60% and 52% of patients at those lines, respectively). Bortezomib retreatment was used in 47% of patients who received it first line. Treatment patterns became more diverse with subsequent treatment lines. This study provides insight into real-world treatment patterns in Europe. While treatment practices are broadly similar across countries, some notable differences in the agents used exist.Copyright © 2016 John Wiley & Sons Ltd.",

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"TI":"Depression, diabetes, their comorbidity and all-cause and cause-specific mortality: a prospective cohort study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 01 Jan 2022.",

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Wild, Sarah H. ORCID: https://orcid.org/0000-0001-7824-2569  
  
Jackson, Caroline A. ORCID: https://orcid.org/0000-0002-2067-2811",

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"FTURL":"Aims/hypothesis: To investigate the risk of all-cause and cause-specific mortality among participants with neither, one, or both of diabetes and depression in a large prospective cohort study in the United Kingdom. Method(s): Our study population included 499,830 UK Biobank participants without schizophrenia and bipolar disorder at baseline. Type 1 or type 2 diabetes and depression were identified using self-reported diagnoses, prescribed medication and hospital records. Mortality was identified from death records using the primary cause of death to define cause-specific mortality. We performed Cox proportional hazards models to estimate the risk of all-cause mortality and mortality due to cancer, circulatory disease and causes of death other than circulatory disease or cancer among participants with either depression (n=41,791) or diabetes alone (n=22,677) and with comorbid diabetes and depression (n=3,597), compared to the group with neither condition (n=431,765) adjusting for sociodemographic and lifestyle factors, comorbidities, and history of CVD or cancer. We investigated for interaction between diabetes and depression. Result(s): During a median of 6.8 (IQR: 6.1 - 7.5) years of follow-up, there were 13,724 deaths (cancer (n=7,976), circulatory disease (n=2,827), and other causes (n=2,921)). Adjusted hazard ratios of all-cause mortality and mortality due to cancer, circulatory disease and other causes were highest among people with comorbid depression and diabetes (HRs 2.16, 95% CI 1.94 - 2.42 1.62, 95% CI 1.35 - 1.93 2.22 95% CI 1.80 - 2.73 and 3.60, 95% CI 2.93 - 4.42, respectively). Among those with comorbid diabetes and depression, the risks of all-cause, cancer and other mortality exceeded the sum of the risks due to diabetes and depression alone. Conclusions/interpretation: We confirmed the negative impact of depression and diabetes on mortality outcomes, and also identified that comorbid depression and diabetes had synergistic effects on all-cause mortality which was largely driven by deaths due to cancer and causes other than circulatory disease and cancer.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"DJ":"nan",

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"Unnamed: 23":"nan",

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"Database":"Medline",

"ORN":"38",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37405756",

"TI":"Association Between Stimulant Treatment and Substance Use Through Adolescence Into Early Adulthood.",

"SO":"JAMA Psychiatry. 80(9):933-941, 2023 09 01.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Stehli, Annamarie  
  
Kennedy, Edward H  
  
Epstein, Jeffery N  
  
Hechtman, Lily T  
  
Hinshaw, Stephen P  
  
Vitiello, Benedetto",

"OD":"Molina, Brooke S G. Departments of Psychiatry, Psychology, & Pediatrics, University of Pittsburgh, Pittsburgh, Pennsylvania.  
  
Kennedy, Traci M. Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania.  
  
Howard, Andrea L. Department of Psychology, Carleton University, Ottawa, Ontario, Canada.  
  
Swanson, James M. Department of Pediatrics, University of California, Irvine, Irvine.  
  
Arnold, L Eugene. Department of Psychiatry & Behavioral Health, Ohio State University, Columbus.  
  
Mitchell, John T. Department of Psychiatry & Behavioral Sciences, Duke University Medical Center, Durham, North Carolina.  
  
Stehli, Annamarie. Department of Pediatrics, University of California, Irvine, Irvine.  
  
Kennedy, Edward H. Department of Statistics & Data Science, Carnegie Mellon University, Pittsburgh, Pennsylvania.  
  
Epstein, Jeffery N. Department of Pediatrics, University of Cincinnati, Cincinnati, Ohio.  
  
Hechtman, Lily T. Division of Child Psychiatry, McGill University and Montreal Children's Hospital, Montreal, Quebec, Canada.  
  
Hinshaw, Stephen P. Department of Psychology, University of California, Berkeley, Berkeley.  
  
Vitiello, Benedetto. Department of Public Health and Pediatrics, University of Turin, Turin, Italy.",

"AB":"Child  
  
Young Adult  
  
Humans  
  
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Substance-Related Disorders/co [Complications]  
  
\*Substance-Related Disorders  
  
Longitudinal Studies  
  
Marijuana Use/dt [Drug Therapy]  
  
\*Marijuana Use  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
\*Central Nervous System Stimulants",

"FTURL":"nan",

"PM":"nan",

"DJ":"Importance: Possible associations between stimulant treatment of attention-deficit/hyperactivity disorder (ADHD) and subsequent substance use remain debated and clinically relevant.  
  
Objective: To assess the association of stimulant treatment of ADHD with subsequent substance use using the Multimodal Treatment Study of ADHD (MTA), which provides a unique opportunity to test this association while addressing methodologic complexities (principally, multiple dynamic confounding variables).  
  
Design, Setting, and Participants: MTA was a multisite study initiated at 6 sites in the US and 1 in Canada as a 14-month randomized clinical trial of medication and behavior therapy for ADHD but transitioned to a longitudinal observational study. Participants were recruited between 1994 and 1996. Multi-informant assessments included comprehensively assessed demographic, clinical (including substance use), and treatment (including stimulant treatment) variables. Children aged 7 to 9 years with rigorously diagnosed DSM-IV combined-type ADHD were repeatedly assessed until a mean age of 25 years. Analysis took place between April 2018 and February 2023.  
  
Exposure: Stimulant treatment of ADHD was measured prospectively from baseline for 16 years (10 assessments) initially using parent report followed by young adult report.  
  
Main Outcomes and Measures: Frequency of heavy drinking, marijuana use, daily cigarette smoking, and other substance use were confidentially self-reported with a standardized substance use questionnaire.  
  
Results: A total of 579 children (mean [SD] age at baseline, 8.5 [0.8] years 465 [80%] male) were analyzed. Generalized multilevel linear models showed no evidence that current (B [SE] range, -0.62 [0.55] to 0.34 [0.47]) or prior stimulant treatment (B [SE] range, -0.06 [0.26] to 0.70 [0.37]) or their interaction (B [SE] range, -0.49 [0.70] to 0.86 [0.68]) were associated with substance use after adjusting for developmental trends in substance use and age. Marginal structural models adjusting for dynamic confounding by demographic, clinical, and familial factors revealed no evidence that more years of stimulant treatment (B [SE] range, -0.003 [0.01] to 0.04 [0.02]) or continuous, uninterrupted stimulant treatment (B [SE] range, -0.25 [0.33] to -0.03 [0.10]) were associated with adulthood substance use. Findings were the same for substance use disorder as outcome.  
  
Conclusions and Relevance: This study found no evidence that stimulant treatment was associated with increased or decreased risk for later frequent use of alcohol, marijuana, cigarette smoking, or other substances used for adolescents and young adults with childhood ADHD. These findings do not appear to result from other factors that might drive treatment over time and findings held even after considering opposing age-related trends in stimulant treatment and substance use.",

"MV":"0 (Central Nervous System Stimulants)",

"TN":"Randomized Controlled Trial  
  
Observational Study  
  
Journal Article  
  
Research Support, N.I.H., Extramural",

"Unnamed: 22":"2023",

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"DB":"Embase",

"UI":"638933489",

"TI":"Process Mechanisms in Behavioral Versus Nondirective Guided Self-help for Parents of Children with Externalizing Behavior.",

"SO":"Child psychiatry and human development. (no pagination), 2022. Date of Publication: 06 Sep 2022.",

"AU":"Treier A.-K.  
  
Hautmann C.  
  
Dose C.  
  
Nordmann L.  
  
Katzmann J.  
  
Pinior J.  
  
Scholz K.K.  
  
Dopfner M.",

"AO":"(Treier, Hautmann, Dose, Nordmann, Katzmann, Pinior, Scholz, Dopfner) Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Medical Faculty, University of Cologne, Cologne, Germany  
  
(Treier, Hautmann, Dose, Dopfner) School for Child and Adolescent Cognitive Behavior Therapy (AKiP), Medical Faculty, University of Cologne, Cologne, Germany",

"IN":"NLM (Medline)",

"PB":"article  
  
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\*self help [m]",

"OD":"The study examined potential mediating effects of therapist behaviors in the per-protocol sample (n=108) of a randomized controlled trial comparing a behavioral and a nondirective guided self-help intervention for parents of children with externalizing disorders (4-11 years). Additionally, from an exploratory perspective, we analyzed a sequential model with parental adherence as second mediator following therapist behavior. Outcomes were child symptom severity of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder rated by blinded clinicians, and parent-rated child functional impairment. We found a significant indirect effect on the reduction of ADHD and functional impairment through emotion- and relationship-focused therapist behavior in the nondirective intervention. Additionally, we found limited support for an extended sequential mediation effect through therapist behavior and parental adherence in the models for these outcomes. The study proposes potential mediating mechanisms unique to the nondirective intervention and complements previous findings on mediator processes in favor of the behavioral group. Trial registration ClinicalTrials.gov NCT01350986.Copyright © 2022. The Author(s).",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Treier, Anne-Katrin ORCID: https://orcid.org/0000-0002-2520-6801",

"DJ":"36064990 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36064990]",

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"Database":"Medline",

"ORN":"38",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36404216",

"TI":"Treatment of schizophrenia with catatonic symptoms: A narrative review.",

"SO":"Schizophrenia Research. 2022 Nov 17",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Caroff SN  
  
Ungvari GS  
  
Gazdag G",

"MH":"Caroff, Stanley N  
  
Ungvari, Gabor S  
  
Gazdag, Gabor",

"DU":"Caroff, Stanley N. Behavioral Health Service, Corporal Michael J. Crescenz VA Medical Center and the Department of Psychiatry, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA. Electronic address: caroffs@pennmedicine.upenn.edu.  
  
Ungvari, Gabor S. Division of Psychiatry, School of Medicine, University of Western Australia, Crawley, Australia Section of Psychiatry, University of Notre Dame, Fremantle, Australia.  
  
Gazdag, Gabor. Department of Psychiatry and Psychiatric Rehabilitation, Jahn Ferenc South Pest Hospital, Budapest, Hungary Department of Psychiatry and Psychotherapy, Faculty of Medicine, Semmelweis University, Budapest, Hungary.",

"OD":"Catatonia is a neuropsychiatric syndrome consisting of psychomotor abnormalities caused by a broad range of disorders affecting brain function. While the nosological status of catatonia is no longer restricted to a subtype of schizophrenia in standardized diagnostic systems, the character, course, and clinical significance of catatonia in people with schizophrenia remain unclear. Evidence suggests that catatonia could be a nonspecific state-related phenomenon, a fundamental core symptom dimension of schizophrenia, or a subcortical variant of schizophrenia. Either way, the validity of catatonia in schizophrenia is clinically significant only insofar as it predicts prognosis and response to treatment. Most contemporary clinical trials of antipsychotics have targeted schizophrenia as an overly broad unitary psychosis neglecting any differential response defined by phenomenology or course. However, early naturalistic studies showed that catatonia predicted poor response to first-generation antipsychotics in chronic schizophrenia and case reports cautioned against the risk of triggering neuroleptic malignant syndrome. More recent studies suggest that second-generation antipsychotics, particularly clozapine, may be effective in schizophrenia with catatonic symptoms, while small randomized controlled trials have found that the short-term response to ECT may be faster and more significant. Based on available data, conclusions are limited as to whether antipsychotics are as effective and safe in acute and chronic schizophrenia with catatonic symptoms compared to other treatments and compared to schizophrenia without catatonia. Further studies of the pathophysiology, phenomenology, course and predictive value of catatonia in schizophrenia are worthwhile. Copyright © 2022 Elsevier B.V. All rights reserved.",

"AB":"Journal Article",

"FTURL":"2022",

"PM":"Click here for full text options",

"DJ":"Antipsychotic agents Benzodiazepines Catatonia Drug-induced movement disorders Electroconvulsive therapy Neuroleptic malignant syndrome Psychosis Schizophrenia",

"MV":"NOTNLM",

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"UniqueID":"305",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"39",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2005731331",

"TI":"Gram-negative bacteria as causative agents of ventilator-associated pneumonia and their respective resistance mechanisms.",

"SO":"Journal of Chemotherapy. (no pagination), 2020. Date of Publication: 2020.",

"AU":"Bandic-Pavlovic D.  
  
Zah-Bogovic T.  
  
Zizek M.  
  
Bielen L.  
  
Bratic V.  
  
Hrabac P.  
  
Slacanac D.  
  
Mihaljevic S.  
  
Bedenic B.",

"AO":"nan",

"IN":"(Bandic-Pavlovic, Zah-Bogovic, Mihaljevic) Department of Anesthesiology, School of Medicine, University of Zagreb, Zagreb, Croatia  
  
(Bandic-Pavlovic, Zah-Bogovic, Bratic, Mihaljevic) Clinic for Anesthesiology, University Hospital Center Zagreb, Zagreb, Croatia  
  
(Zizek) Faculty of Sciences, University of Zagreb, Zagreb, Croatia  
  
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(Bielen) Department of Internal Medicine, Intensive Care Unit, University Hospital Center Zagreb, Zagreb, Croatia  
  
(Hrabac) Department of Informatics, School of Medicine, University of Zagreb, Zagreb, Croatia  
  
(Slacanac, Bedenic) Department of Microbiology, School of Medicine, University of Zagreb, Zagreb, Croatia  
  
(Bedenic) Clinical Department for Clinical and Molecular Microbiology, University Hospital Center Zagreb, Zagreb, Croatia",

"PB":"Taylor and Francis Ltd. (E-mail: michael.wagreich@univie.ac.at)",

"MH":"\*Acinetobacter baumannii  
  
adverse device effect  
  
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\*Pseudomonas aeruginosa  
  
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ciprofloxacin  
  
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\*ventilator associated pneumonia [m]",

"AB":"Ventilator-associated pneumonia (VAP) is a serious and common complication in patients admitted to intensive care unit (ICU) and contributes to mortality. Multidrug Gram-negative bacteria such as Acinetobacter baumannii, Pseudomonas aeruginosa, and Klebsiella pneumoniae are frequently associated with VAP in ICU. A prospective study was set up in three ICUs of the University Hospital Center Zagreb and one ICU in General Hospital Pula from September 2017 to March 2018. Antibiotic susceptibility was determined by broth microdilution method. Production of extended-spectrum beta-lactamases (ESBLs) was determined by double-disk synergy test and carbapenemases by Hodge and carbapenem inactivation method (CIM). The genes encoding ESBLs, carbapenemases of class A, B and D and qnr genes were determined by PCR. In total 97 Gram-negative bacteria isolates were analyzed. P. aeruginosa demonstrated high resistance rates for imipenem and meropenem with 74% and 68% of resistant strains, respectively. Moderate resistance rates were observed for ceftazidime andpiperacillin/tazobactam, ciprofloxacin and gentamicin (44%). All except three A. baumannii isolates, were resistant to carbapenems and to all other antibiotics apart from colistin and amikacin. Eight A. baumannii isolates were positive for bla OXA-23 and 12 for bla OXA-24 genes. Four K. pneumoniae and two E. cloacae strains were ESBL positive and harboured group 1 of CTX-M beta-lactamases. Three P. mirabilis strains were positive for plasmid-mediated ampC beta-lactamase of CMY family. Two carbapenem-resistant K. pneumoniae harboured OXA-48 and one carbapenem-resistant E. cloacae VIM-1. A high proportion of multidrug-resistant P. aeruginosa, K. pneumoniae and extensively resistant A. baumannii was reported. Acquired resistance mechanisms, mainly production of carbapenemases and ESBLs were dominant in A. baumannii and K. pneumoniae, respectively. Resistance of P. aeruginosa isolates was more likely due to upregulation of efflux pumps or porin loss. A marked diversity of beta-lactamases was identified in Enterobacteriaceae.Copyright © 2020 Edizioni Scientifi che per l'Informazione su Farmaci e Terapia.",

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"PM":"32729399 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32729399]",

"DJ":"nan",

"MV":"nan",

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"If RCT or not":"No",

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"UniqueID":"306",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"39",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37515541",

"TI":"Bacteriophage Therapy for Pan-Drug-Resistant Pseudomonas aeruginosa in Two Persons With Cystic Fibrosis.",

"SO":"Journal of Investigative Medicine High Impact Case Reports. 11:23247096231188243, 2023 Jan-Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Hahn A  
  
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Chan BK  
  
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"MH":"Hahn, Andrea ORCID: https://orcid.org/0000-0002-5117-0080",

"DU":"Hahn, Andrea  
  
Sami, Iman  
  
Chaney, Hollis  
  
Koumbourlis, Anastassios C  
  
Del Valle Mojica, Coralee  
  
Cochrane, Claire  
  
Chan, Benjamin K  
  
Koff, Jonathan L",

"OD":"Hahn, Andrea. Children's National Hospital, Washington, DC, USA.  
  
Hahn, Andrea. Children's National Research Institute, Washington, DC, USA.  
  
Hahn, Andrea. George Washington University School of Medicine & Health Sciences, Washington, DC, USA.  
  
Sami, Iman. Children's National Hospital, Washington, DC, USA.  
  
Sami, Iman. George Washington University School of Medicine & Health Sciences, Washington, DC, USA.  
  
Chaney, Hollis. Children's National Hospital, Washington, DC, USA.  
  
Chaney, Hollis. George Washington University School of Medicine & Health Sciences, Washington, DC, USA.  
  
Koumbourlis, Anastassios C. Children's National Hospital, Washington, DC, USA.  
  
Koumbourlis, Anastassios C. George Washington University School of Medicine & Health Sciences, Washington, DC, USA.  
  
Del Valle Mojica, Coralee. Children's Hospital of Philadelphia, Philadelphia, PA, USA.  
  
Cochrane, Claire. Yale University, New Haven, CT, USA.  
  
Chan, Benjamin K. Yale University, New Haven, CT, USA.  
  
Koff, Jonathan L. Yale University, New Haven, CT, USA.",

"AB":"Pseudomonas aeruginosa bacteriophages cystic fibrosis drug resistance microbial pediatrics",

"FTURL":"NOTNLM",

"PM":"Cystic fibrosis (CF) is an important monogenic disease that affects more than 70 000 people worldwide. Defects of the CF transmembrane conductance regulator gene lead to dehydrated viscous secretions that result in chronic bacterial colonization. This leads to frequent recurrent lung infections called pulmonary exacerbations, lung inflammation, and resulting structural lung damage called bronchiectasis. Pseudomonas aeruginosa in particular is a common pathogen in persons with CF associated with increased pulmonary exacerbations, long-term lung function decline, and reduced survival. In addition, P. aeruginosa commonly develops antibiotic resistance and forms biofilms, making it difficult to treat. Here, we report the details of two patients with CF with pan-drug-resistant P. aeruginosa who were treated with a novel therapeutic strategy, bacteriophages. These cases highlight the need for further research and development of this treatment modality, including pediatric clinical trials.",

"DJ":"Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

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"Database":"Medline",

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"DB":"Ovid MEDLINE(R)",

"UI":"37723045",

"TI":"Safety and efficacy of anti-BCMA CAR-T cell therapy in older adults with multiple myeloma: A systematic review and meta-analysis. [Review]",

"SO":"Journal of Geriatric Oncology. :101628, 2023 Sep 16",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Akhtar OS  
  
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Alsina, Melissa  
  
Baz, Rachid  
  
Shain, Kenneth  
  
Grajales Cruz, Ariel  
  
Castaneda Puglianini, Omar  
  
Liu, Hien  
  
Blue, Brandon  
  
Nishihori, Taiga  
  
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Extermann, Martine  
  
Locke, Frederick L  
  
Mhaskar, Rahul  
  
Freeman, Ciara Louise",

"DU":"Akhtar, Othman Salim. Medical College of Wisconsin, Milwaukee, WI, United States of America. Electronic address: oakhtar@mcw.edu.  
  
Sheeba, Ba Aqeel. Roswell Park Comprehensive Cancer Center, Buffalo, NY, United States of America.  
  
Azad, Farhan. University at Buffalo Jacobs School of Medicine, Buffalo, NY, United States of America.  
  
Alessi, Lauren. Roswell Park Comprehensive Cancer Center, Buffalo, NY, United States of America.  
  
Hansen, Doris. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Alsina, Melissa. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Baz, Rachid. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Shain, Kenneth. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Grajales Cruz, Ariel. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
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Blue, Brandon. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Nishihori, Taiga. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Al Jumayli, Mohammed. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Extermann, Martine. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Locke, Frederick L. Moffitt Cancer Center, Tampa, FL, United States of America.  
  
Mhaskar, Rahul. University of South Florida, Tampa, FL, United States of America.  
  
Freeman, Ciara Louise. Moffitt Cancer Center, Tampa, FL, United States of America.",

"OD":"Anti-BCMA CAR-T therapy CAR-T therapy Cellular therapy Multiple myeloma Older adults",

"AB":"NOTNLM",

"FTURL":"INTRODUCTION: Anti-B-cell maturation antigen (BCMA) chimeric antigen receptor T-cell (CAR-T) therapy is transforming the care of patients with relapsed/refractory multiple myeloma (MM). Unfortunately, despite being a disease of older adults these patients remain under-represented in most pivotal clinical trials. We performed a systematic review and proportion meta-analysis of prospective clinical trials and observational studies of anti-BCMA CAR-T therapy in patients with MM with the aim to determine the efficacy and safety of this therapy in older adults (>=65 years).  
  
MATERIALS AND METHODS: We searched the Pubmed, Scopus, Web of Science (WOS), Ovid, Embase, CENTRAL, and CINAHL databases through September 9, 2022 and abstracts from the American Society of Hematology (ASH) Annual Meeting 2022. Primary outcome measures included overall response rate (ORR), rates of cytokine release syndrome (CRS), and immune cell-effector-associated neurotoxicity syndrome (ICANS). study was registered with PROSPERO (study number: CRD42022334287).  
  
RESULTS: After screening 2218 references, 14 studies were included for data extraction, with a total of 558 patients, 26.2% (n = 146) of whom were older adults. The pooled ORR amongst this population was 93%, which was comparable to the ORR of 86% amongst younger patients. In older adults, the rates of CRS (any grade) and grade >= 3 were 95% and 21%, respectively. For younger patients, the pooled rate of CRS (any grade) and grade >= 3 CRS was 91% and 20%, respectively. The rate of ICANS (any grade) in older adults was 15%, which was higher than that observed in those <65 years.  
  
CONCLUSION: Older adults experience comparable outcomes to younger patients with anti-BCMA CAR-T therapy, albeit with numerically higher rates of neurotoxicity. Copyright © 2023 Elsevier Ltd. All rights reserved.",

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"TI":"Prevalence of hypercalcemia among cancer patients in the United States.",

"SO":"Cancer Medicine. (no pagination), 2016. Date of Publication: 2016.",

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Schwartzberg L.S.  
  
Jain R.K.  
  
Pirolli M.  
  
Quach D.  
  
Quigley J.M.  
  
Mu G.  
  
Scott Stryker W.  
  
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"AO":"nan",

"IN":"(Gastanaga, Scott Stryker, Liede) Amgen Inc. Thousand Oaks and South San Francisco, California  
  
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(Pirolli) IMS Health Plymouth Meeting, Pennsylvania  
  
(Quach, Quigley) PRA Health Sciences Blue Bell, Pennsylvania  
  
(Mu) Glaxo Smith Kline Collegeville, Pennsylvania",

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"OD":"Hypercalcemia of malignancy (HCM) is a serious metabolic complication whose population-based prevalence has not been quantified. Rates of HCM differ by tumor type, with highest rates reported in multiple myeloma and lowest among colorectal and prostate cancer patients. This analysis estimates HCM prevalence in the US. This retrospective study used the Oncology Services Comprehensive Electronic Records (OSCER) warehouse of electronic health records (EHR) including laboratory values from 569000 patients treated at 565 oncology outpatient sites. OSCER data were projected to the national level by linking EHR to claims data. Cancer patients included were >=18 years, and had serum calcium (Ca) and albumin (for corrected serum Ca [CSC]) records. Period prevalence was estimated by HCM CTCAE grade, tumor type, and year (2009-2013). Estimates were adjusted to capture patients diagnosed with HCM outside oncology practices based on a subset of patients linkable to office and hospital data. The analysis included 68023 (2009) to 121482 (2013) cancer patients. In 2013, patients with HCM had a median of six Ca tests, 69.7% had chemotherapy, and 34% received bone modifying agents. HCM rates were highest for multiple myeloma patients (7.5% [2012]-10.2% [2010]), lowest for prostate cancer (1.4% [2012]-2.1% [2011]).The estimated adjusted annual prevalence of HCM from 2009 to 2013 was 95441, 96281, 89797, 70158, and 71744, respectively. HCM affected 2.0-2.8% of all cancer patients. EHR data from oncology clinics were critical for this study because these data contain results from laboratory studies (i.e., serum calcium values) that are routinely ordered in that setting. We estimated that the prevalence of HCM in the US in 2013 is 71744, affecting approximately 2% of cancer patients overall. This percentage differs by tumor type and appears to have decreased over the five-year study period.Copyright © 2016 Published by John Wiley & Sons Ltd.",

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"TI":"Brain ageing in schizophrenia: evidence from 26 international cohorts via the ENIGMA Schizophrenia consortium.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 11 Jan 2022.",

"AU":"Constantinides C.  
  
Han L.K.M.  
  
Alloza C.  
  
Antonucci L.  
  
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Ayesa-Arriola R.  
  
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(Cole) Dementia Research Centre, Institute of Neurology, University College London, London, United Kingdom  
  
(Dima) Department of Psychology, School of Arts and Social Sciences, City, University of London, London, United Kingdom",

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"FTURL":"Schizophrenia (SZ) is associated with an increased risk of life-long cognitive impairments, age-related chronic disease, and premature mortality. We investigated evidence for advanced brain ageing in adult SZ patients, and whether this was associated with clinical characteristics in a prospective meta-analytic study conducted by the ENIGMA Schizophrenia Working Group. The study included data from 26 cohorts worldwide, with a total of 2803 SZ patients (mean age 34.2 years range 18-72 years 67% male) and 2598 healthy controls (mean age 33.8 years, range 18-73 years, 55% male). Brain-predicted age was individually estimated using a model trained on independent data based on 68 measures of cortical thickness and surface area, 7 subcortical volumes, lateral ventricular volumes and total intracranial volume, all derived from T1-weighted brain magnetic resonance imaging (MRI) scans. Deviations from a healthy brain ageing trajectory were assessed by the difference between brain-predicted age and chronological age (brain-predicted age difference [brain-PAD]). On average, SZ patients showed a higher brain-PAD of +3.64 years (95% CI: 3.01, 4.26 I2 = 55.28%) compared to controls, after adjusting for age and sex (Cohen's d = 0.50). Among SZ patients, brain-PAD was not associated with specific clinical characteristics (age of onset, duration of illness, symptom severity, or antipsychotic use and dose). This large-scale collaborative study suggests advanced structural brain ageing in SZ. Longitudinal studies of SZ and a range of mental and somatic health outcomes will help to further evaluate the clinical implications of increased brain-PAD and its ability to be influenced by interventions.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"TI":"Comparison of Fidgeting in Adolescents with Attention-Deficit/Hyperactivity Disorder Between Before and After Stimulant Medication Intake.",

"SO":"Journal of Child & Adolescent Psychopharmacology. 33(4):143-148, 2023 05.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"DU":"Sydenstricker, Shelby  
  
Moore, Alexandra  
  
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"OD":"Sydenstricker, Shelby. Department of Biomedical Research, Nemours Children's Health, Wilmington, Delaware, USA.  
  
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Nagao, Kyoko. Communication Sciences & Disorders Department, College of Health Sciences, University of Delaware, Newark, Delaware, USA.  
  
Nagao, Kyoko. Department of Linguistics and Cognitive Science, University of Delaware, Newark, Delaware, USA.",

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"DJ":"Objective: Fidgeting is a common symptom in patients with attention-deficit hyperactivity disorder (ADHD). The current study investigated ADHD stimulant medication effects on fidgeting in adolescents with ADHD during a short research study session using wrist-worn accelerometers. Method: Adolescents with ADHD who had been taking stimulant medications (ADHD group) and adolescents without ADHD (control group) participated in the study. Accelerometer data were obtained from both wrists of each participant to track their hand movements during two hearing testing sessions. All subjects in the ADHD group abstained from their stimulant medications for at least 24 hours before their first session (off-med session). The second session (on-med session) was conducted about 60-90 minutes after medication intake. The control group participated in two sessions in a similar time frame. Results: The current study focuses on relationships between hand movements and stimulant medication in adolescents with ADHD. Both conditions were compared to evaluate the relationship of hand movements and stimulant medication. We hypothesized the ADHD group will exhibit less hand movements during the on-medication session in comparison to off-medication session. Conclusion: Wrist-worn accelerometer measures obtained during nonphysical tasks in a short duration may not provide hand movement differences between on-med and off-med conditions in adolescents with ADHD. ClinicalTrials.gov Identifier: NCT04577417.",

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"SO":"Applied neuropsychology. Child. (pp 1-13), 2022. Date of Publication: 24 Aug 2022.",

"AU":"Moradi N.  
  
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"AO":"(Moradi, Rajabi) Persian Gulf University, Bushehr, Iran, Islamic Republic of  
  
(Mansouri Nejad) Department of English Language Teaching, Farhangian University, Tehran, Iran, Islamic Republic of",

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"OD":"OBJECTIVE: The purpose of this study was to examine the effect of neurofeedback (NF) based on quantitative electroencephalography (QEEG) and SmartMind game on the time perception, attention, and working memory of children with Attention Deficit/Hyperactivity Disorder (ADHD) through an experimental design. METHOD(S): Using a purposive sampling method, 32 male students diagnosed with ADHD were selected and then randomly assigned to an experimental group and a control group. The experimental group received the treatment (NF+SmartMind) for 30 weekly sessions. Children's performances on a time perception test, a Continuous Performance Test (CPT), and a Wechsler working memory test (WISC) were examined before and after the intervention. RESULT(S): A significant difference was observed between the mean scores of the pretest and post-test for the experimental group, implying that NF training improved short-time perception and long-time perception attention in CPT test: omission error component, Correct Response component, and working memory: Visual forward component. However, the treatment did not have a significant effect on the commission error component (CPT), working memory in terms of the visual reverse, auditory reverse, and auditory forward components. CONCLUSION(S): NF combined with computer cognitive games (CCGs) can improve time perception, attention, and working memory in children with ADHD.",

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"ORN":"39",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36355830",

"TI":"Opportunities and challenges for the development of M1 muscarinic receptor positive allosteric modulators in the treatment for neurocognitive deficits. [Review]",

"SO":"British Journal of Pharmacology. 2022 Nov 10",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Nguyen HTM  
  
van der Westhuizen ET  
  
Langmead CJ  
  
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Christopoulos A  
  
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"MH":"Nguyen, Huong T M  
  
van der Westhuizen, Emma T  
  
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Tobin, Andrew B  
  
Sexton, Patrick M  
  
Christopoulos, Arthur  
  
Valant, Celine",

"DU":"Nguyen, Huong T M. Drug Discovery Biology, Monash University, Parkville, Melbourne, VIC, Australia.  
  
Nguyen, Huong T M. Department of Biochemistry, Hanoi University of Pharmacy, Hanoi, Vietnam.  
  
van der Westhuizen, Emma T. Drug Discovery Biology, Monash University, Parkville, Melbourne, VIC, Australia.  
  
Langmead, Christopher J. Drug Discovery Biology, Monash University, Parkville, Melbourne, VIC, Australia.  
  
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Tobin, Andrew B. Centre for Translational Pharmacology, University of Glasgow, Glasgow, UK.  
  
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Sexton, Patrick M. ARC Centre for Cryo-electron Microscopy of Membrane Proteins, Monash University, Parkville, Melbourne, VIC, Australia.  
  
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Christopoulos, Arthur. Neuromedicines Discovery Centre, Monash University, Parkville, Melbourne, VIC, Australia.  
  
Christopoulos, Arthur. ARC Centre for Cryo-electron Microscopy of Membrane Proteins, Monash University, Parkville, Melbourne, VIC, Australia.  
  
Valant, Celine. Drug Discovery Biology, Monash University, Parkville, Melbourne, VIC, Australia.  
  
Valant, Celine. Neuromedicines Discovery Centre, Monash University, Parkville, Melbourne, VIC, Australia.",

"OD":"Targeting allosteric sites of M1 muscarinic acetylcholine receptors (M1 receptors) is a promising strategy to treat neurocognitive disorders, such as Alzheimer's disease and schizophrenia. Indeed, the last two decades have seen an impressive body of work focussing on the design and development of positive allosteric modulators (PAMs) for the M1 receptor. This has led to the identification of a structurally diverse range of highly selective M1 PAMs. In preclinical models, M1 PAMs have shown rescue of cognitive deficits and improvement of endpoints predictive of symptom domains of schizophrenia. Yet, to date only a few M1 PAMs have reached early-stage clinical trials, with many of them failing to progress further due to on-target mediated cholinergic adverse effects that have plagued the development of this class of ligand. This review covers the recent preclinical and clinical studies in the field of M1 receptor drug discovery for the treatment of Alzheimer's disease and schizophrenia, with a specific focus on M1 PAM, highlighting both the undoubted potential but also key challenges for the successful translation of M1 PAMs from bench-side to bedside. Copyright © 2022 British Pharmacological Society.",

"AB":"Journal Article  
  
Review",

"FTURL":"2022",

"PM":"Click here for full text options",

"DJ":"M1 muscarinic acetylcholine receptors allosteric modulators cognitive deficits",

"MV":"NOTNLM",

"TN":"van der Westhuizen, Emma T ORCID: https://orcid.org/0000-0001-9165-8526  
  
Langmead, Christopher J ORCID: https://orcid.org/0000-0003-3483-1120  
  
Tobin, Andrew B ORCID: https://orcid.org/0000-0002-1807-3123  
  
Sexton, Patrick M ORCID: https://orcid.org/0000-0001-8902-2473  
  
Christopoulos, Arthur ORCID: https://orcid.org/0000-0003-4442-3294  
  
Valant, Celine ORCID: https://orcid.org/0000-0002-2509-7465",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"631298586",

"TI":"Prevalence and characteristics of pks gene cluster harbouring Klebsiella pneumoniae from bloodstream infection in China.",

"SO":"Epidemiology and Infection. (no pagination), 2020. Date of Publication: 2020.",

"AU":"Shi Q.  
  
Quan J.  
  
Lan P.  
  
Huang D.  
  
Zhou J.  
  
Jiang Y.  
  
Yu Y.",

"AO":"Yu, Yunsong ORCID: https://orcid.org/0000-0003-2903-918X",

"IN":"(Shi, Quan, Lan, Jiang, Yu) Department of Infectious Diseases, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine, Hangzhou, China  
  
(Shi, Quan, Lan, Jiang, Yu) Key Laboratory of Microbial Technology and Bioinformatics of Zhejiang Province, Hangzhou, China  
  
(Huang) Department of Clinical Laboratory, Anhui Province Hospital, Hefei, China  
  
(Zhou) Department of Critical Care Medicine, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine, Hangzhou, China",

"PB":"Cambridge University Press (E-mail: Journals\_subscriptions@cup.cam.ac.uk)",

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"AB":"Bloodstream infection (BSI), caused by Klebsiella pneumoniae, is associated with high morbidity and mortality, where the pks gene cluster plays a major role in their occurrence and prevalence. Information on the prevalence and characteristics of this gene cluster in K. pneumoniae is currently limited in mainland China. We therefore undertook a multicentre longitudinal study which revealed the prevalence, overall, community-onset, and hospital-acquired BSI to be 20.5%, 28.3%, and 13.0%, respectively. Compared to pks-negative, pks-positive isolates were significantly more susceptible to antimicrobial agents with a low incidence (5.1%) of multidrug-resistance and with infrequent extended-spectrum beta-lactamase (ESBL) production. Among pks-positive isolates, ST23 (78/117) and ST65 (20/117) were the dominant sequence types, and the majority harboured virulence genes. Community-onset BSI patients infected with pks-positive isolates had a higher proportion of liver abscesses and a lower proportion of biliary obstructions (p < 0.05). The pks-positive isolates were mostly sporadic in the phylogenetic tree, with a 65.8 and 47.0 average allele difference between Clade 1 and Clade 2, respectively. We conclude that although pks-positive K. pneumoniae were generally susceptible to antimicrobials, the high prevalence of such isolates in community cases and the genotoxicity, merits further investigation.Copyright © 2020 Cambridge University Press. All rights reserved.",

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"UI":"37370272",

"TI":"In Vitro Activity of Omadacycline and Comparator Antibiotics against Extended-Spectrum Beta-Lactamase-Producing Escherichia coli and Klebsiella pneumoniae Urinary Isolates.",

"SO":"Antibiotics. 12(6), 2023 May 24.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Stone TJ  
  
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"MH":"Williamson, John C ORCID: https://orcid.org/0000-0002-3840-7143",

"DU":"Stone, Tyler J  
  
Kilic, Abdullah  
  
Williamson, John C  
  
Palavecino, Elizabeth L",

"OD":"Stone, Tyler J. Department of Pharmacy, Atrium Health Wake Forest Baptist, Winston-Salem, NC 27157, USA.  
  
Kilic, Abdullah. Department of Pathology, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA.  
  
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Williamson, John C. Department of Internal Medicine, Section on Infectious Diseases, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA.  
  
Palavecino, Elizabeth L. Department of Pathology, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA.",

"AB":"Escherichia coli Klebsiella pneumoniae extended-spectrum beta-lactamase (ESBL) omadacycline urinary tract infections",

"FTURL":"NOTNLM",

"PM":"Limited oral antibiotic options exist for urinary tract infections (UTI) caused by ESBL-producing Enterobacterales. The aim of the study was to evaluate in vitro activity of omadacycline and comparator antibiotics against clinical ESBL-producing and non-ESBL-producing E. coli and K. pneumoniae urinary isolates. 102 isolates each of E. coli and K. pneumoniae were collected from clinical urine specimens in 2019. By design, an equal number of each species were included that tested positive and negative for ESBL production. Omadacycline MICs were determined using gradient test strips and compared to MICs of comparator antibiotics as determined by an automated broth microdilution system. Isolates were considered susceptible to omadacycline if the MIC was <=4 microg/mL for each species. 54.9% of all ESBL-producing isolates were susceptible to omadacycline, but better susceptibility was observed for ESBL-producing E. coli (74.5%). Omadacycline MICs were 2-4 fold lower for E. coli and K. pneumoniae strains not producing ESBL. The omadacycline MIC 50 and 90 values were 4 and 16 microg/mL, respectively, for all isolates studied. 74.5% of all isolates were considered susceptible to omadacycline. MICs were generally lower for E. coli strains with MIC 50 and 90 values of 4 and 8 microg/mL, respectively (87.3% susceptible), compared with K. pneumoniae. Overall, the most active agents were omadacycline and nitrofurantoin, while other comparator antibiotics were less active. Omadacycline represents a promising oral antibiotic for treating UTI caused by ESBL-producing E. coli, particularly when resistance limits other oral options. Prospective, controlled clinical trials are needed to validate these in vitro results.",

"DJ":"Journal Article",

"MV":"2023",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37704875",

"TI":"BCMA-targeting chimeric antigen receptor T cell therapy for relapsed and/or refractory multiple myeloma. [Review]",

"SO":"Annals of Hematology. 2023 Sep 13",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Fang J  
  
Zhou F",

"MH":"Fang, Jiamin  
  
Zhou, Fuling",

"DU":"Fang, Jiamin. Department of Hematology, Zhongnan Hospital of Wuhan University, No.169 Donghu Road, Wuhan, 430072, China.  
  
Zhou, Fuling. Department of Hematology, Zhongnan Hospital of Wuhan University, No.169 Donghu Road, Wuhan, 430072, China. zhoufuling@whu.edu.cn.",

"OD":"B cell maturation antigen Chimeric antigen receptor T cell therapy Immunotherapy Multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Recently, many new therapies have improved the outcomes of patients with relapsed and/or refractory multiple myeloma (RRMM). Nevertheless, recurrence is still unavoidable, and better treatment choices for RRMM are urgently needed. The clinical success of Chimera antigen receptor (CAR) T cell therapy in many hematological diseases, including leukemia and lymphoma, has drawn considerable attention to RRMM. As CAR T cell therapy continues to mature and challenge traditional therapies, it is gradually changing the treatment paradigm for MM patients. The B cell maturation antigen (BCMA), expressed in malignant plasma cells but not normal ones, is an ideal target for MM treatment, due to its high expression. The US Food and Drug Administration (FDA) and European Medicines Agency (EMA) has approved two BCMA-targeting CAR T cell products, idecabtagene vicleucel (Ide-cel) and ciltacabtagene autoleucel (Cilta-cel), for use in RRMM. In this review, we focus on data from RRMM patients involved in clinical trials of Ide-cel and Cilta-cel and discuss the present situation and future direction of CAR T cell therapy for this condition. Copyright © 2023. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.",

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Review",

"DJ":"2023",

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"TN":"Zhou, Fuling ORCID: http://orcid.org/0000-0003-3745-4199",

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"UI":"609899374",

"TI":"Clinical activity of carfilzomib correlates with inhibition of multiple proteasome subunits: Application of a novel pharmacodynamic assay.",

"SO":"British Journal of Haematology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Lee S.J.  
  
Levitsky K.  
  
Parlati F.  
  
Bennett M.K.  
  
Arastu-Kapur S.  
  
Kellerman L.  
  
Woo T.F.  
  
Wong A.F.  
  
Papadopoulos K.P.  
  
Niesvizky R.  
  
Badros A.Z.  
  
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Jagannath S.  
  
Siegel D.  
  
Wang M.  
  
Ahmann G.J.  
  
Kirk C.J.",

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"IN":"(Lee, Levitsky, Parlati, Bennett, Arastu-Kapur, Kellerman, Woo, Wong, Kirk) Onyx Pharmaceuticals, Inc. an Amgen subsidiary South San Francisco, CA USA  
  
(Papadopoulos) South Texas Accelerated Research Therapeutics (START) San Antonio, TX USA  
  
(Niesvizky) New York Presbyterian Hospital-Cornell Medical Center New York, NY USA  
  
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(Vij) Washington University School of Medicine St Louis, MO USA  
  
(Jagannath) St. Vincent's Comprehensive Cancer Center New York, NY USA  
  
(Siegel) Hackensack University Medical Center Hackensack, NJ USA  
  
(Wang) Department of Lymphoma/Myeloma Division of Cancer Medicine The University of Texas MD Anderson Cancer Center Houston, TXUSA  
  
(Ahmann) Mayo Clinic Arizona Scottsdale, AZ USA  
  
(Lee) Johns Hopkins University Baltimore, MD USA  
  
(Parlati, Bennett, Woo) Calithera Biosciences, Inc. South San Francisco, CA USA  
  
(Wong) Puma Biotechnology, Inc. Los Angeles, CA USA  
  
(Kirk) Kezar Life Sciences, Inc. South San Francisco, CA USA",

"PB":"Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)",

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"OD":"While proteasome inhibition is a validated therapeutic approach for multiple myeloma (MM), inhibition of individual constitutive proteasome (c20S) and immunoproteasome (i20S) subunits has not been fully explored owing to a lack of effective tools. We utilized the novel proteasome constitutive/immunoproteasome subunit enzyme-linked immunosorbent (ProCISE) assay to quantify proteasome subunit occupancy in samples from five phase I/II and II trials before and after treatment with the proteasome inhibitor carfilzomib. Following the first carfilzomib dose (15-56 mg/m2), dose-dependent inhibition of c20S and i20S chymotrypsin-like active sites was observed [whole blood: >=67% peripheral blood mononuclear cells (PBMCs): >=75%]. A similar inhibition profile was observed in bone marrow-derived CD138+ tumour cells. Carfilzomib-induced proteasome inhibition was durable, with minimal recovery in PBMCs after 24 h but near-complete recovery between cycles. Importantly, the ProCISE assay can be used to quantify occupancy of individual c20S and i20S subunits. We observed a relationship between MM patient response (n = 29), carfilzomib dose and occupancy of multiple i20S subunits, where greater occupancy was associated with an increased likelihood of achieving a clinical response at higher doses. ProCISE represents a new tool for measuring proteasome inhibitor activity in clinical trials and relating drug action to patient outcomes.Copyright © 2016 John Wiley & Sons Ltd.",

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"ORN":"40",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2016842997",

"TI":"Severe and common mental disorders and risk of hospital admissions for Ambulatory Care Sensitive Conditions (ACSCs): prospective cohort study using UK Biobank.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 06 Jan 2022.",

"AU":"Niedzwiedz C.L.  
  
Aragon M.J.  
  
Breedvelt J.J.F.  
  
Smith D.J.  
  
Prady S.L.  
  
Jacobs R.",

"AO":"Niedzwiedz, Claire L. ORCID: https://orcid.org/0000-0001-6133-4168",

"IN":"(Niedzwiedz, Smith) Institute of Health & Wellbeing, University of Glasgow, 1 Lilybank Gardens, Glasgow G12 8RZ, United Kingdom  
  
(Aragon, Jacobs) Centre for Health Economics, University of York, Alcuin A Block, Heslington, York YO10 5DD, United Kingdom  
  
(Aragon) HCD Economics, The Innovation Centre, Keckwick Ln, Daresbury, Warrington WA4 4FS, United Kingdom  
  
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(Smith) Division of Psychiatry, Centre for Clinical Brain Sciences, University of Edinburgh, Royal Edinburgh Hospital, Morningside Park, Kennedy Tower, Edinburgh EH10 5HF, United Kingdom  
  
(Prady) Department of Health Sciences, University of York, Seebohm Rowntree Building, Heslington, York YO10 5DD, United Kingdom",

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"FTURL":"Background People with mental disorders have an excess chronic disease burden. One mechanism to potentially reduce the public health and economic costs of mental disorders is to reduce preventable hospital admissions. Ambulatory care sensitive conditions (ACSCs) are a defined set of chronic and acute illnesses not considered to require hospital treatment if patients receive adequate primary healthcare. We examined the relationship between both severe and common mental disorders and risk of emergency hospital admissions for ACSCs and factors associated with increased risk. Methods Baseline data from England (N=445,814) were taken from UK Biobank, which recruited participants aged 37-73 years during 2006 to 2010, and were linked to hospital admission records up to 31st December 2019. Participants were grouped into those who had a history of either schizophrenia, bipolar disorder, depression or anxiety, or no record of mental disorder. Cox proportional hazard models (for the first admission) and Prentice, Williams and Peterson Total Time models (PWP-TT, which account for all admissions) were used to assess the risk (using hazard ratios (HR)) of hospitalisation for ACSCs among those with mental disorders compared to those without, adjusting for factors in different domains, including sociodemographic (e.g. age, sex, ethnicity), socioeconomic (e.g. deprivation, education level), health and biomarkers (e.g. multimorbidity, inflammatory markers), health-related behaviours (e.g. smoking, alcohol consumption), social isolation (e.g. social participation, social contact) and psychological (e.g. depressive symptoms, loneliness). Results People with schizophrenia had the highest risk of hospital admission for ACSCs compared to those with no mental disorder (HR=4.40, 95% CI: 4.04 - 4.80). People with bipolar disorder (HR=2.48, 95% CI: 2.28 - 2.69) and depression or anxiety (HR=1.76, 95% CI: 1.73 - 1.80) also had higher risk. Associations were more conservative when accounting for all admissions. Although adjusting for a range of factors attenuated the observed associations, they still persisted, with socioeconomic and health-related variables contributing most. Conclusions People with severe mental disorders had highest risk of preventable hospital admissions, with the risk also elevated amongst those with depression and anxiety. Ensuring people with mental disorders receive adequate ambulatory care is essential to reduce the large health inequalities experienced by these groups.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

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"ORN":"40",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"35616714",

"TI":"A meta-analytic review of the impact of ADHD medications on anxiety and depression in children and adolescents. [Review]",

"SO":"European Child & Adolescent Psychiatry. 32(10):1885-1898, 2023 Oct.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Bryant A  
  
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Buitelaar J  
  
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"MH":"Bryant, Annie ORCID: http://orcid.org/0000-0003-2669-2191",

"DU":"Bryant, Annie  
  
Schlesinger, Hope  
  
Sideri, Athina  
  
Holmes, Joni  
  
Buitelaar, Jan  
  
Meiser-Stedman, Richard",

"OD":"Bryant, Annie. Department of Clinical Psychology and Psychological Therapies, University of East Anglia, Norwich, UK.  
  
Schlesinger, Hope. Department of Clinical Psychology and Psychological Therapies, University of East Anglia, Norwich, UK.  
  
Sideri, Athina. Norfolk and Suffolk NHS Foundation Trust, Hellesdon Hospital, Drayton High Road, Norwich, UK.  
  
Holmes, Joni. MRC Cognition and Brain Sciences Unit, University of Cambridge, Cambridge, UK.  
  
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Meiser-Stedman, Richard. Department of Clinical Psychology and Psychological Therapies, University of East Anglia, Norwich, UK. r.meiser-stedman@uea.ac.uk.",

"AB":"Child  
  
Adolescent  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
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"FTURL":"ADHD Adolescents Anxiety Children Depression Mental health Pharmacology Randomised controlled trials Side effects",

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"DJ":"Anxiety and depression are listed as common side effects for medications licensed for treating ADHD in children and adolescents. This meta-analytic review of randomised controlled trials aimed to explore the effect of medications on symptoms of anxiety and depression in children and adolescents with ADHD. A meta-analytic review of ADHD drug trials in children and adolescents was conducted. Random effects meta-analyses were conducted on anxiety and depression outcomes measured by validated psychological scales or side effect rating scales. Only 11% of eligible trials in this review reported anxiety and/or depression as an outcome or side effect, limiting the conclusions of the meta-analyses. Relative to placebo control, no significant effect of medication was found for symptoms of anxiety or depression in randomised controlled trials of ADHD medication in children and adolescents. This review highlights the systemic lack of mental health outcome reporting in child and adolescent ADHD drug trials. The importance of widespread implementation of standardised measurement of mental health outcomes in future trials is discussed. Copyright © 2022. The Author(s).",

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Journal Article",

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"If RCT or not":"No",

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"DB":"Embase",

"UI":"2018283011",

"TI":"Serum ciliary neurotrophic factor levels in children with attention deficit hyperactivity disorder.",

"SO":"International Journal of Neuroscience. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Buyuktaskin D.  
  
Guney E.  
  
Gulbahar O.  
  
Ozaslan A.  
  
Arslan B.",

"AO":"(Buyuktaskin, Guney, Ozaslan) Department of Child and Adolescent Psychiatry, Gazi University Medical Faculty, Ankara, Turkey  
  
(Buyuktaskin) Department of Child and Adolescent Psychiatry, Cizre State Hospital, Sirnak, Turkey  
  
(Gulbahar, Arslan) Department of Medical Biochemistry, Gazi University Medical Faculty, Ankara, Turkey  
  
(Arslan) Department of Medical Biochemistry, Ercis Sehit Ridvan Cevik State Hospital, Van, Turkey",

"IN":"Taylor and Francis Ltd.",

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teacher [m]",

"OD":"Purpose/aim of the study: The study aimed to highlight the possible role of ciliary neurotrophic factor (CNTF) in the pathophysiology of attention deficit hyperactivity disorder (ADHD) and determine whether CNTF can be used as a biomarker for ADHD.Materials and methods: Patients with a diagnosis of ADHD and neurotypical subjects aged 6-12 years were recruited prospectively. The study applied Conners' Teacher Rating Scale (CTRS) to determine the patients' ADHD predominance and severity. Serum CNTF levels were measured with an enzyme-linked immunosorbent assay (ELISA) kit. Result(s): A total of 43 ADHD patients and 33 healthy controls were included in the study. A significant difference was found between the serum CNTF levels of the ADHD patients (22.17 pg/ml) and the controls (22.80 pg/ml). Correlations between the CNTF levels and CTRS scores were not significant. Conclusion(s): The study identified an alteration of serum CNTF levels in ADHD patients and thus asserted a link between CNTF and ADHD pathophysiology children with ADHD had significantly lower serum CNTF levels compared to the neurotypical controls. Further research is needed to understand the mechanisms of CNTF.Copyright © 2022 Informa UK Limited, trading as Taylor & Francis Group.",

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Guney, Esra ORCID: https://orcid.org/0000-0002-4043-8301  
  
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Gulbahar, Ozlem ORCID: https://orcid.org/0000-0003-0450-4305  
  
Arslan, Burak ORCID: https://orcid.org/0000-0001-7229-3226",

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"DB":"Ovid MEDLINE(R)",

"UI":"36226902",

"TI":"Olanzapine/samidorphan combination consistently mitigates weight gain across various subgroups of patients.",

"SO":"Cns Spectrums. :1-4, 2022 Oct 13",

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"MH":"Meyer, Jonathan M  
  
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Jiang, Ying  
  
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Yagoda, Sergey  
  
McDonnell, David",

"DU":"Meyer, Jonathan M. University of California San Diego School of Medicine, La Jolla, CA, USA.  
  
Simmons, Adam. Alkermes, Inc., Waltham, MA, USA.  
  
Jiang, Ying. Alkermes, Inc., Waltham, MA, USA.  
  
Graham, Christine. Alkermes, Inc., Waltham, MA, USA.  
  
Yagoda, Sergey. Alkermes, Inc., Waltham, MA, USA.  
  
McDonnell, David. Alkermes Pharma Ireland Ltd., Dublin, Ireland.",

"OD":"OBJECTIVE: A combination of olanzapine and the opioid receptor antagonist samidorphan (OLZ/SAM) has been approved in the United States for the treatment of adults with schizophrenia or adults with bipolar I disorder. In a phase 3 study in adults with schizophrenia (ENLIGHTEN-2), OLZ/SAM treatment was associated with significantly less weight gain compared with olanzapine. Prespecified subgroup analyses explored the consistency of the weight mitigation effect of OLZ/SAM vs olanzapine across demographic subgroups in ENLIGHTEN-2.  
  
METHODS: The multicenter, randomized, double-blind ENLIGHTEN-2 study (NCT02694328) included outpatients aged 18-55 years with a diagnosis of schizophrenia based on DSM-5 criteria, a body mass index (BMI) of 18 to 30 kg/m2, and stable body weight (self-reported change <=5% for >=3 months before study entry). Patients were randomized 1:1 to receive OLZ/SAM or olanzapine for 24 weeks. Co-primary endpoints (previously reported) were percent change in body weight and proportion of patients with at least 10% weight gain from baseline at week 24. Prespecified exploratory subgroup analyses by sex, age, self-reported race, and baseline BMI were conducted.  
  
RESULTS: At week 24, treatment with OLZ/SAM resulted in numerically less percent weight gain than with olanzapine across all subgroups evaluated. The proportion of patients with at least 10% weight gain was smaller in each subgroup treated with OLZ/SAM vs olanzapine.  
  
CONCLUSION: In these exploratory subgroup analyses from the ENLIGHTEN-2 study, weight-mitigating effects of OLZ/SAM vs olanzapine were observed consistently across patient subgroups and were in line with results from the overall study population.",

"AB":"Journal Article",

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"UI":"2018498393",

"TI":"Serotype distribution and antimicrobial resistance of human Salmonella enterica in Bangui, Central African Republic, from 2004 to 2013.",

"SO":"PLoS Neglected Tropical Diseases. 13(12) (no pagination), 2019. Article Number: e0007917. Date of Publication: December 2019.",

"AU":"Breurec S.  
  
Reynaud Y.  
  
Frank T.  
  
Farra A.  
  
Costilhes G.  
  
Weill F.-X.  
  
Hello S.L.",

"AO":"nan",

"IN":"(Breurec, Frank, Farra) Laboratoire de Bacteriologie, Institut Pasteur, Bangui, Central Afrian Republic  
  
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(Costilhes, Weill, Hello) Unite des Bacteries Pathogenes Enteriques, Centre National de Reference des Escherichia coli, Shigella et Salmonella, World Health Organization Collaborative Centre for typing and antibiotic resistance of Salmonella, Institut Pasteur, Paris, France",

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whole genome sequencing [m]",

"AB":"Background Limited epidemiological and antimicrobial resistance data are available on Salmonella enter-ica from sub-Saharan Africa. We determine the prevalence of resistance to antibiotics in isolates in the Central African Republic (CAR) between 2004 and 2013 and the genetic basis for resistance to third-generation cephalosporin (C3G). Methodology/Principal findings A total of 582 non-duplicate human clinical isolates were collected. The most common sero-type was Typhimurium (n = 180, 31% of the isolates). A randomly selected subset of S. Typhimurium isolates were subtyped by clustered regularly interspaced short palindromic repeat polymorphism (CRISPOL) typing. All but one invasive isolate tested (66/68, 96%) were associated with sequence type 313. Overall, the rates of resistance were high to tradi-tional first-line drugs (18-40%) but low to many other antimicrobials, including fluoroquino-lones (one resistant isolate) and C3G (only one ESBL-producing isolate). The extended-spectrum beta-lactamase (ESBL)-producing isolate and three additional ESBL isolates from West Africa were studied by whole genome sequencing. The blaCTX-M-15 gene and the majority of antimicrobial resistance genes found in the ESBL isolate were present in a large conjugative IncHI2 plasmid highly similar (> 99% nucleotide identity) to ESBL-carrying plas-mids found in Kenya (S. Typhimurium ST313) and also in West Africa (serotypes Grumpen-sis, Havana, Telelkebir and Typhimurium). Conclusions/Significance Although the prevalence of ESBL-producing Salmonella isolates was low in CAR, we found that a single IncHI2 plasmid-carrying blaCTX-M-15 was widespread among Salmonella sero-types from sub-Saharan Africa, which is of concern.Copyright © 2019 Breurec et al.",

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"ORN":"41",

"VN":"Ovid Technologies",

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"UI":"37362332",

"TI":"Synthesis and biological evaluation of novel beta-lactam-metallo beta-lactamase inhibitors.",

"SO":"RSC advances. 13(28):18991-19001, 2023 Jun 22.",

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"MH":"Shungube, Mbongeni ORCID: https://orcid.org/0000-0001-8405-584X  
  
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Qin, Hua-Li ORCID: https://orcid.org/0000-0002-6609-0083  
  
Naicker, Tricia ORCID: https://orcid.org/0000-0002-7134-6258",

"DU":"Shungube, Mbongeni  
  
Hlophe, Ayanda K  
  
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Govender, Thavendran",

"OD":"Shungube, Mbongeni. Catalysis and Peptide Research Unit, University of KwaZulu Natal Durban 4001 South Africa naickert1@ukzn.ac.za +27 312601845.  
  
Hlophe, Ayanda K. Catalysis and Peptide Research Unit, University of KwaZulu Natal Durban 4001 South Africa naickert1@ukzn.ac.za +27 312601845.  
  
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Sabe, Victor T. Catalysis and Peptide Research Unit, University of KwaZulu Natal Durban 4001 South Africa naickert1@ukzn.ac.za +27 312601845.  
  
Peters, Byron B. Catalysis and Peptide Research Unit, University of KwaZulu Natal Durban 4001 South Africa naickert1@ukzn.ac.za +27 312601845.  
  
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Arumugam, Thilona. School of Laboratory Medicine and Medical Sciences, College of Health Sciences, University of KwaZulu-Natal Durban South Africa.  
  
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Kruger, Hendrik G. Catalysis and Peptide Research Unit, University of KwaZulu Natal Durban 4001 South Africa naickert1@ukzn.ac.za +27 312601845.  
  
Arvidsson, Per I. Catalysis and Peptide Research Unit, University of KwaZulu Natal Durban 4001 South Africa naickert1@ukzn.ac.za +27 312601845.  
  
Arvidsson, Per I. Science for Life Laboratory, Drug Discovery & Development Platform & Division of Translational Medicine and Chemical Biology, Department of Medical Biochemistry and Biophysics, Karolinska Institutet Stockholm Sweden.  
  
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Naicker, Tricia. Catalysis and Peptide Research Unit, University of KwaZulu Natal Durban 4001 South Africa naickert1@ukzn.ac.za +27 312601845.  
  
Govender, Thavendran. Department of Chemistry, University of Zululand Private Bag X1001 KwaDlangezwa 3886 South Africa govendert@unizulu.ac.za.",

"AB":"nan",

"FTURL":"nan",

"PM":"beta-lactamases are enzymes that deactivate beta-lactam antibiotics through a hydrolysis mechanism. There are two known types of beta-lactamases: serine beta-lactamases (SBLs) and metallo beta-lactamases (MBLs). The two existing strategies to overcome beta-lactamase-mediated resistance are (a) to develop novel beta-lactam antibiotics that are not susceptible to hydrolysis by these enzymes or (b) to develop beta-lactamase inhibitors that deactivate the enzyme and thereby restore the efficacy of the co-administered antibiotics. Many commercially available SBL inhibitors are used in combination therapy with antibiotics to treat antimicrobial resistant infections however, there are only a handful of MBL inhibitors undergoing clinical trials. In this study, we present 11 novel potential MBL inhibitors (via multi-step chemical synthesis), that have shown to completely restore the efficacy of meropenem (<=2 mg L-1) against New Delhi metallo-beta-lactamase (NDM) producing Klebsiella pneumoniae in vitro. These compounds contain a cyclic amino acid zinc chelator conjugated to various commercially available beta-lactam antibiotic scaffolds with the aim to improve the overall drug transport, lipophilicity, and pharmacokinetic/pharmacodynamic properties as compared to the chelator alone. Biological evaluation of compounds 24b and 24c has further highlighted the downstream application of these MBLs, since they are non-toxic at the selected doses. Time-kill assays indicate that compounds 24b and 24c exhibit sterilizing activity towards NDM producing Klebsiella pneumoniae in vitro using minimal concentrations of meropenem. Furthermore, 24b and 24c proved to be promising inhibitors of VIM-2 (Ki = 0.85 and 1.87, respectively). This study has revealed a novel series of beta-lactam MBLIs that are potent, efficacious, and safe leads with the potential to develop into therapeutic MBLIs. Copyright This journal is © The Royal Society of Chemistry.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37639322",

"TI":"Impact of treatment effect on MRD and PFS: an aggregate analysis from randomized clinical trials in multiple myeloma.",

"SO":"Blood Advances. 2023 Aug 28",

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San-Miguel, Jesus",

"DU":"Paiva, Bruno. Clinica Universidad de Navarra, Centro de Investigacion Medica Aplicada (CIMA), Instituto de Investigacion Sanitaria de Navarra (IDISNA), CIBERONC (CB16/12/00369), Pamplona, Spain.  
  
Zherniakova, Anastasiia. Clinica Universidad de Navarra, Centro de Investigacion Medica Aplicada (CIMA), Instituto de Investigacion Sanitaria de Navarra (IDISNA), CIBERONC (CB16/12/00369), Pamplona, Spain.  
  
Nunez-Cordoba, Jorge M. CUN, Pamplona, Spain.  
  
Rodriguez-Otero, Paula. Clinica Universidad de Navarra, Pamplona, Spain.  
  
Shi, Qian. Mayo Clinic, Rochester, Minnesota, United States.  
  
Munshi, Nikhil C. Dana Farber Cancer Institute, Boston, Massachusetts, United States.  
  
Durie, Brian. International Myeloma Foundation, North Hollywood, California, United States.  
  
San-Miguel, Jesus. Clinica Universidad de Navarra, CCUN, Centro de Investigacion, Medica Aplicada (CIMA), Instituto de Investigacion, Sanitaria de Navarra (IDISNA, CIBERONC), CIBER-ONC CB16/12/00369, Pamplona, Spain, Pamplona, Navarra, Spain.",

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"TI":"Current Controversies in the Management of Myeloma Bone Disease.",

"SO":"Journal of Cellular Physiology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Silbermann R.  
  
Roodman G.D.",

"AO":"nan",

"IN":"(Silbermann, Roodman) Department of MedicineHematology/OncologyIndiana UniversityIndianapolis, Indiana  
  
(Roodman) Richard L. Roudebush VA Medical CenterIndianapolis, Indiana",

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"OD":"Recent significant advances in the treatment of multiple myeloma have resulted in an improvement in median overall survival from 4.6 years, for patients diagnosed between 2001 and 2005, to 6.1 years, for those diagnosed between 2006 and 2010 (Kumar et al., 2014). However, myeloma bone lesions persist in the absence of active disease and continue to be frequent and significant causes of patient morbidity and contribute to mortality. While bisphosphonate therapy in combination with anti-myeloma therapy remains the cornerstone of skeletal disease management in myeloma, open questions regarding the optimal management of patients with myeloma bone disease remain. This article will address when to initiate and stop bone-targeted therapy in patients with monoclonal gammopathies, duration of bisphosphonate treatment in the era of more effective anti-myeloma treatment, the role of bone resorption markers in determining the dosing schedule for anti-resorptive therapy, risks and benefits of long term anti-resorptive therapy, and whether anti-resorptive therapies should be stopped to enhance the potential anabolic effects of proteasome antagonists and other anabolic agents.Copyright © 2016 Wiley Periodicals, Inc.",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2016842856",

"TI":"The individual and combined associations of depression and socioeconomic status with risk of major cardiovascular events: a prospective cohort study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 01 Jan 2022.",

"AU":"Prigge R.  
  
Wild S.H.  
  
Jackson C.A.",

"AO":"Prigge, Regina ORCID: https://orcid.org/0000-0002-0489-684X  
  
Wild, Sarah H. ORCID: https://orcid.org/0000-0001-7824-2569  
  
Jackson, Caroline A. ORCID: https://orcid.org/0000-0002-2067-2811",

"IN":"(Prigge, Wild, Jackson) University of Edinburgh, College of Medicine and Veterinary Medicine, Usher Institute, Centre for Population Health Sciences, United Kingdom",

"PB":"medRxiv",

"MH":"adult  
  
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"FTURL":"Objective: We aimed to investigate the individual and combined associations of depression and low socioeconomic status (SES) with risk of major cardiovascular events (MCVE), defined as first-ever fatal or non-fatal stroke or myocardial infarction, in a large prospective cohort study. Method(s): We used data from 466,238 UK Biobank participants, aged 40 - 69 years without cardiovascular disease, bipolar disorder or schizophrenia at baseline. We performed Cox proportional hazard models to estimate adjusted hazard ratios (HR) and 95% confidence intervals (CI) of the individual and combined associations of depression and each of educational attainment, area-based deprivation and income with risk of MCVE. We assessed effect modification and explored interaction on the additive and multiplicative scale. Result(s): Depression, low education, high area-based deprivation and low income were individually associated with increased risks of MCVE (adjusted HR, 95% CI: 1.28, 1.19 - 1.38 1.20, 1.14 - 1.27 1.17, 1.11 - 1.23 and 1.22, 1.16 - 1.29, respectively). Depression was associated with increased risks of MCVE among individuals with high and low SES. Individuals with depression and each of low education, high area-based deprivation and low income were at particularly high risk of MCVE (HR, 95% CI: 1.50, 1.38 - 1.63 1.63, 1.46 - 1.82 1.31, 1.23 - 1.40, respectively). There was interaction between depression and area-based deprivation on multiplicative and additive scales but no interaction with education or income. Conclusion(s): Depression was associated with increased risks of MCVE among individuals with high and low SES, with particularly high risks among those living in areas of high deprivation.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"DB":"Ovid MEDLINE(R)",

"UI":"35748937",

"TI":"Functional somatic symptoms in preschool attention-deficit/hyperactivity disorder: a secondary analysis of data from a randomized controlled trial of parent training.",

"SO":"European Child & Adolescent Psychiatry. 32(10):1979-1988, 2023 Oct.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Larsen LB  
  
Daley D  
  
Lange AM  
  
Sonuga-Barke E  
  
Thomsen PH  
  
Jensen JS  
  
Rask CU",

"MH":"Larsen, Liva Bundgaard ORCID: http://orcid.org/0000-0002-5095-713X  
  
Daley, David ORCID: http://orcid.org/0000-0002-3597-0408  
  
Lange, Anne-Mette ORCID: http://orcid.org/0000-0001-6398-7218  
  
Sonuga-Barke, Edmund ORCID: http://orcid.org/0000-0002-6996-3935  
  
Thomsen, Per Hove ORCID: http://orcid.org/0000-0002-4529-4431  
  
Rask, Charlotte Ulrikka ORCID: http://orcid.org/0000-0002-7426-0353",

"DU":"Larsen, Liva Bundgaard  
  
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Jensen, Jens Sondergaard  
  
Rask, Charlotte Ulrikka",

"OD":"Larsen, Liva Bundgaard. Department of Child and Adolescent Psychiatry, Research Unit, Aarhus University Hospital, Aarhus, Denmark. livlar@rm.dk.  
  
Daley, David. Division of Psychiatry and Applied Psychology, Institute of Mental Health, University of Nottingham, Nottingham, UK.  
  
Lange, Anne-Mette. Department of Child and Adolescent Psychiatry, Research Unit, Aarhus University Hospital, Aarhus, Denmark.  
  
Sonuga-Barke, Edmund. Department of Child and Adolescent Psychiatry, Research Unit, Aarhus University Hospital, Aarhus, Denmark.  
  
Sonuga-Barke, Edmund. Department of Clinical Medicine, Aarhus University Hospital, Aarhus, Denmark.  
  
Sonuga-Barke, Edmund. Institute of Psychiatry, Psychology and Neuroscience, Kings College London, London, UK.  
  
Thomsen, Per Hove. Department of Child and Adolescent Psychiatry, Research Unit, Aarhus University Hospital, Aarhus, Denmark.  
  
Thomsen, Per Hove. Department of Clinical Medicine, Aarhus University Hospital, Aarhus, Denmark.  
  
Jensen, Jens Sondergaard. Research Clinic for Functional Disorders, Aarhus University Hospital, Aarhus, Denmark.  
  
Rask, Charlotte Ulrikka. Department of Child and Adolescent Psychiatry, Research Unit, Aarhus University Hospital, Aarhus, Denmark.  
  
Rask, Charlotte Ulrikka. Department of Clinical Medicine, Aarhus University Hospital, Aarhus, Denmark.",

"AB":"Humans  
  
Child, Preschool  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Parents/ed [Education]  
  
Quality of Life  
  
\*Medically Unexplained Symptoms  
  
Schools",

"FTURL":"ADHD Functional somatic symptoms Health-related quality of life Parent training Preschool",

"PM":"NOTNLM",

"DJ":"Children with attention-deficit/hyperactivity disorder (ADHD) can be more stress-vulnerable, and thereby, it has been suggested, prone to develop functional somatic symptoms (FSS) compared to their peers. In this paper, using data from 160 children aged 3-7 years with ADHD from the D'SNAPP study, a randomized controlled trial testing a parent training intervention, we addressed a number of questions about the role of FSS in ADHD. First, are FSS levels higher in an ADHD sample than in the children of the general population. Second, do FSS levels predict psychopathology and health-related quality of life (HRQoL) in ADHD samples. Third, does FSS levels moderate the effect of parent training on ADHD symptoms. We found that preschoolers with ADHD experienced more severe FSS than a general population-based sample (18.80% vs. 2.11%). Severe FSS were associated with increased psychopathology and impaired daily function and lower HRQoL. Level of baseline FSS did not moderate the effect of parent training on ADHD. FSS in preschool children with ADHD is associated with impaired daily functioning, but further research is warranted to determine the clinical impact of FSS in children with ADHD. Copyright © 2022. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany.",

"MV":"nan",

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"DB":"Embase",

"UI":"638488190",

"TI":"Incorporating emotion coaching into behavioral parent training program: evaluation of its effectiveness.",

"SO":"Child psychiatry and human development. (no pagination), 2022. Date of Publication: 15 Jul 2022.",

"AU":"Chan C.K.Y.  
  
Fu K.  
  
Liu S.K.Y.",

"AO":"(Chan, Fu, Liu) Child Assessment Service, Department of Health, Hong Kong Special Administrative Region, Hong Kong, China",

"IN":"NLM (Medline)",

"PB":"article  
  
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"OD":"Disruptive behaviors in childhood yield negative mental health outcomes. Both behavioral management and emotion coaching parenting programs were effective in reducing children's disruptive behaviors. This randomized control trial (RCT) study evaluated the effectiveness of a community clinic-based, parent training program that incorporated emotion coaching into behavioral training (BPEC) for 119 parents who expressed difficulty in handling their elementary school-aged children's disruptive behaviors. These parents were randomly assigned to the treatment group or waitlist control. Pre-tests, post-tests, and 3-month delayed post-tests were administered. Compared to those in the waitlist control group, participants in the BPEC group reported significantly (a) fewer child oppositional behaviors and ADHD symptoms and (b) more positive aspects of the parent-child relationship. Significant short-term effects were maintained after 3-month for parent-reported, child oppositional behaviors. Thus, BPEC effectively reduced the disruptive behaviors of children.Copyright © 2022. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Chan, Charlotte Kwok Ying ORCID: https://orcid.org/0000-0002-1945-6492  
  
Fu, Kei ORCID: https://orcid.org/0000-0001-7951-1409",

"DJ":"35838816 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35838816]",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36175250",

"TI":"Mitochondrial dysfunction in psychiatric disorders.",

"SO":"Schizophrenia Research. 2022 Sep 26",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Ni P  
  
Ma Y  
  
Chung S",

"MH":"Ni, Peiyan  
  
Ma, Yao  
  
Chung, Sangmi",

"DU":"Ni, Peiyan. The Psychiatric Laboratory and Mental Health Center, West China Hospital, Sichuan University, Chengdu 610041, People's Republic of China. Electronic address: sunnyn.p.yan@163.com.  
  
Ma, Yao. The Psychiatric Laboratory and Mental Health Center, West China Hospital, Sichuan University, Chengdu 610041, People's Republic of China.  
  
Chung, Sangmi. Department of Cell Biology and Anatomy, New York Medical College, Valhalla, NY 10595, USA. Electronic address: schung8@nymc.edu.",

"OD":"Psychiatric disorders are a heterogeneous group of mental disorders with abnormal mental or behavioral patterns, which severely distress or disable affected individuals and can have a grave socioeconomic burden. Growing evidence indicates that mitochondrial function plays an important role in developing psychiatric disorders. This review discusses the neuropsychiatric consequences of mitochondrial abnormalities in both animal models and patients. We also discuss recent studies associated with compromised mitochondrial function in various psychiatric disorders, such as schizophrenia (SCZ), major depressive disorder (MD), and bipolar disorders (BD). These studies employ various approaches including postmortem studies, imaging studies, genetic studies, and induced pluripotent stem cells (iPSCs) studies. We also summarize the evidence from animal models and clinical trials to support mitochondrial function as a potential therapeutic target to treat various psychiatric disorders. This review will contribute to furthering our understanding of the metabolic etiology of various psychiatric disorders, and help guide the development of optimal therapies. Copyright © 2022 Elsevier B.V. All rights reserved.",

"AB":"Editorial",

"FTURL":"2022",

"PM":"Click here for full text options",

"DJ":"Bipolar disorder (BD) Induced pluripotent stem cell (iPSC) Major depressive disorder (MD) Mitochondrial dysfunction Psychiatric disorders Schizophrenia (SCZ)",

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"VN":"Ovid Technologies",

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"UI":"2011388660",

"TI":"Clinical impact of rapid susceptibility testing on MHR-SIR directly from blood cultures.",

"SO":"Journal of Antimicrobial Chemotherapy. 74(10) (pp 3063-3068), 2019. Date of Publication: 01 Oct 2019.",

"AU":"Pilmis B.  
  
Thy M.  
  
Diep J.  
  
Krob S.  
  
Perillaud C.  
  
Couzigou C.  
  
Vidal B.  
  
Mizrahi A.  
  
Lourtet-Hascoet J.  
  
Le Monnier A.  
  
Nguyen Van J.-C.",

"AO":"nan",

"IN":"(Pilmis, Thy, Diep, Krob, Couzigou, Vidal, Lourtet-Hascoet) Equipe Mobile de Microbiologie Clinique, Groupe Hospitalier Paris Saint-Joseph, Paris 75014, France  
  
(Perillaud, Mizrahi, Le Monnier, Nguyen Van) Service de Microbiologie Clinique et Dosage des Anti-infectieux, Groupe Hospitalier Paris Saint-Joseph, Paris 75014, France  
  
(Couzigou, Vidal) Equipe Operationnelle d'Hygiene, Groupe Hospitalier Paris Saint-Joseph, Paris 75014, France",

"PB":"Oxford University Press",

"MH":"abdominal infection  
  
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skin [m]  
  
Staphylococcus aureus [m]",

"AB":"Background: In a previous study, we demonstrated that rapid antibiotic susceptibility tests (ASTs) can be performed directly on blood culture samples tested on Mueller-Hinton Rapid agar (MHR-SIR) with a time delay of 6-8 h. Objective(s): Using this rapid disc diffusion method, we analysed the clinical impact associated with rapid reporting of results in our hospital setting. Method(s): All patients with bloodstream infections (BSIs) related to Enterobacteriaceae or Staphylococcus aureus were prospectively included in the study. The rapid ASTs were performed by incubation of positive blood cultures on MHR-SIR for 6-8 h by direct inoculation according to BSAC recommendations. Result(s): One hundred and sixty-seven patients with BSIs were included as MHR-guided adaptation therapy cases. Eighty percent had Enterobacteriaceae-related BSIs, of which 12 (9%) were ESBL producers and 20% were S. aureus-related BSIs. A urinary or intra-Abdominal infection was observed in 44.3% and 19.8%, respectively, of Enterobacteriaceae-related infections. The most frequent sources of infections for S. aureus BSIs were cutaneous and endovascular, in 43% and 23% of cases, respectively. Forty-four percent of the patients benefited from therapeutic modification according to the results of the MHR-SIR AST. Thus, empirical antibiotic therapy was modified by using antibiotic therapy that had too wide a spectrum or was unsuitable in 26% and 18% of cases, respectively. Compared with the 24 h required for the reference method, the median length of time to provision of susceptibility test results by MHR-SIR was 7 h. Conclusion(s): This study showed a significant time saving (17 h) on the appropriateness of antibiotic prescription and demonstrated a significant impact regarding the choice and reduction of the spectrum of antibiotic therapy. Copyright © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved. For permissions, please email: journals.permissions@oup.com.",

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"PM":"31377768 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31377768]",

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"Database":"Medline",

"ORN":"42",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37322293",

"TI":"Treatment of critically ill patients with cefiderocol for infections caused by multidrug-resistant pathogens: review of the evidence. [Review]",

"SO":"Annals of Intensive Care. 13(1):52, 2023 Jun 15.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Viale P  
  
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"DU":"Viale, Pierluigi  
  
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Rossolini, Gian Maria  
  
Lodise, Thomas P",

"OD":"Viale, Pierluigi. Infectious Disease Unit, IRCCS Policlinico di Sant'Orsola, Bologna, Italy.  
  
Viale, Pierluigi. Department of Medical and Surgical Science, Alma Mater Studiorum-Universita di Bologna, Bologna, Italy.  
  
Sandrock, Christian E. Division of Pulmonary, Critical Care and Sleep Medicine, Department of Internal Medicine, University of California, Davis, Sacramento, CA, USA. cesandrock@ucdavis.edu.  
  
Ramirez, Paula. Servicio de Medicina Intensiva, Hospital Universitario y Politecnico la Fe, Valencia, Spain.  
  
Rossolini, Gian Maria. Department of Experimental and Clinical Medicine, University of Florence, Florence, Italy.  
  
Rossolini, Gian Maria. Microbiology and Virology Unit, Careggi University Hospital, Florence, Italy.  
  
Lodise, Thomas P. Department of Pharmacy Practice, Albany College of Pharmacy and Health Sciences, Albany, NY, USA.",

"AB":"Appropriate antibiotic Cefiderocol Critically ill Dosing Multidrug-resistant Gram-negative bacteria Nosocomial pneumonia Sepsis",

"FTURL":"NOTNLM",

"PM":"Appropriate antibiotic treatment for critically ill patients with serious Gram-negative infections in the intensive care unit is crucial to minimize morbidity and mortality. Several new antibiotics have shown in vitro activity against carbapenem-resistant Enterobacterales (CRE) and difficult-to-treat resistant Pseudomonas aeruginosa. Cefiderocol is the first approved siderophore beta-lactam antibiotic with potent activity against multidrug-resistant, carbapenem-resistant, difficult-to-treat or extensively drug-resistant Gram-negative pathogens, which have limited treatment options. The spectrum of activity of cefiderocol includes drug-resistant strains of Acinetobacter baumannii, P. aeruginosa, Stenotrophomonas maltophilia, Achromobacter spp. and Burkholderia spp. and CRE that produce serine- and/or metallo-carbapenemases. Phase 1 studies established that cefiderocol achieves adequate concentration in the epithelial lining fluid in the lung and requires dosing adjustment for renal function, including patients with augmented renal clearance and continuous renal-replacement therapy (CRRT) no clinically significant drug-drug interactions are expected. The non-inferiority of cefiderocol versus high-dose, extended-infusion meropenem in all-cause mortality (ACM) rates at day 14 was demonstrated in the randomized, double-blind APEKS-NP Phase 3 clinical study in patients with nosocomial pneumonia caused by suspected or confirmed Gram-negative bacteria. Furthermore, the efficacy of cefiderocol was investigated in the randomized, open-label, pathogen-focused, descriptive CREDIBLE-CR Phase 3 clinical study in its target patient population with serious carbapenem-resistant Gram-negative infections, including hospitalized patients with nosocomial pneumonia, bloodstream infection/sepsis, or complicated urinary tract infections. However, a numerically greater ACM rate with cefiderocol compared with BAT led to the inclusion of a warning in US and European prescribing information. Cefiderocol susceptibility results obtained with commercial tests should be carefully evaluated due to current issues regarding their accuracy and reliability. Since its approval, real-world evidence in patients with multidrug-resistant and carbapenem-resistant Gram-negative bacterial infections suggests that cefiderocol can be efficacious in certain critically ill patient groups, such as those requiring mechanical ventilation for COVID-19 pneumonia with subsequently acquired Gram-negative bacterial superinfection, and patients with CRRT and/or extracorporeal membrane oxygenation. In this article, we review the microbiological spectrum, pharmacokinetics/pharmacodynamics, efficacy and safety profiles and real-world evidence for cefiderocol, and look at future considerations for its role in the treatment of critically ill patients with challenging Gram-negative bacterial infections. Copyright © 2023. The Author(s).",

"DJ":"Journal Article  
  
Review",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37589225",

"TI":"At what point are we on the way to optimally treat multiple myeloma patients over 75 years of age in 2023?. [Review]",

"SO":"Advances in Clinical & Experimental Medicine. 2023 Aug 14",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Tyczynska A  
  
Zaucha J",

"MH":"Tyczynska, Agata  
  
Zaucha, Jan",

"DU":"Tyczynska, Agata. Department of Hematology and Transplantology, University Clinical Center, Medical University of Gdansk, Poland.  
  
Zaucha, Jan. Department of Hematology and Transplantology, University Clinical Center, Medical University of Gdansk, Poland.",

"OD":"daratumumab elderly frailty multiple myeloma over 75 years of age",

"AB":"NOTNLM",

"FTURL":"Several novel drugs for multiple myeloma, including monoclonal and bispecific antibodies, immunomodulatory agents, and newer-generation proteasome inhibitors, have been introduced over the last decade. Based on the results of randomized clinical trials, the drugs have been incorporated into current treatment recommendations, with the most substantial changes observed in patients under the age of 75. However, new therapeutic options have been indirectly proposed for patients over 75, despite the lack of conclusive data from randomized prospective trials. This paper outlines the development of myeloma therapy and summarizes the current treatment recommendations for patients over 75 by systematically reviewing the most crucial studies involving this group of individuals, with a focus on evaluating treatment safety and efficacy. Melphalan-prednisone (MP), bortezomib plus MP (VMP), lenalidomide-dexamethasone (Rd), and bortezomib plus Rd (VRd) regimens have evolved over the past few years as therapies of choice for the first-line treatment of these patients. A breakthrough came with daratumumab, which increased response rates, extended median progression-free survival (PFS) and overall survival (OS) in the absence of significantly increased toxicity when added to the above regimens.",

"PM":"Journal Article  
  
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"UI":"2020490389",

"TI":"Multiple myeloma and physical activity: a scoping review.",

"SO":"BMJ Open. 5(11) (no pagination), 2015. Article Number: e009576. Date of Publication: 2015.",

"AU":"Smith L.  
  
McCourt O.  
  
Henrich M.  
  
Paton B.  
  
Yong K.  
  
Wardle J.  
  
Fisher A.",

"AO":"nan",

"IN":"(Smith, McCourt, Henrich, Wardle, Fisher) Department of Epidemiology and Public Health, Health Behaviour Research Centre, University College London, London, United Kingdom  
  
(Paton) Institute of Sport Exercise and Health, University College London, London, United Kingdom  
  
(Yong) Research Department of Haematology, Cancer Institute, University College London, London, United Kingdom",

"PB":"BMJ Publishing Group",

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"OD":"Objectives: Multiple myeloma is the second most common haematological cancer. A growing body of literature is emerging that investigates the role physical activity plays in all stages of multiple myeloma (prevention and survivorship) and to date no attempt has been made to collate and understand this literature. Therefore, this scoping review aims to (1) outline what is already known about physical activity in all stages of multiple myeloma (2) map the literature on physical activity and multiple myeloma and (3) identify future directions for research. Design(s): Scoping Review. Data Sources: Searches were carried out in May 2015. Searchers were conducted in PubMed, Web of Science, SPORTdiscus and MEDLINE. Eligibility criteria for selecting studies: To be included studies had to report original data, investigate physical activity per se or physical activity correlates and multiple myeloma or smouldering multiple myeloma. Result(s): A total of 19 papers received full screening, 5 of these papers were excluded. This review identified three journal articles relating to the role of physical activity in the prevention of multiple myeloma, nine papers were identified in the treatment of multiple myeloma and two on smouldering multiple myeloma. Conclusion(s): The search identified that the literature surrounding multiple myeloma and physical activity is very limited. We encourage those designing new cohort studies to allow for future assessment of associations between physical activity and onset of multiple myeloma and smouldering multiple myeloma, as well as the potential role that physical activity plays in the progression from smouldering multiple myeloma to multiple myeloma. Second, we encourage the design and investigation of gender and treatment-specific physical activity interventions in patients with multiple myeloma. Finally, we highlight the need for more randomised controlled trials to evaluate the impact of different types, frequencies and intensities of physical activity on various health parameters in multiple myeloma survivors.Copyright © 2015 BMJ Publishing Group. All rights reserved.",

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"TI":"The DIAMONDS intervention to support self-management of type 2 diabetes in people with severe mental illness: study protocol for a single-group feasibility study.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 07 Dec 2021.",

"AU":"Brown J.V.E.  
  
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Carswell C.  
  
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Gilbody S.  
  
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Carswell, Claire ORCID: https://orcid.org/0000-0003-3781-3286  
  
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Osborn, David ORCID: https://orcid.org/0000-0003-2519-1539  
  
Shiers, David ORCID: https://orcid.org/0000-0003-2531-5837  
  
Siddiqi, Najma ORCID: https://orcid.org/0000-0003-1794-2152",

"IN":"(Brown, Bohnke, Carswell, Doherty, Gilbody, Hewitt, Parrott, Taylor, Watson, Siddiqi, Coventry) Department of Health Sciences, University of York, York, United Kingdom  
  
(Ajjan) Leeds Institute of Cardiovascular and Metabolic Medicine, University of Leeds, Leeds, United Kingdom  
  
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(Bohnke) School of Health Sciences, University of Dundee, Dundee, United Kingdom  
  
(Gilbody, Siddiqi) Hull York Medical School, York, United Kingdom  
  
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(Jacobs) Centre for Health Economics, University of York, York, United Kingdom  
  
(Johnson, Troughton) Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust, Leicester, United Kingdom  
  
(Kellar) School of Psychology, University of Leeds, Leeds, United Kingdom  
  
(Osborn) Division of Psychiatry, University College London, London, United Kingdom  
  
(Osborn) Camden & Islington NHS Foundation Trust, London, United Kingdom  
  
(Shiers) Psychosis Research Unit, Greater Manchester Mental Health NHS Trust, Manchester, United Kingdom  
  
(Shiers) University of Manchester, Manchester, United Kingdom  
  
(Shiers) Primary Care and Health Sciences, Keele University, Keele, United Kingdom  
  
(Siddiqi) Bradford District Care NHS Foundation Trust, Bradford, United Kingdom",

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"FTURL":"The DIAMONDS programme aims to evaluate a novel supported diabetes self-management intervention for people with severe mental illness (the DIAMONDS intervention). The purpose of this study is to test the feasibility of intervention delivery and data collection procedures to inform a definitive randomised controlled trial (RCT). Methods Adults aged 18 years or over with a diagnosis of type 2 diabetes and severe mental illness (schizophrenia, schizoaffective disorder, or bipolar disorder) will be eligible for inclusion. Individuals with other types of diabetes or non-psychotic mental illness and those lacking capacity to consent will not be eligible. Participants will be recruited from NHS mental health trusts and general practices across the North of England. All participants will receive the DIAMONDS intervention: weekly one-to-one sessions with a trained facilitator (DIAMONDS Coach) to support goal setting, action planning, and diabetes education ongoing self-management supported by a paper-based workbook and optional digital application (app) and monthly peer-support group sessions with other participants. The primary outcomes are: 1. Recruitment rate, measured as proportion of the recruitment target (N=30) achieved at 5 months from start of recruitment, 2. Attrition measured as the proportion of missing outcomes data at the end of the recruitment period (5 months from start of recruitment) for physiological and self-reported data items, 3. Intervention delivery rate recorded as the proportion of planned sessions delivered (measured by the number of completed intervention session logs per participant within 15 weeks of the first intervention session). Secondary outcomes include completeness of data collection at baseline and of process evaluation data at follow-up as well as the feasibility and acceptability of the intervention and of wearing a blinded continuous glucose monitoring device. An intervention fidelity framework will also be developed. Recruitment started in July 2021. The study was prospectively registered: ISRCTN15328700 (12th March 2021). Discussion The results of this feasibility study will inform the refinement of the content and delivery of the DIAMONDS intervention, as well as research procedures, including recruitment and data collection, in preparation for the main DIAMONDS RCT.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

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"TI":"The effectiveness of a single session of mindfulness-based cognitive training on cardiac vagal control and core symptoms in children and adolescents with attention-deficit/hyperactivity disorder (ADHD): a preliminary randomized controlled trial.",

"SO":"European Child & Adolescent Psychiatry. 32(10):1863-1872, 2023 Oct.",

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Dobrean A",

"MH":"Robe, Andreea ORCID: http://orcid.org/0000-0002-6029-7059",

"DU":"Robe, Andreea  
  
Dobrean, Anca",

"OD":"Robe, Andreea. Doctoral School Evidence-Based Assessment and Psychological Interventions, Babes-Bolyai University, Cluj-Napoca, Romania.  
  
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Dobrean, Anca. The International Institute for the Advanced Studies of Psychotherapy and Applied Mental Health, Babes-Bolyai University, Cluj-Napoca, Romania. anca.dobrean@ubbcluj.ro.  
  
Dobrean, Anca. Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University, Republicii Street 37, 400015, Cluj-Napoca, Romania. anca.dobrean@ubbcluj.ro.",

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"FTURL":"ADHD Children Mindfulness Mood Vagal activity",

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"DJ":"This study examined the effectiveness of a mindfulness-based intervention (MBI) on Conners' continuous performance test scores (CPTs), cardiac vagal control (CVC) assessed by vagally mediated heart rate variability (HRV), and mood in children and adolescents with ADHD. We conducted a randomized controlled trial (RCT) recruiting 70 children and adolescents (M age 11.03, SD 2.78) with a clinical diagnosis of ADHD, which were allocated to either 1 session of mindfulness cognitive training, or an active control condition and were examined at baseline, post-treatment and 4-week follow-up. See clinicaltrials.gov: NCT04316832. There was a significant main effect of time on the primary outcomes measured by CPT scores of attention-related problems (omission errors, reaction time) and hyperactivity-impulsivity (commission errors). However, time-by-group interaction did not achieve statistical significance for commission errors and hit RT, indicating that the changes over time in these outcomes were not significantly different between the MBI and Control conditions. In addition, there was a significant time-by-group interaction for omission errors. Relative to control, MBI resulted in a small (d = 0.011) non-statistically significant reduction in omission errors post-treatment. Furthermore, there were no significant differences in detectability. Secondary outcomes were CVC and mood. A small treatment effect on CVC (d = 0.37) was observed there was a slight increase in vagally mediated HRV measure post-treatment. There were no significant differences in mood improvement over time between conditions. One brief session of MBI effectively enhances CVC but does not significantly improve CPT scores of attention-related problems and hyperactivity-impulsivity or mood in children with ADHD.Clinicaltrials.gov: NCT04316832. Copyright © 2022. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany.",

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"TI":"Is homeopathy effective for attention deficit and hyperactivity disorder? A meta-analysis.",

"SO":"Pediatric Research. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Gaertner K.  
  
Teut M.  
  
Walach H.",

"AO":"(Gaertner) University of Witten/Herdecke, Institute for Integrative Medicine, Herdecke, Germany  
  
(Teut) Institute for Social Medicine, Epidemiology and Health Economics, Charite Universitatsmedizin Berlin, corporate member of Freie Universitat Berlin and Humboldt Universitat zu Berlin, Berlin, Germany  
  
(Walach) Change Health Science Institute, Berlin, Germany",

"IN":"Springer Nature",

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"OD":"Background: Attention deficit and hyperactivity disorder (ADHD) prevalence is increasing, compliance to treatment is often poor, and additional treatment options are warranted. We aim to investigate whether individualized homeopathic treatment is effective in children with ADHD when compared to placebo or usual care alone. Method(s): Thirty-seven online sources were searched with a last update in March 2021. Studies investigating the effects of individualized homeopathy against any control in ADHD (ICD-10 category F90.0) were eligible. Data were extracted to a predefined excel sheet independently by two reviewers. Result(s): Six studies were analyzed. All but one were randomized and showed low-to-moderate risk of bias two were controlled against standard treatment and four were placebo-controlled and double-blinded. The meta-analysis revealed a significant effect size across studies of Hedges' g = 0.542 (95% CI 0.311-0.772 z = 4,61 p < 0.001) against any control and of g = 0.605 (95% CI 0.05-1.16 z = 2.16, p = 0.03) against placebo (n = 4). The effect estimations are based on studies with an average sample size of 52 participants. Conclusion(s): Individualized homeopathy showed a clinically relevant and statistically robust effect in the treatment of ADHD. Impact: This paper summarizes the current evidence of individualized homeopathy in attention deficit and hyperactivity disorder (ADHD), and the results show a clinical improvement for patients receiving this additional treatment.Individualized homeopathy has shown evidence of effectiveness in the treatment of ADHD in several small trials, this is the first systematic review and meta-analysis.This data may encourage caregivers to consider co-treatment or referral to individualized homeopathy when treating childhood ADHD.Copyright © 2022, The Author(s).",

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"TI":"The Effects of Cannabidiol and delta-9-Tetrahydrocannabinol in Social Cognition: A Naturalistic Controlled Study.",

"SO":"Cannabis and Cannabinoid Research. 2022 Jul 26",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Sainz-Cort A  
  
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Bouso, Jose Carlos",

"DU":"Sainz-Cort, Alberto. Faculty of Health Sciences, Universitat Oberta de Catalunya (UOC), Barcelona, Spain.  
  
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Heeroma, Joost. GH Medical, Amsterdam, The Netherlands.  
  
Bouso, Jose Carlos. International Center of Ethnobotanic Education, Research and Service (ICEERS), Barcelona, Spain.",

"OD":"Background: Social cognition abilities such as empathy and the Theory of Mind (ToM) have been shown to be impaired in neuropsychiatric conditions such as psychotic, autistic, and bipolar disorders. The endocannabinoid system (ECS) seems to play a role in social behavior and emotional processing while it also seems to play a role in those neuropsychiatric conditions showing social cognition impairments. Main plant cannabinoids delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) modulate the ECS and, due to their opposite effects, have been proposed as both cause and treatment for neuropsychiatric-related disorders such as schizophrenia, anxiety, or post-traumatic stress disorder (PTSD). The aim of this study was to test the effects of THC and CBD on social cognition abilities in chronic cannabis users. Method: Eighteen members from a cannabis social club were tested for social cognition effects under the effects of different full spectrum cannabis extracts containing either THC, CBD, THC+CBD, or placebo in a naturalistic randomized double-blind crossover placebo-controlled study. Results: Results showed that participants under the effects of THC showed lower cognitive empathy when compared with the effects of CBD but not when those were compared with THC+CBD or placebo. Also, participants showed higher cognitive ToM under the effects of CBD when compared with the effects of placebo, but not when those were compared with THC or THC+CBD. However, we did not find differences on the emotional scales for empathy or ToM. Conclusions: This study provides evidence for the interaction between the effects of THC and CBD and social cognition abilities in a naturalistic environment, which can be of special interest for the clinical practice of medical cannabis on neuropsychiatric disorders. We show for the first time that CBD can improve ToM abilities in chronic cannabis users. Our results might help to understand the role of the ECS in social cognition, and their association with psychiatric and neurodevelopmental disorders such as schizophrenia or autism. Finally, we demonstrate how reliable methodologies can be implemented in naturalistic environments to collect valid ecological evidence outside classic laboratory settings.",

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"TI":"Optimized meropenem dosage regimens using a pharmacokinetic/pharmacodynamic population approach in patients undergoing continuous venovenous haemodiafiltration with high-Adsorbent membrane.",

"SO":"Journal of Antimicrobial Chemotherapy. 74(10) (pp 2979-2983), 2019. Date of Publication: 01 Oct 2019.",

"AU":"Padulles Zamora A.  
  
Juvany Roig R.  
  
Leiva Badosa E.  
  
Sabater Riera J.  
  
Perez Fernandez X.L.  
  
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Alia Ramos P.  
  
Tubau Quintano F.  
  
Sospedra Martinez E.  
  
Colom Codina H.",

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"IN":"(Padulles Zamora, Juvany Roig, Leiva Badosa, Sospedra Martinez) Pharmacy Department, Bellvitge University Hospital, Barcelona, Spain  
  
(Padulles Zamora, Juvany Roig, Leiva Badosa, Sabater Riera, Perez Fernandez, Cardenas Campos, Rigo Bonin, Alia Ramos, Tubau Quintano, Sospedra Martinez, Colom Codina) Idibell, Institut d'Investigacio Biomedica de Bellvitge, Barcelona, Spain  
  
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(Rigo Bonin, Alia Ramos) Clinical Laboratory Department, Bellvitge University Hospital, Barcelona, Spain  
  
(Tubau Quintano) Microbiology Department, Bellvitge University Hospital, Barcelona, Spain  
  
(Colom Codina) Department of Pharmacy and Pharmaceutical Technology and Physical-Chemistry, Biopharmaceutics and Pharmacokinetics Unit, School of Pharmacy, University of Barcelona, Barcelona, Spain",

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"AB":"Background: The pharmacokinetics (PK) of antibiotics change during sepsis and continuous renal replacement therapies in critically ill patients. Limited evidence exists on the use of the oXiris high-Adsorbent membrane. Objective(s): To develop a PK/pharmacodynamic (PD) model for meropenem in critically ill sepsis patients undergoing continuous venovenous haemodiafiltration (CVVHDF) with the oXiris membrane, and to design an optimal dosing regimen assessed according to the PTA. Method(s): A prospective, open-label, observational PK trial was performed (EUDRACT 2011-005902-30). We conducted PK studies (plasma and ultrafiltrate) for at least 24 h after concomitant administration of CVVHDF and meropenem 1 g q8h. We constructed a PK model using the non-linear mixed-effects approach (NONMEM 7.3). We evaluated the suitability of different dosage regimens using Monte Carlo simulations and calculated the PTA as the percentage of subjects achieving a given percentage of time above the MIC (fT>MIC). Result(s): The PK of meropenem was best captured by a two-open-compartment model with zero-order input kinetics and first-order elimination. Extracorporeal CL was 7.78 L/h [relative standard error (RSE) 16.45 L/h] and central compartment V (Vc) was 24.9 L (RSE 13.73 L). Simulations showed that, for susceptible Pseudomonas aeruginosa isolates (EUCAST MIC <=2 mg/L) and attainment of 100%fT>MIC, 500 mg q8h given as extended (EI) or continuous infusion (CI) would be sufficient. For a target of 100%fT>4xMIC, CI of 3000 mg q24h or 2000 mg q8h administered as EI or CI would be required. Conclusion(s): We have constructed a PK model of meropenem in sepsis patients undergoing CVVHDF using the oXiris membrane. This tool will support physicians when calculating the optimal initial dose. Copyright © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved. For permissions, please email: journals.permissions@oup.com.",

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"OD":"Tucker, Emily C. BiomeBank Thebarton South Australia Australia.  
  
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Tucker, Emily C. College of Medicine and Public Health Flinders University Bedford Park South Australia Australia.  
  
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Costello, Samuel P. School of Medicine, Faculty of Health Sciences University of Adelaide Adelaide South Australia Australia.",

"AB":"FMT donor fecal screening",

"FTURL":"NOTNLM",

"PM":"Background and Aim: This study evaluates whether a stool donor program to supply fecal microbiota transplantation (FMT) product is feasible in the Australian regulatory environment. The primary outcome was capacity to supply FMT product. The secondary outcomes were donor eligibility, retention, and output.  
  
Methods: Prospective observational cohort study using data collected from the stool donor and FMT production records from BiomeBank, South Australia. Participants were people who engaged with BiomeBank's donor screening and FMT manufacturing process between 01 January 2021 and 31 December 2021.  
  
Results: In total 176 people registered interest in the program, 74 of 176 (42.0%) proceeded to written questionnaire, 14 of 176 (8.0%) underwent clinical assessment, and 8 of 176 (4.5%) enrolled in the program. Two people were ineligible based on laboratory tests: both had an extended spectrum beta-lactamase producing organism in stool and one also tested positive for hepatitis B core antibody. Two donors remained eligible from 2020, resulting in 10 enrolled donors in 2021 5 of 10 (50%) male with a median age of 36.9 years (interquartile range, 30.3-42.7 years). All donors were ineligible to donate at some time point. There were 144 stool donations processed into 1480 50 mL FMT 413 FMT were shipped to 33 Australian hospitals for treatment, 470 for clinical trials, and 89 were destroyed prior to release from quarantine.  
  
Conclusion: Recruitment into the program, retention, and maximizing the yield from a donation period was challenging. Despite this, BiomeBank was able to produce and supply FMT to Australian hospitals under the TGA-regulated Class 2 Biologicals framework. Copyright © 2023 Biome Bank. JGH Open published by Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd.",

"DJ":"Journal Article",

"MV":"2023",

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"TI":"Chimeric antigen receptor T-cell therapy in hematologic malignancies: Successes, challenges, and opportunities. [Review]",

"SO":"European Journal of Haematology. 2023 Aug 06",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Zanwar S  
  
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Zanwar, Saurabh  
  
Paludo, Jonas",

"DU":"Ho, Matthew. Division of General Internal Medicine, Department of Medicine, Mayo Clinic, Rochester, Minnesota, USA.  
  
Zanwar, Saurabh. Division of Hematology, Department of Medicine, Mayo Clinic, Rochester, Minnesota, USA.  
  
Paludo, Jonas. Division of General Internal Medicine, Department of Medicine, Mayo Clinic, Rochester, Minnesota, USA.",

"OD":"CAR-T chimeric antigen cytokine release lymphoma myeloma relapsed refractory",

"AB":"NOTNLM",

"FTURL":"The success of chimeric antigen receptor T-cell (CAR-T) therapy in hematologic malignancies has realized a longstanding effort toward harnessing the immune system to fight cancer in a truly personalized fashion. Second generation chimeric antigen receptors (CAR) incorporating co-stimulatory molecules like 4-1BB or CD28 were able to overcome some of the hindrances with initial CAR constructs resulting in efficacious products. Many second-generation CAR-T products have been approved in the treatment of relapsed/refractory hematologic malignancies including multiple myeloma (MM), non-Hodgkin lymphoma (NHL), and acute lymphoblastic leukemia. However, challenges remain in optimizing the manufacturing, timely access, limiting the toxicity from CAR-T infusions and improving sustainability of responses derived with CAR-T therapy. Here, we summarize the clinical trial data leading to approval CAR-T therapies in MM and NHL, discuss the limitations with current CAR-T therapy strategies and review emerging strategies for overcoming these limitations. Copyright © 2023 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Ho, Matthew ORCID: https://orcid.org/0000-0001-7937-1557  
  
Zanwar, Saurabh ORCID: https://orcid.org/0000-0001-5074-8453  
  
Paludo, Jonas ORCID: https://orcid.org/0000-0002-7350-5531",

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"TI":"Prediagnostic transcriptomic markers of Chronic lymphocytic leukemia reveal perturbations 10 years before diagnosis.",

"SO":"Annals of Oncology. 25(5) (pp 1065-1072), 2014. Date of Publication: May 2014.",

"AU":"Chadeau-Hyam M.  
  
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"IN":"(Chadeau-Hyam, Castagne, Campanella, Kelly, Vineis) MRC-HPA Centre for Environment and Health, Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London, Norfolk Place, London, United Kingdom  
  
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"OD":"Background: B-cell lymphomas are a diverse group of hematological neoplasms with differential etiology and clinical trajectories. Increased insights in the etiology and the discovery of prediagnostic markers have the potential to improve the clinical course of these neoplasms. Method(s): We investigated in a prospective study global gene expression in peripheral blood mononuclear cells of 263 incident B-cell lymphoma cases, diagnosed between 1 and 17 years after blood sample collection, and 439 controls, nested within two European cohorts. Result(s): Our analyses identified only transcriptomic markers for specific lymphoma subtypes few markers of multiple myeloma (N = 3), and 745 differentially expressed genes in relation to future risk of chronic lymphocytic leukemia (CLL). The strongest of these associations were consistently found in both cohorts and were related to (B-) cell signaling networks and immune system regulation pathways. CLL markers exhibited very high predictive abilities of disease onset even in cases diagnosed more than 10 years after blood collection. Conclusion(s): This is the first investigation on blood cell global gene expression and future risk of B-cell lymphomas. We mainly identified genes in relation to future risk of CLL that are involved in biological pathways, which appear to be mechanistically involved in CLL pathogenesis. Many but not all of the top hits we identified have been reported previously in studies based on tumor tissues, therefore suggesting that a mixture of preclinical and early disease markers can be detected several years before CLL clinical diagnosis.Copyright © 2014 European Society for Medical Oncology",

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"TI":"Understanding Psychiatric Illness Through Natural Language Processing (UNDERPIN): Rationale, Design, and Methodology.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 07 Dec 2021.",

"AU":"Kishimoto T.  
  
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Kano Y.  
  
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Kitazawa M.  
  
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"AO":"nan",

"IN":"(Kishimoto, Eguchi, Kitazawa, Liang, Kudo, Sento, Takamiya, Horigome, Kikuchi, Nakajima, Bun, Momota, Sawada, Mimura) Department of Neuropsychiatry, Keio University School of Medicine, 35 Shinanomachi, Shinjuku, Tokyo 160-8582, Japan  
  
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"FTURL":"Introduction: Psychiatric disorders are diagnosed according to diagnostic criteria such as the DSM-5 and ICD-11. Basically, psychiatrists extract symptoms and make a diagnosis by conversing with patients. However, such processes often lack objectivity. In contrast, specific linguistic features can be observed in some psychiatric disorders, such as a loosening of associations in schizophrenia. The purposes of the present study are to quantify the language features of psychiatric disorders and neurocognitive disorders using natural language processing and to identify features that differentiate disorders from one another and from healthy subjects. Method(s): This study will have a multi-center prospective design. Major depressive disorder, bipolar disorder, schizophrenia, anxiety disorder including obsessive compulsive disorder and, major and minor neurocognitive disorders, as well as healthy subjects will be recruited. A psychiatrist or psychologist will conduct 30-to-60-min interviews with each participant and these interviews will be recorded using a microphone headset. In addition, the severity of disorders will be assessed using clinical rating scales. Data will be collected from each participant at least twice during the study period and up to a maximum of five times. Discussion(s): The overall goal of this proposed study, the Understanding Psychiatric Illness Through Natural Language Processing (UNDERPIN), is to develop objective and easy-to-use biomarkers for diagnosing and assessing the severity of each psychiatric disorder using natural language processing. As of August 2021, we have collected a total of >900 datasets from >350 participants. To the best of our knowledge, this data sample is one of the largest in this field.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

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"TI":"Single-dose effects of methylphenidate and atomoxetine on functional connectivity during an n-back task in boys with ADHD.",

"SO":"Psychopharmacology. 240(10):2045-2060, 2023 Oct.",

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"DU":"Kowalczyk, Olivia S  
  
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Mehta, Mitul A  
  
Rubia, Katya",

"OD":"Kowalczyk, Olivia S. Department of Neuroimaging, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK. olivia.kowalczyk@kcl.ac.uk.  
  
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Rubia, Katya. Department of Child & Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK.",

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"FTURL":"ADHD Atomoxetine Attention-deficit/hyperactivity disorder Functional connectivity Functional magnetic resonance imaging Methylphenidate Psychophysiological interaction Working memory fMRI",

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"DJ":"RATIONALE: Working memory deficits and associated neurofunctional abnormalities are frequently reported in attention-deficit/hyperactivity disorder (ADHD). Methylphenidate and atomoxetine improve working memory performance and increase activation of regions under-functioning in ADHD. Additionally, methylphenidate has been observed to modulate functional networks involved in working memory. No research, however, has examined the effects of atomoxetine or compared the two drugs.  
  
OBJECTIVES: This study aimed to test methylphenidate and atomoxetine effects on functional connectivity during working memory in boys with ADHD.  
  
METHODS: We tested comparative effects of methylphenidate and atomoxetine on functional connectivity during the n-back task in 19 medication-naive boys with ADHD (10-15 years old) relative to placebo and assessed potential normalisation effects of brain dysfunctions under placebo relative to 20 age-matched neurotypical boys. Patients were scanned in a randomised, double-blind, cross-over design under single doses of methylphenidate, atomoxetine, and placebo. Controls were scanned once, unmedicated.  
  
RESULTS: Patients under placebo showed abnormally increased connectivity between right superior parietal gyrus (rSPG) and left central operculum/insula. This hyperconnectivity was not observed when patients were under methylphenidate or atomoxetine. Furthermore, under methylphenidate, patients showed increased connectivity relative to controls between right middle frontal gyrus (rMFG) and cingulo-temporo-parietal and striato-thalamic regions, and between rSPG and cingulo-parietal areas. Interrogating these networks within patients revealed increased connectivity between both rMFG and rSPG and right supramarginal gyrus under methylphenidate relative to placebo. Nonetheless, no differences across drug conditions were observed within patients at whole brain level. No drug effects on performance were observed.  
  
CONCLUSIONS: This study shows shared modulating effects of methylphenidate and atomoxetine on parieto-insular connectivity but exclusive effects of methylphenidate on connectivity increases in fronto-temporo-parietal and fronto-striato-thalamic networks in ADHD. Copyright © 2023. The Author(s).",

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"SO":"JAMA Network Open. (pp E228884), 2022. Date of Publication: 2022.",

"AU":"Bolk J.  
  
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"AO":"(Bolk, Simatou, Persson) Clinical Epidemiology Division, Department of Medicine Solna, Karolinska Institutet, Stockholm, Sweden  
  
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(Sundelin) Division of Children's and Women's Health, Department of Biomedical and Clinical Sciences, Linkoping University, Linkoping, Sweden",

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"OD":"Importance: Early detection of attention-deficit/hyperactivity disorder (ADHD) plays a crucial role in reducing negative effects on everyday life, including academic failure and poor social functioning. Children who survive ischemic strokes risk major disabilities, but their risk of ADHD has not been studied in nationwide cohorts. Objective(s): To assess the risk of ADHD in children after pediatric ischemic stroke. Design, Setting, and Participant(s): Participants in this Swedish nationwide cohort study included 1320 children diagnosed with ischemic stroke recorded in linked Swedish national registers from January 1, 1969, to December 31, 2016, without prior ADHD diagnosis. Ten matched controls were identified for each index case, and first-degree relatives were identified for index individuals and controls. Analyses were stratified by perinatal and childhood strokes and presence of comorbid adverse motor outcomes and/or epilepsy. End of follow-up was the date of ADHD diagnosis, death, or December 31, 2016, whichever occurred first. Data analyses were performed August 1 to 28, 2021. Exposures: Pediatric ischemic stroke. Main Outcomes and Measures: Attention-deficit/hyperactivity disorder identified using codes from the International Classification of Diseases, Ninth Revision, and International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, and/or prescribed ADHD medication recorded in the Medical Birth Register, National Patient Register, or Prescribed Drug Register after stroke. Cox proportional hazards regression was used to assess adjusted hazard ratios (aHRs) for ADHD after pediatric stroke, adjusting for parental age and ADHD in first-degree relatives. Result(s): Of 1320 children with stroke included in the analysis (701 boys [53.1%]), 75 (45 boys [60.0%]) were diagnosed with ADHD after stroke compared with 376 (252 boys [67.0%]) among the controls (aHR, 2.00 [95% CI, 1.54-2.60]). The risk was increased after both perinatal (aHR, 2.75 [95% CI,1.65-4.60]) and childhood (aHR, 1.82 [95% CI, 1.34-2.48]) strokes and were similar if children born preterm or small for gestational age were excluded. Compared with controls, risks of ADHD were higher among children with perinatal stroke and adverse motor outcomes and/or epilepsy (aHR, 6.17 [95% CI, 2.80-13.62]) than among those without these comorbidities (aHR, 1.65 [95% CI, 0.80-3.42]). However, findings were similar in childhood stroke for children with adverse motor outcomes and/or epilepsy (aHR, 1.80 [95% CI, 1.12-2.89]) and among those without these comorbidities (aHR, 1.92 [95% CI, 1.28-2.90]). Conclusions and Relevance: This cohort study of 1320 children with pediatric ischemic stroke suggests that there is an increased risk of ADHD, particularly in children with adverse motor outcomes and/or epilepsy, compared with controls. The risk increases after childhood strokes regardless of comorbidities.Copyright © 2022 American Medical Association. All rights reserved.",

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"Database":"Medline",

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"DB":"Ovid MEDLINE(R)",

"UI":"35322769",

"TI":"Short-term Efficacy and Safety of Lurasidone Versus Placebo in Antipsychotic-Naive vs. Previously Treated Adolescents with an Acute Exacerbation of Schizophrenia.",

"SO":"European Psychiatry: the Journal of the Association of European Psychiatrists. :1-35, 2022 Mar 24",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

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Hsu J  
  
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"MH":"Correll, Christoph U  
  
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"DU":"Correll, Christoph U. Department of Psychiatry, Northwell Health, The Zucker Hillside Hospital, Glen Oaks, NY, USA.  
  
Correll, Christoph U. Hofstra Northwell School of Medicine, Department of Psychiatry and Molecular Medicine, Hempstead, NY, USA.  
  
Correll, Christoph U. Charite Universitatsmedizin, Department of Child and Adolescent Psychiatry, Berlin, Germany.  
  
Tocco, Michael. Sunovion Pharmaceuticals Inc, Fort Lee, NJ, and Marlborough, MA.  
  
Hsu, Jay. Sunovion Pharmaceuticals Inc, Fort Lee, NJ, and Marlborough, MA.  
  
Goldman, Robert. Sunovion Pharmaceuticals Inc, Fort Lee, NJ, and Marlborough, MA.  
  
Pikalov, Andrei. Sunovion Pharmaceuticals Inc, Fort Lee, NJ, and Marlborough, MA.",

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"MV":"NOTNLM",

"TN":"Correll, Christoph U ORCID: https://orcid.org/0000-0002-7254-5646  
  
Tocco, Michael ORCID: https://orcid.org/0000-0003-1474-6666  
  
Hsu, Jay ORCID: https://orcid.org/0000-0002-1210-171X  
  
Pikalov, Andrei ORCID: https://orcid.org/0000-0003-4206-9519",

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"TI":"Rifamycin SV-MMX for treatment of travellers' diarrhea: Equally effective as ciprofloxacin and not associated with the acquisition of multi-drug resistant bacteria.",

"SO":"Journal of Travel Medicine. 25(1) (no pagination), 2018. Article Number: tay116. Date of Publication: 2018.",

"AU":"Steffen R.  
  
Jiang Z.-D.  
  
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Araujo P.  
  
Stiess M.  
  
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DuPont H.L.",

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"IN":"(Steffen) Department of Public Health, Epidemiology, Biostatistics and Prevention Institute, WHO Collaborating Centre for Travellers' Health, University of Zurich, Zurich CH-8001, Switzerland  
  
(Steffen, Jiang, DuPont) Division of Epidemiology, Human Genetics and Environmental Sciences and Center for Infectious Diseases, University of Texas, School of Public Health, Houston, TX 77030, United States  
  
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(Araujo) Medical Department, NUSI Wockhardt Hospital, Cuncolim, Margao, Goa 403701, India  
  
(Stiess, Nacak, Greinwald) Research and Development, Dr Falk Pharma GmbH, Freiburg 79108, Germany",

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"AB":"Background: The novel oral antibiotic formulation Rifamycin SV-MMX, with a targeted delivery to the distal small bowel and colon, was superior to placebo in treating travellers' diarrhea (TD) in a previous study. Thus, a study was designed to compare this poorly absorbed antibiotic with the systemic agent ciprofloxacin. Method(s): In a randomized double-blind phase 3 study (ERASE), the efficacy and safety of Rifamycin SV-MMX 400 mg twice daily (RIF-MMX) was compared with ciprofloxacin 500 mg twice daily in the oral treatment of TD. Overall, 835 international visitors to India, Guatemala or Ecuador with acute TD were randomized to receive a 3-day treatment with RIF-MMX (n = 420) or ciprofloxacin (n = 415). Primary endpoint was time to last unformed stool (TLUS), after which clinical cure was declared. Stools samples for microbiological evaluation were collected at the baseline visit and the end of treatment visit. Result(s): Median TLUS in the RIF-MMX group was 42.8 h versus 36.8 h in the ciprofloxacin group indicating non-inferiority of RIF-MMX to ciprofloxacin (P = 0.0035). Secondary efficacy endpoint results including clinical cure rate, treatment failure rate, requirement of rescue therapy as well as microbiological eradication rate confirmed those of the primary analysis indicating equal efficacy for both compounds. While patients receiving ciprofloxacin showed a significant increase of Extended Spectrum Beta Lactamase Producing-Escherichia coli (ESBL-E. Coli) colonization rates after 3-days treatment (6.9%), rates did not increase in patients receiving RIF-MMX (-0.3%). Both drugs were well-tolerated and safe. Conclusion(s): The novel multi-matrix formulation of the broad-spectrum, poorly absorbed antibiotic Rifamycin SV was found non-inferior to the systemic antibiotic ciprofloxacin in the oral treatment of non-dysenteric TD with the advantage of a lower risk of ESBL-E. Coli acquisition.Copyright © International Society of Travel Medicine, 2018.",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36763243",

"TI":"The Use and Effectiveness of Ceftazidime-Avibactam in Real-World Clinical Practice: EZTEAM Study.",

"SO":"Infectious Diseases & Therapy. 12(3):891-917, 2023 Mar.",

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"OD":"Soriano, Alex. Department of Infectious Diseases, Hospital Clinic, Helios Building, Villarroel 170, Barcelona, Spain.  
  
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Chambers, Richard. Pfizer Inc, New York, USA.  
  
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Perez-Rodriguez, Maria Teresa. Galicia Sur Health Research Institute, Complexo Hospitalario Universitario de Vigo, Vigo, Spain.  
  
Pletz, Mathias W. Institute for Infectious Diseases and Infection Control, Jena University Hospital, Jena, Germany.  
  
Sanchez, Marisa. Hospital Italiano de Buenos Aires, Ciudad Autonoma de Buenos Aires, Argentina.  
  
Trompa, Ivan. IPS Universitaria, Medellin, Colombia.  
  
Verma, Anita. Kings College Hospital NHS Foundation Trust, London, UK.  
  
de Figueiredo, Maria Lavinea N. Global Medical Affairs, Pfizer, Sao Paulo, Brazil.  
  
Charbonneau, Claudie. Patient and Health Impact, Global Team Lead, Pfizer P.I.O., Paris, France. Claudie.Charbonneau@pfizer.com.",

"AB":"Bloodstream infection Ceftazidime-avibactam Europe Intra-abdominal infection K. pneumoniae LATAM Multidrug-resistant Respiratory infection Urinary infection",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: Ceftazidime-avibactam has proven activity against multidrug-resistant (MDR) bacteria in clinical trials and real-world studies. This study was conducted to describe the patterns of use of ceftazidime-avibactam (including indications and associated antibiotics), and the effectiveness and safety of ceftazidime-avibactam in real-world clinical practice.  
  
METHODS: This non-interventional medical chart review study was conducted in 11 countries across the European and Latin American (LATAM) regions. Consecutive patients treated in clinical practice with at least one dose of ceftazidime-avibactam for an approved indication per country label since 01 January 2018 (or launch date in the country if posterior) were enrolled. Effectiveness analyses were conducted in patients treated with ceftazidime-avibactam for at least 72 h.  
  
RESULTS: Of the 569 eligible patients enrolled, 516 (90.7%) were treated for at least 72 h (354 patients from Europe and 162 patients from LATAM) 390 patients (75.7%) had switched from another antibiotic line for Gram-negative coverage. Infection sources were intra-abdominal, urinary, respiratory, bloodstream infections, and other infections (approximately 20% each). K. pneumoniae was the most common microorganism identified in the latest microbiological evaluation before starting ceftazidime-avibactam (59.3%). Two-thirds of microorganisms tested for susceptibility were MDR, of which 89.3% were carbapenem-resistant. The common MDR mechanisms for K. pneumoniae were carbapenemase (33.9%), oxacillinase 48 (25.2%), extended-spectrum beta-lactamase (21.5%), or metallo-beta-lactamase (14.2%) production. Without prior patient exposure, 17 isolates (mostly K. pneumoniae) were resistant to ceftazidime-avibactam. Treatment success was achieved in 77.3% of patients overall (88.3% among patients with urinary infection), regardless of first or second treatment line. In-hospital mortality rate was 23.1%. Adverse events were reported for six of the 569 patients enrolled.  
  
CONCLUSION: This study provides important real-world evidence on treatment patterns, effectiveness, and safety of ceftazidime-avibactam in clinical practice through its recruitment in the European and LATAM regions. Ceftazidime-avibactam is one of the antibiotics to consider for treatment of MDR bacteria.  
  
TRIAL REGISTRATION: ClinicalTrials.gov identifier, NCT03923426. Copyright © 2023. The Author(s).",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37132363",

"TI":"Cellular therapeutic potential of genetically engineered stem cells in cancer treatment. [Review]",

"SO":"Biotechnology & Genetic Engineering Reviews. :1-36, 2023 May 03",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Sher EK  
  
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Zeco, Merima Beca-  
  
Pinjic, Emma  
  
Sher, Farooq",

"DU":"Sher, Emina Karahmet. Department of Biosciences, School of Science and Technology, Nottingham Trent University, Nottingham, UK.  
  
Kalic, Azra. Faculty of pharmacy, University of modern sciences - CKM, Mostar, Bosnia and Herzegovina.  
  
Dzidic-Krivic, Amina. International Society of Engineering Science and Technology, Nottingham, UK.  
  
Dzidic-Krivic, Amina. Department of Neurology, Cantonal Hospital Zenica, Zenica, Bosnia and Herzegovina.  
  
Zeco, Merima Beca-. Faculty of pharmacy, University of modern sciences - CKM, Mostar, Bosnia and Herzegovina.  
  
Zeco, Merima Beca-. International Society of Engineering Science and Technology, Nottingham, UK.  
  
Pinjic, Emma. Department of Radiology, Beth Israel Deaconess Medical Center (BIDMC), Boston, MA, USA.  
  
Sher, Farooq. Department of Engineering, School of Science and Technology, Nottingham Trent University, Nottingham, UK.",

"OD":"Stem cells cancer treatment cellular therapy and regenerative medicine gene therapy genetically modified stem cells, antitumor vaccines",

"AB":"NOTNLM",

"FTURL":"Traditional therapeutic approaches in the treatment of cancer have many side effects and are often ineffective and non-specific, leading to the development of therapy-resistant tumour cells. Recently, numerous discoveries about stem cells have given a new outlook on their application in oncology. Stem cells are unique because of their biological attributes, including self-renewal, differentiation in different types of specialized cells and synthesis of molecules that interplay with tumour niche. They are already used as an effective therapeutic option for haematological malignancies, such as multiple myeloma and leukaemia. The main goal of this study is to investigate the possible applications of different types of stem cells in cancer treatment and to summarize novel advances, as well as the limitations of their application in cancer treatment. Research and clinical trials that are underway revealed and confirmed the enormous potential of regenerative medicine in the treatment of cancer, especially when combined with different nanomaterials. Nanoengineering of stem cells has been the focus of novel studies in the area of regenerative medicine, such as the production of nanoshells and nanocarriers that enhance the transport and uptake of stem cells in their targeted tumour niche and enable the effective monitoring of stem cell effects on tumour cells. Although nanotechnology has a lot of limitations, it provides new opportunities for the development of effective and innovative stem cell therapies.",

"PM":"Journal Article  
  
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"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Sher, Emina Karahmet ORCID: https://orcid.org/0000-0002-0913-5759  
  
Sher, Farooq ORCID: https://orcid.org/0000-0003-2890-5912",

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"UI":"611994012",

"TI":"Ibrutinib inhibits SDF1/CXCR4 mediated migration in AML.",

"SO":"Oncotarget. 5(20) (pp 9930-9938), 2014. Date of Publication: 2014.",

"AU":"Zaitseva L.  
  
Murray M.Y.  
  
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Lawes M.J.  
  
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"AO":"nan",

"IN":"(Zaitseva, Murray, Shafat, Bowles, Rushworth) Department of Molecular Haematology, Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, United Kingdom  
  
(MacEwan) Department of Molecular and Clinical Pharmacology, Institute of Translational Medicine, University of Liverpool, Liverpool, United Kingdom  
  
(Lawes, Bowles) Department of Haematology, Norfolk and Norwich University Hospitals NHS Trust, Colney Lane, Norwich, United Kingdom",

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"OD":"Pharmacological targeting of BTK using ibrutinib has recently shown encouraging clinical activity in a range of lymphoid malignancies. Recently we reported that ibrutinib inhibits human acute myeloid leukemia (AML) blast proliferation and leukemic cell adhesion to the surrounding bone marrow stroma cells. Here we report that in human AML ibrutinib, in addition, functions to inhibit SDF1/CXCR4-mediated AML migration at concentrations achievable in vivo. It has previously been shown that SDF1/CXCR4-induced migration is dependent on activation of downstream BTK in chronic lymphocytic leukaemia (CLL) and multiple myeloma. Here we show that SDF-1 induces BTK phosphorylation and downstream MAPK signalling in primary AML blast. Furthermore, we show that ibrutinib can inhibit SDF1-induced AKT and MAPK activation. These results reported here provide a molecular mechanistic rationale for clinically evaluating BTK inhibition in AML patients and suggests that in some AML patients the blasts count may initially rise in response to ibrutinib therapy, analgous to similar clinical observations in CLL.",

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"UI":"2015897093",

"TI":"High-frequency changes in single-trial visual evoked potentials for unattended stimuli in chronic schizophrenia.",

"SO":"bioRxiv. (no pagination), 2021. Date of Publication: 11 Nov 2021.",

"AU":"Kipinski L.  
  
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Malyszczak, Krzysztof ORCID: https://orcid.org/0000-0001-6295-2742  
  
Pilecki, Witold ORCID: https://orcid.org/0000-0002-1554-0486",

"IN":"(Kipinski) Department of Pathophysiology, Wroclaw Medical University, Wroclaw 50-367, Poland  
  
(Maciejowski) Department of Pathophysiology, Wroclaw Medical University, Wroclaw 50-367, Poland  
  
(Malyszczak) Department and Clinic of Psychiatry, Wroclaw Medical University, Wroclaw 50-367, Poland  
  
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"FTURL":"Background: Patients with schizophrenia reveal changes in information processing associated with external stimuli, which is reflected in the measurements of brain evoked potentials. We discuss actual knowledge on electro- (EEG) and magnetoencephalographic (MEG) changes in schizophrenia. New method: The commonly used averaging technique entails the loss of information regarding the generation of evoked responses. We propose a methodology to describe single-trial (non-averaged) visual evoked potentials (VEP) using spectral and statistical analyses. We analysed EEG data registered in the O1-Cz and O2-Cz leads during unattended pattern-reversal stimulation, collected from a group of adult patients with chronic schizophrenia, and compared them to those of healthy individuals. Short-time single-trial VEP were transformed to the frequency domain using the FFT algorithm. Changes of the spectral power were visualized using spectrograms which were created by stacking single-trial spectra across all trials. Measures of the absolute and the relative spectral power were calculated and compared statistically. Result(s): In schizophrenia, the energy density of VEP oscillations is shifted towards higher (gamma) frequencies, compared to healthy individuals. These differences are statistically significant in all analysed frequency bands for the relative power. This indicates distorted early processing of visual stimuli in schizophrenia. Comparison with existing methods: The main advantage of the presented methodology is its simplicity and ease of interpretation of obtained results. The presented observations complement the knowledge on gamma oscillations acquired from computationally more complex methods of time-frequency analysis. Conclusion(s): High-frequency changes for single-trial VEPs are detected in chronic schizophrenia.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

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"Database":"Medline",

"ORN":"44",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37727252",

"TI":"Behavior Management Training for Parents of Children with Preschool ADHD Based on Parent-Child Interactions: A Multicenter Randomized Controlled, Follow-Up Study.",

"SO":"Behavioural Neurology. 2023:3735634, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Feng M  
  
Xu J  
  
Zhai M  
  
Wu Q  
  
Chu K  
  
Xie L  
  
Luo R  
  
Li H  
  
Xu Q  
  
Xu X  
  
Ke X",

"MH":"Feng, Min ORCID: https://orcid.org/0000-0003-1193-8259  
  
Xu, Juncai ORCID: https://orcid.org/0000-0001-9341-5077  
  
Ke, Xiaoyan ORCID: https://orcid.org/0000-0002-6088-8836",

"DU":"Feng, Min  
  
Xu, Juncai  
  
Zhai, Mengyao  
  
Wu, Qiaorong  
  
Chu, Kangkang  
  
Xie, Liping  
  
Luo, Rong  
  
Li, Huiping  
  
Xu, Qiong  
  
Xu, Xiu  
  
Ke, Xiaoyan",

"OD":"Feng, Min. Nanjing Rehabilitation Medical Center, The Affiliated Brain Hospital of Nanjing Medical University, Nanjing 210029, China.  
  
Xu, Juncai. School of Engineering, Case Western Reserve University, Cleveland, OH 44106, USA.  
  
Zhai, Mengyao. Nanjing Rehabilitation Medical Center, The Affiliated Brain Hospital of Nanjing Medical University, Nanjing 210029, China.  
  
Wu, Qiaorong. Nanjing Rehabilitation Medical Center, The Affiliated Brain Hospital of Nanjing Medical University, Nanjing 210029, China.  
  
Chu, Kangkang. Nanjing Rehabilitation Medical Center, The Affiliated Brain Hospital of Nanjing Medical University, Nanjing 210029, China.  
  
Xie, Liping. West China Second University Hospital, Sichuan University, Chengdu 610041, China.  
  
Luo, Rong. West China Second University Hospital, Sichuan University, Chengdu 610041, China.  
  
Li, Huiping. Children's Hospital of Fudan University, Shanghai 20110, China.  
  
Xu, Qiong. Children's Hospital of Fudan University, Shanghai 20110, China.  
  
Xu, Xiu. Children's Hospital of Fudan University, Shanghai 20110, China.  
  
Ke, Xiaoyan. Nanjing Rehabilitation Medical Center, The Affiliated Brain Hospital of Nanjing Medical University, Nanjing 210029, China.",

"AB":"Child, Preschool  
  
Humans  
  
Follow-Up Studies  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Educational Status  
  
Parent-Child Relations  
  
Parents",

"FTURL":"nan",

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"DJ":"Objective: There is a need to develop optimized, evidence-based parent training programs tailored for preschoolers with attention deficit hyperactivity disorder (ADHD). The objective of this study was to explore a behavioral management training program aimed at the parents of preschool children with ADHD, which directly analyzes parent-child interaction from the perspective of system theory, and the intervention effect on ADHD in preschool children.  
  
Methods: A multicenter randomized controlled study was conducted using system-based group therapy with 62 parents of preschool children with ADHD aged four to six years. ADHD symptoms, behavioral and emotional problems, and social functioning were compared with 61 control children whose parents did not receive training by applying the ADHD Rating Scale (ADHD-RS), Strengths and Difficulties Questionnaire (SDQ), and Questionnaire-Children with Difficulties (QCD) at the time of subject entry and at two and six months of entry, respectively.  
  
Results: The results of the ADHD-RS assessment showed that children in the intervention group had significantly lower factor scores for attention deficit, hyperactivity, and impulsivity than the children in the control group after parental training and at follow-up (P < 0.05). Total scores on the SDQ scale, as well as character problems, hyperactivity, and peer interaction scores, significantly decreased with statistically significant differences (all P < 0.05), and emotional symptoms and prosocial behavior did not notable decline (P > 0.05). Compared with the control group, the total scores of the QCD scale and the scores of each factor in the intervention group remained significantly higher at the follow-up (P < 0.05).  
  
Conclusion: After continuous intervention for eight weeks, parents were able to help the children with preschool ADHD to improve their ADHD symptoms and emotional behavioral and social functioning significantly, and the efficacy was maintained at the four-month follow-up the systemic-based parent training in behavior management (PTBM) is applicable to the treatment of preschool ADHD and is worth promoting. Copyright © 2023 Min Feng et al.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Multicenter Study  
  
Journal Article",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

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"Disease area":"ADHD",

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"ORN":"44",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"635685692",

"TI":"A Comparison of Demographic and Psychosocial Characteristics between Transgender Youth Enrolling Versus Not Enrolling in a Multisite Study.",

"SO":"Transgender Health. 6(4) (pp 229-234), 2021. Date of Publication: August 2021.",

"AU":"Chen D.  
  
Lash B.  
  
Kim E.  
  
Hidalgo M.A.  
  
Muldoon A.L.  
  
Liu E.  
  
Jensen J.  
  
Grabert R.  
  
Chan Y.-M.  
  
Garofalo R.  
  
Tishelman A.",

"AO":"(Chen, Kim, Muldoon, Jensen, Grabert, Garofalo) Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann and Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States  
  
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(Lash, Chan, Tishelman) Division of Endocrinology, Boston Children's Hospital, Boston, MA, United States  
  
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(Chan, Tishelman) Harvard Medical School, Boston, MA, United States  
  
(Tishelman) Department of Psychiatry, Boston Children's Hospital, Boston, MA, United States",

"IN":"Mary Ann Liebert Inc.",

"PB":"article  
  
attention deficit disorder  
  
child  
  
controlled study  
  
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female  
  
\*gender dysphoria  
  
hormonal therapy  
  
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separation anxiety [m]",

"OD":"Purpose: To characterize demographics, psychosocial functioning, and gender-related experiences in transgender youth enrolling versus declining participation in a multisite research study. Method(s): Clinical data were abstracted from patient charts at two study sites. Continuous variables were compared using t-tests, and categorical variables were compared using chi2 tests based on study enrollment status. Result(s): Few significant differences were observed between enrolled and nonenrolled youth. None of these differences (i.e., designated sex at birth/gender identity parent-reported separation anxiety and youth-reported attention deficit/hyperactivity disorder) was replicated across sites. Conclusion(s): Trans Youth Care findings are likely generalizable to transgender youth initiating hormone treatment at pediatric academic centers.© Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.",

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"ORN":"44",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"35049466",

"TI":"Appraisal of patient-level health economic models of severe mental illness: systematic review. [Review]",

"SO":"British Journal of Psychiatry. :1-12, 2021 Aug 19",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Altunkaya J  
  
Lee JS  
  
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Freeman D  
  
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Lee, Jung-Seok  
  
Tsiachristas, Apostolos  
  
Waite, Felicity  
  
Freeman, Daniel  
  
Leal, Jose",

"DU":"Altunkaya, James. Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, UK.  
  
Lee, Jung-Seok. Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, UK.  
  
Tsiachristas, Apostolos. Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, UK.  
  
Waite, Felicity. Department of Psychiatry, University of Oxford and Oxford Health NHS Foundation Trust, Oxford, UK.  
  
Freeman, Daniel. Department of Psychiatry, University of Oxford and Oxford Health NHS Foundation Trust, Oxford, UK.  
  
Leal, Jose. Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, UK.",

"OD":"BACKGROUND: Healthcare decision makers require accurate long-term economic models to evaluate the cost-effectiveness of new mental health interventions.  
  
AIMS: To assess the suitability of current patient-level economic models to estimate long-term economic outcomes in severe mental illness.  
  
METHOD: We undertook pre-specified systematic searches in MEDLINE, Embase and PsycINFO to identify reviews and stand-alone publications of economic models of interventions for schizophrenia, bipolar disorder and major depressive disorder (PROSPERO: CRD42020158243). We screened paper titles and abstracts to identify unique patient-level economic models. We conducted a structured extraction of identified models, recording the presence of key predefined model features. Model quality and validation were appraised using the 2014 ISPOR and 2016 AdViSHE model checklists.  
  
RESULTS: We identified 15 unique patient-level models for psychosis and major depressive disorder from 1481 non-duplicate records. Models addressed schizophrenia (n = 6), bipolar disorder (n = 2) and major depressive disorder (n = 7). The predominant model type was discrete event simulation (n = 9). Model complexity and incorporation of patient heterogeneity varied considerably, and only five models extrapolated costs and outcomes over a lifetime horizon. Key model parameters were often based on low-quality evidence, and checklist quality assessment revealed weak model verification procedures.  
  
CONCLUSIONS: Existing patient-level economic models of interventions for severe mental illness have considerable limitations. New modelling efforts must be supplemented by the generation of good-quality, contemporary evidence suitable for model building. Combined effort across the research community is required to build and validate economic extrapolation models suitable for accurately assessing the long-term value of new interventions from short-term clinical trial data.",

"AB":"Journal Article  
  
Review",

"FTURL":"2021",

"PM":"Click here for full text options",

"DJ":"Cost-effectiveness bipolar affective disorders depressive disorders psychotic disorders schizophrenia",

"MV":"NOTNLM",

"TN":"Altunkaya, James ORCID: https://orcid.org/0000-0002-8293-3466  
  
Waite, Felicity ORCID: https://orcid.org/0000-0002-2749-1386  
  
Freeman, Daniel ORCID: https://orcid.org/0000-0002-2541-2197  
  
Leal, Jose ORCID: https://orcid.org/0000-0001-7870-6730",

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"Database":"EMBASE",

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"DB":"Embase",

"UI":"2006912893",

"TI":"Multicenter evaluation of the etest gradient diffusion method for ceftolozane-tazobactam susceptibility testing of enterobacteriaceae and pseudomonas aeruginosa.",

"SO":"Journal of Clinical Microbiology. 56(9) (no pagination), 2018. Article Number: e00717-18. Date of Publication: September 2018.",

"AU":"Bailey A.L.  
  
Armstrong T.  
  
Dwivedi H.-P.  
  
Denys G.A.  
  
Hindler J.  
  
Campeau S.  
  
Traczewski M.  
  
Humphries R.  
  
Burnham C.-A.D.",

"AO":"nan",

"IN":"(Bailey, Burnham) Department of Pathology and Immunology, Washington University School of Medicine, St. Louis, MO, United States  
  
(Armstrong, Dwivedi) bioMerieux Inc., Hazelwood, MO, United States  
  
(Denys) Indiana University School of Medicine, Indianapolis, IN, United States  
  
(Hindler, Campeau, Humphries) Department of Pathology and Laboratory Medicine, University of California-Los Angeles, Los Angeles, CA, United States  
  
(Traczewski) Clinical Microbiology Institute, Inc., Wilsonville, OR, United States",

"PB":"American Society for Microbiology (E-mail: Journals@asmusa.org)",

"MH":"\*antibiotic sensitivity  
  
article  
  
broth dilution  
  
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genetic susceptibility  
  
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Klebsiella pneumoniae  
  
multicenter study  
  
nonhuman  
  
Providencia rettgeri  
  
\*Pseudomonas aeruginosa  
  
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Providencia rettgeri [m]  
  
\*Pseudomonas aeruginosa [m]",

"AB":"Ceftolozane-tazobactam (C/T) is a novel beta-lactam-beta-lactamase inhibitor combination antibiotic approved by the U.S. Food and Drug Administration in 2014 for the treatment of complicated intra-abdominal infections (in combination with metronidazole) and complicated urinary tract infections. In this study, we evaluated the performance of the C/T Etest, a gradient diffusion method. C/T Etest was compared to broth microdilution (BMD) for 51 Enterobacteriaceae challenge isolates and 39 Pseudomonas aeruginosa challenge isolates at three clinical sites. Essential agreement (EA) between the methods ranged from 47 to 49/51 (92.2 to 96.1%) for the Enterobacteriaceae, and categorical agreement (CA) ranged from 49 to 51/51 (96.1 to 100.0%). EA and CA for P. aeruginosa were 100% at all sites. The C/T Etest was also compared to BMD for susceptibility testing on 966 clinical isolates (793 Enterobacteriaceae, including 167 Klebsiella pneumoniae and 159 Escherichia coli isolates, in addition to 173 P. aeruginosa isolates) collected at four clinical sites. EA between Etest and BMD was 96.9% for Enterobacteriaceae isolates and 98.8% for P. aeruginosa isolates. Within the Enterobacteriaceae, isolates from each species examined had >96% CA. For the clinical isolates, no very major errors were identified but two major errors were found (one for K. pneumoniae and one for Providencia rettgeri). By BMD, 47.0% of Enterobacteriaceae and 46.2% of P. aeruginosa challenge strains were nonsusceptible to C/T by CLSI breakpoint criteria 8.2% of clinical Enterobacteriaceae isolates and 12.1% of clinical P. aeruginosa isolates were nonsusceptible to C/T by CLSI breakpoint criteria. In conclusion, Etest is accurate and reproducible for C/T susceptibility testing of Enterobacteriaceae and P. aeruginosa.Copyright © 2018 American Society for Microbiology. All Rights Reserved.",

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"Database":"Medline",

"ORN":"45",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36846731",

"TI":"The effectiveness of colistin/levofloxacin compared to colistin/meropenem in the treatment of ventilator-associated pneumonia (VAP) caused by carbapenem-resistant Acinetobacter baumannii: a randomized controlled clinical trial.",

"SO":"Research in Pharmaceutical Sciences. 18(1):39-48, 2023 Feb.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Momenzadeh M  
  
Soltani R  
  
Shafiee F  
  
Hakamifard A  
  
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Abbasi S",

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Soltani, Rasool  
  
Shafiee, Fatemeh  
  
Hakamifard, Atousa  
  
Pourahmad, Morteza  
  
Abbasi, Saeed",

"OD":"Momenzadeh, Mahnaz. Department of Clinical Pharmacy and Pharmacy Practice, School of Pharmacy and Pharmaceutical Sciences, Isfahan, I.R. Iran.  
  
Soltani, Rasool. Department of Clinical Pharmacy and Pharmacy Practice, School of Pharmacy and Pharmaceutical Sciences, Isfahan, I.R. Iran.  
  
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Shafiee, Fatemeh. Deparment of Pharmaceutical Biotechnology, School of Pharmacy, Isfahan University of Medical Sciences, Isfahan, I.R. Iran.  
  
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Hakamifard, Atousa. Infectious Diseases and Tropical Medicine Research Center, Shahid Beheshti University of Medical Sciences, Tehran, I.R. Iran.  
  
Pourahmad, Morteza. Department of Infectious Diseases, School of Medicine, Isfahan University of Medical Sciences, Isfahan, I.R. Iran.  
  
Abbasi, Saeed. Anaesthesiology Department, School of Medicine, Isfahan University of Medical Sciences, Isfahan, I.R. Iran.",

"AB":"Acinetobacter baumannii Colistin Levofloxacin Meropenem Ventilator-associated pneumonia",

"FTURL":"NOTNLM",

"PM":"Background and purpose: The treatment of ventilator-associated pneumonia (VAP) caused by carbapenem-resistant Acinetobacter baumannii (CRAB) is still a great challenge. This study evaluated the effectiveness of the colistin/levofloxacin regimen compared to the usual colistin/meropenem regimen in the treatment of patients with VAP caused by CRAB.  
  
Experimental approach: The patients with VAP were randomly assigned to experimental (n = 26) and control (n = 29) groups. The first group received IV colistin 4.5 MIU every 12 h + levofloxacin 750 mg IV daily, and the second group received IV colistin with the same dose + meropenem 1 g IV every 8 h for 10 days. The clinical (complete response, partial response, or treatment failure) and microbiological responses at the end of the intervention were recorded and compared between the two groups.  
  
Findings/Results: The complete response rate was higher (n = 7 35%) and the failure rate was lower (n = 4 20%) in the experimental group than in the control group (n = 2 8%, and n = 11 44%, respectively), but the differences were not statistically significant. Even though the microbiological response rate was higher in the experimental group (n = 14 70%) than in the control group (n = 12 48%), the difference was not statistically significant. The mortality rate was 6 (23.10%) and 4 patients (13.8%) in the experimental and control groups, respectively (P = 0.490).  
  
Conclusion and implication: The levofloxacin/colistin combination can be considered an alternative regimen to meropenem/colistin in the treatment of VAP caused by CRAB. Copyright: © 2022 Research in Pharmaceutical Sciences.",

"DJ":"Journal Article",

"MV":"2023",

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"Database":"Medline",

"ORN":"45",

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"DB":"Ovid MEDLINE(R)",

"UI":"36122065",

"TI":"CART Initiatives in Europe. [Review]",

"SO":"Springer. Chapter 5:23-28, 2022",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"nan",

"PB":"Urbano-Ispizua A  
  
Hudecek M",

"MH":"Urbano-Ispizua, Alvaro  
  
Hudecek, Michael",

"DU":"Urbano-Ispizua, Alvaro. Institute of Hematology and Oncology. Hospital Clinic of Barcelona. University of Barcelona, Barcelona, Spain  
  
Hudecek, Michael. Department of Internal Medicine II, University Hospital of Wurzburg, Wurzburg, Germany  
  
Kroger, Nicolaus. Department of Stem Cell Transplantation, University Medical Center Hamburg-Eppendorf, Hamburg, Germany  
  
Gribben, John. Bart's Cancer Institute, Queen Mary University of London, London, UK  
  
Chabannon, Christian. Institut Paoli-Calmettes Comprehensive Cancer Center Aix-Marseille Universite School of Medicine, Marseille, France  
  
Yakoub-Agha, Ibrahim. Maladies du Sang, Unite de Therapie Cellulaire Centre hospitalier-Universitaire de Lille, Lille, France  
  
Einsele, Hermann. Department of Internal Medicine II, University Hospital Wurzburg, Wurzburg, Bayern, Germany",

"OD":"nan",

"AB":"nan",

"FTURL":"The efficacy of chimeric antigen receptor T cells (CARTs) in B cell neoplasms, ALL, large B cell lymphoma, and now multiple myeloma has been one of the great achievements in the fight against cancer in recent decades (Porter et al. 2011). However, there is still a need to increase the proportion of responses (especially in NHL) (Locke et al. 2019) and to decrease the proportion of relapse (especially in ALL) (Grupp et al. 2013). More importantly, currently, commercial CAR-T products are not available for T cell neoplasms, myeloid malignant haemopathies, or solid tumours. As a reflection of the necessary efforts to expand the efficacy of CARTs, more than 500 clinical trials are currently underway worldwide, mostly led by American or Chinese groups. Unfortunately, European institutions are underrepresented in these initiatives. It is our duty to push and harmonize European academic clinical trials. We identified 35 early clinical trials promoted by European groups in Eudract and ClinTrialsGov (20 February 2021). Among them, 20 are initiatives from academic institutions, and 15 are initiatives from European companies allied with European academic institutions. In this summary, CART clinical trials promoted by European academic centres or by small to medium European companies are listed. The aim is to inform European groups treating haemato-oncology diseases of the current situation in this field, facilitating the inclusion of patients in these clinical trials. We aim to support the groups promoting these studies to increase collaboration. Copyright 2022, The Author(s).",

"PM":"Review",

"DJ":"2022",

"MV":"Click here for full text options",

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Urbano-Ispizua, Alvaro ISNI: grid.5841.8  
  
Hudecek, Michael GRID: grid.411760.5  
  
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Kroger, Nicolaus ORCID: https://orcid.org/0000-0001-5103-9966  
  
Gribben, John ORCID: https://orcid.org/0000-0002-8505-7430  
  
Chabannon, Christian ORCID: https://orcid.org/0000-0002-3755-4889  
  
Yakoub-Agha, Ibrahim ORCID: https://orcid.org/0000-0003-4524-8782  
  
Einsele, Hermann ORCID: https://orcid.org/0000-0002-7680-0819  
  
Kroger, Nicolaus GRID: grid.13648.38  
  
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Gribben, John GRID: grid.4868.2  
  
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"Unnamed: 22":"The EBMT/EHA CAR-T Cell Handbook",

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"UI":"600409027",

"TI":"A phase 3 trial of armodafinil for the treatment of cancer-related fatigue for patients with multiple myeloma.",

"SO":"Supportive Care in Cancer. (no pagination), 2014. Date of Publication: 05 Nov 2014.",

"AU":"Berenson J.R.  
  
Yellin O.  
  
Shamasunder H.K.  
  
Chen C.-S.  
  
Charu V.  
  
Woliver T.B.  
  
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Vescio R.",

"AO":"nan",

"IN":"(Berenson, Yellin, Andreu-Vieyra, Vescio) Oncotherapeutics, West Hollywood, CA, United States  
  
(Berenson, Nassir, Swift) James R. Berenson, MD, Inc., West Hollywood, CA, United States  
  
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(Shamasunder) Antelope Valley Cancer Center, Lancaster, CA, United States  
  
(Chen) Loma Linda University, Loma Linda, CA, United States  
  
(Charu) Pacific Cancer Medical Center, Anaheim, CA, United States  
  
(Woliver) Santa Barbara Hematology Oncology Medical Group, Santa Barbara, CA, United States  
  
(Sanani) Notrelli Hematology and Oncology, Mission Hills, CA, United States  
  
(Schlutz) NewportCAUnited States  
  
(Vescio) Cedars-Sinai Medical Center, Los Angeles, CA, United States  
  
(Yellin) Gilead Sciences, Inc., Foster City, CA, United States",

"PB":"Springer Verlag (E-mail: service@springer.de)",

"MH":"\*cognition  
  
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\*human  
  
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"DU":"\*cognition [m]  
  
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\*patient [m]  
  
\*phase 3 clinical trial [m]",

"OD":"Purpose: Fatigue is a common problem among multiple myeloma (MM) patients. Armodafinil is a drug known to promote wakefulness, which is related to modafinil, a compound that improves fatigue in some cancer patients treated with chemotherapeutic agents. We investigated whether armodafinil could reduce cancer-related fatigue in MM patients.  
Methods: This double-blind, placebo-controlled phase 3 trial evaluated the efficacy of armodafinil in MM patients with evidence of moderate fatigue. Patients were randomized to one of two arms: treatment-only, with armodafinil given at 150 mg/daily for 56 days, or placebo-first, with placebo given on days 1-28, followed by armodafinil administered at 150 mg daily on days 29-56. Fatigue was measured on days 1 (pre-dose: baseline), 15, 28, 43, and 56 using seven separate assessments, including four patient-reported outcomes of fatigue and related quality of life measures, as well as three objective measures of cognitive function.  
Results: Overall toxicities were similar between treatment groups. No significant differences were observed between the placebo-first and the treatment-only arms after 28 days. Treatment with armodafinil for 28 additional days did not produce responses. Both placebo-first and treatment-only patients showed similar significant improvements in three patient-reported measures and one objective task at day 28 compared to baseline. Placebo-first patients improved on eight additional measures (one patient-reported measure, six subscales, and one objective task), suggesting a strong placebo effect in this patient population.  
Conclusions: Evaluation and treatment of cancer-related fatigue continues to be challenging a clear definition of this symptom and better assessment tools are needed.Copyright © 2014 Springer-Verlag Berlin Heidelberg",

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"MV":"25370889 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25370889]",

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"UniqueID":"357",

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"ORN":"45",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2015874223",

"TI":"Childhood immuno-metabolic markers and risk of depression and psychosis in adulthood: A prospective birth cohort study.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 19 Nov 2021.",

"AU":"Donnelly N.A.  
  
Perry B.I.  
  
Jones H.J.  
  
Khandaker G.M.",

"AO":"Donnelly N.A. ORCID: https://orcid.org/0000-0003-2234-8545  
  
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Khandaker G.M. ORCID: https://orcid.org/0000-0002-4935-9220",

"IN":"(Donnelly, Jones, Khandaker) Centre for Academic Mental Health, Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, United Kingdom  
  
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(Perry, Khandaker) Cambridgeshire and Peterborough NHS Foundation Trust, United Kingdom  
  
(Jones, Khandaker) NIHR Bristol Biomedical Research Centre, University of Bristol, Bristol, United Kingdom  
  
(Jones, Khandaker) MRC Integrative Epidemiology Unit, University of Bristol, United Kingdom",

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"FTURL":"Background Metabolic and inflammatory disorders commonly co-occur with depression and psychosis, with emerging evidence implicating immuno-metabolic dysfunction in their aetiology. Previous studies have reported metabolic dysfunction and inflammation in adults with depression and psychosis. However, longitudinal studies testing the direction of association, and the effects of different dimensions of early-life immuno-metabolic dysfunction on adult psychopathology, are limited. Methods Using data from 3875 birth cohort participants we examined longitudinal associations of three metabolic hormones (leptin, adiponectin, insulin) at age 9 with risks for depression- and psychosis-spectrum outcomes at age 24. In addition, using nine immuno-metabolic biomarkers, we constructed an exploratory bifactor model showing a general immuno-metabolic factor and three specific factors (adiposity, inflammation, and insulin resistance), which were also used as exposures. Results Childhood leptin was associated with adult depressive episode (adjusted odds ratio (aOR)=1.28 95% CI, 1.00-1.64) and negative symptoms (aOR=1.12 95% CI, 1.05-1.20). The general immuno-metabolic factor was associated with depressive symptoms (aOR=1.05 95% CI, 1.01-1.08) and psychotic experiences (aOR=1.20 95% CI, 1.01-1.42). The adiposity factor was associated with negative symptoms (aOR=1.07 95% CI 1.02-1.12). All associations tended to be stronger in women, though 95% credible intervals overlapped with that for men. In women, the inflammatory factor was associated with depressive episode (aOR=1.23 95% CI, 1.01-1.47) and atypical depressive symptoms (aOR=1.10 95% CI, 1.02-1.19). While general immuno-metabolic dysfunction in childhood may contribute to risks for both psychotic and depressive symptoms in adulthood, childhood adiposity and inflammation are linked to affective (depressive, atypical, and negative) symptoms.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37656283",

"TI":"Omega-3 Polyunsaturated Fatty Acids for Core Symptoms of Attention-Deficit/Hyperactivity Disorder: A Meta-Analysis of Randomized Controlled Trials.",

"SO":"Journal of Clinical Psychiatry. 84(5), 2023 08 30.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Liu TH  
  
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Wu, Jheng-Yan  
  
Huang, Po-Yu  
  
Lai, Chih-Cheng  
  
Chang, Jane Pei-Chen  
  
Lin, Chien-Ho  
  
Su, Kuan-Pin",

"OD":"Liu, Ting-Hui. Department of Psychiatry, Chi Mei Medical Center, Tainan, Taiwan (Liu, Lin).  
  
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Su, Kuan-Pin. College of Medicine, China Medical University, Taichung, Taiwan (Chang, Su).  
  
Su, Kuan-Pin. An-Nan Hospital, China Medical University, Tainan, Taiwan (Su).  
  
Su, Kuan-Pin. Corresponding Author: Kuan-Pin Su, MD, PhD (cobol@cmu.edu.tw) No 901, Chunghwa Road, Yongkang District, Tainan City 710, Taiwan.",

"AB":"Humans  
  
Eicosapentaenoic Acid/tu [Therapeutic Use]  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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"DJ":"Objective: Previous studies have shown conflicting results for the effectiveness of omega-3 polyunsaturated fatty acids (PUFAs) in improving attention-deficit/hyperactivity disorder (ADHD) symptoms. This inconsistency may be due to differences in dosage, composition, and treatment duration. The current meta-analysis aims to address this inconsistency by improving subtype analyses and focusing on heterogeneity in treatment duration, omega-3 PUFA composition, and eicosapentaenoic acid (EPA) dose.  
  
Data Sources and Study Selection: We searched PubMed, EMBASE, PsycINFO, and Cochrane Library for randomized controlled trials of omega-3 PUFAs for ADHD, without publication year or language limitations, up to November 27, 2022. The primary outcome was the improvement of ADHD core symptoms. Subgroup analyses were conducted based on the formula, dosages, and composition ratios of omega-3 PUFAs. To ensure methodological quality, the Cochrane Risk-of-Bias Tool 1.0 was utilized to assess the risk of bias for each study included in the analysis. The pooled data were then analyzed using the random-effect meta-analysis, and the inverse variance method was employed.  
  
Data Extraction: The outcomes of interest were extracted using a data extraction form developed for this study.  
  
Results: Twenty-two studies with 1,789 participants were included in the analysis. Overall, omega-3 PUFAs did not significantly improve ADHD core symptoms compared to placebo (standardized mean difference [SMD]: -0.16 95% CI, -0.34 to 0.01 P = .07). However, in the subgroup of studies with a treatment duration of at least 4 months, omega-3 PUFAs were significantly more effective than placebo (SMD: -0.35 95% CI,-0.61 to -0.09 P = .007). Neither high eicosapentaenoic acid (EPA) dosage nor high EPA/docosahexaenoic acid (DHA) ratio was found to improve ADHD symptoms.  
  
Conclusions: Our findings indicate that omega-3 PUFAs did not improve ADHD core symptoms, but long-term supplementation may have potential benefits. The main limitation of the study was the moderate heterogeneity and small sample sizes in subgroup analyses and the lack of dietary pattern information. © Copyright 2023 Physicians Postgraduate Press, Inc.",

"MV":"AAN7QOV9EA (Eicosapentaenoic Acid)  
  
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"TN":"Meta-Analysis  
  
Journal Article",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"635643854",

"TI":"The Impact of Persistent Irritability on the Medication Treatment of Paediatric Attention Deficit Hyperactivity Disorder.",

"SO":"Frontiers in Psychiatry. 12(no pagination), 2021. Article Number: 699687. Date of Publication: 21 Jul 2021.",

"AU":"Baweja R.  
  
Waschbusch D.A.  
  
Pelham W.E.  
  
Waxmonsky J.G.",

"AO":"(Baweja, Waschbusch, Waxmonsky) Department of Psychiatry and Behavioral Health, Penn State College of Medicine, Hershey, PA, United States  
  
(Pelham) Center of Human Development, University of California, San Diego, San Diego, CA, United States  
  
(Pelham) Center for Children and Families, Florida International University, Miami, FL, United States",

"IN":"Frontiers Media S.A.",

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"OD":"This study compares the efficacy and tolerability of central nervous system (CNS) stimulants in children with attention deficit hyperactivity disorder (ADHD) with and without prominent irritability (IRR) over the course of 30 months. This is a secondary analysis of a study examining growth patterns in medication naive children with ADHD subsequently treated with CNS stimulants (predominantly OROS-Methylphenidate, up to 54 mg per day) for 30 months. Participants had to meet full diagnostic criteria for ADHD and been treated with CNS stimulants for under 30 days. Children were classified as IRR if they were rated as pretty much or very much on either of the often angry or easily annoyed items plus lose temper, items of the Disruptive Behavior Disorders Rating Scale (DBDRS). Structured ratings of ADHD symptoms, impairment, side effects, and symptoms of oppositional defiant disorder (ODD) were collected every 2-12 weeks for the duration of the study. Medication use was measured by pill count and parent report. The IRR group comprised 28% of all participants. The IRR group had significantly higher levels of ADHD and ODD symptoms, impairment, and side effects ratings at baseline. In the IRR group, ODD symptoms, emotional lability, and impairment significantly decreased for participants with higher medication use. Total side effects increased for non-IRR participants with higher medication use. Emotional side effects decreased for IRR participants with higher medication use. Central nervous system stimulants were a tolerable and efficacious treatment in treatment naive youth with ADHD with irritability. Clinical Trials Registration: NCT01109849© Copyright © 2021 Baweja, Waschbusch, Pelham, Pelham and Waxmonsky.",

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"DB":"Ovid MEDLINE(R)",

"UI":"34856427",

"TI":"Non-antipsychotic pharmacotherapy of psychogenic polydipsia: A systematic review. [Review]",

"SO":"Journal of Psychosomatic Research. 152:110674, 2021 Nov 20.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Havens TH  
  
Innamorato G  
  
Nemec EC 2nd",

"MH":"Havens, Thomas H  
  
Innamorato, Gaetano  
  
Nemec, Eric C 2nd",

"DU":"Havens, Thomas H. Sacred Heart University, College of Health Professions, 5151 Park Ave, Fairfield, CT 06825, United States of America. Electronic address: havenst@mail.sacredheart.edu.  
  
Innamorato, Gaetano. Sacred Heart University, College of Health Professions, 5151 Park Ave, Fairfield, CT 06825, United States of America. Electronic address: innamoratog@mail.sacredheart.edu.  
  
Nemec, Eric C 2nd. Sacred Heart University, College of Health Professions, 5151 Park Ave, Fairfield, CT 06825, United States of America. Electronic address: nemece@sacredheart.edu.",

"OD":"OBJECTIVE: Polydipsia is defined at the intake of excessive fluid (>3 L daily). Psychogenic polydipsia (PPD) presents without an identifiable medical cause and is often seen in patients with diagnoses of schizophrenia, OCD, anxiety, alcohol use disorder, and other psychotic disorders. The purpose of this systematic review is to assess the therapeutic effect of various non-antipsychotic medications on patients with a stable psychotic illness and concurrent PPD.  
  
METHODS: A systematic search was conducted using the following databases: PubMed, MEDLINE with Full Text, CINAHL complete, Cochrane database of systematic reviews, Cochrane methodology register, MasterFILE Premier, APA PsychArticles, APA PsychInfo, APA PsycBooks, APA PsycTests, TRIP, Nursing and Allied Health. The quality of each retained study was assessed using appropriate risk of bias tools based on study design.  
  
RESULTS: The initial search resulted in 1422 articles from which 22 articles were included for qualitative synthesis. Study designs ranged from case reports to double blind, placebo controlled randomized trials and was interpreted uniquely based on study design. Acetazolamide was effective in improving some PPD outcomes. Fluoxetine at high doses was effective in reducing fluid intake and polydipsia. Other medications included in this review performed equivocally for reduction of numerous parameters evaluating PPD.  
  
CONCLUSION: No one drug appeared to be the most efficacious however, some did show promise in specific populations. Those in need of pharmacotherapeutic options for PPD may consider one of the included agents to assist with co-morbid state. Further high-quality research is needed to provide better treatment guidance for PPD. Copyright © 2021 Elsevier Inc. All rights reserved.",

"AB":"Journal Article  
  
Review",

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"DJ":"Pharmacotherapy Primary polydipsia Psychogenic polydipsia Systematic review",

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"Disease area":"Gram-negative bacteria",

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"UI":"620197037",

"TI":"Extensively drug-resistant pseudomonas aeruginosa sternal osteomyelitis: Suggested reconstructive approach and novel optimization of antimicrobial therapeutics.",

"SO":"Infectious Diseases in Clinical Practice. 26(1) (pp 11-15), 2018. Date of Publication: 01 Jan 2018.",

"AU":"Buchanan P.J.  
  
Lee T.C.  
  
Venugopalan V.  
  
Tremblay E.E.  
  
Cannella A.P.  
  
Leyngold M.M.",

"AO":"nan",

"IN":"(Buchanan, Leyngold) Department of Surgery, Division of Plastic and Reconstructive Surgery, 1600 SWArcher Rd, Gainesville, FL 32610-0138, United States  
  
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(Leyngold) Department of Molecular Genetics and Microbiology, University of Florida Health, Gainesville, FL, United States",

"PB":"Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)",

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allergy  
  
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"AB":"Background Sternal wound infection continues to be the leading complication after median sternotomy. With the growing concern of multidrug-resistant and extensively drug-resistant (XDR) bacterial infections, sternal wound reconstruction is a critical step in successfully healing these patients. The use of a rectus abdominis muscle flap for coverage of the lower one third of sternal wounds as well as objectively optimizing antimicrobial therapy has revolutionized the field of sternal wound reconstruction, yet both practices are not well documented within the literature. Clinical Scenario A 72-year-old man developed an XDR Pseudomonas aeruginosa infection of his sternum after median sternotomy. The sternal wound was successfully reconstructed using a dual flap approach of bilateral pectoralis major myocutaneous flaps and a rectus abdominis muscle flap. Because of the antibiotic susceptibility profile and patient allergy profile, parental tobramycin and high-dose continuous-infusion meropenem were used to treat the osteomyelitis meropenem serum concentrations were obtained via mass spectroscopy to optimize bactericidal activity. Conclusions Osteomyelitis secondary to XDR P. aeruginosa is exceedingly rare in the literature. Individuals with this type of infection can be successfully treated with aggressive surgical debridement, subsequent reconstruction using bilateral pectoralis major myocutaneous flaps and a rectus abdominis muscle flap for coverage of the sternal wound, and both guided and targeted parental antibiotics. Lastly, the innovative use of antibiotic concentrations was instrumental in targeting the appropriate dose of antimicrobials in this patient.Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.",

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"DB":"Ovid MEDLINE(R)",

"UI":"36418742",

"TI":"Ceftolozane-Tazobactam Pharmacokinetics in the Abdominal Tissue of Patients Undergoing Lower Gastrointestinal Surgery: Dosing Considerations Based on Site-Specific Pharmacodynamic Target Attainment.",

"SO":"Infectious Diseases & Therapy. 12(1):193-207, 2023 Jan.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Yoshimura K  
  
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Kaiki Y  
  
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"MH":"Yoshimura, Kosuke ORCID: http://orcid.org/0000-0001-6420-1109",

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Uegami, Shinnosuke  
  
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Kitagawa, Hiroki  
  
Kaiki, Yuki  
  
Morikawa, Norifumi  
  
Takahashi, Shinya",

"OD":"Yoshimura, Kosuke. Department of Surgery, Graduate School of Biomedical and Health Sciences, Hiroshima University, 1-2-3 Kasumi, Minami-Ku, Hiroshima City, Hiroshima Prefecture, 734-8551, Japan. y1986@hiroshima-u.ac.jp.  
  
Ohge, Hiroki. Department of Infectious Diseases, Hiroshima University, 1-2-3 Kasumi, Minami-Ku, Hiroshima City, Hiroshima Prefecture, 734-8551, Japan.  
  
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Uegami, Shinnosuke. Department of Surgery, Graduate School of Biomedical and Health Sciences, Hiroshima University, 1-2-3 Kasumi, Minami-Ku, Hiroshima City, Hiroshima Prefecture, 734-8551, Japan.  
  
Watadani, Yusuke. Department of Surgery, Graduate School of Biomedical and Health Sciences, Hiroshima University, 1-2-3 Kasumi, Minami-Ku, Hiroshima City, Hiroshima Prefecture, 734-8551, Japan.  
  
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Takahashi, Shinya. Department of Surgery, Graduate School of Biomedical and Health Sciences, Hiroshima University, 1-2-3 Kasumi, Minami-Ku, Hiroshima City, Hiroshima Prefecture, 734-8551, Japan.",

"AB":"Ceftolozane Lower gastrointestinal disease Peritonitis Pharmacodynamics Pharmacokinetics Tazobactam",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: Recently, complicated intra-abdominal infections (cIAI) have been caused not only by Escherichia coli, Klebsiella pneumoniae, Enterobacter cloacae, and Pseudomonas aeruginosa, but also by extended-spectrum beta-lactamase-producing Enterobacterales members. Ceftolozane-tazobactam (CTLZ-TAZ) is considered to exhibit therapeutic effects against cIAI. Studies on the concentrations of antibiotics in abdominal tissues directly affected by cIAI are limited. Therefore, in this study, we investigated the pharmacokinetics of CTLZ-TAZ in abdominal tissue and simulated the administration regimen required to achieve the pharmacodynamic target for cIAI-causing bacteria.  
  
METHODS: Patients scheduled for elective lower gastrointestinal surgery were intravenously administered preoperative CTLZ-TAZ (1 g CTLZ and 0.5 g TAZ). Plasma, peritoneal fluid, peritoneum, and subcutaneous adipose tissue samples were collected during the surgery, and CTLZ as well as TAZ concentrations were measured. The noncompartmental and compartmental pharmacokinetic parameters were then estimated. Site-specific pharmacodynamic target attainment analysis using 1.5 g of CTLZ-TAZ was performed.  
  
RESULTS: CTLZ-TAZ was administered to nine patients (once to five patients and twice to four patients). The mean peritoneal fluid-to-plasma ratio (one dose/two doses) for CTLZ was 0.74/1.15, which was slightly higher than the mean peritoneal fluid-to-plasma ratio for TAZ (0.95/1.13). The ratio for subcutaneous adipose was lower than those for peritoneal fluid and peritoneum tissues. We also discovered that the average ratio of CTLZ and TAZ concentrations in all tissues was maintained at or above 2:1. In our investigation of pharmacodynamic target attainment in each tissue, the desired bactericidal effect was attained with all CTLZ-TAZ (1.5 g) administration regimens [q12h (3 g/day), q8h (4.5 g/day), and q6h (6 g/day)].  
  
CONCLUSION: To the best of our knowledge, this is the first study investigating the optimal pharmacodynamic level of CTLZ-TAZ in the abdominal tissue against cIAI-causing bacteria. This study also serves as a guideline for designing an optimal administration regimen based on pharmacodynamic target attainment for cIAI-causing bacteria.  
  
DETAILS OF THE TRIAL REGISTRATION: The institutional review board of Hiroshima University Hospital, CRB6180006. The Japan Registry of Clinical Trials, jRCTs061190025. Copyright © 2022. The Author(s).",

"DJ":"Journal Article",

"MV":"2023",

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"SO":"Springer. Chapter 16:87-90, 2022",

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"PB":"Yakoub-Agha I  
  
Einsele H",

"MH":"Yakoub-Agha, Ibrahim  
  
Einsele, Hermann",

"DU":"Yakoub-Agha, Ibrahim. Maladies du Sang, Unite de Therapie Cellulaire, Centre hospitalier-Universitaire de Lille, Lille, France  
  
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Chabannon, Christian. Institut Paoli-Calmettes Comprehensive Cancer Center Aix-Marseille Universite School of Medicine, Marseille, France  
  
Yakoub-Agha, Ibrahim. Maladies du Sang, Unite de Therapie Cellulaire Centre hospitalier-Universitaire de Lille, Lille, France  
  
Einsele, Hermann. Department of Internal Medicine II, University Hospital Wurzburg, Wurzburg, Bayern, Germany",

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"AB":"nan",

"FTURL":"To date, over 100 clinical trials investigating the use of CAR-T cells in MM have been registered at clinicaltrials.gov. Although several CD19-directed CAR-T cell products have been approved (Ghobadi 2018 Yassine et al. 2020), CD19 surface expression on plasma cells is limited or absent, leading to uncertain efficacy in clinical trials that used anti-CD19 alone in patients with MM (Garfall et al. 2015, 2019). Using superresolution microscopy, CD19 can be detected on a large proportion of myeloma cells, which could explain the successful targeting and lysis of myeloma cells by CD19-detecting CAR-T cells (Nerreter et al. 2019). Of note, some ongoing studies in which CD19 is targeted in combination with other antigens, especially BCMA, are being conducted (Beauvais et al. 2020). Copyright 2022, The Author(s).",

"PM":"Review",

"DJ":"2022",

"MV":"Click here for full text options",

"TN":"Kroger, Nicolaus ORCID: https://orcid.org/0000-0001-5103-9966  
  
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Kroger, Nicolaus GRID: grid.13648.38  
  
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Gribben, John GRID: grid.4868.2  
  
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Chabannon, Christian GRID: grid.418443.e  
  
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"TI":"Monoclonal gammopathy of undetermined significance, smoldering multiple myeloma, and curcumin: A randomized, double-blind placebo-controlled cross-over 4g study and an open-label 8g extension study.",

"SO":"American Journal of Hematology. (no pagination), 2012. Date of Publication: 2012.",

"AU":"Golombick T.  
  
Diamond T.H.  
  
Manoharan A.  
  
Ramakrishna R.",

"AO":"nan",

"IN":"(Golombick, Diamond) Department of Endocrinology, St George Hospital, Sydney, Australia  
  
(Manoharan, Ramakrishna) Department of Hematology, Southern Sydney Haematology, University of Wollongong, NSW, Australia",

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"OD":"Monoclonal gammopathy of undetermined significance (MGUS) and smoldering multiple myeloma (SMM) represent useful models for studying multiple myeloma precursor disease, and for developing early intervention strategies. Administering a 4g dose of curcumin, we performed a randomised, double-blind placebo-controlled cross-over study, followed by an open-label extension study using an 8g dose to assess the effect of curcumin on FLC response and bone turnover in patients with MGUS and SMM. 36 patients (19 MGUS and 17 SMM) were randomised into two groups: one received 4g curcumin and the other 4g placebo, crossing over at 3 months. At completion of the 4g arm, all patients were given the option of entering an open-label, 8g dose extension study. Blood and urine samples were collected at specified intervals for specific marker analyses. Group values are expressed as mean +/- 1 SD. Data from different time intervals within groups were compared using Student's paired t-test. 25 patients completed the 4g cross-over study and 18 the 8g extension study. Curcumin therapy decreased the free light-chain ratio (rFLC), reduced the difference between clonal and nonclonal light-chain (dFLC) and involved free light-chain (iFLC). uDPYD, a marker of bone resorption, decreased in the curcumin arm and increased on the placebo arm. Serum creatinine levels tended to diminish on curcumin therapy. These findings suggest that curcumin might have the potential to slow the disease process in patients with MGUS and SMM. © 2012 Wiley Periodicals, Inc.",

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"DB":"Embase",

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"TI":"Reappraising treatment effect heterogeneity in schizophrenia: A meta-analysis.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 04 Nov 2021.",

"AU":"McCutcheon R.A.  
  
Pillinger T.  
  
Efthimiou O.  
  
Maslej M.  
  
Mulsant B.H.  
  
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"AO":"McCutcheon, Robert A. ORCID: https://orcid.org/0000-0003-1102-2566",

"IN":"(McCutcheon, Pillinger) Institute of Psychiatry, Psychology and Neuroscience, Department of Psychosis Studies, King's College of London, London, United Kingdom  
  
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(Cipriani) Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, United Kingdom  
  
(Howes) H Lundbeck A/s, 3 Abbey View, Everard Close, St Albans AL1 2PS, United Kingdom",

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"FTURL":"Objective Determining whether individual patients differ in response to treatment ('treatment effect heterogeneity') is important as it is a prerequisite to developing personalised treatment approaches. Previous variability meta-analyses of response to antipsychotics in schizophrenia found no evidence for treatment effect heterogeneity. Conversely, individual patient data meta-analyses suggest treatment effect heterogeneity does exist. In the current paper we combine individual patient data with study level data to resolve this apparent contradiction and quantitively characterise antipsychotic treatment effect heterogeneity in schizophrenia. Method Individual patient data (IPD) was obtained from the Yale University Open Data Access (YODA) project. Clinical trials were identified in EMBASE, PsycInfo, and PubMed. Treatment effect heterogeneity was estimated from variability ratios derived from study-level data from 66 RCTs of antipsychotics in schizophrenia (N=17,202). This estimation required a correlation coefficient (rho) between placebo response and treatment effects to be estimated. We estimated this from both study level estimates of the 66 trials, and individual patient data (N=560). Results Both individual patient (rho=-0.32, p=0.002) and study level (rho=-0.38, p<0.001) analyses yielded a negative correlation between placebo response and treatment effect. Using these estimates we found evidence of clinically significant treatment effect heterogeneity for total symptoms (our most conservative estimate was SD = 13.5 Positive and Negative Syndrome Scale (PANSS) points). Mean treatment effects were 8.6 points which, given the estimated SD, suggests the top quartile of patients experienced beneficial treatment effects of at least 17.7 PANSS points, while the bottom quartile received no benefit as compared to placebo. Conclusions We found evidence of clinically meaningful treatment effect heterogeneity for antipsychotic treatment of schizophrenia. This suggests efforts to personalise treatment have potential for success, and demonstrates that variability meta-analyses of RCTs need to account for relationships between placebo response and treatment effects.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

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"DB":"Ovid MEDLINE(R)",

"UI":"37263523",

"TI":"Neuropsychiatric Function Improvement in Pediatric Patients with Phenylketonuria.",

"SO":"Journal of Pediatrics. 260:113526, 2023 09.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Bilder, Deborah A  
  
Sanchez-Valle, Amarilis  
  
Dimmock, David",

"OD":"Grant, Mitzie L. Drexel University College of Medicine, Philadelphia, PA.  
  
Jurecki, Elaina R. BioMarin Pharmaceutical Inc, Novato, CA. Electronic address: erjurecki@outlook.com.  
  
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Bilder, Deborah A. Department of Psychiatry, Division of Child & Adolescent Psychiatry, University of Utah, Salt Lake City, UT.  
  
Sanchez-Valle, Amarilis. Department of Pediatrics, Division of Genetics and Metabolism, University of South Florida, Tampa, FL.  
  
Dimmock, David. Creyon Bio Inc, San Diego, CA.",

"AB":"Adolescent  
  
Humans  
  
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\*Phenylketonurias  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
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Phenylalanine  
  
Treatment Outcome",

"FTURL":"ADHD PKU neuropsychiatric phenylalanine phenylketonuria sapropterin",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: To evaluate effects of sapropterin dihydrochloride on blood phenylalanine (Phe) and symptoms of neuropsychiatric impairment in children and adolescents with phenylketonuria (PKU).  
  
STUDY DESIGN: PKU subjects 8-17 years of age (n = 86) were randomized to double-blind treatment with sapropterin (n = 43) or placebo (n = 43) for 13 weeks, then all received open-label sapropterin therapy for an additional 13 weeks. Blood Phe and symptoms of inattention, hyperactivity/impulsivity (Attention-Deficit/Hyperactivity Disorder Rating Scale IV [ADHD RS-IV]), executive functioning (Behavior Rating Inventory of Executive Function), depression (Hamilton Rating Scale for Depression), and anxiety (Hamilton Rating Scale for Anxiety) were assessed.  
  
RESULTS: Following the 13-week randomization phase, the sapropterin and placebo groups had mean changes in blood Phe of -20.9% and +2.9%, respectively. Corresponding least square mean differences in ADHD RS-IV scores were significantly greater for the sapropterin vs the placebo group: Total (-3.2 points, P = .02), Inattention subscale (-1.8 points, P = .04), and Hyperactivity/Impulsivity subscale (-1.6 points, P = .02). Forest plots favored sapropterin treatment over placebo for all ADHD RS-IV and Behavior Rating Inventory of Executive Function indices. There were no significant differences in reported problems with attention or executive function between the 2 groups at baseline or at week 26 following the 13-week open-label treatment period. Anxiety and depression scores did not differ significantly between cohorts at any time. Sapropterin was well tolerated, with a favorable safety profile.  
  
CONCLUSIONS: Sapropterin reduced blood Phe and was associated with significant improvement in parent-reported symptoms of inattention, hyperactivity/impulsivity, and executive functioning in children and adolescents with PKU.  
  
TRIAL REGISTRATION: ClinicalTrials.gov, NCT01114737. Registered 27 April 2010, https://clinicaltrials.gov/ct2/show/NCT01114737. Copyright © 2023 The Author(s). Published by Elsevier Inc. All rights reserved.",

"MV":"47E5O17Y3R (Phenylalanine)",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

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"TI":"CoCo20 protocol: A pilot longitudinal follow-up study about the psychiatric outcomes in a paediatric population and their families during and after the stay-at-home related to coronavirus pandemic (COVID-19).",

"SO":"BMJ Open. 11(4) (no pagination), 2021. Article Number: e044667. Date of Publication: 08 Apr 2021.",

"AU":"Gindt M.  
  
Fernandez A.  
  
Richez A.  
  
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Battista M.  
  
Askenazy F.",

"AO":"(Gindt, Fernandez, Richez, Nachon, Battista, Askenazy) Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (SUPEA), Hopitaux Pediatriques de Nice CHU-Lenval (HPNCL), Nice, Provence-Alpes-Cote d'Azur, France  
  
(Gindt, Fernandez, Richez, Nachon, Battista, Askenazy) CoBTek, FRIS, Universite Cote d'Azur, Nice, Provence-Alpes-Cote d'Azur, France",

"IN":"BMJ Publishing Group",

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"OD":"Introduction In the context of a viral outbreak and the stay-at-home measures, a significant increase in psychological distress, such as stress or fear behaviours, has previously been reported in adult and paediatric population. Children and adolescents seem to be particularly at risk of developing psychiatric disorders during and after the stay-at-home but evidences are lacking. The main objective of this article is to present the methodology of Coronavirus Confinement 2020 (CoCo20) Study, which aims to assess the impact of the coronavirus pandemic (COVID-19) and stay-at-home on the development of psychiatric disorders, including post-traumatic stress disorder (PTSD), in children and adolescents. Methods and analysis We describe a longitudinal and multicentre study in the paediatric population during and after stay-at-home related to COVID-19 pandemic. Inclusions started on 30 March 2020 for 6 months. This study is proposed to all consecutive paediatric outpatients consulting during and after stay-at-home related to COVID-19 pandemic in medical-psychological centres and in a paediatric psychotrauma centre and/or calling the emergency COVID-19 hotline. We perform standardised and internationally validated psychiatric assessments (Diagnosis Infant and Preschool Assessment, Kiddie Schedule for Affective Disorders and Schizophrenia - Present and Lifetime Version) together with anxiety, attention deficit hyperactivity disorder, PTSD, parenting stress and somatic symptoms scales during five visits (baseline, 1 week after baseline, 1 month after baseline, 1 week after the end of the containment and 1 month after the end of the containment) in patients and their families enrolled during the containment and during three visits in case of enrolment after the containment. The inclusion period will end in 30 November 2020. Ethics and dissemination The protocol has been approved by the Ethics Committee of Cote d'Azur University A<< CERNI A>> (number 2020-59). All patients and their legal caregivers provide a written informed consent on enrolment in the study. We will submit the results of the study to relevant journals and offer national and international presentations. This study will enable better characterisation of the impact of the stay-at-home (related to COVID-19 pandemic) on the mental health of children and adolescents. Trial registration number NCT04498416. Copyright ©",

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"SO":"Psychiatry & Clinical Neurosciences. 2021 Apr 23",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Iyo M  
  
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"MH":"Iyo, Masaomi  
  
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Sakaguchi, Reiko  
  
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Mao, Yongcai  
  
Tsai, Joyce  
  
Fitzgerald, Alison  
  
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"DU":"Iyo, Masaomi. Department of Psychiatry, Graduate School of Medicine, Chiba University, Chiba, Japan.  
  
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Fitzgerald, Alison. Division of Clinical Operations, Sunovion Pharmaceuticals Inc., New Jersey, USA.  
  
Nosaka, Tadashi. Medical Affairs, Sumitomo Dainippon Pharma Co., Ltd., Tokyo, Japan.  
  
Higuchi, Teruhiko. Japan Depression Center, Tokyo, Japan.  
  
Higuchi, Teruhiko. National Center of Neurology and Psychiatry, Tokyo, Japan.",

"OD":"AIM: The aim of this study was to evaluate the efficacy of lurasidone in acute schizophrenia in Japan and other countries.  
  
METHODS: Subjects (aged 18-74 years) diagnosed with schizophrenia were randomized to lurasidone 40 mg/day or placebo. The primary efficacy endpoint was change from baseline on the Positive and Negative Syndrome Scale (PANSS) total score at Week 6. Secondary efficacy assessments included the Clinical Global Impression-Severity Scale (CGI-S). Safety endpoints included adverse events, and laboratory and electrocardiogram parameters.  
  
RESULTS: A total of 483 subjects were randomized to lurasidone or placebo 107 subjects were from Japan. Mean changes from baseline at Week 6 endpoint in PANSS total scores were -19.3 in the lurasidone group and -12.7 in the placebo group (treatment difference: P < 0.001, effect size = 0.41). Changes from baseline for Week 6 CGI-S scores were -1.0 for lurasidone and -0.7 for placebo (treatment difference: P < 0.001, effect size = 0.41). All-cause discontinuation during the 6-week, double-blind period was 19.4% for lurasidone and 25.4% for placebo, and discontinuation rates due to adverse event were 5.7% for lurasidone and 6.4% for placebo. The following common treatment-emergent adverse events occurred in more than 2% on lurasidone and at a rate at least twice that of the placebo group: akathisia (4.0%), dizziness (2.8%), somnolence (2.8%), abdominal discomfort (2.0%) and asthenia (2.0%). No significant changes in bodyweight or metabolic parameters were observed.  
  
CONCLUSION: Lurasidone 40 mg once daily dosing demonstrated efficacy in a patient population with acute schizophrenia, including subjects from Japan, and was generally safe and well-tolerated. Copyright © 2021 Sumitomo Dainippon Pharma Co., Ltd Psychiatry and Clinical Neurosciences published by John Wiley & Sons Australia, Ltd on behalf of Japanese Society of Psychiatry and Neurology.",

"AB":"Journal Article",

"FTURL":"2021",

"PM":"Click here for full text options",

"DJ":"antipsychotic agents clinical trial efficacy lurasidone schizophrenia",

"MV":"NOTNLM",

"TN":"Nosaka, Tadashi ORCID: https://orcid.org/0000-0002-4925-8665",

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"UI":"623590783",

"TI":"Bacterial infections in hospitalised severely malnourished children in Durban, South Africa+.",

"SO":"Southern African Journal of Infectious Diseases. (no pagination), 2018. Date of Publication: 2018.",

"AU":"Nyamurenje L.  
  
Archary M.",

"AO":"nan",

"IN":"(Nyamurenje) Department of Paediatrics, University of KwaZulu-Natal, Durban, South Africa  
  
(Archary) Department of Paediatric Infectious Diseases, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa",

"PB":"Taylor and Francis Ltd. (E-mail: michael.wagreich@univie.ac.at)",

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"AB":"Background: Severe acute malnutrition (SAM) results in alterations of host defence mechanisms, which leads to increased susceptibility to infections. This study describes culture-confirmed bacterial infections in a cohort of HIV-negative severely malnourished children and compares it with a previously described cohort of HIV-positive children. Method(s): A retrospective chart review was conducted of all HIV-negative children with SAM admitted to King Edward Hospital, Durban between January 1, 2015 and December 31, 2015. All positive bacterial cultures obtained within 2 days of admission (admission infections) and during 2 to 30 days of admissions (hospital acquired infections) were documented. A cohort of HIV-positive children with SAM was prospectively recruited between July 2012 and February 2015 at the same facility for the MATCH study. Result(s): A total of 101 patients were eligible for the study, 53% were HIV unexposed 73% of the total 250 cultures obtained were during admission. Escherichia coli (E. coli) contributed 26% of all positive cultures on admission. Significant differences were noted in laboratory variables between HIV-negative vs. HIV-positive children admitted with SAM. Extended-spectrum beta-lactamase (ESBL) producers in HIV-positive patients constituted 40% of all Gram-negative isolates vs. 24% in HIV-negative patients. Conclusion(s): Gram-negative organisms remain an area of concern in both HIV-positive and HIV-negative patients with SAM with resistant organisms more prevalent in HIV-positive patients. Prevention of mother-to-child transmission of HIV reduces prevalence and incidence of HIV, which has been shown to contribute to the burden of bacterial infections in malnourished children.Copyright © 2018, © 2018 The Author(s).",

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"DB":"Ovid MEDLINE(R)",

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"TI":"An Assessment of the In Vitro Models and Clinical Trials Related to the Antimicrobial Activities of Phytochemicals. [Review]",

"SO":"Antibiotics. 11(12), 2022 Dec 17.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Kopel J  
  
McDonald J  
  
Hamood A",

"MH":"Hamood, Abdul ORCID: https://orcid.org/0000-0001-7193-7827",

"DU":"Kopel, Jonathan  
  
McDonald, Julianna  
  
Hamood, Abdul",

"OD":"Kopel, Jonathan. School of Medicine, Texas Tech University Health Sciences Center, Lubbock, TX 79430, USA.  
  
McDonald, Julianna. Texas Tech University, Lubbock, TX 79430, USA.  
  
Hamood, Abdul. Department of Immunology and Molecular Microbiology, Texas Tech University Health Sciences Center, Lubbock, TX 79430, USA.  
  
Hamood, Abdul. Department of Surgery, Texas Tech University Health Sciences Center, Lubbock, TX 79430, USA.",

"AB":"MRSA Pseudomonas aeruginosa Staphylococcus aureus alkaloids antibiotic resistance multidrug-resistant organosulfur compounds phenolic compounds phytochemicals plant-based extracts",

"FTURL":"NOTNLM",

"PM":"An increased number antibiotic-resistant bacteria have emerged with the rise in antibiotic use worldwide. As such, there has been a growing interest in investigating novel antibiotics against antibiotic-resistant bacteria. Due to the extensive history of using plants for medicinal purposes, scientists and medical professionals have turned to plants as potential alternatives to common antibiotic treatments. Unlike other antibiotics in use, plant-based antibiotics have the innate ability to eliminate a broad spectrum of microorganisms through phytochemical defenses, including compounds such as alkaloids, organosulfur compounds, phenols, coumarins, and terpenes. In recent years, these antimicrobial compounds have been refined through extraction methods and tested against antibiotic-resistant strains of Gram-negative and Gram-positive bacteria. The results of the experiments demonstrated that plant extracts successfully inhibited bacteria independently or in combination with other antimicrobial products. In this review, we examine the use of plant-based antibiotics for their utilization against antibiotic-resistant bacterial infections. In addition, we examine recent clinical trials utilizing phytochemicals for the treatment of several microbial infections.",

"DJ":"Journal Article  
  
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"UI":"34839282",

"TI":"Belantamab Mafodotin and Relapsed/Refractory Multiple Myeloma: This Is Not Game Over.",

"SO":"Acta Haematologica. 2021 Nov 26",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Condorelli A  
  
Garibaldi B  
  
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"FTURL":"Although the therapeutic landscape for multiple myeloma (MM) has expanded, the disease always tends to relapse. In attempt to obtain deep and durable responses, each relapse requires the use of a new strategy. In recent years, new treatment options have emerged even for heavily treated patients. Novel, well-tolerated and highly effective therapies in the relapsed/refractory (RRMM) setting currently represent a real hope. Belantamab mafodotin (BLENREP TM) is a first-in-class monoclonal antibody-drug conjugate (ADC) whose target is B-cell maturation antigen (BCMA) conjugated to the cytotoxic microtubule inhibitor monomethyl auristatin F (MMAF). Here, we present two cases of heavily pre-treated RRMM patients that were favorably treated with Belantamab mafodotin, obtaining at least a partial response. Treatment was well tolerated and is ongoing. This is a rare report on real life clinical use of Belantamab mafodotin outside of controlled clinical trials and provide information on efficacy and safety of this anti-myeloma new class of drugs. Copyright S. Karger AG, Basel.",

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"TI":"Association of Selinexor Dose Reductions With Clinical Outcomes in the BOSTON Study.",

"SO":"Clinical Lymphoma, Myeloma and Leukemia. 23(12) (pp 917-923.e3), 2023. Date of Publication: December 2023.",

"AU":"Jagannath S.  
  
Delimpasi S.  
  
Grosicki S.  
  
Van Domelen D.R.  
  
Bentur O.S.  
  
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Dimopoulos M.A.",

"AO":"Jagannath, Sundar ORCID: https://orcid.org/0000-0003-2934-6518  
  
Van Domelen, Dane R. ORCID: https://orcid.org/0000-0003-0051-7790  
  
Dimopoulos, Meletios A. ORCID: https://orcid.org/0000-0001-8990-3254",

"IN":"(Jagannath) Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Delimpasi) General Hospital Evangelismos, Athens, Greece  
  
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"OD":"Background: Dose modifications in response to adverse events (AEs) can maintain tumor response and improve therapy tolerability. We conducted a post-hoc analysis of the efficacy and safety of reduced selinexor doses in the BOSTON trial (NCT03110562). Patients and Methods: Efficacy, safety, and quality of life (QoL) in 195 patients with relapsed/refractory multiple myeloma randomized to once-weekly (QW) selinexor (100 mg), QW subcutaneous bortezomib (1.3 mg/m2), and twice-weekly dexamethasone (20 mg) were compared between patients with dose reductions and those without. Result(s): In total, 126 patients (65%) had selinexor dose reductions (median dose 71.4 mg/wk). In patients with dose reductions versus those without median progression-free survival was 16.6 months (95% CI 12.9-not evaluable [NE]) versus 9.2 months [95% CI 6.8-15.5]), overall response rate was 81.7% (95% CI 73.9-88.1%) versus 66.7% (95% CI 54.3-77.6%), >=very good partial response was (51.6% [95% CI 42.5-60.6%] vs. 31.9% [95% CI 21.2-44.2]), median duration of response was not reached (95% CI 13.8-NE) versus 12.0 months (95% CI 8.3-NE), and time to next treatment was 22.6 months (95% CI 14.6-NE) versus 10.5 months (95% CI 6.3-18.2). Mean best change from baseline on the EORTC QLQ-C30 Global Health Status/QoL scale was 10.0 +/- 20.5 versus 4.0 +/- 20.9. Duration-adjusted AE rates that were lower after selinexor dose reduction included thrombocytopenia (62.5% before vs. 47.6% after), nausea (31.6% vs. 7.3%), fatigue (28.1% vs. 9.9%), decreased appetite (21.5% vs. 6.4%), anemia (17.9% vs. 10.3%), and diarrhea (12.9% vs. 5.2%). Conclusion(s): Appropriate dose reductions in response to AEs of the 100 mg selinexor starting dose in the BOSTON study were associated with improved efficacy, reduced AE rates and improved QoL.Copyright © 2023 The Authors",

"AB":"Click here for full text options",

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"ORN":"47",

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"DB":"Embase",

"UI":"2015873738",

"TI":"The efficacy of transcranial magnetic stimulation (TMS) for negative symptoms in schizophrenia: A systematic review and meta-analysis.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 08 Nov 2021.",

"AU":"Lorentzen R.  
  
Nguyen T.D.  
  
McGirr A.  
  
Hieronymus F.  
  
Ostergaard S.D.",

"AO":"Lorentzen, Rasmus ORCID: https://orcid.org/0000-0001-9593-3687  
  
Nguyen, Tuan D. ORCID: https://orcid.org/0000-0002-9935-4129  
  
Ostergaard, Soren D. ORCID: https://orcid.org/0000-0002-8032-6208  
  
McGirr, Alexander ORCID: https://orcid.org/0000-0002-8425-3958  
  
Hieronymus, Fredrik ORCID: https://orcid.org/0000-0003-0930-6068",

"IN":"(Lorentzen, Nguyen, Hieronymus, Ostergaard) Department of Affective Disorders, Aarhus University Hospital - Psychiatry, Aarhus, Denmark  
  
(Lorentzen, Nguyen, Hieronymus, Ostergaard) Department of Clinical Medicine, Aarhus University, Aarhus, Denmark  
  
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(McGirr) Department of Psychiatry, Cumming School of Medicine, University of Calgary, Calgary, Canada  
  
(McGirr) Mathison Centre for Mental Health Research and Education, University of Calgary, Calgary, Canada  
  
(Hieronymus) Department of Pharmacology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden",

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"FTURL":"Several trials have shown preliminary evidence for the efficacy of Transcranial Magnetic Stimulation (TMS) as a treatment for negative symptoms in schizophrenia. Here, we synthesize this literature in a systematic review and quantitative meta-analysis of double-blind randomized controlled trials of TMS in patients with schizophrenia. Specifically, MEDLINE, EMBASE, Web of Science, and PsycINFO were searched for sham-controlled, randomized trials of TMS among patients with schizophrenia. The standardized mean difference (SMD, Cohen's d) with 95% confidence intervals (CI) was calculated for each study (TMS vs. sham) and pooled across studies using an inverse variance random effects model. We identified 56 studies with a total of 2550 participants that were included in the meta-analysis. The pooled analysis showed statistically significant superiority of TMS (SMD=0.37, 95%CI: 0.23 0.52, p-value <0.00001), corresponding to a number needed to treat of 5. Furthermore, stratified analyses suggested that TMS targeting the left dorsolateral prefrontal cortex, using a stimulation frequency >1 Hz, and a stimulation intensity at or above the motor threshold, was most efficacious. There was, however, substantial heterogeneity and high risk of bias among the included studies. In conclusion, TMS appears to be an efficacious treatment option for patients with schizophrenia suffering from negative symptoms, but the optimal TMS parameters have yet to be resolved.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

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"UI":"37418754",

"TI":"Mendelian Randomization Using the Druggable Genome Reveals Genetically Supported Drug Targets for Psychiatric Disorders.",

"SO":"Schizophrenia Bulletin. 49(5):1305-1315, 2023 09 07.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Li X  
  
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"MH":"Xia, Junfeng ORCID: https://orcid.org/0000-0003-3024-1705",

"DU":"Li, Xiaoyan  
  
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Zhao, Yiran  
  
Xia, Junfeng",

"OD":"Li, Xiaoyan. Key Laboratory of Intelligent Computing and Signal Processing of Ministry of Education and Information Materials and Intelligent Sensing Laboratory of Anhui Province, Institutes of Physical Science and Information Technology, Anhui University, Hefei, Anhui 230601, China.  
  
Shen, Aotian. Key Laboratory of Intelligent Computing and Signal Processing of Ministry of Education and Information Materials and Intelligent Sensing Laboratory of Anhui Province, Institutes of Physical Science and Information Technology, Anhui University, Hefei, Anhui 230601, China.  
  
Zhao, Yiran. Key Laboratory of Intelligent Computing and Signal Processing of Ministry of Education and Information Materials and Intelligent Sensing Laboratory of Anhui Province, Institutes of Physical Science and Information Technology, Anhui University, Hefei, Anhui 230601, China.  
  
Xia, Junfeng. Key Laboratory of Intelligent Computing and Signal Processing of Ministry of Education and Information Materials and Intelligent Sensing Laboratory of Anhui Province, Institutes of Physical Science and Information Technology, Anhui University, Hefei, Anhui 230601, China.",

"AB":"Humans  
  
\*Autism Spectrum Disorder  
  
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"FTURL":"GWAS Mendelian randomization drug targets eQTL pQTL psychiatric disorders",

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"DJ":"BACKGROUND AND HYPOTHESIS: Psychiatric disorders impose a huge health and economic burden on modern society. However, there is currently no proven completely effective treatment available, partly owing to the inefficiency of drug target identification and validation. We aim to identify therapeutic targets relevant to psychiatric disorders by conducting Mendelian randomization (MR) analysis.  
  
STUDY DESIGN: We performed genome-wide MR analysis by integrating expression quantitative trait loci (eQTL) of 4479 actionable genes that encode druggable proteins and genetic summary statistics from genome-wide association studies of psychiatric disorders. After conducting colocalization analysis on the brain MR findings, we employed protein quantitative trait loci (pQTL) data as genetic proposed instruments for intersecting the colocalized genes to provide further genetic evidence.  
  
STUDY RESULTS: By performing MR and colocalization analysis with eQTL genetic instruments, we obtained 31 promising drug targets for psychiatric disorders, including 21 significant genes for schizophrenia, 7 for bipolar disorder, 2 for depression, 1 for attention deficit and hyperactivity (ADHD) and none for autism spectrum disorder. Combining MR results using pQTL genetic instruments, we finally proposed 8 drug-targeting genes supported by the strongest MR evidence, including gene ACE, BTN3A3, HAPLN4, MAPK3 and NEK4 for schizophrenia, gene NEK4 and HAPLN4 for bipolar disorder, and gene TIE1 for ADHD.  
  
CONCLUSIONS: Our findings with genetic support were more likely to be to succeed in clinical trials. In addition, our study prioritizes approved drug targets for the development of new therapies and provides critical drug reuse opportunities for psychiatric disorders. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center. All rights reserved. For permissions, please email: journals.permissions@oup.com.",

"MV":"nan",

"TN":"Journal Article  
  
Research Support, Non-U.S. Gov't",

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"TI":"Neurodevelopmental Effects of Cannabis Use in Adolescents and Emerging Adults with ADHD: A Systematic Review.",

"SO":"Harvard Review of Psychiatry. 29(4) (pp 251-261), 2021. Date of Publication: 2021.",

"AU":"Cawkwell P.B.  
  
Hong D.S.  
  
Leikauf J.E.",

"AO":"(Cawkwell, Hong, Leikauf) Department of Psychiatry and Behavioral Sciences, Stanford University., United States",

"IN":"Lippincott Williams and Wilkins",

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"OD":"Objective Systematically review the scientific literature to characterize the effects of cannabis use on brain structure, function, and neurodevelopmental outcomes in adolescents and young adults with ADHD. Method Systematic review following PRISMA guidelines utilizing PubMed, Embase, PsycINFO, and Cochrane CENTRAL trials register from inception until 1 January 2020. Articles that examined the impact of cannabis use on youth with ADHD were included. Results Eleven studies were identified that compared outcomes for individuals with ADHD who used cannabis or synthetic cannabinoids against those with ADHD who did not. Seven of these studies used neuroimaging techniques, including fMRI, structural MRI, and SPECT. Differential regions of activation were identified, including the right hippocampus and cerebellar vermis, and bilateral temporal lobes. Morphological differences were identified in the right precentral and postcentral gyri, left nucleus accumbens, right superior frontal and postcentral gyri. No study identified any additive or ADHD x cannabis use interaction on neuropsychological tasks of executive function. Two studies found adverse differential impacts of early-onset cannabis use in this population. Conclusion A dearth of evidence is available on the impact of cannabis use on the developing brain and functioning for individuals with ADHD, despite the elevated risk for substance use in this population. The limited, potentially underpowered evidence does not support the hypothesis that cannabis use has a deleterious impact on neuropsychological tasks in transitional age youth with ADHD. Larger and longer-term studies are needed, however, to better inform clinicians and patients as to the impacts of cannabis use in youth with ADHD.Copyright © Lippincott Williams & Wilkins.",

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McCormack S",

"MH":"Wells, Charlotte  
  
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"OD":"Clozapine is a second generation antipsychotic indicated for patients with treatment-resistant schizophrenia (TRS). TRS is schizophrenia that does not respond fully to conventional schizophrenia treatments, including first-line antipsychotics. According to the Canadian Schizophrenia Guidelines (CSG), treatment-resistance is indicated after failure of two antipsychotics, although definitions of TRS vary among clinical trials. It has been estimated that in patients receiving conventional pharmacotherapy for schizophrenia, 50% of these patients do not respond adequately to prescribed pharmacotherapy (30% may exhibit a partial response, and 20% may exhibit no response). Clozapine is associated with a variety of side-effects, including drowsiness, dizziness, tachycardia (high resting heart rate), constipation, weight gain, lowered white blood cell count, and excess saliva production. Serious side effects include myocarditis, pericarditis, neutropenia, cardiomyopathy, and death. Some side effects, such as myocarditis, can occur relatively quickly (within two weeks) after initiation of the medication. Clozapine must be initiated at a low dose and titrated up to the therapeutic dose over time to avoid side effects. Therapeutic doses can range from 200 mg to 450 mg per day and are generally not exceeding 900 mg per day (although doses of more than 900 mg per day are possible). - Initiation of clozapine may start as low as 12.5 mg per day, titrating upwards until individual effectiveness is seen (for example, resolution of psychosis symptoms). , Initiation on clozapine requires strict monitoring protocols to ensure compliance and to address the side effects associated with the medication. For example, in the United States, the Clozapine Risk Evaluation and Mitigation Strategy requires all prescribers and pharmacies to be certified in order to prescribe or dispense clozapine. Part of the Clozapine Risk Evaluation and Mitigation Strategy program includes regular absolute neutrophil counts for patients on clozapine to monitor for neutropenia. In Canada, after reintroduction of clozapine in 1991 (after removal from the market in 1975 because of reported infections due to low white blood cell counts), patients were required to join a patient registry program (e.g., Sandoz Clozapine Risk Management Program1) to monitor white blood cell counts. When switching to a new brand of clozapine, patients must join the manufacturer-specific registry upon changing medications. Guidelines outlining appropriate use of clozapine are important to ensure timely, safe, and suitable prescribing of clozapine in a variety of settings. The objective of the current review is to summarize clinical effectiveness of clozapine during the initiation phase of treatment in adult patients with schizophrenia and summarize recommendations regarding monitoring of adult patients during this initiation phase. Copyright © 2020 Canadian Agency for Drugs and Technologies in Health.",

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"TI":"Evaluation of the Swabbing of Disposable Absorbent Incontinence Products for Assessing the Carriage of Multiresistant Enterobacteriaceae in Nursing Home Residents.",

"SO":"Frontiers in Microbiology. 8(no pagination), 2017. Article Number: 1858. Date of Publication: 29 Sep 2017.",

"AU":"Naf A.  
  
Decalonne M.  
  
Santos S.D.  
  
Mereghetti L.  
  
van der Mee-Marquet N.L.",

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"IN":"(Naf, Santos, van der Mee-Marquet) Cellule Regionale d'Epidemiologie Nosocomiale, Hopital Trousseau, Service de Bacteriologie, Virologie, Hygiene, Centre Hospitalier Regional Universitaire, Tours, France  
  
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(Santos, Mereghetti, van der Mee-Marquet) Unite de bacteriologie, Hopital Bretonneau, Service de Bacteriologie, Virologie, Hygiene, Centre Hospitalier Regional Universitaire, Tours, France",

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"AB":"We compared the performance of incontinence product (IP) and rectal swabbing for the detection of multidrug-resistant Enterobacteriaceae (MDRE) carriage in a large multicenter study conducted in February 2017 among the residents of 23 French nursing homes. The study included 547 residents who habitually wore IP, 88 of whom were MDRE carriers (16.1%). Positive results were obtained for both rectal and IP swabs for 64 of these residents, for rectal swabs only for 22 and for IP swabs only for two of these patients. The estimated prevalence of MDRE carriage depended on the type of sample: 15.7% for rectal swabs and 12.1% for IP swabs (p < 0.001). The positive percent agreement was 84.2% and the negative percent agreement was 97.4%. Rectal swabbing remains the best method for detecting MDRE carriage in elderly residents, but our findings provide support for the use of swabs from IP used overnight to increase response rates in MDRE surveys in elderly residents that habitually wear IP, when rectal swabbing is not feasible.© Copyright © 2017 Naf, Decalonne, Santos, Mereghetti, van der Mee-Marquet and on behalf of the Infection Control Group of the Centre Val de Loire Region.",

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"TI":"In vitro and in vivo Antimicrobial Activities of Ceftazidime/Avibactam Alone or in Combination with Aztreonam Against Carbapenem-Resistant Enterobacterales.",

"SO":"Infection & Drug Resistance. 15:7107-7116, 2022.",

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"DU":"Lu, Guoping  
  
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"OD":"Lu, Guoping. Department of Laboratory Medicine, The First Affiliated Hospital of Anhui Medical University Anhui Public Health Clinical Center, Hefei, People's Republic of China.  
  
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Shen, Jilu. Department of Laboratory Medicine, The First Affiliated Hospital of Anhui Medical University Anhui Public Health Clinical Center, Hefei, People's Republic of China.",

"AB":"FIC carbapenem-resistant Enterobacterales ceftazidime/avibactam combination therapy",

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"PM":"Introduction: To examine the in vitro and in vivo antimicrobial activities of ceftazidime/avibactam (CZA) alone or in combination with aztreonam (ATM) against KPC-, NDM-, IMP-, KPC+IMP-, KPC+NDM-producing strains.  
  
Methods: A total of 67 clinical non-repetitive carbapenem-resistant Enterobacterales (CRE) strains were selected for the microdilution broth method that was performed to analyze the minimal inhibitory concentration (MIC) and the combination antimicrobial susceptibility test using checkerboard titration method. The fractional inhibitory concentration (FIC) was calculated to determine the antimicrobial effect. The time-kill assays and the mouse infection model were used to study the bactericidal effect and therapeutic effect of CZA alone or in combination with ATM.  
  
Results: The CZA minimal inhibitory concentration (MIC) values of CZA revealed that 29 KPC-producing strains and 1 OXA-producing strain were <=4microg/mL. The CZA MIC values of 37 metal-beta-lactamase (MBLs)-producing strains such as NDM-, IMP-, KPC+IMP-, KPC+NDM-producing strains were >=128microg/mL, after combining with ATM, the FIC values were all below 0.51. The time-kill assays revealed that CZA at various concentrations of 2, 4 and 8 MIC showed significant bactericidal efficiency to the KPC-producing strains. For NDM-, IMP-producing strains, no colony growth was detected after 8 hours of incubation with CZA in combination with ATM. Six percent of the mice in the treatment group and 58% of the mice in the infection group died within 3 days.  
  
Conclusion: Our in vitro results showed that CZA had a good antimicrobial effect on the KPC-producing and OXA-producing strains. CZA combined with ATM showed synergistic bacteriostatic or bactericidal activity against NDM-, IMP-, KPC+IMP-, KPC+NDM-producing strains. The combination of CZA and ATM reduced mortality and prolonged lifespan of mice infected with NDM-, IMP-, KPC+IMP-, and KPC+NDM-producing strains, which provides fundamental knowledge for improving treatment strategies and initializing clinical trials. Copyright © 2022 Lu et al.",

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Raynes, Kerry. Warwick Clinical Trials Unit, University of Warwick, Coventry, UK  
  
Higgins, Helen. Warwick Clinical Trials Unit, University of Warwick, Coventry, UK  
  
Drayson, Mark T. Clinical Immunology Service, University of Birmingham, Birmingham, UK",

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"FTURL":"BACKGROUND: Multiple myeloma is a cancer of plasma cells that is associated with severe immunodeficiency and increased numbers of bacterial infections. The Tackling Early Morbidity and Mortality in Myeloma (TEAMM) trial assessed the use of prophylactic levofloxacin in newly diagnosed multiple myeloma patients. Interactions between multiple myeloma disease activity, immunity and infection are central to the TEAMM trial. Active multiple myeloma suppresses immunity and infections delay administration of anti-multiple myeloma therapy. Furthermore, infection-derived inflammation nurtures multiple myeloma activity and resistance to anti-multiple myeloma therapy.  
  
OBJECTIVES: The aim of this study was to measure biomarkers of (1) immune competence to develop risk stratification of patients for infection to personalise the decision to prescribe antibiotics, (2) myeloma activity to sensitively measure speed and depth of myeloma response and (3) inflammation to identify patients who may be at risk of poor treatment responses.  
  
METHOD: Serum samples were collected from 977 TEAMM trial patients (aged 35-90 years) at randomisation, then every 4 weeks for 16 weeks and again at 1 year. Biomarker levels were compared with samples from healthy controls. Multiplex Luminex R assays (R&D Systems, Minneapolis, MN, USA) and enzyme-linked immunosorbent assays were used for the analysis of biomarkers and anti-viral antibodies were measured by a haemagglutination assay.  
  
RESULTS: At baseline, levels of both polyclonal immunoglobulins and anti-bacterial antibodies were below the normal range in most TEAMM trial patients. This immunoparesis was much more severe for antibodies against specific bacterial targets than for total immunoglobulin levels. Levels of anti-bacterial antibodies were below the threshold of protection for 18 of the 19 bacterial antigens tested. More patients aged < 65 years were protected against meningococcal serotypes, Haemophilus influenza type b and tetanus, whereas more patients aged >= 65 years were protected against pneumococcal serotypes but there was good protection in only 6% of the TEAMM trial patients. Higher levels of polyclonal immunoglobulins, but not specific anti-bacterial antibodies, were found to be associated with a lower risk of infection and a longer survival. At presentation, levels of neutrophil elastase, calprotectin and interleukin 10 were elevated in TEAMM trial patients, compared with healthy controls. Interleukin 10 levels were related to infection during the trial: patients with interleukin 10 levels >= 10 pg/ml had a greater risk of infection than patients with interleukin 10 levels < 10 pg/ml. Levels of soluble CD138 were elevated in 72% of TEAMM trial patients and were decreased in response to therapy, with a complete response seen in 40% of TEAMM trial patients by 16 weeks. Of the 76 TEAMM trial patients achieving a free light chain complete response at 16 weeks, only 30% had a soluble CD138 complete response. Overall, responses in the levels of soluble CD138 did not correlate with free light chain and myeloma monoclonal protein (also known as m-protein) responses, consistent with the fact that soluble CD138 responses reflect a separate aspect of disease activity and clonal size. Levels of procalcitonin were elevated in only 50% of patients who had febrile episodes during the TEAMM trial. Although levels of interleukins 6 and 8 at presentation were lower than in a heathy cohort of patients, lower levels of interleukin 6 were identified at baseline in poor responders than in good responders, and in patients who had febrile and non-febrile infections during the trial than in patients who had only non-febrile episodes.  
  
CONCLUSION: Information from this Efficacy and Mechanism Evaluation project can help inform risk stratification and patient identification strategies to be responsive to individual patient needs. Monitoring levels of free light chains and soluble CD138 can help identify non-responders early and monitoring interleukin 10 levels can help stratify patients for risk of infection. Furthermore, immunisation in remission should be tested.  
  
LIMITATIONS: The TEAMM trial administered prophylactic antibiotics or placebo for 12 weeks from a new diagnosis of myeloma. Patients were monitored for infections for 16 weeks post diagnosis, with a final set of clinical data gathered at 1 year. Infection data and efficacy of prophylactic antibiotics are available for only the first 16 weeks and survival for the first 52 weeks. This limits long-term data, particularly for progression-free and overall survival.  
  
FUTURE WORK: The TEAMM 2 trial (in preparation) will explore the benefit of prophylactic antibiotics up to 12 months following diagnosis and will explore infection risk post therapy and during remission. Furthermore, some of the key findings will be applied to investigate biomarkers in samples from other UK myeloma trials in which long-term outcome data are available.  
  
TRIAL REGISTRATION: Current Controlled Trials ISRCTN51731976.  
  
FUNDING: This project was funded by the Efficacy and Mechanism Evaluation programme, a Medical Research Council and National Institute for Health Research (NIHR) partnership, and will be published in full in Efficacy and Mechanism Evaluation Vol. 7, No. 10. See the NIHR Journals Library website for further project information. Copyright © Queen's Printer and Controller of HMSO 2020. This work was produced by Chicca et al. under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.",

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"SO":"Journal of Clinical Microbiology. 61(11) (no pagination), 2023. Article Number: e00598-23. Date of Publication: 2023.",

"AU":"Trager J.  
  
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"AO":"Held, Jurgen ORCID: https://orcid.org/0000-0003-1130-9727  
  
Drager, Sarah ORCID: https://orcid.org/0000-0001-9410-7404",

"IN":"(Trager, Held) Mikrobiologisches Institut - Klinische Mikrobiologie, Immunologie und Hygiene, Universitatsklinikum Erlangen und Friedrich-Alexander-Universitat (FAU) Erlangen-Nurnberg, Erlangen, Germany  
  
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(Mihai, Cipa) Zentrallabor, Universitatsklinikum Erlangen und Friedrich-Alexander-Universitat (FAU) Erlangen-Nurnberg, Erlangen, Germany  
  
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extracorporeal oxygenation  
  
female  
  
fever  
  
follow up  
  
graft versus host reaction  
  
hematopoietic stem cell transplantation  
  
hospital mortality  
  
hospitalization  
  
human  
  
immunosuppressive treatment  
  
intensive care unit  
  
\*kinetics  
  
lethality  
  
leukocyte count  
  
major clinical study  
  
male  
  
mortality  
  
multicenter study  
  
multiple myeloma  
  
neutropenia  
  
observational study  
  
outcome assessment  
  
parenteral nutrition  
  
peritonitis  
  
Pichia kudriavzevii  
  
prospective study  
  
relapse  
  
Saccharomyces cerevisiae  
  
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Staphylococcus aureus  
  
survivor  
  
tertiary care center",

"OD":"Fungal antigens such as beta-(1->3)-D-glucan (BDG) or mannan (Mn) are useful for detection of candidemia. However, detailed data on serum levels before diagnosis and during treatment are scarce. We conducted a prospective study at two German tertiary care centers for 36 months. Sera from adult patients with candidemia were tested for BDG (Fungitell assay) and Mn (Platelia Candida Ag-Plus assay). For each patient, the clinical course and biomarker kinetics were closely followed and compared. 1,243 sera from 131 candidemia episodes and 15 relapses were tested. In 35% of episodes, empirical therapy included an antifungal drug. Before blood culture sampling, BDG and Mn levels were elevated in 62.4% and 30.8% of patients, respectively. Sensitivity at blood culture sampling was 78.6% (BDG) and 35.1% (Mn). BDG levels of non-survivors were significantly higher than those of survivors. During follow-up, a therapeutic response was associated with decreasing BDG and Mn levels in 84.3% or 70.5% of episodes, respectively. A median increase of 513 pg BDG/mL and 390 pg Mn/mL indicated a relapse of candidemia with a sensitivity of 80% or 46.7%, respectively. In 72.9% and 46.8% of patients, increasing BDG or Mn levels were associated with a fatal outcome. Prior to discharge, BDG and Mn levels had dropped or normalized in 65.7% or 82.1% of patients, respectively. Summarising, in patients with candidemia, biomarker positivity usually precedes culture positivity. Relapses are mostly accompanied by secondary biomarker increases. Rising concentrations of BDG and Mn predict lethality, whereas decreasing levels suggest a favorable outcome in the majority of patients.Copyright © 2023 American Society for Microbiology. All Rights Reserved.",

"AB":"Click here for full text options",

"FTURL":"alanine aminotransferase / endogenous compound  
  
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biological marker / endogenous compound  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028686961",

"TI":"A Cardiovascular Risk Optimization Program in People with Schizophrenia: A Pilot Randomized Controlled Clinical Trial.",

"SO":"Journal of Psychiatric Practice. 29(6) (pp 456-468), 2023. Date of Publication: 10 Nov 2023.",

"AU":"Riera-Molist N.  
  
Assens-Tauste M.  
  
Roura-Poch P.  
  
Guimera-Gallent M.  
  
Santos-Lopez J.M.  
  
Serra-Millas M.  
  
Frau-Rossello N.  
  
Gallego-Pena E.  
  
Foguet-Boreu Q.",

"AO":"nan",

"IN":"(Riera-Molist) Department of Pharmacy, Vic University Hospital, Faculty of Medicine, University of Vic-Central University of Catalonia, Multidisciplinary Inflammation Research Group (MIRG), Institute for Research and Innovation in Life and Health Sciences in Central Catalonia (IRIS-CC), Barcelona, Spain  
  
(Assens-Tauste) Vic University Hospital, Vic, Barcelona, Spain  
  
(Roura-Poch) Department of Clinical Epidemiology and Research, Vic University Hospital, Faculty of Medicine, University of Vic-Central University of Catalonia, Multidisciplinary Inflammation Research Group (MIRG), Institute for Research and Innovation in Life and Health Sciences in Central Catalonia (IRIS-CC), Vic, Barcelona, Spain  
  
(Guimera-Gallent) General Health Psychologist and Technician of Occupational Risk Prevention, University of Vic-Central University of Catalonia, Vic, Barcelona, Spain  
  
(Santos-Lopez) Department of Psychiatry, Vic University Hospital, Faculty of Medicine, University of Vic-Central University of Catalonia, Innovation in Mental Health and Social Welfare (ISaMBeS), University of Vic-Central University of Catalonia, Vic, Barcelona, Spain  
  
(Serra-Millas, Foguet-Boreu) Department of Psychiatry, Vic University Hospital, Faculty of Medicine, University of Vic-Central University of Catalonia, Multidisciplinary Inflammation Research Group (MIRG), Institute for Research and Innovation in Life and Health Sciences in Central Catalonia (IRIS-CC), Vic, Barcelona, Spain  
  
(Frau-Rossello, Gallego-Pena) Family and Community Medical Doctors, Primary Care Center of Santa Eugenia de Berga, Catalan Health Institute, Santa Eugenia de Berga, Barcelona, Spain",

"PB":"Lippincott Williams and Wilkins",

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"FTURL":"Background: Cardiovascular disease is one of the leading causes of premature death in people with schizophrenia. Some modifiable factors that have been implicated include unhealthy lifestyle, medication side effects, and physical comorbidities. The goal of this study was to assess the efficacy of a 6-month, multifactorial cardiovascular risk intervention to reduce cardiovascular risk (CVR) in people with schizophrenia. Method(s): We conducted a 2-arm, parallel, randomized clinical trial in a regional mental health center. Participants with at least 1 poorly controlled cardiovascular risk factor (CVRF) (hypertension, diabetes mellitus, hypercholesterolemia, or tobacco smoking) were randomly assigned to the intervention group or to a control group. The subjects in the intervention group received a patient-centered approach that included promoting a healthy lifestyle, pharmacological management of CVRFs, psychotropic drug optimization, and motivational follow-up [Programa d'optimitzacio del RISc CArdiovascular (PRISCA)]. The main outcome was change in CVR as assessed using the Framingham-REGICOR function, after 6 months compared with the baseline in both groups. Result(s): Forty-six participants were randomly assigned to the PRISCA group (n=23) or the control group (n=23). The most prevalent CVRFs at baseline were hypercholesterolemia (84.8%) and tobacco smoking (39.1%). The PRISCA group showed a significant reduction in the REGICOR score (-0.96% 95% CI: -1.60 to -0.32, P=0.011) after 6 months (relative risk reduction of 20.9%), with no significant changes in the control group (0.21% 95% CI: -0.47 to 0.89, P=0.706). In the PRISCA group, low-density lipoprotein cholesterol also decreased significantly (-27.14 mg/dL 95% CI: -46.28 to -8.00, P=0.008). Conclusion(s): A patient-centered, multifactorial cardiovascular risk intervention improved CVR in people with schizophrenia after 6 months, which was achieved mainly by improving the lipid profile.Copyright © 2023 Lippincott Williams and Wilkins. All rights reserved.",

"PM":"Click here for full text options",

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"MV":"nan",

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"DB":"Ovid MEDLINE(R)",

"UI":"36863414",

"TI":"Parent Training via Internet or in Group for Disruptive Behaviors: A Randomized Clinical Noninferiority Trial.",

"SO":"Journal of the American Academy of Child & Adolescent Psychiatry. 62(9):987-997, 2023 09.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

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Sorjonen K  
  
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Forster M",

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Hogstrom, Jens  
  
Sorjonen, Kimmo  
  
Sundell, Knut  
  
Forster, Martin",

"OD":"Engelbrektsson, Johanna. Karolinska Institutet, Sweden. Electronic address: johanna.engelbrektsson@ki.se.  
  
Salomonsson, Sigrid. Centre for Psychiatry Research, Karolinska Institutet and Region Stockholm, Sweden.  
  
Hogstrom, Jens. Centre for Psychiatry Research, Karolinska Institutet and Region Stockholm, Sweden.  
  
Sorjonen, Kimmo. Karolinska Institutet, Sweden.  
  
Sundell, Knut. Swedish Agency for Health Technology Assessment and Assessment of Social Services, Stockholm, Sweden.  
  
Forster, Martin. Karolinska Institutet, Sweden.",

"AB":"Male  
  
Child  
  
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\*Attention Deficit Disorder with Hyperactivity  
  
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"FTURL":"disruptive behavior internet-based intervention noninferiority trial parenting randomized controlled trial",

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"DJ":"OBJECTIVE: To evaluate if an internet-delivered parent training program is noninferior to its group-delivered counterpart in reducing child disruptive behavior problems (DBP).  
  
METHOD: This noninferiority randomized clinical trial enrolled families seeking treatment in primary care in Stockholm, Sweden, for DBP in a child 3-11 years of age. Participants were randomized to internet-delivered (iComet) or group-delivered (gComet) parent training. The primary outcome was parent-rated DBP. Assessments were made at baseline and 3, 6, and 12 months. Secondary outcomes included child and parent behaviors and well-being and treatment satisfaction. The noninferiority analysis was determined by a one-sided 95% CI of the mean difference between gComet and iComet using multilevel modeling.  
  
RESULTS: This trial included 161 children (mean age 8.0) 102 (63%) were boys. In both intention-to-treat and per-protocol analyses, iComet was noninferior to gComet. There were small differences in between-group effect sizes (d = -0.02 to 0.13) on the primary outcome with the upper limit of the one-sided 95% CI below the noninferiority margin at 3-, 6-, and 12-month follow-up. Parents were more satisfied with gComet (d = 0.49, 95% CI [0.26, 0.71]). At 3-month follow-up, there were also significant differences in treatment effect on attention-deficit/hyperactivity disorder symptoms (d = 0.34, 95% CI [0.07, 0.61]) and parenting behavior (d = 0.41, 95% CI [0.17, 0.65]) favoring gComet. At 12-month follow-up, there were no differences in any outcomes.  
  
CONCLUSION: Internet-delivered parent training was noninferior to group-delivered parent training in reducing child DBP. The results were maintained at 12-month follow-up. This study supports internet-delivered parent training being used as an alternative to group-delivered parent training in clinical settings.  
  
CLINICAL TRIAL REGISTRATION INFORMATION: Randomized Controlled Trial of Comet via the Internet or in Group Format https://www.  
  
CLINICALTRIALS: gov/ NCT03465384. Copyright © 2023 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"UniqueID":"383",

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"ORN":"48",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"636356170",

"TI":"A meta-analysis on the effect of telemedicine on the management of attention deficit and hyperactivity disorder in children and adolescents.",

"SO":"Journal of telemedicine and telecare. (pp 1357633X211045186), 2021. Date of Publication: 11 Oct 2021.",

"AU":"Bemanalizadeh M.  
  
Yazdi M.  
  
Yaghini O.  
  
Kelishadi R.",

"AO":"(Bemanalizadeh, Yazdi, Yaghini, Kelishadi) Child Growth and Development Research Center, Research Institute for Primordial Prevention of Non-Communicable Disease, Isfahan University of Medical Science, Iran, Islamic Republic of  
  
(Yaghini, Kelishadi) Department of Pediatrics, School of Medicine, 48455Isfahan University of Medical Sciences, Iran, Islamic Republic of",

"IN":"NLM (Medline)",

"PB":"adolescent  
  
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Web of Science [m]",

"OD":"INTRODUCTION: This study aims to report the effect sizes of telemedicine treatments on the symptom domains of paediatric ADHD. METHOD(S): In this systematic review and meta-analysis, electronic databases, i.e. PubMed, Scopus, Web of Science and Embase, were searched for articles published up to December 2020. The inclusion criteria were as follows: children or adolescents diagnosed for ADHD or other hyperkinetic disorders randomized controlled trials (RCTs) efficacy established with parents and teachers or self-rating scales at least for one of the following domains: inattention, cognitive function, hyperactivity, hyperactivity/impulsivity or oppositional behaviours. The risk of bias was assessed using the Cochrane risk of bias tool for RCTs. RESULT(S): From 310 records reduced to 228 after removing duplicates, overall 12 studies were fulfilled our inclusion criteria. They consisted of 708 participants (358 with telemedicine intervention and 350 controls). The telemedicine interventions varied from computerized training programmes with phone calls to videoconferencing programmes, virtual reality classrooms or games. The most applicable method consisted of computerized training programmes with phone calls. Pooling results of all studies with available data on each subscale showed a significant effect of telemedicine on inattention/cognitive function (standardized mean difference (SMD)=0.26, 95% CI: 0.16, 0.36), hyperactivity/impulsivity (SMD=0.29, 95% CI: 0.06, 0.52), and oppositional behaviours (SMD=0.72, 95% CI: 0.24, 1.20) subscales in ADHD. Almost all studies had an overall unclear risk of bias. The source of outcome assessment (parents, teachers or self-report questionnaire) was addressed as a potential confounding factor. In almost all symptom domains, the satisfaction from the treatment was higher in parents than in teachers. CONCLUSION(S): The clinical effects of telemedicine on the treatment of ADHD showed a small effect size for inattention/cognitive function, hyperactivity/impulsivity and oppositional behaviours.",

"AB":"Click here for full text options",

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"PM":"Bemanalizadeh, Maryam ORCID: https://orcid.org/0000-0002-6055-8917",

"DJ":"34633251 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34633251]",

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"Database":"Medline",

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"DB":"Ovid MEDLINE(R)",

"UI":"33349528",

"TI":"Applying the community mental health nursing model among people with schizophrenia.",

"SO":"Enfermeria Clinica. 2020 Dec 18",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

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Daulima NHC  
  
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"MH":"Keliat, Budi Anna  
  
Riasmini, Ni Made  
  
Daulima, Novy Helena Catharina  
  
Erawati, Erna",

"DU":"Keliat, Budi Anna. Department of Psychiatric Nursing, Nursing Faculty, Universitas Indonesia, Jl. Prof. Dr. Bahder Djohan, Kampus UI Depok, 16424 West Java Province, Indonesia.  
  
Riasmini, Ni Made. Department of Mental Health Nursing, Poltekkes Kemenkes Jakarta III, Jalan Arteri JORR Jatiwarna Kec. Pondok Melati, Bekasi 17415, Indonesia.  
  
Daulima, Novy Helena Catharina. Department of Mental Health Nursing, Faculty of Nursing, University Indonesia, Jl. Prof. Dr. Bahder Djohan, Kampus UI Depok, Jakarta 16424, West Java Province, Indonesia.  
  
Erawati, Erna. Department of Mental Health Nursing, Poltekkes Kemenkes Semarang, Prodi Keperawatan Magelang, Jalan Perintis Kemerdekaan Magelang, Kota Magelang Central Java Province 56115, Indonesia. Electronic address: ernaerawati57@yahoo.com.",

"OD":"OBJECTIVE: This study aimed to evaluate the application of community mental health nursing (CMHN) model using an intervention of nursing standard care and cognitive behavioral therapy on life skills and work productivity for the adult population with schizophrenia.  
  
METHOD: This study was an experimental study with an equivalent control group using randomly allocated 193 participants to either the intervention or control group at community health center in Cipayung, Jakarta. The intervention comprised in a 4-month cognitive behavioral therapy that was implemented by 33 community psychiatric nurse staff to improve the life skills and work productivity of people with schizophrenia. The instruments used to evaluate the intervention were the Indonesian version of the life skill profile (LSP) questionnaire and the work productivity and activity impairment scale (WPAI). The data analysis used a paired t-test.  
  
RESULTS: The findings show that there was a significant difference in scores on the LSP before and after the implementation in the intervention group (19.94+/-1.27 and 38.83+/-9.32) with p<.001 and the control group (26.93+/-12.50 and 30.89+/-12.41) with p=.002. The findings also show that there was a significant difference of WPAI before and after the implementation for the intervention group (2.21+/-1.12 and 3.82+/-1.28) with p<.05 compared with the control group (1.91+/-1.42 and 2.19+/-1.58) with p=.188.  
  
CONCLUSIONS: CMHN models using basic community mental health nursing interventions can be used to improve life skills and work productivity of people with schizophrenia so this could be a skill to strengthen the ability to live in the community in this type of patients. Copyright © 2020 Elsevier Espana, S.L.U. All rights reserved.",

"AB":"Journal Article",

"FTURL":"2020",

"PM":"Click here for full text options",

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"UI":"2013193959",

"TI":"The risk of cardiac device-related infection in bacteremic patients is species specific: Results of a 12-year prospective cohort.",

"SO":"Open Forum Infectious Diseases. 4(3) (no pagination), 2017. Article Number: ofx132. Date of Publication: 2017.",

"AU":"Maskarinec S.A.  
  
Thaden J.T.  
  
Cyr D.D.  
  
Ruffin F.  
  
Souli M.  
  
Fowler V.G.",

"AO":"nan",

"IN":"(Maskarinec, Thaden, Ruffin, Souli, Fowler) Duke University, Division of Infectious Diseases, Durham, NC, United States  
  
(Cyr, Fowler) Duke Clinical Research Institute, Durham, NC, United States  
  
(Souli) National and Kapodistrian University of Athens, School of Medicine, Greece",

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"AB":"Background. The species-specific risk of cardiac device-related infection (CDRI) among bacteremic patients is incompletely understood. Methods. We conducted a prospective cohort study of hospitalized patients from October 2002 to December 2014 with a cardiac device (CD) and either Staphylococcus aureus bacteremia (SAB) or Gram-negative bacteremia (GNB). Cardiac devices were defined as either prosthetic heart valves (PHVs), including valvular support rings, permanent pacemakers (PPMs)/automatic implantable cardioverter defibrillators (AICDs), or left ventricular assist devices (LVADs). Results. During the study period, a total of 284 patients with >=1 CD developed either SAB (n = 152 patients) or GNB (n = 132 patients). Among the 284 patients, 150 (52.8%) had PPMs/AICDs, 72 (25.4%) had PHVs, 4 (1.4%) had LVADs, and 58 (20.4%) had >1 device present. Overall, 54.6% of patients with SAB and 16.7% of patients with GNB met criteria for definite CDRI (P < .0001). Multivariable logistic regression analysis revealed that 3 bacterial species were associated with an increased risk for CDRI: Staphylococcus aureus (odds ratio [OR] = 5.57 95% confidence interval [CI], 2.16-14.36), Pseudomonas aeruginosa (OR = 50.28 95% CI, 4.16-606.93), and Serratia marcescens (OR = 7.75 95% CI, 1.48-40.48). Conclusions. Risk of CDRI among patients with bacteremia varies by species. Cardiac device-related infection risk is highest in patients with bacteremia due to S aureus, P aeruginosa, or S marcescens. By contrast, it is lower in patients with bacteremia due to other species of Gram-negative bacilli. Patients with a CD who develop bacteremia due to either P aeruginosa or S marcescens should be considered for diagnostic imaging to evaluate for the presence of CDRI.Copyright © The Author 2017.",

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"TI":"A Case of New Delhi Metallo-beta-Lactamases (NDM) Citrobacter sedlakii Osteomyelitis Successfully Treated With Ceftazidime-Avibactam and Aztreonam.",

"SO":"Cureus. 14(9):e28855, 2022 Sep.",

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"DU":"Rubnitz, Zachary A  
  
Kunkel, Victoria N  
  
Baselski, Vickie S  
  
Summers, Nathan A",

"OD":"Rubnitz, Zachary A. Internal Medicine, The University of Tennessee Health Sciences Center, Memphis, USA.  
  
Kunkel, Victoria N. Internal Medicine, The University of Tennessee Health Sciences Center, Memphis, USA.  
  
Baselski, Vickie S. Pathology, The University of Tennessee Health Sciences Center, Memphis, USA.  
  
Summers, Nathan A. Infectious Disease, The University of Tennessee Health Sciences Center, Memphis, USA.",

"AB":"carbapenem resistant enterobacterales (cre) citrobacter sedlakii multi-drug resistance (mdr) new delhi metallo-beta lactamase (ndm) osteomyelitis",

"FTURL":"NOTNLM",

"PM":"There have been an increase in multi-drug resistant (MDR) organisms causing infections with high mortality and morbidity. Bacteria that carry metallo-beta-lactamases (MBLs) are particularly dangerous. Novel antibiotic combinations, such as ceftazidime-avibactam with aztreonam, are in clinical trials for the treatment of MBL-harboring bacteria. We discuss the case of a 39-year-old patient who presented with tibial osteomyelitis growing MBL-producing Citrobacter sedlakii. He was successfully treated with ceftazidime-avibactam and aztreonam combination therapy. We discuss the importance of developing new antibiotic regimens for the growing threat of MDR organisms with special consideration of MBL. Copyright © 2022, Rubnitz et al.",

"DJ":"Case Reports",

"MV":"2022",

"TN":"Click here for full text options",

"Unnamed: 22":"nan",

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"If RCT or not":"No",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"29726031",

"TI":"Patient-reported health-related quality of life from the phase III TOURMALINE-MM1 study of ixazomib-lenalidomide-dexamethasone versus placebo-lenalidomide-dexamethasone in relapsed/refractory multiple myeloma.",

"SO":"American Journal of Hematology. 2018 May 04",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Berg, Deborah. Millennium Pharmaceuticals, Inc., Cambridge, Massachusetts, a wholly owned subsidiary of Takeda Pharmaceutical Company Limited.  
  
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"AB":"nan",

"FTURL":"TOURMALINE-MM1 is a phase III, randomized, double-blind, placebo-controlled study of ixazomib plus lenalidomide and dexamethasone (IRd) versus placebo-Rd in patients with relapsed/refractory multiple myeloma following 1-3 prior lines of therapy. The study met its primary endpoint, demonstrating significantly longer progression-free survival (PFS) in the IRd arm versus placebo-Rd arm (median 20.6 vs 14.7 months, hazard ratio 0.74, P = .01), with limited additional toxicity. Patient-reported health-related quality of life (HRQoL) was a secondary endpoint of TOURMALINE-MM1. The European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire Core-30 (QLQ-C30) and Multiple Myeloma Module 20 (QLQ-MY20) were completed at screening, the start of cycles 1 and 2, every other cycle, the end of treatment, and every 4 weeks until progression. Over median follow-up of 23.3 and 22.9 months in the IRd and placebo-Rd arms, mean QLQ-C30 global health status (GHS)/QoL scores were maintained from baseline over the course of treatment in both groups, with no statistically significant differences between groups. EORTC QLQ-C30 function domain scores were also generally maintained from baseline similarly, physical, emotional, and social function domains were maintained with IRd versus placebo-Rd, with slightly higher mean change from baseline scores at earlier time points with IRd. Findings from this double-blind study demonstrate that addition of ixazomib to Rd significantly improved efficacy while HRQoL was maintained, reflecting the limited additional toxicity seen with IRd versus placebo-Rd, and support the feasibility of long-term IRd administration. Copyright © 2018 Wiley Periodicals, Inc.",

"PM":"Journal Article",

"DJ":"2018",

"MV":"Click here for full text options",

"TN":"Leleu, Xavier ORCID: http://orcid.org/0000-0002-9822-4170  
  
Moreau, Philippe ORCID: http://orcid.org/0000-0003-1780-8746",

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"TI":"Randomized Phase II Trial of Dendritic Cell/Myeloma Fusion Vaccine with Lenalidomide Maintenance after Upfront Autologous Hematopoietic Cell Transplantation for Multiple Myeloma: BMT CTN 1401.",

"SO":"Clinical cancer research : an official journal of the American Association for Cancer Research. 29(23) (pp 4784-4796), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Chung D.J.  
  
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"IN":"(Chung, Young) Memorial Sloan Kettering Cancer Center, NY, United States  
  
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(Nooka, Waller) Emory University, Atlanta, Georgia  
  
(O'Donnell) Ohio State University, Columbus, OH, United States  
  
(Rapoport) University of Maryland, Baltimore, MD, Liberia",

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"OD":"PURPOSE: Vaccination with dendritic cell (DC)/multiple myeloma (MM) fusions has been shown to induce the expansion of circulating multiple myeloma-reactive lymphocytes and consolidation of clinical response following autologous hematopoietic cell transplant (auto-HCT). PATIENTS AND METHODS: In this randomized phase II trial (NCT02728102), we assessed the effect of DC/MM fusion vaccination, GM-CSF, and lenalidomide maintenance as compared with control arms of GM-CSF and lenalidomide or lenalidomide maintenance alone on clinical response rates and induction of multiple myeloma-specific immunity at 1-year posttransplant. RESULT(S): The study enrolled 203 patients, with 140 randomized posttransplantation. Vaccine production was successful in 63 of 68 patients. At 1 year, rates of CR were 52.9% (vaccine) and 50% (control P = 0.37, 80% CI 44.5%, 61.3%, and 41.6%, 58.4%, respectively), and rates of VGPR or better were 85.3% (vaccine) and 77.8% (control P = 0.2). Conversion to CR at 1 year was 34.8% (vaccine) and 27.3% (control P = 0.4). Vaccination induced a statistically significant expansion of multiple myeloma-reactive T cells at 1 year compared with before vaccination (P = 0.024) and in contrast to the nonvaccine arm (P = 0.026). Single-cell transcriptomics revealed clonotypic expansion of activated CD8 cells and shared dominant clonotypes between patients at 1-year posttransplant. CONCLUSION(S): DC/MM fusion vaccination with lenalidomide did not result in a statistically significant increase in CR rates at 1 year posttransplant but was associated with a significant increase in circulating multiple myeloma-reactive lymphocytes indicative of tumor-specific immunity. Site-specific production of a personalized cell therapy with centralized product characterization was effectively accomplished in the context of a multicenter cooperative group study. See related commentary by Qazilbash and Kwak, p. 4703.Copyright ©2023 The Authors Published by the American Association for Cancer Research.",

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"FTURL":"\*dendritic cell vaccine [m]  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027132750",

"TI":"Control of lipolysis by a population of oxytocinergic sympathetic neurons.",

"SO":"Nature. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Li E.  
  
Wang L.  
  
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"FTURL":"Oxytocin (OXT), a nine-amino-acid peptide produced in the hypothalamus and released by the posterior pituitary, has well-known actions in parturition, lactation and social behaviour 1, and has become an intriguing therapeutic target for conditions such as autism and schizophrenia 2. Exogenous OXT has also been shown to have effects on body weight, lipid levels and glucose homeostasis 1,3, suggesting that it may also have therapeutic potential for metabolic disease 1,4. It is unclear, however, whether endogenous OXT participates in metabolic homeostasis. Here we show that OXT is a critical regulator of adipose tissue lipolysis in both mice and humans. In addition, OXT serves to facilitate the ability of beta-adrenergic agonists to fully promote lipolysis. Most surprisingly, the relevant source of OXT in these metabolic actions is a previously unidentified subpopulation of tyrosine hydroxylase-positive sympathetic neurons. Our data reveal that OXT from the peripheral nervous system is an endogenous regulator of adipose and systemic metabolism.Copyright © 2023, The Author(s), under exclusive licence to Springer Nature Limited.",

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"Disease area":"ADHD",

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"UI":"37430151",

"TI":"Extended-Release Viloxazine Compared with Atomoxetine for Attention Deficit Hyperactivity Disorder.",

"SO":"CNS Drugs. 37(7):655-660, 2023 07.",

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Price, Richard L",

"OD":"Price, Maxwell Z. Hackensack Meridian School of Medicine, Nutley, NJ, 07110, USA. mzp2103@columbia.edu.  
  
Price, Richard L. Department of Psychiatry, Weill Cornell Medical College, New York, NY, USA.",

"AB":"Adult  
  
Humans  
  
Child  
  
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\*Viloxazine  
  
Sleep Initiation and Maintenance Disorders/ci [Chemically Induced]  
  
\*Sleep Initiation and Maintenance Disorders  
  
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Propylamines/ae [Adverse Effects]  
  
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Adrenergic Uptake Inhibitors  
  
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"DJ":"BACKGROUND AND OBJECTIVE: In our outpatient pediatric and adult psychiatry centers, we reserve psychostimulants for predominantly inattentive attention deficit hyperactivity disorder (ADHD) due to the potential for appetite and growth suppression, insomnia, wear off, exacerbation of mood, anxiety, and tics, or misuse. We utilize extended-release (ER) alpha-2 agonists primarily for hyperactivity/impulsivity but find them less effective for inattention, and they can cause sedation and hypotension. Oftentimes, we need to combine an alpha-2 agonist for behavior with psychostimulants for inattention. We employ atomoxetine or viloxazine ER (VER) for combined ADHD. However, our patients' insurers mandate a trial of generic atomoxetine prior to covering branded VER. The objective of this study was to determine whether pediatric and adult patients taking atomoxetine for DSM-5-TR ADHD combined type would experience improvement in ADHD symptoms following voluntary, open-label switch to VER.  
  
METHODS: 50 patients (35 children) received mean doses of atomoxetine 60 mg (25-100 mg once daily) followed by VER 300 mg (100-600 mg once daily) after a 5-day atomoxetine washout. Both atomoxetine and VER were flexibly titrated according to US Food and Drug Administration (FDA) guidelines. The pediatric ADHD-Rating Scale-5 (ADHD-RS-5) and the Adult Investigator Symptom Rating Scale (AISRS) were completed prior to starting atomoxetine, and 4 weeks after treatment with atomoxetine or upon earlier response or discontinuation due to side effects, whichever occurred first the same protocol was used after treatment with VER. We conducted a blinded, de-identified, retrospective review of charts from these 50 patients in the regular course of outpatient practice. Statistical analysis was performed using a within-subject, 2-tailed t-test with significance level of p < 0.05.  
  
RESULTS: From the baseline total ADHD-RS-5 mean score (40.3 +/- 10.3), improvements were greater on VER (13.9 +/- 10.2) than atomoxetine (33.1 +/- 12.1 t = - 10.12, p < 0.00001) in inattention (t = - 8.57, p < 0.00001) and in hyperactivity/impulsivity (t = - 9.87, p < 0.00001). From the baseline total AISRS mean score (37.3 +/- 11.8), improvements were greater on VER (11.9 +/- 9.4) than atomoxetine (28.8 +/- 14.9 t = - 4.18, p = 0.0009) in inattention (t = - 3.50, p < 0.004) and in hyperactivity/impulsivity (t = - 3.90, p < 0.002). Of patients on VER, 86% reported positive response by 2 weeks versus 14% on atomoxetine. A total of 36% discontinued atomoxetine for side effects, including gastrointestinal (GI) upset (6 patients), irritability (6), fatigue (5), and insomnia (1), versus 4% who discontinued VER due to fatigue. A total of 96% preferred VER over atomoxetine, with 85% (22 out of 26) choosing to taper psychostimulants following stabilization on VER.  
  
CONCLUSIONS: Pediatric and adult ADHD patients who have experienced less than optimal response to atomoxetine demonstrate rapid improvement in inattention and in hyperactivity/impulsivity with greater tolerability on extended-release viloxazine. Copyright © 2023. The Author(s).",

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"TN":"Journal Article  
  
Research Support, Non-U.S. Gov't",

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"TI":"Influence of Autism and Other Neurodevelopmental Disorders on Cognitive and Symptom Profiles: Considerations for Baseline Sport Concussion Assessment.",

"SO":"Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists. (no pagination), 2021. Date of Publication: 22 Feb 2021.",

"AU":"Maietta J.E.  
  
Kuwabara H.C.  
  
Cross C.L.  
  
Flood S.M.  
  
Kinsora T.F.  
  
Ross S.R.  
  
Allen D.N.",

"AO":"(Maietta, Kuwabara, Flood, Allen) Department of Psychology, University of Nevada, NV, Las Vegas, United States  
  
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"OD":"OBJECTIVE: The presence of neurodevelopmental disorders (ND) such as attention-deficit/hyperactivity disorder (ADHD) and learning disorders (LD) have demonstrated effects on Immediate Post-concussion Assessment and Cognitive Testing (ImPACT) performance. No current research has directly examined whether autism spectrum disorder (ASD) has similar effects. The current study compared ImPACT cognitive and symptom profiles in athletes with self-reported ASD to other NDs and healthy controls using case-control matching. METHOD(S): The current study compared ImPACT baselines of high school athletes with ASD to athletes with other NDs (ADHD, LD, and co-occurring ADHD/LD) and healthy controls on cognitive composites and symptom reporting. Participants included 435 athletes (87 controls, 87 with ASD, 87 with ADHD, 87 with LD, and 87 with ADHD/LD) selected from a larger naturalistic sample. Athletes were matched to the ASD group based on age, sex, and sport using randomized case-matched selection from the larger database. RESULT(S): Results revealed that athletes with ASD performed more poorly than healthy controls on the Visual Motor Speed composite. No differences were found for Post-concussion Symptom Scale (PCSS) domain scores. Differences in cognitive and symptom profiles among the athletes with other NDs were also found. CONCLUSION(S): Results elucidate patterns of baseline performance for athletes with ASD, demonstrating that there may not be significant differences between ASD and healthy controls on four of the five ImPACT composites, and no symptom reporting differences. Cognitive and symptom differences found for other NDs should be considered when interpreting baseline performance and for making return-to-play decisions in the absence of baseline assessment.Copyright © The Author(s) 2021. Published by Oxford University Press. All rights reserved. For permissions, please e-mail: journals.permission@oup.com.",

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"UI":"32921337",

"TI":"Lurasidone and risk for metabolic syndrome: results from short- and long-term clinical studies in patients with schizophrenia.",

"SO":"Cns Spectrums. :1-11, 2020 Sep 14",

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Newcomer, John W  
  
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Pikalov, Andrei  
  
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"DU":"Tocco, Michael. Sunovion Pharmaceuticals Inc., Fort Lee, NJ, USA.  
  
Newcomer, John W. Thriving Mind, Miami, FL, USA.  
  
Newcomer, John W. Department of Psychiatry, Washington University School of Medicine, St. Louis, MO, USA.  
  
Mao, Yongcai. Sunovion Pharmaceuticals Inc., Fort Lee, NJ, USA.  
  
Pikalov, Andrei. Sunovion Pharmaceuticals Inc., Fort Lee, NJ, USA.  
  
Loebel, Antony. Sunovion Pharmaceuticals Inc., Fort Lee, NJ, USA.",

"OD":"OBJECTIVE: To assess the effects of treatment with lurasidone on risk for metabolic syndrome (MetS) in patients with schizophrenia.  
  
METHODS: Rates of metabolic syndrome during treatment with lurasidone (40-160 mg/d) were analyzed using pooled, short-term data from three randomized, double-blind, placebo-controlled studies (vs olanzapine and quetiapine XR) long-term data from two active-comparator-controlled studies (vs risperidone and quetiapine XR) and data from two open-label studies in which patients were switched from olanzapine or risperidone to lurasidone.  
  
RESULTS: MetS was defined based on the National Cholesterol Education Program criteria. In short-term studies, the odds of meeting criteria for MetS at week 6 LOCF (adjusted for baseline metabolic syndrome status) was similar for the lurasidone and placebo groups (OR = 1.18 [95% CI, 0.81-1.71] P = .39), but the odds (vs placebo) were significantly greater for olanzapine (OR = 2.81 [95% CI, 1.53-5.15] P < .001) and quetiapine (OR = 3.49 [95% CI, 1.93-6.29] P < .0001). No dose effect was observed for lurasidone across the dose range of 40-160 mg/d. In long-term studies, the odds of MetS after 12 months of treatment was significantly higher for risperidone compared with lurasidone (OR = 2.12 95% CI, 1.15-3.90 P = .016) and for quetiapine XR compared with lurasidone (OR = 3.92 95% CI, 1.15-13.40 P = .029). In open-label extension studies, the rate of MetS decreased in patients switched to lurasidone after 6 weeks of treatment with olanzapine or 12 months of treatment with risperidone.  
  
CONCLUSION: In this analysis of lurasidone clinical trials, the odds of developing metabolic syndrome were minimal during short- and long-term treatment with lurasidone (40-160 mg/d).",

"AB":"Journal Article",

"FTURL":"2020",

"PM":"Click here for full text options",

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"UI":"2011352789",

"TI":"Development and validation of the INCREMENT-ESBL predictive score for mortality in patients with bloodstream infections due to extended-spectrum-beta-lactamase-producing Enterobacteriaceae.",

"SO":"Journal of Antimicrobial Chemotherapy. 72(3) (pp 906-913), 2017. Date of Publication: 01 Mar 2017.",

"AU":"Palacios-Baena Z.R.  
  
Gutierrez-Gutierrez B.  
  
De Cueto M.  
  
Viale P.  
  
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"IN":"(Palacios-Baena, Gutierrez-Gutierrez, De Cueto, Antonio Lepe, Pascual, Rodriguez-Bano) Unidad Clinica de Enfermedades Infecciosas, Microbiologia y Medicina Preventiva, Instituto de Biomedicina de Sevilla-IBiS, Hospitales Universitarios Virgen Macarena y Virgen Del Rocio, Seville, Spain  
  
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(Paterson) University of Queensland Centre for Clinical Research, Herston, Brisbane, Australia  
  
(Rodriguez-Bano) Departamento de Medicina, Universidad de Sevilla, Seville, Spain",

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"AB":"Background. Bloodstream infections (BSIs) due to ESBL-producing Enterobacteriaceae (ESBL-E) are frequent yet outcome prediction rules for clinical use have not been developed. The objective was to define and validate a predictive risk score for 30 day mortality. Methods. A multinational retrospective cohort study including consecutive episodes of BSI due to ESBL-E was performed cases were randomly assigned to a derivation cohort (DC) or a validation cohort (VC). The main outcome variable was all-cause 30 day mortality. A predictive score was developed using logistic regression coefficients for the DC, then tested in the VC. Results. The DC and VC included 622 and 328 episodes, respectively. The final multivariate logistic regression model for mortality in the DC included age >50 years (OR = 2.63 95% CI: 1.18-5.85 3 points), infection due to Klebsiella spp. (OR = 2.08 95% CI: 1.21-3.58 2 points), source other than urinary tract (OR = 3.6 95% CI: 2.02-6.44 3 points), fatal underlying disease (OR = 3.91 95% CI: 2.24-6.80 4 points), Pitt score >3 (OR = 3.04 95 CI: 1.69-5.47 3 points), severe sepsis or septic shock at presentation (OR = 4.8 95% CI: 2.72-8.46 4 points) and inappropriate early targeted therapy (OR = 2.47 95% CI: 1.58-4.63 2 points). The score showed an area under the receiver operating curve (AUROC) of 0.85 in the DC and 0.82 in the VC. Mortality rates for patients with scores of < 11 and >=11 were 5.6% and 45.9%, respectively, in the DC, and 5.4% and 34.8% in the VC. Conclusions. We developed and validated an easy-to-collect predictive scoring model for all-cause 30 day mortality useful for identifying patients at high and low risk of mortality. Copyright © 2016 The Author 2016. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved. For Permissions, please email: journals.permissions@oup.com.",

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"ORN":"50",

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"DB":"Ovid MEDLINE(R)",

"UI":"36092827",

"TI":"Excess Mortality Attributable to Hospital-Acquired Antimicrobial-Resistant Infections: A 2-Year Prospective Surveillance Study in Northeast Thailand.",

"SO":"Open Forum Infectious Diseases. 9(9):ofac305, 2022 Sep.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"MH":"Lim, Cherry ORCID: https://orcid.org/0000-0003-2555-6980  
  
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"DU":"Lim, Cherry  
  
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"OD":"Lim, Cherry. Mahidol Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.  
  
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Limmathurotsakul, Direk. Mahidol Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.  
  
Limmathurotsakul, Direk. Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom.  
  
Limmathurotsakul, Direk. Department of Tropical Hygiene, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.",

"AB":"antimicrobial resistance excess mortality hospital-acquired infection nosocomial infection",

"FTURL":"NOTNLM",

"PM":"Background: Quantifying the excess mortality attributable to antimicrobial-resistant (AMR) bacterial infections is important for assessing the potential benefit of preventive interventions and for prioritization of resources. However, there are few data from low- and middle-income countries.  
  
Methods: We conducted a 2-year prospective surveillance study to estimate the excess mortality attributable to AMR infections for all types of hospital-acquired infection (HAI), and included bacterial species that were both locally relevant and included in the World Health Organization priority list. Twenty-eight-day mortality was measured. Excess mortality and population attributable fraction (PAF) of mortality caused by AMR infections compared to antimicrobial-susceptible (AMS) infections, adjusted for predefined confounders, were calculated.  
  
Results: We enrolled 2043 patients with HAIs. The crude 28-day mortality of patients with AMR and AMS infections was 35.5% (491/1385) and 23.1% (152/658), respectively. After adjusting for prespecified confounders, the estimated excess mortality attributable to AMR infections was 7.7 (95% confidence interval [CI], 2.2-13.2) percentage points. This suggests that 106 (95% CI, 30-182) deaths among 1385 patients with AMR infections might have been prevented if all of the AMR infections in this study were AMS infections. The overall PAF was 16.3% (95% CI, 1.2%-29.1%). Among the bacteria under evaluation, carbapenem-resistant Acinetobacter baumannii was responsible for the largest number of excess deaths. Among all types of infection, urinary tract infections were associated with the highest number of excess deaths, followed by lower respiratory tract infections and bloodstream infections.  
  
Conclusions: Estimating and monitoring excess mortality attributable to AMR infections should be included in national action plans to prioritize targets of preventive interventions.  
  
Clinical Trials Registration: NCT03411538. Copyright © The Author(s) 2022. Published by Oxford University Press on behalf of Infectious Diseases Society of America.",

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"MV":"2022",

"TN":"Click here for full text options",

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"TI":"Cyclophosphamide's addition in relapsed/refractory multiple myeloma patients with biochemical progression during lenalidomide-dexamethasone treatment.",

"SO":"European Journal of Haematology. 2018 May 02",

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"DU":"Cesini, Laura. Department of Cellular Biotechnologies and Haematology, Sapienza University of Rome, Rome, Italy.  
  
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Petrucci, Maria Teresa. Department of Cellular Biotechnologies and Haematology, Sapienza University of Rome, Rome, Italy.",

"OD":"biochemical relapse cyclophosphamide dexamethasone, lenalidomide relapsed/refractory multiple myeloma",

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"FTURL":"OBJECTIVE: The aim of this study was to evaluate the addition of cyclophosphamide in relapsed-refractory multiple myeloma patients (RRMM) who experienced biochemical relapse or progression without CRAB, during treatment with lenalidomide and dexamethasone (Rd), to slow down the progression in active relapse.  
  
METHODS: This analysis included 31 patients with RRMM treated with Rd who received cyclophosphamide (CRd) at biochemical relapse. The CRd regimen was continued until disease progression.  
  
RESULTS: The median number of CRd cycles administered was 8 (range: 1-35). A response was observed in 9 (29%) patients. After a median observation time of 11 months, the median overall survival (OS) from the beginning of CRd was 17.7 months. The median progression-free survival (PFS) from the beginning of CRd was 13.1 months.  
  
CONCLUSION: The addition of cyclophosphamide delays the progression in patients who present a biochemical relapse during Rd treatment. The response rate and the duration of PFS obtained with minimal toxicities and low costs induced us to setting up a randomized clinical trial. Copyright © 2018 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.",

"PM":"Journal Article",

"DJ":"2018",

"MV":"Click here for full text options",

"TN":"Cesini, Laura ORCID: http://orcid.org/0000-0003-4805-9928",

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"TI":"Immunophenotypic profile defines cytogenetic stability and unveils distinct prognoses in patients with newly-diagnosed multiple myeloma (NDMM).",

"SO":"Annals of Hematology. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Shi L.  
  
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"AO":"An, Gang ORCID: https://orcid.org/0000-0003-4922-4614",

"IN":"(Shi, Yan, Xu, Li, Cui, Liu, Du, Yu, Zhang, Sui, Deng, Xu, Zou, Wang, Qiu, An) State Key Laboratory of Experimental Hematology, National Clinical Research Center for Blood Diseases, Haihe Laboratory of Cell Ecosystem, Institute of Hematology & Blood Diseases Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Tianjin 300020, China  
  
(Shi, Yan, Xu, Li, Cui, Liu, Du, Yu, Zhang, Sui, Deng, Xu, Zou, Wang, Qiu, An) Tianjin Institutes of Health Science, Tianjin 301600, China",

"PB":"Springer Science and Business Media Deutschland GmbH",

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"OD":"Prognostic significance of multiple immune antigens in multiple myeloma has been well established. However, a level of uncertainty remains regarding the intrinsic relationship between immunophenotypes and cytogenetic stability and precise risk stratification. To address these unresolved issues, we conducted a study involving 1389 patients enrolled in the National Longitudinal Cohort of Hematological Diseases in China (NCT04645199). Our results revealed that the correlation between antigen expression and cytogenetics is more prominent than cytopenia or organ dysfunction. Most immune antigens, apart from CD38, CD138, and CD81, exhibit significant associations with the incidence of at least one cytogenetic abnormality. In turn, we identified CD138-low/CD27-neg as specific adverse immunophenotypic profile, which remaining independent impact on progression-free survival (HR, 1.49 P = 0.007) and overall survival (HR, 1.77 P < 0.001) even in the context of cytogenetics. Importantly, CD138-low/CD27-neg profile was also associated with inferior survival after first relapse (P < 0.001). Moreover, the antigen expression profiles were not strictly similar when comparing diagnosis and relapse in particular, the CD138-low/CD27-neg pattern was notably increased after disease progression (19.1 to 29.1% P = 0.005). Overall, our study demonstrates that diverse immune profiles are strongly associated with cytogenetic stability, and a specific immunophenotype (CD138-low/CD27-neg) could effectively predict prognoses across different disease stages.Copyright © 2023, The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.",

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"TI":"Population-Based Characterization of the Pharmacokinetics and Food Effect of ANAVEX3-71, a Novel Sigma-1 Receptor and Allosteric M1 Muscarinic Receptor Agonist in Development for Treatment of Frontotemporal Dementia, Schizophrenia, and Alzheimer Disease.",

"SO":"Clinical Pharmacology in Drug Development. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Fadiran E.O.  
  
Hammond E.  
  
Tran J.  
  
Missling C.U.  
  
Ette E.",

"AO":"nan",

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elimination half-life  
  
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"FTURL":"Pharmacokinetic (PK) data from 28 subjects who received 5-200-mg single ascending doses of ANAVEX3-71, formerly AF710B, were analyzed to characterize the PK of ANAVEX3-71 and its M8 metabolite. PK data from 12 subjects who received 160 mg ANAVEX3-71 under fed and fasted conditions were analyzed to characterize the effect of food on the PK of the drug and its M8 metabolite. PK was characterized using the standard 2-stage approach and the nonlinear mixed-effects modeling approach. Dose proportionality was determined using the power model. Two- and 3-compartment linear PK models were tested for the characterization of the PK of ANAVEX3-71 and its M8 metabolite. The PK of ANAVEX3-71 is linear, dose proportional, and time invariant. The drug is rapidly eliminated with a mean (standard deviation) apparent terminal elimination half-life of 3.56 (4.09) hours, while the M8 metabolite was eliminated with a mean (standard deviation) apparent terminal elimination half-life of 6.59 (1.64) hours. The population PK model was used to investigate the effects of covariates on the PK of ANAVEX3-71 and M8. Age, weight, and creatinine clearance were not explanatory of the variability in apparent clearance and apparent volume of the central compartment of ANAVEX3-71. Food had no effect on the PK of ANAVEX3-71 and its M8 metabolite.Copyright © 2023, The American College of Clinical Pharmacology.",

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"DB":"Ovid MEDLINE(R)",

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"TI":"The Adverse Effects and Nonmedical Use of Methylphenidate Before and After the Outbreak of COVID-19: Machine Learning Analysis.",

"SO":"Journal of Medical Internet Research. 25:e45146, 2023 08 16.",

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Yuniar CT  
  
Oh S  
  
Purja S  
  
Park S  
  
Lee H  
  
Kim E",

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Yuniar, Cindra Tri ORCID: https://orcid.org/0000-0001-5972-217X  
  
Oh, SuA ORCID: https://orcid.org/0000-0001-5682-4066  
  
Purja, Sujata ORCID: https://orcid.org/0000-0001-6507-915X  
  
Park, Sera ORCID: https://orcid.org/0009-0009-7204-3337  
  
Lee, Haeun ORCID: https://orcid.org/0009-0006-8713-6016  
  
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"OD":"Shin, Hocheol. Evidence-Based Clinical Research Laboratory, Department of Health Science and Clinical Pharmacy, Chung-Ang University, Seoul, Republic of Korea.  
  
Yuniar, Cindra Tri. Department of Pharmacology and Clinical Pharmacy, School of Pharmacy, Institut Teknologi Bandung, Bandung, Indonesia.  
  
Oh, SuA. Evidence-Based Clinical Research Laboratory, Department of Health Science and Clinical Pharmacy, Chung-Ang University, Seoul, Republic of Korea.  
  
Purja, Sujata. Evidence-Based Clinical Research Laboratory, Department of Health Science and Clinical Pharmacy, Chung-Ang University, Seoul, Republic of Korea.  
  
Park, Sera. Evidence-Based Clinical Research Laboratory, Department of Health Science and Clinical Pharmacy, Chung-Ang University, Seoul, Republic of Korea.  
  
Lee, Haeun. Evidence-Based Clinical Research Laboratory, Department of Health Science and Clinical Pharmacy, Chung-Ang University, Seoul, Republic of Korea.  
  
Kim, Eunyoung. Evidence-Based Clinical Research Laboratory, Department of Health Science and Clinical Pharmacy, Chung-Ang University, Seoul, Republic of Korea.  
  
Kim, Eunyoung. Regulatory Science Pharmacy, College of Pharmacy, Chung-Ang University, Seoul, Republic of Korea.",

"AB":"Humans  
  
Methylphenidate/ae [Adverse Effects]  
  
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\*Drug-Related Side Effects and Adverse Reactions  
  
Disease Outbreaks  
  
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"DJ":"BACKGROUND: Methylphenidate is an effective first-line treatment for attention-deficit/hyperactivity disorder (ADHD). However, many adverse effects of methylphenidate have been recorded from randomized clinical trials and patient-reported outcomes, but it is difficult to determine abuse from them. In the context of COVID-19, it is important to determine how drug use evaluation, as well as misuse of drugs, have been affected by the pandemic. As people share their reasons for using medication, patient sentiments, and the effects of medicine on social networking services (SNSs), the application of machine learning and SNS data can be a method to overcome the limitations. Proper machine learning models could be evaluated to validate the effects of the COVID-19 pandemic on drug use.  
  
OBJECTIVE: To analyze the effect of the COVID-19 pandemic on the use of methylphenidate, this study analyzed the adverse effects and nonmedical use of methylphenidate and evaluated the change in frequency of nonmedical use based on SNS data before and after the outbreak of COVID-19. Moreover, the performance of 4 machine learning models for classifying methylphenidate use based on SNS data was compared.  
  
METHODS: In this cross-sectional study, SNS data on methylphenidate from Twitter, Facebook, and Instagram from January 2019 to December 2020 were collected. The frequency of adverse effects, nonmedical use, and drug use before and after the COVID-19 pandemic were compared and analyzed. Interrupted time series analysis about the frequency and trends of nonmedical use of methylphenidate was conducted for 24 months from January 2019 to December 2020. Using the labeled training data set and features, the following 4 machine learning models were built using the data, and their performance was evaluated using F-1 scores: naive Bayes classifier, random forest, support vector machine, and long short-term memory.  
  
RESULTS: This study collected 146,352 data points and detected that 4.3% (6340/146,352) were firsthand experience data. Psychiatric problems (521/1683, 31%) had the highest frequency among the adverse effects. The highest frequency of nonmedical use was for studies or work (741/2016, 36.8%). While the frequency of nonmedical use before and after the outbreak of COVID-19 has been similar (odds ratio [OR] 1.02 95% CI 0.91-1.15), its trend has changed significantly due to the pandemic (95% CI 2.36-22.20). Among the machine learning models, RF had the highest performance of 0.75.  
  
CONCLUSIONS: The trend of nonmedical use of methylphenidate has changed significantly due to the COVID-19 pandemic. Among the machine learning models using SNS data to analyze the adverse effects and nonmedical use of methylphenidate, the random forest model had the highest performance. Copyright ©Hocheol Shin, Cindra Tri Yuniar, SuA Oh, Sujata Purja, Sera Park, Haeun Lee, Eunyoung Kim. Originally published in the Journal of Medical Internet Research (https://www.jmir.org), 16.08.2023.",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
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"TN":"Journal Article  
  
Research Support, Non-U.S. Gov't",

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"UI":"634082279",

"TI":"Multi-omics analyses of cognitive traits and psychiatric disorders highlights brain-dependent mechanisms.",

"SO":"Human molecular genetics. (no pagination), 2021. Date of Publication: 22 Jan 2021.",

"AU":"Korologou-Linden R.  
  
Leyden G.M.  
  
Relton C.L.  
  
Richmond R.C.  
  
Richardson T.G.",

"AO":"(Korologou-Linden, Leyden, Relton, Richmond, Richardson) MRC Integrative Epidemiology Unit at the University of Bristol, University of Bristol, Oakfield House ,Oakfield Grove, Bristol BS8 2BN, United Kingdom  
  
(Korologou-Linden, Leyden, Relton, Richmond, Richardson) Population Health Sciences, Bristol Medical School, University of Bristol, Oakfield House ,Oakfield Grove, Bristol BS8 2BN, United Kingdom  
  
(Leyden) Bristol Medical School: Translational Health Sciences, Dorothy Hodgkin Building, University of Bristol, Bristol BS1 3NY, United Kingdom",

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article  
  
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"OD":"Integrating findings from genome-wide association studies with molecular datasets can develop insight into the underlying functional mechanisms responsible for trait-associated genetic variants. We have applied the principles of Mendelian randomization (MR) to investigate whether brain-derived gene expression (n=1194) may be responsible for mediating the effect of genetic variants on eight cognitive and psychological outcomes (attention deficit hyperactivity disorder (ADHD), Alzheimer's disease, bipolar disorder, depression, intelligence, insomnia, neuroticism and schizophrenia). Transcriptome-wide analyses identified 83 genes associated with at least one outcome (PBonferroni<6.72x10-6), with multiple-trait colocalization also implicating changes to brain-derived DNA methylation at nine of these loci. Comparing effects between outcomes identified evidence of enrichment which may reflect putative causal relationships, such as an inverse relationship between genetic liability towards schizophrenia risk and cognitive ability in later life. Repeating these analyses in whole blood (n=31684), we replicated 58.2% of brain-derived effects (based on P<0.05). Finally, we undertook phenome-wide evaluations at associated loci to investigate pleiotropic effects with 700 complex traits. This highlighted pleiotropic loci such as FURIN (initially implicated in schizophrenia risk (P=1.05x10-7)) which had evidence of an effect on 28 other outcomes, as well as genes which may have a more specific role in disease pathogenesis (e.g. SLC12A5 which only provided evidence of an effect on depression (P=7.13x10-10)). Our results support the utility of whole blood as a valuable proxy for informing initial target identification but also suggest that gene discovery in a tissue-specific manner may be more informative. Finally, non-pleiotropic loci highlighted by our study may be of use for therapeutic translational endeavours.Copyright © The Author(s) 2021. Published by Oxford University Press.",

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"UI":"32054559",

"TI":"Post hoc analysis of a randomised, placebo-controlled, active-reference 6-week study of brexpiprazole in acute schizophrenia.",

"SO":"Acta Neuropsychiatrica. :1-6, 2020 Feb 14",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Marder SR  
  
Eriksson H  
  
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Hobart M",

"MH":"Marder, Stephen R  
  
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Hobart, Mary",

"DU":"Marder, Stephen R. Semel Institute for Neuroscience, University of California Los Angeles, Los Angeles, CA, USA.  
  
Eriksson, Hans. H. Lundbeck A/S, Valby, Denmark.  
  
Zhao, Yudong. H. Lundbeck A/S, Valby, Denmark.  
  
Hobart, Mary. Otsuka Pharmaceutical Development & Commercialization, Inc., Princeton, NJ, USA.",

"OD":"OBJECTIVE: We provide a closer look at the result of a randomised, placebo-controlled, active-reference (quetiapine XR), flexible-dose, 6-week study of brexpiprazole in schizophrenia, which did not meet its primary endpoint - change from baseline in Positive and Negative Syndrome Scale (PANSS) total score. We also investigate potential expectancy bias from the well-known side-effect profile of the active reference that could have affected the study outcome.  
  
METHODS: Pre-specified sensitivity analyses of the primary end point were performed using analysis of covariance (ANCOVA) last observation carried forward (LOCF) and observed cases (OC). Post hoc analyses of change from baseline in PANSS total score were performed using the mixed model for repeated measures approach with treatment groups split by having typical adverse events with potential for functional unblinding, for example, somnolence, increase in weight, dizziness, dry mouth and sedation.  
  
RESULTS: Pre-specified sensitivity analyses showed separation from placebo for brexpiprazole at week 6: LOCF, ANCOVA: -4.3 [95% CI (-8.0, -0.5), p = 0.0254]. OC, ANCOVA: -3.9 [95% CI (-7.3, -0.5), p = 0.0260]. Patients treated with brexpiprazole experiencing typical adverse events with potential for functional unblinding before or at Week 2 had a least square (LS) mean PANSS change of -29.5 (improvement), with a difference in change from baseline to Week 6 in PANSS total score between brexpiprazole and placebo of -13.5 [95% CI (-23.1, -4.0), p = 0.0057], and those who did not had an LS mean change of -18.9 and a difference between brexpiprazole and placebo of -2.9 [95% CI (-7.2, 1.4), p = 0.1809].  
  
CONCLUSION: Pre-specified sensitivity analyses showed separation from placebo for brexpiprazole at Week 6. A post hoc analysis suggested a potential confounding of efficacy rating towards symptom improvement in patients who experience known side effects of quetiapine XR.",

"AB":"Journal Article",

"FTURL":"2020",

"PM":"Click here for full text options",

"DJ":"antipsychotic clinical trials schizophrenia",

"MV":"NOTNLM",

"TN":"Marder, Stephen R ORCID: https://orcid.org/0000-0003-0288-309X",

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"UI":"619272063",

"TI":"In vitro activity of neomycin, streptomycin, paromomycin and apramycin against carbapenem-resistant Enterobacteriaceae clinical strains.",

"SO":"Frontiers in Microbiology. 8(NOV) (no pagination), 2017. Article Number: 2275. Date of Publication: 17 Nov 2017.",

"AU":"Hu Y.  
  
Liu L.  
  
Zhang X.  
  
Feng Y.  
  
Zong Z.",

"AO":"nan",

"IN":"(Hu, Liu, Zhang, Feng, Zong) Center of Infectious Diseases, West China Hospital, Sichuan University, Chengdu, China  
  
(Hu, Liu, Zhang, Feng, Zong) Division of Infectious Diseases, State Key Laboratory of Biotherapy, Chengdu, China  
  
(Zong) Department of Infection Control, West China Hospital, Sichuan University, Chengdu, China  
  
(Zong) Center for Pathogen Research, West China Hospital, Sichuan University, Chengdu, China",

"PB":"Frontiers Media S.A. (E-mail: info@frontiersin.org)",

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"AB":"We determined the in vitro susceptibility of four aminoglycosides, which are not of the 4,6-disubstituted deoxystreptamine (DOS) subclass against a collection of carbapenem-resistant Enterobacteriaceae (CRE). CRE clinical strains (n = 134) were collected from multiple hospitals in China and carried blaNDM (blaNDM-1, blaNDM-5 or blaNDM-7 n = 66), blaKPC-2 (n = 62) or blaIMP-4 (n = 7 including one carrying blaNDM-1 and blaIMP-4). MICs of neomycin, paromomycin, streptomycin and apramycin as well as three 4,6-disubstituted DOS aminoglycosides (amikacin, gentamicin and tobramycin) were determined using the broth microdilution with breakpoints defined by the Clinical Laboratory Standards Institute (for amikacin, gentamicin and tobramycin), US Food and Drug Administration (streptomycin), the National Antimicrobial Resistance Monitoring System (apramycin) or la Societe Francaise de Microbiologie (neomycin and paromomycin). Apramycin-resistant strains were subjected to whole genome sequencing using Illumina X10 platform. Among CRE strains, 65.7, 64.9, 79.1, and 95.5% were susceptible to neomycin (MIC50/MIC90, 8/256 mug/ml), paromomycin (4/> 256 mug/ml), streptomycin (16/256 mug/ml) and apramycin (4/8 mug/ml), respectively, while only 55.2, 28.4, and 35.1% were susceptible to amikacin (32/> 256 mug/ml), gentamicin (128/> 256 mug/ml) and tobramycin (64/> 256 mug/ml), respectively. Six CRE strains including five Escherichia coli of different sequence types and one Klebsiella pneumoniae were resistant to apramycin and the apramycin-resistant gene aac(3)-IVa was detected in all of these strains. In conclusion, neomycin, paromomycin, streptomycin and apramycin retain activity against most CRE strains. Although none of these non-4,6-disubstituted DOS aminoglycosides are suitable for intravenous use in human at present, these agents warrant further investigations to be used against CRE infections.Copyright © 2017 Hu, Liu, Zhang, Feng and Zong.",

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"UniqueID":"402",

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"Database":"Medline",

"ORN":"51",

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"UI":"35924047",

"TI":"Model-Informed Drug Development of New Cefoperazone Sodium and Sulbactam Sodium Combination (3:1): Pharmacokinetic/Pharmacodynamic Analysis and Antibacterial Efficacy Against Enterobacteriaceae.",

"SO":"Frontiers in Pharmacology. 13:856792, 2022.",

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Xiang, Xiao-Qiang  
  
Cui, Yi-Min  
  
Zheng, Bo",

"OD":"Ji, Xi-Wei. Institute of Clinical Pharmacology, Peking University First Hospital, Beijing, China.  
  
Zhu, Xiao. Department of Clinical Pharmacy and Pharmacy Administration, School of Pharmacy, Fudan University, Shanghai, China.  
  
Li, Yun. Institute of Clinical Pharmacology, Peking University First Hospital, Beijing, China.  
  
Xue, Feng. Institute of Clinical Pharmacology, Peking University First Hospital, Beijing, China.  
  
Kuan, Isabelle Hui San. Certara, Princeton, NJ, United States.  
  
Kuan, Isabelle Hui San. Monash Institute of Pharmaceutical Sciences, Monash University, Melbourne, VIC, Australia.  
  
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"AB":"ESBLs Monte Carlo simulation PK/PD analysis cefoperazone/sulbactam enterobacteriaceae model-informed drug development",

"FTURL":"NOTNLM",

"PM":"Objective: Cefoperazone/sulbactam is a commonly used antibiotic combination against the extended-spectrum beta-lactamases (ESBLs)-producing bacteria. The objective of this study was to evaluate the efficacy of a new cefoperazone/sulbactam combination (3:1) for Enterobacteriaceae infection via model-informed drug development (MIDD) approaches. Methods: Sulperazon [cefoperazone/sulbactam (2:1)] was used as a control. Pharmacokinetic (PK) data was collected from a clinical phase I trial. Minimum inhibitory concentrations (MICs) were determined using two-fold broth microdilution method. The percent time that the free drug concentration exceeded the minimum inhibitory concentration (%fT>MIC) was used as the pharmacokinetic/pharmacodynamic indicator correlated with efficacy. Models were developed to characterize the PK profile of cefoperazone and sulbactam. Monte Carlo simulations were employed to determine the investigational regimens of cefoperazone/sulbactam (3:1) for the treatment of infections caused by Enterobacteriaceae based on the probability of target attainment (PTA) against the tested bacteria. Results: Two 2-compartment models were developed to describe the PK profiles of cefoperazone and sulbactam. Simulation results following the single-dose showed that the regimens of cefoperazone/sulbactam combinations in the ratios of 3:1 and 2:1 achieved similar PTA against the tested bacteria. Simulation results from the multiple-dose showed that the dosing regimen of cefoperazone/sulbactam (4 g, TID, 3 g:1 g) showed slightly better antibacterial effect than cefoperazone/sulbactam (6 g, BID, 4 g:2 g) against the Escherichia coli (ESBL-) and Klebsiella pneumoniae (ESBL-). For the other tested bacteria, the above regimens achieved a similar PTA. Conclusions: Cefoperazone/sulbactam (3:1) showed similar bactericidal activity to sulperazon [cefoperazone/sulbactam (2:1)] against the tested bacteria. For the ESBL-producing and cefoperazone-resistant E. coli and K. pneumoniae, Cefoperazone/sulbactam (3:1) did not exhibit advantage as anticipated. Our study indicated that further clinical trials should be carried out cautiously to avoid the potential risks of not achieving the expected target. Copyright © 2022 Ji, Zhu, Li, Xue, Kuan, He, Meng, Xiang, Cui and Zheng.",

"DJ":"Journal Article",

"MV":"2022",

"TN":"Click here for full text options",

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"Unnamed: 24":"nan",

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"If RCT or not":"No",

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"Database":"Medline",

"ORN":"51",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"29676004",

"TI":"Rapidly changing myeloma epidemiology in the general population: Increased incidence, older patients, and longer survival. [Review]",

"SO":"European Journal of Haematology. 2018 Apr 20",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Turesson I  
  
Bjorkholm M  
  
Blimark CH  
  
Kristinsson S  
  
Velez R  
  
Landgren O",

"MH":"Turesson, Ingemar  
  
Bjorkholm, Magnus  
  
Blimark, Cecilie Hveding  
  
Kristinsson, Sigurdur  
  
Velez, Ramon  
  
Landgren, Ola",

"DU":"Turesson, Ingemar. Department of Haematology, Skane University Hospital, Malmo, Sweden.  
  
Bjorkholm, Magnus. Department of Medicine, Division of Hematology, Karolinska University Hospital and Karolinska Institutet, Stockholm, Sweden.  
  
Blimark, Cecilie Hveding. Department of Hematology, Sahlgrenska University Hospital and Institution of Internal Medicine, Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden.  
  
Kristinsson, Sigurdur. Department of Medicine, University of Iceland, Reykjavik, Iceland.  
  
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Landgren, Ola. Myeloma Service, Division of Hematologic Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY, USA.",

"OD":"incidence multiple myeloma overall survival prevalence trends",

"AB":"NOTNLM",

"FTURL":"The incidence of multiple myeloma is characterized by a steep increase with advancing age. Dramatic improvements in survival have been reported in clinical trials however, elderly patients are generally underrepresented in these. The aims of this study are to review patterns of incidence and survival in multiple myeloma in the general population. We searched PubMed for population-based studies on trends in incidence and survival published between January 1, 2000 and June 30, 2017 and based on regional or national cancer registries and report the following results of the review. The age-adjusted incidence of multiple myeloma has increased during the second half of the twentieth century in some countries but remained stable in areas with high case ascertainment and access to universal medical care. The crude incidence is increasing globally due to an aging population. Survival rates have improved, and 5-year relative survival rates are now around 50% and over 60% in patients 65-70 years or younger. Preliminary data suggest a 3-fold increase in the prevalence of multiple myeloma. We conclude that the number of multiple myeloma patients is increasing in the general population due to (i) aging populations and (ii) more patients living longer due to modern drugs. Copyright © 2018 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.",

"PM":"Journal Article  
  
Review",

"DJ":"2018",

"MV":"Click here for full text options",

"TN":"Turesson, Ingemar ORCID: http://orcid.org/0000-0002-4115-8010",

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"DB":"Embase",

"UI":"642883834",

"TI":"Recovery of uninvolved heavy/light chain pair immunoparesis in newly diagnosed transplant-eligible myeloma patients complements the prognostic value of minimal residual disease detection.",

"SO":"Haematologica. (no pagination), 2023. Date of Publication: 30 Nov 2023.",

"AU":"Lakhwani S.  
  
Rosinol L.  
  
Puig N.  
  
Pico-Picos M.-A.  
  
Medina-Gonzalez L.  
  
Martinez-Lopez J.  
  
Paiva B.  
  
Cedena M.-T.  
  
Oriol A.  
  
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"AO":"nan",

"IN":"(Lakhwani, Hernandez) Hospital Universitario de Canarias, Universidad de La Laguna, Tenerife, Colombia  
  
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(Palomera) Hospital Clinico Universitario Lozano Blesa, Zaragoza, Mexico  
  
(Sampol) Hospital Universitario Son Espases, Palma de Mallorca, Spain  
  
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(De La Cruz, Lahuerta) Instituto de Investigacion Sanitaria, Hospital Universitario 12 De Octubre, Madrid, Spain",

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\*minimal residual disease  
  
multiple myeloma  
  
\*myeloma  
  
phase 3 clinical trial  
  
progression free survival",

"OD":"Immunoparesis (IP) in multiple myeloma (MM) patients can be measured by classic assessment of immunoglobulin (Ig) levels or by analysis of the uninvolved heavy/light chain pair of the same immunoglobulin (uHLC) by the Hevylite assay. In this study we evaluate the prognostic value of recovery from IP measured by classic total Ig and uHLC assessment in newly diagnosed MM transplant-eligible (NDMM-TE) patients with intensive treatment and its association with Minimal Residual Disease (MRD). Patients were enrolled and treated in the PETHEMA/GEM2012MENOS65 trial and continued in the PETHEMA/GEM2014MAIN trial. Total Ig (IgG, IgA and IgM) and uHLC were analyzed in a central laboratory at diagnosis, after consolidation treatment and after the first year of maintenance. MRD was analyzed by next generation flow cytometry after consolidation (sensitivity level 2x10-6). We found no differences in progression free survival (PFS) between patients who recovered and patients who didn't recover from IP after consolidation when examining classic total Ig and uHLC. However, after the first year of maintenance, in contrast to patients with classic IP, patients with recovery from uHLC IP had longer PFS than patients without recovery, with hazard ratio of 0.42 (CI95% 0.21-0.81 p=0.008). Multivariate analysis with Cox proportional-hazards regression models confirmed recovery from uHLC IP after the first year of maintenance as an independent prognostic factor for PFS, with an increase in C-statistic of 0.05 (-0.04-0.14 p<0.001) when adding uHLC IP recovery. Moreover, we observed that MRD status and uHLC IP recovery affords complementary information for risk stratification. In conclusion, recovery from uHLC IP after one year of maintenance is an independent prognostic factor for PFS in NDMM-TE patients who receive intensive treatment. Immune reconstitution, measured as recovery from uHLC IP, provides complementary prognostic information to MRD assessment.",

"AB":"Click here for full text options",

"FTURL":"\*biological marker  
  
immunoglobulin G  
  
immunoglobulin M",

"PM":"nan",

"DJ":"nan",

"MV":"38031761 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38031761]",

"TN":"nan",

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"UniqueID":"405",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"51",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026749223",

"TI":"Network-level mechanisms underlying effects of transcranial direct current stimulation (tDCS) on visuomotor learning in schizophrenia.",

"SO":"Translational Psychiatry. 13(1) (no pagination), 2023. Article Number: 360. Date of Publication: December 2023.",

"AU":"Sehatpour P.  
  
Kreither J.  
  
Lopez-Calderon J.  
  
Shastry A.M.  
  
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Martinez A.  
  
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"AO":"Sehatpour, Pejman ORCID: https://orcid.org/0000-0002-9612-853X  
  
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"IN":"(Sehatpour, Shastry, De Baun, Martinez, Javitt) Division of Experimental Therapeutics, Columbia University Irving Medical Center, New York, NY, United States  
  
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"PB":"Springer Nature",

"MH":"adult  
  
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\*motor learning  
  
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\*schizophrenia/th [Therapy]  
  
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clozapine/dt [Drug Therapy]  
  
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"DU":"Brainvision Brainamp MR Plus amplifier system [device term]  
  
NeuroConn DC-Stimulator MR [device term]",

"OD":"aripiprazole / drug therapy  
  
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"AB":"adult  
  
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controlled study  
  
crossover procedure  
  
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electroencephalogram  
  
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\*motor learning  
  
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\*transcranial direct current stimulation  
  
visual cortex  
  
working memory",

"FTURL":"Motor learning is a fundamental skill to our daily lives. Dysfunction in motor performance in schizophrenia (Sz) has been associated with poor social and functional outcomes. Transcranial direct current stimulation (tDCS), a non-invasive electrical brain stimulation approach, can influence underlying brain function with potential for improving motor learning in Sz. We used a well-established Serial Reaction Time Task (SRTT) to study motor learning, in combination with simultaneous tDCS and EEG recording, to investigate mechanisms of motor and procedural learning deficits in Sz, and to develop refined non-invasive brain stimulation approaches to improve neurocognitive dysfunction. We recruited 27 individuals with Sz and 21 healthy controls (HC). Individuals performed the SRTT task as they received sham and active tDCS with simultaneous EEG recording. Reaction time (RT), neuropsychological, and measures of global functioning were assessed. SRTT performance was significantly impaired in Sz and showed significant correlations with motor-related and working memory measures as well as global function. Source-space time-frequency decomposition of EEG showed beta-band coherence across supplementary-motor, primary-motor and visual cortex forming a network involved in SRTT performance. Motor-cathodal and visual-cathodal stimulations resulted in significant modulation in coherence particularly across the motor-visual nodes of the network accompanied by significant improvement in motor learning in both controls and patients. Here, we confirm earlier reports of SRTT impairment in Sz and demonstrate significant reversal of the deficits with tDCS. The findings support continued development of tDCS for enhancement of plasticity-based interventions in Sz, as well as source-space EEG analytic approaches for evaluating underlying neural mechanisms.Copyright © 2023, The Author(s).",

"PM":"Click here for full text options",

"DJ":"37993420 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37993420]",

"MV":"electroencephalograph  
  
electroencephalograph electrode  
  
transcranial direct current stimulator",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

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"Disease area":"ADHD",

"Database":"Medline",

"ORN":"51",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37624418",

"TI":"Cognitive control enhancement in attention deficit hyperactivity disorder (ADHD) and neurotypical individuals.",

"SO":"Experimental Brain Research. 241(9):2381-2392, 2023 Sep.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Weinberg H  
  
Baruch Y  
  
Tzameret H  
  
Lavidor M",

"MH":"Lavidor, Michal ORCID: http://orcid.org/0000-0003-3965-0257",

"DU":"Weinberg, Hodaya  
  
Baruch, Yuval  
  
Tzameret, Hila  
  
Lavidor, Michal",

"OD":"Weinberg, Hodaya. The Gonda Brain Research Center and Psychology Department, Bar Ilan University, Ramat Gan, Israel.  
  
Baruch, Yuval. The Gonda Brain Research Center and Psychology Department, Bar Ilan University, Ramat Gan, Israel.  
  
Tzameret, Hila. The Gonda Brain Research Center and Psychology Department, Bar Ilan University, Ramat Gan, Israel.  
  
Lavidor, Michal. The Gonda Brain Research Center and Psychology Department, Bar Ilan University, Ramat Gan, Israel. Michal.lavidor@gmail.com.",

"AB":"Humans  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
\*Transcranial Direct Current Stimulation  
  
Electrodes  
  
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"FTURL":"ADHD Cognitive control rIFG tDCS",

"PM":"NOTNLM",

"DJ":"Cognitive control, which has been localized to the right inferior frontal gyrus (rIFG) based on functional imaging and brain lesion studies, is impaired in patients with ADHD. The present study aims to investigate whether transcranial direct current stimulation (tDCS) over the rIFG might improve cognitive control in ADHD subjects. We hypothesized poorer performance in a cognitive control task, but not in a control language task, in the ADHD subjects. Crucially, following tDCS, we expected the ADHD group to improve their cognitive control. In a double-blind randomized control trial, 42 participants performed the stop signal task (SST) to index their cognitive control level and the language task. Half of them were randomly assigned to the anodal stimulation condition and half to the sham stimulation. The anodal or sham stimulation was applied over the right IFG. Following the stimulation, the participants reset the two tasks to see whether stimulation improved the (predicted) weaker performance in the ADHD group. Stimulation significantly enhanced cognitive control for both groups, with or without ADHD, in the SST task, but no significant stimulation effects were found for the control task. tDCS seems as a promising tool to improve cognitive control in the general population. Copyright © 2023. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

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"UI":"2020351730",

"TI":"Sex Differences in the Longitudinal Course and Outcome of Bipolar Disorder in Youth.",

"SO":"Journal of Clinical Psychiatry. 81(6) (no pagination), 2020. Article Number: 19M13159. Date of Publication: November 2020.",

"AU":"Mitchell R.H.B.  
  
Hower H.  
  
Birmaher B.  
  
Strober M.  
  
Merranko J.  
  
Rooks B.  
  
Goldstein T.R.  
  
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Dickstein D.P.  
  
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Gill M.K.  
  
Axelson D.  
  
Keller M.B.  
  
Yen S.  
  
Goldstein B.I.",

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(Keller) Butler Hospital, Providence, RI, United States  
  
(Yen) Massachusetts Mental Health Center, The Department of Psychiatry, Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, MA, United States",

"IN":"Physicians Postgraduate Press Inc.",

"PB":"adult  
  
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"OD":"Objective: Despite substantial literature on sex differences in adults with bipolar disorder (BD), little is known about this topic in youth this study examines sex differences in mood symptomatology and psychiatric comorbidity in prospectively followed youth with BD. Method(s): A subsample of the Course and Outcome of Bipolar Youth study (N = 370 female n = 199, male n = 171) enrolled October 2000-July 2006 (age at intake = 7-17.11 years) who met DSM-IV criteria for bipolar I disorder (BD-I n = 221), bipolar II disorder (BD-II n = 26), or operationalized BD not otherwise specified (BD-NOS n = 123) with >= 4 years follow-up was included. Analyses examined sex differences at intake and, prospectively, in mood symptomatology and psychiatric comorbidity for a mean +/- SD follow-up of 10.5 +/- 1.72 years. Result(s): Females were older than males at intake (mean +/- SD age = 13.33 +/- 3.32 vs 12.04 +/- 3.16 years P = .0002) and at age at mood onset (9.33 +/- 4.22 vs 7.53 +/- 3.74 years P < .0001). After adjustment for confounders, males spent more time with syndromal ADHD (Padjusted = .001) and females spent more time with syndromal anxiety (Padjusted = .02). There were trends toward males spending more time with substance use disorder and females having more non-suicidal self-injurious behavior (Padjusted = .07 and.09, respectively). There were no sex differences on outcome variables, including rate of or time to recovery and recurrence. Conclusion(s): Contrasting with adult literature, this study identified minimal sex differences in the course of youth with BD. Longer-term studies are needed to clarify if youth-onset BD remains a sex neutral subtype of BD or diverges according to sex in adulthood.© Copyright 2020 Physicians Postgraduate Press, Inc.",

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"OD":"BACKGROUND: In a previous trial we reported that the neuroprotective, anti-inflammatory antibiotic minocycline lessened the negative symptoms of schizophrenia compared with placebo over 1 year. The BeneMin study aimed to replicate this benefit and to determine whether or not there was associated preservation of grey matter, reduction in circulating inflammatory cytokines and enhancement of cognition.  
  
OBJECTIVES: To determine the efficacy of minocycline on the negative symptoms of schizophrenia and the mechanistic role of neuroprotective, anti-inflammatory and cognitive enhancing actions.  
  
METHODS: Two hundred and seven patients with a current research diagnosis of schizophrenia within 5 years of onset were randomised by a permuted blocks algorithm to minocycline (300 mg/day) or matching placebo as an adjunct to their continuing treatment. The primary efficacy outcome variable was the negative symptom subscale score from the Positive and Negative Syndrome Scales at 2, 6, 9 and 12 months. The primary mechanistic (biomarker) variables were (1) medial prefrontal grey matter volume (GMV), (2) circulating cytokine interleukin (IL) 6 concentration and (3) dorsolateral prefrontal cortex functional magnetic resonance imaging (fMRI) activations during performance of the N-back task. Movement disorder, side effects and treatment adherence were monitored throughout the study.  
  
RESULTS: Compared with placebo, the addition of minocycline had no effect on the severity of negative symptoms [treatment effect difference -0.186, 95% confidence interval (CI) -1.225 to 0.854] across the 2-, 6-, 9- and 12-month follow-up visits. None of the mechanistic biomarkers was influenced by minocycline: left GMV -91.2 (95% CI -303.8 to 121.4), IL-6 0.072 (95% CI -0.118 to 0.262) and N-back fMRI 0.66 (95% CI -1.53 to 0.20). There were no statistically significant treatment effects on any of the secondary outcomes and no group differences at baseline. Most measures were stable over the 12 months. Twenty-five out of the 29 serious adverse events were hospital admission for worsening psychiatric state, which affected 10 minocycline-treated participants and six placebo-treated participants.  
  
MAIN OUTCOME MEASURES: The addition of minocycline to standard treatment had no benefit on the symptoms of schizophrenia in this early phase sample. There was no evidence of a progressive neuropathic or inflammatory process affecting GMV.  
  
LIMITATIONS: Although recruitment to target was achieved on time, only 43% (n = 89) of the 207 randomised patients completed 12 months of the study. However, 83% of those who started treatment remained on it and were assessed over 6 months. By contrast, no follow-up data were available for the cognitive and imaging markers in those who dropped out before the final 12-month assessments, and this reduced the power to detect treatment effects on these mechanistic variables. Patients were not selected for the presence of negative symptoms, and their initial overall psychopathology was, at most, moderate and, therefore, less likely to show treatment effects.  
  
CONCLUSIONS: The results of the study do not support the use of adjunctive minocycline for the treatment of negative or other symptoms of schizophrenia within 2-5 years of onset. More secure evidence of central inflammation is needed before further trials are conducted at other stages of psychosis.  
  
TRIAL REGISTRATION: Current Controlled Trials ISRCTN49141214.  
  
FUNDING: This project was funded by the Efficacy and Mechanism Evaluation (EME) programme, a Medical Research Council (MRC) and National Institute for Health Research partnership. The study was sponsored by Greater Manchester Mental Health NHS Foundation Trust and supported by the UK Clinical Research Network. Copyright © Queen's Printer and Controller of HMSO 2019. This work was produced by Deakin et al. under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.",

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"TI":"A propensity score-matched analysis of the impact of minimum inhibitory concentration on mortality in patients with Pseudomonas aeruginosa bacteremia treated with cefepime or ceftazidime.",

"SO":"Diagnostic Microbiology and Infectious Disease. (no pagination), 2017. Date of Publication: October 10, 2016.",

"AU":"Ratliff A.R.  
  
Gentry C.A.  
  
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"IN":"(Ratliff) Critical Care Clinical Pharmacy, Oklahoma City VA Medical Center, Pharmacy Service (119), 921 NE 13th Street, Oklahoma City, OK 73104, USA  
  
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"AB":"The United States Clinical and Laboratory Standards Institute recently elected not to revise ceftazidime and cefepime Pseudomonas aeruginosa minimum inhibitory concentration (MIC) susceptibility breakpoints but rather recommended specific dosage regimens to correspond to breakpoints. This study's objective was to examine mortality of low and high MIC P. aeruginosa isolates in bacteremic patients treated with cefepime or ceftazidime. Data were gathered through a Veterans Health Administration national administrative database for veterans with P. aeruginosa blood cultures who received cefepime or ceftazidime. Seventy-four patients in the low MIC (<=2 mug/mL) group and 29 patients in the high (4-8 mug/mL) MIC group were included. Independent baseline variables associated with 30-day all-cause mortality were determined through multivariate analysis to calculate propensity scores and perform matching. All-cause 30-day mortality was not statistically significant between the 2 resultant propensity score-matched groups (17.2% mortality in the low MIC group versus 27.6% in the high MIC group P = 0.34). Data suggested that P. aeruginosa bacteremia episodes where the cephalosporin MIC = 8 mug/mL may have higher mortality, however this may be reflective of higher propensity scores. Our study suggests that it is reasonable to designate a cefepime or ceftazidime MIC <=8 mug/mL as susceptible for P. aeruginosa bacteremia infections, but potential suboptimal outcomes in episodes for which the P. aeruginosa MIC is 8 mug/mL may need further investigation.Copyright © 2017.",

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"TI":"Cefiderocol for the Treatment of Multidrug-Resistant Gram-Negative Bacteria: A Systematic Review of Currently Available Evidence. [Review]",

"SO":"Frontiers in Pharmacology. 13:896971, 2022.",

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Yang, Deqing. Department of Pharmacy, The Second Affiliated Hospital of Kunming Medical University, Kunming, China.  
  
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"AB":"carbapenem-resistant cefiderocol gram-negative bacteria multidrug resistant systematic review",

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"PM":"Cefiderocol is a novel synthetic siderophore-conjugated antibiotic that hijacks the bacterial iron transport systems facilitating drug entry into cells, achieving high periplasmic concentrations. This systematic review analyzed the currently available literature on cefiderocol. It summarized in vitro susceptibility data, in vivo antimicrobial activity, pharmacokinetics/pharmacodynamics (PK/PD), clinical efficacy, safety and resistance mechanisms of cefiderocol. Cefiderocol has potent in vitro and in vivo activity against multidrug-resistant (MDR) Gram-negative bacteria, including carbapenem-resistant isolates. But New Delhi Metallo-beta-lactamase (NDM)- positive isolates showed significantly higher MICs than other carbapenemase-producing Enterobacterales, with a susceptible rate of 83.4% for cefiderocol. Cefiderocol is well-tolerated, and the PK/PD target values can be achieved using a standard dose regimen or adjusted doses according to renal function. Clinical trials demonstrated that cefiderocol was non-inferiority to the comparator drugs in treating complicated urinary tract infection and nosocomial pneumonia. Case reports and series showed that cefiderocol was a promising therapeutic agent in carbapenem-resistant infections. However, resistant isolates and reduced susceptibility during treatment to cefiderocol have already been reported. In conclusion, cefiderocol is a promising powerful weapon for treating MDR recalcitrant infections. Copyright © 2022 Wang, Yang, Wang and Ni.",

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"UI":"29672885",

"TI":"Use of depth of response to predict progression-free survival in relapsed or refractory multiple myeloma: Evaluation of results from 102 clinical trials.",

"SO":"Hematological Oncology. 2018 Apr 19",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Freise, Kevin J. Abbvie, Inc., North Chicago, IL, USA.",

"OD":"meta-analysis multiple myeloma progression-free survival response rates surrogate endpoints",

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"FTURL":"Progression-free survival (PFS) is the standard endpoint for demonstration of clinical effectiveness of novel therapies in relapsed or refractory multiple myeloma (RRMM). However, the long evaluation times for PFS limits its usefulness in the development of new therapies. Therefore, the objective of this analysis was to determine the relationship between response rates and median PFS in RRMM. A database was systematically developed from 268 identified RRMM trials reported from 1999 to 2016. Evaluated covariates for the relationship between response rates and PFS included age, sex, drug class(es), and number of drug classes. One-hundred two (102) trials involving 136 cohorts were included in the meta-analysis, representing 13 322 patients in total. Regression analysis using response rates and median PFS indicated that the correlation between very good partial response (VGPR) or better and median PFS was higher (R2 = 0.63) than the separately analyzed correlations between clinical benefit, overall response, or complete response rate and median PFS (R2 = 0.47 - 0.52). Subsequent covariate analysis revealed that treatment with an immunomodulatory imide drug (IMiD) further improved the relationship (R2 = 0.69), with a longer median PFS at a given VGPR or better rate when at least 1 drug treatment was an IMiD. Number of drug classes was not found to alter this relationship. In conclusion, VGPR or better rate can be used to predict the median PFS, with adjustment for the additional PFS provided by an IMiD. Copyright © 2018 John Wiley & Sons, Ltd.",

"PM":"Journal Article",

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"SO":"Environmental Research. 241(no pagination), 2024. Article Number: 117562. Date of Publication: 15 Jan 2024.",

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"OD":"Background: There is a growing body of evidence on the effect of the local environment exposure on cancer susceptibility. Nonetheless, several of the associations remain controversial. Moreover, our understanding of the possible interaction between the local environment and the genetic variability is still very limited. Objective(s): The aim of this study was to clarify the role of the local environment and its possible interplay with genetics on common cancers development. Method(s): Using the UK Biobank (UKBB) prospective cohort, we selected 12 local environment exposures: nitrogen oxides, nitrogen dioxides, particulate matter (10 and 2.5 mum), noise pollution, urban traffic, living distance from the coast, percentage of greenspace, natural environment, water, and domestic garden within 1000 m from the residential coordinates of each participant. All these exposures were tested for association with 17 different types of cancer for a total of 53,270 cases and 302,645 controls. Additionally, a polygenic score (PGS) was computed for each cancer, to test possible gene-environment interactions. Finally, mediation analyses were carried out. Result(s): Thirty-six statistically significant associations considering multiple testing (p < 2.19 x 10-4) were observed. Among the novel associations we observed that individuals living farther from the coast had a higher risk of developing prostate cancer (OR = 1.13, CI95% = 1.06-1.20, P = 1.98 x 10-4). This association was partially mediated by physical activity (indirect effect (IE) = -8.48 x 10-7) and the time spent outdoor (IE = 9.07 x 10-6). All PGSs showed statistically significant associations. Finally, genome-environment interaction analysis showed that local environment and genetic variability affect cancer risk independently. Discussion(s): Living close to the coast and air pollution were associated with a decreased risk of prostate cancer and skin melanoma, respectively. These findings from the UKBB support the role of the local environment on cancer development, which is independent from genetics and may be mediated by several lifestyle factors.Copyright © 2023 The Authors",

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"TI":"Later is not necessarily better: limitations of survival analysis in studies of long-term drug treatment of psychiatric conditions.",

"SO":"BMJ Evidence-Based Medicine. 27(4) (pp 246-250), 2022. Date of Publication: August 2022.",

"AU":"Moncrieff J.  
  
Jakobsen J.C.  
  
Bachmann M.",

"AO":"Moncrieff, Joanna ORCID: https://orcid.org/0000-0003-1214-6974",

"IN":"(Moncrieff) Division of Psychiatry, University College London, London, United Kingdom  
  
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(Jakobsen) Department of Regional Health Research, The Faculty of Health Sciences, University of Southern Denmark, Odense, Denmark  
  
(Bachmann) University of East Anglia, Norwich, United Kingdom",

"PB":"BMJ Publishing Group",

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"FTURL":"Survival analysis is routinely used to assess differences between groups in relapse prevention and treatment discontinuation studies involving people with long-term psychiatric conditions. The actual outcome in survival analysis is 'time to event', yet, in the mental health field, there has been little consideration of whether a temporary delay to relapse is clinically relevant in a condition that can last for decades. Moreover, in psychiatric drug trials, a pattern of elevated early relapses following randomisation to placebo or no treatment is common. This may be the result of the withdrawal of previous treatment leading to physiological withdrawal effects, which may be mistaken for relapse, or genuine relapse precipitated by the process of withdrawal. Such withdrawal effects typically produce converging survival curves eventually. They inevitably lead to differences in time to relapse, even when there is little or no difference in the cumulative risk of relapse at final follow-up. Therefore, statistical tests based on survival analyses can be misleading because they obscure these withdrawal effects. We illustrate these difficulties in a trial of antipsychotic reduction versus maintenance, and a trial of prophylactic esketamine in people with treatment-resistant depression. Both illustrate withdrawal-related effects that underline the importance of long-term follow-up and question the use of tests based on time to event. Further discussion of the most relevant outcome and appropriate approach to analysis, and research on patient and carer preferences is important to inform the design of future trials and interpretation of existing ones.Copyright © 2022 BMJ Publishing Group. All rights reserved.",

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"TI":"Construction of Meta-Thinking Educational Program Based on Mental-Brain Simulation (MTMBS) and Evaluating its Effectiveness on Executive Functions, Emotion Regulation, and Impulsivity in Children With ADHD: A Resting-State Functional MRI Study.",

"SO":"Journal of Attention Disorders. 27(11):1223-1251, 2023 09.",

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Elaheh, Hejazi  
  
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"OD":"Abed, Mahdavi. University of Tehran, Iran.  
  
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Elaheh, Hejazi. University of Tehran, Iran.  
  
Mohammad-Hossein, Nili H K. University of Tehran, Iran.  
  
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"DJ":"OBJECTIVE: The aim of present research was to make a Meta-Thinking educational program based on mental-brain simulation and to evaluate its effectiveness on executive functions, emotion regulation and impulsivity in children with ADHD.  
  
METHODS: The research method was Embedded Design: Embedded Experimental Model. The research sample included 32 children with ADHD who were randomly assigned to two experimental and control groups. The intervention was implemented for eight sessions of 1.5 hr for the experimental group, and fMRI images were taken from them, while the control group didn't receive any treatment. Finally, using semi-structured interviews, coherent information was collected from the parents of the experimental group about the changes made. Data were analyzed with SPSS-24, MAXQDA, fMRIprep, and FSL software.  
  
RESULTS: The Meta-Thinking Educational Program had effect on performance of ADHD children and suppressed brain regions related to DMN.  
  
CONCLUSION: The Implementation of this educational program plays a vital role in improving psychological problems of children with ADHD.",

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"TI":"Acute Effects of Parent Stimulant Medication Versus Behavioral Parent Training on Mothers' ADHD, Parenting Behavior, and At-Risk Children.",

"SO":"Journal of Clinical Psychiatry. 81(5) (no pagination), 2020. Article Number: 19M13173. Date of Publication: October 2020.",

"AU":"Chronis-Tuscano A.  
  
French W.  
  
Strickland J.  
  
Sasser T.  
  
Schoenfelder Gonzalez E.N.  
  
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Stein M.A.",

"AO":"(Chronis-Tuscano) Department of Psychology, University of Maryland College Park, College Park, MD, United States  
  
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(French, Strickland, Sasser, Schoenfelder Gonzalez, Whitlock, Stein) Seattle Children's Research Institute, Seattle, WA, United States",

"IN":"Physicians Postgraduate Press Inc.",

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"OD":"Background: Attention-deficit/hyperactivity disorder (ADHD) is present in 25%-50% of parents of children with ADHD, compromising parenting and child behavioral treatment. Efforts to treat multiplex ADHD families have not compared behavioral parenting interventions to parent psychopharmacology without confounds of other treatments. This report describes a pilot early intervention study directly comparing parent lisdexamfetamine dimesylate (LDX) to behavioral parent training (BPT) in families in which the mother had currently untreated ADHD and the young child displayed ADHD symptoms. Method(s): Mothers with ADHD (N = 35) of 4- to 8-year-old stimulant-naive children (N = 35) were randomly assigned to an 8-week trial of LDX (starting at 20 mg/d and titrated to a maximum of 70 mg/d) or BPT. Outcomes included multi-method, multi-informant measures of (1) maternal ADHD symptoms (Conners' Adult ADHD Rating Scales) and impairment (Clinical Global Impressions-Severity of Illness scale [CGI-S] and CGI-Improvement scale [CGI-I]), (2) parenting (Alabama Parenting Questionnaire [APQ] and Dyadic Parent-Child Interaction Coding System, Fourth Edition), and (3) child ADHD symptoms (Conners Parent Rating Scale Revised-Short Form and Conners Early Childhood Scale) and impairment (CGI-S, CGI-I, and Child Impairment Rating Scale). Result(s): At 8 weeks, both treatments improved mothers' self-reported emotion regulation and mothers' functioning on the CGI, but only LDX improved mothers' self-reported core ADHD symptoms. LDX was associated with improvement in parents' perception of their own ADHD symptoms (Conners Inattention [P < .0001] and ADHD Index scores [P < .0001]) and their child's ADHD symptoms (P = .009). Fifty-six percent of the mothers treated with LDX (n = 10) were much or very much improved with regard to their adult ADHD based on the CGI-I scores versus 6% of mothers receiving BPT (n = 1 P = .003). BPT improved parenting on self-reported positive parenting (P = .007), inconsistent discipline (P > .0001), and corporal punishment (P = .001), while LDX improved reported inconsistent discipline (P = .001) and corporal punishment (P = .04) on the APQ, consistent with prior research. In contrast to parental LDX, which did not improve observed parenting, BPT was associated with increased positive parenting during child-directed play (P = .0002) and clean-up (P = .04) and less negative parenting (P = .04) during child-directed play. Six percent of children (n = 1) whose mothers were randomized to LDX (n = 18) were much or very much improved on the CGI-I compared to 35% (n = 16) of those treated with BPT (P = .04). Conclusion(s): LDX and BPT each had unique effects on maternal ADHD symptoms and parenting, but modest effects on at-risk children. In general, LDX was more effective at treating mothers' core ADHD symptoms, but both LDX and BPT improved mothers' emotion regulation, and BPT resulted in more consistent effects on parenting measures via both maternal report and direct observation. As most children remained significantly impaired after 8 weeks of unimodal treatment, combination treatment and/or longer treatment duration may be necessary to improve functioning of multiplex ADHD families.© Copyright 2020 Physicians Postgraduate Press, Inc.",

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"UI":"30259827",

"TI":"Clozapine is associated with secondary antibody deficiency.",

"SO":"British Journal of Psychiatry. :1-7, 2018 Sep 27",

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"DU":"Ponsford, Mark. Immunology Specialist Registrar,Immunodeficiency Centre for Wales,University Hospital of Wales and Welsh Clinical Academic Trainee, Cardiff University,UK.  
  
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Jolles, Stephen. Professor of Clinical Immunology,Immunodeficiency Centre for Wales,University Hospital of Wales,UK.",

"OD":"BACKGROUND: Schizophrenia affects 1% of the population. Clozapine is the only medication licensed for treatment-resistant schizophrenia and is intensively monitored to prevent harm from neutropenia. Clozapine is also associated with increased risk of pneumonia although the mechanism is poorly understood.AimsTo investigate the potential association between clozapine and antibody deficiency.  
  
METHODS: Patients taking clozapine and patients who were clozapine-naive and receiving alternative antipsychotics were recruited and completed a lifestyle, medication and infection-burden questionnaire. Serum total immunoglobulins (immunoglobulin (Ig)G, IgA, IgM) and specific IgG antibodies to haemophilus influenzae type B, tetanus and IgG, IgA and IgM to pneumococcus were measured.  
  
RESULTS: Immunoglobulins were all significantly reduced in the clozapine-treated group (n = 123) compared with the clozapine-naive group (n = 111). Odds ratios (ORs) for a reduction in clozapine:control immunoglobulin values below the fifth percentile were IgG, OR = 6.00 (95% CI 1.31-27.44) IgA, OR = 16.75 (95% CI 2.18-128.60) and IgM, OR = 3.26 (95% CI 1.75-6.08). These findings remained significant despite exclusion of other potential causes of hypogammaglobulinaemia. In addition, duration on clozapine was associated with decline in IgG. A higher proportion of the clozapine-treated group reported taking more than five courses of antibiotics in the preceding year (5.3% (n = 5) versus 1% (n = 1).  
  
CONCLUSIONS: Clozapine use was associated with significantly reduced immunoglobulin levels and an increased proportion of patients using more than five antibiotic courses in a year. Antibody testing is not included in existing clozapine monitoring programmes but may represent a mechanistic explanation and modifiable risk factor for the increased rates of pneumonia and sepsis-related mortality previously reported in this vulnerable cohort. Declaration of interest S.J. has received support from CSL Behring, Shire, LFB, Biotest, Binding Site, Sanofi, GSK, UCB Pharma, Grifols, BPL SOBI, Weatherden, Zarodex and Octapharma for projects, advisory boards, meetings, studies, speaker and clinical trials.",

"AB":"Journal Article",

"FTURL":"2018",

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"DJ":"Clozapine pneumonia schizophrenia secondary antibody deficiency vaccination",

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"UI":"2010797388",

"TI":"Mortality attributable to carbapenem-resistant Pseudomonas aeruginosa bacteremia: a meta-analysis of cohort studies.",

"SO":"Emerging Microbes and Infections. 5(1) (pp 1-6), 2016. Date of Publication: 2016.",

"AU":"Zhang Y.  
  
Chen X.-L.  
  
Huang A.-W.  
  
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Zhang N.  
  
Lu X.-Z.",

"AO":"nan",

"IN":"(Zhang, Chen, Huang, Liu, Liu, Zhang) Department of Laboratory, Guangdong Academy of Medicine Science & Guangdong General Hospital, Guangzhou 510080, China  
  
(Lu) Quality Control Department, Guangdong Women and Children Hospital, Guangzhou 510010, China",

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"AB":"Whether carbapenem resistance is associated with mortality in patients with Pseudomonas aeruginosa bacteremia is controversial. To address this issue, we conducted a systematic review and meta-analysis based on cohort studies. We searched PubMed and Embase databases to identify articles (up to April 2015). The DerSimonian and Laird random-effect model was used to generate a summary estimate of effect. Associations were evaluated in subgroups based on different patient characteristics and study quality criteria. Seven studies with a total of 1613 patients were finally included, of which 1 study had a prospective design, and the other 6 were retrospective. Our meta-analysis showed patients with carbapenem-resistant P. aeruginosa bacteremia were at a higher risk of death compared with those with carbapenem-susceptible P. aeruginosa bloodstream infections (pooled odds ratio (OR) from three studies reporting adjusted ORs: 3.07, 95% confidence interval (CI), 1.60-5.89 pooled OR from 4 studies only reporting crude ORs: 1.46, 95% CI, 1.10-1.94). The results were robust across a number of stratified analyses and a sensitivity analysis. We also calculated that 8%-18.4% of deaths were attributable to carbapenem resistance in four studies assessing the outcome with 30-day mortality, and these were 3% and 14.6%, respectively, in two studies using 7-day mortality or mortality during bacteremia as an outcome of interest. Carbapenem resistance had a deleterious impact on the mortality of P. aeruginosa bacteremia however, the results should be interpreted cautiously because only three studies reporting adjusted ORs were included. More large-scale, well-designed prospective cohorts, as well as mechanistic studies, are urgently needed in the future. Emerging Microbes and Infections (2016) 5, e27 doi:10.1038/emi.2016.22 published online 23 March 2016.Copyright © 2016 The Author(s).",

"FTURL":"Click here for full text options",

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"TI":"Antimicrobial Peptides: From Design to Clinical Application. [Review]",

"SO":"Antibiotics. 11(3), 2022 Mar 06.",

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"DU":"Zhang, Chunye  
  
Yang, Ming",

"OD":"Zhang, Chunye. Department of Veterinary Pathobiology, University of Missouri, Columbia, MO 65212, USA.  
  
Yang, Ming. Department of Surgery, University of Missouri, Columbia, MO 65211, USA.",

"AB":"antibiotic resistance antimicrobial peptides clinical application delivery design optimization",

"FTURL":"NOTNLM",

"PM":"Infection of multidrug-resistant (MDR) bacteria, such as methicillin-resistant Staphylococcus aureus (MRSA), carbapenem-resistant Enterobacteriaceae (CRE), and extended-spectrum beta-lactamase (ESBL)-producing Escherichia coli, brings public health issues and causes economic burden. Pathogenic bacteria develop several methods to resist antibiotic killing or inhibition, such as mutation of antibiotic function sites, activation of drug efflux pumps, and enzyme-mediated drug degradation. Antibiotic resistance components can be transferred between bacteria by mobile genetic elements including plasmids, transposons, and integrons, as well as bacteriophages. The development of antibiotic resistance limits the treatment options for bacterial infection, especially for MDR bacteria. Therefore, novel or alternative antibacterial agents are urgently needed. Antimicrobial peptides (AMPs) display multiple killing mechanisms against bacterial infections, including directly bactericidal activity and immunomodulatory function, as potential alternatives to antibiotics. In this review, the development of antibiotic resistance, the killing mechanisms of AMPs, and especially, the design, optimization, and delivery of AMPs are reviewed. Strategies such as structural change, amino acid substitution, conjugation with cell-penetration peptide, terminal acetylation and amidation, and encapsulation with nanoparticles will improve the antimicrobial efficacy, reduce toxicity, and accomplish local delivery of AMPs. In addition, clinical trials in AMP studies or applications of AMPs within the last five years were summarized. Overall, AMPs display diverse mechanisms of action against infection of pathogenic bacteria, and future research studies and clinical investigations will accelerate AMP application.",

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"UI":"26715026",

"TI":"Long-term remission in a case of plasmablastic lymphoma treated with COMP (cyclophosphamide, liposomal doxorubicin, vincristine, prednisone) and bortezomib.",

"SO":"European Journal of Haematology. 96(6):650-654, 2016 Jun.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

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"DU":"Cencini, Emanuele. Unit of Hematology, Azienda Ospedaliera Universitaria Senese, University of Siena, Siena, Italy.  
  
Fabbri, Alberto. Unit of Hematology, Azienda Ospedaliera Universitaria Senese, University of Siena, Siena, Italy.  
  
Guerrini, Susanna. Department of Medical, Surgical and Neuro Sciences, Diagnostic Imaging, Azienda Ospedaliera Universitaria Senese, University of Siena, Siena, Italy.  
  
Mazzei, Maria Antonietta. Department of Medical, Surgical and Neuro Sciences, Diagnostic Imaging, Azienda Ospedaliera Universitaria Senese, University of Siena, Siena, Italy.  
  
Rossi, Vania. Unit of Nuclear Medicine, Ospedale S. Donato, Arezzo, Italy.  
  
Bocchia, Monica. Unit of Hematology, Azienda Ospedaliera Universitaria Senese, University of Siena, Siena, Italy.",

"OD":"bortezomib non-pegylated liposomal doxorubicin plasmablastic lymphoma response duration",

"AB":"NOTNLM",

"FTURL":"Plasmablastic lymphoma (PBL) is a rare subtype of non-Hodgkin lymphomas (NHL) strongly associated with HIV infection, even if cases in other immunosuppressed patients such as solid organ transplant recipients and in immunocompetent individuals have been increasingly reported. Current treatment strategy for HIV-negative patients is similar to DLBCL as first-line treatment, but durable remissions are seldom observed. Anthracycline-containing regimens could be too toxic for elderly patients and/or with cardiac failure, because a non-pegylated liposomal doxorubicin (NLD) could be used in this field. Bortezomib, a proteasome inhibitor currently approved for patients with multiple myeloma and relapsed mantle-cell lymphoma, has recently showed clinical activity in PBL patients. Herein, we report a rapid and long-term remission of a PBL patient with cardiac failure and that had previously received a double kidney transplant, treated front-line with COMP (with a NLD substituted for doxorubicin) followed by subcutaneous bortezomib consolidation. We suggest first-line treatment outcome is determinant for PBL patients. Bortezomib has a promising role and should be incorporated in future clinical trials and NLD could represent a suitable option for patients with cardiac failure or high cardiovascular risk. Copyright © 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.",

"PM":"Case Reports",

"DJ":"2016",

"MV":"Click here for full text options",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

"Unnamed: 24":"nan",

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"If RCT or not":"No",

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"UniqueID":"420",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"53",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026445971",

"TI":"Elranatamab: First Approval.",

"SO":"Drugs. 83(17) (pp 1621-1627), 2023. Date of Publication: November 2023.",

"AU":"Dhillon S.",

"AO":"nan",

"IN":"(Dhillon) Springer Nature, Mairangi Bay, Private Bag 65901, Auckland 0754, New Zealand",

"PB":"Adis",

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controlled study  
  
drug therapy  
  
female  
  
human  
  
human cell  
  
Japan  
  
line of treatment  
  
male  
  
multiple myeloma  
  
ADP ribosyl cyclase/cyclic ADP ribose hydrolase 1  
  
\*elranatamab  
  
endogenous compound  
  
immunomodulating agent  
  
proteasome inhibitor",

"DU":"adult [m]  
  
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human cell [m]  
  
Japan [m]  
  
line of treatment [m]  
  
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multiple myeloma [m]",

"OD":"Elranatamab (elranatamab-bcmm ELREXFIOTM) is a bispecific B-cell maturation antigen (BCMA)-directed CD3 T cell engager being developed by Pfizer for the treatment of multiple myeloma (MM). Elranatamab bridges CD3 on T cells with BCMA expressed on multiple myeloma cells, thereby activating T cells to induce T cell-mediated cytotoxicity against myeloma cells. In August 2023, elranatamab received its first approval in the USA for the treatment of adult patients with relapsed or refractory multiple myeloma (RRMM) who have received at least four prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody. Elranatamab received accelerated approval for this indication based on response rate and durability of response, and continued approval may be contingent on the demonstration of clinical benefit in a confirmatory trial(s). Elranatamab has also received a positive opinion in the EU for RRMM and is under regulatory review in Japan and several other countries worldwide. Clinical studies of elranatamab are also underway in countries around the world. This article summarizes the milestones in the development of elranatamab leading to this first approval for the treatment of RRMM.Copyright © 2023, The Author(s), under exclusive licence to Springer Nature Switzerland AG.",

"AB":"Click here for full text options",

"FTURL":"ADP ribosyl cyclase/cyclic ADP ribose hydrolase 1 [m]  
  
\*elranatamab [m]  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028556272",

"TI":"Low-frequency repetitive transcranial magnetic stimulation over the right orbitofrontal cortex for patients with first-episode schizophrenia: A randomized, double-blind, sham-controlled trial.",

"SO":"Psychiatry Research. 330(no pagination), 2023. Article Number: 115600. Date of Publication: December 2023.",

"AU":"Hu Q.  
  
Jiao X.  
  
Zhou J.  
  
Tang Y.  
  
Zhang T.  
  
Song C.  
  
Xiao Q.  
  
Ye J.  
  
Sun J.  
  
Wang X.  
  
Li C.  
  
Wang J.",

"AO":"Li, Chunbo ORCID: https://orcid.org/0000-0002-3387-4439  
  
Wang, Jijun ORCID: https://orcid.org/0000-0001-5427-7425",

"IN":"(Hu) Department of Psychiatry, Zhenjiang Mental Health Center, Jiangsu 212000, China  
  
(Jiao, Zhou, Tang, Zhang, Li, Wang) Shanghai Key Laboratory of Psychotic Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200030, China  
  
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(Li) Brain Science and Technology Research Center, Shanghai Jiao Tong University, Shanghai, China  
  
(Li, Wang) Institute of Psychology and Behavioral Science, Shanghai Jiao Tong University, Shanghai, China  
  
(Song) Department of Psychiatry, The Fourth People's Hospital of Wuhu, Anhui 231200, China  
  
(Wang) Suzhou Guangji Hospital, The Affiliated Guangji Hospital of Soochow University, Suzhou 215131, China",

"PB":"Elsevier Ireland Ltd",

"MH":"adult  
  
adverse event  
  
article  
  
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male  
  
\*orbital cortex  
  
outcome assessment  
  
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male  
  
\*orbital cortex  
  
outcome assessment  
  
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Positive and Negative Syndrome Scale  
  
randomized controlled trial  
  
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\*schizophrenia / \*diagnosis  
  
therapy effect",

"FTURL":"Repetitive transcranial magnetic stimulation (rTMS) has been used in the treatment of patients with schizophrenia. The conventional targets of rTMS treatment are the dorsolateral prefrontal cortex (DLPFC) and temporoparietal cortex (TPC). However, the efficacy of these two treatment strategies was quite heterogeneous. Structural and functional abnormalities of the orbitofrontal cortex (OFC) in schizophrenia are closely related to negative symptoms. We sought to determine whether 1 Hz rTMS over the right OFC is effective in treating patients with first-episode schizophrenia. In this study, eighty-nine patients with drug-naive, first-episode schizophrenia were randomly divided into the rTMS (n = 47) or sham stimulation (n = 42) groups, with both groups receiving twenty sessions of 1 Hz rTMS treatment. The PANSS was assessed at baseline, day 10, and day 20, and MATRICS Consensus Cognitive Battery (MCCB) was implemented to assess the cognitive impairment at baseline and day 20. Results showed that patients in the active rTMS group had more improvement in clinical symptoms and cognitive deficits than patients in sham group at day 20. In conclusion, 1 Hz rTMS over OFC can improve psychotic symptoms and cognitive functions in schizophrenic patients. Our study provides a new alternative for the treatment of negative symptoms and cognitive deficits in schizophrenia.Copyright © 2023",

"PM":"Click here for full text options",

"DJ":"37992513 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37992513]",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

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"Disease area":"ADHD",

"Database":"Medline",

"ORN":"53",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37562658",

"TI":"The efficacy of acupuncture for attention deficit hyperactivity disorder (ADHD): An overview of systematic reviews and meta-analyses. [Review]",

"SO":"Complementary Therapies in Medicine. 76:102968, 2023 Sep.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Zhang L  
  
Huang C  
  
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"DU":"Zhang, Lulu  
  
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Hu, Binwen",

"OD":"Zhang, Lulu. The Second School of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou, China Ying Lv's Renowned Expert Inheritance Studio, Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, China.  
  
Huang, Chuyu. The Second School of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou, China Ying Lv's Renowned Expert Inheritance Studio, Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, China.  
  
Chen, Xinying. The Second School of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou, China Ying Lv's Renowned Expert Inheritance Studio, Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, China The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China. Electronic address: chenxinying@stu.gzucm.edu.cn.  
  
Du, Shujuan. The Second School of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou, China Ying Lv's Renowned Expert Inheritance Studio, Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, China The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China. Electronic address: cdsj2000@163.com.  
  
Yang, Jinghua. The Second School of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou, China Ying Lv's Renowned Expert Inheritance Studio, Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, China The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China.  
  
Hu, Binwen. The Second School of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou, China Ying Lv's Renowned Expert Inheritance Studio, Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, China The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China Zhuhai Hospital of Guangdong Provincial Hospital of Chinese Medicine, Zhuhai, China. Electronic address: drhubw1997@gzucm.edu.cn.",

"AB":"Child  
  
Humans  
  
\*Acupuncture Therapy  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Randomized Controlled Trials as Topic  
  
Syndrome  
  
Systematic Reviews as Topic  
  
Meta-Analysis as Topic",

"FTURL":"Acupuncture Attention deficit hyperactivity disorder Complementary and alternative therapies Efficacy Overview",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Attention deficit hyperactivity disorder (ADHD) is one of the most common neurological and mental developmental disorders in children. Published systematic reviews (SRs) and meta-analyses (MAs) concerning the use of acupuncture for ADHD have compared the efficacy of acupuncture treatment to that of drug therapies. However, the quality of these articles has not been evaluated and the evidence varies widely.  
  
OBJECTIVE: To summarize and assess the efficacy of acupuncture for ADHD based on existing SRs and MAs.  
  
METHODS: A systematic search of the literature was conducted from inception until September 16 2021, using seven electronic databases. The AMSTAR-2 tool was used to evaluate the quality of SRs and MAs, and the GRADE system was used to assess the quality of evidence.  
  
RESULTS: There are a total of five SRs and MAs included in this overview. Using the AMSTAR-2, three articles were rated as having 'Low' quality, while two were rated as having of 'Critically Low' quality. The GRADE system was used to measure the quality of evidence for ten outcomes (five response rate outcomes, three Conners' Index of Hyperactivity (CIH) score outcomes, one Conners' rating scale score outcome, and one Chinese medicine syndrome outcome) across the five included MAs. Four of the ten outcomes demonstrated 'moderate' quality, four demonstrated 'low' quality, and two demonstrated 'very low' quality. The risk of bias and inconsistency accounted for most downgrading factors in the included reviews.  
  
CONCLUSION: It is still debatable whether acupuncture is efficacious in improving the CIH score and the Response rate. Considering the heterogeneity of clinical trials and the fact that this study did not search and evaluate the relevant data of each randomized controlled trial, large-sample and high-quality randomized controlled trials are still needed to draw reliable conclusions regarding acupuncture's role in treating ADHD. Due to the poor quality of existing available evidence, little inference can be drawn from the included studies. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.",

"MV":"nan",

"TN":"Journal Article  
  
Review",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

"Unnamed: 24":"nan",

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"If RCT or not":"No",

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"UniqueID":"423",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"53",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2016950045",

"TI":"Relationships Between Executive Function Improvement and ADHD Symptom Improvement With Lisdexamfetamine Dimesylate in Adults With ADHD and Executive Function Deficits: A Post Hoc Analysis.",

"SO":"Primary Care Companion for CNS Disorders. 22(3) (no pagination), 2020. Article Number: 19m02559. Date of Publication: 2020.",

"AU":"Brown T.E.  
  
Chen J.  
  
Robertson B.",

"AO":"(Brown) Department of Psychiatry, Keck School of Medicine, University of Southern California, Los Angeles, United States  
  
(Chen) Biostatistics, Shire, a member of the Takeda group of companies, Lexington, MA, United States  
  
(Robertson) Global Clinical Development, Shire, a member of the Takeda group of companies, Lexington, MA, United States  
  
(Brown) Brown Clinic for Attention & Related Disorders, Manhattan Beach, CA, United States",

"IN":"Physicians Postgraduate Press Inc.",

"PB":"adult  
  
article  
  
\*attention deficit hyperactivity disorder  
  
behavior rating inventory of executive function  
  
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rating scale [m]  
  
self report [m]",

"OD":"Objective: Executive function (EF) deficits are not generally considered synonymous with attention-deficit/hyperactivity disorder (ADHD). Evidence suggests stimulants improve ADHD symptoms and EF deficits in adults with ADHD, but the relationships between improvements in these domains have not been studied. Method(s): These post hoc analyses used data from a 10-week double-blind, placebo-controlled study of adults with ADHD and EF deficits treated with lisdexamfetamine dimesylate (30-70 mg) or placebo conducted from May 2010 to November 2010. Efficacy endpoints included change from baseline at week 10/early termination (ET) in self-report Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A) Global Executive Composite (GEC) T-score and ADHD-Rating Scale with Adult Prompts total score (ADHD-RS-AP-TS). Relationships between ADHD symptom and EF changes were examined using recursive path analyses. Result(s): Mediation proportions were 0.62 (indirect and total treatment effect coefficients [95% CI]: -6.85 [-9.83 to -3.86] and -11.12 [-14.88 to -7.37]) for self-report BRIEF-A GEC T-score change from baseline at week 10/ET on ADHD-RS-AP-TS change from baseline at week 10/ET and 0.93 (indirect and total treatment effect coefficients [95% CI]: -10.34 [-14.11 to -6.57] and -11.18 [-15.80 to -6.55]) for ADHD-RS-AP-TS change from baseline at week 10/ET on self-report BRIEF-A GEC T-score change from baseline at week 10/ET. Conclusion(s): Although these data suggest ADHD symptom and EF deficit improvement following lisdexamfetamine are interdependent, it is advantageous to use measures like the BRIEF-A to assess stimulant effects on the wide range of EF deficits associated with ADHD that are not captured by the ADHD-RS-AP alone.Copyright © 2020 Physicians Postgraduate Press, Inc.",

"AB":"Click here for full text options",

"FTURL":"central stimulant agent [m]  
  
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"PM":"nan",

"DJ":"32470230 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32470230]",

"MV":"nan",

"TN":"nan",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"53",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"29944412",

"TI":"Methylphenidate as Treatment for Clozapine-Induced Sedation in Patients with Treatment-Resistant Schizophrenia.",

"SO":"Clinical Schizophrenia & Related Psychoses. 2018 Jun 26",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Sarfati D  
  
Lai J  
  
Margolese HC",

"MH":"Sarfati, David  
  
Lai, Jonathan  
  
Margolese, Howard C",

"DU":"Sarfati, David. Department of Psychiatry, Early Psychosis and Schizophrenia Spectrum Program. McGill University Health Center, Montreal, Quebec, Canada.  
  
Lai, Jonathan. Department of Psychiatry, Early Psychosis and Schizophrenia Spectrum Program. McGill University Health Center, Montreal, Quebec, Canada.  
  
Margolese, Howard C. Department of Psychiatry, Early Psychosis and Schizophrenia Spectrum Program. McGill University Health Center, Montreal, Quebec, Canada.",

"OD":"BACKGROUND: Treatment-resistant schizophrenia patients frequently need to be managed with clozapine. However, noncompliance is in-part due to complaints of sedation, fatigue, and low energy. There is little literature reporting on the effectiveness and safety of using stimulants to treat clozapine-induced sedation. We report three cases of treatment-resistant schizophrenia where methylphenidate was used to address these common side-effects.  
  
METHODS: To evaluate the effectiveness and safety of psychostimulants in treatment-resistant schizophrenia, we reviewed 3 extensively documented cases of clozapine-induced sedation treated with methylphenidate for over 2 years, in addition to reviewing the literature on this topic.  
  
RESULTS: All 3 patients reported improvements in energy and fatigue, along with decreased sedation, while treated with methylphenidate for 27, 30, and 32 months respectively. Clozapine doses ranged between 325mg and 500mg daily methylphenidate doses ranged between 2.5mg of the immediate-release and 72mg daily of the extended-release formulation. There was no reported or observed increase in psychotic symptoms resulting from treatment with methylphenidate.  
  
CONCLUSION: Methylphenidate may be safe and effective in the management of clozapine-induced sedation in treatment-resistant schizophrenia. Large scale, placebo-controlled, double-blind trials are needed to further validate the safety and efficacy of methylphenidate as treatment for clozapine-induced sedation.",

"AB":"Journal Article",

"FTURL":"2018",

"PM":"Click here for full text options",

"DJ":"Clozapine fatigue methylphenidate treatment-resistant schizophrenia",

"MV":"NOTNLM",

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"UniqueID":"425",

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"Database":"EMBASE",

"ORN":"54",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2011352385",

"TI":"Loss and gain of aminoglycoside resistance in global clone 2 Acinetobacter baumannii in Australia via modification of genomic resistance islands and acquisition of plasmids.",

"SO":"Journal of Antimicrobial Chemotherapy. 71(9) (pp 2432-2440), 2016. Date of Publication: 01 Sep 2016.",

"AU":"Nigro S.J.  
  
Hall R.M.",

"AO":"nan",

"IN":"(Nigro, Hall) School of Life and Environmental Sciences, The University of Sydney, NSW 2006, Australia",

"PB":"Oxford University Press",

"MH":"\*Acinetobacter baumannii  
  
article  
  
\*Australia  
  
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disk diffusion  
  
\*gentamicin resistance  
  
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phenotype  
  
\*plasmid  
  
polymerase chain reaction  
  
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polymerase chain reaction [m]  
  
seashore [m]  
  
tobramycin resistance [m]",

"AB":"Objectives: The objective of this study was to examine the evolution of carbapenem-resistant global clone 2 (GC2) Acinetobacter baumannii in Australia focusing on the complement of aminoglycoside resistance genes and their location in resistance islands and plasmids. Method(s): Sixty-two carbapenem-resistant GC2 A. baumannii isolates with various aminoglycoside resistance profiles and resistance gene content that were recovered over the period 1999-2010 from hospitals on the east coast of Australia were examined. PCR was used to link relevant contigs retrieved from whole genomes sequenced using Illumina HiSeq and assembled de novo using Velvet. Resistance phenotypes were extended to include additional antibiotics using a disc diffusion assay. Result(s): Sixty-one isolates were ST208 (formerly ST92 Oxford scheme) and one was ST425. All isolates included the oxa23 carbapenem resistance gene in Tn2006 located in the same position in AbGRI1-2, along with the ISAba1-sul2-CR2DELTA-tetA(B)-tetA(R)-CR2-strB-strA configuration. All isolates harboured either AbGRI2-1 carrying the aacC1 (gentamicin resistance) cassette or a variant derived from it via loss of some of the island content. When aacC1 was lost, aminoglycoside resistance was sometimes regained via acquisition of aadB (gentamicin, kanamycin and tobramycin resistance) in pRAY\*-v1 or TnaphA6 (amikacin, kanamycin and neomycin resistance) in a repAci6 plasmid. A small cryptic plasmid or a deletion variant of this plasmid was always present and a large cryptic plasmid was also variably present. Conclusion(s): The extensively antibiotic-resistant GC2 isolates from Sydney, Brisbane and Canberra appear to have arisen from a single import that was introduced into Australia in, or prior to, 1999 that then evolved and spread. Copyright © 2016 The Author 2016. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.",

"FTURL":"Click here for full text options",

"PM":"27246238 [https://www.ncbi.nlm.nih.gov/pubmed/?term=27246238]",

"DJ":"nan",

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"Database":"Medline",

"ORN":"54",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"35326786",

"TI":"The Efficacy of Using Combination Therapy against Multi-Drug and Extensively Drug-Resistant Pseudomonas aeruginosa in Clinical Settings. [Review]",

"SO":"Antibiotics. 11(3), 2022 Feb 28.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Jones F  
  
Hu Y  
  
Coates A",

"MH":"Hu, Yanmin ORCID: https://orcid.org/0000-0003-0630-5342",

"DU":"Jones, Frank  
  
Hu, Yanmin  
  
Coates, Anthony",

"OD":"Jones, Frank. Institute for Infection and Immunity, St George's University of London, London SW17 0RE, UK.  
  
Hu, Yanmin. Institute for Infection and Immunity, St George's University of London, London SW17 0RE, UK.  
  
Coates, Anthony. Institute for Infection and Immunity, St George's University of London, London SW17 0RE, UK.",

"AB":"ESBLs Pseudomonas aeruginosa beta-lactams carbapenems combination therapy extensively drug resistant (XDR) multidrug resistant (MDR)",

"FTURL":"NOTNLM",

"PM":"Pseudomonas aeruginosa is a Gram-negative bacterium which is capable of developing a high level of antibiotic resistance. It has been placed on the WHO's critical priority pathogen list and it is commonly found in ventilator-associated pneumonia infections, blood stream infections and other largely hospital-acquired illnesses. These infections are difficult to effectively treat due to their increasing antibiotic resistance and as such patients are often treated with antibiotic combination regimens.  
  
METHODS: We conducted a systematic search with screening criteria using the Ovid search engine and the Embase, Ovid Medline, and APA PsycInfo databases.  
  
RESULTS: It was found that in many cases the combination therapies were able to match or outperform the monotherapies and none performed noticeably worse than the monotherapies. However, the clinical studies were mostly small, only a few were prospective randomized clinical trials and statistical significance was lacking.  
  
CONCLUSIONS: It was concluded that combination therapies have a place in the treatment of these highly resistant bacteria and, in some cases, there is some evidence to suggest that they provide a more effective treatment than monotherapies.",

"DJ":"Journal Article  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"25530988",

"TI":"Clinical course of light-chain smouldering multiple myeloma (idiopathic Bence Jones proteinuria): a retrospective cohort study.",

"SO":"The Lancet Haematology. 1(1):e28-e36, 2014 Oct 01.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Rajkumar, S Vincent",

"DU":"Kyle, Robert A. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.  
  
Larson, Dirk R. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.  
  
Therneau, Terry M. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.  
  
Dispenzieri, Angela. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.  
  
Melton, L Joseph 3rd. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.  
  
Benson, Joanne T. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.  
  
Kumar, Shaji. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.  
  
Rajkumar, S Vincent. Division of Hematology (Prof R A Kyle MD, Prof A Dispenzieri MD, Prof S Kumar MD, Prof S V Rajkumar MD), Division of Biostatistics (D R Larson MS, Prof T M Therneau PhD, J T Benson BA), and Division of Epidemiology (Prof L J Melton 3rd MD), Mayo Clinic, Rochester, MN, USA.",

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"FTURL":"BACKGROUND: Bence Jones proteinuria is a disorder that is defined by the excretion of monoclonal light-chain protein. About 15-20% of patients with multiple myeloma secrete monoclonal light chains only, without expression of the normal immunoglobulin heavy chain, which constitutes light-chain multiple myeloma. The definition, prevalence, and progression of these premalignant phases of light-chain multiple myeloma have not been fully characterised. We aimed to identify a subset of patients with idiopathic Bence Jones proteinuria who had a high risk of progression to light-chain multiple myeloma analogous to that seen in patients with smouldering multiple myeloma.  
  
METHODS: In this retrospective cohort study, we studied all patients seen at the Mayo Clinic (Rochester, MN, USA) within 30 days of diagnosis of idiopathic Bence Jones proteinuria between Jan 1, 1960, and June 30, 2004. Inclusion criteria were monoclonal light chain in the urine (>=0.2 g/24 h), absence of intact monoclonal immunoglobulin (M protein) in the serum, and no evidence of multiple myeloma, light-chain amyloidosis, or other related plasma-cell proliferative disorders. The primary endpoint was progression to symptomatic multiple myeloma or light-chain amyloidosis. We examined the cumulative probability of progression and the association of potential risk factors on progression rates to identify patients with a high risk of progression to multiple myeloma or light-chain amyloidosis.  
  
FINDINGS: We identified 101 patients with idiopathic Bence Jones proteinuria. During 901 total person-years of follow-up, 27 (27%) patients developed multiple myeloma and seven (7%) developed light-chain amyloidosis. The major risk factors for progression were amount of urinary excretion of M protein per 24 h, proportion of bone marrow plasma cells, presence of a markedly abnormal free-light-chain ratio (<0.01 or >100), and reduction of all three uninvolved immunoglobulins. Based on the risk of progression, monoclonal light-chain excretion of 0.5 g/24 h or greater or at least 10% bone marrow plasma cells, or both, in the absence of end-organ damage was used to define light-chain smouldering multiple myeloma. The cumulative probability of progression to active multiple myeloma or light-chain amyloidosis in patients with light-chain smouldering multiple myeloma was 27.8% (95% CI 14.2-39.2) at 5 years, 44.6% (27.9-57.4) at 10 years, and 56.5% (36.3-70.2) at 15 years.  
  
INTERPRETATION: Light-chain smouldering multiple myeloma as defined in this study is associated with a high risk of progression to symptomatic light-chain multiple myeloma, and this subset of patients needs careful observation and could benefit from clinical trials of early intervention.  
  
FUNDING: Jabbs Foundation (Birmingham, UK), US National Cancer Institute, and Henry J Predolin Foundation (Madison, WI, USA).",

"PM":"Journal Article",

"DJ":"2014",

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"DB":"Embase",

"UI":"2027940961",

"TI":"Treatment of multiple myeloma based on autologous stem cell transplant An overview of systematic reviews.",

"SO":"Medicine (United States). 102(40) (pp E35456), 2023. Date of Publication: 06 Oct 2023.",

"AU":"Liang J.  
  
Yang Y.  
  
He P.  
  
Mandizadza O.O.  
  
Zhang W.  
  
Lin S.  
  
Ji C.",

"AO":"nan",

"IN":"(Liang, He, Mandizadza, Ji) School of Public Health, Zhejiang Chinese Medical University, Hangzhou, China  
  
(Yang) The Second Clinical Medical College, Zhejiang Chinese Medical University, Zhejiang, Hangzhou, China  
  
(Zhang, Lin) The First Affiliated Hospital of Zhejiang Chinese Medical University, Hangzhou, China",

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\*systematic review (topic) [m]  
  
therapy [m]",

"OD":"Background: Multiple myeloma (MM) is a malignant plasma cell disease. In recent years, several systematic reviews, and meta-analyses have been published on treatment protocols, including autologous stem cell transplantation for MM. Method(s): Web of Science, PubMed, Embase, and Cochrane Library were searched to systematically summarize the quality of the methodology and evidence of meta-analyses regarding treatment of MM including autologous stem cell transplantation. Result(s): Total 11 meta-analyses were included. The preferred reporting items for systematic reviews and meta-analyses evaluation revealed that the quality of included reviews was affected by possible unevaluated bias between studies and the lack of protocol and registration. The AMSTAR2 scale indicated that the quality of the methodology of included reviews ranged from very low to moderate. The grading, assessment, development, and evaluation of recommendations evaluation showed that among the included outcome indicators, most of them are of low quality. Conclusion(s): This overview suggested that the combination of drugs has improved patient survival rates, efficacy and safety compared with the standard regimen. However, the strength of the evidence is uneven and due to methodological errors, the results should be interpreted with caution in order to provide a reference for further improvement of the study design. The methodological quality of the relevant meta-analysis needs to be further improved. Abbreviations: ASCT = autologous stem cell transplantation, CON + LEN = post-ASCT consolidation plus lenalidomide maintenance, CR = complete response, GRADE = grading, assessment, development, and evaluation of recommendations, HDT = high-dose therapy, IMID = immunomodulatory, MM = multiple myeloma, OS = overall survival, PFS = progression-free survival, PI = proteasome-inhibitors, PRISMA = preferred reporting items for systematic reviews and meta-analyses, RCT = randomized controlled trial, SCR = stringent complete response, SDT = standard-dose therapy, VCD = bortezomib, cyclophosphamide, and dexamethasone.Copyright © 2023 Lippincott Williams and Wilkins. All rights reserved.",

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"ORN":"54",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028867155",

"TI":"A pragmatic randomized controlled exploratory trial of the effectiveness of Eye Movement Desensitization and Reprocessing therapy for psychotic disorder.",

"SO":"Journal of Psychiatric Research. 169(pp 257-263), 2024. Date of Publication: January 2024.",

"AU":"Marlow S.  
  
Laugharne R.  
  
Allard J.  
  
Bassett P.  
  
Priebe S.  
  
Ledger J.  
  
Kerr J.  
  
Priest D.  
  
Vanhoorn A.  
  
Boland C.  
  
Shankar R.",

"AO":"Priest, Deborah ORCID: https://orcid.org/0009-0003-0561-1839  
  
Shankar, Rohit ORCID: https://orcid.org/0000-0002-1183-6933  
  
Bassett, Paul ORCID: https://orcid.org/0000-0001-7830-4563",

"IN":"(Marlow, Laugharne, Allard, Ledger, Kerr, Priest, Vanhoorn, Boland, Shankar) Cornwall Partnership NHS Foundation Trust, Truro, United Kingdom  
  
(Laugharne, Shankar) Cornwall Intellectual Disability Equitable Research (CIDER) University of Plymouth Peninsula School of Medicine, Truro, United Kingdom  
  
(Bassett) Statsconsultancy Ltd., Bucks, United Kingdom  
  
(Priebe) Unit for Social and Community Psychiatry, Queen Mary's, University of London, United Kingdom",

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"FTURL":"Background: People with severe mental illness are often excluded from trials related to Eye Movement Desensitization and Reprocessing (EMDR) therapy. Principal concerns are that they may not tolerate treatment, might risk relapse or that psychotic symptoms may worsen. There is however building evidence of a traumatogenic etiology of psychotic disorder that may benefit therapeutically from EMDR. However, EMDR in this role is done mainly in specialist tertiary settings. Aim(s): To conduct a randomized exploratory trial of prospective treatment of EMDR for people with psychotic disorder and a history of trauma in an adult community mental health service. Method(s): A randomized exploratory trial with a controlled pilot design was employed to conduct a prospective treatment and six-month follow-up study with an interim 10-week analysis in a rural county in the UK (population 538,000). We recruited participants with psychotic disorder who had a reported history of trauma and were interested in receiving trauma therapy. They were then randomized to either receive EMDR or treatment as usual (TAU). The primary instrument used was the Impact of Events Scale (IES) with secondary instruments of Positive and Negative Symptoms of Psychotic Disorder (PANSS), PTSD Checklist (PCL-C), and subjective Quality of Life (MANSA). Result(s): IES scores showed significant improvements in the EMDR group (n = 24, age 42.0 SD (14.5), 42% male) compared to the TAU group (n = 12, age 34.4 SD (11.3), 50% male) at 10 weeks and at six months (p < 0.05). There were significant improvements in PCL-C and PANSS negative symptoms scores associated with treatment (p < 0.05). All other scales showed positive trends. Conclusion(s): This study demonstrates that EMDR can reduce the impact of traumatic events for patients with a psychotic disorder in a clinical setting in the UK. The improvements in psychotic disorder persisted for six months after treatment. Trial registration: ISRCTN43816889.Copyright © 2023 The Authors",

"PM":"Click here for full text options",

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"DB":"Ovid MEDLINE(R)",

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"TI":"A Randomized Community-Based Trial of Behavior Therapy vs. Usual Care for Adolescent ADHD: Secondary Outcomes and Effects on Comorbidity.",

"SO":"Behavior Therapy. 54(5):839-851, 2023 09.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Sibley MH  
  
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Graziano, Paulo A  
  
Coxe, Stefany J  
  
Bickman, Leonard  
  
Martin, Pablo  
  
Flores, Sabrina",

"OD":"Sibley, Margaret H. University of Washington School of Medicine, Seattle Children's Research Institute. Electronic address: margaret.sibley@seattlechildrens.org.  
  
Graziano, Paulo A. Florida International University.  
  
Coxe, Stefany J. Florida International University.  
  
Bickman, Leonard. Center for Children & Families, Florida International University.  
  
Martin, Pablo. Florida International University.  
  
Flores, Sabrina. Center for Child Health, Behavior, and Development, Seattle Children's Research Institute.",

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"FTURL":"ADHD community-based treatment randomized controlled trial",

"PM":"NOTNLM",

"DJ":"Though behavior therapy (BT) for ADHD in adolescence is evidence-based, almost no work examines its implementation and effectiveness in community settings. A recent randomized community-based trial of an evidence-based BT for adolescent ADHD (Supporting Teens' Autonomy Daily STAND N=278) reported high clinician, parent, and youth acceptability but variable implementation fidelity. Primary outcome analyses suggested no significant differences between STAND and usual care (UC) unless the clinician delivering STAND was licensed. The present study reports secondary outcomes for this trial on indices of comorbidity (anxiety, depression, oppositional defiant disorder, conduct disorder) and ADHD outcomes not targeted by the active treatment (social skills, sluggish cognitive tempo). We also examine whether therapist licensure moderated treatment effects (as in primary outcome analyses). Using intent-to-treat and per protocol linear mixed models, patients randomized to STAND were compared to those randomized to UC over approximately 10 months of follow-up. GroupxTime effects revealed that, overall, STAND did not outperform usual care when implemented by community clinicians. However, a GroupxTimexLicensure interaction revealed a significant effect on conduct problems when STAND was delivered by licensed clinicians (d=.19-.47). When delivered in community settings, behavior therapy for adolescent ADHD can outperform UC with respect to conduct problems reduction. Community mental health clinics should consider: (1) assigning adolescent ADHD cases to licensed professionals to maximize impact and (2) choosing psychosocial approaches when ADHD presents with comorbid conduct problems. There is also a need to reduce implementation barriers for unlicensed clinicians in community settings. Copyright © 2023 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, N.I.H., Extramural",

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"TI":"A Randomized Controlled Feasibility Trial of Reminder-Focused Positive Psychiatry in Adolescents With Comorbid Attention-Deficit/Hyperactivity Disorder and Posttraumatic Stress Disorder.",

"SO":"Primary Care Companion for CNS Disorders. 22(5) (no pagination), 2020. Article Number: 19m02579. Date of Publication: 2020.",

"AU":"Ahmadi N.  
  
Chaudhry S.  
  
Salam T.  
  
Rodriguez J.  
  
Kase M.  
  
Olango G.  
  
Molla M.  
  
McCracken J.  
  
Pynoos R.",

"AO":"(Ahmadi, Salam, Kase, Olango, Molla, McCracken, Pynoos) Department of Psychiatry, David Geffen School of Medicine, University of California Los Angeles, Los Angeles, CA, United States  
  
(Chaudhry, Salam, Rodriguez, Kase, Olango, Molla) Department of Psychiatry, Kern Medical, Bakersfield, CA, United States",

"IN":"Physicians Postgraduate Press Inc.",

"PB":"adolescent  
  
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"OD":"Objective: To investigate the impact of reminder-focused positive psychiatry (RFPP) on attention-deficit/hyperactive disorder (ADHD) and posttraumatic stress disorder (PTSD) symptoms, vascular-function, inflammation and well- being of adolescents with comorbid ADHD and PTSD. Method(s): After obtaining informed-consent, 11 adolescents were randomized to RFPP (n=5) or trauma-focused cognitive-behavioral therapy (TF-CBT) (n=6). Eight participants (RFPP: N=4, TF-CBT: N=4) completed the twice-weekly intervention for a 6-week trial. The RFPP intervention was inclusive of positive psychiatry interventions on (1) traumatic reminders and (2) avoidance and negative cognition. Vascular function measured as temperature rebound, C-reactive protein, homocysteine, ADHD Swanson, Nolan, and Pelham (SNAP) Questionnaire, Clinician-Administered PTSD Scale for DSM-5-Child/Adolescent Version (CAPS-CA), and neuropsychiatric-measures were measured at baseline and 6 weeks. Subjects were followed for 12 months. The study was conducted from September 2016 to June 2018. Result(s): A significant improvement in CAPS-CA, SNAP scores, and vascular function of both RFPP and TF-CBT groups was noted at follow-up, but was more-robust in the RFPP group (P<.05). At the sixth week, a significant increase in PERMA, gratitude, resilience, and Posttraumatic Growth Inventory scores and a significant decrease in homocysteine and C-reactive protein levels in the RFPP group, but not the TF-CBT group, were noted (P<.05). At 12-month follow-up, there was no psychiatry hospitalization or suicide ideation reported in either group. A continuation of significant improvement in CAPS-CA and SNAP scores in both groups was noted but was more robust in the RFPP group (P<.05). Similarly, a continuation of significant increase in PERMA, gratitude, resilience and Posttraumatic Growth Inventory scores was noted in the RFPP group but not in the TF-CBT group (P<.05). Conclusion(s): RFPP is associated with improvement in core PTSD and ADHD symptoms, decrease in inflammation, and increase in well-being, vascular function, and posttraumatic growth, as well as a favorable long-term clinical outcome. This finding highlights the importance of the dual role of RFPP in addressing vulnerability symptoms as well as enhancing well-being in youth with comorbid ADHD and PTSD.Copyright © 2020 Physicians Postgraduate Press, Inc.",

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Jones S",

"MH":"Ho, Chuong  
  
Jones, Sarah",

"DU":"nan",

"OD":"This Rapid Response report aims to review the clinical effectiveness and safety of 3- month injectable paliperidone palmitate (PP3M) for schizophrenia compared with once-monthly injectable formulation (PP1M) and placebo in the treatment of adults with schizophrenia. Evidence-based guidelines regarding the use of 3-month injectable paliperidone palmitate for the adults with schizophrenia will also be examined. Copyright © 2017 Canadian Agency for Drugs and Technologies in Health.",

"AB":"Review",

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"Unnamed: 22":"Three-month Injectable Paliperidone Palmitate for the Treatment of Adults with Schizophrenia: A Review of Clinical Effectiveness, Safety, and Guidelines",

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"TI":"The Effectiveness and Safety of High-Dose Colistin: Prospective Cohort Study.",

"SO":"Clinical Infectious Diseases. 63(12) (pp 1605-1612), 2016. Date of Publication: 15 Dec 2016.",

"AU":"Benattar Y.D.  
  
Omar M.  
  
Zusman O.  
  
Yahav D.  
  
Zak-Doron Y.  
  
Altunin S.  
  
Elbaz M.  
  
Daitch V.  
  
Granot M.  
  
Leibovici L.  
  
Paul M.",

"AO":"nan",

"IN":"(Benattar, Zak-Doron, Paul) Infectious Diseases Institute, Rambam Health Care Campus, Haifa 3109601, Israel  
  
(Benattar, Granot) Cheryl Spencer Department of Nursing, University of Haifa, Israel  
  
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(Zak-Doron, Altunin, Paul) Ruth and Bruce Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel",

"PB":"Oxford University Press",

"MH":"\*Acinetobacter  
  
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adverse drug reaction  
  
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"AB":"Background: Optimizing colistin dosing should translate to improved patient outcomes. Method(s): We used data from 2 prospective cohort studies performed between 2006 and 2009 and between 2012 and 2015. In the latter period, a new policy of high-dose colistin (9 million international units [MIU] loading dose followed by 9 MIU daily for normal renal function) was introduced in 2 participating hospitals. We included adult inpatients with invasive infections caused by carbapenem-resistant gram-negative bacteria treated with colistin. Our primary exposure variable was colistin dose, dichotomized to high-dose vs other regimens. The primary outcome was 28-day mortality. We generated a propensity score for high-dose colistin and conducted propensity-adjusted multivariable and matched-cohort analyses for mortality. Result(s): Of 529 consecutive patients fulfilling inclusion criteria, 144 were treated with high-dose colistin and 385 with lower-dose colistin regimens. The median daily dose in the high-dose group was 9 MIU (interquartile range [IQR], 9-9) vs 4 MIU (IQR, 3-6) with other regimens. There were 50 of 144 (34.7%) deaths with high-dose colistin vs 165 of 385 (42.9%) with low-dose colistin (P =. 1). The propensity-adjusted odds ratio (OR) for mortality was 1.07 (95% confidence interval [CI],. 63-1.83) for high-dose colistin. Similar results were obtained when using the study period as the exposure variable, in the subgroup of bacteremic patients (n = 207) and in the propensity-matched cohort (OR, 1.11 [95% CI,. 67-1.82]). Nephrotoxicity (RIFLE injury or higher OR, 2.12 [95% CI, 1.29-3.48] n = 396) and seizures were significantly more common with high-dose colistin. Conclusion(s): In a large cohort, we found no association between high colistin dosing and all-cause mortality. High dosing was associated with more nephrotoxicity. Copyright © 2016 The Author. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.",

"FTURL":"Click here for full text options",

"PM":"27794023 [https://www.ncbi.nlm.nih.gov/pubmed/?term=27794023]",

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"DB":"Ovid MEDLINE(R)",

"UI":"35175509",

"TI":"Carbapenem-resistant Acinetobacter baumannii: Colonization, Infection and Current Treatment Options. [Review]",

"SO":"Infectious Diseases & Therapy. 11(2):683-694, 2022 Apr.",

"AU":"1",

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"PB":"Bartal C  
  
Rolston KVI  
  
Nesher L",

"MH":"Nesher, Lior ORCID: http://orcid.org/0000-0002-1230-0428",

"DU":"Bartal, Carmi  
  
Rolston, Kenneth V I  
  
Nesher, Lior",

"OD":"Bartal, Carmi. Faculty of Health Sciences, Internal Medicine, Soroka Medical Center, Ben-Gurion University of the Negev, Beer Sheba, Israel.  
  
Rolston, Kenneth V I. The Department of Infectious Diseases, Infection Control, and Employee Health, Unit 1460, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.  
  
Nesher, Lior. Faculty of Health Sciences, Internal Medicine, Soroka Medical Center, Ben-Gurion University of the Negev, Beer Sheba, Israel. nesherke@bgu.ac.il.  
  
Nesher, Lior. Faculty of Health-Sciences, Infectious Disease Institute, Soroka Medical Center, Ben-Gurion University of the Negev, 1 Rager Street, Beer-Sheba, Israel. nesherke@bgu.ac.il.",

"AB":"Acinetobacter infections Carbapenem-resistant enterobacteriaceae Drug resistance Multiple",

"FTURL":"NOTNLM",

"PM":"Carbapenem-resistant Acinetobacter baumannii (CRAB) causes colonization and infection predominantly in hospitalized patients. Distinction between the two is a challenge. When CRAB is isolated from a non-sterile site (soft tissue, respiratory samples, etc.), it probably represents colonization unless clear signs of infection (fever, elevated white blood count, elevated inflammatory markers and abnormal imaging) are present. Treatment is warranted only for true infections. In normally sterile sites (blood, cerebrospinal fluid) the presence of indwelling medical devices (catheters, stents) should be considered when evaluating positive cultures. In the absence of such devices, the isolate represents an infection and should be treated. If an indwelling device is present and there are no signs of active infection, the device should be replaced if possible, and no treatment is required. If there are signs of an active infection the device should be removed or replaced, and treatment should be administered. Current treatments options and clinical data are limited. No agent or combination regimen has been shown to be superior to any other in randomized clinical trials. Ampicillin-sulbactam appears to have the best evidence for initial use. This is probably due to its ability to saturate penicillin-binding proteins 1 and 3 when given in high dose. Tigecycline when used should be given in high dose as well. Polymyxins are a treatment option but are difficult to dose correctly and have significant side effects. Newer treatment options such as eravacycline and cefiderocol have potential however, currently there are not enough data to support their use as single agents. Combination therapy appears to be the best treatment option and should always include high-dose ampicillin-sulbactam combined with another active agent such as high-dose tigecycline, polymyxins, etc. These infections require a high complexity of skill, and an infectious disease specialist should be involved in the management of these patients. Copyright © 2022. The Author(s).",

"DJ":"Journal Article  
  
Review",

"MV":"2022",

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"Disease area":"Multiple myeloma",

"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37902242",

"TI":"The role of staging in multiple myeloma.",

"SO":"Expert Review of Hematology. 16(12):933-942, 2023 Jul-Dec.",

"AU":"1",

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"PB":"Yavorkovsky LL",

"MH":"Yavorkovsky, Leonid L",

"DU":"Yavorkovsky, Leonid L. Kaiser Permanente San Jose Medical Center, Oncology Division, 271 International Circle, San Jose, CA, USA.",

"OD":"Multiple myeloma prognosis risk stratification staging treatment",

"AB":"NOTNLM",

"FTURL":"INTRODUCTION: The importance of cancer staging is determined by how accurately it can predict prognosis, and how useful it is for treatment decisions. Compared to other malignancies, multiple myeloma (MM) staging proved more challenging because of unreliable prognostic factors and wide-ranging life expectancy. As traditional MM staging continues to evolve, it requires reassessment of its prognostic and predictive value.  
  
AREAS COVERED: The studies that included prognostic and predictive value of MM stages from 1975 through 2023 were selected for this review using PubMed, MEDLINE platforms. The history and evolution of MM staging are revisited, including its role in predicting survival, treatment planning and potential practical implications for the future. The role of MM staging for oncological practice and patient counseling is discussed.  
  
EXPERT OPINION: The utility of the traditional MM staging remains unsatisfactory because it lacks a strong connection with the disease biology, prognosis or treatment planning. Additionally, it demonstrates a modest value for patient counseling because individual prognosis is subject to under- or overestimation, and the median survival or survival rates are difficult concepts to grasp. Although the role of MM stages may change in the future, the current research upholds the notion that MM staging benefits more medical research and clinical trials than oncological practice.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Yavorkovsky, Leonid L ORCID: https://orcid.org/0000-0002-8712-1141",

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"TI":"Quantification of circulating clonal plasma cells by multiparametric flow cytometry as a prognostic marker in patients with newly diagnosed multiple myeloma.",

"SO":"International Journal of Laboratory Hematology. 45(6) (pp 917-926), 2023. Date of Publication: December 2023.",

"AU":"Sathya P.  
  
Kayal S.  
  
Srinivas B.H.  
  
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"AO":"Kar, Rakhee ORCID: https://orcid.org/0000-0001-6041-1512",

"IN":"(Sathya, Srinivas, Kar) Department of Pathology, Jawaharlal Institute of Post-Graduate Medical Education and Research, Pondicherry, India  
  
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(Hamide) Department of Medicine, Jawaharlal Institute of Post-Graduate Medical Education and Research, Pondicherry, India",

"PB":"John Wiley and Sons Inc",

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"OD":"Background: Studies have shown that the quantification of circulating clonal plasma cells (cCPCs) in peripheral blood using flow cytometry could be used as a prognostic predictor of poor outcome in multiple myeloma (MM). Method(s): In 66 newly diagnosed MM, cCPCs were quantified (cCPC%) and analysed for association with outcome and survival. Single-tube combined surface (CD45/CD19/CD138/CD38/CD56/CD27/CD81 as per availability) and cytoplasmic (kappa/lambda) staining was done using pre-titrated volumes of antibodies. In 26 patients, repeat cCPC% was assessed post-induction therapy. For association studies, treatment response has been taken as good (VGPR and above) and poor (PR and below). All statistical analyses were performed with SPSS software version 16.0. Result(s): There was no significant association between cCPC% at baseline with staging (p = 0.43), beta2-microglobulin (p = 0.27) and albumin (p = 0.08). There was a significant difference between the pre-induction and post-induction cCPC% (p = 0.0001). The patients were segregated using a cut-off of >=0.197 and <0.197 based on the median values of baseline cCPC%. The post-induction outcome was available for 47 patients among whom 33 (70%) had VGPR and above. There was a significant association between higher cCPC% at baseline with poor treatment response (p = 0.008). The median OS in the study patients was 42 (CI 28.14-43.03) months and the median PFS was 39 (CI 28.49-49.04) months. Higher cCPC% showed a lower median PFS (30 vs. 39 months) and OS (35 vs. 41 months) compared to lower cCPC% though it was not statistically significant. Conclusion(s): Flow cytometric baseline cCPC% in newly diagnosed MM was associated with poor treatment response and survival.Copyright © 2023 John Wiley & Sons Ltd.",

"AB":"Click here for full text options",

"FTURL":"ADP ribosyl cyclase/cyclic ADP ribose hydrolase 1 / endogenous compound  
  
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"UI":"2026986713",

"TI":"Impact of gaming disorder on first episode psychosis patients' evolution: Protocol for a multicentered prospective study.",

"SO":"Early Intervention in Psychiatry. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Huot-Lavoie M.  
  
Desmeules C.  
  
Corbeil O.  
  
Bechard L.  
  
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Theriault C.  
  
Anderson E.  
  
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Abdel-Baki A.  
  
Khazaal Y.  
  
Giroux I.  
  
Demers M.-F.  
  
Roy M.-A.",

"AO":"Huot-Lavoie, Maxime ORCID: https://orcid.org/0000-0001-7378-9776  
  
Roy, Marc-Andre ORCID: https://orcid.org/0000-0002-0123-6651",

"IN":"(Huot-Lavoie, Desmeules, Brodeur, Haider, Roy) Faculty of Medicine, Universite Laval, Quebec City, QC, Canada  
  
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(Khazaal) Faculty of Medicine, Department of Psychiatry, Universite de Montreal, Montreal, QC, Canada  
  
(Khazaal) Clinique JAP, Montreal University Hospital Research Center, Montreal, QC, Canada  
  
(Giroux) Department of Psychiatry, Lausanne University, Lausanne, Switzerland",

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"MH":"adolescent  
  
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"FTURL":"Aims: The objective of this study is to underline the impact of Gaming Disorder on the clinical evolution of patients with First Episode Psychosis. The specific aims of the study are to determine the prevalence of gaming disorder among those patients and assess the consequences of gaming on their clinical trajectory. Method(s): This is a prospective multicenter cohort study that will enrol 800 patients diagnosed with a first episode psychosis, with a follow-up period of up to 3 years. Using a systematic screening procedure for gaming disorder, the clinical staff will assess patients gaming habits at admission and every 6 months thereafter. Information from patients' medical records will also be extracted using the same timeframe. Result(s): The patients' characteristics at admission and during follow-up will be presented in the form of descriptive statistics and compared between different subgroups of patients using uni- and multivariate logistic regression models. Repeated measures ANCOVA will also be performed to analyse the impact of gaming disorders on patients' clinical path as assessed by the Positive and Negative Syndrome Scale and the Clinical Global Impression scale, considering covariates such as psychiatric diagnosis, pharmacological treatment, age, sex/gender, and duration of untreated psychosis. Conclusion(s): These findings will guide the development of prevention, detection, and treatment strategies for the comorbidity between gaming disorder and first episode psychosis, ultimately improving the patients' recovery.Copyright © 2023 The Authors. Early Intervention in Psychiatry published by John Wiley & Sons Australia, Ltd.",

"PM":"Click here for full text options",

"DJ":"38059702 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38059702]",

"MV":"nan",

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"UI":"37585373",

"TI":"Ketogenic diet ameliorates attention deficit hyperactivity disorder in rats via regulating gut microbiota.",

"SO":"PLoS ONE [Electronic Resource]. 18(8):e0289133, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Liu Y  
  
Yang C  
  
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Yang L",

"MH":"Yang, Lin ORCID: https://orcid.org/0000-0002-6893-1851",

"DU":"Liu, Yu  
  
Yang, Changhong  
  
Meng, Yingxue  
  
Dang, Yonghui  
  
Yang, Lin",

"OD":"Liu, Yu. Department of Pediatrics, The Second Affiliated Hospital of Xi'an Jiaotong University, Xi'an, Shaanxi, China.  
  
Yang, Changhong. Department of Pediatrics, The Second Affiliated Hospital of Xi'an Jiaotong University, Xi'an, Shaanxi, China.  
  
Meng, Yingxue. Department of Pediatrics, The Second Affiliated Hospital of Xi'an Jiaotong University, Xi'an, Shaanxi, China.  
  
Dang, Yonghui. College of Medicine and Forensics, Xi'an Jiaotong University Health Science Center, Xi'an, Shaanxi, China.  
  
Yang, Lin. Department of Pediatrics, The Second Affiliated Hospital of Xi'an Jiaotong University, Xi'an, Shaanxi, China.",

"AB":"Rats  
  
Male  
  
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Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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\*Gastrointestinal Microbiome  
  
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Methylphenidate/tu [Therapeutic Use]  
  
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Disease Models, Animal",

"FTURL":"nan",

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"DJ":"Attention deficit hyperactivity disorder (ADHD) is a common mental behavioral disorder in children. Alterations in gut microbiota composition are associated with neurological disorders. We aimed to investigate whether a ketogenic diet (KD) can be an alternative therapy for ADHD by altering the gut microbiota. Male spontaneously hypertensive rats (SHR) and Wistar Kyoto (WKY) rats were randomly allocated to the normal diet (ND), methylphenidate (MPH), and KD groups. SHR in groups KD and MPH exhibited a significant increase in behavioral characteristics of ADHD, such as distance moved and immobility time. KD and MPH treatment led to a significant elevation in concentrations of 5-HT, AC, cAMP, and NE of brain tissue and the expression of DRD1, DAT, PKA, DARPP32, and cAMP at the protein level in WKY rats and SHR. KD and MPH significantly increased the richness and diversity of gut microbiota in SHR. The abundance of Ruminococcus\_gauvreauii\_group, Bacteroides, Bifidobacterium, and Blautia significantly increased, whereas that of Lactobacillus, Romboutsia, Facklamia, and Turicibacter significantly declined in the KD group compared with the ND group. The gut microbiota in the KD group of SHR mainly participated in amino acid metabolism- and sugar metabolism-related pathways. KD might alleviate behavioral disorders in ADHD by regulating gut microbiota. This study provides novel insights for the use of KD in treating ADHD. Copyright: © 2023 Liu et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.",

"MV":"0 (Central Nervous System Stimulants)  
  
207ZZ9QZ49 (Methylphenidate)",

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Research Support, Non-U.S. Gov't",

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"TI":"Predictors of Relapse in the Early Stages of the Treatment Among Inpatients with Opioid Use Disorder: A Single-Center, Prospective Cohort Study.",

"SO":"Psychiatry and Clinical Psychopharmacology. 30(3) (pp 205-213), 2020. Date of Publication: August 2020.",

"AU":"Gica S.  
  
Donmez Z.  
  
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Gulec H.",

"AO":"(Gica) Necmettin Erbakan University, Meram Medical Faculty, Department of Psychiatry, Konya, Turkey  
  
(Donmez) University of Health Sciences Umraniye Training and Research Hospital, Department of Psychiatry, Istanbul, Turkey  
  
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(Iyisoy) Necmettin Erbakan University, Meram Medical Faculty, Department of Medical Education and Informatics, Konya, Turkey",

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"OD":"Background: Relapse rates in patients with opioid use disorder (OUD) seem to be higher compared with relapse rates in other substance use disorders. In this regard, it is important to deal with the treatment process after discharge and to determine the factors affecting relapse in the early stages of the treatment of the disease. The present study aimed to investigate the factors that may be related to relapse in the first 3 months of treatment, such as sociodemographics, substance use characteristics, attention-deficit, and hyperactivity symptomatology and cognitive functions in detail. Method(s): A total of 100 inpatients with OUD who consented to participate were included in the research. CANTAB Rapid Visual Information Processing (RVP), CANTAB Emotion Recognition Task (ERT), the CANTAB Cambridge Gambling Test (CGT), Addiction Profile Index (API), Barratt Impulsiveness Scale (BIS), and Adult Attention-Deficit and Hyperactivity Disorder Self-Reporting Scale (ASRS) were administered to the patients. After discharge, the patients were followed up by phone calls, polyclinic follow-ups, and urine analysis for 2 months. Relapse was evaluated both in the interview and the results of the urine analysis. Result(s): Two months after discharge, there were 16 (16%) patients who reported no substance use. The patients were divided into three groups 1) those who could not complete hospitalization, 2) those who experienced a shift on the first day after discharge, and 3) those who experienced a shift after discharge or those in remission. When the sociodemographic data, substance use characteristics, API, ASRS scores, and cognitive functions of the three groups were compared, only the mean RVP - the ability to determine target scores and RVP - total correct rejection scores in patients who were in remission or experienced relapse in the later stages of discharge were significantly higher than the mean score of patients who were discharged before completing the hospitalization protocol (p= 0.011 and p=0.008, respectively). Age, education level, ASRS attention-deficit and impulsivity scores, recognition of happiness scores, and ability to determine to target scores had a significant effect on relapse. After the patients were divided into two groups according to the RVP median value, the abstinence probabilities of the patients were examined using Kaplan-Meier survival analysis. Conclusion(s): Interrogating and treating patients with attention-deficit and hyperactivity disease and symptomatology, as well as interventions with new treatment methods (such as computerized cognitive training and cognitive rehabilitation programs) for patients with sustained attention and social cognition impairment are needed to prevent relapse in the early stages of the treatment in patients with OUD.Copyright © 2020, AVES. All rights reserved.",

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"SO":"Agency for Healthcare Research and Quality (US). AHRQ Comparative Effectiveness Reviews, Report No.: 17(18)-EHC031-EF.2017 10",

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Monroe-DeVita, Maria. Pacific Northwest Evidence-based Practice Center  
  
Haupt, Daniel W. Pacific Northwest Evidence-based Practice Center",

"OD":"OBJECTIVES: This systematic review (SR) provides evidence on pharmacological and psychosocial treatments for schizophrenia.  
  
DATA SOURCES: MEDLINE R, the Cochrane Library databases, PsycINFO R, and included studies through February 2017.  
  
STUDY SELECTION: We included studies comparing second-generation antipsychotics (SGA) with each other or with a first-generation antipsychotic (FGA) and studies comparing psychosocial interventions with usual care in adults with schizophrenia.  
  
DATA EXTRACTION: We extracted study design, year, setting, country, sample size, eligibility criteria, population, clinical and intervention characteristics, results, and funding source.  
  
RESULTS: We included 1 SR of 138 trials (N=47,189) and 24 trials (N=6,672) for SGAs versus SGAs, 1 SR of 111 trials (N=118,503) and 5 trials (N=1,055) for FGAs versus SGAs, and 13 SRs of 271 trials (N=25,050) and 27 trials (n=6,404) for psychosocial interventions. Trials were mostly fair quality and strength of evidence was low or moderate. For drug therapy, the majority of the head-to-head evidence was on older SGAs, with sparse data on SGAs approved in the last 10 years (asenapine, lurasidone, iloperidone, cariprazine, brexpiprazole) and recent long-acting injection (LAI) formulations of aripiprazole and paliperidone. Older SGAs were similar in measures of function, quality of life, mortality, and overall adverse events, except that risperidone LAI had better social function than quetiapine. Core illness symptoms were improved more with olanzapine and risperidone than asenapine, quetiapine, and ziprasidone, and more with paliperidone than lurasidone and iloperidone all were superior to placebo. Risperidone LAI and olanzapine had less withdrawal due to adverse events. Compared with olanzapine and risperidone, haloperidol, the most studied FGA, had similar improvement in core illness symptoms, negative symptoms, symptom response, and remission but greater incidence of adverse event outcomes. In comparison with usual care, most psychosocial interventions reviewed were more effective in improving intervention-targeted outcomes, including core illness symptoms. Various functional outcomes were improved more with assertive community treatment, cognitive behavioral therapy, family interventions, psychoeducation, social skills training, supported employment, and early interventions for first episode psychosis (FEP) than with usual care. Quality of life was improved more with cognitive behavioral therapy and early interventions for FEP than usual care. Relapse was reduced with family interventions, psychoeducation, illness self-management, family interventions, and early interventions for FEP.  
  
CONCLUSIONS: Most comparative evidence on pharmacotherapy relates to the older drugs, with clozapine, olanzapine, and risperidone superior on more outcomes than other SGAs. Older SGAs were similar to haloperidol on benefit outcomes but had fewer adverse event outcomes. Most psychosocial interventions improved functional outcomes, quality of life, and core illness symptoms, and several reduced relapse compared with usual care.",

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"TI":"A pilot study of quantitative loop-mediated isothermal amplification-guided target therapies for hospital-acquired pneumonia.",

"SO":"Chinese Medical Journal. 129(2) (pp 181-186), 2016. Date of Publication: 20 Jan 2016.",

"AU":"Wang F.  
  
Li R.  
  
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Zhou D.-X.  
  
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"AO":"nan",

"IN":"(Wang, Li, Shang, Zhou, Yang, Xi, Wang, Bao, Gao) Department of Respiratory and Critical Care Medicine, Peking University People's Hospital, Beijing 100044, China  
  
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"AB":"Background: It is important to achieve the definitive pathogen identification in hospital-acquired pneumonia (HAP), but the traditional culture results always delay the target antibiotic therapy. We assessed the method called quantitative loop-mediated isothermal amplification (qLAMP) as a new implement for steering of the antibiotic decision-making in HAP. Method(s): Totally, 76 respiratory tract aspiration samples were prospectively collected from 60 HAP patients. DNA was isolated from these samples. Specific DNA fragments for identifying 11 pneumonia-related bacteria were amplified by qLAMP assay. Culture results of these patients were compared with the qLAMP results. Clinical data and treatment strategies were analyzed to evaluate the effects of qLAMP results on clinical data. McNemar test and Fisher's exact test were used for statistical analysis. Result(s): The detection of Staphylococcus aureus, Escherichia coli, Pseudomonas aeruginosa, Klebsiella pneumonia, Stenotrophomonas maltophilia, Streptococcus pneumonia, and Acinetobacter baumannii by qLAMP was consistent with sputum culture (P > 0.05). The qLAMP results of 4 samples for Haemophilus influenzae, Legionella pneumophila, or Mycoplasma pneumonia (MP) were inconsistent with culture results however, clinical data revealed that the qLAMP results were all reliable except 1 MP positive sample due to the lack of specific species identified in the final diagnosis. The improvement of clinical condition was more significant (P < 0.001) in patients with pathogen target-driven therapy based on qLAMP results than those with empirical therapy. Conclusion(s): qLAMP is a more promising method for detection of pathogens in an early, rapid, sensitive, and specific manner than culture.Copyright © 2016 Chinese Medical Journal Produced by Wolters Kluwer - Medknow",

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"TI":"The Genomic Characterization of KPC-Producing Klebsiella pneumoniae from the ICU of a Teaching Hospital in Shanghai, China.",

"SO":"Infection & Drug Resistance. 15:69-81, 2022.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"OD":"Du, Yingying. Department of Critical Care Medicine, Shanghai Tenth People's Hospital, Tongji University, School of Medicine, Shanghai, 200072, People's Republic of China.  
  
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Liu, Yuhao. Department of Critical Care Medicine, Shanghai Tenth People's Hospital, Tongji University, School of Medicine, Shanghai, 200072, People's Republic of China.  
  
Wang, Sheng. Department of Critical Care Medicine, Shanghai Tenth People's Hospital, Tongji University, School of Medicine, Shanghai, 200072, People's Republic of China.",

"AB":"Klebsiella pneumoniae blaKPC-2 drug-resistant plasmids single nucleotide polymorphism whole-genome sequencing",

"FTURL":"NOTNLM",

"PM":"PURPOSE: This study retrospectively analyzed the genome characteristics of blaKPC-2 in multidrug-resistant Klebsiella pneumoniae collected from the ICU of a teaching hospital in Shanghai, China.  
  
METHODS: From February 2018 to December 2019, 36 strains of multidrug-resistant Klebsiella pneumoniae were collected from the bronchoalveolar lavage fluid of critically ill patients. The genome of all isolates was obtained through the Illumina sequence, and single nucleotide polymorphisms of the blaKPC-2 gene were analyzed to explore blaKPC-2's evolutionary characteristics. Different strains' genetic relationships and homology were studied by constructing an evolutionary tree on a single copy orthologue. Pacbio combined Illumina sequence was conducted to evaluate the structure and potential mobility of drug-resistant plasmids of the strain KP-s26.  
  
RESULTS: The distribution of resistance and virulence genes had little difference, but most strains had significant differences in the plasmid-encoded region. Most strains (31/36) carried the carbapenemase gene blaKPC-2, with no single nucleotide polymorphism in different strains. Extended-spectrum beta-lactamase resistance genes, such as blaCTX-M and blaSHV, were found in the isolates, but no metallo-beta-lactamases were detected. All strains with blaKPC-2 coexisted with chromosomal-associated fosfomycin resistance genes fosA6, and the coexistence of blaKPC-2 and blaCTX variants (blaCTX-M-15, blaCTX-M-65, and blaCTX-M-27) was also detected in 29/31 strains. The isolate KP-s26 carried five circular plasmids. pA and pB were conjugate plasmids, as they carried drug resistance genes and contained a complete IV secretion system.  
  
CONCLUSION: The blaKPC-2 carbapenemase gene is relatively conservative in the process of evolution drug-resistant plasmids containing conjugated transfer elements contribute to the spreading of drug resistance. The coexistence of blaKPC-2 with fosA6 or blaCTX-M variants was associated with increased fosfomycin resistance and broad-spectrum beta-lactam resistance, respectively.  
  
CLINICAL TRIALS REGISTRATION: Clinical Trials.gov Identifier: NCT03950544. Copyright © 2022 Du et al.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38046471",

"TI":"Clinician preferences on treatment of smoldering myeloma: a cross-sectional survey.",

"SO":"EClinicalMedicine. 65:102272, 2023 Nov.",

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Chakraborty, Rajshekhar. Herbert Irving Comprehensive Cancer Center, Columbia University Irving Medical Center, USA.  
  
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Derman, Benjamin A. Section of Hematology/Oncology, University of Chicago, USA.",

"OD":"Clinician preference Early intervention Multiple myeloma Randomized Smoldering myeloma Survey",

"AB":"NOTNLM",

"FTURL":"Background: Smoldering myeloma (SMM) is an asymptomatic precursor condition to multiple myeloma (MM) with a variable risk of progression. The management of high-risk SMM (HR-SMM) remains controversial, particularly with changes in diagnostic criteria that led to reclassifying of some patients with SMM to MM. This study aimed to assess clinician preferences for whether to treat patients with HR-SMM and/or patients with MM diagnosed solely by SLiM criteria (free light chain ratio >100, bone marrow plasma cell percentage >60, greater than two focal marrow lesions on MRI) through an electronic survey.  
  
Methods: This was a cross-sectional survey of clinicians, conducted via an anonymous online REDCap survey from May 16th to July 5th, 2023. The survey included questions on demographics, SMM surveillance practices, and management preferences for two clinical scenarios (HR-SMM and MM based solely on the free light chain ratio >100 criterion). Data was analysed descriptively via Microsoft Excel.  
  
Findings: A total of 146 clinicians completed the full survey, with 92% recommending against routine treatment for a patient with HR-SMM based on a single time point assessment, instead preferring active surveillance. For patients with MM diagnosed solely on the basis of a free light chain ratio >100, 61% recommended active treatment, while 37% recommended active surveillance. The most common reasons recommending against treatment of HR-SMM were toxicity, lack of demonstrated overall survival benefit, and low MM-defining event rates in clinical trials.  
  
Interpretation: The survey indicates that most clinicians recommend against routine treatment for HR-SMM. Active surveillance is the prevailing standard of care and it is therefore an appropriate control arm in future SMM trials. More randomised trials are needed to determine if early treatment of modern-era SMM offers a net benefit to patients.  
  
Funding: None. Copyright © 2023 The Author(s).",

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"TI":"Polyclonal immunoglobulin recovery in patients with newly diagnosed myeloma receiving maintenance therapy after autologous haematopoietic stem cell transplantation with either carfilzomib, lenalidomide and dexamethasone or lenalidomide alone: Subanalysis of the randomized phase 3 ATLAS trial.",

"SO":"British Journal of Haematology. 203(5) (pp 792-802), 2023. Date of Publication: December 2023.",

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"IN":"(Kubicki, Stefka, Derman, Jakubowiak) University of Chicago, Chicago, IL, United States  
  
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(Czabak) Medical University of Lublin, Lublin, Poland  
  
(Lahoud) Memorial Sloan-Kettering Cancer Center, New York, NY, United States",

"PB":"John Wiley and Sons Inc",

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"OD":"Previous studies suggest that postautologous stem cell transplant (ASCT) recovery of polyclonal immunoglobulin from immunoparesis in patients with multiple myeloma is a positive prognostic marker. We performed a longitudinal analysis of polyclonal immunoglobulin concentrations and unique B-cell sequences in patients enrolled in the phase 3 ATLAS trial that randomized 180 subjects to either carfilzomib, lenalidomide, dexamethasone (KRd) or lenalidomide (R) maintenance. In the KRd arm, standard-risk patients with minimal residual disease negativity after six cycles de-escalated to R alone after cycle 8. One year from the initiation of maintenance at least partial recovery of polyclonal immunoglobulin was observed in more patients on the R arm (58/66, p < 0.001) and in those who de-escalated from KRd to R (27/38, p < 0.001) compared to the KRd arm (9/36). In patients who switched from KRd to R, the concentrations of uninvolved immunoglobulin and the number of B-cell unique sequences increased over time, approaching values observed in the R arm. There were no differences in progression-free survival between the patients with at least partial immunoglobulin recovery and the remaining population. Our analysis indicates that patients receiving continuous therapy after ASCT experience prolonged immunoparesis, limiting prognostic significance of polyclonal immunoglobulin recovery in this setting.Copyright © 2023 The Authors. British Journal of Haematology published by British Society for Haematology and John Wiley & Sons Ltd.",

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"DB":"Embase",

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"TI":"Blood-brain barrier dysfunction and folate and vitamin B12 levels in first-episode schizophrenia-spectrum psychosis: a retrospective chart review.",

"SO":"European Archives of Psychiatry and Clinical Neuroscience. 273(8) (pp 1693-1701), 2023. Date of Publication: December 2023.",

"AU":"Campana M.  
  
Lohrs L.  
  
Strauss J.  
  
Munz S.  
  
Oviedo-Salcedo T.  
  
Fernando P.  
  
Maurus I.  
  
Raabe F.  
  
Moussiopoulou J.  
  
Eichhorn P.  
  
Falkai P.  
  
Hasan A.  
  
Wagner E.",

"AO":"Campana, Mattia ORCID: https://orcid.org/0000-0003-4596-4287",

"IN":"(Campana, Lohrs, Straus, Munz, Oviedo-Salcedo, Maurus, Raabe, Moussiopoulou, Falkai, Wagner) Department of Psychiatry and Psychotherapy, University Hospital, LMU Munich, Nussbaumstrase 7, Munich 80336, Germany  
  
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(Eichhorn) Institute of Laboratory Medicine, University Hospital, LMU Munich, Munich, Germany",

"PB":"Springer Science and Business Media Deutschland GmbH",

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"FTURL":"Vitamin deficiency syndromes and blood-brain barrier (BBB) dysfunction are frequent phenomena in psychiatric conditions. We analysed the largest available first-episode schizophrenia-spectrum psychosis (FEP) cohort to date regarding routine cerebrospinal fluid (CSF) and blood parameters to investigate the association between vitamin deficiencies (vitamin B12 and folate) and BBB impairments in FEP. We report a retrospective analysis of clinical data from all inpatients that were admitted to our tertiary care hospital with an ICD-10 diagnosis of a first-episode F2x (schizophrenia-spectrum) between January 1, 2008 and August 1, 2018 and underwent a lumbar puncture, blood-based vitamin status diagnostics and neuroimaging within the clinical routine. 222 FEP patients were included in our analyses. We report an increased CSF/serum albumin quotient (Qalb) as a sign of BBB dysfunction in 17.1% (38/222) of patients. White matter lesions (WML) were present in 29.3% of patients (62/212). 17.6% of patients (39/222) showed either decreased vitamin B12 levels or decreased folate levels. No statistically significant association was found between vitamin deficiencies and altered Qalb. This retrospective analysis contributes to the discussion on the impact of vitamin deficiency syndromes in FEP. Although decreased vitamin B12 or folate levels were found in approximately 17% of our cohort, we found no evidence for significant associations between BBB dysfunction and vitamin deficiencies. To strengthen the evidence regarding the clinical implications of vitamin deficiencies in FEP, prospective studies with standardized measurements of vitamin levels together with follow-up measurements and assessment of symptom severity in addition to CSF diagnostics are needed.Copyright © 2023, The Author(s).",

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"DB":"Ovid MEDLINE(R)",

"UI":"37313626",

"TI":"Working memory training in children with neurodevelopmental disorders and intellectual disabilities, the role of coaching: A double-blind randomised controlled trial.",

"SO":"Journal of Intellectual Disability Research. 67(9):842-859, 2023 09.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"OD":"Roording-Ragetlie, S L. Karakter Child and Adolescent Psychiatry, Nijmegen, The Netherlands.  
  
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Slaats-Willemse, D. Denkkracht, Center for Neuropsychological Expertise, Nijmegen-Arnhem, The Netherlands.",

"AB":"Humans  
  
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"FTURL":"ADHD ASD coaching intellectual disabilities working memory training",

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"DJ":"BACKGROUND: Working memory training (WMT) can offer therapeutic benefits to patients with neurodevelopmental disorders (NDD) and mild to borderline intellectual disability (MBID). However, consistent evidence for treatment benefits of WMT over placebo training is missing. So far, participants in double-blind research designs did receive non-specific coaching, whereas active coaching based on individual training results might increase the efficacy of WMT. Furthermore, the intensity and duration of WMT is often too stressful for these children. This study therefore investigated whether a less intensive but more prolonged WMT, with active personalised coaching and feedback, would reduce behavioural symptoms and improve neurocognitive functioning and academic achievements in children with NDD and MBID.  
  
METHOD: A double-blind randomised controlled trial in children (aged 100-1311) with MBID (60 < IQ < 85) and ADHD and/or ASD evaluated the effects of a less intensive but prolonged version of the original Cogmed WMT (30 min a day, 4 days a week, 8 weeks in total). Eighteen participants received active, personalised coaching and feedback, based on their actual individual performance during training. Twenty-two received general non-personalised coaching for the same amount of time. Executive functioning, academic achievements and several behavioural measurements were administered, before and after training, with a 6-months follow-up.  
  
RESULTS: We observed a significant effect of time on both primary and secondary outcome measures, indicating that all children improved in working memory performance and other neurocognitive and academic outcomes. The interaction between time and group was not significant.  
  
DISCUSSION: This study was unable to document superior effects of active personalised coaching and feedback compared with general non-personalised coaching and no feedback in an adaptive WMT in children with MBID and NDD. The objectively documented changes over time suggest that for these vulnerable children, a regular, structured and structural contact with a coach and adapted exercises is enough to develop therapy fidelity, boost motivation and improve neurodevelopmental task performance. Further research is needed to examine which possible subgroups within this heterogenic group of children profit more from WMT compared with other subgroups. Copyright © 2023 The Authors. Journal of Intellectual Disability Research published by MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

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"TI":"Is Functional Improvement Always Correlated with Symptomatic Improvement in Children with Attention-Deficit/ Hyperactivity Disorder Managed with Oros Methylphenidate? A Prospective Open-Label Naturalistic Follow-Up Study.",

"SO":"Psychiatry and Clinical Psychopharmacology. 30(2) (pp 128-135), 2020. Date of Publication: April 2020.",

"AU":"Tarakcioglu M.C.  
  
Caliskan Y.  
  
Kadak M.T.  
  
Aliyev N.O.  
  
Aksoy U.M.  
  
Tufan A.E.  
  
Gundogdu O.Y.  
  
Memik N.C.  
  
Weiss M.D.",

"AO":"(Tarakcioglu) SBU Kanuni Sultan Suleyman Education and Research Hospital, Department of Child and Adolescent Psychiatry, Istanbul, Turkey  
  
(Caliskan) Mimar Sinan State Hospital, Clinic of Child and Adolescent Psychiatry, Istanbul, Turkey  
  
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(Gundogdu, Memik) Kocaeli University, Department of Child and Adolescent Psychiatry, Kocaeli, Turkey  
  
(Weiss) Child Psychiatry at Cambridge Health Allience, Cambridge, MA, United States",

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"OD":"Background: To investigate the relationship between symptomatic improvement and functional improvement in children with attention deficit hyperactivity disorder (ADHD) who were being treated with OROS methylphenidate. Method(s): Parents evaluated the severity of ADHD symptoms on the Turgay-DSM-IV ADHD/Disruptive Behavior Disorders Scale (T-DSM-IV). They assessed functioning on the Weiss Functional Impairment Rating Scale - Parent Form (WFIRS-P), and the Pediatric Quality of Life Inventory (PedsQL) was used to assess quality of life. Clinicians rated global outcome on the Clinical Global Impressions Scale (CGI). Response was measured in terms of the following criteria: a 20% change in symptoms, a CGI-I score that was much improved (2) or very much improved (1), or an improvement of 0.25 (the minimally important difference) on the WFIRS. Improvement in quality of life was defined as >= 20% change in PedsQL score. Result(s): Sixty-three children completed the study. After 12 weeks, 77.7% of patients met the a priori criteria for treatment response rate. Among patients who exhibited improvement in symptoms, 42.9% also showed improved functioning. Among those who showed improved functioning, 95.5% showed improvement in symptoms. Of patients who showed improvement in symptoms, 34.6% percent also showed improvement in quality of life. Of those who showed improvement in quality of life, 94.4% also showed improvement in symptoms. Conclusion(s): Evaluation of changes in functional improvement, quality of life improvement, and symptom improvement during ADHD treatment enables clinicians to identify individuals whose functional impairment/quality of life persists despite symptom improvement. On that basis, additional treatment interventions can be organized for those individuals.Copyright © 2020, AVES. All rights reserved.",

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"UI":"28825781",

"TI":"nan",

"SO":"Canadian Agency for Drugs and Technologies in Health. CADTH Rapid Response Reports2017 02 03",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"nan",

"PB":"Anonymous",

"MH":"nan",

"DU":"nan",

"OD":"Borderline personality disorder (BPD) is characterized by unstable interpersonal relationships, emotion and self-image, as well as marked impulsivity causing significant impairment. The term BPD describes a disease in the borderline between psychosis and neurosis. In the United States, it was reported in 2008 that the estimated prevalence was 1.4 percent in general population, but may be as high as 20% among psychiatry inpatients. BPD is predominantly (75%) diagnosed in women in clinical settings., However, there is no significant difference in the lifetime prevalence of BPD between men and women. This discrepancy of gender prevalence suggests that women with BPD are more likely to seek treatment than men. Co-morbidity with other psychiatric disorders is common in patients with BPD, especially with mood, anxiety, substance-use, and eating disorders. The cause of BPD is not known. Most hypotheses suggest that BPD is due to a combination of genetic, biologic, and psychosocial factors. Patients may experience spontaneous intermittent remission clinically sometimes. It is estimated that about 60% to 78% of BPD patients make suicide attempts, but the rate of completed suicides was found to be about 4% during a 10-years follow-up. An estimated lifetime risk of suicide of patients with BPD ranged from 3% to 10 %. The clinical diagnosis of BPD is based on a comprehensive psychiatric assessment. Clinicians use all available sources of information to make the diagnosis including the patient's self-reported clinical history, the clinician's observations during interviews, and information from family, friends, and medical records. Children or young adolescents are generally not diagnosed with BPD., The first-line treatment for BPD is psychotherapy. Pharmacotherapy is usually used as adjuncts to psychotherapy for treatment specific BPD symptoms clinically. The medications used for BPD include antipsychotics, mood stabilizer, and antidepressants. It has been observed that pharmacotherapy only partially reduces symptoms, including lability, inappropriate anger, dysphoria, impulsivity, aggression towards self and others, dissociation, disturbed identity, paranoia and interpersonal problems. Little published data indicates how long an effective medication for BPD should be continued. Antipsychotics have been found to reduce BPD symptoms including aripiprazole (mean daily dose: 15 mg) ziprasidone (mean daily dose: 20 to 80 mg), olanzapine (mean daily dose: 5 to 9 mg, daily dose range 5 to 20 mg), haloperidol (mean daily dose 5 mg, daily dose range 4 to 16 mg), Quetiapine XL (at a daily dose of 150 mg). Aripiprazole is indicated for the treatment of schizophrenia and related psychotic disorders in adults. In the literature, it is indicated that, in the United States, the Food and Drug Administration (FDA) has not approved any medications for treatment of BPD. Aripiprazole is not currently approved by the FDA or Health Canada for the treatment of BPD. The empirically use of antipsychotics in patients with BPD are considered as off-label use., In the literature, it has been reported that clinical trials have not been adequate to examine the efficacy of antipsychotics in BPD. Results have been variable and inconclusive. This document aims to review the clinical effectiveness and safety profile of aripiprazole in the treatment of patients with BPD. Copyright © 2017 Canadian Agency for Drugs and Technologies in Health.",

"AB":"Review",

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"Unnamed: 22":"Aripiprazole for Borderline Personality Disorder: A Review of the Clinical Effectiveness",

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"TI":"Evaluation of a Mixing versus a Cycling Strategy of Antibiotic Use in Critically-Ill Medical Patients: Impact on acquisition of resistant microorganisms and clinical outcomes.",

"SO":"PLoS ONE. 11(3) (no pagination), 2016. Article Number: e0150274. Date of Publication: March 2016.",

"AU":"Cobos-Trigueros N.  
  
Sole M.  
  
Castro P.  
  
Torres J.L.  
  
Rinaudo M.  
  
de Lazzari E.  
  
Morata L.  
  
Hernandez C.  
  
Fernandez S.  
  
Soriano A.  
  
Nicolas J.M.  
  
Mensa J.  
  
Vila J.  
  
Martinez J.A.",

"AO":"nan",

"IN":"(Cobos-Trigueros, Torres, Morata, Soriano, Mensa, Martinez) Department of Infectious Diseases, Hospital Clinic, IDIBAPS, Barcelona University, Barcelona, Spain  
  
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(Torres) Department of Internal Medicine, University Hospital of Salamanca, Institute of Biomedical Research of Salamanca (IBSAL), Salamanca, Spain",

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"AB":"Objective To compare the effect of two strategies of antibiotic use (mixing vs. cycling) on the acquisition of resistant microorganisms, infections and other clinical outcomes. Methods Prospective cohort study in an 8-bed intensive care unit during 35- months in which a mixing-cycling policy of antipseudomonal beta-lactams (meropenem, ceftazidime/piperacillintazobactam) and fluoroquinolones was operative. Nasopharyngeal and rectal swabs and respiratory secretions were obtained within 48h of admission and thrice weekly thereafter. Target microorganisms included methicillin-resistant S. aureus, vancomycin-resistant enterococci, third-generation cephalosporin-resistant Enterobacteriaceae and non-fermenters. Results A total of 409 (42%) patients were included in mixing and 560 (58%) in cycling. Exposure to ceftazidime/piperacillin-tazobactam and fluoroquinolones was significantly higher in mixing while exposure to meropenem was higher in cycling, although overall use of antipseudomonals was not significantly different (37.5/100 patient-days vs. 38.1/100 patient-days). There was a barely higher acquisition rate of microorganisms during mixing, but this difference lost its significance when the cases due to an exogenous Burkholderia cepacia outbreak were excluded (19.3% vs. 15.4%, OR 0.8, CI 0.5-1.1). Acquisition of Pseudomonas aeruginosa resistant to the intervention antibiotics or with multiple-drug resistance was similar. There were no significant differences between mixing and cycling in the proportion of patients acquiring any infection (16.6% vs. 14.5%, OR 0.9, CI 0.6-1.2), any infection due to target microorganisms (5.9% vs. 5.2%, OR 0.9, CI 0.5-1.5), length of stay (median 5 d for both groups) or mortality (13.9 vs. 14.3%, OR 1.03, CI 0.7-1.3). Conclusions A cycling strategy of antibiotic use with a 6-week cycle duration is similar to mixing in terms of acquisition of resistant microorganisms, infections, length of stay and mortality.Copyright © 2016 Cobos-Trigueros et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.",

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"DB":"Ovid MEDLINE(R)",

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"TI":"Activity of temocillin against third-generation cephalosporin-resistant Escherichia coli and Klebsiella pneumoniae bloodstream isolates from a clinical trial.",

"SO":"JAC-antimicrobial Resistance. 4(1):dlab192, 2022 Mar.",

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"DU":"Stewart, Adam G  
  
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Paterson, David L  
  
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"OD":"Stewart, Adam G. Centre for Clinical Research, Faculty of Medicine, The University of Queensland, Royal Brisbane and Women's Hospital Campus, Brisbane, Australia.  
  
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Harris, Patrick N A. Central Microbiology, Pathology Queensland, Royal Brisbane and Women's Hospital, Brisbane, Australia.",

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"PM":"BACKGROUND: Extended spectrum beta-lactamase (ESBL) and AmpC-producing Gram-negative bacilli contribute significantly to the antimicrobial resistance (AMR) burden worldwide. Temocillin is an intravenous semisynthetic antibiotic that is stable to hydrolysis by ESBLs and AmpC. Temocillin may be a treatment option for serious infections due to these organisms.  
  
METHODS: Third-generation cephalosporin-resistant Escherichia coli and Klebsiella pneumoniae isolates from the MERINO trial were collected. The majority originated from the urinary tract. Isolates had previously undergone whole genome sequencing (WGS) to identify antimicrobial resistance genes. Temocillin minimum inhibitory concentration (MIC) values were determined by broth microdilution (BMD) with a concentration range of 2 to 128 mg/L. A recent EUCAST guideline has recommended clinical breakpoints for urinary E. coli, Klebsiella spp. (except K. aerogenes) and Proteus mirabilis (resistant >16 mg/L).  
  
RESULTS: 317 index bloodstream isolates (275 E. coli and 42 K. pneumoniae) were used. The frequency of beta-lactamases among isolates was: CTX-M-15 (56%), OXA-1 (31%), CTX-M-27 (14%), CTX-M-14 (12%) and CMY-2 (8%). Overall, 95% of isolates were susceptible, increased exposure according to EUCAST clinical breakpoints v11.0. Summary MIC values were obtained: MIC50 was 8 mg/L and MIC90 was16 mg/L (range <=2 to >=128 mg/L) and did not differ markedly between species. Higher MIC values were seen among isolates that produced more than one beta-lactamase but this did not appear to be specific to a single beta-lactamase.  
  
CONCLUSIONS: Temocillin demonstrated favourable in vitro activity against ceftriaxone-resistant Enterobacterales bloodstream isolates and may be a suitable agent to be trialled for treatment of serious infections due to these organisms. Copyright © The Author(s) 2021. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy.",

"DJ":"Journal Article",

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"TI":"Difficult-to-treat patients with relapsed/refractory multiple myeloma: A review of clinical trial results. [Review]",

"SO":"EJHaem. 4(4):1117-1131, 2023 Nov.",

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"DU":"Raab, Marc S. Heidelberg Myeloma Center, Department of Medicine V University Hospital Heidelberg Germany.  
  
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Broijl, Annemiek. Department of Hematology Erasmus MC Cancer Institute Rotterdam The Netherlands.",

"OD":"RRMM age cytogenetics extramedullary disease frailty renal impairment",

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"FTURL":"Overall outcomes for multiple myeloma have improved due to the availability of new therapies, but patients with relapsed/refractory multiple myeloma harbouring certain factors continue to pose a therapeutic challenge. These challenging features include high-risk cytogenetics, renal impairment, patient characteristics such as age and frailty, and extramedullary disease. Prior refractory status and number of prior lines add further complexity to the treatment of these patients. While newer regimens are available and have suggested efficacy in these patient populations through subgroup analyses, differences in trial definitions and cut-offs make meaningful comparisons difficult. This review aims to examine the available clinical trial data for patients with high-risk cytogenetics, renal impairment, age and frailty and extramedullary disease. Copyright © 2023 The Authors. eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.",

"PM":"Journal Article  
  
Review",

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"TI":"Use Via Early Access to Ixazomib (UVEA-IXA) Study: Effectiveness and Safety of Ixazomib-based Therapy in Relapsed/Refractory Multiple Myeloma Outside of the Clinical Trial Setting.",

"SO":"Clinical Lymphoma, Myeloma and Leukemia. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Ludwig H.  
  
Ramasamy K.  
  
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"OD":"Background: In multiple myeloma (MM), improving our understanding of routine clinical practice and the effectiveness of agents outside of clinical trials is important. TOURMALINE-MM1 data resulted in approval of ixazomib for MM patients who have received >= 1 prior therapy. Patients and Methods: UVEA-IXA comprised a retrospective chart review in the early access program, and a prospective 1-year follow-up period. Eligible patients had had a biochemical and/or symptomatic relapse after 1-3 prior lines of therapy no anti-MM therapy for > 3 cycles at the start of ixazomib therapy and an Eastern Cooperative Oncology Group performance score of 0-2. Lenalidomide- or proteasome inhibitor (PI)-refractory patients were ineligible. Primary endpoints were response and progression-free survival (PFS). Result(s): Of 357 enrolled patients, 309 were evaluable most patients received ixazomib alongside lenalidomide (98%) and dexamethasone (97%) 61% had received 2-3 prior lines of therapy. Median PFS was 15.6 months (95% confidence interval [CI]: 12.0-20.6) in all evaluable patients, and 19.6 (95% CI: 12.1-27.0) and 13.9 (95% CI: 10.1-18.1) months in patients who received 1 and >= 2 prior lines of therapy, respectively. The overall response rate was 67% in all evaluable patients, and 72% and 63%, respectively, in patients who received 1 and >= 2 prior lines of therapy. Median overall survival was 35.5 months. The ixazomib safety profile was consistent with previous reports. Conclusion(s): This study supports ixazomib-based therapy as an effective and tolerable treatment in the real-world. Outcomes were favorable in patients with 1 or >= 2 prior lines of therapy who were not lenalidomide- or PI-refractory.Copyright © 2023 The Authors",

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"TI":"Network-Based Spreading of Gray Matter Changes Across Different Stages of Psychosis.",

"SO":"JAMA psychiatry. 80(12) (pp 1246-1257), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Chopra S.  
  
Segal A.  
  
Oldham S.  
  
Holmes A.  
  
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Francey S.M.  
  
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Yuen H.P.  
  
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"FTURL":"Importance: Psychotic illness is associated with anatomically distributed gray matter reductions that can worsen with illness progression, but the mechanisms underlying the specific spatial patterning of these changes is unknown. Objective(s): To test the hypothesis that brain network architecture constrains cross-sectional and longitudinal gray matter alterations across different stages of psychotic illness and to identify whether certain brain regions act as putative epicenters from which volume loss spreads. Design, Settings, and Participants: This case-control study included 534 individuals from 4 cohorts, spanning early and late stages of psychotic illness. Early-stage cohorts included patients with antipsychotic-naive first-episode psychosis (n=59) and a group of patients receiving medications within 3 years of psychosis onset (n=121). Late-stage cohorts comprised 2 independent samples of people with established schizophrenia (n=136). Each patient group had a corresponding matched control group (n=218). A sample of healthy adults (n=356) was used to derive representative structural and functional brain networks for modeling of network-based spreading processes. Longitudinal illness-related and antipsychotic-related gray matter changes over 3 and 12 months were examined using a triple-blind randomized placebo-control magnetic resonance imaging study of the antipsychotic-naive patients. All data were collected between April 29, 2008, and January 15, 2020, and analyses were performed between March 1, 2021, and January 14, 2023. Main Outcomes and Measures: Coordinated deformation models were used to estimate the extent of gray matter volume (GMV) change in each of 332 parcellated areas by the volume changes observed in areas to which they were structurally or functionally coupled. To identify putative epicenters of volume loss, a network diffusion model was used to simulate the spread of pathology from different seed regions. Correlations between estimated and empirical spatial patterns of GMV alterations were used to quantify model performance. Result(s): Of 534 included individuals, 354 (66.3%) were men, and the mean (SD) age was 28.4 (7.4) years. In both early and late stages of illness, spatial patterns of cross-sectional volume differences between patients and controls were more accurately estimated by coordinated deformation models constrained by structural, rather than functional, network architecture (r range, >0.46 to <0.57 P<.01). The same model also robustly estimated longitudinal volume changes related to illness (r>=0.52 P<.001) and antipsychotic exposure (r>=0.50 P<.004). Network diffusion modeling consistently identified, across all 4 data sets, the anterior hippocampus as a putative epicenter of pathological spread in psychosis. Epicenters of longitudinal GMV loss were apparent in posterior cortex early in the illness and shifted to the prefrontal cortex with illness progression. Conclusion and Relevance: These findings highlight a central role for white matter fibers as conduits for the spread of pathology across different stages of psychotic illness, mirroring findings reported in neurodegenerative conditions. The structural connectome thus represents a fundamental constraint on brain changes in psychosis, regardless of whether these changes are caused by illness or medication. Moreover, the anterior hippocampus represents a putative epicenter of early brain pathology from which dysfunction may spread to affect connected areas.",

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"UI":"37079157",

"TI":"Neural and behavioral effects of parent training on emotion recognition in mothers rearing children with attention-deficit/hyperactivity disorder.",

"SO":"Brain Imaging & Behavior. 17(4):436-449, 2023 Aug.",

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"OD":"Makita, Kai. Research Center for Child Mental Development, University of Fukui, Fukui, Japan. kai@people.kobe-u.ac.jp.  
  
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"FTURL":"Attention-deficit/hyperactivity disorder Emotion recognition Magnetic resonance imaging Parent training Stress",

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"DJ":"This randomized controlled study examined neurological changes in socioemotional processing skills through parent training in caregivers of children with attention-deficit/hyperactivity disorder. Thirty mothers of children with attention-deficit/hyperactivity disorder were stratified into parent training and non-parent training groups. Functional magnetic resonance imaging was performed during the Reading the Mind in the Eyes test, and parenting difficulties were evaluated using the Parenting Stress Index and the Parenting Scale, twice (before and after parent training). Only mothers in the parent training group showed a significant decrease in Parenting Stress Index and Parenting Scale scores. They also demonstrated increased activity in the left occipital fusiform gyrus during the task of estimating emotions from facial pictures. We presumed that these changes might reflect the potential impact of enrollment in parent training in reducing stress, which might have increased activation of the fusiform gyrus. Copyright © 2023. The Author(s).",

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"TI":"Does transcranial direct current stimulation affect selective visual attention in children with left-sided infantile hemiplegia? A randomized, controlled pilot study.",

"SO":"Brain Impairment. (no pagination), 2020. Date of Publication: 2020.",

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(Singh) Department of Neurology, Aiims, New Delhi, India  
  
(Ahmad) Department of Nursing, College of Applied Medical Sciences, Majmaah University, Al Majmaah, Saudi Arabia",

"IN":"Cambridge University Press",

"PB":"analysis of variance  
  
article  
  
\*attention deficit disorder  
  
child  
  
clinical article  
  
controlled study  
  
double blind procedure  
  
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follow up  
  
\*hemiplegia  
  
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Stroop test [m]  
  
\*transcranial direct current stimulation [m]  
  
\*visual attention [m]",

"OD":"Objective: Infantile hemiplegia due to brain injury is associated with poor attention span, which critically affects the learning and acquisition of new skills, especially among children with left-sided infantile hemiplegia (LSIH). This study aimed to improve the selective visual attention (SVA) of children with LSIH through transcranial direct current stimulation (tDCS). Method(s): A total of 15 children participated in this randomized, double-blinded, pilot study of them, 10 experienced LSIH, and the remaining 5 were healthy age-matched controls. All the children performed the Computerized Stroop Color-Word Test (CSCWT) at baseline, during the 5th and 10th treatment sessions, and at follow-up. The experimental (n = 5) and control groups (n = 5) received tDCS, while the sham group (n = 5) received placebo tDCS. All three groups received cognitive training on alternate days, for 3 weeks, with the aim to improve SVA. Result(s): Two-way repeated measures analysis of variance (ANOVA) showed a statistically significant change in the mean scores of CSCWT between time points (baseline, 5th and 10th sessions, and follow-up) within-subject factor, group (experimental, sham) between-subject factor and interaction (time points X group) (p < 0.005). Furthermore, a one-way repeated measures ANOVA showed significant differences between time point (p < 0.005) for the experimental and control group but not the sham group. Conclusion(s): These pilot results suggest that future research should be conducted with adequate samples to enable conclusions to be drawn. Copyright © Australasian Society for the Study of Brain Impairment 2020.",

"AB":"Click here for full text options",

"FTURL":"placebo [m]",

"PM":"Kashoo, Faizan ORCID: https://orcid.org/0000-0002-8272-674X",

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"MV":"nan",

"TN":"nan",

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"Unnamed: 24":"nan",

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"TI":"nan",

"SO":"Agency for Healthcare Research and Quality (US). AHRQ Comparative Effectiveness Reviews, Report No.: 17-EHC001-EF.2017 03",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Jafri, Syed Hamza Ahmed  
  
Featherstone, Robin  
  
Hartling, Lisa",

"DU":"Pillay, Jennifer. University of Alberta Evidence-based Practice Center  
  
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Carrey, Normand. University of Alberta Evidence-based Practice Center  
  
Newton, Amanda. University of Alberta Evidence-based Practice Center  
  
Vandermeer, Ben. University of Alberta Evidence-based Practice Center  
  
Nuspl, Megan. University of Alberta Evidence-based Practice Center  
  
MacGregor, Tara. University of Alberta Evidence-based Practice Center  
  
Jafri, Syed Hamza Ahmed. University of Alberta Evidence-based Practice Center  
  
Featherstone, Robin. University of Alberta Evidence-based Practice Center  
  
Hartling, Lisa. University of Alberta Evidence-based Practice Center",

"OD":"OBJECTIVES: To review the evidence on first- and second-generation antipsychotics (FGAs and SGAs) for the treatment of various psychiatric and behavioral conditions in children, adolescents, and young adults (ages <= 24 years).  
  
DATA SOURCES: Eight electronic databases, gray literature, trial registries, and reference lists.  
  
METHODS: Two reviewers conducted study selection and risk of bias assessment independently, and resolved discrepancies by consensus. One reviewer extracted and a second verified the data. We conducted meta-analyses when appropriate and network meta-analysis across conditions for changes to body composition. We rated strength of evidence for prespecified outcomes.  
  
RESULTS: One hundred thirty-five studies (95 trials and 40 observational studies) were included. None of the evidence was rated as high strength of evidence results having moderate strength (i.e., probably an accurate effect) are presented (with n studies) below. SCHIZOPHRENIA AND RELATED PSYCHOSES (N = 39): Compared with placebo, SGAs as a class probably increase response rates, decrease slightly (not clinically significant for many patients) negative and positive symptoms, and improve slightly global impressions of improvement, severity, and functioning. There is likely little or no difference between high and low doses of quetiapine for clinical severity and functioning. Many outcomes for individual drug comparisons were of low or insufficient strength of evidence. BIPOLAR DISORDER (N = 19): Compared with placebo, SGAs probably decrease mania, decrease depression symptoms slightly, and improve symptom severity and global functioning to a small extent. SGAs (and aripiprazole alone) probably increase response and remission rates versus placebo for manic/mixed phases. Quetiapine likely makes little or no difference in depression. AUTISM SPECTRUM DISORDERS (N = 23): Compared with placebo, SGAs as a class probably decrease irritability, and decrease slightly lethargy/social withdrawal, stereotypy, and inappropriate speech they likely increase response rates and (slightly) clinical severity. It is likely that aripiprazole and risperidone decrease irritability. ATTENTION DEFICIT HYPERACVTIVITY DISORDER (ADHD) AND DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS (N = 13): Compared with placebo, SGAs as a class (and risperidone individually) probably decrease conduct problems and aggression. Risperidone alone likely decreases hyperactivity in children with a primary diagnosis of conduct disorders or with ADHD but not responding to stimulants. OTHER CONDITIONS: All outcomes had low or insufficient strength of evidence for tic disorders (n = 12), obsessive-compulsive disorder (n = 1), depression (n = 1), eating disorders (n = 3), and behavioral issues (n = 2). HARMS ACROSS CONDITIONS: From network meta-analysis, olanzapine was more harmful for gains in weight and body mass index (BMI) than other SGAs except for clozapine results were most robust for relative harm over aripiprazole, quetiapine, and risperidone, and most applicable to the short term. Findings from pairwise meta-analysis between different SGAs were similar, except for showing longer term benefit for quetiapine and risperidone versus olanzapine, and little or no short-term differences between risperidone and quetiapine, or between different doses of aripiprazole, asenapine, or quetiapine. FGAs probably cause slightly less harm for weight and BMI compared with SGAs. There is probably little or no difference in risk for somnolence between different doses of asenapine or quetiapine. There is likely little or no difference in risk for mortality or prolonged QT interval in the short term for SGAs as a class. SGAs versus placebo/no treatment probably increase short-term risk for high triglyceride levels, extrapyramidal symptoms, sedation, and somnolence.  
  
CONCLUSION: SGAs probably improve to some extent key intermediate outcomes for which they are usually prescribed, but they have a poorer harms profile than placebo or no antipsychotic treatment, particularly for body composition and somnolence. Data for head-to-head comparisons within and between classes were generally limited and rated as insufficient or low strength of evidence. Evidence was sparse for patient-important outcomes (e.g., health-related quality of life) and outcomes for young children (<8 years). Key priorities for research are long-term comparative effectiveness and development of systems for monitoring harms.",

"AB":"Review",

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"DB":"Embase",

"UI":"610765547",

"TI":"Electrospun Gelatin Fibers with a Multiple Release of Antibiotics Accelerate Dermal Regeneration in Infected Deep Burns.",

"SO":"Macromolecular Bioscience. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Chen J.  
  
Liu Z.  
  
Chen M.  
  
Zhang H.  
  
Li X.",

"AO":"nan",

"IN":"(Chen, Liu, Chen, Zhang, Li) Key Laboratory of Advanced Technologies of Materials Ministry of Education School of Materials Science and Engineering Southwest Jiaotong University Chengdu 610031 P. R. China  
  
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"PB":"Wiley-VCH Verlag (E-mail: info@wiley-vch.de)",

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"AB":"Electrospun fibers of hydrophilic polymers meet challenges in a rapid degradation of fiber matrices and discharge of antibiotics to comply with requirements of infection control as a dermal regeneration template. In the current study, a pH conversion process is initially developed to ensure fluent electrospinning, an efficient in situ cross-linking of electrospun gelatin fibers with oxidized alginate and simultaneous loading of gentamicin sulfate (GS) and hydrophobic ciprofloxacin into fibers. The dual drug-loaded fibers indicate a complete release of GS during 6 d and a sustained release of ciprofloxacin for over three weeks, and the antibiotics release indicates significant growth inhibitions on Pseudomonas aeruginosa and Staphylococcus epidermidis. The wound healing efficacy is evaluated on a deep burn model infected with 108 CFU of P. aeruginosa. Compared with fibers with loaded individual drugs, the concomitant release of GS and ciprofloxacin significantly reduces the bacteria numbers in wound and livers, at around 2.30 x 105 and 1.25 x 103 CFU after 3 d, respectively. The wound re-epithelization, blood vessel formation, collagen deposition, and tissue remodeling process are accelerated with a complete healing observed after 21 d. This study provides a feasible strategy to design cross-linked hydrophilic fibers with an extended drug release for biomedical applications.Copyright © 2016 WILEY-VCH Verlag GmbH & Co. KGaA, Weinheim.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"34665434",

"TI":"Modelling and Simulation of the Effect of Targeted Decolonisation on Incidence of Extended-Spectrum Beta-Lactamase-Producing Enterobacterales Bloodstream Infections in Haematological Patients.",

"SO":"Infectious Diseases & Therapy. 11(1):129-143, 2022 Feb.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Dobele S  
  
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Dichter T  
  
de Boer G  
  
Friedrich A  
  
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"MH":"Mazzaferri, Fulvia ORCID: http://orcid.org/0000-0002-3907-108X",

"DU":"Dobele, Stefanie  
  
Mazzaferri, Fulvia  
  
Dichter, Tamara  
  
de Boer, Gerolf  
  
Friedrich, Alex  
  
Tacconelli, Evelina",

"OD":"Dobele, Stefanie. Department of Internal Medicine I, DZIF Partner Site, Tubingen University Hospital, Otfried-Muller-Str. 10, 72076, Tubingen, Germany.  
  
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de Boer, Gerolf. Department of Medical Microbiology and Infection Control, University of Groningen, University Medical Center Groningen, Hanzeplein 1, 9700 RB, Groningen, The Netherlands.  
  
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Tacconelli, Evelina. Department of Internal Medicine I, DZIF Partner Site, Tubingen University Hospital, Otfried-Muller-Str. 10, 72076, Tubingen, Germany.  
  
Tacconelli, Evelina. Infectious Diseases Section, Department of Diagnostics and Public Health, University of Verona, Piazzale L.A. Scuro 10, 37134, Verona, Italy.",

"AB":"Bloodstream infection Decolonisation Enterobacterales Extended spectrum beta lactamases (ESBLs) Haematological malignancies Infection control Modelling Neutropenia",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: Haematological patients are at higher risk of bloodstream infections (BSI) after chemotherapy. The aim of this study was to develop a simulation model assessing the impact of selective digestive decontamination (SDD) of haematological patients colonised with extended-spectrum beta-lactamase-producing Enterobacterales (ESBL-E) on the incidence of ESBL-E BSI after chemotherapy.  
  
METHODS: A patient population was created by a stochastic simulation model mimicking the patients' states of colonisation with ESBL-E during hospitalisation. A systematic literature search was performed to inform the model. All ESBL-E carriers were randomised (1:1) to either the intervention (targeted SDD) or the control group (placebo). ESBL-E BSI incidence was the outcome of the model. Sensitivity analyses were performed by prevalence of ESBL-E carriage at hospital admission (low: < 10%, medium: 10-25%, high: > 25%), duration of neutropenia after receiving chemotherapy, administration of antibiotic prophylaxis with quinolones, and time interval between SDD and chemotherapy.  
  
RESULTS: The model estimated that the administration of targeted SDD before chemotherapy reduces the incidence of ESBL-E BSI in the hospitalised haematological population up to 27%. The greatest benefit was estimated in high-prevalence settings, regardless of the duration of neutropenia, the time interval before chemotherapy, and the administration of antibiotic prophylaxis with quinolones (p < 0.05). In medium-prevalence settings, SDD was effective in patients receiving quinolone prophylaxis, with either 1-day time interval before chemotherapy and a neutropenia duration > 6 days (p < 0.05) or 7-day time interval before chemotherapy and a neutropenia duration > 9 days (p < 0.05). No benefit was observed in low-prevalence settings.  
  
CONCLUSIONS: Our model suggests that targeted SDD could decrease the rate of ESBL-E BSI in haematological carriers before chemotherapy in the setting of high ESBL-E prevalence at hospital admission. These estimates require confirmation by well-designed multicentre RCTs, including the assessment of the impact on resistance/disruption patterns of gut microbiome. Copyright © 2021. The Author(s).",

"DJ":"Journal Article",

"MV":"2022",

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"DB":"Ovid MEDLINE(R)",

"UI":"38024616",

"TI":"Real-world experience of novel multiple myeloma treatments in a large, single-center cohort in Finland.",

"SO":"EJHaem. 4(4):1019-1029, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Loponen H  
  
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"DU":"Loponen, Heidi. MedEngine Oy Helsinki Finland.  
  
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Ylisaukko-Oja, Tero. MedEngine Oy Helsinki Finland.  
  
Bruck, Oscar. Helsinki University Hospital Comprehensive Cancer Center, Department of Hematology University of Helsinki Helsinki Finland.  
  
Porkka, Kimmo. Helsinki University Hospital Comprehensive Cancer Center, Department of Hematology University of Helsinki Helsinki Finland.  
  
Koskenvesa, Perttu. Helsinki University Hospital Comprehensive Cancer Center, Department of Hematology University of Helsinki Helsinki Finland.  
  
Saukkonen, Kirsi. Amgen Ab Espoo Finland.  
  
Lievonen, Juha. Helsinki University Hospital Comprehensive Cancer Center, Department of Hematology University of Helsinki Helsinki Finland.",

"OD":"carfilzomib multiple myeloma novel treatments treatment-related outcomes",

"AB":"NOTNLM",

"FTURL":"In this single-center study, we aimed to describe the characteristics, treatment patterns, and outcomes of patients with multiple myeloma (MM) following treatment with bortezomib, carfilzomib, daratumumab, ixazomib, lenalidomide or pomalidomide-based regimens. Data were collected retrospectively from a study cohort of patients receiving a MM treatment in the Hospital District of Helsinki and Uusimaa (HUS) in Finland between 2016-2020. In total, 472 patients were included in the study. Median age was 68.2 years and nearly 25% had a high cytogenetic risk according to the International Myeloma Working Group categorization. In 2018-2020, the spectrum of regimens used as third- or later-line therapy was notably broader than in 2016-2017. The overall response rates for patients who received the most novel regimens (available <= 5 years) in second or third line of therapy (n = 67/430) and fourth line or later (n = 78/151) were 53.3% and 25.0%, respectively. In this real-world MM patient cohort, the response rates for these novel agents were lower compared to those reported in clinical trials. Given the higher cytogenetic risk profile and more advanced disease stage at the time when treated with novel agents, patients could have benefited from effective novel therapies earlier in their treatment pathway. What is the NEW aspect of your work? (ONE sentence) This study characterized the treatment of Finnish multiple myeloma patients during the era of most novel therapies (after 2016) and also included information on the cytogenetic risk profile of this real-world population.What is the CENTRAL finding of your work? (ONE sentence) There are clear differences between real-world populations treated with most novel combinations and those of randomized controlled trials (RCTs), which is reflected by the poorer treatment outcomes in the real-world setting.What is (or could be) the SPECIFIC clinical relevance of your work? (ONE sentence) Given the high cytogenetic risk profile and advanced disease stage at the time when treated with novel agents, patients could have benefited from effective novel therapies earlier in their treatment pathway. Copyright © 2023 The Authors. eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Loponen, Heidi ORCID: https://orcid.org/0009-0005-8603-0415",

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"TI":"Sunlight, vitamin D, vitamin D receptor polymorphisms, and risk of multiple myeloma: A systematic review.",

"SO":"Cancer Epidemiology. 87(no pagination), 2023. Article Number: 102488. Date of Publication: December 2023.",

"AU":"Cheah S.  
  
English D.R.  
  
Harrison S.J.  
  
Vajdic C.M.  
  
Giles G.G.  
  
Milne R.L.",

"AO":"nan",

"IN":"(Cheah, English, Giles, Milne) Centre for Epidemiology and Biostatistics, School of Population and Global Health, University of Melbourne, Parkville, VIC 3010, Australia  
  
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(Harrison) Clinical Haematology, Peter MacCallum Cancer Centre and Royal Melbourne Hospital, 305 Grattan Street, Melbourne, VIC 3000, Australia  
  
(Harrison) Sir Peter MacCallum Dept of Oncology, University of Melbourne, Parkville, VIC 3010, Australia  
  
(Vajdic) Kirby Institute, University of New South Wales, Sydney, NSW 2052, Australia  
  
(Giles, Milne) Precision Medicine, School of Clinical Sciences at Monash Health, Monash University, Clayton, VIC 3168, Australia",

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"OD":"This systematic review examines the relationship with multiple myeloma (MM) risk for sunlight and vitamin D related exposures, including vitamin D supplementation, circulating 25-hydroxyvitamin D concentration, personal ultraviolet B radiation exposure, ambient solar irradiance and vitamin D receptor (VDR) gene polymorphisms We conducted a search for terms related to multiple myeloma, vitamin D, vitamin D receptor, ultraviolet radiation, sunlight, and single nucleotide polymorphism (SNP) using Ovid MEDLINE, Ovid EMBASE, Web of Science and Cochrane CENTRAL. Studies were assessed for risk of bias and quality using the RoB 2.0, ROBINS-E or Q-Genie tools. We identified 13 eligible studies: one randomised controlled trial, two cohort studies, and ten case-control studies, including one nested case-control study and one meta-analysis of genome-wide association studies. We conducted a qualitative synthesis quantitative synthesis was not appropriate due to study heterogeneity and the small number of studies identified. There was insufficient evidence to support an effect of any sunlight or vitamin D related exposure on MM risk. No polymorphisms in VDR were found to be strongly related to risk for people of European ancestry. Of the identified studies, many had high risk of bias or were of lower quality. Few studies have investigated the association between sunlight and vitamin D related exposures and multiple myeloma risk. The scarcity of high-quality studies makes it difficult to evaluate potential effects of these exposures on MM risk. Further research is necessary to investigate the influence of vitamin D related exposures on risk of multiple myeloma.Copyright © 2023 Elsevier Ltd",

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"ORN":"58",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028934754",

"TI":"The Direct and Long-Term Effects of Raloxifene as Adjunctive Treatment for Schizophrenia-Spectrum Disorders: A Double-Blind, Randomized Clinical Trial.",

"SO":"Schizophrenia Bulletin. 49(6) (pp 1579-1590), 2023. Date of Publication: 01 Nov 2023.",

"AU":"Brand B.A.  
  
De Boer J.N.  
  
Marcelis M.C.  
  
Grootens K.P.  
  
Luykx J.J.  
  
Sommer I.E.",

"AO":"Brand, Bodyl A ORCID: https://orcid.org/0000-0003-2383-0851  
  
De Boer, Janna N ORCID: https://orcid.org/0000-0003-1231-2733",

"IN":"(Brand, De Boer, Luykx, Sommer) Department of Psychiatry, Umc Utrecht Brain Center, University Medical Center Utrecht (UMCU), Utrecht University, Utrecht, Netherlands  
  
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"PB":"Oxford University Press",

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"FTURL":"Background and hypothesis: Several studies suggest that raloxifene, a selective estrogen receptor modulator, improves symptoms and cognition in post-menopausal women with Schizophrenia-Spectrum Disorders (SSD). We aimed to assess the effects of adjunctive raloxifene in women and men with SSD. Study design: This parallel, randomized, double-blind, placebo-controlled trial included adult SSD patients across the Netherlands and Belgium. Participants were stratified by age, sex, and global functioning and randomly assigned 1:1 to 12-week add-on raloxifene or placebo. Primary outcomes were symptom severity at 6, 12, and 38 weeks and cognition at 12 and 38 weeks, as measured with the Positive and Negative Syndrome Scale and the Brief Assessment of Cognition in Schizophrenia, respectively. Intention-to-treat analyses were performed using linear mixed-effect models. Study results: We assessed 261 patients for eligibility, of which 102 (28% female) were assigned to raloxifene (n = 52) or placebo (n = 48). Although we found no main effect of raloxifene, secondary sex-specific analysis showed that in women, raloxifene had beneficial effects on negative symptoms at week 6 (LSM -2.92 adjusted P = 0.020) and week 12 (LSM -3.12 adjusted P = 0.030), and on working memory at week 38 (LSM 0.73 adjusted P = 0.040), while having negative effects on working memory at week 38 in men (LSM -0.53 adjusted P = 0.026). The number of adverse events was similar between groups. Conclusion(s): Our results do not support the use of raloxifene in patients with SSD in general, but suggest female-specific beneficial effects of raloxifene on negative symptoms and working memory. Our findings encourage further research on sex-specific pharmacotherapeutic treatment. Copyright © 2023 The Author(s). Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center.",

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"MV":"nan",

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"ORN":"58",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37056055",

"TI":"Components of Behavioral Parent Training for Children With Attention-Deficit/Hyperactivity Disorder: A Series of Replicated Single-Case Experiments.",

"SO":"Behavior Modification. 47(5):1042-1070, 2023 09.",

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Luman M  
  
Staff AI  
  
van der Oord S",

"MH":"Hornstra, Rianne ORCID: https://orcid.org/0000-0001-8797-8973",

"DU":"Hornstra, Rianne  
  
Onghena, Patrick  
  
van den Hoofdakker, Barbara J  
  
van der Veen-Mulders, Lianne  
  
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Staff, Anouck I  
  
van der Oord, Saskia",

"OD":"Hornstra, Rianne. University of Groningen, University Medical Center Groningen, The Netherlands.  
  
Hornstra, Rianne. Accare Child Study Center, Groningen, The Netherlands.  
  
Hornstra, Rianne. University of Groningen, The Netherlands.  
  
Onghena, Patrick. KU Leuven, Belgium.  
  
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van der Veen-Mulders, Lianne. University of Groningen, University Medical Center Groningen, The Netherlands.  
  
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Luman, Marjolein. Vrije Universiteit Amsterdam, The Netherlands.  
  
Staff, Anouck I. Vrije Universiteit Amsterdam, The Netherlands.  
  
van der Oord, Saskia. KU Leuven, Belgium.  
  
van der Oord, Saskia. Leuven Brain Institute, Belgium.",

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Research Design",

"FTURL":"antecedent-based techniques attention-deficit/hyperactivity disorder behavioral parent training children consequent-based techniques single-case experimental design",

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"DJ":"Behavioral parent training (BPT) is an evidence-based treatment for children with attention-deficit/hyperactivity disorder (ADHD). Stimulus control techniques (antecedent-based techniques, e.g., clear rules, instructions) and contingency management techniques (consequent-based techniques, e.g., praise, ignore) are the most common ones that are being taught to parents in BPT. However, research into the additive effects of these techniques is scarce. In this replicated single-case experimental ABC phase design, including six children on stable medication for ADHD (8-11 years) and their parents, the added efficacy of consequent-based techniques on top of antecedent-based techniques was evaluated. After a baseline period (phase A), we randomized the commencement time of two sessions parent training in antecedent-based techniques and two sessions parent training in consequent-based techniques for each child. Children's behaviors were assessed by daily parent ratings of selected problem behaviors and an overall behavior rating. Although visual inspection showed that behavior improved for most children in both phases, randomization tests did not demonstrate the added efficacy of the consequent-based techniques on top of the antecedent-based techniques. Limitations of the study and recommendations for future single-case experiments in this population are discussed.",

"MV":"nan",

"TN":"Journal Article  
  
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Research Support, Non-U.S. Gov't",

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"TI":"Expectancy Effects of Placebo Neurofeedback in ADHD Treatment Seekers: A Neuropsychological Investigation.",

"SO":"Neuropsychology. (no pagination), 2020. Date of Publication: 2020.",

"AU":"Lee G.J.  
  
Suhr J.A.",

"AO":"nan",

"IN":"American Psychological Association Inc. (E-mail: journals@apa.org)",

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"OD":"Objective: Though there is evidence to suggest that expectancies can impact outcomes of various medical and psychological treatments, little is known about the role of expectancy effects in neurocognitive interventions, such as neurofeedback for attention-deficit/hyperactivity disorder (ADHD). The present study investigated the effects of treatment expectancies on ADHD symptom report and neuropsychological performance by using an expectancy manipulation in the context of placebo neurofeedback. Method(s): Eighty-five young adults seeking treatment for ADHD were administered 1 session of placebo neurofeedback and randomly assigned to positive or negative expectancy groups. Primary outcome measures include ADHD symptom self-report questionnaires and neuropsychological tests. Result(s): Consistent with hypotheses, participants in the positive expectancy group who received positive false feedback reported fewer ADHD symptoms at postfeedback (p < .001, etap2 = .41), whereas participants in the negative expectancy group who received negative false feedback reported more symptoms at postfeedback (p = .01, etap2 = .15). As expected, individuals who received positive expectancies also significantly improved their performance on a working memory test (p = .002, etap2 = .22) no other neuropsychological test performance was impacted by expectancies. Beliefs about neurofeedback effectiveness did not moderate or mediate expectancy effects. Conclusion(s): Results indicate that treatment expectancies impact ADHD symptom report and some neuropsychological test performance. Therefore, expectancy effects should be considered in the evaluation of outcomes for neurocognitive interventions, such as neurofeedback for ADHD.Copyright © 2020 American Psychological Association.",

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"MH":"Perez, Jesus  
  
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Kirkbride, James B  
  
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Jones, Peter B",

"DU":"Perez, Jesus. CAMEO Early Intervention in Psychosis Service, Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, UK  
  
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Perez, Jesus. National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care, East of England, Cambridge, UK  
  
Russo, Debra A. CAMEO Early Intervention in Psychosis Service, Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, UK  
  
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Jones, Peter B. Department of Psychiatry, University of Cambridge, Cambridge, UK  
  
Jones, Peter B. National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care, East of England, Cambridge, UK",

"OD":"BACKGROUND: Early-intervention services (EISs) offer prompt and effective care to individuals with first-episode psychosis (FEP) and detect people at high risk (HR) of developing it.  
  
AIMS: We aimed to educate general practitioners about psychosis and guide their referrals to specialist care investigate determinants of the transition of HR to FEP and predict numbers of new cases to guide policy and service planning.  
  
INCIDENCE OF PSYCHOSIS IN SOCIALLY AND ETHNICALLY DIVERSE SETTINGS: We studied the incidence of new referrals for psychosis in a well-established EIS called CAMEO [see www.cameo.nhs.uk (accessed 18 January 2016)] and built on other epidemiological studies. The overall incidence of FEP was 45.1 per 100,000 person-years [95% confidence interval (CI) 40.8 to 49.9 per 100,000 person-years]. This was two to three times higher than the incidence predicated by the UK Department of Health. We found considerable psychosis morbidity in diverse, rural communities.  
  
DEVELOPMENT OF A POPULATION-LEVEL PREDICTION TOOL FOR THE INCIDENCE OF FEP: We developed and validated a population-level prediction tool, PsyMaptic, capable of accurately estimating the expected incidence of psychosis [see www.psymaptic.org/ (accessed 18 January 2016)].  
  
THE LIAISON WITH EDUCATION AND GENERAL PRACTICES (LEGS) TRIAL TO DETECT HR: We tested a theory-based intervention to improve detection and referral of HR individuals in a cluster randomised controlled trial involving primary care practices in Cambridgeshire and Peterborough. Consenting practices were randomly allocated to (1) low-intensity liaison with secondary care, a postal campaign to help with the identification and referral of individuals with early signs of psychosis, or (2) the high-intensity theory-based intervention, which, in addition to the postal campaign, included a specialist mental health professional to liaise with each practice. Practices that did not consent to be randomised included a practice-as-usual (PAU) group. The approaches were implemented over 2 years for each practice between April 2010 and October 2013. New referrals were stratified into those who met criteria for HR/FEP (together: psychosis true positives) and those who did not fulfil such criteria (false positives). The primary outcome was the number of HR referrals per practice. Referrals from PAU practices were also analysed. We quantified the cost-effectiveness of the interventions and PAU using the incremental cost per additional true positive identified. Of 104 eligible practices, 54 consented to be randomised. Twenty-eight practices were randomised to low-intensity liaison and 26 practices were randomised to the high-intensity intervention. Two high-intensity practices withdrew. High-intensity practices referred more HR [incidence rate ratio (IRR) 2.2, 95% CI 0.9 to 5.1 p = 0.08], FEP (IRR 1.9, 95% CI 1.05 to 3.4 p = 0.04) and true-positive (IRR 2.0, 95% CI 1.1 to 3.6 p = 0.02) cases. High-intensity practices also referred more false-positive cases (IRR 2.6, 95% CI 1.3 to 5.0 p = 0.005) most (68%) of these were referred on to appropriate services. The total costs per true-positive referral in high-intensity practices were lower than those in low-intensity or PAU practices. Increasing the resources aimed at managing the primary-secondary care interface provided clinical and economic value.  
  
THE PROSPECTIVE ANALYSIS OF AT-RISK MENTAL STATES AND TRANSITIONS INTO PSYCHOSIS (PAATH) STUDY: We aimed to identify the proportion of individuals at HR who make the transition into FEP and to elucidate the common characteristics that can help identify them. Sixty help-seeking HR individuals aged 16-35 years were stratified into those who met the criteria for HR/FEP (true positives) according to the Comprehensive Assessment of At-Risk Mental States (CAARMS) and those who did not (false positives). HR participants were followed up over 2 years using a comprehensive interview schedule. A random sample of 60 healthy volunteers (HVs) matched for age (16-35 years), sex and geographical area underwent the same battery of questionnaires. Only 5% of our HR sample transitioned to a structured clinical diagnosis of psychosis over 2 years. HR individuals had a higher prevalence of moderate or severe depression, anxiety and suicidality than HVs. In fact, psychometric analyses in other population samples indicate that psychotic experiences measure the severe end of a common mental distress factor, consistent with these results. HR individuals also experienced significantly more traumatic events than HVs, but equivalent distress. Almost half of HR individuals had at least one Schneiderian first-rank symptom traditionally considered indicative of schizophrenia and 21.6% had more than one. HR individuals had very poor global functioning and low quality of life.  
  
CONCLUSIONS: This National Institute for Health Research programme developed our understanding of the social epidemiology of psychosis. A new theory-based intervention doubled the identification of HR and FEP in primary care and was cost-effective. The HR mental state has much in common with depression and anxiety very few people transitioned to full psychosis over 2 years, in line with other recent evidence. This new understanding will help people at HR receive appropriate services focused on their current mental state.  
  
TRIAL REGISTRATION: The primary LEGS trial is registered as ISRCTN70185866 and UKCRN ID 7036. The PAATH study is registered as UKCRN ID 7798.  
  
FUNDING: The National Institute for Health Research Programme Grants for Applied Research programme. Copyright © Queen's Printer and Controller of HMSO 2016. This work was produced by Perez et al. under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.",

"AB":"Review",

"FTURL":"2016",

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"TI":"The effect of alginate lyase on the gentamicin resistance of Pseudomonas aeruginosa in mucoid biofilms.",

"SO":"Journal of Applied Microbiology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Germoni L.A.P.  
  
Bremer P.J.  
  
Lamont I.L.",

"AO":"nan",

"IN":"(Germoni, Lamont) Department of Biochemistry University of Otago Dunedin New Zealand  
  
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"PB":"Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)",

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"AB":"Aims: Pseudomonas aeruginosa can secrete large amounts of alginate during chronic infections and this has been associated with high resistance to antibiotics. The major aim of this study was to investigate whether degradation of extracellular alginate by alginate lyase would increase the sensitivity of Ps. aeruginosa to gentamicin, an aminoglycoside antibiotic. Methods and Results: Degradation of alginate from Ps. aeruginosa was monitored using a spectrometric assay. Alginate lyase depolymerized alginate, but calcium and zinc cations at concentrations found in the cystic fibrosis lung reduced enzyme activity. Biofilms formed on agar were partially degraded by alginate lyase, but staining with crystal violet showed that the biomass of biofilms grown in liquid was not significantly affected by the enzyme. Viability testing showed that the sensitivity to gentamicin of biofilm bacteria and of bacteria released from biofilms was unaffected by alginate lyase. Conclusion(s): Our results show that at least under the conditions used here alginate lyase does not affect gentamicin resistance of Ps. aeruginosa. Significance and Impact of the Study: Our study indicates that alginate does not contribute to resistance to gentamicin and so does not provide support for the concept of treating patients with alginate lyase in order to increase the antibiotic sensitivity of Ps. aeruginosa.Copyright © 2016 The Society for Applied Microbiology.",

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"DB":"Ovid MEDLINE(R)",

"UI":"34900166",

"TI":"Efficacious antibacterial potency of novel bacteriophages against ESBL-producing Klebsiella pneumoniae isolated from burn wound infections.",

"SO":"Iranian Journal of Microbiology. 13(5):678-690, 2021 Oct.",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Naghavi, Nafiseh Sadat  
  
Doudi, Monir  
  
Monajemi, Ramesh",

"OD":"Torabi, Ladan Rahimzadeh. Department of Microbiology, Falavarjan Branch, Islamic Azad University, Isfahan, Iran.  
  
Naghavi, Nafiseh Sadat. Department of Microbiology, Falavarjan Branch, Islamic Azad University, Isfahan, Iran.  
  
Doudi, Monir. Department of Microbiology, Falavarjan Branch, Islamic Azad University, Isfahan, Iran.  
  
Monajemi, Ramesh. Department of Biology, Falavarjan Branch, Islamic Azad University, Isfahan, Iran.",

"AB":"Bacterial infections Bacteriophage therapy Burn Extended spectrum beta-lactamase Klebsiella pneumoniae Restriction endonuclease Wound",

"FTURL":"NOTNLM",

"PM":"BACKGROUND AND OBJECTIVES: Prevalence of extended spectrum beta-lactamase (ESBL) leads to the development of antibiotic resistance and mortality in burn patients. One of the alternative strategies for controlling ESBL bacterial infections is clinical trials of bacteriophage therapy. The aim of this study was to isolate and characterize specific bacteriophages against ESBL-producing Klebsiella pneumoniae in patients with burn ulcers.  
  
MATERIALS AND METHODS: Clinical samples were isolated from the hospitalized patient in burn medical centers, Iran. Biochemical screenings and 16S rRNA gene sequencing were determined. The phages were isolated from municipal sewerage treatment plants, Isfahan, Iran. TEM and FESEM, adsorption velocity, growth curve, host range, and the viability of the phage particles as well as proteomics and enzyme digestion patterns were examined.  
  
RESULTS: The results showed that Klebsiella pneumoniae Iaufa\_lad2 (GenBank accession number: MW836954) was confirmed as an ESBL-producing strain using combined disk method. This bacterium showed significant sensitivity to three phages including PphiBw-Kp1, PphiBw-Kp2, and PphiBw-Kp3. Morphological characterization demonstrated that the phage PphiBw-Kp3 to the Siphoviridae family (lambda-like phages) and both phages PphiBw-Kp1 and phiBw-Kp2 to the Podoviridae family (T1-like phages). The isolated bacteriophages had a large burst size, thermal and pH viability and efficient adsorption rate to the host cells.  
  
CONCLUSION: In present study, the efficacy of bacteriophages against ESBL pathogenic bacterium promises a remarkable achievement for phage therapy. It seems that, these isolated bacteriophages, in the form of phage cocktails, had a strong antibacterial impacts and a broad-spectrum strategy against ESBL-producing Klebsiella pneumoniae isolated from burn ulcers. Copyright © 2021 The Authors. Published by Tehran University of Medical Sciences.",

"DJ":"Journal Article",

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"TI":"The real-world use and efficacy of pomalidomide for relapsed and refractory multiple myeloma in the era of CD38 antibodies.",

"SO":"EJHaem. 4(4):1006-1012, 2023 Nov.",

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"IN":"PubMed-not-MEDLINE",

"PB":"Szabo AG  
  
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Strandholdt CN  
  
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"MH":"Szabo, Agoston Gyula  
  
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Bonlokke, Soren Thorgaard  
  
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Teodorescu, Elena Manuela  
  
Kurt, Eva  
  
Strandholdt, Casper Norgaard  
  
Vangsted, Annette Juul",

"DU":"Szabo, Agoston Gyula. Department of Hematology Vejle Hospital Vejle Denmark.  
  
Szabo, Agoston Gyula. Department of Hematology, Rigshospitalet Copenhagen University Copenhagen Denmark.  
  
Thorsen, Jonathan. COPSAC, Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital University of Copenhagen Copenhagen Denmark.  
  
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Levring, Mette Boegh. Department of Hematology Odense University Hospital Odense Denmark.  
  
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Hermansen, Emil. Department of Hematology, Rigshospitalet Copenhagen University Copenhagen Denmark.  
  
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Bonlokke, Soren Thorgaard. Department of Hematology Aarhus University Hospital Aarhus Denmark.  
  
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Teodorescu, Elena Manuela. Department of Hematology Aalborg University Hospital Aalborg Denmark.  
  
Kurt, Eva. Department of Hematology Regionshospitalet Godstrup Herning Denmark.  
  
Strandholdt, Casper Norgaard. Department of Hematology Hospital of Southwest Jutland Esbjerg Denmark.  
  
Vangsted, Annette Juul. Department of Hematology, Rigshospitalet Copenhagen University Copenhagen Denmark.",

"OD":"immunomodulatory agent myeloma therapy",

"AB":"NOTNLM",

"FTURL":"Pomalidomide-dexamethasone (Pd) has been a standard care treatment for relapsed and refractory multiple myeloma since 2013. However, the outcomes of Pd after exposure to CD38 antibodies are not known. Here we describe the real-world use and efficacy of pomalidomide in a Danish, nationwide cohort of daratumumab-exposed patients. We identified 328 patients that were treated with pomalidomide. Of these, 137 received Pd, 65 daratumumab-pomalidomide-dexamethasone (DPd), 43 pomalidomide-cyclophosphamide-dexamethasone (PCd), 19 carfilzomib-pomalidomide-dexamethasone (KPD), 11 pomalidomide-bortezomib-dexamethasone (PVd), and 52 pomalidomide in other combinations. Patients treated with Pd in this cohort had a partial response or better (>= PR) rate of 35.8% and median time to next treatment (mTNT) of 4.9 months, almost identical to the results of previous prospective clinical trials. Although treatment with the various pomalidomide-containing triplet regimens resulted in higher >= PR rates (PCd: 46.5%, PVd: 63.6%, DPd: 55.4%, KPd: 63.2%), the mTNT achieved was not significantly better than with Pd in most cases (PCD: 5.4, PVD: 5.3, DPD: 4.7 months). The exception to this was KPd (mTNT 7.4 months), but this regimen was mainly used earlier in the course of the disease (median time from diagnosis 2.3 years vs. 3.7-4.3 years). The most important predictor of outcomes was not the choice of index regimen (p = 0.72), but prior exposure (p = 0.0116). Compared to CD38 antibody-naive patients, triple-class-exposed patients achieved reduced >= PR rate (38.0% vs. 47.3%), shorter mTNT (4.0 vs. 5.9 months), and shorter median overall survival (12.4 vs. 24.2 months) with pomalidomide treatment. Copyright © 2023 The Authors. eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Szabo, Agoston Gyula ORCID: https://orcid.org/0000-0001-9943-7007  
  
Hermansen, Emil ORCID: https://orcid.org/0000-0002-1754-5336  
  
Bonlokke, Soren Thorgaard ORCID: https://orcid.org/0000-0002-6289-4869",

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"DB":"Embase",

"UI":"2028398930",

"TI":"Adverse Event Reporting in Randomized Clinical Trials for Multiple Myeloma.",

"SO":"JAMA Network Open. 6(11) (pp E2342195), 2023. Date of Publication: 10 Nov 2023.",

"AU":"Najjar M.  
  
McCarron J.  
  
Scheffer Cliff E.R.  
  
Berger K.  
  
Steensma D.P.  
  
Al Hadidi S.  
  
Chakraborty R.  
  
Goodman A.  
  
Anto E.  
  
Greene T.  
  
Sborov D.  
  
Mohyuddin G.R.",

"AO":"nan",

"IN":"(Najjar) Department of Oncology, Johns Hopkins School of Medicine, Baltimore, MD, United States  
  
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(Goodman) Division of Hematology, University of California, San Diego, United States  
  
(Anto, Greene) Division of Biostatistics, Department of Population Health Sciences, University of Utah, Salt Lake City, United States",

"PB":"American Medical Association",

"MH":"adverse drug reaction  
  
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"OD":"IMPORTANCE Cancer treatment can result in burdensome toxic effects that profoundly affect patient quality of life. In seeking to emphasize the efficacy of tested treatments, clinical trial reports may use subjective or minimizing terms to describe adverse events (AEs). OBJECTIVE To evaluate patterns of AE reporting in multiple myeloma (MM) randomized clinical trials (RCTs) published between 2015 and early 2023. DESIGN, SETTING, AND PARTICIPANTS For this cohort study, the PubMed, Embase, and Cochrane Central Register of Controlled Trials databases were searched to assess the prevalence of minimizing terms in MM RCTs published between January 1, 2015, and March 1, 2023. Minimizing terms were defined as subjective terms used to favorably describe the safety profile of the intervention. The terms searched included convenient, manageable, acceptable, expected, well-tolerated, tolerable, favorable, and safe. Final data analysis was performed on July 21, 2023. MAIN OUTCOMES AND MEASURES The primary outcome was the occurrence of at least 1 minimizing term in an article. Univariate logistic regression analyses were performed to evaluate the association between the presence of at least 1 minimizing term and the actual incidence of grade 3 or 4 AEs, serious AEs, or grade 5 AEs. RESULTS Of the 65 RCTs included, 56 (86%) used minimizing terms when describing treatment-emergent AEs. The most frequently used minimizing terms were well-tolerated or tolerable in 29 trials (45%), manageable in 18 (28%), and acceptable in 16 (25%). Grade 3 or 4 AE rate in the examined RCTs ranged from 23% to 94%, with a median of 75% (IQR, 59%-82%). A univariate regression analysis demonstrated no association between the use of minimizing terms and grade 3 or 4 AE rates (odds ratio [OR], 1.35 [95% CI, 0.88-2.10] per 10% AE rate increase P = .17) or grade 5 AE rates (OR, 3.16 [95% CI, 0.27-12.7] per 10% AE rate increase P =.45). CONCLUSIONS AND RELEVANCE These findings suggest that trial investigators and sponsors regularly use minimizing terms to describe toxic effects in MM trials, and use of this terminology may not reflect actual AE rates in these studies. Instead of using these terms, trial investigators should highlight event rates and patient-reported outcomes, to allow clinicians and patients to better evaluate the true tolerability of AEs.Copyright © 2023 American Medical Association. All rights reserved.",

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"DJ":"nan",

"MV":"37948080 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37948080]",

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"UI":"2028402284",

"TI":"Probiotic Add-on Therapy in the First-episode Schizophrenia: A Randomized Controlled Trial.",

"SO":"Caspian Journal of Neurological Sciences. 9(4) (pp 229-243), 2023. Date of Publication: October 2023.",

"AU":"Soleimani R.  
  
Jalali M.M.  
  
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"AO":"Soleimani, Robabeh ORCID: https://orcid.org/0000-0003-1463-0380  
  
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"IN":"(Soleimani, Bakhtiari, Eslamdoust-Siahestalkhi) Department of Psychiatry, Faculty of Medicine, Kavosh Cognitive Behavior Sciences and Addiction Research Center, Guilan University of Medical Sciences, Rasht, Iran, Islamic Republic of  
  
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(Jalali) Department of Pharmacology, School of Pharmacy, Mashhad University of Medical Sciences, Mashhad, Iran, Islamic Republic of",

"PB":"Guilan University of Medical Sciences",

"MH":"add on therapy  
  
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glucose/ec [Endogenous Compound]  
  
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microflora  
  
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\*schizophrenia / \*drug therapy  
  
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treatment duration  
  
treatment response  
  
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young adult",

"FTURL":"Background: Some evidence supports probiotics' beneficial effects on clinical symptoms of patients with schizophrenia and relieving unwanted frequently associated side effects of antipsychotic drugs such as constipation, obesity, and metabolic disorders. Objective(s): This study aimed to assess the effect of probiotic supplements on clinical psychiatry symptoms and metabolic indices in patients with schizophrenia. Material(s) and Method(s): First-episode schizophrenic patients were randomly assigned to probiotics and placebo groups in a randomized controlled trial that took 12 weeks. The primary outcomes were the brief psychiatric rating scale (BPRS) change scores and positive and negative syndrome scale (PANSS). The secondary outcomes were clinical global impression-improvement scale (CGI-S), blood pressure (BP), body mass index (BMI), lipid profiles, and fasting blood sugar (FBS). Result(s): A total of 62 patients were considered for the intention-to-treat analysis (mean age, 34.7 years 23 women 39 men). The results showed no significant differences in the primary objectives between the probiotic and placebo groups. In the probiotic group, subjects had lower levels of all biochemical variables (triglycerides, cholesterol, and FBS) compared to the subjects in the placebo group (standardized mean difference -4.3, -2.8, and -4.6, respectively P<0.05). Conclusion(s): We found that by adding probiotics to oral antipsychotics, BPRS or PANSS scores do not improve. However, Cohen's d for biochemical variables showed a medium to large effect size. This study suggests probiotic supplementation may regulate and control triglycerides, cholesterol, and FBS levels. Future studies are recommended to demonstrate these findings in the confirmatory analysis.Copyright © 2018 The Authors. This is an open access article under the CC-By-NC license.",

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"DJ":"nan",

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"ORN":"59",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36794797",

"TI":"Effectiveness of cognitive behavioural-based interventions for adults with attention-deficit/hyperactivity disorder extends beyond core symptoms: A meta-analysis of randomized controlled trials.",

"SO":"Psychology & Psychotherapy: Theory, Research & Practice. 96(3):543-559, 2023 09.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Liu CI  
  
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Lu ML  
  
Goh KK",

"MH":"Lu, Mong-Liang ORCID: https://orcid.org/0000-0003-3184-6554  
  
Goh, Kah Kheng ORCID: https://orcid.org/0000-0003-2677-3944",

"DU":"Liu, Chun-I  
  
Hua, Mao-Hsiu  
  
Lu, Mong-Liang  
  
Goh, Kah Kheng",

"OD":"Liu, Chun-I. Department of Psychiatry, Wan-Fang Hospital, Taipei Medical University, Taipei, Taiwan.  
  
Hua, Mao-Hsiu. Department of Psychiatry, Chang Gung Memorial Hospital, Taoyuan, Taiwan.  
  
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Lu, Mong-Liang. Department of Psychiatry, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan.  
  
Goh, Kah Kheng. Department of Psychiatry, Wan-Fang Hospital, Taipei Medical University, Taipei, Taiwan.  
  
Goh, Kah Kheng. Psychiatric Research Center, Wan-Fang Hospital, Taipei Medical University, Taipei, Taiwan.  
  
Goh, Kah Kheng. Department of Psychiatry, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan.",

"AB":"Adult  
  
Humans  
  
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Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
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Randomized Controlled Trials as Topic  
  
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"FTURL":"anxiety attention-deficit/hyperactivity disorder cognitive behavioural therapy depression quality of life self-esteem",

"PM":"NOTNLM",

"DJ":"OBJECTIVES: To provide an updated systematic review of randomized controlled studies for the efficacy of cognitive behavioural therapy (CBT) in treating adults with attention-deficit/hyperactivity disorder (ADHD).  
  
DESIGN: Meta-analysis.  
  
METHODS: PROSPERO registration: CRD42021273633. The methods used aligned with the PRISMA guidelines. Database searches identified CBT treatment outcome studies eligible for conducted meta-analysis. Treatment response was summarized by calculating the standardized mean differences for changes in outcome measures for adults with ADHD. Measures included core and internalizing symptoms and were assessed on the basis of self-reporting and investigator evaluation.  
  
RESULTS: Twenty-eight studies met the inclusion criteria. This meta-analysis indicates that CBT for adults with ADHD was effective in reducing both core and emotional symptoms. Decreases in depression and anxiety were predicted by the reduction of core ADHD symptoms. An increase in self-esteem and quality of life were also observed for adults with ADHD who were received CBT. Adults who received either individual or group therapy significantly exhibited a greater reduction of symptoms than those who received active control intervention, received treatment as usual, or were on the treatment waitlist. Traditional CBT was equally effective in reducing core ADHD symptoms but outperformed other CBT approaches in reducing emotional symptoms among adults with ADHD.  
  
CONCLUSIONS: This meta-analysis offers cautiously optimistic support for the efficacy of CBT in treating adults with ADHD. The additional reduction of emotional symptoms demonstrates the potential of CBT in adults with ADHD who are at higher risk for depression and anxiety comorbidities. Copyright © 2023 The British Psychological Society.",

"MV":"nan",

"TN":"Systematic Review  
  
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Journal Article",

"Unnamed: 22":"2023",

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"Unnamed: 24":"nan",

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"UniqueID":"471",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"59",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"630984501",

"TI":"Auditory brainstem response (ABR) profiling in schizoaffective disorder.",

"SO":"Acta Neuropsychiatrica. (no pagination), 2020. Date of Publication: 2020.",

"AU":"Juselius Baghdassarian E.  
  
Lewander T.",

"AO":"(Juselius Baghdassarian, Lewander) Department of Neuroscience, Psychiatry and Uppsala University Hospital, Uppsala University, Uppsala, Sweden",

"IN":"Cambridge University Press (E-mail: Journals\_subscriptions@cup.cam.ac.uk)",

"PB":"adult  
  
article  
  
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"OD":"Objective:The aim of the study was to assess whether the auditory brainstem response (ABR) profiling test for schizophrenia would recognize schizoaffective disorder patients as schizophrenia or not. Method(s):Male and female schizoaffective disorder patients (n=16) from the psychosis unit at Uppsala University Hospital were investigated. Coded sets of randomized ABR recordings intermingled with patients with schizophrenia, adult attention-deficit hyperactivity disorder (ADHD) and healthy controls, were analyzed by an independent party blinded to clinical diagnoses. Result(s):The ABR profiling test for schizophrenia was positive in 5/16 patients (31%) and negative in 11/16 patients (69%) with schizoaffective disorder. A surprising finding was that 4/16 (25%) schizoaffective disorder patients were positive for the ABR profiling test for ADHD. Conclusion(s):With the ABR profiling test a minority of patients with schizoaffective disorder tested positive for schizophrenia. In contrast a majority (85%) of patients with schizophrenia in a previous study tested positive. These preliminary results leave us ignorant whether schizoaffective disorder should be regarded as a schizophrenia-like disorder or a psychotic mood disorder and add to the questions regarding the validity of this diagnostic entity. However, the ABR profiling method is still in its infancy and its exploration in a range of psychiatric disorders is warranted.Copyright © Scandinavian College of Neuropsychopharmacology 2020.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Juselius Baghdassarian, Eva ORCID: https://orcid.org/0000-0001-9786-5403",

"DJ":"32063251 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32063251]",

"MV":"nan",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"27663804",

"TI":"The role of selective estrogen receptor modulators in the treatment of schizophrenia.",

"SO":"Psychiatria Danubina. 28(Suppl-1):45-48, 2016 Sep.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Bratek A  
  
Krysta K  
  
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"MH":"Bratek, Agnieszka  
  
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Baranska, Justyna  
  
Kucia, Krzysztof",

"DU":"Bratek, Agnieszka. Department of Psychiatry and Psychotherapy, Independent Public Clinical Hospital No. 7 of Silesian Medical University, Ziolowa 45-47, Katowice, Poland, agn.bratek@gmail.com.",

"OD":"BACKGROUND: Gender differences in schizophrenia have been recognized for a long time and it has been widely accepted that sex steroid hormones, especially estradiol, are strongly attributed to this fact. Two hypotheses regarding estradiol action in psychoses gained special research attention - the estrogen protection hypothesis and hypoestrogenism hypothesis. A growing number of studies have shown benefits in augmenting antipsychotic treatment with estrogens or selective estrogen receptor modulators (SERM).  
  
METHODS: This review is focused on the role of selective estrogen receptor modulators in the treatment of schizophrenic patients. In order to achieve this result PubMed was searched using the following terms: schizophrenia, raloxifene, humans. We reviewed only randomized, placebo-controlled studies.  
  
RESULTS: Raloxifene, a selective estrogen receptor modulator was identified as useful to improve negative, positive, and general psychopathological symptoms, and also cognitive functions. All reviewed studies indicated improvement in at least one studied domain. Augmentation with raloxifene was found to be a beneficial treatment strategy for chronic schizophrenia both in female and male patients, however potential side effects (a small increase in the risk of venous thromboembolism and endometrial cancer) should be carefully considered.  
  
CONCLUSIONS: SERMs could be an effective augmentation strategy in the treatment of both men women with schizophrenia, although further research efforts are needed to study potential long-term side effects.",

"AB":"Journal Article",

"FTURL":"2016",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"609738300",

"TI":"Use of Monte Carlo Simulations to Determine Optimal Carbapenem Dosing in Critically Ill Patients Receiving Prolonged Intermittent Renal Replacement Therapy.",

"SO":"Journal of Clinical Pharmacology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Lewis S.J.  
  
Kays M.B.  
  
Mueller B.A.",

"AO":"nan",

"IN":"(Lewis, Mueller) Department of Clinical Pharmacy University of Michigan College of Pharmacy Ann Arbor, MI USA  
  
(Kays) Department of Pharmacy Practice Purdue University College of Pharmacy West Lafayette, IN USA",

"PB":"Blackwell Publishing Inc. (E-mail: subscrip@blackwellpub.com)",

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"AB":"Pharmacokinetic/pharmacodynamic analyses with Monte Carlo simulations (MCSs) can be used to integrate prior information on model parameters into a new renal replacement therapy (RRT) to develop optimal drug dosing when pharmacokinetic trials are not feasible. This study used MCSs to determine initial doripenem, imipenem, meropenem, and ertapenem dosing regimens for critically ill patients receiving prolonged intermittent RRT (PIRRT). Published body weights and pharmacokinetic parameter estimates (nonrenal clearance, free fraction, volume of distribution, extraction coefficients) with variability were used to develop a pharmacokinetic model. MCS of 5000 patients evaluated multiple regimens in 4 different PIRRT effluent/duration combinations (4 L/h x 10 hours or 5 L/h x 8 hours in hemodialysis or hemofiltration) occurring at the beginning or 14-16 hours after drug infusion. The probability of target attainment (PTA) was calculated using >=40% free serum concentrations above 4 times the minimum inhibitory concentration (MIC) for the first 48 hours. Optimal doses were defined as the smallest daily dose achieving >=90% PTA in all PIRRT combinations. At the MIC of 2 mg/L for Pseudomonas aeruginosa, optimal doses were doripenem 750 mg every 8 hours, imipenem 1 g every 8 hours or 750 mg every 6 hours, and meropenem 1 g every 12 hours or 1 g pre- and post-PIRRT. Ertapenem 500 mg followed by 500 mg post-PIRRT was optimal at the MIC of 1 mg/L for Streptococcus pneumoniae. Incorporating data from critically ill patients receiving RRT into MCS resulted in markedly different carbapenem dosing regimens in PIRRT from those recommended for conventional RRTs because of the unique drug clearance characteristics of PIRRT. These results warrant clinical validation.Copyright © 2016, The American College of Clinical Pharmacology.",

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"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"60",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"34395716",

"TI":"Meropenem Versus Piperacillin-Tazobactam for Definitive Treatment of Bloodstream Infections Caused by AmpC beta-Lactamase-Producing Enterobacter spp, Citrobacter freundii, Morganella morganii, Providencia spp, or Serratia marcescens: A Pilot Multicenter Randomized Controlled Trial (MERINO-2).",

"SO":"Open Forum Infectious Diseases. 8(8):ofab387, 2021 Aug.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Stewart AG  
  
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Harris-Brown T  
  
Harris PNA",

"MH":"Young, Barnaby ORCID: https://orcid.org/0000-0003-1010-2230  
  
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"DU":"Stewart, Adam G  
  
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"OD":"Stewart, Adam G. University of Queensland, UQ Centre for Clinical Research, Brisbane, Australia.  
  
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Harris, Patrick N A. University of Queensland, UQ Centre for Clinical Research, Brisbane, Australia.  
  
Harris, Patrick N A. Central Microbiology, Pathology Queensland, Royal Brisbane and Women's Hospital, Brisbane, Australia.",

"AB":"Enterobacterales ampC beta-lactamase carbapenem clinical trial piperacillin-tazobactam",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Carbapenems are recommended treatment for serious infections caused by AmpC-producing gram-negative bacteria but can select for carbapenem resistance. Piperacillin-tazobactam may be a suitable alternative.  
  
METHODS: We enrolled adult patients with bloodstream infection due to chromosomal AmpC producers in a multicenter randomized controlled trial. Patients were assigned 1:1 to receive piperacillin-tazobactam 4.5 g every 6 hours or meropenem 1 g every 8 hours. The primary efficacy outcome was a composite of death, clinical failure, microbiological failure, and microbiological relapse at 30 days.  
  
RESULTS: Seventy-two patients underwent randomization and were included in the primary analysis population. Eleven of 38 patients (29%) randomized to piperacillin-tazobactam met the primary outcome compared with 7 of 34 patients (21%) in the meropenem group (risk difference, 8% [95% confidence interval {CI}, -12% to 28%]). Effects were consistent in an analysis of the per-protocol population. Within the subcomponents of the primary outcome, 5 of 38 (13%) experienced microbiological failure in the piperacillin-tazobactam group compared to 0 of 34 patients (0%) in the meropenem group (risk difference, 13% [95% CI, 2% to 24%]). In contrast, 0% vs 9% of microbiological relapses were seen in the piperacillin-tazobactam and meropenem arms, respectively. Susceptibility to piperacillin-tazobactam and meropenem using broth microdilution was found in 96.5% and 100% of isolates, respectively. The most common AmpC beta-lactamase genes identified were bla CMY-2, bla DHA-17, bla CMH-3, and bla ACT-17. No ESBL, OXA, or other carbapenemase genes were identified.  
  
CONCLUSIONS: Among patients with bloodstream infection due to AmpC producers, piperacillin-tazobactam may lead to more microbiological failures, although fewer microbiological relapses were seen.  
  
CLINICAL TRIALS REGISTRATION: NCT02437045. Copyright © The Author(s) 2021. Published by Oxford University Press on behalf of Infectious Diseases Society of America.",

"DJ":"Journal Article",

"MV":"2021",

"TN":"Click here for full text options",

"Unnamed: 22":"nan",

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"TI":"Late versus early response and depth of response are associated with improved outcomes in patients with newly diagnosed multiple myeloma enrolled in the TOURMALINE-MM2 trial.",

"SO":"EJHaem. 4(4):995-1005, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Richardson PG  
  
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"DU":"Richardson, Paul G. Harvard Medical School Jerome Lipper Multiple Myeloma Center, Dana-Farber Cancer Institute Boston Massachusetts USA.  
  
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Zhang, Xiaoquan. Takeda Development Center Americas, Inc. (TDCA) Lexington Massachusetts USA.  
  
Villarreal, Miguel. Takeda Development Center Americas, Inc. (TDCA) Lexington Massachusetts USA.  
  
Twumasi-Ankrah, Philip. Takeda Development Center Americas, Inc. (TDCA) Lexington Massachusetts USA.  
  
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Kumar, Shaji K. Mayo Clinic Rochester Minnesota USA.  
  
Rajkumar, S Vincent. Mayo Clinic Rochester Minnesota USA.  
  
Moreau, Philippe. Centre Hospitalier Universitaire de Nantes Nantes France.",

"OD":"depth of response ixazomib multiple myeloma response kinetics",

"AB":"NOTNLM",

"FTURL":"Deeper responses are associated with longer survival in multiple myeloma (MM) however, limited data exist on the impact of response kinetics on outcomes. We investigated progression-free survival (PFS) and duration of response (DOR) by response depth and in early (best confirmed response 0-4 months n = 424) versus late responders (best confirmed response >4 months n = 281). Newly diagnosed patients enrolled in TOURMALINE-MM2 receiving ixazomib-lenalidomide-dexamethasone (IRd) (n = 351) or placebo-Rd (n = 354) were evaluated post hoc. Deeper responses were associated with longer PFS (complete response [CR] not reached [NR], very good partial response [VGPR] 37.2 months, partial response [PR] 16.4 months) and DOR (CR NR, VGPR 42.6 months, PR 15.4 months). Among patients with a PFS (n = 511) or DOR (n = 484) of >=6 months who achieved >=PR, median PFS was prolonged among late versus early responders receiving IRd (59.7 vs. 17.9 months) or placebo-Rd (56.6 vs. 12.4 months), as was median DOR (IRd, NR vs. 20.9 months placebo-Rd, 58.2 vs. 11.7 months). While the treatment paradigm for newly diagnosed MM is treatment to progression, our findings suggest slowness of response to a proteasome inhibitor-immunomodulatory drug-steroid combination is not a negative predictor of outcome. Copyright © 2023 The Authors. eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Richardson, Paul G ORCID: https://orcid.org/0000-0002-7426-8865  
  
Bahlis, Nizar J ORCID: https://orcid.org/0000-0001-7353-7034  
  
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"TI":"A novel two-step administration of XPO-1 inhibitor may enhance the effect of anti-BCMA CAR-T in relapsed/refractory extramedullary multiple myeloma.",

"SO":"Journal of Translational Medicine. 21(1) (no pagination), 2023. Article Number: 812. Date of Publication: December 2023.",

"AU":"Wang D.  
  
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"AO":"Li, Chunrui ORCID: https://orcid.org/0000-0001-5134-7133",

"IN":"(Wang, Que, Ruan, Xu, Long, Yu, Li, Li, Li) Department of Hematology, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, 1095 Jie-Fang Avenue, Hubei, Wuhan 430030, China  
  
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(Cai, Hu, He, Wang) Nanjing IASO Biotherapeutics Ltd, Jiangsu, Nanjing 210032, China  
  
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"OD":"Background: Extramedullary disease usually implies a dismal outcome in relapsed/refractory multiple myeloma patients, and requires novel treatment approaches. We designed a trial using Selinexor, a nuclear export protein 1 inhibitor, together with anti-B cell maturation antigen (BCMA) chimeric antigen receptor (CAR)-T cell product CT103A to treat these patients, and describe the first two cases in this report. Method(s): Selinexor was administered with a novel two-step schedule in bridging therapy and in maintenance. The clinical responses and adverse events were recorded after CAR-T infusion and Selinexor administration. In vitro analysis of the influence of Selinexor on CAR-T cell function was performed using myeloma cell lines. Result(s): After infusion, both patients achieved stringent complete remission (sCR), and were maintained in sCR at data-cutoff, with survival over 13 and 10 months, respectively. Neither immune effector cell-associated neurotoxicity syndrome nor over grade 2 cytokine release syndrome was observed. Meanwhile, the patients showed good tolerance to the combination. In addition, we demonstrated that low dose of Selinexor could upregulate the expression of BCMA on plasma cell lines and subsequently enhance the function of CAR-T cell in vitro. Conclusion(s): The combination of Selinexor and CT103A exerts preliminary synergistic effect, and can be developed as a promising strategy for relapsed/refractory extramedullary myeloma.Copyright © 2023, The Author(s).",

"AB":"Click here for full text options",

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"UI":"2028059264",

"TI":"Community-based rehabilitation intervention for people with schizophrenia in Ethiopia (RISE) cluster-randomised controlled trial: An exploratory analysis of impact on food insecurity, underweight, alcohol use disorder and depressive symptoms.",

"SO":"Global Mental Health. 10(no pagination), 2023. Article Number: e70. Date of Publication: 25 Oct 2023.",

"AU":"Asher L.  
  
Birhane R.  
  
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(De Silva) The Wellcome Trust, London, United Kingdom  
  
(Hanlon) Centre for Global Mental Health, Department of Health Service and Population Research, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom  
  
(Fekadu) Department of Global Health & Infection, Brighton and Sussex Medical School, Brighton, United Kingdom",

"PB":"Cambridge University Press",

"MH":"adult  
  
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Article  
  
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controlled study  
  
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female  
  
\*food insecurity  
  
human  
  
major clinical study  
  
male  
  
psychosocial care  
  
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randomized controlled trial  
  
\*schizophrenia / \*disease management / \*rehabilitation  
  
\*underweight  
  
voluntary worker",

"FTURL":"We evaluated the effectiveness of community-based rehabilitation (CBR) in reducing depressive symptoms, alcohol use disorder, food insecurity and underweight in people with schizophrenia. This cluster-randomised controlled trial was conducted in a rural district of Ethiopia. Fifty-four sub-districts were allocated in a 1:1 ratio to the facility-based care [FBC] plus CBR arm and the FBC alone arm. Lay workers delivered CBR over 12 months. We assessed food insecurity (self-reported hunger), underweight (BMI< 18.5 kg/m2), depressive symptoms (PHQ-9) and alcohol use disorder (AUDIT >= 8) at 6 and 12 months. Seventy-nine participants with schizophrenia in 24 sub-districts were assigned to CBR plus FBC and 87 participants in 24 sub-districts were assigned to FBC only. There was no evidence of an intervention effect on food insecurity (aOR 0.52, 95% CI 0.16-1.67 p = 0.27), underweight (aOR 0.44, 95% CI 0.17-1.12 p = 0.08), alcohol use disorder (aOR 0.82, 95% CI 0.24-2.74 p = 0.74) or depressive symptoms (adjusted mean difference - 0.06, 95% CI -1.35, 1.22 p = 0.92). Psychosocial interventions in low-resource settings should support access to treatment amongst people with schizophrenia, and further research should explore how impacts on economic, physical and mental health outcomes can be achieved.Copyright © The Author(s), 2023. Published by Cambridge University Press.",

"PM":"Click here for full text options",

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"DB":"Ovid MEDLINE(R)",

"UI":"37385457",

"TI":"Sex representation in neurodegenerative and psychiatric disorders' preclinical and clinical studies. [Review]",

"SO":"Neurobiology of Disease. 184:106214, 2023 08.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"DuMont M  
  
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Swan E  
  
Buttle Y  
  
Tropea D",

"MH":"nan",

"DU":"DuMont, Mieke  
  
Agostinis, Alyssa  
  
Singh, Kiran  
  
Swan, Evan  
  
Buttle, Yvonne  
  
Tropea, Daniela",

"OD":"DuMont, Mieke. School of Medicine, Trinity College Dublin, Dublin, Ireland.  
  
Agostinis, Alyssa. School of Medicine, Trinity College Dublin, Dublin, Ireland.  
  
Singh, Kiran. School of Medicine, Trinity College Dublin, Dublin, Ireland.  
  
Swan, Evan. School of Medicine, Trinity College Dublin, Dublin, Ireland.  
  
Buttle, Yvonne. School of Medicine, Trinity College Dublin, Dublin, Ireland.  
  
Tropea, Daniela. Department of Psychiatry and Trinity Translational Medicine Institute (TTMI), Trinity College Dublin, Dublin, Ireland Trinity College Institute of Neuroscience, Trinity College Dublin, Lloyd Building, Dublin 2, Dublin, Ireland FutureNeuro, the SFI Research Centre for Chronic and Rare Neurological Diseases. Electronic address: tropead@tcd.ie.",

"AB":"Humans  
  
Male  
  
Female  
  
\*Alzheimer Disease  
  
\*Parkinson Disease  
  
Amyotrophic Lateral Sclerosis/ep [Epidemiology]  
  
Amyotrophic Lateral Sclerosis/th [Therapy]  
  
\*Amyotrophic Lateral Sclerosis  
  
\*Attention Deficit Disorder with Hyperactivity",

"FTURL":"Biological sex Clinical trial Neurodegenerative Neuropsychiatric Sex Sex representation Sex-specific difference",

"PM":"NOTNLM",

"DJ":"Many studies show the importance of biological sex for the onset, progression, and response to treatment in brain disorders. In line with these reports, health agencies have requested that all trials, both at the clinical and preclinical level, use a similar number of male and female subjects to correctly interpret the results. Despite these guidelines, many studies still tend to be unbalanced in the use of male and female subjects. In this review we consider three neurodegenerative disorders: Alzheimer's disease, Parkinson's disease, Amyotrophic lateral sclerosis, and three psychiatric disorders: Depression, Attention Deficit Hyperactivity Disorder, and Schizophrenia. These disorders were chosen because of their prevalence and their recognized sex-specific differences in onset, progression, and response to treatment. Alzheimer's disease and Depression demonstrate higher prevalence in females, whereas Parkinson's Disease, Amyotrophic lateral sclerosis, Attention Deficit Hyperactivity Disorder, and schizophrenia show higher prevalence in males. Results from preclinical and clinical studies examining each of these disorders revealed sex-specific differences in risk factors, diagnostic biomarkers, and treatment response and efficacy, suggesting a role for sex-specific therapies in neurodegenerative and neuropsychiatric disorders. However, the qualitative analysis of the percentage of males and females enrolled in clinical trials in the last two decades shows that for most of the disorders, there is still a sex bias in the patients' enrolment. Copyright © 2023 The Author(s). Published by Elsevier Inc. All rights reserved.",

"MV":"nan",

"TN":"Journal Article  
  
Review  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

"Unnamed: 23":"Click here for full text options",

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"Database":"EMBASE",

"ORN":"60",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"630654792",

"TI":"Can Familial Risk for ADHD Be Detected in the First Two Years of Life?.",

"SO":"Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53. (pp 1-13), 2020. Date of Publication: 17 Jan 2020.",

"AU":"Miller M.  
  
Iosif A.-M.  
  
Bell L.J.  
  
Farquhar-Leicester A.  
  
Hatch B.  
  
Hill A.  
  
Hill M.M.  
  
Solis E.  
  
Young G.S.  
  
Ozonoff S.",

"AO":"(Miller, Hatch, Hill, Hill, Solis, Young, Ozonoff) Department of Psychiatry & Behavioral Sciences and MIND Institute, University of California, Davis, United States  
  
(Iosif) Department of Public Health Sciences, University of California, Davis, United States  
  
(Bell) Department of Psychology, University of California, Berkeley  
  
(Farquhar-Leicester) College of Education & Human Sciences, University of Nebraska, Lincoln",

"IN":"NLM (Medline)",

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toddler [m]  
  
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"OD":"Objective: We evaluated trajectories of attention-deficit/hyperactivity (ADHD)-relevant behaviors in a sample of infants at high and low familial risk for ADHD who were prospectively evaluated at 12, 18, and 24 months of age. Method(s): Participants included 43 infants at risk for ADHD based on family history (i.e., diagnosed first-degree relative) and 40 low-risk infants (i.e., no family history of ADHD). Instances of inattention, out-of-seat, and grabbing behavior were coded from video analogous constructs were rated by examiners unaware of familial risk status after completing structured standardized assessments with the infants/toddlers. At the end of each study visit, examiners solicited parents' concerns about their child's behavior. Differences in ADHD-related behaviors and parent concerns were examined between 12 and 24 months of age. Result(s): Infants with an older sibling or parent diagnosed with ADHD were distinguishable from infants with no family history of ADHD as early as 12 months of age based on directly observed and examiner reports of behavior, particularly with respect to hyperactive-impulsive behavior. Parents of infants at familial risk for ADHD also reported significantly more behavior/temperament concerns as early as 12 months of age compared to parents of infants at low risk for ADHD. Conclusion(s): These findings highlight the ability to detect genetic liability for ADHD by the end of the first year of life, suggesting that well-designed family risk studies of ADHD are feasible and may be clinically valuable. They also suggest the potential for earlier detection of risk for ADHD than has previously been possible.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Miller, Meghan ORCID: https://orcid.org/0000-0002-1260-4149",

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"DB":"Ovid MEDLINE(R)",

"UI":"27428477",

"TI":"Adjunctive Electroconvulsive Therapy for Schizophrenia: A Meta-analysis of Randomized Rater-Masked Controlled Trials [RETRACTED].",

"SO":"Journal of ECT. 2016 08 03",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Zheng W  
  
Xiang YT  
  
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Guo T  
  
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"MH":"Zheng, Wei  
  
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Guo, Tong  
  
Liu, Zheng-Rong  
  
Chiu, Helen F K  
  
Ungvari, Gabor S  
  
de Leon, Jose",

"DU":"Zheng, Wei. From the \*The Affiliated Brain Hospital of Guangzhou Medical University, Guangzhou Huiai Hospital, Guangzhou The National Clinical Research Center for Mental Disorders, China and Center of Depression, Beijing Institute for Brain Disorders, Beijing Anding Hospital, Capital Medical University, Beijing ++Unit of Psychiatry, Faculty of Health Sciences, University of Macau, Macao SAR, China Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA Shenzhen Key Laboratory for Psychological Healthcare and Shenzhen Institute of Mental Health, Shenzhen Kangning Hospital and Shenzhen Mental Health Center, Shenzhen PDepartment of Psychiatry, the Chinese University of Hong Kong, Hong Kong SAR #Mental Hospital of Guangzhou Civil Administration, Guangzhou, China \*\*The University of Notre Dame Australia/Marian Centre School of Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, Western Australia, Australia ++++University of Kentucky, Mental Health Research Center at Eastern State Hospital, Lexington, KY Psychiatry and Neurosciences Research Group (CTS-549), Institute of Neurosciences, University of Granada, Granada and Biomedical Research Centre in Mental Health Net (CIBERSAM), Santiago Apostol Hospital, University of the Basque Country, Vitoria, Spain.",

"OD":"OBJECTIVE: The aim of the study was to examine published randomized controlled trials (RCTs) for the efficacy and safety of adjunctive electroconvulsive therapy (ECT) when combined with antipsychotics (APs) versus AP therapy for schizophrenia and related disorders during the acute phase.  
  
METHODS: Two evaluators independently selected studies, extracted data, and conducted quality assessment and data synthesis. Standardized and weighted mean differences (SMD/WMD), risk ratio (RR) +/-95% confidence intervals (CIs), number needed to treat (NNT), and number needed to harm (NNH) were calculated.  
  
RESULTS: Twenty-two RCTs (n = 1365, age = 36.9 years, male = 53%), including double-blind (8 RCTs) and rater-masked (14 RCTs) designs, were identified and analyzed. Adjunctive ECT was superior to AP therapy regarding (1) symptomatic improvement at last-observation endpoint (standardized mean difference, -0.67 P < 0.00001 I = 79%) (2) study-defined response (RR = 1.81, I = 0%, P < 0.00001, NNT = 4) and remission (RR = 2.05, I = 0%, P = 0.0004, NNT = 13) and (3) positive, negative, and general psychopathology subscores (weighted mean difference, -4.01 to -1.79 P = 0.005-0.0001). Results were similar in all preplanned subgroup analyses including Chinese (11 RCTs) versus non-Chinese (7 RCTs) origin, those with a Jadad score 3 or higher (12 RCTs) versus lower than 3 (6 RCTs), and those with clozapine (5 RCTs) versus those with non-clozapine treatments (13 RCTs). Compared with AP therapy, adjunctive ECT AP was significantly associated with more headache (RR = 2.72, P = 0.04, NNH = 5) and memory impairment (RR = 14.24, P = 0.01, NNH = 7).  
  
CONCLUSIONS: Adjunctive ECT seems to be an effective and safe option for schizophrenia and related disorders during acute phases but was associated with transient memory impairment and headaches.",

"AB":"Journal Article  
  
Retracted Publication",

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"Unnamed: 25":"Retraction in (RIN)",

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"TI":"Outcomes and risk factors for mortality among patients treated with carbapenems for klebsiella spp. Bacteremia.",

"SO":"PLoS ONE. 10(11) (no pagination), 2015. Article Number: e0143845. Date of Publication: 01 Nov 2015.",

"AU":"Biehle L.R.  
  
Cottreau J.M.  
  
Thompson D.J.  
  
Filipek R.L.  
  
O'Donnell J.N.  
  
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Mahoney M.V.  
  
Hirsch E.B.",

"AO":"nan",

"IN":"(Biehle) University of Wyoming, Laramie, WY, United States  
  
(Biehle, Cottreau, Lasco) Catholic Health Initiatives St. Luke's Health Baylor St. Luke's Medical Center, Houston, TX, United States  
  
(Thompson, Filipek, O'Donnell, Hirsch) Northeastern University, Boston, MA, United States  
  
(O'Donnell, Mahoney, Hirsch) Beth Israel Deaconess Medical Center, Boston, MA, United States  
  
(Cottreau) Rosalind Franklin University, North Chicago, IL, United States",

"PB":"Public Library of Science (E-mail: plos@plos.org)",

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species [m]",

"AB":"Background Extensive dissemination of carbapenemase-producing Enterobacteriaceae has led to increased resistance among Klebsiella species. Carbapenems are used as a last resort against resistant pathogens, but carbapenemase production can lead to therapy failure. Identification of risk factors for mortality and assessment of current susceptibility breakpoints are valuable for improving patient outcomes. Aim The objective of this study was to evaluate outcomes and risk factors for mortality among patients treated with carbapenems for Klebsiella spp. bacteremia. Methods Patients hospitalized between 2006 and 2012 with blood cultures positive for Klebsiella spp. who received >= 48 hours of carbapenemtreatment within 72 hours of positive culture were included in this retrospective study. Patient data were retrieved from electronicmedical records. Multivariate logistic regression was used to identify risk factors for 30-day hospitalmortality. Results One hundred seven patients were included. The mean patient age was 61.5 years and the median APACHE II score was 13 +/- 6.2. Overall, 30-day hospital mortality was 9.3%. After adjusting for confounding variables, 30-day mortality was associated with baseline APACHE II score (OR, 1.17 95% CI, 1.01-1.35 P = 0.03), length of stay prior to index culture (OR, 1.03 95% CI, 1.00-1.06 P = 0.04), and carbapenem non-susceptible (imipenem or meropenem MIC > 1 mg/L) infection (OR, 9.08 95% CI, 1.17-70.51 P = 0.04). Conclusions Baseline severity of illness and length of stay prior to culture were associated with 30-day mortality and should be considered when treating patients with Klebsiella bacteremia. These data support the change in carbapenem breakpoints for Klebsiella species.Copyright © 2015 Biehle et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.",

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"If RCT or not":"No",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"34286272",

"TI":"Extended-spectrum beta-lactamases: an update on their characteristics, epidemiology and detection. [Review]",

"SO":"JAC-antimicrobial Resistance. 3(3):dlab092, 2021 Sep.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Castanheira M  
  
Simner PJ  
  
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"MH":"Bradford, Patricia A ORCID: https://orcid.org/0000-0002-1285-2978",

"DU":"Castanheira, Mariana  
  
Simner, Patricia J  
  
Bradford, Patricia A",

"OD":"Castanheira, Mariana. JMI Laboratories, North Liberty, IA, USA.  
  
Simner, Patricia J. School of Medicine, Johns Hopkins University, Baltimore, MD, USA.  
  
Bradford, Patricia A. Antimicrobial Development Specialists LLC, Nyack, NY, USA.",

"AB":"nan",

"FTURL":"nan",

"PM":"Extended-spectrum beta-lactamase (ESBL)-producing Gram-negative pathogens are a major cause of resistance to expanded-spectrum beta-lactam antibiotics. Since their discovery in the early 1980s, they have spread worldwide and an are now endemic in Enterobacterales isolated from both hospital-associated and community-acquired infections. As a result, they are a global public health concern. In the past, TEM- and SHV-type ESBLs were the predominant families of ESBLs. Today CTX-M-type enzymes are the most commonly found ESBL type with the CTX-M-15 variant dominating worldwide, followed in prevalence by CTX-M-14, and CTX-M-27 is emerging in certain parts of the world. The genes encoding ESBLs are often found on plasmids and harboured within transposons or insertion sequences, which has enabled their spread. In addition, the population of ESBL-producing Escherichia coli is dominated globally by a highly virulent and successful clone belonging to ST131. Today, there are many diagnostic tools available to the clinical microbiology laboratory and include both phenotypic and genotypic tests to detect beta-lactamases. Unfortunately, when ESBLs are not identified in a timely manner, appropriate antimicrobial therapy is frequently delayed, resulting in poor clinical outcomes. Several analyses of clinical trials have shown mixed results with regards to whether a carbapenem must be used to treat serious infections caused by ESBLs or whether some of the older beta-lactam-beta-lactamase combinations such as piperacillin/tazobactam are appropriate. Some of the newer combinations such as ceftazidime/avibactam have demonstrated efficacy in patients. ESBL-producing Gram-negative pathogens will continue to be major contributor to antimicrobial resistance worldwide. It is essential that we remain vigilant about identifying them both in patient isolates and through surveillance studies. Copyright © The Author(s) 2021. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy.",

"DJ":"Journal Article  
  
Review",

"MV":"2021",

"TN":"Click here for full text options",

"Unnamed: 22":"nan",

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"Database":"Medline",

"ORN":"61",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38028949",

"TI":"Bispecific antibody treatment of multiple myeloma: latest updates from the 2022 ASH annual meeting.",

"SO":"Therapeutic Advances in Chronic Disease. 14:20406223231213251, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Yin X  
  
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Meng H  
  
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Liu, Yi  
  
Sun, Jianai  
  
Tong, Hongyan  
  
Meng, Haitao  
  
You, Liangshun",

"DU":"Yin, Xuejiao. Department of Hematology, The First Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou, Zhejiang, People's Republic of China.  
  
Yin, Xuejiao. Zhejiang Provincial Clinical Research Center for Hematologic Diseases, Hangzhou, Zhejiang, People's Republic of China.  
  
Yin, Xuejiao. Zhejiang Province Key Laboratory of Hematology Oncology Diagnosis and Treatment, Hangzhou, Zhejiang, People's Republic of China.  
  
Yin, Xuejiao. Zhejiang University Cancer Center, Hangzhou, Zhejiang, People's Republic of China.  
  
Liu, Yi. Department of Hematology, The First Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou, Zhejiang, People's Republic of China.  
  
Liu, Yi. Zhejiang Provincial Clinical Research Center for Hematologic Diseases, Hangzhou, Zhejiang, People's Republic of China.  
  
Sun, Jianai. Department of Hematology, The First Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou, Zhejiang, People's Republic of China.  
  
Sun, Jianai. Zhejiang Provincial Clinical Research Center for Hematologic Diseases, Hangzhou, Zhejiang, People's Republic of China.  
  
Sun, Jianai. Zhejiang Province Key Laboratory of Hematology Oncology Diagnosis and Treatment, Hangzhou, Zhejiang, People's Republic of China.  
  
Sun, Jianai. Zhejiang University Cancer Center, Hangzhou, Zhejiang, People's Republic of China.  
  
Tong, Hongyan. Department of Hematology, The First Affiliated Hospital, College of Medicine, Zhejiang University, 79# Qingchun Road, Hangzhou 310003, People's Republic of China.  
  
Meng, Haitao. Department of Hematology, The First Affiliated Hospital, College of Medicine, Zhejiang University, 79# Qingchun Road, Hangzhou 310003, People's Republic of China.  
  
You, Liangshun. Department of Hematology, The First Affiliated Hospital, College of Medicine, Zhejiang University, 79# Qingchun Road, Hangzhou 310003, People's Republic of China.",

"OD":"bispecific antibody immunotherapy multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Background: Effective novel therapies for multiple myeloma (MM) patients who are unresponsive to conventional treatments (triple-class refractory) are an urgent need. Bispecific antibodies (BsAbs) offer a promising new approach to stimulate T cells and induce tumor cell death by targeting molecules on the surface of malignant plasma cells and CD3 on the surface of T cells.  
  
Objectives: Addressing the issue of improving the prognosis of triple-class refractory MM patients has become a significant clinical challenge.  
  
Design: This is a brief report.  
  
Methods: This article summarizes the latest updates of BsAbs treatment of MM from the 2022 ASH annual meeting.  
  
Results: BsAbs that target B-cell maturation antigen and G protein-coupled receptor family C group 5 memberD have demonstrated remarkable clinical activity and favorable safety profiles. Many potential targets for myeloma cells are currently undergoing phase I/II clinical trials, and these off-the-shelf bispecific molecules are likely to become a critical part of the MM treatment landscape.  
  
Conclusion: This article provides an overview of the latest advances in BsAbs immunotherapy for refractory and relapsed MM and highlights significant findings from the 2022 ASH annual meeting. Copyright © The Author(s), 2023.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"You, Liangshun ORCID: https://orcid.org/0000-0003-4575-3287",

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"UI":"2028278185",

"TI":"Detection of circulating normal and tumor plasma cells in newly diagnosed patients of multiple myeloma and their associations with clinical and laboratory parameters.",

"SO":"Current Problems in Cancer. 48(no pagination), 2024. Article Number: 101025. Date of Publication: February 2024.",

"AU":"Gupta L.  
  
Suku P.  
  
Dash A.  
  
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Sharma P.  
  
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Sreedharanunni S.  
  
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Jandial A.  
  
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Sachdeva M.U.S.",

"AO":"Mallik, Nabhajit ORCID: https://orcid.org/0000-0003-0791-9426  
  
Jandial, Aditya ORCID: https://orcid.org/0000-0002-6426-0309  
  
Sachdeva, Man Updesh Singh ORCID: https://orcid.org/0000-0002-4406-8299",

"IN":"(Gupta) Former Junior Resident, MD Pathology, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Suku) Junior Research Fellow, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Dash) PhD Scholar, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Bose) Senior Lab Technician, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Sharma, Mallik) Assistant Professor, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Sreedharanunni) Associate Professor, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Varma) Former Professor & Head, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Jandial) Former Senior Research Associate, Department of Clinical Hematology and Medical Oncology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Malhotra) Professor and Head, Department of Clinical Hematology and Medical Oncology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India  
  
(Sachdeva) Professor, Department of Hematology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India",

"PB":"Elsevier Inc.",

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"OD":"Introduction: Circulating plasma cells (CPCs) are frequently noted in variable frequencies in the entire spectrum of plasma cells neoplasms. With advent of high sensitivity multi-parametric flow cytometry, it is not only possible to detect CPCs present in very low numbers, but also to categorise them into circulating tumor plasma cells (CTPCs) and circulating normal plasma cells (CNPCs), based on their marker-profile. This study used multi-colour flow cytometry to evaluate the load of both CTPCs & CNPCs at the time of diagnosis and at six months' time-point of therapy, and evaluated associations of both with clinical and laboratory parameters. Method(s): Twenty one newly diagnosed MM patients were enrolled. Six to nine millilitres of EDTA-anticoagulated peripheral blood sample was used for flow cytometry. A ten colour antibody panel was used for analysis of CPCs, which were categorised further into CTPCs and CNPCs. Approximately 4.8 million events were acquired for the analysis. The percentage &absolute numbers of CTPCs and CNPCs were noted and the proportion of CTPCs out of all CPCs (CTPCs + CNPCs) were also calculated for evaluating their statistical associations. Result(s): All 21 patients of newly diagnosed MM showed presence of CPCs (CTPCs and/or CNPCs) at the time of diagnosis. The CTPCs were detected in 76 % of the study population. The median percentage and absolute counts of CTPCs were 0.52 % and 54.9 cells /microL, respectively. CNPCs were found in 95 % and the median percentage and absolute counts of CNPCs were 0.025 % and 2.66 cells/microL. After six months of therapy, CPCs (CTPCs and/or CNPCs) were found in all nine patients evaluated for this assay. CTPCs were found 33 %, with a median of 0.075 % and CNPCs were found in 89 % with a median of 0.01 %. Our study showed that the load of CTPCs was found to be higher in patients with presence of lytic bone lesions, plasmacytoma, presence of PCs on peripheral blood film by light microscopy, presence of Chr 1p32 deletion, expression of CD56 and CD81 on CTPCs, and in patients with absence of very good partial response (VGPR). Conversely, the load of CTPCs was significantly lower in patients with concomitant amyloidosis. Also, percentage of bone marrow plasma cells exhibited a significant positive correlation with the absolute count of CTPCs. We observed that the mean percentage of CNPCs was significantly higher in female patients. The load of CNPCs was lower in patients with thrombocytopenia and with hypoalbuminemia. Conclusion(s): Increased burden of CTPCs was associated with presence of lytic lesions, plasmacytomas, Chr 1p32 deletion, expression of CD56 and CD81 on tumor cells and with failure to achieve very good partial response. The CNPCs were lower in patients with thrombocytopenia and with hypoalbuminemia. To best ot our knowledge, this is the first study from India on the relevance of circulating tumor plasma cells and the first study in the world to analyse the associations of circulating normal plasma cells in newly diagnosed patients of multiple myeloma. The study also highlights the utility of multi-parametric flow cytometry in identification and enumeration of circulating plasma cells. Circulating plasma cells indicates poorer outcomes in patients of multiple myeloma. Twenty one newly diagnosed multiple myeloma patients were evaluated by flow cytometry to enumerate and characterise circulating tumor plasma cells (CTPCs) and circulating normal plasma cells (CNPCs). Higher load of CTPCs correlated with known poor prognostic markers and poor response to therapy.Copyright © 2023",

"AB":"Click here for full text options",

"FTURL":"bortezomib / drug therapy / special situation for pharmacovigilance  
  
CD56 antigen / endogenous compound  
  
CD81 antigen / endogenous compound  
  
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"TN":"nan",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

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"TI":"The higher the household income, the lower the possibility of depression and anxiety disorder: evidence from a bidirectional Mendelian randomization study.",

"SO":"Frontiers in Psychiatry. 14(no pagination), 2023. Article Number: 1264174. Date of Publication: 2023.",

"AU":"Liu G.  
  
Liu W.  
  
Zheng X.  
  
Li J.",

"AO":"nan",

"IN":"(Liu, Li) Department of Geriatrics, Affiliated Hospital of Guangdong Medical University, Zhanjiang, China  
  
(Liu) Department of Traditional Chinese Medicine, Affiliated Hospital of Guangdong Medical University, Zhanjiang, China  
  
(Zheng) Department of Cardiology, Affiliated Hospital of Guangdong Medical University, Zhanjiang, China",

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"FTURL":"Objectives: Observational studies have demonstrated that household income is associated with morbidity of mental disorders. However, a causal relationship between the two factors remains unclear. Therefore, we investigated the causal relationship between household income status and genetic liability of mental disorders using a bidirectional Mendelian randomization (MR) study. Method(s): This MR study included a large cohort of the European population from publicly available genome-wide association study datasets. A random-effects inverse-variance weighting model was used as the main standard, with MR-Egger regression, weighted median, and maximum likelihood estimations performed concurrently as supplements. Sensitivity analysis, consisting of heterogeneity and horizontal pleiotropy tests, was performed using Cochran's Q test, MR-Egger intercept, and MR-PRESSO tests to ensure the reliability of the conclusions. Result(s): A higher household income tended to be associated with a lower risk of genetic liability for depression (odds ratio [OR]: 0.655, 95% confidence interval [CI] = 0.522-0.822, p < 0.001) and anxiety disorder (OR: 0.666, 95% CI = 0.526-0.843, p < 0.001). No associations were observed for schizophrenia (OR: 0.678, 95% CI = 0.460-1.000, p = 0.05), panic disorder (OR: 0.837, 95% CI = 0.445-1.577, p = 0.583), insomnia (OR: 1.051, 95% CI = 0.556-1.986, p = 0.877), obsessive-compulsive disorder (OR: 1.421, 95% CI = 0.778-2.596, p = 0.252), and bipolar disorder (OR: 1.126, 95% CI = 0.757-1.677, p = 0.556). A reverse MR study showed no reverse causal relationship between psychiatric disorders and household income. Sensitivity analysis verified the reliability of the results. Conclusion(s): Our results revealed that the population with a higher household income tended to have a minor risk of genetic liability in depression and anxiety disorders.Copyright © 2023 Liu, Liu, Zheng and Li.",

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"MV":"nan",

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"UI":"37341028",

"TI":"Evaluation of the effectiveness of the FOCUS ADHD App in monitoring adults with attention-deficit/hyperactivity disorder.",

"SO":"European Psychiatry: the Journal of the Association of European Psychiatrists. 66(1):e53, 2023 06 21.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"MH":"Carvalho, Luiz Roberto ORCID: https://orcid.org/0000-0003-2734-3911",

"DU":"Carvalho, Luiz Roberto  
  
Haas, Leticia M  
  
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Victor, Marcelo M  
  
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Rohde, Luis Augusto",

"OD":"Carvalho, Luiz Roberto. Institute of Psychiatry, Faculty of Medicine of the Sao Paulo, Sao Paulo, Brazil.  
  
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Meneghetti Coimbra, Isabel. Attention Deficit/Hyperactivity Program and Developmental Psychiatry Program, Hospital de Clinicas de Porto Alegre, Federal University of Rio Grande do Sul, Porto Alegre, Brazil.  
  
de Freitas de Sousa, Anthony. Attention Deficit/Hyperactivity Program and Developmental Psychiatry Program, Hospital de Clinicas de Porto Alegre, Federal University of Rio Grande do Sul, Porto Alegre, Brazil.  
  
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Grevet, Eugenio Horacio. Attention Deficit/Hyperactivity Program and Developmental Psychiatry Program, Hospital de Clinicas de Porto Alegre, Federal University of Rio Grande do Sul, Porto Alegre, Brazil.  
  
Rohde, Luis Augusto. Attention Deficit/Hyperactivity Program and Developmental Psychiatry Program, Hospital de Clinicas de Porto Alegre, Federal University of Rio Grande do Sul, Porto Alegre, Brazil.  
  
Rohde, Luis Augusto. Medical Council, UniEduK, Sao Paulo, Brazil.  
  
Rohde, Luis Augusto. Center for Research and Innovation in Mental Health, National Institute of Developmental Psychiatry, Sao Paulo, Brazil.",

"AB":"Humans  
  
Adult  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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\*Central Nervous System Stimulants",

"FTURL":"adherence attention-deficit/hyperactivity disorder digital discount mobile app",

"PM":"NOTNLM",

"DJ":"BACKGROUND: The current investigation assessed a) the performance of the FOCUS ADHD mobile health application (App) in increasing pharmacological treatment adherence and improving patients' knowledge of attention-deficit/hyperactivity disorder (ADHD) and b) the impact of implementing a financial incentive for using the App (i.e., a discount on medication).  
  
METHODS: In a randomized, blind, parallel-group clinical trial, 73 adults diagnosed with ADHD were allocated into three groups for 3 months: a) Pharmacological treatment as usual (TAU) b) TAU and the App (App Group) and c) TAU and the App + a commercial discount on the purchase of medication prescribed for ADHD treatment (App + Discount Group).  
  
RESULTS: There was no significant difference in mean treatment adherence between groups, assessed as a medication possession ratio (MPR). However, the App + Discount Group exhibited greater medication intake registrations compared with the App Group during the initial phase of the trial. The financial discount also produced a 100% App adoption rate. App use did not increase ADHD knowledge, though knowledge scores were high at baseline. The usability and quality of the App were rated favorably.  
  
CONCLUSIONS: The FOCUS ADHD App achieved a high adoption rate and positive evaluations by users. Use of the App did not increase adherence to treatment as measured by MPR, but, for App users, the addition of a financial incentive to use the App produced an increase in treatment adherence in terms of medication intake registrations. The present results offer encouraging data for combining incentives with mobile digital health solutions to positively impact treatment adherence in ADHD.",

"MV":"0 (Central Nervous System Stimulants)",

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"UI":"2018732512",

"TI":"The effects of physical activity on executive function in children with attention-deficit/hyperactivity disorder.",

"SO":"Medicine (United States). 98(14) (no pagination), 2019. Article Number: e15097. Date of Publication: 01 Apr 2019.",

"AU":"Zhang M.-Q.  
  
Liu Z.  
  
Ma H.-T.  
  
Zhang D.",

"AO":"(Zhang, Liu, Zhang) Springfield College, MA, United States  
  
(Ma) Beijing Sport University, Beijing, China",

"IN":"Lippincott Williams and Wilkins",

"PB":"\*attention deficit hyperactivity disorder  
  
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WanFang Database [m]",

"OD":"Background: The effects of physical activity on executive function are well documented, but whether physical activity contributes to the executive function of attention deficit hyperactivity disorder (ADHD) children are still inconclusive. Method(s): The study is guided by the Preferred Reporting Items for Systematic Review and Meta-analysis Protocols (PRISMA-P). We will search the following databases PubMed, EMBASES, the Cochrane Library, CNKI, and Wanfang-Data to identify the Randomized Controlled Trials evaluating the effects of physical activity on executive function among ADHD children. The language of literature restricted in Chinese and English, which published from inception to January 2019. Two reviewers will screen the studies independently, while risk of bias assessment, data extraction, and inconsistent results will be discussed by the third reviewer. Revman 5.3 and Stata 12 software will be used to complete data analysis and synthesis. Conclusion(s): This study will be based on findings of previous studies, thus the ethics approval is not required. The final results will be presented at an international conference and submitted to a peer-reviewed journal of relative field for consideration of publication. Copyright © 2019 the Author(s).",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"27227402",

"TI":"Electroconvulsive Therapy Alone for Schizophrenia: A Meta-analysis of Randomized, Single-blind, Controlled Trials [RETRACTED].",

"SO":"Journal of ECT. 2016 08 03",

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"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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Cao, Xiao-Lan  
  
Guo, Tong  
  
Wang, Harry H X  
  
Seiner, Stephen J  
  
Xiang, Yu-Tao",

"DU":"Zheng, Wei. From the \*Guangzhou Brain Hospital (Guangzhou Huiai Hospital), Affiliated Hospital of Guangzhou Medical University, Guangzhou Beijing Key Laboratory of Mental Disorders, Beijing Anding Hospital, Capital Medical University, Beijing, China ++School of Psychiatry and Clinical Neurosciences, University of Western Australia The University of Notre Dame Australia/Marian Centre, Perth Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia PDepartment of Psychiatry, Chinese University of Hong Kong, Hong Kong SAR, China \*\*Mental Hospital of Guangzhou Civil Administration, Guangzhou Shenzhen Key Laboratory for Psychological Healthcare and Shenzhen Institute of Mental Health, Shenzhen Kangning Hospital and Shenzhen Mental Health Center, Shenzhen ++++School of Public Health, Sun Yat-Sen University, Guangzhou, China Electroconvulsive Therapy (ECT) Service, McLean Hospital, Belmont Harvard Medical School, Department of Psychiatry, Boston, MA and PPUnit of Psychiatry, Faculty of Health Sciences, University of Macau, Macao SAR, China.",

"OD":"PURPOSE: Electroconvulsive therapy (ECT) is a common treatment in practice for schizophrenia in most developing countries. This is a meta-analysis of the efficacy and safety of ECT alone versus antipsychotic (AP) monotherapy for schizophrenia using randomized, single-blind, controlled trial (RCT) data.  
  
METHODS: Two assessors independently extracted data. Standardized and weighted mean difference (SMD/WMD), odds ratios (ORs) +/- 95% confidence intervals (CIs), and number needed to harm (NNH) were calculated by Review Manager Version 5.3 and the Comprehensive Meta-Analysis Version 2 software.  
  
RESULTS: Five RCTs (n = 365 age, 34.1 +/- 4.7 years percentage of male, 52.8 +/- 9.5 range on the Jaded scale, 2-3) were identified and analyzed. Electroconvulsive therapy alone was superior to AP monotherapy with chlorpromazine, haloperidol, paliperidone, clozapine, and risperidone, respectively, regarding symptomatic improvement at last-observation end point (SMD, -0.84 P = 0.02 I = 89%). Improvement with ECT separated from AP as early as weeks 1 to 2 (SMD, -1.26 P = 0.01 I = 89%). Meta-analysis of the end point memory quotient of the Wechsler Memory Scale-Revised, Chinese version, revealed that the ECT alone group had poorer memory performance than the AP group (WMD, -9.34 P < 0.00001 I = 0%), but the difference lost its significance within 2 weeks after ECT (WMD, 0.09 to -6.54 P = 0.11-0.97 I = 0%). Compared with AP monotherapy, ECT was associated with more memory impairment (OR, 14.11 P = 0.004 NNH, 6) but with less akathisia (OR, 0.06 P = 0.0009 NNH, 6), tremor (OR, 0.08 P = 0.02 NNH, 7), and tachycardia (OR, 0.06 P = 0.006 NNH, 5). There were no significant differences in other adverse events and all-cause discontinuation.  
  
CONCLUSIONS: Electroconvulsive therapy alone could be an effective and safe treatment option for schizophrenia, with transient memory impairment and headache being the major side effects.",

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"VN":"Ovid Technologies",

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"UI":"603438404",

"TI":"Safety and Pharmacokinetics of Single and Multiple Ascending Doses of Avibactam Alone and in Combination with Ceftazidime in Healthy Male Volunteers: Results of Two Randomized, Placebo-Controlled Studies.",

"SO":"Clinical Drug Investigation. (no pagination), 2015. Date of Publication: 27 Mar 2015.",

"AU":"Merdjan H.  
  
Rangaraju M.  
  
Tarral A.",

"AO":"nan",

"IN":"(Merdjan) Pharsight Consulting Services Europe, Regus Business Centre, 37-39 Avenue Ledru Rollin, CS11237, Paris Cedex 12 75570, France  
  
(Rangaraju) Polyphor Ltd, Allschwil, Switzerland  
  
(Tarral) DNDi Drugs for Neglected Diseases Initiative, Geneva, Switzerland",

"PB":"Springer International Publishing",

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"AB":"Background and Objective: Avibactam is a novel non-beta-lactam beta-lactamase inhibitor effective against Ambler class A, C and some class D beta-lactamases that is currently in clinical development in combination with ceftazidime for the treatment of serious Gram-negative infections. It restores the in vitro activity of a range of beta-lactams, including ceftazidime, against extended-spectrum beta-lactamase-producing pathogens. Two phase I studies assessed the safety and pharmacokinetics of avibactam in healthy subjects when administered alone or with ceftazidime.  
Methods: The first study (NXL104-1001) was a placebo-controlled, single-ascending dose study assessing avibactam 50, 100, 250, 500, 1000, 1500 or 2000 mg given as a 30-min intravenous infusion. After a 7-day washout, subjects in the 250 and 500 mg dosing groups received a second avibactam dose with concomitant ceftazidime 1000 or 2000 mg, respectively. The second study (NXL104-1002) was performed in two parts. Part 1 assessed multiple-ascending doses of avibactam. Subjects were randomized to receive avibactam 500, 750 or 1000 mg every 8 h (q8 h) over 5 days, or ceftazidime-avibactam 2000-500 mg q8 h over 10 days. Part 2 assessed bioavailability of avibactam after a single oral dose (500 mg) relative to a single 30-min intravenous infusion (500 mg).  
Results: No serious or severe adverse events were reported in either study. Avibactam exposure generally increased proportionally to dose and there was no trend for accumulation after multiple doses. Almost all avibactam was excreted largely unchanged in the urine within the first 6 h. Concomitant ceftazidime did not affect avibactam's safety and pharmacokinetic profile. Avibactam exposure after oral dosing was very low at 6.2 % of that observed after intravenous infusion.  
Conclusion: Avibactam was generally well tolerated across all dosing regimens, when given alone or with ceftazidime. Avibactam exposure was dose related in both studies, and avibactam pharmacokinetics were linear and not affected by ceftazidime.Copyright © 2015 Springer International Publishing Switzerland",

"FTURL":"Click here for full text options",

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"UI":"34199889",

"TI":"Advances in Bacteriophage Therapy against Relevant MultiDrug-Resistant Pathogens. [Review]",

"SO":"Antibiotics. 10(6), 2021 Jun 04.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Broncano-Lavado A  
  
Santamaria-Corral G  
  
Esteban J  
  
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"MH":"Broncano-Lavado, Antonio ORCID: https://orcid.org/0000-0002-3080-1066  
  
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Esteban, Jaime ORCID: https://orcid.org/0000-0002-8971-3167",

"DU":"Broncano-Lavado, Antonio  
  
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Esteban, Jaime  
  
Garcia-Quintanilla, Meritxell",

"OD":"Broncano-Lavado, Antonio. Department of Clinical Microbiology, IIS-Fundacion Jimenez Diaz, Av. Reyes Catolicos, 2, 28040 Madrid, Spain.  
  
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Garcia-Quintanilla, Meritxell. Department of Clinical Microbiology, IIS-Fundacion Jimenez Diaz, Av. Reyes Catolicos, 2, 28040 Madrid, Spain.",

"AB":"Acinetobacter baumannii Escherichia coli Klebsiella pneumoniae Pseudomonas aeruginosa alternative therapy bacteriophage multiresistant phage therapy",

"FTURL":"NOTNLM",

"PM":"The increase of multiresistance in bacteria and the shortage of new antibiotics in the market is becoming a major public health concern. The World Health Organization (WHO) has declared critical priority to develop new antimicrobials against three types of bacteria: carbapenem-resistant A. baumannii, carbapenem-resistant P. aeruginosa and carbapenem-resistant and ESBL-producing Enterobacteriaceae. Phage therapy is a promising alternative therapy with renewed research in Western countries. This field includes studies in vitro, in vivo, clinical trials and clinical cases of patients receiving phages as the last resource after failure of standard treatments due to multidrug resistance. Importantly, this alternative treatment has been shown to be more effective when administered in combination with antibiotics, including infections with biofilm formation. This review summarizes the most recent studies of this strategy in animal models, case reports and clinical trials to deal with infections caused by resistant A. baumannii, K. pneumoniae, E. coli, and P. aeruginosa strains, as well as discusses the main limitations of phage therapy.",

"DJ":"Journal Article  
  
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"UI":"38004493",

"TI":"Novel Immunotherapies and Combinations: The Future Landscape of Multiple Myeloma Treatment. [Review]",

"SO":"Pharmaceuticals (Basel, Switzerland). 16(11), 2023 Nov 19.",

"AU":"1",

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Corvatta L  
  
Manieri VM  
  
Morsia E  
  
Poloni A  
  
Offidani M",

"MH":"More, Sonia  
  
Corvatta, Laura  
  
Manieri, Valentina Maria  
  
Morsia, Erika  
  
Poloni, Antonella  
  
Offidani, Massimo",

"DU":"More, Sonia. Clinica di Ematologia Azienda Ospedaliero Universitaria delle Marche, 60126 Ancona, Italy.  
  
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Poloni, Antonella. Clinica di Ematologia Azienda Ospedaliero Universitaria delle Marche, 60126 Ancona, Italy.  
  
Offidani, Massimo. Clinica di Ematologia Azienda Ospedaliero Universitaria delle Marche, 60126 Ancona, Italy.",

"OD":"bispecific antibodies cevostamab elranatamab relapsed multiple myeloma talquetamab teclistamab",

"AB":"NOTNLM",

"FTURL":"In multiple myeloma impressive outcomes have improved with the introduction of new therapeutic approaches, mainly those including naked monoclonal antibodies such as daratumumab and isatuximab. However, moving to earlier lines of therapy with effective anti-myeloma drugs led to an increase in the number of patients who developed multi-refractoriness to them early on. Currently, triple- or multi-refractory MM represents an unmet medical need, and their management remains a complicated challenge. The recent approval of new immunotherapeutic approaches such as conjugated monoclonal antibodies, bispecific antibodies, and CAR T cells could be a turning point for these heavily pretreated patients. Nevertheless, several issues regarding their use are unsolved, such as how to select patients for each strategy or how to sequence these therapies within the MM therapeutic landscape. Here we provide an overview of the most recent data about approved conjugated monoclonal antibody belantamab, mafodotin, bispecific antibody teclistamab, and other promising compounds under development, mainly focusing on the ongoing clinical trials with monoclonal antibody combination approaches in advanced and earlier phases of MM treatment.",

"PM":"Journal Article  
  
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"DJ":"2023",

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"UI":"2026731835",

"TI":"Stem cell collection after lenalidomide, bortezomib and dexamethasone plus elotuzumab or isatuximab in newly diagnosed multiple myeloma patients: a single centre experience from the GMMG-HD6 and -HD7 trials.",

"SO":"BMC Cancer. 23(1) (no pagination), 2023. Article Number: 1132. Date of Publication: December 2023.",

"AU":"Kauer J.  
  
Freundt E.P.  
  
Schmitt A.  
  
Weinhold N.  
  
Mai E.K.  
  
Muller-Tidow C.  
  
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Raab M.S.  
  
Kriegsmann K.  
  
Sauer S.",

"AO":"nan",

"IN":"(Kauer, Freundt, Schmitt, Weinhold, Mai, Muller-Tidow, Goldschmidt, Raab, Kriegsmann, Sauer) Department of Haematology, Oncology and Rheumatology, University Hospital Heidelberg, Im Neuenheimer Feld 410, Heidelberg 69120, Germany  
  
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"PB":"BioMed Central Ltd",

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"OD":"Background: While quadruplet induction therapies deepen responses in newly diagnosed multiple myeloma patients, their impact on peripheral blood stem cell (PBSC) collection remains incompletely understood. This analysis aims to evaluate the effects of prolonged lenalidomide induction and isatuximab- or elotuzumab-containing quadruplet induction therapies on PBSC mobilization and collection. Method(s): A total of 179 transplant-eligible patients with newly diagnosed MM treated at a single academic center were included. The patients were evaluated based on PBSC mobilization and collection parameters, including overall collection results, CD34+ cell levels in peripheral blood, leukapheresis (LP) delays, overall number of LP sessions, and the rate of rescue mobilization with plerixafor. The patients underwent four different induction regimens: Lenalidomide, bortezomib, and dexamethasone (RVd, six 21-day cycles, n = 44), isatuximab-RVd (six 21-day cycles, n = 35), RVd (four 21-day cycles, n = 51), or elotuzumab-RVd (four 21-day cycles, n = 49). Result(s): The patients' characteristics were well balanced across the different groups. Collection failures, defined as the inability to collect three sufficient PBSC transplants, were rare (n = 3, 2%), with no occurrences in the isatuximab-RVd and elotuzumab-RVd groups. Intensified induction with six 21-day cycles of RVd did not negatively impact the overall number of collected PBSCs (9.7 x 106/kg bw versus 10.5 x 106/kg bw, p = 0.331) compared to four 21-day cycles of RVd. Plerixafor usage was more common after six cycles of RVd compared to four cycles (16% versus 8%). Addition of elotuzumab to RVd did not adversely affect overall PBSC collection (10.9 x 106/kg bw versus 10.5 x 106/kg bw, p = 0.915). Patients treated with isatuximab-RVd (six cycles) had lower numbers of collected stem cells compared to those receiving RVd (six cycles) induction (8.8 x 106/kg bw versus 9.7 x 106/kg bw, p = 0.801), without experiencing significant delays in LP or increased numbers of LP sessions in a multivariable logistic regression analysis. Plerixafor usage was more common after isatuximab plus RVd compared to RVd alone (34% versus 16%). Conclusion(s): This study demonstrates that stem cell collection is feasible after prolonged induction with isatuximab-RVd without collection failures and might be further explored as induction therapy. Trial registration: Patients were treated within the randomized phase III clinical trials GMMG-HD6 (NCT02495922, 24/06/2015) and GMMG-HD7 (NCT03617731, 24/07/2018). However, during stem cell mobilization and -collection, no study-specific therapeutic intervention was performed.Copyright © 2023, The Author(s).",

"AB":"Click here for full text options",

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"TN":"nan",

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"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"62",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026037466",

"TI":"A Pilot Nurse-Administered CBT Intervention for Insomnia in Patients with Schizophrenic Disorder: A Randomized Clinical Effectiveness Trial.",

"SO":"Journal of Clinical Medicine. 12(19) (no pagination), 2023. Article Number: 6147. Date of Publication: October 2023.",

"AU":"Batalla-Martin D.  
  
Martorell-Poveda M.-A.  
  
Belzunegui-Eraso A.  
  
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"AO":"Batalla-Martin, David ORCID: https://orcid.org/0000-0001-7180-6931  
  
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"PB":"Multidisciplinary Digital Publishing Institute (MDPI)",

"MH":"adult  
  
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Pittsburgh Sleep Quality Index  
  
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quality of life  
  
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\*schizophrenia / \*disease management / \*drug therapy / \*therapy",

"FTURL":"Insomnia is a highly prevalent disorder among the population with schizophrenia and has a significant impact on their quality of life. Cognitive behavioural therapies (CBT) have shown effectiveness in the treatment of insomnia in the general population. The aim of this this pilot study was to evaluate the effectiveness of a group intervention led by nurses in an outpatient mental health centre. The group work combined cognitive behavioural and psychoeducational therapeutic interventions to improve insomnia in patients with schizophrenic disorder and their health-related quality of life. This randomized clinical trial included intervention and control groups with follow-up assessments at 6 and 9 months, using the Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index (PSQI), and EuroQol-5D (EQ-5D) scales. The inclusion criteria were as follows: over 18 years of age, diagnosis of schizophrenia, and a score of >7 on the ISI scale. The total sample was 40 participants. The ISI scale showed a mean difference of 3.63 (CI 95%: 2.02-5.23) (p = 0.000) and 4.10 (CI 95%: 2.45-5.75) (p = 0.000) and a large effect size (F: 28.36 p = 0.000 etap2: 0.427). Regarding the PSQI scale, the mean difference was 3.00 (CI 95%: 1.53-4.49) (p = 0.000) and 2.30 (CI 95%: 0.85-3.75) (p = 0.000), with a medium effect size (F: 18.31 p = 0.000 etap2: 0.325). The EQ-VAS scale showed a difference in mean scores between the groups of 10.48 (CI 95%: -19.66--1.29) (p = 0.027). CBT adapted for populations with mental disorders, carried out by nurses, is effective in improving insomnia and health-related quality of life.Copyright © 2023 by the authors.",

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"ORN":"62",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"35182242",

"TI":"A randomized controlled study of remote computerized cognitive, neurofeedback, and combined training in the treatment of children with attention-deficit/hyperactivity disorder.",

"SO":"European Child & Adolescent Psychiatry. 32(8):1475-1486, 2023 Aug.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Luo X  
  
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"MH":"Sun, Li ORCID: http://orcid.org/0000-0002-2330-6622",

"DU":"Luo, Xiangsheng  
  
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Johnstone, Stuart. School of Psychology, University of Wollongong, Wollongong, NSW, Australia. sjohnsto@uow.edu.au.  
  
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Sun, Li. Peking University Sixth Hospital and, Peking University Institute of Mental Health, Beijing, People's Republic of China. sunlioh@bjmu.edu.cn.  
  
Sun, Li. NHC Key Laboratory of Mental Health (Peking University) and National Clinical Research Center for Mental Disorders, Peking University Sixth Hospital, Beijing, 100191, People's Republic of China. sunlioh@bjmu.edu.cn.",

"AB":"Humans  
  
Child  
  
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\*Neurofeedback  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
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"FTURL":"AD/HD Computerized cognitive training Electroencephalogram Neurofeedback Non-pharmacological treatments",

"PM":"NOTNLM",

"DJ":"There is an increasing interest in non-pharmacological treatments for children with attention-deficit/hyperactivity disorder (AD/HD), especially digital techniques that can be remotely delivered, such as neurofeedback (NFT) and computerized cognitive training (CCT). In this study, a randomized controlled design was used to compare training outcomes between remotely delivered NFT, CCT, and combined NFT/CCT training approaches. A total of 121 children with AD/HD were randomly assigned to the NFT, CCT, or NFT/CCT training groups, with 80 children completing the training program. Pre- and post-training symptoms (primary outcome), executive and daily functions were measured using questionnaires as well as resting EEG during eyes-closed (EC) and eyes-open (EO) conditions. After 3 months of training, the inattentive and hyperactive/impulsive symptoms, inhibition, working memory, learning and life skills of the three groups of children were significantly improved. The objective EEG activity showed a consistent increase in the relative alpha power in the EO condition among the three training groups. Training differences were not observed between groups. There was a positive correlation between pre-training EO relative alpha power and symptom improvement scores of inattention and hyperactivity/impulsivity, as well as a negative correlation between pre-training inattention scores and change in EO relative alpha. This study verified the training effects of NFT, CCT, and combined NFT/CCT training in children with AD/HD and revealed an objective therapeutic role for individual relative alpha activity. The verified feasibility and effectiveness of home-based digital training support promotion and application of digital remote training. Copyright © 2022. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"Unnamed: 22":"2023",

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"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"62",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"635739925",

"TI":"A multicentre randomized controlled trial on trans-generational attention deficit/hyperactivity disorder (ADHD) in mothers and children (AIMAC): An exploratory analysis of predictors and moderators of treatment outcome.",

"SO":"Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie. 47(1) (pp 49-65), 2019. Date of Publication: 10 Jan 2019.",

"AU":"Jaite C.  
  
Van Noort B.M.  
  
Vloet T.D.  
  
Graf E.  
  
Kappel V.  
  
Geissler J.  
  
Warnke A.  
  
Jacob C.  
  
Gross-Lesch S.  
  
Hennighausen K.  
  
Haack-Dees B.  
  
Schneider-Momm K.  
  
Philipsen A.  
  
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Colla M.  
  
Gentschow L.  
  
Freitag C.M.  
  
Becker K.  
  
Jans T.",

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(Vloet, Geissler, Warnke) University Hospital of Wurzburg, Center of Mental Health, Wurzburg, Germany  
  
(Jacob, Gros-Lesch) Department of Psychiatry, Psychosomatics and Psychotherapy  
  
(Vloet, Geissler, Warnke, Jacob, Jans) Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy  
  
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(Colla) Universitatsmedizin Rostock, Department of Psychiatry and Psychotherapy, Rostock, Germany",

"IN":"Hogrefe Verlag GmbH & Co. KG",

"PB":"article  
  
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"OD":"Objective: We examined predictors and moderators of treatment outcome in mothers and children diagnosed with ADHD in a large multicentre RCT. Method(s): In total, 144 mother-child dyads with ADHD were randomly assigned to either a maternal ADHD treatment (group psychotherapy and open methylphenidate medication, TG) or to a control treatment (individual counselling without psycho- or pharmacotherapy, CG). After maternal ADHD treatment, parent-child training (PCT) for all mother-child dyads was added. The fi nal analysis set was based on 123 dyads with completed primary outcome assessments (TG: n = 67, CG: n = 56). The primary outcome was the change in each child's externalizing symptoms. Multiple linear regression analyses were performed. Result(s): The severity of the child's externalizing problem behaviour in the family at baseline predicted more externalizing symptoms in the child after PCT, independent of maternal treatment. When mothers had a comorbid depression, TG children showed more externalizing symptoms after PCT than CG children of depressive mothers. No differences between the treatment arms were seen in the mothers without comorbid depression. Conclusion(s): Severely impaired mothers with ADHD and depressive disorder are likely to need additional disorder-specifi c treatment for their comorbid psychiatric disorders to effectively transfer the contents of the PCT to the home situation (CCTISRCTN73911400).Copyright © 2019 Verlag Hans Huber AG. All rights reserved.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"26236060",

"TI":"A Flexible Bayesian Approach to Monotone Missing Data in Longitudinal Studies with Nonignorable Missingness with Application to an Acute Schizophrenia Clinical Trial.",

"SO":"Journal of the American Statistical Association. 110(509):45-55, 2015 Mar.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Linero AR  
  
Daniels MJ",

"MH":"Linero, Antonio R  
  
Daniels, Michael J",

"DU":"Linero, Antonio R. Department of Statistics, University of Florida, Gainesville, FL, 32611.  
  
Daniels, Michael J. Section of Integrative Biology, Department of Statistics & Data Sciences, University of Texas at Austin, Austin, TX 78712.",

"OD":"We develop a Bayesian nonparametric model for a longitudinal response in the presence of nonignorable missing data. Our general approach is to first specify a working model that flexibly models the missingness and full outcome processes jointly. We specify a Dirichlet process mixture of missing at random (MAR) models as a prior on the joint distribution of the working model. This aspect of the model governs the fit of the observed data by modeling the observed data distribution as the marginalization over the missing data in the working model. We then separately specify the conditional distribution of the missing data given the observed data and dropout. This approach allows us to identify the distribution of the missing data using identifying restrictions as a starting point. We propose a framework for introducing sensitivity parameters, allowing us to vary the untestable assumptions about the missing data mechanism smoothly. Informative priors on the space of missing data assumptions can be specified to combine inferences under many different assumptions into a final inference and accurately characterize uncertainty. These methods are motivated by, and applied to, data from a clinical trial assessing the efficacy of a new treatment for acute Schizophrenia.",

"AB":"Journal Article",

"FTURL":"2015",

"PM":"Click here for full text options",

"DJ":"Dirichlet process mixture Identifiability Identifying restrictions Sensitivity analysis",

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"Database":"EMBASE",

"ORN":"63",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"601957701",

"TI":"Efficacy and safety profile of the novel antimicrobial peptide PXL150 in a mouse model of infected burn wounds.",

"SO":"International Journal of Antimicrobial Agents. (no pagination), 2015. Date of Publication: October 09, 2014.",

"AU":"Bjorn C.  
  
Noppa L.  
  
Naslund Salomonsson E.  
  
Johansson A.-L.  
  
Nilsson E.  
  
Mahlapuu M.  
  
Hakansson J.",

"AO":"nan",

"IN":"(Bjorn, Mahlapuu, Hakansson) Pergamum AB, Karolinska Institutet Science Park, Fogdevreten 2, SE-171 65 Solna, Sweden  
  
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(Bjorn, Mahlapuu) The Lundberg Laboratory for Diabetes Research, Department of Molecular and Clinical Medicine, The Sahlgrenska Academy at University of Gothenburg, Bla straket 5, SE-413 45 Gothenburg, Sweden  
  
(Noppa, Naslund Salomonsson, Johansson, Nilsson) FOI Swedish Defence Research Agency, SE-901 82 Umea, Sweden",

"PB":"Elsevier",

"MH":"antimicrobial therapy  
  
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topical treatment [m]",

"AB":"The urgent need to develop novel antimicrobial therapies has stimulated interest in antimicrobial peptides as therapeutic candidates for the treatment of infectious diseases. The aim of this study was to evaluate the anti-infectious effect of the synthetic antimicrobial peptide PXL150, formulated in hydroxypropyl cellulose (HPC) gel, on Pseudomonas aeruginosa in vitro and in an in vivo mouse model of infected burn wounds as well as to assess the in vivo safety profile of PXL150 in rats and rabbits. Minimal microbicidal concentration analysis showed prominent efficacy of PXL150 against P. aeruginosa in vitro, which was further enhanced in formulating the peptide in HPC gel. Application of 1.25, 2.5, 5, 10 and 20. mg/g PXL150 in HPC gel twice daily for four consecutive days significantly reduced bacterial counts in the burn wounds compared with non-treated or placebo-treated controls. Continuous bioluminescence measurements of the bacteria revealed a pronounced anti-infective effect already at the first day post infection by PXL150 in concentrations of >=2.5. mg/g. In the non-clinical safety studies, PXL150 showed a favourable safety profile following repeated administration systemically and locally in rats and rabbits, respectively. In conclusion, these data support that PXL150 has the potential to be an effective and safe drug candidate for the treatment of infected burn wounds. The findings encourage the progression of PXL150 as a novel topical treatment of microbial infections.Copyright © 2015 Elsevier B.V. and the International Society of Chemotherapy.",

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"PM":"25649371 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25649371]",

"DJ":"nan",

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"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"63",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"33959193",

"TI":"Safety of fecal microbiota transplantation for Clostridioides difficile infection focusing on pathobionts and SARS-CoV-2. [Review]",

"SO":"Therapeutic Advances in Gastroenterology. 14:17562848211009694, 2021.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Yadav D  
  
Khanna S",

"MH":"Khanna, Sahil ORCID: https://orcid.org/0000-0002-7619-8338",

"DU":"Yadav, Devvrat  
  
Khanna, Sahil",

"OD":"Yadav, Devvrat. Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN, USA.  
  
Khanna, Sahil. Division of Gastroenterology and Hepatology, Mayo Clinic, 200 First St SW, Rochester, MN 55905, USA.",

"AB":"C difficile COVID-19 E. coli FMT SARS-CoV-2 adverse events infections microbiome",

"FTURL":"NOTNLM",

"PM":"Clostridioides difficile infection (CDI) is a consequence of flagrant use of antibiotics, an aging population with increasing comorbidities, and increased hospitalizations. The treatment of choice for CDI is antibiotics (vancomycin or fidaxomicin), with a possibility of recurrent CDI despite lack of additional risk factors for CDI. For the last 10 years, fecal microbiota transplantation (FMT) has emerged as a promising therapy for recurrent CDI, with success rates of over 85% compared with less than 50% with antibiotics for multiple recurrent CDI. Along with the success of FMT, several adverse and serious adverse events with FMT have been reported. These range from self-limiting abdominal pain to death due to severe sepsis. This review focuses on the safety of FMT, emphasizing the reports of transmission of pathobionts like extended-spectrum beta lactamase Escherichia coli and Shiga toxin-producing E. coli. The severe acute respiratory syndrome coronavirus-2 is a potential pathogen that could be transmitted via FMT during the COVID-19 pandemic. The challenges faced by clinicians for donor screening, clinical trials, and other aspects of FMT during the pandemic are discussed. Copyright © The Author(s), 2021.",

"DJ":"Journal Article  
  
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"MV":"2021",

"TN":"Click here for full text options",

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"Database":"Medline",

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"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37958434",

"TI":"Outcomes of Patients with Newly Diagnosed Transplant-Ineligible Multiple Myeloma According to Clinical Trials Enrollment: Experience of a Single Institution.",

"SO":"Cancers. 15(21), 2023 Nov 02.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

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"PB":"Rodriguez-Lobato LG  
  
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"MH":"Rodriguez-Lobato, Luis Gerardo  
  
Tovar, Natalia  
  
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Blade, Joan  
  
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"DU":"Rodriguez-Lobato, Luis Gerardo. Amyloidosis and Multiple Myeloma Unit, Department of Hematology, Hospital Clinic of Barcelona, Villarroel 170, 08036 Barcelona, Spain.  
  
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Oliver-Caldes, Aina. Amyloidosis and Multiple Myeloma Unit, Department of Hematology, Hospital Clinic of Barcelona, Villarroel 170, 08036 Barcelona, Spain.  
  
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Blade, Joan. Institut d'Investigacions Biomediques August Pi i Sunyer (IDIBAPS), 08036 Barcelona, Spain.  
  
Rosinol, Laura. Amyloidosis and Multiple Myeloma Unit, Department of Hematology, Hospital Clinic of Barcelona, Villarroel 170, 08036 Barcelona, Spain.  
  
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"OD":"clinical trial multiple myeloma real world survival trial effect trial enrollment",

"AB":"NOTNLM",

"FTURL":"The proportion of non-transplant-eligible (NTE) newly diagnosed multiple myeloma (NDMM) patients excluded from clinical trials (CTs) and their prognosis is unknown. CT results may not be generalizable to real-world practice due to strict recruitment criteria. We analyzed causes of NTE-NDMM patient exclusion form CTs and their outcomes. A total of 211 NTE-NDMM patients were included. They were divided into three periods: 2003-2007, 2008-2012, and 2013-2017. Overall, 50% received non-trial treatment (NCT), while 50% participated in a CT (20% control group (CG) and 30% experimental group (EG)). Main causes for exclusion from CTs were comorbidities, ECOG > 2, and renal insufficiency. In the first two periods, the CR rate was similar regardless of treatment type, but in the last period, the EG group showed improved CR. Median PFS was similar in the first two periods, with a benefit seen only in the EG in the last period. The median OS was significantly longer in CT-included patients compared to NCT group in the last two periods. Conclusions : The presence of comorbidities and worsened ECOG were the main reasons for CT exclusion. Patients included in CTs had a longer OS than NCT. This OS benefit may be influenced by a selection bias, making it challenging to generalize CT results to real clinical practice.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Rodriguez-Lobato, Luis Gerardo ORCID: https://orcid.org/0000-0001-5694-0921  
  
de Daniel, Anna ORCID: https://orcid.org/0009-0007-7568-2527  
  
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Rosinol, Laura ORCID: https://orcid.org/0000-0002-2534-9239",

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"DB":"Embase",

"UI":"2024816167",

"TI":"Late versus early response and depth of response are associated with improved outcomes in patients with newly diagnosed multiple myeloma enrolled in the TOURMALINE-MM2 trial.",

"SO":"eJHaem. 4(4) (pp 995-1005), 2023. Date of Publication: November 2023.",

"AU":"Richardson P.G.  
  
Facon T.  
  
Venner C.P.  
  
Bahlis N.J.  
  
Offner F.  
  
White D.  
  
Karlin L.  
  
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Zhang X.  
  
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Rifkin R.M.  
  
Lonial S.  
  
Kumar S.K.  
  
Rajkumar S.V.  
  
Moreau P.",

"AO":"Richardson, Paul G. ORCID: https://orcid.org/0000-0002-7426-8865  
  
Bahlis, Nizar J. ORCID: https://orcid.org/0000-0001-7353-7034  
  
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"IN":"(Richardson) Harvard Medical School, Jerome Lipper Multiple Myeloma Center, Dana-Farber Cancer Institute, Boston, MA, United States  
  
(Facon) Centre Hospitalier Universitaire (CHU) Lille, Service des Maladies du Sang, University of Lille, Lille, France  
  
(Venner) Cross Cancer Institute, University of Alberta, Edmonton, AB, Canada  
  
(Venner) BC Cancer Vancouver Centre, University of British Columbia, Vancouver, BC, Canada  
  
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(Offner) UZ Gent, Gent, Belgium  
  
(White) QEII Health Sciences Center and Dalhousie University, Halifax, NS, Canada  
  
(Karlin) Hopital Lyon Sud, Pierre-Benite, Lyon, France  
  
(Benboubker) CHRU TOURS, Tours, France  
  
(Voog) Clinique Victor Hugo, Le Mans, France  
  
(Yoon) Department of Internal Medicine, Seoul National University Hospital, Seoul, South Korea  
  
(Suzuki) Japan Red Cross Medical Center, Tokyo, Shibuya-ku, Japan  
  
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(Lonial) Department of Hematology and Medical Oncology, Winship Cancer Institute, Emory University School of Medicine, Atlanta, GA, United States  
  
(Kumar, Rajkumar) Mayo Clinic, Rochester, MN, United States  
  
(Moreau) Centre Hospitalier Universitaire de Nantes, Nantes, France",

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"MH":"adult  
  
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"OD":"Deeper responses are associated with longer survival in multiple myeloma (MM) however, limited data exist on the impact of response kinetics on outcomes. We investigated progression-free survival (PFS) and duration of response (DOR) by response depth and in early (best confirmed response 0-4 months n = 424) versus late responders (best confirmed response >4 months n = 281). Newly diagnosed patients enrolled in TOURMALINE-MM2 receiving ixazomib-lenalidomide-dexamethasone (IRd) (n = 351) or placebo-Rd (n = 354) were evaluated post hoc. Deeper responses were associated with longer PFS (complete response [CR] not reached [NR], very good partial response [VGPR] 37.2 months, partial response [PR] 16.4 months) and DOR (CR NR, VGPR 42.6 months, PR 15.4 months). Among patients with a PFS (n = 511) or DOR (n = 484) of >=6 months who achieved >=PR, median PFS was prolonged among late versus early responders receiving IRd (59.7 vs. 17.9 months) or placebo-Rd (56.6 vs. 12.4 months), as was median DOR (IRd, NR vs. 20.9 months placebo-Rd, 58.2 vs. 11.7 months). While the treatment paradigm for newly diagnosed MM is treatment to progression, our findings suggest slowness of response to a proteasome inhibitor-immunomodulatory drug-steroid combination is not a negative predictor of outcome.Copyright © 2023 The Authors. eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.",

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