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"TI": "Effects of bilateral repetitive transcranial magnetic stimulation on prospective memory in patients with schizophrenia: A double-blind randomized controlled clinical trial.",

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

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"Xue F.",

"Wang X.-F.",

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"Qi X.-X.",

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"Li S.-X."

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"IN": "Li, Su-Xia; ORCID: https://orcid.org/0000-0002-0781-0300",

"AB": "(Xue, Zhu, Qi) Mental Health Hospital, Dongcheng district, Chaci community, Beijing, China\n(Wang, Wang, Shi, Liu, Yu, Liu) Rong Jun Hospital, Hebei Province, Lianchi District, Baoding, China\n(Kong, Li) National Institute on Drug Dependence and Beijing Key laboratory of Drug Dependence Research, Peking University, Haidian District, Beijing, China\n(Yin, Hu) Institute of Medical Information, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China\n(Xu) College of Education, Temple University, Philadelphia, PA, United States",

"FTURL": "https://www.ncbi.nlm.nih.gov/pubmed/?term=38053478",

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

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"MV": "article",

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"TI":"The impact of ADHD persistence, recent cannabis use, and age of regular cannabis use onset on subcortical volume and cortical thickness in young adults.",

"SO":"Drug & Alcohol Dependence. 161:135-46, 2016 Apr 01.",

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Newman, Erik  
  
Kelly, Clare  
  
Bjork, James M",

"OD":"Lisdahl, Krista M. University of Wisconsin-Milwaukee, Psychology Department, 2441 E. Hartford Ave, Milwaukee, WI 53211, United States. Electronic address: krista.medina@gmail.com.  
  
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MTA Neuroimaging Group. University of Wisconsin-Milwaukee, Psychology Department, 2441 E. Hartford Ave, Milwaukee, WI 53211, United States Cincinnati Children's Hospital Medical Center, 3333 Burnet Avenue, ML10006, Cincinnati, OH 45229, United States University of California, San Diego, 9500 Gilman Drive #0115, La Jolla, CA 92093, United States University of Pittsburgh School of Medicine, Department of Psychology, 3811 O'Hara St., Pittsburgh, PA 15213, United States University of California-Berkeley, Department of Psychology, Tolman Hall, Berkeley, CA 94720-1650, United States University of California, Irvine, 19722 MacArthur Boulevard, Irvine, CA 92612, United States The Child Center at New York University, Langone Medical Center, New York, NY 10016, United States Department of Psychiatry, Virginia Commonwealth University, United States.",

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\*Gyrus Cinguli/pa [Pathology]  
  
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"FTURL":"ADHD ADHD persistence Cannabis Cortical thickness Early onset MRI Marijuana Young adults",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Both Attention Deficit Hyperactivity Disorder (ADHD) and chronic cannabis (CAN) use have been associated with brain structural abnormalities, although little is known about the effects of both in young adults.  
  
METHODS: Participants included: those with a childhood diagnosis of ADHD who were CAN users (ADHD\_CAN n=37) and non-users (NU) (ADHD\_NU n=44) and a local normative comparison group (LNCG) who did (LNCG\_CAN n=18) and did not (LNCG\_NU n=21) use CAN regularly. Multiple regressions and MANCOVAs were used to examine the independent and interactive effects of a childhood ADHD diagnosis and CAN group status and age of onset (CUO) on subcortical volumes and cortical thickness.  
  
RESULTS: After controlling for age, gender, total brain volume, nicotine use, and past-year binge drinking, childhood ADHD diagnosis did not predict brain structure however, persistence of ADHD was associated with smaller left precentral/postcentral cortical thickness. Compared to all non-users, CAN users had decreased cortical thickness in right hemisphere superior frontal sulcus, anterior cingulate, and isthmus of cingulate gyrus regions and left hemisphere superior frontal sulcus and precentral gyrus regions. Early cannabis use age of onset (CUO) in those with ADHD predicted greater right hemisphere superior frontal and postcentral cortical thickness.  
  
DISCUSSION: Young adults with persistent ADHD demonstrated brain structure abnormalities in regions underlying motor control, working memory and inhibitory control. Further, CAN use was linked with abnormal brain structure in regions with high concentrations of cannabinoid receptors. Additional large-scale longitudinal studies are needed to clarify how substance use impacts neurodevelopment in youth with and without ADHD. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.",

"MV":"nan",

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

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"UI":"628236974",

"TI":"Children's attention-deficit/hyperactivity disorder symptoms predict lower diet quality but not vice versa: Results from bidirectional analyses in a population-based cohort.",

"SO":"Journal of Nutrition. 149(4) (pp 642-648), 2019. Date of Publication: 01 Apr 2019.",

"AU":"Mian A.  
  
Jansen P.W.  
  
Nguyen A.N.  
  
Bowling A.  
  
Renders C.M.  
  
Voortman T.",

"AO":"(Mian, Nguyen, Voortman) Departments of Epidemiology, Rotterdam, Netherlands  
  
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(Bowling) Department of Nutrition, Harvard TH Chan School of Public Health, Boston, MA, United States  
  
(Bowling) Department of Health Sciences, Merrimack College, North Andover, MA, United States  
  
(Renders) Department of Health Sciences and, Amsterdam Public Health Research Institute, Vrije Universiteit Amsterdam, Amsterdam, Netherlands",

"IN":"Oxford University Press",

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"OD":"Background: As an adjuvant for medication, dietary changes focused on specific nutrients have been proposed to prevent or reduce attention-deficit/hyperactivity disorder (ADHD) symptoms. However, whether an overall healthy dietary pattern is associated with ADHD symptom severity during childhood remains unclear. Furthermore, it is not clear what the direction of this association is. Objective(s): We aimed to examine the association between dietary patterns and ADHD symptoms in school-aged children. In addition, we aimed to identify the temporal direction of this association-that is, whether dietary patterns predict ADHD symptoms or vice versa. Method(s): We analyzed data from 3680 children participating in the Generation R Study, a prospective cohort in Rotterdam, Netherlands. ADHD symptoms were assessed with parent-report questionnaires at ages 6 and 10 y using the Child Behavior Checklist. Dietary intake was assessed at the age of 8 y with a validated food-frequency questionnaire. We computed a diet quality score reflecting adherence to dietary guidelines. We examined bidirectional associations of diet quality with ADHD symptom scores using multivariable linear regression analysis and cross-lagged modeling. Result(s): Linear regressions showed that more ADHD symptoms at age 6 y were associated with a lower diet quality score at age 8 y (SD score = -0.08 95% CI: -0.11, -0.05) but that diet quality at age 8 y was not associated with ADHD symptoms at age 10 y. Cross-lagged models confirmed a unidirectional relation from ADHD symptoms to diet quality but not vice versa. Associations did not differ by overweight status or between boys and girls. Conclusion(s): Our study suggests that children with more ADHD symptoms may be at higher risk of an unhealthy diet but that overall diet quality does not affect ADHD risk.Copyright © 2019 American Society for Nutrition. All rights reserved.",

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

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"OD":"Lurasidone (Latuda) is an atypical antipsychotic (AAP) indicated for the management of patients with clinical manifestations of schizophrenia. The manufacturer has submitted a resubmission requesting reimbursement for the 40 mg, 80 mg, and 120 mg strengths for the management of the manifestations of schizophrenia the original approved indication and listing request for lurasidone when the drug was initially submitted to the Common Drug Review (CDR) in 2012 was for the acute treatment of patients with schizophrenia. In January 2013, the Canadian Drug Expert Committee (CDEC) issued a recommendation that lurasidone not be listed. The key reason for the recommendation was a lack of evidence from randomized controlled trials (RCTs) to establish the comparative efficacy of lurasidone relative to other AAPs for the acute treatment of schizophrenia. The original CDR review included nine RCTs investigating the efficacy and safety of lurasidone for the treatment of schizophrenia. Seven of the trials were placebo-controlled, acute-treatment trials of six weeks duration designed to assess the efficacy of various doses of lurasidone ranging from 20 mg to 160 mg daily (Studies: 6 [N = 149], 196 [N = 180], 229, [N = 500], 231 [N = 478], 233 [N = 488], 2 [N = 460], and 49 [N = 356]). The remaining two trials (Study 237 and Study 254) were performed in stable patients. Four of the acute-treatment trials (Studies 2, 49, 231, and 233) included active comparators to verify assay sensitivity, but none were designed to compare lurasidone with the active treatments. In May 2013, the manufacturer resubmitted lurasidone seeking a listing recommendation for the acute treatment of schizophrenia. The basis of the resubmission is: an indirect comparison (IDC) of lurasidone, aripiprazole, and ziprasidone an open-label study of patients switched to lurasidone from another antipsychotic the publication of Study 234, an open-label extension study of Study 233 (reviewed as a Supplemental Issue in the original CDR review based on unpublished information) Study 231E, an open-label extension of Study 231 and a lower confidential price. Copyright © CADTH 2014.",

"AB":"Review",

"FTURL":"2014",

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"UI":"601082352",

"TI":"Faecal carriage of carbapenemase-producing Gram-negative bacilli in hospital settings in southern France.",

"SO":"European Journal of Clinical Microbiology and Infectious Diseases. (no pagination), 2014. Date of Publication: 23 Dec 2014.",

"AU":"Pantel A.  
  
Marchandin H.  
  
Prere M.-F.  
  
Boutet-Dubois A.  
  
Brieu-Roche N.  
  
Gaschet A.  
  
Davin-Regli A.  
  
Sotto A.  
  
Lavigne J.-P.",

"AO":"nan",

"IN":"(Pantel, Lavigne) Service de Microbiologie, CHU Caremeau, Place du Professeur Robert Debre, Nimes, France  
  
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(Prere) Laboratoire de Bacteriologie-Hygiene, CHU Purpan, Toulouse, France  
  
(Boutet-Dubois) Laboratoire de Biologie Polyvalente, CH Ales-Cevennes, Ales, France  
  
(Brieu-Roche) Laboratoire de Biologie Polyvalente, CH du Pays d'Aix, Aix-en-Provence, France  
  
(Gaschet) Laboratoire de Biologie Polyvalente, CH Saint-Jean, Perpignan, France  
  
(Davin-Regli) Laboratoire de Biologie Polyvalente, CH Edmond Garcin, Aubagne, France  
  
(Sotto) Service des Maladies Infectieuses et Tropicales, CHU Caremeau, Nimes, France",

"PB":"Springer Verlag (E-mail: service@springer.de)",

"MH":"carbapenemase producing Enterobacteriaceae  
  
\*France  
  
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"AB":"The emergence of carbapenemase-producing Gram-negative bacilli is a worldwide problem. To date, no study has evaluated the prevalence of faecal carriage of carbapenemase-producing and carbapenem-resistant Gram-negative bacilli (CR GNB) in France. From 1 February to 30 April 2012, we conducted a prospective, multicentre study in three University Hospitals and four General Hospitals in the south of France. The carriage of carbapenemase-producing Enterobacteriaceae (CPE) and other CR GNB was screened by both cultivation on chromID CARBA and chromID OXA-48 media (bioMerieux) and molecular tools [multiplex polymerase chain reaction (PCR) and NucliSENS EasyQ KPC (bioMerieux)]. The genetic relationship between isolates was assessed by rep-PCR (DiversiLab, bioMerieux) or multilocus sequence typing (MLST). The prevalences of CR GNB and carbapenemase-producing bacteria were 2.4 % (27/1,135) and 0.4 % (n = 5), respectively. Two strains corresponded to OXA-23-producing Acinetobacter baumannii and belonged to the widespread sequence type (ST) 2/international clone II, whereas one strain was an ST15 OXA-48-producing Klebsiella pneumoniae. Two OXA-48-producers were detected exclusively by PCR. This first French study revealed the very low dissemination of carbapenemase-producing bacteria in patients attending hospitals in southern France during a non-outbreak situation. However, the increasing description of epidemic cases in this area must reinforce the use of hygiene procedures to prevent diffusion of these multidrug-resistant microorganisms.Copyright © 2014 Springer-Verlag Berlin Heidelberg",

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"Database":"Medline",

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"UI":"33068255",

"TI":"Efficacy of a Fosfomycin-Containing Regimen for Treatment of Severe Pneumonia Caused by Multidrug-Resistant Acinetobacter baumannii: A Prospective, Observational Study.",

"SO":"Infectious Diseases & Therapy. 10(1):187-200, 2021 Mar.",

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

"IN":"PubMed-not-MEDLINE",

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Schiattarella A  
  
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Sabetta F  
  
D'Avino A",

"MH":"Russo, Alessandro ORCID: http://orcid.org/0000-0003-3846-4620",

"DU":"Russo, Alessandro  
  
Bassetti, Matteo  
  
Bellelli, Valeria  
  
Bianchi, Luigi  
  
Marincola Cattaneo, Federica  
  
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Paciacconi, Elena  
  
Cottini, Fabrizio  
  
Schiattarella, Arcangelo  
  
Tufaro, Giuseppe  
  
Sabetta, Francesco  
  
D'Avino, Alessandro",

"OD":"Russo, Alessandro. Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy. alessandro.russo1982@gmail.com.  
  
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Bianchi, Luigi. Internal Medicine Unit, Policlinico Casilino, Rome, Italy.  
  
Marincola Cattaneo, Federica. Internal Medicine Unit, Policlinico Casilino, Rome, Italy.  
  
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Sabetta, Francesco. Internal Medicine Unit, Policlinico Casilino, Rome, Italy.  
  
D'Avino, Alessandro. Department of Internal Medicine and Risk Management, Cristo Re Hospital, Rome, Italy.",

"AB":"Acinetobacter Fosfomycin Multidrug-resistant Pneumonia Septic shock",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: Severe pneumonia caused by multidrug-resistant Acinetobacter baumannii (MDR-AB) remains a difficult-to-treat infection. Considering the poor lung penetration of most antibiotics, the choice of the better antibiotic regimen is debated.  
  
METHODS: We performed a prospective, observational, multicenter study conducted from January 2017 to June 2020. All consecutive hospitalized patients with severe pneumonia due to MDR-AB were included in the study. The primary endpoint of the study was to evaluate risk factors associated with survival or death at 30 days from pneumonia onset. A propensity score for receiving therapy with fosfomycin was added to the model.  
  
RESULTS: During the study period, 180 cases of hospital-acquired pneumonia, including ventilator-associated pneumonia, caused by MDR-AB strains were observed. Cox regression analysis of factors associated with 30-day mortality, after propensity score, showed that septic shock, and secondary bacteremia were associated with death, while a fosfomycin-containing regimen was associated with 30-day survival. Antibiotic combinations with fosfomycin in definitive therapy for 44 patients were: fosfomycin + colistin in 11 (25%) patients followed by fosfomycin + carbapenem + tigecycline in 8 (18.2%), fosfomycin + colistin + tigecycline in 7 (15.9%), fosfomycin + rifampin in 7 (15.9%), fosfomycin + tigecycline in 6 (13.6%), fosfomycin + carbapenem in 3 (6.8%), and fosfomycin + aminoglycoside in 2 (4.5%).  
  
CONCLUSIONS: This real-life clinical experience concerning the therapeutic approach to severe pneumonia caused by MDR-AB provides useful suggestions to clinicians, showing the use of different antibiotic regimens with a predominant role for fosfomycin. Further randomized clinical trials are necessary to confirm or exclude these observations.",

"DJ":"Journal Article",

"MV":"2021",

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"VN":"Ovid Technologies",

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"UI":"32760832",

"TI":"Randomized feasibility trial to assess tolerance and clinical effects of lithium in progressive multiple sclerosis.",

"SO":"Heliyon. 6(7):e04528, 2020 Jul.",

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"PB":"Rinker JR 2nd  
  
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"DU":"Rinker, John R 2nd. Department of Neurology, University of Alabama at Birmingham, 1720 7 Avenue South, Birmingham, AL, 35294, USA.  
  
Rinker, John R 2nd. Birmingham VA Medical Center, 700 19 Street South, Birmingham, AL, 35233, USA.  
  
Meador, William R. Department of Neurology, University of Alabama at Birmingham, 1720 7 Avenue South, Birmingham, AL, 35294, USA.  
  
King, Peter. Birmingham VA Medical Center, 700 19 Street South, Birmingham, AL, 35233, USA.",

"OD":"Clinical research Clinical trial Immune disorder Immunology Lithium Nervous system Neurology Progressive multiple sclerosis",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: Disability accumulation in progressive multiple sclerosis (MS) results from inflammatory and neurodegenerative mechanisms. In animal models of MS, lithium acts to reduce inflammatory demyelination, and in models of neurodegenerative diseases, lithium also slows neuronal death. Prospective studies of lithium in MS patients have not been previously undertaken.  
  
OBJECTIVE: To determine the tolerance and feasibility of using low-dose (150-300 mg/daily) lithium as a pharmaceutical intervention in a cohort of subjects with progressive MS, and to gauge preliminary effects of lithium on change in brain volume over time.  
  
METHODS: Patients with primary or secondary progressive MS were recruited into a 2-year, single-blind crossover trial in which subjects were randomly assigned to take lithium in year 1 or 2. The primary outcomes of interest were tolerance of lithium and percentage brain volume change (PBVC) on vs. off lithium. Secondary outcomes included relapse rates, disability changes, and self-report scales assessing fatigue, mood, and quality of life (QOL).  
  
RESULTS: Of 24 screened patients, 23 were randomized to take lithium during year 1 (n = 11) or 2 (n = 12). Two subjects discontinued the trial due to lithium side effects. Other reasons for discontinuation included personal reasons (n = 2), worsening MS (n = 1), and development of multiple myeloma (n = 1). For the 17 who completed the trial, change in PBVC on lithium (+0.107) did not significantly differ from the observation period (-0.355, p = 0.346). Disability measured by Expanded Disability Status Scale and MS Functional Composite did not differ by lithium treatment status. On patient reported measures of mental well-being, subjects reported fewer depressive symptoms on the Beck Depression Inventory (12.3 vs. 15.8, p = 0.016) and more favorably on the mental domains of the MSQOL inventory (56.7 vs. 52.4, p = 0.028).  
  
CONCLUSIONS: Low-dose lithium is well tolerated in persons with MS. Taking lithium did not result in differences in PBVC, relapses, or disability, but conclusions were limited by study design and sample size. Despite concern for lithium-associated neurological side effects, subjects taking lithium did not report worsened fatigue or physical well-being. On measures of mood and mental health QOL, subjects scored more favorably while taking lithium.  
  
CLINICALTRIALSGOV IDENTIFIER: NCT01259388.",

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"DJ":"2020",

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"TI":"Real-world Utilization of Radiation Therapy in Multiple Myeloma: An Analysis of the Connect MM Registry.",

"SO":"Practical radiation oncology. (no pagination), 2023. Date of Publication: 18 Nov 2023.",

"AU":"Ballas L.  
  
Ailawadhi S.  
  
Narang M.  
  
Gasparetto C.J.  
  
Lee H.C.  
  
Hardin J.W.  
  
Durie B.G.M.  
  
Toomey K.  
  
Omel J.  
  
Wagner L.I.  
  
Abonour R.  
  
Terebelo H.R.  
  
Joshi P.  
  
Yu E.  
  
Liu L.  
  
Rifkin R.M.  
  
Jagannath S.",

"AO":"nan",

"IN":"(Ballas, Durie) Cedars-Sinai Medical Center, Los Angeles, CA, United States  
  
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(Terebelo) SouthfieldMIUnited States  
  
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(Rifkin) Rocky Mountain Cancer Centers, US Oncology, Denver, CO, United States  
  
(Jagannath) Mount Sinai Hospital, New York, NY, USA",

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"OD":"PURPOSE: Radiation therapy (RT) is an important treatment modality for patients with multiple myeloma (MM). While patients are living longer with MM, they are more likely to suffer from comorbidities related to treatment such as bone pain however, RT can provide symptom relief. To date, the characterization of patients who have received RT in the real-world setting has been limited. METHOD(S): The Connect MM Registry is a large, US, multicenter, prospective observational cohort study of adult patients with newly diagnosed MM from mostly community sites. RT utilization and outcomes were analyzed quarterly throughout treatment. Factors associated with RT use were identified via multivariable analysis. RESULT(S): A total of 3011 patients were enrolled in the Connect MM Registry with 903 patients (30%) having received RT at any time. There was a significant difference (P < .05) in overall RT use among patients with an Eastern Cooperative Oncology Group performance status of 0-1 versus >=2, International Staging System disease stage I/II versus III, a history of plasmacytoma or a novel agent in their first regimen, and any number of bone lesions or severe osteoporosis/fracture. RT use was associated with having bone lesions or severe osteoporosis (vs not having bone lesions). Additionally, RT use was associated with ethnicity (Hispanic vs not) and Connect MM Registry cohort (cohort 1 [enrolled 2009-2011] vs 2 [enrolled 2012-2016]). In the 6 months before death, increased RT use was associated with increasing number of treatment lines (P < .0001) and high- versus standard-risk disease (per IMWG criteria P=0.0028). CONCLUSION(S): Real-world results from the Connect MM Registry show RT is frequently used and is associated with clinical factors, including performance status and disease stage. Earlier in MM diagnosis, RT may be used as an adjunct to palliate symptoms or delay systemic therapy. Toward the end of life, RT is more frequently used for palliation when treatment options are often limited.Copyright © 2023. Published by Elsevier Inc.",

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"MV":"37984714 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37984714]",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026956917",

"TI":"Initial attitudes toward a drug predict medication adherence in first-episode patients with schizophrenia: a 1-year prospective study in China.",

"SO":"BMC Psychiatry. 23(1) (no pagination), 2023. Article Number: 907. Date of Publication: December 2023.",

"AU":"Dai N.  
  
Huang B.  
  
Gao T.  
  
Zheng Y.  
  
Shi C.  
  
Pu C.  
  
Yu X.",

"AO":"nan",

"IN":"(Dai) Department of Psychiatry, First Affiliated Hospital of Kunming Medical University, 295 Xichang Road, Yunnan, Kunming, China  
  
(Huang, Gao, Zheng, Shi, Pu, Yu) Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China",

"PB":"BioMed Central Ltd",

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social interaction [m]",

"FTURL":"Background: Patients' attitudes toward medication have been shown to be a predictor of nonadherence to antipsychotic treatment. However, most previous studies that explored this relationship used a cross-sectional design. It is important to explore the association of attitudes toward drugs with discontinuation at different time points during antipsychotic treatment. In this study, we investigated the association of attitudes toward drugs (measured by the Drug Attitude Inventory (DAI-10)) with adherence at seven time points (baseline, 4 weeks, 8 weeks, 12 weeks, 26 weeks, 39 weeks, and 52 weeks) during 1 year of treatment. Factors that were potentially associated with attitudes toward drugs at the time point of interest were also studied. Method(s): Demographic characteristics, psychopathology, social functioning, and attitudes toward drugs (measured by the DAI-10) were collected at baseline, 4 weeks, 8 weeks, 12 weeks, 26 weeks, 39 weeks and 52 weeks. The association of attitudes toward drugs (measured by DAI-10) with adherence at the seven time points was calculated using the Mann-Whitney U test. The optimal cutoff point for the DAI-10 was then determined using receiver operating characteristic (ROC) analysis. Cox regression analysis was conducted to further investigate the association of DAI-10 scores with discontinuation, controlling for potential confounding variables. We used multiple regression analysis to identify the factors associated with DAI-10 scores. Result(s): Among the six time points, only baseline DAI-10 total scores were significantly different between the completed and discontinued groups (p = 0.004). Female sex and a baseline DAI-10 total score greater than - 1 were found to be independent protective factors against discontinuation of antipsychotic drug treatments during the 1-year follow-up. At baseline, the severity of the disease (CGI-s) and insight regarding the disease were shown to be associated with DAI-10 total scores. Conclusion(s): Attitudes toward antipsychotic drugs at baseline were shown to play a crucial role in predicting treatment discontinuation. Trial registration: The data were collected from a clinical trial and the clinical trials.gov ID of the study is NCT01057849.Copyright © 2023, The Author(s).",

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

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"Database":"Medline",

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

"UI":"36715611",

"TI":"The Effect of Spatial Uncertainty on Visual Search in Older School-Aged Children with and without ADHD.",

"SO":"Archives of Clinical Neuropsychology. 38(5):677-689, 2023 Jul 25.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Lin HY",

"MH":"Lin, Hung-Yu ORCID: https://orcid.org/0000-0002-6647-7069",

"DU":"Lin, Hung-Yu",

"OD":"Lin, Hung-Yu. Department of Occupational Therapy, Asia University, Taichung, Taiwan.",

"AB":"Child  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
Attention Deficit Disorder with Hyperactivity/co [Complications]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
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ROC Curve  
  
Uncertainty  
  
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"FTURL":"ADHD Older school-aged children Spatial uncertainty Visual search",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: Numerous studies support that simple visual search tests may not be sufficient to differentiate children with and without attention-deficit/hyperactivity disorder (ADHD), especially for older school-aged children. This study aimed to explore whether the high spatial uncertainty visual search tasks can effectively discriminate older school-aged children with ADHD from their typically developing (TD) peers.  
  
METHOD: In a randomized, two-period crossover design, 122 school-aged children (61 ADHD and 61 TD subjects), aged 10-12 years old, were measured using comparable visual search tasks with structured and unstructured layouts.  
  
RESULTS: First, the discriminant effectiveness of unstructured visual search tasks, which are associated with high-level spatial uncertainty, is superior to structured ones. Second, combining accuracy and speed into a Q score is a more sensitive measure than accuracy or time calculated alone in visual search tasks. A more in-depth ROC analysis showed that all variables could accurately identify ADHD from their TD peers under unstructured visual search tasks, with the index of the Q score performing best (AUR = 0.956). Third, the development of detectability, which represents the ability to distinguish between target and non-target, is approaching maturity in 10-12-year-old children with ADHD. However, these children showed severe deficits in dealing with disorganized distractors when performing visual search tasks with high-level spatial uncertainty.  
  
CONCLUSIONS: The findings of this study support that older school-aged children with ADHD demonstrate less efficient search performance than their TD peers in complex/difficult visual search tasks, especially under higher spatial uncertainty. Copyright © The Author(s) 2023. Published by Oxford University Press. All rights reserved. For permissions, please e-mail: journals.permission@oup.com.",

"MV":"nan",

"TN":"Journal Article  
  
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"UI":"636411361",

"TI":"A Comparison of Cognitive-Behavioral Therapy and Pharmacotherapy vs. Pharmacotherapy Alone in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD)-A Randomized Controlled Trial.",

"SO":"Frontiers in Psychiatry. 9(no pagination), 2018. Article Number: 571. Date of Publication: 16 Nov 2018.",

"AU":"Corbisiero S.  
  
Bitto H.  
  
Newark P.  
  
Abt-Morstedt B.  
  
Elsasser M.  
  
Buchli-Kammermann J.  
  
Kunne S.  
  
Nyberg E.  
  
Hofecker-Fallahpour M.  
  
Stieglitz R.-D.",

"AO":"(Corbisiero, Elsasser, Kunne, Nyberg, Hofecker-Fallahpour, Stieglitz) Division of Clinical Psychology and Psychiatry, University of Basel Psychiatric Clinics, Basel, Switzerland  
  
(Bitto, Newark, Abt-Morstedt, Buchli-Kammermann, Stieglitz) Division of Clinical Psychology and Psychiatry, Department of Psychology, University of Basel, Basel, Switzerland",

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

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"OD":"In the treatment of adult attention-deficit/hyperactivity disorder (ADHD) the importance of psychological interventions in combination with pharmacotherapy is widely accepted in contemporary clinical routine. The natural course of the disorder seems to justify additional psychological interventions because even in patients who are highly compliant to pharmacotherapy full remission is not always achieved. The aim of the present study was to analyze the contribution of psychotherapy to the treatment of adult ADHD patients. In a randomized controlled study, the efficacy of a combined treatment of psychotherapy with pharmacotherapy is compared to pharmacological intervention alone. After initiation and stabilization of treatment with methylphenidate (MPH) in all subjects randomization to the two different treatment conditions was done. Afterwards both groups underwent treatment for about 10-12 weeks, the experimental group receiving sessions of cognitive-behavioral therapy (CBT) whereas the control group only received medication and standard clinical management (SCM). ADHD symptoms differed statistically during time but not between the two different treatment conditions. This result was the same for the single ADHD symptoms-inattention, hyperactivity, impulsivity, and emotional symptoms-and also for impairment. Individual standardized ADHD specific CBT program was not able to outperform SCM.Copyright © 2018 Corbisiero, Bitto, Newark, Abt-Morstedt, Elsasser, Buchli-Kammermann, Kunne, Nyberg, Hofecker-Fallahpour and Stieglitz.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"33886231",

"TI":"Insights into New Treatments for Early Psychosis from Genetic, Neurodevelopment, and Cognitive Neuroscience Research. [Review]",

"SO":"MIT Press. Chapter 72013",

"AU":"1",

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

"IN":"nan",

"PB":"Cadenhead KS  
  
de la Fuente-Sandoval C",

"MH":"Cadenhead, Kristin S.  
  
de la Fuente-Sandoval, Camilo",

"DU":"nan",

"OD":"Increasingly, schizophrenia research has emphasized the premorbid or prodromal periods of illness with a focus on identifying risk factors for later psychosis and understanding the mechanisms by which the neuropathological changes occur early in the course of illness. Genetic and epidemiological studies have begun to identify specific vulnerability genes and environmental risk factors which together may contribute to neurodevelopmental abnormalities and the emergence of psychosis. Neuroimaging and electrophysiological studies demonstrate altered developmental trajectories and evidence of compensatory changes in the early stages of psychotic illness, which perhaps reflects a period of neurotoxicity that coincides with the emergence of psychosis. These unique characteristics of early psychosis coincide with a time of increased brain plasticity, offering a window of opportunity to disrupt the neuropathological processes and remediate the neurocognitive and functional deficits. Insights from genetic, epigenetic, and biomarker studies in early psychosis have identified promising neuroprotective, disease-modifying, and cognitive remediation interventions that have the potential to alter the progressive trajectory of the illness. Adequately powered clinical trials that utilize information gained from biomarker studies are needed in early psychosis patients to determine the most effective individualized interventions. A synergistic treatment approach that offers precision pharmacologic intervention combined with remediation techniques is likely to have the greatest impact during the early course of illness. Copyright © Massachusetts Institute of Technology and the Frankfurt Institute for Advanced Studies.",

"AB":"Review",

"FTURL":"2013",

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

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"Unnamed: 22":"Schizophrenia: Evolution and Synthesis",

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"ORN":"65",

"VN":"Ovid Technologies",

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"UI":"51828989",

"TI":"Prevalence of Antibiotic Resistance in Fecal Flora of Patients Undergoing Transrectal Ultrasound-Guided Prostate Biopsy in Thailand.",

"SO":"Urologia Internationalis. (no pagination), 2012. Date of Publication: 21 Jan 2012.",

"AU":"Siriboon S.  
  
Tiengrim S.  
  
Taweemongkongsup T.  
  
Thamlikitkul V.  
  
Chayakulkeeree M.",

"AO":"nan",

"IN":"(Siriboon) Department of Medicine, Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand",

"PB":"S. Karger AG",

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Klebsiella pneumoniae",

"AB":"Objective: The objective of this study was to determine the prevalence of antibiotic resistance in fecal flora of patients undergoing transrectal ultrasound-guided needle biopsy of the prostate (TRUSB) and the factors associated with such antibiotic resistance. Method(s): A prospective study of patients undergoing TRUSB was conducted. Rectal swabs were performed and sent for cultures and antibiotic susceptibility testing before TRUSB. Clinical characteristics were determined. Result(s): 287 Gram-negative isolates from 144 patients were identified, 80.1% were Escherichia coli and 13.9% were Klebsiella pneumoniae. 27 patients who received antibiotics within 3 months exhibited higher prevalence of organisms with extended-spectrum beta-lactamases (ESBL) production (40.7 vs. 22.2%) and ceftriaxone-resistance (48.1 vs. 28.2%). 134 patients received a short-course antibiotic prophylaxis in which fluoroquinolone (FQ) contributed to 89.6% of cases. Patients who received antibiotic prophylaxis showed a higher prevalence of organisms resistant to ceftriaxone (34.3 vs. 0%), ciprofloxacin (90.3 vs. 30%) and FQ (95.5 vs. 50%) and a trend of more ESBL production (27.6 vs. 0%). Conclusion(s): Previous antimicrobial use and prophylaxis with FQ are correlated with a higher prevalence of FQ and ceftriaxone resistance and ESBL production. A single dose of ceftriaxone without short-course FQ use is recommended as antibiotic prophylaxis in TRUSB. Copyright © 2012 S. Karger AG, Basel.",

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"UI":"33268997",

"TI":"A Clinical Review and Critical Evaluation of Imipenem-Relebactam: Evidence to Date. [Review]",

"SO":"Infection & Drug Resistance. 13:4297-4308, 2020.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Campanella TA  
  
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"MH":"Campanella, Toni A ORCID: https://orcid.org/0000-0002-0912-4515  
  
Gallagher, Jason C ORCID: https://orcid.org/0000-0001-8532-0887",

"DU":"Campanella, Toni A  
  
Gallagher, Jason C",

"OD":"Campanella, Toni A. Department of Pharmacy, Jefferson Health Northeast, Philadelphia, PA, USA.  
  
Gallagher, Jason C. Department of Pharmacy Practice, Temple University, Philadelphia, PA, USA.",

"AB":"MK-7655 carbapenem-resistant Enterobacterales extended-spectrum beta-lactamase multidrug-resistant Pseudomonas",

"FTURL":"NOTNLM",

"PM":"Imipenem-relebactam (I-R) is a novel beta-lactam/beta-lactamase inhibitor combination given with cilastatin. It is indicated for the treatment of complicated urinary tract infections, complicated intra-abdominal infections, and hospital-acquired or ventilator-associated bacterial pneumonia. A literature search was completed to evaluate the evidence to date of I-R. I-R has in vitro activity against multidrug-resistant organisms including carbapenem-resistant Pseudomonas aeruginosa and extended-spectrum beta-lactamase and carbapenem-resistant Enterobacterales. It was granted FDA approval following the promising results of two phase II clinical trials in patients with complicated urinary tract infections and complicated intra-abdominal infections. The most common adverse drug events associated with I-R were nausea (6%), diarrhea (6%), and headache (4%). I-R is a new beta-lactam/beta-lactamase inhibitor combination that will be most likely used for patients with multidrug-resistant gram-negative infections in which there are limited or no available alternative treatment options. Copyright © 2020 Campanella and Gallagher.",

"DJ":"Journal Article  
  
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"TN":"Click here for full text options",

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"ORN":"65",

"VN":"Ovid Technologies",

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

"UI":"25992212",

"TI":"Haematopoietic stem cell transplantation as first-line treatment in myeloma: a global perspective of current concepts and future possibilities. [Review]",

"SO":"Oncology Reviews. 6(2):e14, 2012 Oct 02.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Mactier CE  
  
Islam MS",

"MH":"Mactier, Catriona Elizabeth  
  
Islam, Md Serajul",

"DU":"Mactier, Catriona Elizabeth. Department of Haematology, Lewisham University Hospital, London  
  
Islam, Md Serajul. Department of Haematology, Lewisham University Hospital, London Department of Haematology & Stem cell Transplant, Guy's and St Thomas' Hospital, London, UK.",

"OD":"autologous bortezomib. melphalan myeloma stem cell transplantation",

"AB":"NOTNLM",

"FTURL":"Stem cell transplantation forms an integral part of the treatment for multiple myeloma. This paper reviews the current role of transplantation and the progress that has been made in order to optimize the success of this therapy. Effective induction chemotherapy is important and a combination regimen incorporating the novel agent bortezomib is now favorable. Adequate induction is a crucial adjunct to stem cell transplantation and in some cases may potentially postpone the need for transplant. Different conditioning agents prior to transplantation have been explored: high-dose melphalan is most commonly used and bortezomib is a promising additional agent. There is no well-defined superior transplantation protocol but single or tandem autologous stem cell transplantations are those most commonly used, with allogeneic transplantation only used in clinical trials. The appropriate timing of transplantation in the treatment plan is a matter of debate. Consolidation and maintenance chemotherapies, particularly thalidomide and bortezomib, aim to improve and prolong disease response to transplantation and delay recurrence. Prognostic factors for the outcome of stem cell transplant in myeloma have been highlighted. Despite good responses to chemotherapy and transplantation, the problem of disease recurrence persists. Thus, there is still much room for improvement. Treatments which harness the graft-versus-myeloma effect may offer a potential cure for this disease. Trials of novel agents are underway, including targeted therapies for specific antigens such as vaccines and monoclonal antibodies.",

"PM":"Journal Article  
  
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"UI":"2026627760",

"TI":"Integrated analysis of randomized controlled trials evaluating bortezomib + lenalidomide + dexamethasone or bortezomib + thalidomide + dexamethasone induction in transplant-eligible newly diagnosed multiple myeloma.",

"SO":"Frontiers in Oncology. 13(no pagination), 2023. Article Number: 1197340. Date of Publication: 2023.",

"AU":"Rosinol L.  
  
Hebraud B.  
  
Oriol A.  
  
Colin A.-L.  
  
Rios Tamayo R.  
  
Hulin C.  
  
Blanchard M.J.  
  
Caillot D.  
  
Sureda A.  
  
Hernandez M.T.  
  
Arnulf B.  
  
Mateos M.-V.  
  
Macro M.  
  
San-Miguel J.  
  
Belhadj K.  
  
Lahuerta J.J.  
  
Garelik M.B.  
  
Blade J.  
  
Moreau P.",

"AO":"Rosinol, Laura ORCID: https://orcid.org/0000-0002-2534-9239",

"IN":"(Rosinol, Blade) Department of Hematology, Hospital Clinic Institut d'investigacions Biomediques August Pi i Sunyer, Barcelona, Spain  
  
(Hebraud) Hematology Department, Institut Universitaire du Cancer de Toulouse-Oncopole, Toulouse, France  
  
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(Colin) Service de Pharmacologie Medicale et Clinique, Centre Hospitalier et Universitaire de Toulouse, Toulouse, France  
  
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(Mateos) Hospital Universitario de Salamanca, Instituto de Investigacion Biomedica de Salamanca, Salamanca, Spain  
  
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(San-Miguel, Lahuerta) Clinica Universidad de Navarra (CUN), Centro de Investigacion Medica Aplicada (CIMA), Instituto de Investigacion Sanitaria de Navarra (IDISNA), Centro de Investigacion Biomedica en Red de Cancer (CIBERONC), Pamplona, Spain  
  
(Belhadj) Lymphoid Malignancies Unit, Centre Hospitalier et Universitaire Henri Mondor, Creteil, France  
  
(Garelik) Celgene, Bristol-Myers Squibb Company, Summit, NJ, United States  
  
(Moreau) Department of Hematology, University Hospital Hotel-Dieu, Nantes, France",

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\*multiple myeloma / \*drug therapy  
  
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treatment outcome  
  
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"OD":"Objective: Providing the most efficacious frontline treatment for newly diagnosed multiple myeloma (NDMM) is critical for patient outcomes. No direct comparisons have been made between bortezomib + lenalidomide + dexamethasone (VRD) and bortezomib + thalidomide + dexamethasone (VTD) induction regimens in transplant-eligible NDMM. Method(s): An integrated analysis was performed using patient data from four trials meeting prespecified eligibility criteria: two using VRD (PETHEMA GEM2012 and IFM 2009) and two using VTD (PETHEMA GEM2005 and IFM 2013-04). Result(s): The primary endpoint was met, with VRD demonstrating a noninferior rate of at least very good partial response (>= VGPR) after induction vs VTD. GEM comparison demonstrated improvement in the >= VGPR rate after induction for VRD vs VTD (66.3% vs 51.2% P =.00281) that increased after transplant (74.4% vs 53.5%). Undetectable minimal residual disease rates post induction (46.7% vs 34.9%) and post transplant (62.4% vs 47.3%) support the benefit of VRD vs VTD. Treatment-emergent adverse events leading to study and/or treatment discontinuation were less frequent with VRD (3%, GEM2012 6%, IFM 2009) vs VTD (11%, IFM 2013-04). Conclusion(s): These results supported the benefit of VRD over VTD for induction in transplant-eligible patients with NDMM. The trials included are registered with ClinicalTrials.gov (NCT01916252, NCT01191060, NCT00461747, and NCT01971658).Copyright © 2023 Rosinol, Hebraud, Oriol, Colin, Rios Tamayo, Hulin, Blanchard, Caillot, Sureda, Hernandez, Arnulf, Mateos, Macro, San-Miguel, Belhadj, Lahuerta, Garelik, Blade and Moreau.",

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"Database":"EMBASE",

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"UI":"641691854",

"TI":"The validity of a therapeutic invigoration task in avolitional schizophrenia outpatients.",

"SO":"Journal of clinical psychology. 80(1) (pp 7-22), 2024. Date of Publication: 01 Jan 2024.",

"AU":"Dlagnekova A.  
  
Van Staden W.",

"AO":"Van Staden, Werdie ORCID: https://orcid.org/0000-0002-8411-5846",

"IN":"(Dlagnekova) Department of Psychiatry, University of Pretoria, Pretoria, South Africa  
  
(Dlagnekova, Van Staden) Centre for Ethics and Philosophy of Health Sciences, University of Pretoria, Pretoria, South Africa",

"PB":"nan",

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reproducibility  
  
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"FTURL":"BACKGROUND AND OBJECTIVES: Avolition is associated with much morbidity and functional impairment in schizophrenia patients. Vigor may be taken as, in part, the inverse of avolition, but it has not been investigated as a therapeutic pursuit before. To this end, a therapeutic invigoration task was developed drawing on cognitive-behavioral and guided imagery therapies. This study investigated the validity and reliability of a therapeutic invigoration task in avolitional residual phase schizophrenia outpatients. METHOD(S): In a proof-of-concept quasi-experimental one-group sequentially repeated pretest/posttest study design, patients (n=76) participated in a structured invigoration task that was repeated after 1 month (n=70). RESULT(S): Patients' vigor during the preceding 7 days measured on the Vigor Assessment Scale increased highly significantly in anticipation of the subsequent 7 days on both occasions with respectively very large (Cohen's delta with Hedges' correction [delta]=1.46) and large (delta=1.04) effect sizes. The anticipated vigor after the first occasion was partially consummated during the subsequent month in that vigor during the 7 days preceding the second occasion was lower than participants had anticipated but still significantly higher than at baseline (p<0.001 delta=0.70). Repeating the task a month later, together with homework, had a cumulative effect as indicated by a very large effect size (delta=1.61). CONCLUSION(S): Results suggest that the invigoration task did what it was supposed do, and did so consistently, in patients with avolitional residual schizophrenia. These results warrant a subsequent randomized controlled trial to establish the efficacy of the invigoration task.Copyright © 2023 The Authors. Journal of Clinical Psychology published by Wiley Periodicals LLC.",

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"TI":"IAmHero: Preliminary Findings of an Experimental Study to Evaluate the Statistical Significance of an Intervention for ADHD Conducted through the Use of Serious Games in Virtual Reality.",

"SO":"International Journal of Environmental Research & Public Health [Electronic Resource]. 20(4), 2023 02 15.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Schena A  
  
Garotti R  
  
D'Alise D  
  
Giugliano S  
  
Polizzi M  
  
Trabucco V  
  
Riccio MP  
  
Bravaccio C",

"MH":"Garotti, Raffaele ORCID: https://orcid.org/0000-0002-3135-6718  
  
Giugliano, Salvatore ORCID: https://orcid.org/0000-0002-1791-6416  
  
Riccio, Maria Pia ORCID: https://orcid.org/0000-0002-9311-9099  
  
Bravaccio, Carmela ORCID: https://orcid.org/0000-0002-6025-2870",

"DU":"Schena, Annamaria  
  
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D'Alise, Dario  
  
Giugliano, Salvatore  
  
Polizzi, Miriam  
  
Trabucco, Virgilio  
  
Riccio, Maria Pia  
  
Bravaccio, Carmela",

"OD":"Schena, Annamaria. Villa delle Ginestre s.r.l. Rehabilitation and FKT Centre, 80040 Volla, Italy.  
  
Garotti, Raffaele. Unita Operativa Semplice Dipartimentale of Child Neuropsychiatry, Department of Translational Medical Sciences, 80131 Naples, Italy.  
  
D'Alise, Dario. Villa delle Ginestre s.r.l. Rehabilitation and FKT Centre, 80040 Volla, Italy.  
  
Giugliano, Salvatore. Villa delle Ginestre s.r.l. Rehabilitation and FKT Centre, 80040 Volla, Italy.  
  
Polizzi, Miriam. Unita Operativa Semplice Dipartimentale of Child Neuropsychiatry, Department of Translational Medical Sciences, 80131 Naples, Italy.  
  
Trabucco, Virgilio. Villa delle Ginestre s.r.l. Rehabilitation and FKT Centre, 80040 Volla, Italy.  
  
Riccio, Maria Pia. Unita Operativa Semplice Dipartimentale of Child Neuropsychiatry, Department of Translational Medical Sciences, 80131 Naples, Italy.  
  
Bravaccio, Carmela. Unita Operativa Semplice Dipartimentale of Child Neuropsychiatry, Department of Translational Medical Sciences, 80131 Naples, Italy.",

"AB":"Humans  
  
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\*Virtual Reality",

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"DJ":"The use of new technologies, such as virtual reality (VR), represents a promising strategy in the rehabilitation of subjects with attention-deficit/hyperactivity disorder (ADHD). We present the results obtained by administering the IAmHero tool through VR to a cohort of subjects with ADHD between 5 and 12 years of age. The trial time was approximately 6 months. In order to assess the beneficial effects of the treatment, standardised tests assessing both ADHD symptoms and executive functions (e.g., Conners-3 scales) were administered both before and at the end of the sessions. Improvements were observed at the end of treatment in both ADHD symptoms (especially in the hyperactivity/impulsivity domain) and executive functions. One of the strengths of the VR approach is related above all to the acceptability of this tool and its flexibility. Unfortunately, to date, there are still few studies on this topic therefore, future studies are essential to expand our knowledge on the utility and benefits of these technologies in the rehabilitation field.",

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"UI":"634288882",

"TI":"Amphetamines for attention deficit hyperactivity disorder (ADHD) in adults.",

"SO":"Cochrane Database of Systematic Reviews. 2018(8) (no pagination), 2018. Article Number: CD007813. Date of Publication: 09 Aug 2018.",

"AU":"Castells X.  
  
Blanco-Silvente L.  
  
Cunill R.",

"AO":"(Castells, Blanco-Silvente) Universitat de Girona, Unit of Clinical Pharmacology, TransLab Research Group, Department of Medical Sciences, Emili Grahit, 77, Girona, Catalonia 17071, Spain  
  
(Cunill) Parc Sanitari Sant Joan de Deu, Parc Sanitari Sant Joan de Deu - Numancia, Barcelona, Catalunya 08735, Spain",

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"OD":"Background: Attention deficit hyperactivity disorder (ADHD) is a childhood-onset disorder characterised by inattention, hyperactivity, and impulsivity. ADHD can persist into adulthood and can affects individuals' social and occupational functioning, as well as their quality of life and health. ADHD is frequently associated with other mental disorders such as substance use disorders and anxiety and affective disorders. Amphetamines are used to treat adults with ADHD, but uncertainties about their efficacy and safety remain. Objective(s): To examine the efficacy and safety of amphetamines for adults with ADHD. Search Method(s): In August 2017, we searched CENTRAL, MEDLINE, Embase, PsycINFO, 10 other databases, and two trials registers, and we ran citation searches for included studies. We also contacted the corresponding authors of all included studies, other experts in the field, and the pharmaceutical company, Shire, and we searched the reference lists of retrieved studies and reviews for other published, unpublished, or ongoing studies. For each included study, we performed a citation search in Web of Science to identify any later studies that may have cited it. Selection Criteria: We searched for randomised controlled trials comparing the efficacy of amphetamines (at any dose) for ADHD in adults aged 18 years and over against placebo or an active intervention. Data Collection and Analysis: Two review authors extracted data from each included study. We used the standardised mean difference (SMD) and the risk ratio (RR) to assess continuous and dichotomous outcomes, respectively. We conducted a stratified analysis to determine the influence of moderating variables. We assessed trials for risk of bias and drew a funnel plot to investigate the possibility of publication bias. We rated the quality of the evidence using the GRADE approach, which yielded high, moderate, low, or very low quality ratings based on evaluation of within-trial risk of bias, directness of evidence, heterogeneity of data precision of effect estimates, and risk of publication bias. Main Result(s): We included 19 studies that investigated three types of amphetamines: dexamphetamine (10.2 mg/d to 21.8 mg/d), lisdexamfetamine (30 mg/d to 70 mg/d), and mixed amphetamine salts (MAS 12.5 mg/d to 80 mg/d). These studies enrolled 2521 participants most were middle-aged (35.3 years), Caucasian males (57.2%), with a combined type of ADHD (78.8%). Eighteen studies were conducted in the USA, and one study was conducted in both Canada and the USA. Ten were multi-site studies. All studies were placebo-controlled, and three also included an active comparator: guanfacine, modafinil, or paroxetine. Most studies had short-term follow-up and a mean study length of 5.3 weeks. We found no studies that had low risk of bias in all domains of the Cochrane 'Risk of bias' tool, mainly because amphetamines have powerful subjective effects that may reveal the assigned treatment, but also because we noted attrition bias, and because we could not rule out the possibility of a carry-over effect in studies that used a cross-over design. Sixteen studies were funded by the pharmaceutical industry, one study was publicly funded, and two studies did not report their funding sources. Amphetamines versus placebo. Severity of ADHD symptoms: we found low- to very low-quality evidence suggesting that amphetamines reduced the severity of ADHD symptoms as rated by clinicians (SMD -0.90, 95% confidence interval (CI) -1.04 to -0.75 13 studies, 2028 participants) and patients (SMD -0.51, 95% CI -0.75 to -0.28 six studies, 120 participants). Retention: overall, we found low-quality evidence suggesting that amphetamines did not improve retention in treatment (risk ratio (RR) 1.06, 95% CI 0.99 to 1.13 17 studies, 2323 participants). Adverse events: we found that amphetamines were associated with an increased proportion of patients who withdrew because of adverse events (RR 2.69, 95% CI 1.63 to 4.45 17 studies, 2409 participants). Type of amphetamine: we found differences between amphetamines for the severity of ADHD symptoms as rated by clinicians. Both lisdexamfetamine (SMD -1.06, 95% CI -1.26 to -0.85 seven studies, 896 participants low-quality evidence) and MAS (SMD -0.80, 95% CI -0.93 to -0.66 five studies, 1083 participants low-quality evidence) reduced the severity of ADHD symptoms. In contrast, we found no evidence to suggest that dexamphetamine reduced the severity of ADHD symptoms (SMD -0.24, 95% CI -0.80 to 0.32 one study, 49 participants very low-quality evidence). In addition, all amphetamines were efficacious in reducing the severity of ADHD symptoms as rated by patients (dexamphetamine: SMD -0.77, 95% CI -1.14 to -0.40 two studies, 35 participants low-quality evidence lisdexamfetamine: SMD -0.33, 95% CI -0.65 to -0.01 three studies, 67 participants low-quality evidence MAS: SMD -0.45, 95% CI -1.02 to 0.12 one study, 18 participants very low-quality evidence). Dose at study completion: different doses of amphetamines did not appear to be associated with differences in efficacy. Type of drug-release formulation: we investigated immediate- and sustained-release formulations but found no differences between them for any outcome. Amphetamines versus other drugs. We found no evidence that amphetamines improved ADHD symptom severity compared to other drug interventions. Authors' conclusions: Amphetamines improved the severity of ADHD symptoms, as assessed by clinicians or patients, in the short term but did not improve retention to treatment. Amphetamines were associated with higher attrition due to adverse events. The short duration of studies coupled with their restrictive inclusion criteria limits the external validity of these findings. Furthermore, none of the included studies had an overall low risk of bias. Overall, the evidence generated by this review is of low or very low quality.Copyright © 2018 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.",

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"Database":"Medline",

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

"UI":"33886227",

"TI":"What Dimensions of Heterogeneity Are Relevant for Treatment Outcome?. [Review]",

"SO":"MIT Press. Chapter 42013",

"AU":"1",

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

"IN":"nan",

"PB":"Williams LM  
  
Gott C",

"MH":"Williams, Leanne M.  
  
Gott, Chloe",

"DU":"nan",

"OD":"Schizophrenia is a disorder, or a class of disorders, of cognition. Defining features include a loss of coordination in core perception, attention, memory, and executive functions together with the dysregulation of emotion. These features are the strongest contributors to burden of illness. Diagnostic criteria, clinical trials, and popular conceptions typically focus, however, on the more florid positive symptoms of psychosis, such as hallucinations. As a result, impairments in cognitive-emotional function remain largely undiagnosed and untreated, with no current treatments in routine use that target these impairments. The evidence base for developing new treatments requires cognitive-emotional measures that link to functional capacity as well as to brain changes involved in schizophrenia pathophysiology. This chapter looks at five aspects of cognitive-emotional function in schizophrenia: Which cognitive-emotional impairments characterize schizophrenia patients at first onset? Are functional capacities predicted by these impairments at first onset? What brain systems are involved? How do cognitive-emotional impairments, and their relationships with functional capacity and brain function, progress over time? What are the implications for treatment outcomes? Focus is on the first episode of schizophrenia, since early intervention is likely to have the best impact for improving outcomes. Copyright © Massachusetts Institute of Technology and the Frankfurt Institute for Advanced Studies.",

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"FTURL":"2013",

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"ORN":"66",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028678541",

"TI":"Rapid phenotypic antimicrobial susceptibility testing of Gram-negative rods directly from positive blood cultures using the novel Q-linea ASTar system.",

"SO":"Journal of Clinical Microbiology. 61(11) (no pagination), 2023. Article Number: e00549-23. Date of Publication: 2023.",

"AU":"Esse J.  
  
Trager J.  
  
Valenza G.  
  
Bogdan C.  
  
Held J.",

"AO":"Held, Jurgen ORCID: https://orcid.org/0000-0003-1130-9727",

"IN":"(Esse, Trager, Valenza, Bogdan, Held) Mikrobiologisches Institut - Klinische Mikrobiologie, Immunologie und Hygiene - Universitatsklinikum Erlangen and Friedrich-Alexander-Universitat (FAU) Erlangen-Nurnberg, Erlangen, Germany",

"PB":"American Society for Microbiology",

"MH":"Acinetobacter baumannii  
  
\*antibiotic sensitivity  
  
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Klebsiella variicola  
  
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uncertainty",

"AB":"Adequate and timely antibiotic therapy is crucial for the treatment of sepsis. Innovative systems, like the Q-linea ASTar, have been developed to perform rapid antimicrobial susceptibility testing (AST) directly from positive blood cultures (BCs). We conducted a prospective study to evaluate ASTar under real-life conditions with a focus on time-to-result and impact on antimicrobial therapy. Over 2 months, all positive BCs that showed Gram-negative rods upon microscopy were tested with the ASTar and our standard procedure (VITEK 2 from short-term culture). Additionally, we included multidrug-resistant Gram-negative bacteria from our archive. Both methods were compared to broth microdilution. In total, 78 bacterial strains (51 prospective and 27 archived) were tested. ASTar covered 94% of the species encountered. The categorical and essential agreement was 95.6% and 90.7%, respectively. ASTar caused 2.4% minor, 2.0% major, and 2.4% very major errors. The categorical agreement was similar to standard procedure. The average time between BC sampling and the availability of the antibiogram for the attending physician was 28 h 49 min for ASTar and 44 h 18 min for standard procedure. ASTar correctly identified all patients who required an escalation of antimicrobial therapy and 75% of those who were eligible for de-escalation. In conclusion, ASTar provided reliable AST results and significantly shortened the time to obtain an antibiogram. However, the percentage of patients that will profit from ASTar in a low-resistance setting is limited, and it is currently unclear if a change of therapy 29 h after BC sampling will have a significant impact on the patient's prognosis.Copyright © 2023 American Society for Microbiology. All Rights Reserved.",

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"VN":"Ovid Technologies",

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

"UI":"33063176",

"TI":"A Real-World Assessment of Clinical Outcomes and Safety of Eravacycline: A Novel Fluorocycline.",

"SO":"Infectious Diseases & Therapy. 9(4):1017-1028, 2020 Dec.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Van Hise N  
  
Petrak RM  
  
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Roig I  
  
Kalra A",

"MH":"Van Hise, Nicholas ORCID: http://orcid.org/0000-0001-9087-936X",

"DU":"Van Hise, Nicholas  
  
Petrak, Russell M  
  
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Shah, Kairav  
  
Chundi, Vishnu  
  
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Roig, Ingrid  
  
Kalra, Apoorv",

"OD":"Van Hise, Nicholas. Metro Infectious Disease Consultants, Burr Ridge, IL, USA. nvanhise@midcusa.com.  
  
Petrak, Russell M. Metro Infectious Disease Consultants, Burr Ridge, IL, USA.  
  
Skorodin, Nathan C. Metro Infectious Disease Consultants, Burr Ridge, IL, USA.  
  
Fliegelman, Robert M. Metro Infectious Disease Consultants, Burr Ridge, IL, USA.  
  
Anderson, Michael. Metro Infectious Disease Consultants, Burr Ridge, IL, USA.  
  
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Chundi, Vishnu. Metro Infectious Disease Consultants, Burr Ridge, IL, USA.  
  
Hines, David. Metro Infectious Disease Consultants, Burr Ridge, IL, USA.  
  
Roig, Ingrid. Metro Infectious Disease Consultants, Huntsville, AL, USA.  
  
Kalra, Apoorv. Metro Infectious Disease Consultants, Kansas City, MO, USA.",

"AB":"Adverse events Clinical efficacy Clostridiodes difficile Eravacycline Real-world",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Eravacycline is a novel fluorocycline approved for treatment of intraabdominal infections, with a broad spectrum of activity against a range of pathogens including multidrug-resistant species, including ESBL- or KPC-producing isolates. It is approved for twice-daily dosing with no need for adjustment in renal dysfunction. In the concomitant administration with CYP 3A4-inducing drugs, eravacycline dosing should be modified.  
  
OBJECTIVE: To evaluate the efficacy and safety of eravacycline in a range of infections such as intraabdominal infections, pneumonia and diabetic foot infections in seriously ill patients.  
  
METHODS: A retrospective observational cohort study using electronic patient records of 50 consecutive patients administered eravacycline during inpatient acute care admission or as part of outpatient antibiotic therapy (OPAT).  
  
RESULTS: Therapy of 1.5 mg/kg q24h was initiated in the hospital in most patients, although some of the less sick were managed in the office or OPAT setting. All patients concluded their management outside of the hospital. Of the 50 patients, 47 (94%) achieved clinical resolution of their infection and 3 (6%) clinical failures occurred. Only three (6%) patients did not have comorbidities, three had a single comorbidity (6%), and the majority (88%) of patients had two or more comorbidities. Most common infections were intraabdominal (36%), pneumonia (18%), diabetic foot (12%), spontaneous bacterial peritonitis (8%) and empyema (8%). Almost half of infections had more than one pathogen isolated, and resistant isolates were frequent. The drug was well tolerated with only two reports of nausea, which did not result in treatment discontinuation, and in 30 days of post-eravacycline therapy only one case of Clostridiodes difficile.  
  
CONCLUSIONS: In this real-world setting, eravacycline demonstrated a similar high level of clinical efficacy as seen in clinical trials, 94%, in a variety of infections, including against multidrug-resistant bacteria, and was well tolerated.",

"DJ":"Journal Article",

"MV":"2020",

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"VN":"Ovid Technologies",

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

"UI":"38084549",

"TI":"Myelomatous pleural effusion developing after autologous stem cell transplantation in a patient with multiple myeloma: A rare case.",

"SO":"Indian Journal of Pathology and Microbiology. 66(4):859-861, 2023 Oct-Dec.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Muzeyyen Aslaner A  
  
Barut F",

"MH":"Muzeyyen Aslaner, Ak  
  
Barut, Figen",

"DU":"Muzeyyen Aslaner, Ak. Department of Hematology, Faculty of Medicine Zonguldak Bulent Ecevit University, Zonguldak, Turkey.  
  
Barut, Figen. Pathology, Faculty of Medicine Zonguldak Bulent Ecevit University, Zonguldak, Turkey.",

"OD":"Autologous stem cell transplantation multiple myeloma myelomatous pleural effusion treatment management",

"AB":"NOTNLM",

"FTURL":"Myelomatous pleural effusion (MPE) is a very rare condition with a poor prognosis. In our case of multiple myeloma (MM) with early recurrence presenting with a MPE, management of the treatment is discussed together with the case presentation. A 35 year old female patient with a diagnosis of lambda light chain MM presented with complaints of dyspnea and pain in the left shoulder 2 months after autologous transplantation. On physical examination, respiratory sounds were decreased in the lower lobe of the left lung and there was dullness. Pleural effusion and plasmacytoma, more prominent on the left, were detected on chest X ray and thorax computed tomography (CT). The pleural fluid collected during therapeutic thoracentesis was examined by flow cytometry, cytology, and peripheral smear examination and as a result, the patient was considered to have early recurrence after autologous transplantation, DRd chemotherapy was immediately started, and clinical and radiological improvement was observed. Pleural effusion developing in patients with MM should be evaluated in terms of MPE. In the presence of MPE, the duration of response to treatment is short, thus effective and dynamic treatment methods for bridging should be used before referral of the patients to clinical trials and hematopoietic stem cell transplantation.",

"PM":"Case Reports",

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\*Hematopoietic Stem Cell Transplantation  
  
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"TI":"Clinical spectrum and outcomes of acute kidney injury: A prospective study from an intensive care unit of South India.",

"SO":"Critical Care and Shock. 26(5) (pp 205-214), 2023. Date of Publication: October 2023.",

"AU":"Gayathri K.S.  
  
Bhargavi M.V.  
  
Mani R.  
  
Sathyamurthy P.",

"AO":"nan",

"IN":"(Gayathri, Bhargavi, Mani, Sathyamurthy) Department of General Medicine, Sri Ramachandra Institute of Higher Education and Research, Porur, Tamil Nadu, Chennai 600116, India",

"PB":"The Indonesian Foundation of Critical Care Medicine",

"MH":"acute gastroenteritis  
  
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"DU":"acute gastroenteritis  
  
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"OD":"Introduction: The prevalence of acute kidney injury (AKI) among hospitalized patients in the United States of America is around 5-7%, and that among Intensive Care Units (ICU) is 30%. The mortality and morbidity associated with AKI are immense, and the prevalence has been increasing over the past decades. However, the data on the prevalence, profile, and outcome of AKI in hospitalized patients from the developing world is meager. Objective(s): This study aimed at determining the common etiologies and clinical profile of AKI patients in the ICU of a tertiary care center, in South India and to assess the outcome of AKI in community-acquired and hospital-acquired AKI patients with respect to its etiology. Material(s) and Method(s): This study was designed to be a prospective observational study. We included 150 patients who were either directly admitted to ICU or transferred from ward to ICU, in our tertiary care center, who had AKI either at admission or during the course in the hospital. They were followed up until discharge/death and their clinical and biochemical data were studied. Result(s): The causes of AKI were grouped as acute tubular necrosis (56%), volume loss/hypoperfusion (26%), acute interstitial nephritis (12%), urinary tract obstruction (4.7%), and glomerulonephritis (1.3%). The major contributing illness for AKI was sepsis (including septic shock) (28.7%). The other common causes were nephrotoxins (24%), acute gastroenteritis (13.3%), pyelonephritis (7.3%), and urinary tract obstruction (4.7%). Among the subjects, 82.7% had community-acquired AKI and 17.3% had hospital-acquired AKI. Most of the patients (60%) recovered from AKI, whereas 36% had partial recovery, one person was dependent on renal replacement therapy (0.7%), and death occurred in 3.3% (n=5). The outcome between community-acquired and hospital-acquired AKI was statistically non-significant. Conclusion(s): Sepsis and nephrotoxins were the most common causes of AKI in our study. Community-acquired AKI was more prevalent than hospital-acquired AKI. The mortality rate of AKI patients in the ICU was less (3.3%).Copyright © 2023, The Indonesian Foundation of Critical Care Medicine. All rights reserved.",

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"ORN":"66",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028821295",

"TI":"Schizophrenia Patients Discharged on Clozapine Plus Long-Acting Injectable Antipsychotics From a Public Psychiatric Hospital in Taiwan, 2006-2021.",

"SO":"International Journal of Neuropsychopharmacology. 26(11) (pp 808-816), 2023. Date of Publication: 01 Nov 2023.",

"AU":"Lin T.-C.  
  
Lin C.-H.",

"AO":"nan",

"IN":"(Lin) Department of Psychiatry, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan (Republic of China)  
  
(Lin) Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, Kaohsiung, Taiwan (Republic of China)  
  
(Lin) Department of Psychiatry, School of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (Republic of China)  
  
(Lin) Department of Post-Baccalaureate Medicine, College of Medicine, National Sun Yat-sen University, Kaohsiung, Taiwan (Republic of China)",

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drug therapy  
  
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\*mental hospital  
  
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"FTURL":"Background: Some schizophrenia patients treated with clozapine experience an inadequate response and adherence problems. The purpose of this study was to compare time to rehospitalization within 6 months in schizophrenia patients discharged on 3 clozapine regimens. Additionally, the temporal trend of prescription rate in each group was also explored. Method(s): Schizophrenia patients discharged from the study hospital from January 1, 2006, to December 31, 2021, (n = 3271) were included in the analysis. The type of clozapine prescribed at discharge was divided into 3 groups: clozapine plus long-acting injectable antipsychotics (clozapine + LAIs), clozapine plus other oral antipsychotics (clozapine + OAPs), and clozapine monotherapy. Survival analysis was used to compare time to rehospitalization within 6 months after discharge among the 3 groups. The temporal trend in the prescription rate of each group was analyzed using the Cochran-Armitage Trend test. Result(s): Patients discharged on clozapine + LAIs had a significantly longer time to rehospitalization than those on clozapine + OAPs or clozapine monotherapy. The prescription rates of clozapine + LAIs and clozapine + OAPs significantly increased over time, whereas the prescription rates of clozapine monotherapy significantly decreased. Conclusion(s): Compared with the clozapine + OAPs group, the clozapine + LAIs group had a lower risk of rehospitalization and a lower dose of clozapine prescribed. Therefore, if a second antipsychotic is required for patients who are taking clozapine alone, LAIs should be considered earlier. Copyright © 2023 The Author(s). Published by Oxford University Press on behalf of CINP.",

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

"DJ":"37616565 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37616565]",

"MV":"nan",

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

"UI":"37442955",

"TI":"Screening for parent and child ADHD in urban pediatric primary care: pilot implementation and stakeholder perspectives.",

"SO":"BMC Pediatrics. 23(1):354, 2023 07 13.",

"AU":"1",

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

"IN":"MEDLINE",

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Danko CM  
  
Triece T  
  
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Marschall D  
  
Lorenzo NE  
  
Stein MA  
  
Chronis-Tuscano A",

"MH":"nan",

"DU":"Lui, Joyce H L  
  
Danko, Christina M  
  
Triece, Tricia  
  
Bennett, Ian M  
  
Marschall, Donna  
  
Lorenzo, Nicole E  
  
Stein, Mark A  
  
Chronis-Tuscano, Andrea",

"OD":"Lui, Joyce H L. Department of Psychology, University of Maryland, College Park, MD, USA. joyce.lui@concordia.ca.  
  
Lui, Joyce H L. Department of Psychology, Concordia University, 7141 Sherbrooke West, PY-146, Montreal, QC, Canada. joyce.lui@concordia.ca.  
  
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Triece, Tricia. Department of Psychology, University of Maryland, College Park, MD, USA.  
  
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Lorenzo, Nicole E. Department of Psychology, American University, Washington, DC, USA.  
  
Stein, Mark A. Psychiatry and Behavioral Medicine, Seattle Children's Hospital, Seattle, WA, USA.  
  
Chronis-Tuscano, Andrea. Department of Psychology, University of Maryland, College Park, MD, USA.",

"AB":"Child  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Parents/px [Psychology]  
  
Pilot Projects  
  
Primary Health Care  
  
Treatment Outcome",

"FTURL":"ADHD Low-income Parent mental health Pediatric primary care Screening",

"PM":"NOTNLM",

"DJ":"BACKGROUND: ADHD commonly co-occurs in children and parents. When ADHD is untreated in parents, it contributes to negative child developmental and treatment outcomes. Screening for parent and child ADHD co-occurrence in pediatric primary care may be an effective strategy for early identification and treatment. There is no data on whether this screening model can be implemented successfully and there exists limited guidance on how to effectively approach parents about their own ADHD in pediatric settings. Even greater sensitivity may be required when engaging with families living in urban, low SES communities due to systemic inequities, mistrust, and stigma.  
  
METHODS: The current pilot study described the first 6 months of implementation of a parent and child ADHD screening protocol in urban pediatric primary care clinics serving a large population of families insured through Medicaid. Parents and children were screened for ADHD symptoms at annual well-child visits in pediatric primary care clinics as part of standard behavioral health screening. Independent stakeholder group meetings were held to gather feedback on factors influencing the implementation of the screening and treatment strategies. Mixed methods were used to examine initial screening completion rates and stakeholder perspectives (i.e., parents, primary care office staff, pediatricians, and behavioral health providers) on challenges of implementing the screening protocol within urban pediatric primary care.  
  
RESULTS: Screening completion rates were low (19.28%) during the initial 6-month implementation period. Thematic analysis of stakeholder meetings provided elaboration on the low screening completion rates. Identified themes included: 1) divergence between provider enthusiasm and parent hesitation 2) parent preference versus logistic reality of providers 3) centering the experiences of people with marginalized identities and 4) sensitivity when discussing parent mental health and medication.  
  
CONCLUSIONS: Findings highlight the importance of developing flexible approaches to screening parent and child ADHD in urban pediatric health settings and emphasize the importance of cultural sensitivity when working with marginalized and under-resourced families.  
  
TRIAL REGISTRATION: NCT04240756 (27/01/2020). Copyright © 2023. The Author(s).",

"MV":"nan",

"TN":"Clinical Trial  
  
Journal Article  
  
Research Support, N.I.H., Extramural",

"Unnamed: 22":"2023",

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"UniqueID":"527",

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"ORN":"66",

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"DB":"Embase",

"UI":"2017682223",

"TI":"Emergent, remitted and persistent psychosis-spectrum symptoms in 22q11.2 deletion syndrome.",

"SO":"Translational Psychiatry. 7(7) (no pagination), 2017. Article Number: e1180. Date of Publication: 2017.",

"AU":"Tang S.X.  
  
Moore T.M.  
  
Calkins M.E.  
  
Yi J.J.  
  
McDonald-Mcginn D.M.  
  
Zackai E.H.  
  
Emanuel B.S.  
  
Gur R.C.  
  
Gur R.E.",

"AO":"(Tang, Moore, Calkins, Yi, Gur, Gur) Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, United States  
  
(Yi, Gur) Department of Child and Adolescent Psychiatry, Children's Hospital of Philadelphia, Philadelphia, PA, United States  
  
(McDonald-Mcginn, Zackai, Emanuel) Division of Human Genetics, Children's Hospital of Philadelphia, Philadelphia, PA, United States  
  
(McDonald-Mcginn, Zackai, Emanuel) Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, United States",

"IN":"Springer Nature",

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Schedule for Affective Disorders and Schizophrenia [m]  
  
school child [m]  
  
social cognition [m]",

"OD":"Individuals with 22q11.2 deletion syndrome (22q11DS) are at markedly elevated risk for schizophrenia-related disorders. Stability, emergence, remission and persistence of psychosis-spectrum symptoms were investigated longitudinally. Demographic, clinical and cognitive predictors of psychosis were assessed. Prospective follow-up over 2.8 years was undertaken in 75 individuals with 22q11DS aged 8-35 years. Mood, anxiety, attention-deficit hyperactivity disorders and psychosis-spectrum symptoms were assessed with the Kiddie-Schedule for Affective Disorders and Schizophrenia and Scale of Prodromal Symptoms (SOPS). Four domains of cognition were evaluated with the Penn Computerized Neurocognitive Battery (executive functioning, memory, complex cognition and social cognition). Psychotic disorder or clinically significant SOPS-positive ratings were consistently absent in 35%, emergent in 13%, remitted in 22% and persistent in 31% of participants. Negative symptoms and functional impairment were found to be predictive of the emergence of positive psychosis-spectrum symptoms and to reflect ongoing deficits after remission of positive symptoms. Dysphoric mood and anxiety were predictive of emergent and persistent-positive psychosisspectrum symptoms. Lower baseline global cognition and greater global cognitive decline were predictive of psychosis-spectrum outcomes but no particular cognitive domain stood out as being significantly more discriminating than others. Our findings suggest that negative symptoms, functioning and dysphoric mood are important predictors of psychosis risk in this population.Copyright © The Author(s) 2017.",

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"Database":"Medline",

"ORN":"66",

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

"UI":"33886216",

"TI":"How Can Animal Models Be Better Utilized?. [Review]",

"SO":"MIT Press. Chapter 112013",

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

"IN":"nan",

"PB":"O'Donnell P",

"MH":"O'Donnell, Patricio",

"DU":"nan",

"OD":"Although animal models of schizophrenia have been around for some time and new ones are proposed regularly, their usefulness is still questioned. Many current concepts on schizophrenia pathophysiology have been driven by animal research, yet when these concepts were translated into novel therapeutics, the results have been less than promising. This chapter reviews many of these models and new concepts, and argues that the problem has been that animal models were not used enough in preparation to clinical trials. Furthermore, a great deal of animal work has been directed to establishing their validity-a misguided and far from useful effort. Validity concepts are outdated and not adequate for research relevant to a disorder for which its etiology and pathophysiology are unknown. Models need to be appreciated based on their usefulness: for a disease without a clear pathophysiology, animal models are essential tools to test specific hypotheses about neurobiological and behavioral outcomes of manipulations that produce pathophysiological conditions. Novel targets should only be translated into clinical efforts after comprehensive work in animal models has been conducted to allow establishing mechanisms of action, biomarkers to identify optimal populations to be targeted, and even whether those targets are better thought of as adjuvants or sole treatments. Recognizing what animal models can and cannot achieve will go a long way in benefiting schizophrenia research. Copyright © Massachusetts Institute of Technology and the Frankfurt Institute for Advanced Studies.",

"AB":"Review",

"FTURL":"2013",

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

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"Unnamed: 22":"Schizophrenia: Evolution and Synthesis",

"Unnamed: 23":"nan",

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

"Database":"EMBASE",

"ORN":"67",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028698029",

"TI":"Sink interventions in the ICU to reduce risk of infection or colonization with Gram-negative pathogens: a systematic review of the literature.",

"SO":"Journal of Hospital Infection. 143(pp 82-90), 2024. Date of Publication: January 2024.",

"AU":"Fucini G.-B.  
  
Hackmann C.  
  
Gastmeier P.",

"AO":"nan",

"IN":"(Fucini, Hackmann, Gastmeier) Charite - Universitatsmedizin Berlin, Corporate Member of Freie Universitat Berlin and Humboldt-Universitat zu Berlin, Institute of Hygiene and Environmental Medicine, Berlin, Germany  
  
(Fucini, Hackmann, Gastmeier) National Reference Centre for Surveillance of Nosocomial Infections, Berlin, Germany",

"PB":"W.B. Saunders Ltd",

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clinical outcome  
  
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Gram negative infection/pc [Prevention]  
  
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healthcare associated infection/pc [Prevention]  
  
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Pseudomonas aeruginosa  
  
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water contamination",

"AB":"Background: Healthcare-associated infections (HAIs) are a major problem in intensive care units (ICUs). The hospital water environment is a potential reservoir for Gram-negative bacteria (GNB), and it has been shown that contaminated sinks contribute to the spread of GNB in outbreak and non-outbreak settings. This study aimed to investigate which sink interventions may reduce GNB infection and colonization rates in the ICU. Method(s): A database search (MEDLINE via PubMed, EMBASE via Ovid and ClinicalTrials.gov) was undertaken without restrictions on language or date of publication. Studies of any design were included if they described an intervention on the water fixtures in patient rooms, and presented data about HAI or colonization rates in non-outbreak settings. Acquisition (infection and/or colonization) rates of GNB and Pseudomonas aeruginosa were analysed as outcomes. Result(s): In total, 4404 records were identified. Eleven articles were included in the final analysis. No randomized controlled trials were included in the analysis, and all studies were reported to have moderate to serious risk of bias. Removing sinks and applying filters on taps had a significant impact on GNB acquisition, but there was high heterogeneity among reported outcomes and sample size among the studies. Conclusion(s): Few studies have investigated the association of sinks in patient rooms with healthcare-associated acquisition of GNB in non-outbreak settings. Heterogeneity in study design made it impossible to generalize the results. Prospective trials are needed to further investigate whether removing sinks from patient rooms can reduce the endemic rate of HAIs in the ICU.Copyright © 2023 The Healthcare Infection Society",

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"If RCT or not":"No",

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"UniqueID":"530",

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

"Database":"Medline",

"ORN":"67",

"VN":"Ovid Technologies",

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

"UI":"32585945",

"TI":"Metagenomic Characterization of Gut Microbiota of Carriers of Extended-Spectrum Beta-Lactamase or Carbapenemase-Producing Enterobacteriaceae Following Treatment with Oral Antibiotics and Fecal Microbiota Transplantation: Results from a Multicenter Randomized Trial.",

"SO":"Microorganisms. 8(6), 2020 Jun 23.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Leo S  
  
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Harbarth S  
  
Huttner BD",

"MH":"Leo, Stefano ORCID: https://orcid.org/0000-0002-5015-3051  
  
Lazarevic, Vladimir ORCID: https://orcid.org/0000-0002-6839-2536",

"DU":"Leo, Stefano  
  
Lazarevic, Vladimir  
  
Girard, Myriam  
  
Gaia, Nadia  
  
Schrenzel, Jacques  
  
de Lastours, Victoire  
  
Fantin, Bruno  
  
Bonten, Marc  
  
Carmeli, Yehuda  
  
Rondinaud, Emilie  
  
Harbarth, Stephan  
  
Huttner, Benedikt D",

"OD":"Leo, Stefano. Genomic Research Laboratory, Division of Infectious Diseases, University Hospitals and University of Geneva, Rue Michel Servet 1, 1211 Geneva, Switzerland.  
  
Lazarevic, Vladimir. Genomic Research Laboratory, Division of Infectious Diseases, University Hospitals and University of Geneva, Rue Michel Servet 1, 1211 Geneva, Switzerland.  
  
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Bonten, Marc. Department of Medical Microbiology, University Medical Centre, Heidelberglaan 100, 3584 CX Utrecht, The Netherlands.  
  
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Harbarth, Stephan. Division of Infectious Diseases, Geneva University Hospitals and Faculty of Medicine, Rue Gabrielle-Perret-Gentil 4, 1211 Geneva, Switzerland.  
  
Harbarth, Stephan. Infection Control Program and WHO Collaborating Center, Geneva University Hospitals, Rue Gabrielle-Perret-Gentil 4, 1211 Geneva, Switzerland.  
  
Huttner, Benedikt D. Division of Infectious Diseases, Geneva University Hospitals and Faculty of Medicine, Rue Gabrielle-Perret-Gentil 4, 1211 Geneva, Switzerland.",

"AB":"Fecal microbiota transplantation carbapenemase-producing Enterobacteriaceae extended-spectrum beta-lactamase-producing Enterobacteriaceae microbiome whole metagenome shotgun sequencing",

"FTURL":"NOTNLM",

"PM":"Background: The R-GNOSIS (Resistance in Gram-Negative Organisms: Studying Intervention Strategies) WP3 study was the first multicenter randomized clinical trial systematically investigating fecal microbiota transplantation (FMT) for intestinal decolonization of extended-spectrum beta-lactamase-producing Enterobacteriaceae (ESBL-E) or carbapenemase-producing Enterobacteriaceae (CPE). Here, we characterized the temporal dynamics of fecal microbiota changes in a sub-cohort of the R-GNOSIS WP3 participants before and after antibiotics/FMT using whole metagenome shotgun sequencing. Methods: We sequenced fecal DNA obtained from 16 ESBL-E/CPE carriers having received oral colistin/neomycin followed by FMT and their corresponding seven donors. Ten treatment-naive controls from the same trial were included. Fecal samples were collected at baseline (V0), after antibiotics but before FMT (V2) and three times after FMT (V3, V4 and V5). Results: Antibiotic treatment transiently decreased species richness and diversity and increased the abundance of antibiotic resistance determinants (ARDs). Bifidobacterium species, together with butyrate- and propionate-producing species from Lachnospiraceae and Ruminococcaceae families were significantly enriched in post-FMT microbiota of treated carriers. After FMT, the proportion of Enterobacteriaceae was lower compared to baseline but without statistical significance. Conclusions: Combined antibiotic and FMT treatment resulted in enrichment of species that are likely to limit the gut colonization by ESBL-E/CPE.",

"DJ":"Journal Article",

"MV":"2020",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"38069030",

"TI":"Recent Updates in Venetoclax Combination Therapies in Pediatric Hematological Malignancies. [Review]",

"SO":"International Journal of Molecular Sciences. 24(23), 2023 Nov 24.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Lesniak M  
  
Lipniarska J  
  
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"MH":"Lesniak, Maria  
  
Lipniarska, Justyna  
  
Majka, Patrycja  
  
Lejman, Monika  
  
Zawitkowska, Joanna",

"DU":"Lesniak, Maria. Student Scientific Society of Department of Pediatric Hematology, Oncology and Transplantology, Medical University of Lublin, 20-093 Lublin, Poland.  
  
Lipniarska, Justyna. Student Scientific Society of Department of Pediatric Hematology, Oncology and Transplantology, Medical University of Lublin, 20-093 Lublin, Poland.  
  
Majka, Patrycja. Student Scientific Society of Department of Pediatric Hematology, Oncology and Transplantology, Medical University of Lublin, 20-093 Lublin, Poland.  
  
Lejman, Monika. Independent Laboratory of Genetic Diagnostics, Medical University of Lublin, 20-093 Lublin, Poland.  
  
Zawitkowska, Joanna. Department of Pediatric Hematology, Oncology and Transplantology, Medical University of Lublin, 20-093 Lublin, Poland.",

"OD":"Bcl-2 inhibitors leukemia pediatric hematology treatment venetoclax",

"AB":"NOTNLM",

"FTURL":"Venetoclax is a strongly effective B-cell lymphoma-2 inhibitor (BCL-2) with an ability to selectively restore the apoptotic potential of cancerous cells. It has been proven that in combination with immunotherapy, targeted therapies, and lower-intensity therapies such as hypomethylating agents (HMAs) or low-dose cytarabine (LDAC), the drug can improve overall outcomes for adult patients with acute myeloid leukemia (AML), chronic lymphocytic leukemia (CLL), and multiple myeloma (MM), amongst other hematological malignancies, but its benefit in pediatric hematology remains unclear. With a number of preclinical and clinical trials emerging, the newest findings suggest that in many cases of younger patients, venetoclax combination treatment can be well-tolerated, with a safety profile similar to that in adults, despite often leading to severe infections. Studies aim to determine the activity of BCL-2 inhibitor in the treatment of both primary and refractory acute leukemias in combination with standard and high-dose chemotherapy. Although more research is required to identify the optimal venetoclax-based regimen for the pediatric population and its long-term effects on patients' outcomes, it can become a potential therapeutic agent for pediatric oncology.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

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

"TN":"Lejman, Monika ORCID: https://orcid.org/0000-0002-8760-0775  
  
Zawitkowska, Joanna ORCID: https://orcid.org/0000-0001-7207-156X",

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\*Leukemia, Myeloid, Acute  
  
Hematologic Neoplasms/dt [Drug Therapy]  
  
Hematologic Neoplasms/et [Etiology]  
  
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"Database":"EMBASE",

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"UI":"2028483940",

"TI":"Comparison of pre- and posttransplant energy expenditure in patients undergoing hematopoietic stem cell transplantation and evaluation of associated factors.",

"SO":"Nutrition. 118(no pagination), 2024. Article Number: 112260. Date of Publication: February 2024.",

"AU":"Vieira I.B.  
  
Sette N.S.V.  
  
de Oliveira C.A.  
  
Correia M.I.T.D.  
  
Duarte C.K.  
  
Generoso S.V.",

"AO":"nan",

"IN":"(Vieira, Duarte, Generoso) Nutrition and Health Program, Department of Nutrition, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil  
  
(Sette) Food Sciences, Department of Food, Faculty of Pharmacy, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil  
  
(de Oliveira) Hospital das Clinicas, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil  
  
(Correia) Department of Surgery, Faculty of Medicine, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil",

"PB":"Elsevier Inc.",

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"OD":"Objectives: Patients undergoing hematopoietic stem cell transplantation may present with metabolic alterations that can have an effect on their energy expenditure and nutritional status. This project aimed to compare the pre- and posttransplant energy expenditures of patients undergoing hematopoietic stem cell transplantation as well as related factors. Method(s): This prospective study was conducted at a single center. Patients, undergoing autograft or allograft, were evaluated before transplantation and on the 10th and 17th d posttransplantation. Energy expenditure was measured by indirect calorimetry. Diet intake was assessed by a 24-h dietary recall. Infectious and noninfectious complications were analyzed between days 1 to 10 after transplantation and days 11 to 17 after transplantation. Paired model analyses were carried out to identify the pretransplantation and posttransplantation periods. Result(s): Twenty patients were evaluated with a mean age of 45.6 +/- 17.2 y a majority were male sex (65%), and the most frequent diagnoses were chronic myeloid leukemia (25%) and multiple myeloma (25%). Energy expenditure increased by 15% posttransplantation, and the energy requirement per kilogram of weight was 23 kcal/kg at day 10 after transplantation. Throughout the posttransplantation period, 45% of the patients required nutritional therapy. Negative energy and negative protein balance were observed at all analyzed times. Phase angle (P = 0.018), fever (P = 0.014), mucositis grades I to II (P = 0.018), and the total number of infectious and noninfectious events (P = 0.043) were associated with an increase in energy expenditure at day 10 after transplantation. Conclusion(s): Energy expenditure increased after transplantation compared with pretransplantation in 50% of patients. Phase angle, fever, grades I to II mucositis, and infectious and noninfectious events were associated with increased energy expenditure at day 10 after transplantation.Copyright © 2023 Elsevier Inc.",

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"DB":"Embase",

"UI":"2028672815",

"TI":"Effects of Memantine on the Auditory Steady-State and Harmonic Responses to 40 Hz Stimulation Across Species.",

"SO":"Biological Psychiatry: Cognitive Neuroscience and Neuroimaging. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Swerdlow N.R.  
  
Gonzalez C.E.  
  
Raza M.U.  
  
Gautam D.  
  
Miyakoshi M.  
  
Clayson P.E.  
  
Joshi Y.B.  
  
Molina J.L.  
  
Talledo J.  
  
Thomas M.L.  
  
Light G.A.  
  
Sivarao D.V.",

"AO":"Swerdlow, Neal R. ORCID: https://orcid.org/0000-0001-9711-5020",

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(Thomas) Department of Psychology, Colorado State University, Fort Collins, CO, United States",

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"FTURL":"Background: Click trains elicit an auditory steady-state response (ASSR) at the driving frequency (1F) and its integer multiple frequencies (2F, 3F, etc.) called harmonics we call this harmonic response the steady-state harmonic response (SSHR). We describe the 40 Hz ASSR (1F) and 80 Hz SSHR (2F) in humans and rats and their sensitivity to the uncompetitive NMDA antagonist memantine. Method(s): In humans (healthy control participants, n = 25 patients with schizophrenia, n = 28), electroencephalography was recorded after placebo or 20 mg memantine in a within-participant crossover design. ASSR used 1 ms, 85-dB clicks presented in 250 40/s 500-ms trains. In freely moving rats (n = 9), electroencephalography was acquired after memantine (0, 0.3, 1, 3 mg/kg) in a within-participant crossover design 65-dB click trains used 5-mV monophasic, 1-ms square waves (40/s). Result(s): Across species, ASSR at 1F generated greater evoked power (EP) than the 2F SSHR. 1F > 2F intertrial coherence (ITC) was also detected in humans, but the opposite relationship (ITC: 2F > 1F) was seen in rats. EP and ITC at 1F were deficient in patients and were enhanced by memantine across species. EP and ITC at 2F were deficient in patients. Measures at 2F were generally insensitive to memantine across species, although in humans the ITC harmonic ratio (1F:2F) was modestly enhanced by memantine, and in rats, both the EP and ITC harmonic ratios were significantly enhanced by memantine. Conclusion(s): ASSR and SSHR are robust, nonredundant electroencephalography signals that are suitable for cross-species analyses that reveal potentially meaningful differences across species, diagnoses, and drugs.Copyright © 2023",

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"UI":"36526924",

"TI":"For Which Children with ADHD is TBR Neurofeedback Effective? Comorbidity as a Moderator.",

"SO":"Applied Psychophysiology & Biofeedback. 48(2):179-188, 2023 06.",

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Arnold LE",

"MH":"Roley-Roberts, Michelle E ORCID: https://orcid.org/0000-0002-9269-418X  
  
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Ging Jehli, Nadja R ORCID: https://orcid.org/0000-0002-1071-0693  
  
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"DU":"Roley-Roberts, Michelle E  
  
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Hendrix, Kyle  
  
deBeus, Roger  
  
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Ging Jehli, Nadja R  
  
Connor, Shea  
  
Schrader, Constance  
  
Arnold, L Eugene",

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Schrader, Constance. Department of Psychology, University of North Carolina at Asheville, Asheville, NC, USA.  
  
Arnold, L Eugene. Department of Psychiatry and Behavioral Health, The Ohio State University, Columbus, OH, USA.  
  
Arnold, L Eugene. Nisonger Center UCEDD, Ohio State University, Columbus, OH, USA.",

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Child  
  
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"FTURL":"ADHD Comorbidity Electroencephalography (EEG) RCT design",

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"DJ":"We examined psychiatric comorbidities moderation of a 2-site double-blind randomized clinical trial of theta/beta-ratio (TBR) neurofeedback (NF) for attention deficit hyperactivity disorder (ADHD). Seven-to-ten-year-olds with ADHD received either NF (n = 84) or Control (n = 58) for 38 treatments. Outcome was change in parent-/teacher-rated inattention from baseline to end-of-treatment (acute effect), and 13-month-follow-up. Seventy percent had at least one comorbidity: oppositional defiant disorder (ODD) (50%), specific phobias (27%), generalized anxiety (23%), separation anxiety (16%). Comorbidities were grouped into anxiety alone (20%), ODD alone (23%), neither (30%), or both (27%). Comorbidity (p = 0.043) moderated acute effect those with anxiety-alone responded better to Control than to TBR NF (d = - 0.79, CI - 1.55- - 0.04), and the other groups showed a slightly better response to TBR NF than to Control (d = 0.22 ~ 0.31, CI - 0.3-0.98). At 13-months, ODD-alone group responded better to NF than Control (d = 0.74, CI 0.05-1.43). TBR NF is not indicated for ADHD with comorbid anxiety but may benefit ADHD with ODD.Clinical Trials Identifier: NCT02251743, date of registration: 09/17/2014. Copyright © 2022. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.",

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Journal Article  
  
Research Support, N.I.H., Extramural  
  
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"TI":"Attention deficit hyperactivity disorder across the lifespan.",

"SO":"Journal of the Malta College of Pharmacy Practice. (23) (pp 17-24), 2017. Date of Publication: 2017.",

"AU":"Camilleri N.  
  
Saliba A.  
  
Stafrace N.C.",

"AO":"(Camilleri, Saliba, Stafrace) Mental Health Services, Mount Carmel Hospital, Attard, Malta",

"IN":"Malta College of Pharmacy Practice (E-mail: info@mcppnet.org)",

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"OD":"This article is a research summary of published and non-published work pertaining to Attention Deficit Hyperactivity Disorders (ADHD). ADHD is one of the most common child mental health disorders and is under-recognised in children (5.29%) and adults (2.5%). ADHD is highly heritable with a multifactorial pattern of inheritance. Siblings and parents of a child with ADHD are 4 to 5 times more likely to have ADHD. Methylphenidate is the first line pharmacological treatment with a combined response (this includes trials of other licensed amphetamines) rate of 95%. All clinicians working in mental health should be aware of this disorder, comfortable diagnosing and treating people with ADHD. Young people with untreated ADHD are 5 times more likely to develop antisocial behaviour, substance abuse and other co morbid psychiatric disorders.",

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

"UI":"23680996",

"TI":"Practical management of schizophrenia: the role of long-acting Antipsychotics.",

"SO":"International Clinical Psychopharmacology. 2013 Jun 04",

"AU":"1",

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

"IN":"Publisher",

"PB":"Lambert TJ",

"MH":"Lambert, Timothy J",

"DU":"Lambert, Timothy J. Discipline of Psychiatry, Concord Medical School & Brain and Mind Research Institute, University of Sydney, Australia.",

"OD":"The management of schizophrenia remains a clinical challenge, despite improvements in drug therapy, the availability of psychosocial treatments and family and community interventions. High rates of impaired adherence play a substantive role in promoting poor outcomes. Long-acting injectable (LAI) antipsychotics have been developed with the aim of enhancing treatment adherence and improving the long-term treatment outcomes of schizophrenia. Second-generation LAIs combine the favourable features of an atypical antipsychotic with the improved pharmacokinetic profile of a long-acting formulation (e.g., improved bioavailability and assured medication delivery). Therefore, LAI antipsychotics may have clinical utility as a potential treatment strategy in many patients. Second-generation LAIs minimise the risk of relapse, improve global outcomes, and may contribute to helping patients improve their level of recovery. Given the relatively recent introduction of these agents, and the promising results of current clinical trials it is anticipated that future well conducted studies will lend support to the more widespread use of these agents in a broader range of patients.",

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"UI":"642886973",

"TI":"Clinical features and outcomes of infections caused by metallo-beta-lactamases producing Enterobacterales: a 3-year prospective study from an endemic area.",

"SO":"Clinical infectious diseases : an official publication of the Infectious Diseases Society of America. (no pagination), 2023. Date of Publication: 30 Nov 2023.",

"AU":"Falcone M.  
  
Giordano C.  
  
Leonildi A.  
  
Galfo V.  
  
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"AO":"Falcone, Marco ORCID: https://orcid.org/0000-0003-3813-8796  
  
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"IN":"(Falcone, Galfo, Lepore, Suardi, Riccardi, Tiseo) Infectious Diseases Unit, Department of Clinical and Experimental Medicine, Azienda Ospedaliero Universitaria Pisana, University of Pisa, Pisa, Italy  
  
(Giordano, Leonildi, Barnini) Microbiology Unit, Azienda Ospedaliero Universitaria Pisana, Pisa, Italy",

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"AB":"BACKGROUND: Metallo-beta-lactamases (MBL)-producing Enterobacterales are increasing worldwide. Our aim was to describe clinical features, treatments and outcomes of infections by MBL-Enterobacterales. METHOD(S): Prospective observational study conducted in the Pisa University Hospital (Jan 2019-Oct 2022) including patients with MBL-producing Enterobacterales infections. The primary outcome measure was 30-day mortality. A multivariable Cox regression analysis was performed to identify factors associated with 30-day mortality. Adjusted hazard ratio (aHR) (95% confidence intervals, CI) were calculated. RESULT(S): 343 patients were included: 15 VIM- and 328 NDM-producing Enterobacterales infections. Overall, 199 (58%) were bloodstream infections, 60 (17.5%) hospital-acquired/ventilator-associated pneumonias, 60 (17.5%) complicated urinary tract infections, 13 (3.8%) intra-abdominal infections, 11 (3.2%) skin and soft tissue infections. Thirty-day mortality was 29.7%. Thirty-two patients did not receive in vitro active antibiotic therapy, 215/343 (62.7%) received ceftazidime-avibactam (CZA) plus aztreonam (ATM), 33/343 (9.6%) cefiderocol-containing regimens, 26/343 (7.6%) colistin-containing regimens and 37 (10.8%) other active antibiotics. On multivariable analysis, septic shock (aHR 3.57, 95% CI 2.05-6.23, p<0.001) and age (aHR 1.05, 95% CI 1.03-1.08, p<0.001) were independently associated with 30-day mortality, while in vitro active antibiotic therapy within 48 hours from infection (aHR 0.48, 95% CI 0.26-0.8, p=0.007) and source control (aHR 0.43, 95% CI 0.26-0.72, p=0.001) were protective factors. Sensitivity analysis showed that CZA plus ATM compared to colistin was independently associated with reduced 30-day mortality (aHR 0.39, 95% CI 0.18-0.86, p=0.019). Propensity score analyses confirmed these findings. CONCLUSION(S): MBL-CRE infections are associated with high 30-day mortality rates. Patients with MBL-producing Enterobacterales infections should received early active antibiotic therapy.Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of Infectious Diseases Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.",

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"UI":"32300381",

"TI":"Oral and Intravenous Fosfomycin for the Treatment of Complicated Urinary Tract Infections. [Review]",

"SO":"The Canadian Journal of Infectious Diseases & Medical Microbiology. 2020:8513405, 2020.",

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"MH":"Zhanel, George G ORCID: https://orcid.org/0000-0002-3238-0082  
  
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"DU":"Zhanel, George G  
  
Zhanel, Michael A  
  
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"OD":"Zhanel, George G. Department of Medical Microbiology and Infectious Diseases, Max Rady College of Medicine, University of Manitoba, Winnipeg, Manitoba, Canada.  
  
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"PM":"Oral fosfomycin is approved in Canada for the treatment of acute uncomplicated cystitis. Several studies have reported off label use of oral fosfomycin in the treatment of patients with complicated lower urinary tract infection (cLUTI). This review summarizes the available literature describing the use of oral fosfomycin in the treatment of patients with cLUTI. Collectively, these studies support the use of a regimen of 3 grams of oral fosfomycin administered once every 48 or 72 hours for a total of 3 doses for patients who have previously failed treatment with another agent, are infected with a multidrug-resistant (MDR) pathogen, or cannot tolerate first-line treatment due to intolerance or adverse effects. Additionally, a Phase 2/3 clinical trial, known as the ZEUS study, assessed the efficacy and safety of intravenous (IV) fosfomycin versus piperacillin-tazobactam in the treatment of patients with complicated upper urinary tract infection (cUUTI) or acute pyelonephritis (AP) including in patients with concomitant bacteremia. IV fosfomycin was reported to be noninferior to piperacillin-tazobactam in treating patients with cUUTI and AP however, when outcomes were independently evaluated according to baseline diagnosis (i.e., cUUTI versus AP), IV fosfomycin was superior to piperacillin-tazobactam in the treatment of patients with cUUTI and demonstrated superior microbiological eradication rates, across all resistant phenotypes including extended-spectrum beta-lactamase- (ESBL-) producing Escherichia coli and Klebsiella spp. and carbapenem-resistant (CRE), aminoglycoside-resistant, and MDR Gram-negative bacilli (primarily Enterobacterales). Based on the ZEUS study, IV fosfomycin dosed at 6 grams every 8 hours for 7 days (14 days in patients with concurrent bacteremia) appears to be a safe and effective therapeutic option in treating patients with upper urinary tract infections, particularly those with cUUTI caused by antimicrobial-resistant Enterobacterales. Copyright © 2020 George G. Zhanel et al.",

"DJ":"Journal Article  
  
Review",

"MV":"2020",

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"UI":"38065967",

"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):181, 2023 Dec 08.",

"AU":"1",

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

"IN":"MEDLINE",

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Aslam, M  
  
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Kaedbey, R  
  
Gul, E  
  
Reece, D",

"DU":"Visram, A. Department of Medicine, The Ottawa Hospital, The Ottawa Hospital Research Institute, Ottawa, ON, Canada.  
  
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LeBlanc, R. Hopital Maisonneuve-Rosemont, Universite de Montreal, Montreal, QC, Canada.  
  
Song, K. The Leukemia/Bone Marrow Transplant Program of BC, British Columbia Cancer Agency, Vancouver, Canada.  
  
Mian, H. Juravinski Cancer Centre (Hamilton-CCO), Hamilton, ON, Canada.  
  
Louzada, M. University of Western Ontario, London Health Sciences Centre, London, ON, Canada.  
  
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Bergstrom, D. Division of Hematology, Memorial University of Newfoundland, St John's, Newfoundland and Labrador, Canada.  
  
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Reiman, A. Oncology, Saint John Regional Hospital, Saint John, NB, Canada.  
  
Kotb, R. Medical Oncology and Hematology, Cancer Care Manitoba, Winnipeg, MB, Canada.  
  
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Kaedbey, R. Segal Cancer Centre, Jewish General Hospital, McGill University, Montreal, Montreal, QC, Canada.  
  
Gul, E. Canadian Myeloma Research Group, Toronto, ON, Canada.  
  
Reece, D. Canadian Myeloma Research Group, Toronto, ON, Canada. donna.reece@uhn.ca.  
  
Reece, D. Department of Medical Oncology and Hematology, Princess Margaret Cancer Centre, Toronto, ON, Canada. donna.reece@uhn.ca.",

"OD":"nan",

"AB":"nan",

"FTURL":"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).",

"PM":"Multicenter Study  
  
Journal Article",

"DJ":"2023",

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

"TN":"Visram, A ORCID: http://orcid.org/0000-0002-7201-4642  
  
McCurdy, A ORCID: http://orcid.org/0000-0002-8809-4368  
  
Mian, H ORCID: http://orcid.org/0000-0003-1584-1067  
  
Gul, E ORCID: http://orcid.org/0000-0002-3922-3215",

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"DB":"Embase",

"UI":"2025921317",

"TI":"Real-world experience of novel multiple myeloma treatments in a large, single-center cohort in Finland.",

"SO":"eJHaem. 4(4) (pp 1019-1029), 2023. Date of Publication: November 2023.",

"AU":"Loponen H.  
  
Mehtala J.  
  
Ylisaukko-oja T.  
  
Bruck O.  
  
Porkka K.  
  
Koskenvesa P.  
  
Saukkonen K.  
  
Lievonen J.",

"AO":"Loponen, Heidi ORCID: https://orcid.org/0009-0005-8603-0415",

"IN":"(Loponen, Mehtala, Ylisaukko-oja) MedEngine Oy, Helsinki, Finland  
  
(Bruck, Porkka, Koskenvesa, Lievonen) Helsinki University Hospital Comprehensive Cancer Center, Department of Hematology, University of Helsinki, Helsinki, Finland  
  
(Saukkonen) Amgen Ab, Espoo, Finland",

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

"MH":"advanced cancer  
  
adverse drug reaction  
  
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"OD":"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.",

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"DB":"Embase",

"UI":"642941476",

"TI":"Safety, tolerability, and pharmacokinetics of JX11502MA in Chinese healthy subjects: a first-in-human, randomized, double-blind, placebo-controlled study following single-dose administration.",

"SO":"Expert opinion on investigational drugs. (pp 1-11), 2023. Date of Publication: 06 Dec 2023.",

"AU":"Yu Y.  
  
He J.  
  
Huang Z.  
  
Li Y.  
  
Wu Y.  
  
Shen Y.  
  
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Bao C.  
  
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Li H.",

"AO":"Yu, Yimin ORCID: https://orcid.org/0009-0006-2066-8691  
  
Huang, Zhiwei ORCID: https://orcid.org/0000-0002-7767-5167  
  
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"IN":"(Yu, Huang, Li, Wu, Shen, Li) Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China  
  
(He, Zhou, Bao, Jin) Shanghai Research Institute, Zhejiang Jingxin Pharmaceutical Co., Ltd, Shanghai, China  
  
(Li) Shanghai Clinical Research Center for Mental Health, Shanghai, China  
  
(Li) Shanghai Key Laboratory of Psychotic Disorders, Shanghai, China",

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"FTURL":"BACKGROUND: JX11502MA is a potent partial agonist of dopamine D2 and D3 receptors, with a preferential binding profile for D3 receptors in vitro, potentially for treating schizophrenia. METHOD(S): A first-in-human, randomized, double-blind, placebo-controlled, single ascending dose clinical trial was designed. The subjects were randomly assigned to receive JX11502MA and placebo capsules with seven ascending dose groups: 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 6mg, and 8mg. The PK profiles of JX11502MA and its metabolites were evaluated, along with a safety and tolerability assessment. RESULT(S): Considering the safety of participants, the dose escalation was halted at 3mg. Following single-dose administration, JX11502MA exhibited rapid absorption with a median Tmax ranging from 1 to 1.75h. The terminal half-life of JX11502MA ranged from 73.62 to 276.85h. The most common treatment-emergent adverse events (TEAEs) for subjects receiving JX11502MA were somnolence (56.3%), dizziness (18.8%), nausea (21.9%), vomiting (18.8%), and hiccups (18.8%). CONCLUSION(S): JX11502MA was generally well tolerated at a single dose of 0.25 to 3mg. The PK profiles and safety characteristics in this study indicated that JX11502MA has the potential to be a favorable treatment option for patients with schizophrenia. TRIAL REGISTRATION: https://clinicaltrials.gov (identifier: NCT05233657).",

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

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

"UI":"37157126",

"TI":"Cognitive markers for efficacy of neurofeedback for attention-deficit hyperactivity disorder - personalized medicine using computational psychiatry in a randomized clinical trial.",

"SO":"Journal of Clinical & Experimental Neuropsychology: Official Journal of the International Neuropsychological Society. 45(2):118-131, 2023 03.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Ging-Jehli NR  
  
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Roley-Roberts ME  
  
deBeus R",

"MH":"Ging-Jehli, Nadja R ORCID: https://orcid.org/0000-0002-1071-0693  
  
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"DU":"Ging-Jehli, Nadja R  
  
Kraemer, Helena C  
  
Eugene Arnold, L  
  
Roley-Roberts, Michelle E  
  
deBeus, Roger",

"OD":"Ging-Jehli, Nadja R. Department of Psychology, The Ohio State University, Columbus, OH, USA.  
  
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Roley-Roberts, Michelle E. Department of Psychiatry, Creighton University, Omaha, NE, USA.  
  
deBeus, Roger. Department of Psychology, University of North Carolina at Asheville, Asheville, NC, USA.",

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Humans  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
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"FTURL":"ADHD RDoC implementation computational psychiatry diffusion decision model moderators neurofeedback personalizing medicine",

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"DJ":"BACKGROUND: Exploring whether cognitive components (identified by baseline cognitive testing and computational modeling) moderate clinical outcome of neurofeedback (NF) for attention-deficit hyperactivity disorder (ADHD).  
  
METHOD: 142 children (aged 7-10) with ADHD were randomly assigned to either NF (n = 84) or control treatment (n = 58) in a double-blind clinical trial (NCT02251743). The NF group received live, self-controlled downtraining of electroencephalographic theta/beta ratio power. The control group received identical-appearing reinforcement from prerecorded electroencephalograms from other children. 133 (78 NF, 55 control) children had cognitive processing measured at baseline with the Integrated Visual and Auditory Continuous Performance Test (IVA2-CPT) and were included in this analysis. A diffusion decision model applied to the IVA2-CPT data quantified two latent cognitive components deficient in ADHD: drift rate and drift bias, indexing efficiency and context sensitivity of cognitive processes involving information integration. We explored whether these cognitive components moderated the improvement in parent- and teacher-rated inattention symptoms from baseline to treatment end (primary clinical outcome).  
  
RESULTS: Baseline cognitive components reflecting information integration (drift rate, drift bias) moderated the improvement in inattention due to NF vs. control treatment (p = 0.006). Specifically, those with either the most or least severe deficits in these components showed more improvement in parent- and teacher-rated inattention when assigned to NF (Cohen's d = 0.59) than when assigned to control (Cohen's d = -0.21).  
  
CONCLUSIONS: Pre-treatment cognitive testing with computational modeling identified children who benefitted more from neurofeedback than control treatment for ADHD.",

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Journal Article  
  
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"TI":"Non-medical use of methylphenidate among medical students of the University of the free state.",

"SO":"African Journal of Psychiatry (South Africa). 23(1) (no pagination), 2017. Article Number: 1006. Date of Publication: 2017.",

"AU":"Jain R.  
  
Chang C.C.  
  
Koto M.  
  
Geldenhuys A.  
  
Nichol R.  
  
Joubert G.",

"AO":"(Jain, Chang, Koto, Geldenhuys) School of Medicine, University of the Free State, South Africa  
  
(Nichol) Department of Psychiatry (G66), University of the Free State, South Africa  
  
(Joubert) Department of Biostatistics (G31), University of the Free State, South Africa",

"IN":"OMICS Publishing Group (5716 Corsa Ave., Suite 110, Westlake, Los Angeles CA 91362-7354, United States. E-mail: inhouse@iafrica.com)",

"PB":"attention deficit disorder  
  
clinical trial  
  
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"OD":"Background: Faced with demanding training programmes, medical students may be more prone to use methylphenidate for non-medical purposes in order to improve concentration, alertness and academic performance. Aim(s): The study aimed to investigate the prevalence of the non-medical use of methylphenidate and knowledge of this drug among undergraduate medical students of the University of the Free State. Method(s): This was a cross-sectional study. A self-administered, anonymous questionnaire was distributed during lectures to all students in the five year groups of the undergraduate medical programme. Result(s): Of the 643 undergraduate medical students, 541 completed the questionnaire (response rate: 84.1%). Approximately 11.0% of surveyed students were using methylphenidate at the time of the study, of which the majority (67.9%) used it for academic purposes and 70.6% received it from a medical health professional. Less than a third of users had been diagnosed with Attention-Deficit/Hyperactivity Disorder. Methylphenidate users' median knowledge was greater than non-users, and methylphenidate knowledge increased from first-year and second-year students to third-year to fifth-year students. Median knowledge scores per year group ranged from 52.0% to 60.0%. Conclusion(s): Methylphenidate is mainly used for non-medical purposes by medical students. Students generally have a low level of knowledge on methylphenidate. Specific information on methylphenidate should be included in lectures on stress management and study methods during the course of the medical curriculum.Copyright © 2017. The Authors.",

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"SO":"Agency for Healthcare Research and Quality (US). AHRQ Comparative Effectiveness Reviews, Report No.: 12-EHC054-EF.2012 08",

"AU":"1",

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

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"PB":"Abou-Setta AM  
  
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Seida, Jennifer C  
  
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Newton, Amanda S  
  
Hartling, Lisa",

"DU":"Abou-Setta, Ahmed M. University of Alberta Evidence-based Practice Center  
  
Mousavi, Shima S. University of Alberta Evidence-based Practice Center  
  
Spooner, Carol. University of Alberta Evidence-based Practice Center  
  
Schouten, Janine R. University of Alberta Evidence-based Practice Center  
  
Pasichnyk, Dion. University of Alberta Evidence-based Practice Center  
  
Armijo-Olivo, Susan. University of Alberta Evidence-based Practice Center  
  
Beaith, Amy. University of Alberta Evidence-based Practice Center  
  
Seida, Jennifer C. University of Alberta Evidence-based Practice Center  
  
Dursun, Serdar. University of Alberta Evidence-based Practice Center  
  
Newton, Amanda S. University of Alberta Evidence-based Practice Center  
  
Hartling, Lisa. University of Alberta Evidence-based Practice Center",

"OD":"OBJECTIVES: To compare individual first-generation antipsychotics (FGAs) with individual second-generation antipsychotics (SGAs) in adults (18 to 64 years) with schizophrenia, schizophrenia-related psychoses, or bipolar disorder, with a focus on core illness symptoms, functional outcomes, health care system utilization, and adverse events.  
  
DATA SOURCES: We conducted comprehensive searches in 10 electronic databases up to July 2011. We hand-searched conference proceedings, clinical trials registers, and reference lists of relevant studies. We contacted content experts and authors of relevant studies.  
  
METHODS: Two reviewers independently conducted study selection, assessed methodological quality, extracted data, and graded the strength of evidence. We conducted a descriptive analysis and performed meta-analyses when appropriate.  
  
RESULTS: We included 113 studies of schizophrenia (22 comparisons) and 11 studies of bipolar disorder (6 comparisons), and 1 study included both. Trials (n = 123) had an unclear (63 percent) or high (37 percent) risk of bias. Cohort studies (n = 2) had good methodological quality. CORE ILLNESS SYMPTOMS (GLOBAL RATINGS AND TOTAL SCORES): For schizophrenia, clozapine was more efficacious than chlorpromazine based on the one reported scale. Results for haloperidol versus olanzapine were discordant, with olanzapine favored for one scale but no differences based on two other scales. Haloperidol was favored over quetiapine based on one of four scales reported. No differences were found for haloperidol versus aripiprazole, clozapine, risperidone, and ziprasidone. For bipolar disorder, haloperidol was favored over ziprasidone on the one scale reported. No differences were observed for haloperidol versus aripiprazole, olanzapine, or risperidone. FUNCTIONAL OUTCOMES AND HEALTH CARE SYSTEM UTILIZATION: Evidence came primarily from single studies and showed no differences between groups. ADVERSE EVENTS: No differences were found in mortality for chlorpromazine versus clozapine and haloperidol versus aripiprazole, or in metabolic syndrome for haloperidol versus olanzapine. The most frequently reported adverse events with significant differences were extrapyramidal symptoms in most cases, the SGA had fewer extrapyramidal symptoms than haloperidol. OTHER OUTCOMES: For schizophrenia, few differences were found across comparisons and outcomes. No differences were observed in health-related quality of life. For bipolar disorder, there were few comparisons or differences. SUBGROUPS: The most common subgroups were race and treatment resistance. No notable differences were found compared with overall results.  
  
CONCLUSION: Few differences of clinical importance for outcomes of effectiveness were found. Patient-important outcomes were rarely assessed. Data were sparse for the four key adverse events deemed a priori to be most clinically important.",

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"UI":"2028808265",

"TI":"Prevalence and risk factors of urinary tract infection among children with bronchiolitis.",

"SO":"Pediatrics and Neonatology. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Garout W.",

"AO":"Garout, Wallaa ORCID: https://orcid.org/0000-0001-6729-9092",

"IN":"(Garout) King Abdulaziz University Hospital, Saudi Arabia",

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"AB":"Background: The co-occurrence of bronchiolitis and urinary tract infections (UTI) in hospitalized children is associated with high morbidity and economic strain. However, due to a low prevalence (<3%) and inconsistent diagnostic criteria, there is ongoing debate regarding the necessity of systematic screening. This study estimated the prevalence of UTI among children admitted for bronchiolitis and analyzed the associated demographic and clinical factors. Method(s): A 5-year (2016-2020) retrospective chart review was conducted among all children admitted for bronchiolitis at a referral pediatrics department in Jeddah, Saudi Arabia. UTI was diagnosed according to the American Association of Pediatrics criteria. Demographic, clinical, microbiological, and imaging data were extracted from the hospital electronic records. Result(s): Of the 491 cases of children with bronchiolitis, urine culture and analysis were available for 320 patients. Based on urine culture criteria alone, the prevalence of UTI was 13.1% (95% CI 9.6-17.3), and the most common pathogens included E. coli (33.3%), K. pneumoniae (23.8%), and Enterococcus faecalis (14.3%), and 13 (31.0%) of the isolates were EBSL. By considering urinalysis criteria, i.e., pyuria or nitrituria, the estimated prevalence of UTI decreased to 3.4% (1.7-6.1%), and the most common pathogens were K. pneumoniae (5/11) and E. coli (3/11), with 6/11 ESBL-producing isolates. Regurgitation associated with a higher risk of UTI compared to absence of regurgitation (5.3% versus 0.8% p = 0.031). Urinary tract ultrasound showed high specificity (98.7-100%) and negative predictive value (97.4-97.7%) in UTI using either criterion. Conclusion(s): There is a higher prevalence of UTI among children with bronchiolitis in the study center, which has several implications in screening, diagnosis, and management. Further multicenter studies are required to enhance the external validity of these findings and assess the cost-effectiveness of screening strategy at a national level.Copyright © 2023 Taiwan Pediatric Association",

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"TI":"Proof-of-concept trial of the combination of lactitol with Bifidobacterium bifidum and Lactobacillus acidophilus for the eradication of intestinal OXA-48-producing Enterobacteriaceae.",

"SO":"Gut Pathogens. 12:15, 2020.",

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Arnalich, Francisco. 5Servicio de Medicina Interna, Hospital Universitario La Paz, Paseo de La Castellana 261, 28046 Madrid, Spain.",

"AB":"Carbapenemases Intestinal colonization OXA-48-producing Enterobacteriaceae Prebiotics Probiotics",

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"PM":"BACKGROUND: The major reservoir of carbapenemase-producing Enterobacteriaceae (CPE) is the gastrointestinal tract of colonized patients. Colonization is silent and may last for months, but the risk of infection by CPE in colonized patients is significant.  
  
METHODS: Eight long-term intestinal carriers of OXA-48-producing Enterobacteriaceae (OXA-PE) were treated during 3 weeks with daily oral lactitol (Emportal R), Bifidobacterium bifidum and Lactobacillus acidophilus (Infloran R). Weekly stool samples were collected during the treatment period and 6 weeks later. The presence of OXA-PE was investigated by microbiological cultures and qPCR.  
  
RESULTS: At the end of treatment (EoT, secondary endpoint 1), four of the subjects had negative OXA-PE cultures. Three weeks later (secondary endpoint 2), six subjects were negative. Six weeks after the EoT (primary endpoint), three subjects had negative OXA-PE cultures. The relative intestinal load of OXA-PE decreased in all the patients during treatment.  
  
CONCLUSIONS: The combination of prebiotics and probiotics was well tolerated. A rapid reduction on the OXA-PE intestinal loads was observed. At the EoT, decolonization was achieved in three patients. Clinical Trials Registration: NCT02307383. EudraCT Number: 2014-000449-65. Copyright © The Author(s) 2020.",

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"UI":"37734495",

"TI":"Fracture rate after conventional external beam radiation therapy to the spine in multiple myeloma patients.",

"SO":"Spine Journal: Official Journal of the North American Spine Society. 24(1):137-145, 2024 Jan.",

"AU":"1",

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

"IN":"MEDLINE",

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Kempen, Diederik H R  
  
Verlaan, Jorrit-Jan  
  
van Royen, Barend J  
  
Schwab, Joseph H",

"DU":"Te Velde, Jens P. Department of Orthopedic Surgery, Massachusetts General Hospital - Harvard Medical School, 55 Fruit St, Boston, MA 02114, USA Department of Orthopedic Surgery and Sports Medicine, Amsterdam University Medical Center, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands.  
  
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van Royen, Barend J. Department of Orthopedic Surgery and Sports Medicine, Amsterdam University Medical Center, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands.  
  
Schwab, Joseph H. Department of Orthopedic Surgery, Massachusetts General Hospital - Harvard Medical School, 55 Fruit St, Boston, MA 02114, USA.",

"OD":"Multiple myeloma Radiotherapy Spinal instability neoplastic score Vertebral compression fractures",

"AB":"NOTNLM",

"FTURL":"BACKGROUND CONTEXT: Conventional external beam radiation therapy (cEBRT) is used in multiple myeloma (MM) to treat severe pain, spinal cord compression, and disease-related bone disease. However, radiation may be associated with an increased risk of vertebral compression fractures (VCFs), which could substantially impair survival and quality of life. Additionally, the use of the Spinal Instability Neoplastic Score (SINS) in MM is debated in MM.  
  
PURPOSE: To determine the incidence of VCFs after cEBRT in patients with MM and to assess the applicability of the SINS score in the prediction of VCFs in MM.  
  
STUDY DESIGN: Retrospective multicenter cohort study.  
  
PATIENT SAMPLE: MM patients with spinal myeloma lesions who underwent cEBRT between January 2010 and December 2021.  
  
OUTCOME MEASURES: Frequency of new or progressed VCFs and subdistribution hazard ratios for potentially associated factors.  
  
METHODS: Patient and treatment characteristics were manually collected from the patients' electronic medical records. Computed tomography (CT) scans from before and up to 3 years after the start of radiation were used to score radiographic variables at baseline and at follow-up. Multivariable Fine and Gray competing risk analyses were performed to evaluate the diagnostic value of the SINS score to predict the postradiation VCF rate.  
  
RESULTS: A total of 127 patients with 427 eligible radiated vertebrae were included in this study. The mean age at radiation was 64 years, and 66.1% of them were male. At the start of radiation, 57 patients (44.9%) had at least one VCF. There were 89 preexisting VCFs (18.4% of 483 vertebrae). Overall, 39 of 127 patients (30.7%) reported new fractures (number of vertebrae (n)=12) or showed progression of existing fractures (n=36). This number represented 11.2% of all radiated vertebrae. Five of the 39 (12.8%) patients with new or worsened VCFs received an unplanned secondary treatment (augmentation [n=2] or open surgery [n=3]) within 3 years. Both the total SINS score (SHR 1.77 95% confidence interval (CI) 1.54-2.03 p<.001) and categorical SINS score (SHR 10.83 95% CI 4.20-27.94 p<.001) showed an independent association with higher rates of new or progressed VCFs in adjusted analyses. The use of bisphosphonates was independently associated with a lower rate of new or progressed VCFs (SHR 0.47 [95% CI 0.24-0.92 p=.027]).  
  
CONCLUSIONS: This study demonstrated that new or progressed VCFs occurred in 30.7% of patients within 3 years, in a total of 11.2% of vertebrae. The SINS score was found to be independently associated with the development or progression of VCFs and could thus be applied in MM for fracture prediction and possibly prevention. Copyright © 2023 The Author(s). Published by Elsevier Inc. All rights reserved.",

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"TI":"Real-world utilization and healthcare costs for multiple myeloma: A retrospective analysis of patients in Singapore.",

"SO":"eJHaem. 4(4) (pp 1013-1018), 2023. Date of Publication: November 2023.",

"AU":"Bayani D.B.  
  
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"AO":"Bayani, Diana Beatriz ORCID: https://orcid.org/0000-0002-0042-8547  
  
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"IN":"(Bayani, Wee) Saw Swee Hock School of Public Health, National University of Singapore, Singapore  
  
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(Wee) Department of Pharmacy, National University of Singapore, Singapore",

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"OD":"Multiple myeloma, a hematological malignancy, imposes a significant financial burden on healthcare systems. Health technology assessments (HTA) and economic evaluations play vital roles in reimbursement decisions and cost containment. This study aimed to explore healthcare utilization patterns and costs among myeloma patients in Singapore through a retrospective analysis of 605 patients treated at two cancer centers. Data encompassing demographics, treatment utilization, and billing were extracted from electronic records, and a cost analysis was performed from the perspective of the Singapore healthcare system. The results revealed common usage of immunomodulatory agents (52%) and proteasome inhibitors (37%), with bortezomib being the most frequently used targeted treatment. Treatment costs increased with disease progression, displaying variations depending on the therapeutic agent used. Notably, hospitalization costs due to adverse events were substantial, with pneumonia as the leading cause. This study highlights the high cost of myeloma therapy in Singapore, posing a financial burden for households. Findings may inform economic evaluations, evidence generation, reimbursement, and subsidy decisions. Leveraging real-world data from electronic records provides valuable insights into local healthcare utilization patterns. Future studies may explore integrating billing databases with clinical repositories for a more comprehensive analysis, and consider limitations such as incomplete clinical information and potential selection bias.Copyright © 2023 The Authors. eJHaem published by British Society for Haematology and John Wiley & Sons Ltd.",

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"SO":"The Lancet Psychiatry. (no pagination), 2023. Date of Publication: 2023.",

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"FTURL":"Background: There is no consensus on defining relapse in schizophrenia, and scale-derived criteria with unclear clinical relevance are widely used. We aimed to develop an evidence-based scale-derived set of criteria to define relapse in patients with schizophrenia or schizoaffective disorder. Method(s): We searched the Yale University Open Data Access (YODA) for randomised controlled trials (RCTs) in clinically stable adults with schizophrenia or schizoaffective disorder, and obtained individual participant data on Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression Severity (CGI-S), Personal and Social Performance (PSP), and Social and Occupational Functioning Assessment Scale (SOFAS). Our main outcomes were PANSS-derived criteria based on worsening in PANSS total score. We examined their relevance using equipercentile linking with CGI-S and functioning scales, and their test-performance in defining relapse with diagnostic test accuracy meta-analysis against CGI-S worsening (>=1-point increase together with a score >=4 points) and psychiatric hospitalisation. Finding(s): Based on data from seven RCTs (2354 participants 1348 men [57.3%] and 1006 women [42.7%], mean age of 39.5 years [SD 12.0, range 17-89] 303 Asian [12.9%], 255 Black [10.8%], 1665 White [70.7%], and other or unspecified 131 [5.6%]), an increase of 12 points or more in PANSS total (range 30-210 points) corresponded to clinically important deterioration in global severity of illness (>=1 point increase in CGI-S, range 1-7) and functioning (>=10 points decline in PSP or SOFAS, range 1-100). The interpretation of percentage changes varied importantly across different baseline scores. An increase of 12 points or more in PANSS total had good sensitivity and specificity using CGI-S as reference standard (sensitivity 82.1% [95% CI 77.1-86.4], specificity 86.9% [82.9-90.3]), as well as good sensitivity but lower specificity compared to hospitalisation (sensitivity 81.7% [74.1-87.7], specificity 69.2% [60.5-76.9]). Requiring either an increase in PANSS total or in specific items for positive and disorganization symptoms further improved test-performance. Cutoffs for situations where high sensitivity or specificity is needed are presented. Interpretation(s): An increase of either 12 points or more in the PANSS total score, or worsening of specific positive and disorganisation symptom items could be a reasonable evidence-based definition of relapse in schizophrenia, potentially linking symptoms used to define remission and relapse. Percentage changes should not be used to define relapse because their interpretation depends on baseline scores. Funding(s): German Research Foundation (grant number: 428509362).Copyright © 2023 Elsevier Ltd",

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"DJ":"BACKGROUND: Attention deficit hyperactivity disorder (ADHD) is one of the most commonly diagnosed and treated psychiatric disorders in childhood. Typically, children and adolescents with ADHD find it difficult to pay attention and they are hyperactive and impulsive. Methylphenidate is the psychostimulant most often prescribed, but the evidence on benefits and harms is uncertain. This is an update of our comprehensive systematic review on benefits and harms published in 2015.  
  
OBJECTIVES: To assess the beneficial and harmful effects of methylphenidate for children and adolescents with ADHD.  
  
SEARCH METHODS: We searched CENTRAL, MEDLINE, Embase, three other databases and two trials registers up to March 2022. In addition, we checked reference lists and requested published and unpublished data from manufacturers of methylphenidate.  
  
SELECTION CRITERIA: We included all randomised clinical trials (RCTs) comparing methylphenidate versus placebo or no intervention in children and adolescents aged 18 years and younger with a diagnosis of ADHD. The search was not limited by publication year or language, but trial inclusion required that 75% or more of participants had a normal intellectual quotient (IQ > 70). We assessed two primary outcomes, ADHD symptoms and serious adverse events, and three secondary outcomes, adverse events considered non-serious, general behaviour, and quality of life.  
  
DATA COLLECTION AND ANALYSIS: Two review authors independently conducted data extraction and risk of bias assessment for each trial. Six review authors including two review authors from the original publication participated in the update in 2022. We used standard Cochrane methodological procedures. Data from parallel-group trials and first-period data from cross-over trials formed the basis of our primary analyses. We undertook separate analyses using end-of-last period data from cross-over trials. We used Trial Sequential Analyses (TSA) to control for type I (5%) and type II (20%) errors, and we assessed and downgraded evidence according to the GRADE approach.  
  
MAIN RESULTS: We included 212 trials (16,302 participants randomised) 55 parallel-group trials (8104 participants randomised), and 156 cross-over trials (8033 participants randomised) as well as one trial with a parallel phase (114 participants randomised) and a cross-over phase (165 participants randomised). The mean age of participants was 9.8 years ranging from 3 to 18 years (two trials from 3 to 21 years). The male-female ratio was 3:1. Most trials were carried out in high-income countries, and 86/212 included trials (41%) were funded or partly funded by the pharmaceutical industry. Methylphenidate treatment duration ranged from 1 to 425 days, with a mean duration of 28.8 days. Trials compared methylphenidate with placebo (200 trials) and with no intervention (12 trials). Only 165/212 trials included usable data on one or more outcomes from 14,271 participants. Of the 212 trials, we assessed 191 at high risk of bias and 21 at low risk of bias. If, however, deblinding of methylphenidate due to typical adverse events is considered, then all 212 trials were at high risk of bias.  
  
PRIMARY OUTCOMES: methylphenidate versus placebo or no intervention may improve teacher-rated ADHD symptoms (standardised mean difference (SMD) -0.74, 95% confidence interval (CI) -0.88 to -0.61 I2 = 38% 21 trials 1728 participants very low-certainty evidence). This corresponds to a mean difference (MD) of -10.58 (95% CI -12.58 to -8.72) on the ADHD Rating Scale (ADHD-RS range 0 to 72 points). The minimal clinically relevant difference is considered to be a change of 6.6 points on the ADHD-RS. Methylphenidate may not affect serious adverse events (risk ratio (RR) 0.80, 95% CI 0.39 to 1.67 I2 = 0% 26 trials, 3673 participants very low-certainty evidence). The TSA-adjusted intervention effect was RR 0.91 (CI 0.31 to 2.68).  
  
SECONDARY OUTCOMES: methylphenidate may cause more adverse events considered non-serious versus placebo or no intervention (RR 1.23, 95% CI 1.11 to 1.37 I2 = 72% 35 trials 5342 participants very low-certainty evidence). The TSA-adjusted intervention effect was RR 1.22 (CI 1.08 to 1.43). Methylphenidate may improve teacher-rated general behaviour versus placebo (SMD -0.62, 95% CI -0.91 to -0.33 I2 = 68% 7 trials 792 participants very low-certainty evidence), but may not affect quality of life (SMD 0.40, 95% CI -0.03 to 0.83 I2 = 81% 4 trials, 608 participants very low-certainty evidence).  
  
AUTHORS' CONCLUSIONS: The majority of our conclusions from the 2015 version of this review still apply. Our updated meta-analyses suggest that methylphenidate versus placebo or no-intervention may improve teacher-rated ADHD symptoms and general behaviour in children and adolescents with ADHD. There may be no effects on serious adverse events and quality of life. Methylphenidate may be associated with an increased risk of adverse events considered non-serious, such as sleep problems and decreased appetite. However, the certainty of the evidence for all outcomes is very low and therefore the true magnitude of effects remain unclear. Due to the frequency of non-serious adverse events associated with methylphenidate, the blinding of participants and outcome assessors is particularly challenging. To accommodate this challenge, an active placebo should be sought and utilised. It may be difficult to find such a drug, but identifying a substance that could mimic the easily recognised adverse effects of methylphenidate would avert the unblinding that detrimentally affects current randomised trials. Future systematic reviews should investigate the subgroups of patients with ADHD that may benefit most and least from methylphenidate. This could be done with individual participant data to investigate predictors and modifiers like age, comorbidity, and ADHD subtypes. Copyright © 2023 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
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"TN":"Systematic Review  
  
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"SO":"Neurological Sciences. 37(10) (pp 1653-1662), 2016. Date of Publication: 01 Oct 2016.",

"AU":"Salvadori E.  
  
Poggesi A.  
  
Valenti R.  
  
Della Rocca E.  
  
Diciotti S.  
  
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"OD":"Cerebral small vessel disease (SVD) may cause attentional and executive cognitive deficits. No drug is currently available to improve cognitive performance or to prevent dementia in SVD patients, and cognitive rehabilitation could be a promising approach. We aimed to investigate: (1) the effectiveness of the Attention Process Training-II program in the rehabilitation of patients with mild cognitive impairment (MCI) and SVD (2) the impact of the induced cognitive improvement on functionality and quality of life (3) the effect of training on brain activity at rest and the possibility of a training-induced plasticity effect. The RehAtt study is designed as a 3-year prospective, single-blinded, randomized clinical trial. Inclusion criteria were: (1) MCI defined according to Winblad et al. criteria (2) evidence of impairment across attention neuropsychological tests (3) evidence on MRI of moderate/severe white matter hyperintensities. All enrolled patients are evaluated at baseline, and after 6 and 12 months, according to an extensive clinical, functional, MRI and neuropsychological protocol. The baseline RehAtt cohort includes 44 patients (66 % males, mean +/- SD age and years of education 75.3 +/- 6.8 and 8.3 +/- 4.3, respectively). After baseline assessment, patients have been randomly assigned to 'attention training' or 'standard care'. Treatments and follow-up visits at 6 months are completed, while follow-up visits at 12 months are ongoing. This study is the first attempt to reduce attention deficits in patients affected by MCI with SVD. The results of this pilot experience will represent an essential background for designing larger multicenter, prospective, double-blinded, randomized and controlled clinical trials. Trial registration: NCT02033850 (ClinicalTrials.gov Identifier).Copyright © 2016, Springer-Verlag Italia.",

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"OD":"OBJECTIVES: To review and synthesize the evidence on first-generation antipsychotics (FGA) and second-generation antipsychotics (SGA) for the treatment of various psychiatric and behavioral conditions in children, adolescents, and young adults (ages <= 24 years).  
  
DATA SOURCES: We conducted comprehensive searches in 10 electronic databases from 1987 to February 2011. We searched the grey literature, trial registries, and reference lists.  
  
METHODS: Two reviewers conducted study selection and quality assessment independently and resolved discrepancies by consensus. One reviewer extracted data, and a second reviewer verified the data. We conducted a descriptive analysis for all studies and performed meta-analyses when appropriate.  
  
RESULTS: Eighty-one studies (64 trials and 17 cohort studies) examined the following conditions: pervasive developmental disorders (12 studies) attention deficit hyperactivity disorder (ADHD) or disruptive behavior disorders (8 studies) bipolar disorder (11 studies) schizophrenia and related psychosis (31 studies) Tourette syndrome (7 studies) behavioral issues (4 studies) and multiple conditions (9 studies). One study reported data on both bipolar disorder and schizophrenia. The majority of the trials had a high risk of bias. The methodological quality of the cohort studies was moderate. Results are presented by outcome below. Symptoms: The strength of evidence for all head-to-head comparisons of FGAs and SGAs was low or insufficient to draw conclusions. SGAs were favored over placebo for behavior symptoms (ADHD and disruptive behavior disorders), the Clinical Global Impressions scale (ADHD and disruptive behavior disorders, bipolar disorder, and schizophrenia), positive and negative symptoms (schizophrenia), and tics (Tourette syndrome) (moderate strength of evidence). Other short- and long-term outcomes: All head-to-head comparisons had low or insufficient strength of evidence. There was no significant difference between SGAs and placebo for suicide-related behaviors (moderate strength of evidence). The evidence was rated as insufficient to draw conclusions for health-related quality of life, involvement with the legal system, and other patient-, parent-, or care provider-reported outcomes for all conditions. Adverse events: All outcomes comparing FGAs with SGAs had low or insufficient strength of evidence. Outcomes comparing FGAs versus FGAs and FGAs versus placebo had insufficient evidence. Risperidone was favored over olanzapine for dyslipidemia olanzapine was favored over risperidone for prolactin-related events and both quetiapine and risperidone were favored over olanzapine for weight gain (moderate strength of evidence). For nearly all outcomes and comparisons, placebo resulted in significantly fewer adverse events than SGAs. Subpopulations: Thirty-six studies examined the association between various patient subpopulations and outcomes. Most concluded that the results did not differ by subpopulations, or findings were discordant across studies.  
  
CONCLUSION: Evidence comparing FGAs with SGAs, various FGAs, and FGAs with placebo was very limited. Some SGAs appear to have a better side-effect profile than other SGAs. Compared with placebo, SGAs have better symptom improvement but more adverse events. Future high-quality research examining head-to-head antipsychotic comparisons is needed.",

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"UI":"2028318103",

"TI":"Colistin versus polymyxin B: A pragmatic assessment of renal and neurological adverse effects and effectiveness in multidrug-resistant Gram-negative bacterial infections.",

"SO":"Indian Journal of Pharmacology. 55(4) (pp 229-236), 2023. Date of Publication: July 2023.",

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"OD":"Acinetobacter baumannii  
  
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Risk, Injury, Failure, Loss of kidney function and End-stage kidney disease classification  
  
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treatment outcome  
  
urinary tract infection / drug therapy",

"AB":"OBJECTIVES: Our study aimed to evaluate the real-world data on renal and neurological adverse effects and effectiveness of colistimethate sodium (CMS) and polymyxin B (PMB). MATERIALS AND METHODS: An observational prospective study was performed on inpatients receiving CMS and PMB for multidrug-resistant Gram-negative bacterial infections. CMS dose was titrated to renal function, and serum creatinine was assessed daily. The incidence of nephrotoxicity, the primary outcome, was evaluated based on an increase in serum creatinine from baseline as well as by the Risk, Injury, Failure, Loss of kidney function, and End-stage renal disease criteria. Neurological adverse effects were assessed based on clinical signs and symptoms, and the causality and severity were assessed by the Naranjo scale and modified Hartwig-Siegel scale, respectively. The effectiveness of polymyxin therapy was ascertained by a composite of microbiological eradication of causative bacteria and achievement of clinical cure. Thirty-day all-cause mortality was also determined. RESULT(S): Between CMS and PMB, the incidence of nephrotoxicity (59.3% vs. 55.6%, P = 0.653) or neurotoxicity (8.3% vs. 5.6%, P = 0.525) did not significantly differ. However, reversal of nephrotoxicity was significantly more with patients receiving CMS than PMB (48.4% vs. 23.3%, P = 0.021). Favorable clinical outcomes (67.6% vs. 37%, P < 0.001) and microbiological eradication of causative bacteria (73.1% vs. 46.3%, P = 0.001) were significantly more with CMS than PMB. Patients treated with CMS had lower all-cause mortality than those with PMB treatment (19.4% vs. 42.6%, P = 0.002). CONCLUSION(S): There is no significant difference in the incidence of renal and neurotoxic adverse effects between CMS and PMB when CMS is administered following renal dose modification. CMS shows better effectiveness and lower mortality compared to PMB.Copyright © 2023 Wolters Kluwer Medknow Publications. All rights reserved.",

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"PM":"37737075 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37737075]",

"DJ":"modified Hartwig Siegel scale [other term]  
  
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"Disease area":"Gram-negative bacteria",

"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"32138210",

"TI":"Successful High-Dosage Monotherapy of Tigecycline in a Multidrug-Resistant Klebsiella pneumoniae Pneumonia-Septicemia Model in Rats.",

"SO":"Antibiotics. 9(3), 2020 Mar 03.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Van der Weide H  
  
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Boers SA  
  
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"MH":"Van der Weide, Hessel ORCID: https://orcid.org/0000-0002-5880-9748",

"DU":"Van der Weide, Hessel  
  
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Vermeulen-de Jongh, Denise M C  
  
Van der Meijden, Aart  
  
Wijma, Rixt A  
  
Boers, Stefan A  
  
Van Westreenen, Mireille  
  
Hays, John P  
  
Goessens, Wil H F  
  
Bakker-Woudenberg, Irma A J M",

"OD":"Van der Weide, Hessel. Department of Medical Microbiology & Infectious Diseases, Erasmus University Medical Center Rotterdam (Erasmus MC), 3015 GD Rotterdam, The Netherlands.  
  
Ten Kate, Marian T. Department of Medical Microbiology & Infectious Diseases, Erasmus University Medical Center Rotterdam (Erasmus MC), 3015 GD Rotterdam, The Netherlands.  
  
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Goessens, Wil H F. Department of Medical Microbiology & Infectious Diseases, Erasmus University Medical Center Rotterdam (Erasmus MC), 3015 GD Rotterdam, The Netherlands.  
  
Bakker-Woudenberg, Irma A J M. Department of Medical Microbiology & Infectious Diseases, Erasmus University Medical Center Rotterdam (Erasmus MC), 3015 GD Rotterdam, The Netherlands.",

"AB":"Klebsiella pneumoniae antibiotic resistance meropenem pneumonia septicemia tigecycline",

"FTURL":"NOTNLM",

"PM":"Background: Recent scientific reports on the use of high dose tigecycline monotherapy as a drug of last resort warrant further research into the use of this regimen for the treatment of severe multidrug-resistant, Gram-negative bacterial infections. In the current study, the therapeutic efficacy of tigecycline monotherapy was investigated and compared to meropenem monotherapy in a newly developed rat model of fatal lobar pneumonia-septicemia. Methods: A Klebsiella pneumoniae producing extended-spectrum beta-lactamase (ESBL) and an isogenic variant producing K. pneumoniae carbapenemase (KPC) were used in the study. Both strains were tested for their in vitro antibiotic susceptibility and used to induce pneumonia-septicemia in rats, which was characterized using disease progression parameters. Therapy with tigecycline or meropenem was initiated at the moment that rats suffered from progressive infection and was administered 12-hourly over 10 days. The pharmacokinetics of meropenem were determined in infected rats. Results: In rats with ESBL pneumonia-septicemia, the minimum dosage of meropenem achieving survival of all rats was 25 mg/kg/day. However, in rats with KPC pneumonia-septicemia, this meropenem dosage was unsuccessful. In contrast, all rats with KPC pneumonia-septicemia were successfully cured by administration of high-dose tigecycline monotherapy of 25 mg/kg/day (i.e., the minimum tigecycline dosage achieving 100% survival of rats with ESBL pneumonia-septicemia in a previous study). Conclusions: The current study supports recent literature recommending high-dose tigecycline as a last resort regimen for the treatment of severe multidrug-resistant bacterial infections. The use of ESBL- and KPC-producing K. pneumoniae strains in the current rat model of pneumonia-septicemia enables further investigation, helping provide supporting data for follow-up clinical trials in patients suffering from severe multidrug-resistant bacterial respiratory infections.",

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"MV":"2020",

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"VN":"Ovid Technologies",

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

"UI":"37584485",

"TI":"Thrombosis in multiple myeloma: mechanisms, risk assessment and management. [Review]",

"SO":"Leukemia & Lymphoma. 64(12):1905-1913, 2023 Dec.",

"AU":"1",

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"IN":"MEDLINE",

"PB":"Jarchowsky O  
  
Avnery O  
  
Ellis MH",

"MH":"Jarchowsky, Osnat  
  
Avnery, Orly  
  
Ellis, Martin H",

"DU":"Jarchowsky, Osnat. Hematology Institute, Meir Medical Center, Kfar SabaIsrael.  
  
Jarchowsky, Osnat. Tel Aviv University, Israel.  
  
Avnery, Orly. Hematology Institute, Meir Medical Center, Kfar SabaIsrael.  
  
Avnery, Orly. Tel Aviv University, Israel.  
  
Ellis, Martin H. Hematology Institute, Meir Medical Center, Kfar SabaIsrael.  
  
Ellis, Martin H. Tel Aviv University, Israel.",

"OD":"Venous thromboembolism arterial thrombosis prophylaxis risk assessment",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) is associated with an increased risk of venous and arterial thrombosis. Pathophysiologic mechanisms include patient, disease and treatment related factors. Risk assessment models have been developed to determine whichpatients are at highest thrombotic risk and pursuant to this, risk adapted thrombosis prophylaxis has been suggested. Areas in which further basic and clinical research is imperative include the molecular and cellular mechanisms of thrombosis in myeloma, the inclusion of relevant biomarkers in risk assessment scores and controlled clinical trials of VTE prophylaxis and treatment using direct oral anticoagulants.",

"PM":"Journal Article  
  
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Anticoagulants/ae [Adverse Effects]  
  
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"VN":"Ovid Technologies",

"DB":"Embase",

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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) (pp 1006-1012), 2023. Date of Publication: November 2023.",

"AU":"Szabo A.G.  
  
Thorsen J.  
  
Iversen K.F.  
  
Levring M.B.  
  
Helleberg C.  
  
Hermansen E.  
  
Bonlokke S.T.  
  
Nielsen K.  
  
Teodorescu E.M.  
  
Kurt E.  
  
Strandholdt C.N.  
  
Vangsted A.J.",

"AO":"Szabo, Agoston Gyula ORCID: https://orcid.org/0000-0001-9943-7007  
  
Hermansen, Emil ORCID: https://orcid.org/0000-0002-1754-5336  
  
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"IN":"(Szabo, Iversen) Department of Hematology, Vejle Hospital, Vejle, Denmark  
  
(Szabo, Helleberg, Hermansen, Vangsted) Department of Hematology, Rigshospitalet, Copenhagen University, Copenhagen, Denmark  
  
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(Teodorescu) Department of Hematology, Aalborg University Hospital, Aalborg, Denmark  
  
(Kurt) Department of Hematology, Regionshospitalet Godstrup, Herning, Denmark  
  
(Strandholdt) Department of Hematology, Hospital of Southwest Jutland, Esbjerg, Denmark",

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

"MH":"adult  
  
article  
  
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"OD":"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.",

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"ORN":"70",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026011430",

"TI":"Neurological soft signs and cognition among inpatients with schizophrenia.",

"SO":"Cognitive Neuropsychiatry. 28(6) (pp 406-423), 2023. Date of Publication: 2023.",

"AU":"Fares R.  
  
Haddad C.  
  
Sacre H.  
  
Hallit S.  
  
Haddad G.  
  
Salameh P.  
  
Calvet B.",

"AO":"nan",

"IN":"(Fares, Hallit, Haddad) School of Medicine and Medical Sciences, Holy Spirit University of Kaslik, Jounieh, Lebanon  
  
(Haddad, Calvet) Inserm U1094, IRD U270, Univ. Limoges, CHU Limoges, EpiMaCT - Epidemiology of chronic diseases in tropical zone, Institute of Epidemiology and Tropical Neurology, OmegaHealth, Limoges, France  
  
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(Calvet) Pole Universitaire de Psychiatrie de l'Adulte, de l'Agee et d'Addictologie, centre hospitalier Esquirol, Limoges, France  
  
(Calvet) Centre memoire de ressources et de recherche du Limousin, centre hospitalier Esquirol, Limoges, France",

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"FTURL":"Introduction: Evidence has shown that neurological soft signs are strongly associated with neurocognitive dysfunction. Therefore, the primary objective of this study was to assess the association between NSS and cognitive impairments in a sample of inpatients with schizophrenia. The secondary objective was to explore the association between NSS total scores and functioning. Method(s): The study enrolled 95 inpatients diagnosed with schizophrenia disorders and 45 healthy controls. The neurological evaluation scale (NES) was used to assess neurological soft sign while the Brief Assessment of Cognition in Schizophrenia (BACS) was used to evaluate cognitive functioning in patients with schizophrenia. Result(s): Patients with schizophrenia had significantly higher mean scores on the NES total test and subtests than the control group. Higher cognition was significantly associated with lower NES total and subtest scores. Higher functional independence was significantly associated with a lower NES total score (Beta = -.25), lower motor coordination subtest score (Beta = -.04), and lower others subtest (Beta = -.12). When taking the functional independence scale as the dependent variable, a higher NES total score was significantly associated with lower functioning (Beta = -0.03). Conclusion(s): NSS were associated to neurocognitive impairments in almost every domain among patients with schizophrenia. Further prospective research is still needed to confirm this role.Copyright © 2023 Informa UK Limited, trading as Taylor & Francis Group.",

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"ORN":"70",

"VN":"Ovid Technologies",

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

"UI":"36977629",

"TI":"Network analysis of ecological momentary assessment identifies frustration as a central node in irritability.",

"SO":"Journal of Child Psychology & Psychiatry & Allied Disciplines. 64(8):1212-1221, 2023 08.",

"AU":"1",

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

"IN":"MEDLINE",

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"MH":"Tseng, Wan-Ling ORCID: https://orcid.org/0000-0001-8441-7118  
  
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Pine, Daniel S  
  
Leibenluft, Ellen  
  
Kircanski, Katharina  
  
Brotman, Melissa A",

"OD":"Tseng, Wan-Ling. Yale Child Study Center, Yale University School of Medicine, New Haven, CT, USA.  
  
Naim, Reut. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.  
  
Chue, Amanda. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.  
  
Shaughnessy, Shannon. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.  
  
Meigs, Jennifer. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.  
  
Pine, Daniel S. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.  
  
Leibenluft, Ellen. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.  
  
Kircanski, Katharina. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.  
  
Brotman, Melissa A. Emotion and Development Branch, National Institute of Mental Health, Bethesda, MD, USA.",

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"FTURL":"Irritability anger anxiety ecological momentary assessment frustration mood network analysis",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Irritability presents transdiagnostically, commonly occurring with anxiety and other mood symptoms. However, little is known about the temporal and dynamic interplay among irritability-related clinical phenomena. Using a novel network analytic approach with smartphone-based ecological momentary assessment (EMA), we examined how irritability and other anxiety and mood symptoms were connected.  
  
METHODS: Sample included 152 youth ages 8-18 years (M +/- SD = 12.28 +/- 2.53 69.74% male 65.79% White) across several diagnostic groups enriched for irritability including disruptive mood dysregulation disorder (n = 34), oppositional defiant disorder (n = 9), attention-deficit/hyperactivity disorder (n = 47), anxiety disorder (n = 29), and healthy comparisons (n = 33). Participants completed EMA on irritability-related constructs and other mood and anxiety symptoms three times a day for 7 days. EMA probed symptoms on two timescales: since the last prompt (between-prompt) versus at the time of the prompt (momentary). Irritability was also assessed using parent-, child- and clinician-reports (Affective Reactivity Index ARI), following EMA. Multilevel vector autoregressive (mlVAR) models estimated a temporal, a contemporaneous within-subject and a between-subject network of symptoms, separately for between-prompt and momentary symptoms.  
  
RESULTS: For between-prompt symptoms, frustration emerged as the most central node in both within- and between-subject networks and predicted more mood changes at the next timepoint in the temporal network. For momentary symptoms, sadness and anger emerged as the most central node in the within- and between-subject network, respectively. While anger was positively related to sadness within individuals and measurement occasions, anger was more broadly positively related to sadness, mood lability, and worry between/across individuals. Finally, mean levels, not variability, of EMA-indexed irritability were strongly related to ARI scores.  
  
CONCLUSIONS: This study advances current understanding of symptom-level and temporal dynamics of irritability. Results suggest frustration as a potential clinically relevant treatment target. Future experimental work and clinical trials that systematically manipulate irritability-related features (e.g. frustration, unfairness) will elucidate the causal relations among clinical variables. Copyright © 2023 Association for Child and Adolescent Mental Health.",

"MV":"nan",

"TN":"Journal Article  
  
Research Support, N.I.H., Extramural  
  
Research Support, Non-U.S. Gov't  
  
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"TI":"Natural Product-Derived Treatments for Attention-Deficit/Hyperactivity Disorder: Safety, Efficacy, and Therapeutic Potential of Combination Therapy.",

"SO":"Neural Plasticity. 2016(no pagination), 2016. Article Number: 1320423. Date of Publication: 2016.",

"AU":"Ahn J.  
  
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Cheong J.H.  
  
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"AO":"(Ahn, Dela Pena) Department of Pharmaceutical and Administrative Sciences, Loma Linda University, Loma Linda, CA 92350, United States  
  
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(Cheong) Department of Pharmacy, Sahmyook University, Seoul 139-742, South Korea",

"IN":"Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)",

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"OD":"Typical treatment plans for attention-deficit/hyperactivity disorder (ADHD) utilize nonpharmacological (behavioral/psychosocial) and/or pharmacological interventions. Limited accessibility to behavioral therapies and concerns over adverse effects of pharmacological treatments prompted research for alternative ADHD therapies such as natural product-derived treatments and nutritional supplements. In this study, we reviewed the herbal preparations and nutritional supplements evaluated in clinical studies as potential ADHD treatments and discussed their performance with regard to safety and efficacy in clinical trials. We also discussed some evidence suggesting that adjunct treatment of these agents (with another botanical agent or pharmacological ADHD treatments) may be a promising approach to treat ADHD. The analysis indicated mixed findings with regard to efficacy of natural product-derived ADHD interventions. Nevertheless, these treatments were considered as a safer approach than conventional ADHD medications. More comprehensive and appropriately controlled clinical studies are required to fully ascertain efficacy and safety of natural product-derived ADHD treatments. Studies that replicate encouraging findings on the efficacy of combining botanical agents and nutritional supplements with other natural product-derived therapies and widely used ADHD medications are also warranted. In conclusion, the risk-benefit balance of natural product-derived ADHD treatments should be carefully monitored when used as standalone treatment or when combined with other conventional ADHD treatments.Copyright © 2016 James Ahn et al.",

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"TI":"nan",

"SO":"Agency for Healthcare Research and Quality (US). AHRQ Comparative Effectiveness Reviews, Report No.: 11-EHC087-EF.2011 09",

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Motala, Aneesa  
  
Perry, Tanja",

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"OD":"OBJECTIVES: Antipsychotic medications are approved by the U.S. Food and Drug Administration (FDA) for treatment of schizophrenia, bipolar disorder, and for some drugs, depression. We performed a systematic review on the efficacy and safety of atypical antipsychotic drugs for use in conditions lacking FDA approval.  
  
DATA SOURCES: We searched PubMed, Embase, PsycINFO, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Cochrane DARE (Database of Abstracts of Reviews of Effects), and Cochrane CENTRAL (Cochrane Central Register of Controlled Trials) from inception to May 2011. We included only English-language studies.  
  
REVIEW METHODS: Controlled trials comparing an atypical antipsychotic (risperidone, olanzapine, quetiapine, aripiprazole, ziprasidone, asenapine, iloperidone, paliperidone) to either placebo, another atypical antipsychotic drug, or other pharmacotherapy, for the off-label conditions of anxiety disorder, attention deficit hyperactivity disorder, dementia and severe geriatric agitation, major depressive disorder, eating disorders, insomnia, obsessive compulsive disorder (OCD), post traumatic stress disorder (PTSD), personality disorders, substance abuse, and Tourette's syndrome were included. Observational studies with sample sizes greater than 1,000 were included to assess rare adverse events. Two investigators conducted independent article review, data abstraction, and study quality assessment.  
  
RESULTS: One hundred seventy trials contributed data to the efficacy review. Among the placebo-controlled trials of elderly patients with dementia reporting a total/global outcome score that includes symptoms such as psychosis, mood alterations, and aggression, small but statistically significant effect sizes ranging from 0.12 and 0.20 were observed for aripiprazole, olanzapine, and risperidone. For generalized anxiety disorder, pooled analysis of three large trials showed that quetiapine was associated with a 26 percent greater likelihood of responding, defined as at least 50 percent improvement on the Hamilton Anxiety Scale, compared with placebo. For obsessive-compulsive disorder, risperidone was associated with a 3.9-fold greater likelihood of responding, defined as a 25 to 35 percent improvement on the Yale Brown Obsessive Compulsive Scale (YBOCS) compared with placebo. We identified 6 trials on eating disorders, 12 on personality disorder, an existing meta-analysis and 10 trials of risperidone or olanzapine for PTSD, 36 trials for depression of which 7 assessed drugs without an FDA-approved indication, and 33 trials of aripiprazole, olanzapine, quetiapine, or risperidone for treating substance abuse disorders. We identified one small trial (N=13) of atypical antipsychotics for insomnia which was inconclusive. For eating disorder patients specifically, evidence shows that atypicals are do not cause significant weight gain. The level of evidence is mixed regarding personality disorders and moderate for an association of risperidone with improving post-traumatic stress disorder. Evidence does not support efficacy of atypical antipsychotics for substance abuse. In elderly patients, adverse events included an increased risk of death (number needed to harm [NNH]=87), stroke (for risperidone, NNH=53), extrapyramidal symptoms (for olanzapine (NNH=10) and risperidone (NNH=20), and urinary symptoms (NNH= from 16 to 36). In nonelderly adults, adverse events included weight gain (particularly with olanzapine), fatigue, sedation, akithisia (for aripiprazole) and extrapyramidal symptoms. Direct comparisons of different atypical antipsychotics for off-label conditions are rare.  
  
CONCLUSIONS: Benefits and harms vary among atypical antipsychotics for off-label usage. For symptoms associated with dementia in elderly patients, small but statistically significant benefits were observed for aripiprazole, olanzapine, and risperidone. Quetiapine was associated with benefits in the treatment of generalized anxiety disorder, and risperidone was associated with benefits in the treatment of OCD however, adverse events were common.",

"AB":"Review",

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"TI":"Rapid Point-of-Care PCR Testing of Drug-Resistant Strains on Endotracheal Aspirate Samples: A Repurposed Effective Tool in the Stepwise Approach of Healthcare-Acquired Pneumonia-A Pilot Study.",

"SO":"International Journal of Molecular Sciences. 24(17) (no pagination), 2023. Article Number: 13393. Date of Publication: September 2023.",

"AU":"Balan A.-M.  
  
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"AO":"Bodolea, Constantin ORCID: https://orcid.org/0000-0001-7798-0762  
  
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"IN":"(Balan, Bodolea, Nemes, Hagau) Department of Anaesthesia and Intensive Care 2, Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca, Cluj-Napoca 400012, Romania  
  
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"AB":"Healthcare-associated pneumonia (HCAP) is a common nosocomial infection with high morbidity and mortality. Culture-based detection of the etiologic agent and drug susceptibility is time-consuming, potentially leading to the inadequate use of broad-spectrum empirical antibiotic regimens. The aim was to evaluate the diagnostic capabilities of rapid point-of-care multiplex polymerase chain reaction (PCR) assays from the endotracheal aspirate of critically ill patients with HCAP. A consecutive series of 29 intensive care unit (ICU) patients with HCAP and a control group of 28 patients undergoing elective surgical procedures were enrolled in the study. The results of the PCR assays were compared to the culture-based gold standard. The overall accuracy of the PCR assays was 95.12%, with a sensitivity of 92.31% and a specificity of 97.67%. The median time was 90 min for the rapid PCR tests (p < 0.001), while for the first preliminary results of the cultures, it was 48 h (46-72). The overall accuracy for rapid PCR testing in suggesting an adequate antibiotic adjustment was 82.98% (95% CI 69.19-92.35%), with a specificity of 90% (95% CI 55.50-99.75%), a positive predictive value of 96.77% (95% CI 83.30-99.92%), and a negative predictive value of 56.25 (95% CII 29.88-80.25%). This method of rapid point-of-care PCR could effectively guide antimicrobial stewardship in patients with healthcare-acquired pneumonia.Copyright © 2023 by the authors.",

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"DJ":"Xpert Carba-R [device term]  
  
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"MV":"endotracheal tube  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"37254209",

"TI":"Association between combination antibiotic therapy as opposed as monotherapy and outcomes of ICU patients with Pseudomonas aeruginosa ventilator-associated pneumonia: an ancillary study of the iDIAPASON trial.",

"SO":"Critical Care (London, England). 27(1):211, 2023 05 30.",

"AU":"1",

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

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"OD":"Foucrier, Arnaud. Department of Anesthesiology and Critical Care, Beaujon Hospital, DMU Parabol, AP-HP Nord, Universite de Paris, Clichy, France. arnaud.foucrier@aphp.fr.  
  
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Bougle, Adrien. Department of Anesthesiology and Critical Care Medicine, Cardiology Institute, GRC 29, AP-HP, Pitie-Salpetriere Hospital, Sorbonne University, 47-83 Boulevard de l'Hopital, 75013, Paris, France.",

"AB":"Antibiotic therapy Combination therapy Pseudomonas aeruginosa Ventilator-associated pneumonia",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: The optimal treatment duration and the nature of regimen of antibiotics (monotherapy or combination therapy) for Pseudomonas aeruginosa ventilator-associated pneumonia (PA-VAP) remain debated. The aim of this study was to evaluate whether a combination antibiotic therapy is superior to a monotherapy in patients with PA-VAP in terms of reduction in recurrence and death, based on the 186 patients included in the iDIAPASON trial, a multicenter, randomized controlled trial comparing 8 versus 15 days of antibiotic therapy for PA-VAP.  
  
METHODS: Patients with PA-VAP randomized in the iDIAPASON trial (short-duration-8 days vs. long-duration-15 days) and who received appropriate antibiotic therapy were eligible in the present study. The main objective is to compare mortality at day 90 according to the antibiotic therapy received by the patient: monotherapy versus combination therapy. The primary outcome was the mortality rate at day 90. The primary outcome was compared between groups using a Chi-square test. Time from appropriate antibiotic therapy to death in ICU or to censure at day 90 was represented using Kaplan-Meier survival curves and compared between groups using a Log-rank test.  
  
RESULTS: A total of 169 patients were included in the analysis. The median duration of appropriate antibiotic therapy was 14 days. At day 90, among 37 patients (21.9%) who died, 17 received monotherapy and 20 received a combination therapy (P = 0.180). Monotherapy and combination antibiotic therapy were similar for the recurrence rate of VAP, the number of extra pulmonary infections, or the acquisition of multidrug-resistant (MDR) bacteria during the ICU stay. Patients in combination therapy were exposed to mechanical ventilation for 28 +/- 12 days, as compared with 23 +/- 11 days for those receiving monotherapy (P = 0.0243). Results remain similar after adjustment for randomization arm of iDIAPASON trial and SOFA score at ICU admission.  
  
CONCLUSIONS: Except longer durations of antibiotic therapy and mechanical ventilation, potentially related to increased difficulty in achieving clinical cure, the patients in the combination therapy group had similar outcomes to those in the monotherapy group.  
  
TRIAL REGISTRATION: NCT02634411 , Registered 15 December 2015. Copyright © 2023. The Author(s).",

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Multicenter Study  
  
Journal Article",

"MV":"2023",

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"TI":"Comprehensive Single-Cell Immune Profiling Defines the Patient Multiple Myeloma Microenvironment Following Oncolytic Virus Therapy in a Phase Ib Trial.",

"SO":"Clinical Cancer Research. 29(24):5087-5103, 2023 Dec 15.",

"AU":"1",

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

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"PB":"Nawrocki ST  
  
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Kelly, Kevin R. Division of Hematology, Health Sciences Campus, University of Southern California, Los Angeles, California.",

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"FTURL":"PURPOSE: Our preclinical studies showed that the oncolytic reovirus formulation pelareorep (PELA) has significant immunomodulatory anti-myeloma activity. We conducted an investigator-initiated clinical trial to evaluate PELA in combination with dexamethasone (Dex) and bortezomib (BZ) and define the tumor immune microenvironment (TiME) in patients with multiple myeloma treated with this regimen.  
  
PATIENTS AND METHODS: Patients with relapsed/refractory multiple myeloma (n = 14) were enrolled in a phase Ib clinical trial (ClinicalTrials.gov: NCT02514382) of three escalating PELA doses administered on Days 1, 2, 8, 9, 15, and 16. Patients received 40 mg Dex and 1.5 mg/m2 BZ on Days 1, 8, and 15. Cycles were repeated every 28 days. Pre- and posttreatment bone marrow specimens (IHC, n = 9 imaging mass cytometry, n = 6) and peripheral blood samples were collected for analysis (flow cytometry, n = 5 T-cell receptor clonality, n = 7 cytokine assay, n = 7).  
  
RESULTS: PELA/BZ/Dex was well-tolerated in all patients. Treatment-emergent toxicities were transient, and no dose-limiting toxicities occurred. Six (55%) of 11 response-evaluable patients showed decreased paraprotein. Treatment increased T and natural killer cell activation, inflammatory cytokine release, and programmed death-ligand 1 expression in bone marrow. Compared with nonresponders, responders had higher reovirus protein levels, increased cytotoxic T-cell infiltration posttreatment, cytotoxic T cells in significantly closer proximity to multiple myeloma cells, and larger populations of a novel immune-primed multiple myeloma phenotype (CD138+ IDO1+HLA-ABCHigh), indicating immunomodulation.  
  
CONCLUSIONS: PELA/BZ/Dex is well-tolerated and associated with anti-multiple myeloma activity in a subset of responding patients, characterized by immune reprogramming and TiME changes, warranting further investigation of PELA as an immunomodulator. Copyright ©2023 The Authors Published by the American Association for Cancer Research.",

"PM":"Clinical Trial, Phase I  
  
Journal Article",

"DJ":"2023",

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

"TN":"Nawrocki, Steffan T ORCID: https://orcid.org/0000-0001-8767-3969  
  
Olea, Julian ORCID: https://orcid.org/0009-0008-9040-0804  
  
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Fields, Paul ORCID: https://orcid.org/0000-0002-9608-6464  
  
Kuhn, Peter ORCID: https://orcid.org/0000-0003-2629-4505  
  
Siddiqi, Imran ORCID: https://orcid.org/0000-0001-8083-9639  
  
Merchant, Akil ORCID: https://orcid.org/0000-0001-7472-822X  
  
Kelly, Kevin R ORCID: https://orcid.org/0000-0002-3638-5956",

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Oncolytic Virotherapy/ae [Adverse Effects]  
  
\*Oncolytic Virotherapy  
  
Antineoplastic Combined Chemotherapy Protocols/ae [Adverse Effects]  
  
Bortezomib/tu [Therapeutic Use]  
  
Dexamethasone/tu [Therapeutic Use]  
  
Cytokines/tu [Therapeutic Use]  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"641752223",

"TI":"Acupuncture improves certain aspects of sleep in hematopoietic stem cell transplantation patients: a secondary analysis of a randomized controlled trial.",

"SO":"Acupuncture in medicine : journal of the British Medical Acupuncture Society. 41(6) (pp 319-326), 2023. Date of Publication: 01 Dec 2023.",

"AU":"El Iskandarani S.  
  
Sun L.  
  
Li S.Q.  
  
Pereira G.  
  
Giralt S.  
  
Deng G.",

"AO":"El Iskandarani, Sarah ORCID: https://orcid.org/0000-0001-9151-2017",

"IN":"(El Iskandarani, Li, Deng) Integrative Medicine Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA  
  
(Sun) Xiyuan Hospital, China Academy of Chinese Medical Sciences, Beijing, China  
  
(Pereira) School of Medicine, Thomas Jefferson University, Philadelphia, PA, United States  
  
(Giralt) Bone Marrow Transplantation Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA",

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adult  
  
controlled study  
  
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human  
  
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\*multiple myeloma/th [Therapy]  
  
procedures  
  
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sleep  
  
treatment outcome",

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adult  
  
controlled study  
  
\*hematopoietic stem cell transplantation  
  
human  
  
\*insomnia  
  
\*multiple myeloma / \*therapy  
  
procedures  
  
randomized controlled trial  
  
sleep  
  
treatment outcome",

"OD":"BACKGROUND: High-dose chemotherapy followed by hematopoietic stem cell transplantation (HSCT) is associated with a high symptom burden including sleep disturbance. Here we present the results of a secondary analysis of a randomized, sham-controlled trial assessing the effect of acupuncture on sleep quality during HSCT. METHOD(S): Adult multiple myeloma patients undergoing inpatient and outpatient autologous HSCT were randomized and blinded to receive either true or sham acupuncture (by licensed acupuncturists) once daily for 5days starting the day after chemotherapy. Sleep onset, total sleep time, sleep efficiency percentage and sleep-onset latency time were assessed using an actigraphy-based sleep monitor. A multivariate regression analysis was conducted to compare the average area-under-the-curve of five acupuncture intervention days for each sleep outcome between groups, adjusted by baseline score and inpatient or outpatient chemotherapy stratum. RESULT(S): Over 32months, 63 patients were enrolled. Participants undergoing true acupuncture experienced a significant improvement in sleep efficiency when compared to sham (-6.70, 95% CI -13.15, -0.25, p=0.042). Subgroup analysis showed that the improvement was more prominent in the inpatient setting (-9.62, 95% CI -18.76, -0.47 p=0.040). True acupuncture tended to improve wake time after sleep onset (WASO -10.95, p=0.054). Between-group differences in other sleep related variables were not statistically significant. CONCLUSION(S): Our data suggest that true acupuncture may improve certain aspects of sleep, including sleep efficiency and possibly WASO, in multiple myeloma patients undergoing HSCT. By studying patient reported outcomes in future larger scale studies, acupuncture's role in improving sleep quality during HSCT treatment could be further elucidated. TRIAL REGISTRATION NUMBER: NCT01811862 (ClinicalTrials.gov).",

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

"FTURL":"nan",

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"TN":"nan",

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"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"71",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642756635",

"TI":"Characteristics of drug-involved black women under community supervision implications for retention in HIV clinical trials and healthcare.",

"SO":"Social work in health care. 63(1) (pp 35-52), 2024. Date of Publication: 01 Jan 2024.",

"AU":"Goddard-Eckrich D.  
  
Gatanaga O.S.  
  
Thomas B.V.  
  
Liu Y.  
  
Downey D.L.  
  
Dsouza N.  
  
Medley B.  
  
Hunt T.  
  
Wu E.  
  
Johnson K.  
  
Black C.  
  
Brown M.  
  
Hall J.  
  
El-Bassel N.  
  
Gilbert L.",

"AO":"Goddard-Eckrich, Dawn ORCID: https://orcid.org/0000-0002-3456-2322  
  
Gatanaga, Ohshue S. ORCID: https://orcid.org/0000-0002-6731-3998  
  
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"IN":"(Goddard-Eckrich, Gatanaga, Thomas, Liu, Downey, Dsouza, Medley, Hunt, Wu, Black, Brown, Hall, El-Bassel, Gilbert) Social Intervention Group, Columbia University, NY, United States  
  
(Johnson) Social Intervention Group, University of Alabama School of Social Work, Tuscaloosa, AL, United States",

"PB":"nan",

"MH":"controlled study  
  
\*drug dependence/di [Diagnosis]  
  
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"DU":"nan",

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"AB":"controlled study  
  
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\*Human immunodeficiency virus infection / \*diagnosis  
  
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randomized controlled trial  
  
\*sexually transmitted disease / \*prevention",

"FTURL":"This study examined retention and its relationship to mental health, substance use, and social determinants of health in a randomized clinical trial of a behavioral HIV/sexually transmitted infection prevention intervention with drug-involved Black women (N=348) under community supervision programs in New York City. Using secondary analysis, we used logistic models to test the association between factors related to mental health, substance use, and social determinants of health and follow-up assessment completion (three, six, and 12months). Participants who were diagnosed with schizophrenia had lower odds of retention. Participants who misused prescription opiates during their lifetime or food insecure in the past 90days had higher odds of retention throughout the intervention.",

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

"DJ":"37965711 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37965711]",

"MV":"nan",

"TN":"nan",

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"Disease area":"ADHD",

"Database":"Medline",

"ORN":"71",

"VN":"Ovid Technologies",

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

"UI":"36904292",

"TI":"Effects of a Synbiotic on Plasma Immune Activity Markers and Short-Chain Fatty Acids in Children and Adults with ADHD-A Randomized Controlled Trial.",

"SO":"Nutrients. 15(5), 2023 Mar 06.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Yang LL  
  
Stiernborg M  
  
Skott E  
  
Xu J  
  
Wu Y  
  
Landberg R  
  
Arefin S  
  
Kublickiene K  
  
Millischer V  
  
Nilsson IAK  
  
Schalling M  
  
Giacobini M  
  
Lavebratt C",

"MH":"Yang, Liu L ORCID: https://orcid.org/0000-0002-5963-6295  
  
Arefin, Samsul ORCID: https://orcid.org/0000-0002-8050-9100  
  
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Millischer, Vincent ORCID: https://orcid.org/0000-0003-1919-9649  
  
Nilsson, Ida A K ORCID: https://orcid.org/0000-0002-7676-4299",

"DU":"Yang, Liu L  
  
Stiernborg, Miranda  
  
Skott, Elin  
  
Xu, Jingjing  
  
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Landberg, Rikard  
  
Arefin, Samsul  
  
Kublickiene, Karolina  
  
Millischer, Vincent  
  
Nilsson, Ida A K  
  
Schalling, Martin  
  
Giacobini, MaiBritt  
  
Lavebratt, Catharina",

"OD":"Yang, Liu L. Department of Molecular Medicine and Surgery, Karolinska Institutet, 171 76 Stockholm, Sweden.  
  
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Schalling, Martin. Center for Molecular Medicine, Karolinska University Hospital Solna, 171 76 Stockholm, Sweden.  
  
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Giacobini, MaiBritt. Center for Molecular Medicine, Karolinska University Hospital Solna, 171 76 Stockholm, Sweden.  
  
Giacobini, MaiBritt. PRIMA Child and Adult Psychiatry Stockholm AB, 163 74 Rinkeby, Sweden.  
  
Lavebratt, Catharina. Department of Molecular Medicine and Surgery, Karolinska Institutet, 171 76 Stockholm, Sweden.  
  
Lavebratt, Catharina. Center for Molecular Medicine, Karolinska University Hospital Solna, 171 76 Stockholm, Sweden.",

"AB":"Humans  
  
Adult  
  
Child  
  
Propionates  
  
\*Synbiotics  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Fatty Acids, Volatile  
  
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"FTURL":"ICAM-1 IL-12 VCAM-1 acetic acid propionic acid psychostimulants",

"PM":"NOTNLM",

"DJ":"Synbiotic 2000, a pre + probiotic, reduced comorbid autistic traits and emotion dysregulation in attention deficit hyperactivity disorder (ADHD) patients. Immune activity and bacteria-derived short-chain fatty acids (SCFAs) are microbiota-gut-brain axis mediators. The aim was to investigate Synbiotic 2000 effects on plasma levels of immune activity markers and SCFAs in children and adults with ADHD. ADHD patients (n = 182) completed the 9-week intervention with Synbiotic 2000 or placebo and 156 provided blood samples. Healthy adult controls (n = 57) provided baseline samples. At baseline, adults with ADHD had higher pro-inflammatory sICAM-1 and sVCAM-1 and lower SCFA levels than controls. Children with ADHD had higher baseline sICAM-1, sVCAM-1, IL-12/IL-23p40, IL-2Ralpha, and lower formic, acetic, and propionic acid levels than adults with ADHD. sICAM-1, sVCAM-1, and propionic acid levels were more abnormal in children on medication. Synbiotic 2000, compared to placebo, reduced IL-12/IL-23p40 and sICAM-1 and increased propionic acid levels in children on medication. SCFAs correlated negatively with sICAM-1 and sVCAM-1. Preliminary human aortic smooth-muscle-cell experiments indicated that SCFAs protected against IL-1beta-induced ICAM-1 expression. These findings suggest that treatment with Synbiotic 2000 reduces IL12/IL-23p40 and sICAM-1 and increases propionic acid levels in children with ADHD. Propionic acid, together with formic and acetic acid, may contribute to the lowering of the higher-than-normal sICAM-1 levels.",

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0 (Biomarkers)  
  
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"TN":"Randomized Controlled Trial  
  
Journal Article",

"Unnamed: 22":"2023",

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

"Unnamed: 24":"nan",

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"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"71",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"614397446",

"TI":"Methylphenidate use and poly-substance use among undergraduate students attending a South African university.",

"SO":"African Journal of Psychiatry (South Africa). 22(1) (no pagination), 2016. Article Number: a760. Date of Publication: 2016.",

"AU":"Steyn F.",

"AO":"(Steyn) Department of Social Work and Criminology, University of Pretoria, South Africa",

"IN":"OMICS Publishing Group (5716 Corsa Ave., Suite 110, Westlake, Los Angeles CA 91362-7354, United States. E-mail: inhouse@iafrica.com)",

"PB":"attention deficit disorder  
  
chemical stress  
  
clinical trial  
  
data analysis  
  
diagnosis  
  
drug therapy  
  
health hazard  
  
human  
  
major clinical study  
  
prescription  
  
\*substance use  
  
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"OD":"Methylphenidate hydrochloride (MPH) is used in the treatment of attention deficit hyperactivity disorder (ADHD). The non-medical use of MPH by learners and students has been reported by numerous studies from abroad. The practice stems from beliefs about the benefits of MPH in achieving academic success. Little is known about the use of MPH in South African student populations. Objective(s): The study set out to determine (1) the extent and dynamics associated with MPH use and (2) poly-substance use among undergraduate students attending a South African university. Method(s): 818 students took part in a written, group-administered survey. Data analysis resulted in descriptive results regarding MPH use and tests of association identified differences in MPH and poly-substance use among respondents. Result(s): One in six respondents (17.2%) has used MPH in the past, although only 2.9% have been diagnosed with ADHD. Nearly a third (31.7%) of users obtained MPH products illegally. The majority (69.1%) used MPH only during periods of academic stress. A significant association ( p < 0.001) was found between MPH use and the frequency of using alcohol, tobacco, cannabis, hard drugs (e.g. cocaine) and prescription medication. Conclusion(s): MPH use among students appears similar to experiences abroad, especially in the absence of clinical diagnosis for ADHD. Institutions of higher education should inform parents and students about the health risks associated with the illicit use of MPH. Prescribers and dispensers of MPH products should pay close attention to practices of stockpiling medication and poly-substance use among students who use MPH.Copyright © 2016. The Authors.",

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

"FTURL":"alcohol [m]  
  
cannabis [m]  
  
cocaine [m]  
  
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"DJ":"nan",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

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"UniqueID":"568",

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"Database":"Medline",

"ORN":"71",

"VN":"Ovid Technologies",

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

"UI":"29320020",

"TI":"nan",

"SO":"Knowledge Centre for the Health Services at The Norwegian Institute of Public Health (NIPH). NIPH Systematic Reviews: Executive Summaries, Report from Norwegian Knowledge Centre for the Health Services (NOKC) No. 09-2011.2011 05",

"AU":"1",

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

"IN":"nan",

"PB":"Austvoll-Dahlgren A  
  
Merete Nostberg A  
  
Steinsbekk A  
  
Vist GE",

"MH":"Austvoll-Dahlgren, Astrid  
  
Merete Nostberg, Astrid  
  
Steinsbekk, Aslak  
  
Vist, Gunn E.",

"DU":"nan",

"OD":"Patient education is increasingly being used as part of the treatment course and is one of four of the specialist health care's statutory responsibilities in Norway. Group education is commonly used by the learning and activity centres. The Norwegian Knowledge Centre for the Health Services has summarized available research on the effect of group education to patients and their next of kin. We included 15 systematic reviews that compared group education with individual lessons, nothing or placebo, treatment as usual, treatment as usual or waiting list or no treatment, self-help, or other treatment. The reviews included people with type 2 diabetes, schizophrenia, rheumatism, cancer, back and neck pain, smoking cessation, birth preparation and a mixed group of patients with different chronic conditions. Most comparisons were of low or very low quality and often the documentation necessary was lacking. However, based on the comparisons of high to low quality, group education was found to be: Group education generally appears to have a positive effect on psychosocial outcomes such as mental health, coping, relations and knowledge about own illness. For people with type 2 diabetes, group education improves long term blood glucose and possibly leads to better skills, knowledge and patient satisfaction compared with usual care, waiting list or no intervention. No effect on quality of life or health behaviour were detected compared with no treatment or placebo. For people with acute back pain, group education may possibly decrease pain duration work absence compared with no treatment or placebo. No statistical differences were detected compared with physical activity. For people with schizophrenia, group education may possibly improve mental health and knowledge about own illness comapred with usual care. For people with various cancers, group education probably impacts positively on depression, anxiety, quality of life, skills and relations with partner compared with usual care. No statistical differences were detected compared with no treatment or placebo. Group education probably increases the number of people who stop smoking compared with both self help groups and no intervention. No statistical differences were detected compared with nicotin replacement. Copyright ©2011 by The Norwegian Institute of Public Health (NIPH).",

"AB":"Review",

"FTURL":"2011",

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

"DJ":"Patient Education as Topic Group based education Group based training Self care psychoeducation Self Management",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"The Effects of Group Education on Patients and Their Next of Kin",

"Unnamed: 23":"nan",

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"Database":"EMBASE",

"ORN":"72",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642877029",

"TI":"A Randomized Clinical Trial of Bayesian-Guided Beta-Lactam Infusion Strategy and Associated Bacterial Resistance and Clinical Outcomes in Patients With Severe Pneumonia.",

"SO":"Therapeutic drug monitoring. (no pagination), 2023. Date of Publication: 15 Nov 2023.",

"AU":"Maranchick N.F.  
  
Trillo-Alvarez C.  
  
Kariyawasam V.  
  
Venugopalan V.  
  
Kwara A.  
  
Rand K.  
  
Peloquin C.A.  
  
Alshaer M.H.",

"AO":"nan",

"IN":"(Maranchick, Peloquin, Alshaer) Infectious Disease Pharmacokinetics Lab, Emerging Pathogens Institute, University of Florida, Gainesville, FL, Puerto Rico  
  
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(Kariyawasam, Kwara) Division of Infectious Diseases and Global Medicine, College of Medicine, University of Florida, Gainesville, Florida and  
  
(Venugopalan) Department of Pharmacy, UF Health Shands Hospital, Gainesville, FL, Puerto Rico  
  
(Rand) College of Medicine, University of Florida, Gainesville, FL, Puerto Rico",

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Pseudomonas aeruginosa  
  
randomized controlled trial  
  
superinfection",

"AB":"BACKGROUND: Antimicrobial resistance is a growing health concern worldwide. The objective of this study was to evaluate the effect of beta-lactam infusion on the emergence of bacterial resistance in patients with severe pneumonia in the intensive care unit. METHOD(S): Adult intensive care patients receiving cefepime, meropenem, or piperacillin-tazobactam for severe pneumonia caused by Gram-negative bacteria were randomized to receive beta-lactams as an intermittent (30 minutes) or continuous (24 hours) infusion. Respiratory samples for culture and susceptibility testing, with minimum inhibitory concentrations (MIC), were collected once a week for up to 4 weeks. Beta-lactam plasma concentrations were measured and therapeutic drug monitoring was performed using Bayesian software as the standard of care. RESULT(S): The study was terminated early owing to slow enrollment. Thirty-five patients were enrolled in this study. Cefepime (n = 22) was the most commonly prescribed drug at randomization, followed by piperacillin (n = 8) and meropenem (n = 5). Nineteen patients were randomized into the continuous infusion arm and 16 into the intermittent infusion arm. Pseudomonas aeruginosa was the most common respiratory isolate (n = 19). Eighteen patients were included in the final analyses. No differences in bacterial resistance were observed between arms (P = 0.67). No significant differences in superinfection (P = 1), microbiological cure (P = 0.85), clinical cure at day 7 (P = 0.1), clinical cure at end of therapy (P = 0.56), mortality (P = 1), intensive care unit length of stay (P = 0.37), or hospital length of stay (P = 0.83) were observed. Achieving 100% fT > MIC (P = 0.04) and fT > 4 x MIC (P = 0.02) increased likelihood of clinical cure at day 7 of therapy. CONCLUSION(S): No differences in the emergence of bacterial resistance or clinical outcomes were observed between intermittent and continuous infusions. Pharmacokinetic/pharmacodynamic target attainment may be associated with a clinical cure on day 7.Copyright © 2023 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the International Association of Therapeutic Drug Monitoring and Clinical Toxicology.",

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

"PM":"38018847 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38018847]",

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"UniqueID":"570",

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"VN":"Ovid Technologies",

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

"UI":"37004748",

"TI":"Which trial do we need? How to treat Pseudomonas aeruginosa bacteraemia-proposal for an umbrella randomized controlled trial.",

"SO":"Clinical Microbiology & Infection. 29(7):829-831, 2023 07.",

"AU":"1",

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

"IN":"MEDLINE",

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van Duin D  
  
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"DU":"Gilboa, Mayan  
  
van Duin, David  
  
Yahav, Dafna",

"OD":"Gilboa, Mayan. Infectious Diseases Unit, Sheba Medical Center, Ramat-Gan, Israel Faculty of Medicine, Tel-Aviv University, Israel.  
  
van Duin, David. Division of Infectious Diseases, University of North Carolina, Chapel Hill, NC, USA.  
  
Yahav, Dafna. Infectious Diseases Unit, Sheba Medical Center, Ramat-Gan, Israel Faculty of Medicine, Tel-Aviv University, Israel. Electronic address: dafna.yahav@gmail.com.",

"AB":"Antibiotic resistance Ceftazidime Piperacillin-tazobactam Pseudomonas aeruginosa beta-Lactam",

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"PM":"nan",

"DJ":"Randomized Controlled Trial  
  
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"MV":"2023",

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

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Microbial Sensitivity Tests  
  
Pseudomonas Infections/dt [Drug Therapy]  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"37704591",

"TI":"Dinaciclib synergizes with BH3 mimetics targeting BCL-2 and BCL-XL in multiple myeloma cell lines partially dependent on MCL-1 and in plasma cells from patients.",

"SO":"Molecular Oncology. 17(12):2507-2525, 2023 Dec.",

"AU":"1",

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Benedi, Andrea  
  
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Azaceta, Gemma  
  
Palomera, Luis  
  
Peperzak, Victor  
  
Anel, Alberto  
  
Naval, Javier  
  
Marzo, Isabel",

"DU":"Beltran-Visiedo, Manuel. Apoptosis, Immunity & Cancer Group, IIS Aragon, University of Zaragoza, Spain.  
  
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Marzo, Isabel. Apoptosis, Immunity & Cancer Group, IIS Aragon, University of Zaragoza, Spain.",

"OD":"BCL-2 proteins BH3 mimetics CDK inhibitors cell death multiple myeloma",

"AB":"NOTNLM",

"FTURL":"A better understanding of multiple myeloma (MM) biology has led to the development of novel therapies. However, MM is still an incurable disease and new pharmacological strategies are needed. Dinaciclib, a multiple cyclin-dependent kinase (CDK) inhibitor, which inhibits CDK1, 2, 5 and 9, displays significant antimyeloma activity as found in phase II clinical trials. In this study, we have explored the mechanism of dinaciclib-induced death and evaluated its enhancement by different BH3 mimetics in MM cell lines as well as in plasma cells from MM patients. Our results indicate a synergistic effect of dinaciclib-based combinations with B-cell lymphoma 2 or B-cell lymphoma extra-large inhibitors, especially in MM cell lines with partial dependence on myeloid cell leukemia sequence 1 (MCL-1). Simultaneous treatment with dinaciclib and BH3 mimetics ABT-199 or A-1155463 additionally showed a synergistic effect in plasma cells from MM patients, ex vivo. Altered MM cytogenetics did not affect dinaciclib response ex vivo, alone or in combined treatment, suggesting that these combinations could be a suitable therapeutic option for patients bearing cytogenetic alterations and poor prognosis. This work also opens the possibility to explore cyclin-dependent kinase 9 inhibition as a targeted therapy in MM patients overexpressing or with high dependence on MCL-1. Copyright © 2023 The Authors. Molecular Oncology published by John Wiley & Sons Ltd on behalf of Federation of European Biochemical Societies.",

"PM":"Journal Article",

"DJ":"2023",

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

"TN":"Beltran-Visiedo, Manuel ORCID: https://orcid.org/0000-0002-7977-8020  
  
Jimenez-Alduan, Nelia ORCID: https://orcid.org/0009-0007-0381-3292  
  
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Naval, Javier ORCID: https://orcid.org/0000-0003-2156-8378  
  
Marzo, Isabel ORCID: https://orcid.org/0000-0002-2315-9079",

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"TI":"A prospective, multicenter study on hematopoietic stem-cell mobilization with cyclophosphamide plus granulocyte colony-stimulating factor and 'on-demand' plerixafor in multiple myeloma patients treated with novel agents.",

"SO":"Haematologica. (no pagination), 2023. Date of Publication: 16 Nov 2023.",

"AU":"Mina R.  
  
Petrucci M.T.  
  
Bonello F.  
  
Bongarzoni V.  
  
Saccardi R.  
  
Bertuglia G.  
  
Mengarelli A.  
  
Spadaro A.  
  
Lisi C.  
  
Curci P.  
  
Lemoli R.M.  
  
Ballanti S.  
  
Floris R.  
  
Cupelli L.  
  
Tosi P.  
  
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Rota-Scalabrini D.  
  
Cangialosi C.  
  
Nozzoli C.  
  
Anaclerico B.  
  
Fazio F.  
  
Bruno B.  
  
Mancuso K.  
  
Corradini P.  
  
Milone G.  
  
Boccadoro M.",

"AO":"nan",

"IN":"(Mina, Bertuglia, Bruno) Division of Hematology, University of Torino and Department of Molecular Biotechnology and Health Sciences, University of Torino, AOU Citta della Salute e della Scienza di Torino, Torino, Italy  
  
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(Floris) S.C. Ematologia e CTMO, Ospedale Oncologico A. Businco, Cagliari, Italy  
  
(Cupelli) Department of Hematology, S. Eugenio Hospital, Rome, United States  
  
(Tosi) Hematology Unit, Infermi Hospital, Rimini, Italy  
  
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(Boccadoro) Department of Molecular Biotechnology and Health Sciences, University of Torino, Torino, Italy",

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"OD":"High-dose melphalan plus autologous stem-cell transplantation (ASCT) is a standard of care for transplant-eligible patients with newly diagnosed multiple myeloma (NDMM), and adequate hematopoietic stem-cell (HSC) collection is crucial to ensure hematologic recovery after ASCT. In this prospective, observational study we evaluated HSC mobilization with granulocyte colony-stimulating factor (G-CSF), cyclophosphamide, and 'on-demand' plerixafor (in patients with.",

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"UI":"639859144",

"TI":"The effect modification of extreme temperatures on mental and behavior disorders by environmental factors and individual-level characteristics in Canada.",

"SO":"Environmental research. (pp 114999), 2022. Date of Publication: 21 Dec 2022.",

"AU":"Lavigne E.  
  
Maltby A.  
  
Cote J.-N.  
  
Weinberger K.R.  
  
Hebbern C.  
  
Vicedo-Cabrera A.M.  
  
Wilk P.",

"AO":"nan",

"IN":"(Lavigne) Environmental Health Science and Research Bureau, Health Canada, Ottawa, Ontario, Canada School of Epidemiology & Public Health, University of Ottawa, Ottawa, Ontario, Canada  
  
(Maltby) Department of Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, Western University, London, ON, Canada  
  
(Cote) Department of Applied Geomatics, Sherbrooke University, Sherbrooke, QC, Canada  
  
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"FTURL":"OBJECTIVE: Ambient extreme temperatures have been associated with mental and behavior disorders (MBDs). However, few studies have assesed whether vulnerability factors such as ambient air pollution, pre-existing mental health conditions and residential environmental factors increase susceptibility. This study aims to evaluate the associations between short-term variations in outdoor ambient extreme temperatures and MBD-related emergency department (ED) visits and how these associations are modified by vulnerability factors. METHOD(S): We conducted a case-crossover study of 9,958,759 MBD ED visits in Alberta and Ontario, Canada made between March 1st, 2004 and December 31st, 2020. Daily average temperature was assigned to individual cases with ED visits for MBD using gridded data at a 1kmx1km spatial resolution. Conditional logistic regression was used to estimate associations between extreme temperatures (i.e., risk of ED visit at the 2.5th percentile temperature for cold and 97.5th percentile temperature for heat for each health region compared to the minimal temperature risk) and MBD ED visits. Age, sex, pre-existing mental health conditions, ambient air pollution (i.e. PM2.5, NO2 and O3) and residential environmental factors (neighborhood deprivation, residential green space exposure and urbanization) were evaluated as potential effect modifiers. RESULT(S): Cumulative exposure to extreme heat over 0-5 days (odds ratio [OR]=1.145 95% CI: 1.121-1.171) was associated with ED visits for any MBD. However, cumulative exposure to extreme cold was associated with lower risk of ED visits for any MBD (OR=0.981 95% CI: 0.976-0.987). We also found heat to be associated with ED visits for specific MBDs such as substance use disorders, dementia, neurotic disorders, schizophrenia and personality behavior disorder. Individuals with pre-existing mental health conditions, those exposed to higher daily concentrations of NO2 and O3 and those residing in neighborhoods with greater material and social deprivation were at higher risk of heat-related MBD ED visits. Increasing tree canopy coverage appeared to mitigate risks of the effect of heat on MBD ED visits. CONCLUSION(S): Findings provide evidence that the impacts of heat on MBD ED visits may vary across different vulnerability factors.Copyright © 2022. Published by Elsevier Inc.",

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"MV":"nan",

"TN":"nan",

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"ORN":"72",

"VN":"Ovid Technologies",

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

"UI":"35794777",

"TI":"Comorbidities in Youth with Bipolar Disorder: Clinical Features and Pharmacological Management. [Review]",

"SO":"Current Neuropharmacology. 21(4):911-934, 2023.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Sesso G  
  
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"DU":"Sesso, Gianluca  
  
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Masi, Gabriele",

"OD":"Sesso, Gianluca. IRCCS Stella Maris, Scientific Institute of Child Neurology and Psychiat., Calambrone (Pisa), Italy.  
  
Brancati, Giulio Emilio. Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy.  
  
Masi, Gabriele. IRCCS Stella Maris, Scientific Institute of Child Neurology and Psychiat., Calambrone (Pisa), Italy.",

"AB":"Adult  
  
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"FTURL":"Bipolar disorder adolescents antidepressants antipsychotics children mood stabilizers pharmacotherapy phenotype",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Bipolar Disorder (BD) is a highly comorbid condition, and rates of cooccurring disorders are even higher in youth. Comorbid disorders strongly affect clinical presentation, natural course, prognosis, and treatment.  
  
METHODS: This review focuses on the clinical and treatment implications of the comorbidity between BD and Attention-Deficit/Hyperactivity Disorder, disruptive behavior disorders (Oppositional Defiant Disorder and/or Conduct Disorder), alcohol and substance use disorders, Autism Spectrum Disorder, anxiety disorders, Obsessive-Compulsive Disorder, and eating disorders.  
  
RESULTS: These associations define specific conditions which are not simply a sum of different clinical pictures, but occur as distinct and complex combinations with specific developmental pathways over time and selective therapeutic requirements. Pharmacological treatments can improve these clinical pictures by addressing the comorbid conditions, though the same treatments may also worsen BD by inducing manic or depressive switches.  
  
CONCLUSION: The timely identification of BD comorbidities may have relevant clinical implications in terms of symptomatology, course, treatment and outcome. Specific studies addressing the pharmacological management of BD and comorbidities are still scarce, and information is particularly lacking in children and adolescents for this reason, the present review also included studies conducted on adult samples. Developmentally-sensitive controlled clinical trials are thus warranted to improve the prognosis of these highly complex patients, requiring timely and finely personalized therapies. Copyright© Bentham Science Publishers For any queries, please email at epub@benthamscience.net.",

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"TI":"Sleep-promoting medications in children: Physician prescribing habits in Southwestern Ontario, Canada.",

"SO":"Sleep Medicine. 17(pp 52-56), 2016. Date of Publication: 2016.",

"AU":"Bock D.E.  
  
Roach-Fox E.  
  
Seabrook J.A.  
  
Rieder M.J.  
  
Matsui D.",

"AO":"(Bock, Roach-Fox, Seabrook, Rieder, Matsui) Department of Pediatrics, Western University, London, ON, Canada  
  
(Bock, Seabrook) Lawson Health Research Institute, London, ON, Canada  
  
(Seabrook, Rieder, Matsui) Children's Health Research Institute, London, ON, Canada  
  
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"OD":"Background: Research indicates that physicians may frequently use pharmacotherapy to treat pediatric insomnia despite minimal safety data and very limited indications. Canadian data on the subject are lacking. This study aimed to determine physicians' views on and prescribing habits for sleep-promoting over-the-counter medication (OTCM) and prescription (RXM) medications for children. Method(s): A modified 26-item version of the 'Pediatric Sleep Medication Survey', originally developed by Judith Owens and colleagues, was sent to 100 pediatricians and a random sample of 421 family physicians in Southwestern Ontario, Canada. Result(s): A total of 67 returned surveys were sufficiently complete for analysis. Sixty-one respondents indicated their specialty (28 pediatricians, 33 family physicians). In a typical 6-month period, 89% and 66% of respondents have recommended OTCM and RXM, respectively, for children with sleep problems. Only 20% have received any formal training on pediatric sleep disorders. The most common circumstances and sleep problems for which OTCM or RXM were recommended were mood disorders, developmental delay and attention deficit hyperactivity disorder (ADHD) (56, 40, and 39%, respectively), and insomnia, bedtime struggles/delayed sleep onset and circadian rhythm disorders (52, 48, and 28%, respectively). A total of 30% recommended OTCM or RXM to otherwise healthy children with sleep problems. Melatonin (73%), OTC antihistamines (41%), antidepressants (37%), and benzodiazepines (29%) were the most commonly recommended OTCM and RXM, respectively. Conclusion(s): Respondents in our sample frequently use pharmacotherapy to treat pediatric sleep problems few have received any training in this area. Our findings indicate the need for evidence-based guidelines and regular physician training in the management of pediatric sleep disorders.Copyright © 2015 Elsevier B.V.",

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Thakurta S",

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Carson, Susan  
  
Fu, Rochelle  
  
Thakurta, Sujata",

"DU":"nan",

"OD":"PURPOSE: Atypical antipsychotic agents are used to treat the symptoms of schizophrenia and bipolar disorder. The purpose of this review is to help policy makers and clinicians make informed choices about their use. Given the prominent role of drug therapy in psychiatric disease, our goal is to summarize comparative data on efficacy, effectiveness, tolerability, and safety. Ten atypical antipsychotics are currently available in the United States and Canada. Clozapine, the prototypic atypical antipsychotic, was introduced in 1989. Since then, 9 other atypical antipsychotics have been brought to market: risperidone (1993), risperidone long-acting injection (2003), olanzapine (1996), quetiapine (1997), ziprasidone (2001), aripiprazole (2002), extended-release paliperidone (2006), asenapine (2009), iloperidone (2009), and paliperidone long-acting injection (2009).  
  
DATA SOURCES: To identify relevant citations, we searched the Cochrane Central Register of Controlled Trials (1st Quarter 2010), Cochrane Database of Systematic Reviews (4th quarter 2009), MEDLINE (1950 to week 4 January 2010), and PsycINFO (1806 to February week 1 2010) using terms for included drugs, indications, and study designs. We attempted to identify additional studies through searches of reference lists of included studies and reviews. We also searched the US Food and Drug Administration Center for Drug Evaluation and Research website for medical and statistical reviews of individual drug products. Finally, we requested dossiers of published and unpublished information from the relevant pharmaceutical companies for this review.  
  
REVIEW METHODS: Study selection, data abstraction, validity assessment, grading the strength of the evidence, and data synthesis were all carried out according to our standard review methods.  
  
RESULTS: Schizophrenia and Related Psychoses In patients with schizophrenia, while differences in short-term efficacy are not apparent among the atypical antipsychotics, clozapine and olanzapine have been found to result in lower rates of discontinuation of drug over periods of up to 2 years. Clozapine has reduced suicides and suicidal behavior in patients at high risk, but results in more discontinuations due to adverse events than the others. While risperidone and extended-release paliperidone resulted in higher rates of extrapyramidal symptoms in some studies, the majority of studies find no differences among the drugs. Risperidone was found to result in more frequent or more severe sexual dysfunction symptoms than quetiapine, but was similar to extended-release paliperidone or ziprasidone. Very limited evidence existed regarding atypical antipsychotics used for the treatment of schizophrenia in subgroup populations. Among adolescents with schizophrenia, quetiapine was not superior to placebo based on response rate, but was superior based on improvements measured by the Positive and Negative Syndrome Scale. Differences by race were not found, but women had greater improvements with clozapine on a global impression scale, and with olanzapine on a quality of life scale compared with men. Bipolar Disorder In adults with bipolar disorder, no significant differences were found between risperidone and olanzapine or asenapine and olanzapine in quality of life, remission, and response outcomes. Olanzapine resulted in greater mean weight gain compared with asenapine and risperidone, respectively, whereas asenapine resulted in a significantly higher rate of discontinuations due to adverse events than olanzapine. Otherwise, there were no significant differences between risperidone and olanzapine or between asenapine and olanzapine in extrapyramidal symptoms or between risperidone and olanzapine in discontinuations due to adverse events. In children and adolescents with bipolar disorder evidence is extremely limited olanzapine and risperidone had similar response rates after 8 weeks of treatment and no significant differences in mean weight gain were found. Major Depressive Disorder In adults with major depressive disorder, the majority of studies evaluated the adjunctive use of atypical antipsychotics in patients with an inadequate response to prior treatment with standard antidepressants and generally provided insufficient evidence for determining their comparative effectiveness and efficacy. However, evidence from both observational studies and randomized controlled trials indicated that weight gain was greatest with adjunctive olanzapine. Behavioral and Psychological Symptoms of Dementia In patients with behavioral and psychological symptoms of dementia, the best evidence found similar rates of response and withdrawal, and no differences in clinical outcome measures for olanzapine, risperidone, and quetiapine. Children and Adolescents with Pervasive Developmental Disorders or Disruptive Behavior Disorders Compared with placebo, risperidone, aripiprazole, and olanzapine improved behavioral symptoms in children and adolescents with pervasive developmental disorders, and risperidone and quetiapine showed efficacy in children and adolescents with disruptive behavior disorders. Serious Harms Olanzapine resulted in greater weight gain compared with other atypical antipsychotics (6 to 13 pounds more), and an increased risk of new-onset diabetes (OR, 1.16 95% CI, 1.0 to 1.31 compared with risperidone). Risperidone resulted in an increased risk of new-onset tardive dyskinesia (3% compared with 1% to 2% for others). While clozapine has been shown to be associated with increased risk of seizures and agranulocytosis, differences among the drugs in other serious harms have not been clearly shown.  
  
CONCLUSION: Few differences were seen among the atypical antipsychotics in short-term efficacy in patients with schizophrenia, bipolar disorder, or dementia. Differences in most effectiveness outcomes were also not clear, but uncertainty exists. In patients with schizophrenia, clozapine reduced suicides and suicidal behavior, but resulted in stopping drug due to adverse events more often than the others. However, clozapine and olanzapine resulted in lower rates of discontinuation of drug for any reason over periods of up to 2 years. In adults with bipolar disorder, asenapine resulted in a higher risk of stopping drug due to adverse events than olanzapine. Comparative evidence was not available for the use of the drugs in adults with major depressive disorder or children and adolescents with pervasive developmental disorders or disruptive behavior disorders. Olanzapine resulted in greater weight gain than the other drugs (6 to 13 pounds more) and a 16% increased risk of new-onset diabetes, while risperidone resulted in an increased risk of new-onset tardive dyskinesia. While clozapine has been shown to be associated with increased risk of seizures and agranulocytosis, differences among the drugs in other serious harms have not been clearly shown. Evidence on long-term harms for the newest drugs is lacking. Copyright © 2010 by Oregon Health & Science University, Portland, Oregon 97239. All rights reserved.",

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"TI":"In Vitro Antibiofilm Effect of N-Acetyl-L-cysteine/Dry Propolis Extract Combination on Bacterial Pathogens Isolated from Upper Respiratory Tract Infections.",

"SO":"Pharmaceuticals. 16(11) (no pagination), 2023. Article Number: 1604. Date of Publication: November 2023.",

"AU":"Bozic D.D.  
  
Cirkovic I.  
  
Milovanovic J.  
  
Bufan B.  
  
Folic M.  
  
Savic Vujovic K.  
  
Pavlovic B.  
  
Jotic A.",

"AO":"Bozic, Dragana D. ORCID: https://orcid.org/0000-0002-5373-5540  
  
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Folic, Miljan ORCID: https://orcid.org/0000-0002-6049-0342  
  
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Jotic, Ana ORCID: https://orcid.org/0000-0001-9862-592X",

"IN":"(Bozic, Bufan) Department of Microbiology and Immunology, Faculty of Pharmacy, University of Belgrade, Vojvode Stepe 450, Belgrade 11221, Serbia  
  
(Cirkovic) Institute of Microbiology and Immunology, Dr Subotica 1, Belgrade 11000, Serbia  
  
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(Milovanovic, Folic, Pavlovic, Jotic) Clinic for Otorhinolaryngology and Maxillofacial Surgery, University Clinical Center of Serbia, Pasterova 2, Belgrade 11000, Serbia  
  
(Savic Vujovic) Department of Pharmacology, Clinical Pharmacology and Toxicology, Dr Subotica 1, Belgrade 11129, Serbia",

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"AB":"Bacterial biofilms play an important role in the pathogenesis of chronic upper respiratory tract infections. In addition to conventional antimicrobial therapy, N-acetyl-L-cysteine (NAC) and propolis are dietary supplements that are often recommended as supportive therapy for upper respiratory tract infections. However, no data on the beneficial effect of their combination against bacterial biofilms can be found in the scientific literature. Therefore, the aim of our study was to investigate the in vitro effect of N-acetyl-L-cysteine (NAC) and dry propolis extract in fixed combinations (NAC/dry propolis extract fixed combination) on biofilm formation by bacterial species isolated from patients with chronic rhinosinusitis, chronic otitis media, and chronic adenoiditis. The prospective study included 48 adults with chronic rhinosinusitis, 29 adults with chronic otitis media, and 33 children with chronic adenoiditis. Bacteria were isolated from tissue samples obtained intraoperatively and identified using the MALDI-TOF Vitek MS System. The antimicrobial activity, synergism, and antibiofilm effect of NAC/dry propolis extract fixed combination were studied in vitro. A total of 116 different strains were isolated from the tissue samples, with staphylococci being the most frequently isolated in all patients (57.8%). MICs of the NAC/dry propolis extract fixed combination ranged from 1.25/0.125 to 20/2 mg NAC/mg propolis. A synergistic effect (FICI <= 0.5) was observed in 51.7% of strains. The majority of isolates from patients with chronic otitis media were moderate biofilm producers and in chronic adenoiditis they were weak biofilm producers, while the same number of isolates in patients with chronic rhinosinusitis were weak and moderate biofilm producers. Subinhibitory concentrations of the NAC/propolis combination ranging from 0.625-0.156 mg/mL to 10-2.5 mg/mL of NAC combined with 0.062-0.016 mg/mL to 1-0.25 mg/mL of propolis inhibited biofilm formation in all bacterial strains. Suprainhibitory concentrations ranging from 2.5-10 mg/mL to 40-160 mg/mL of NAC in combination with 0.25-1 mg/mL to 4-16 mg/mL of propolis completely eradicated the biofilm. In conclusion, the fixed combination of NAC and dry propolis extract has a synergistic effect on all stages of biofilm formation and eradication of the formed biofilm in bacteria isolated from upper respiratory tract infections.Copyright © 2023 by the authors.",

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"TI":"Genomic Epidemiology and Characterization of Carbapenem-Resistant Klebsiella pneumoniae in ICU Inpatients in Henan Province, China: a Multicenter Cross-Sectional Study.",

"SO":"Microbiology Spectrum. 11(3):e0419722, 2023 06 15.",

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"DU":"Wang, Shanmei  
  
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Li, Lifeng",

"OD":"Wang, Shanmei. Department of Clinical Microbiology, Henan Provincial People's Hospital, Zhengzhou University People's Hospital, Henan University People's Hospital, Zhengzhou, Henan, China.  
  
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Jin, Jing. Department of Pathogen Biology and Immunology, Henan Medical College, Zhengzhou, Henan, China.  
  
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Cheng, Jianjian. Department of Respiratory and Critical Care Medicine, Henan Provincial People's Hospital, Zhengzhou University People's Hospital, Henan University People's Hospital, Zhengzhou, Henan, China.  
  
Li, Lifeng. Department of Bioinformatics Research, Genskey Co., Ltd., Beijing, China.",

"AB":"Klebsiella pneumoniae MDR XDR carbapenem resistance genomic surveillance hypermucoviscosity molecular epidemiology sequence typing",

"FTURL":"NOTNLM",

"PM":"Carbapenem-resistant Klebsiella pneumoniae (CRKP) has disseminated globally and is difficult to treat, causing increased morbidity and mortality rates in critically ill patients. We conducted a multicenter cross-sectional study of intensive care unit (ICU) inpatients in 78 hospitals to investigate the prevalence and molecular characteristics of CRKP in Henan Province, China, a hyperepidemic region. A total of 327 isolates were collected and downsampled to 189 for whole-genome sequencing. Molecular typing revealed that sequence type 11 (ST11) of clonal group 258 (CG258) was predominant (88.9%, n = 168), followed by ST2237 (5.8%, n = 11) and ST15 (2.6%, n = 5). We used core genome multilocus sequence typing (cgMLST) to further classified the population into 13 subtypes. Capsule polysaccharide (K-antigen) and lipopolysaccharide (LPS O-antigen) typing revealed that K64 (48.1%, n = 91) and O2a (49.2%, n = 93) were the most common. We studied isolates collected from both the airway and the gut of the same patients and showed that intestinal carriage was associated with respiratory colonization (odds ratio = 10.80, P < 0.0001). Most isolates (95.2%, n = 180) showed multiple drug resistance (MDR), while 59.8% (n = 113) exhibited extensive drug resistance (XDR), and all isolates harbored either blaKPC-2 (98.9%, n = 187) or blaCTX-M and blaSHV extended-spectrum beta-lactamases (ESBLs) (75.7%, n = 143). However, most were susceptible to ceftazidime-avibactam (CZA) (94.7%, n = 179) and colistin (97.9%, n = 185). We found mgrB truncations in isolates conferring resistance to colistin and mutations in blaSHV and OmpK35 and OmpK36 osmoporins in CZA-resistant isolates. Using a regularized regression model, we found that the aerobactin sequence type and the salmochelin sequence type, among others, were predictors of the hypermucoviscosity phenotype. IMPORTANCE In this study, we address the ongoing epidemic of carbapenem-resistant Klebsiella pneumoniae, a critical threat to public health. The alarming genotypic and phenotypic convergence of multidrug resistance and virulence highlights the increasingly aggravated threat posed by K. pneumoniae. This calls for a combined effort of physicians and scientists to study the potential mechanisms and establish guidelines for antimicrobial therapies and interventions. To this end, we have conducted a genomic epidemiology and characterization study using isolates collected in a coordinated effort of multiple hospitals. Innovative biological discoveries of clinical importance are made and brought to the attention of clinical researchers and practitioners. This study presents an important advance in the application of genomics and statistics to recognize, understand, and control an infectious disease of concern.",

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

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Colistin  
  
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Klebsiella Infections/dt [Drug Therapy]  
  
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"DU":"Krenn, Peter W. Department of Biosciences and Medical Biology, Cancer Cluster Salzburg, Paris Lodron University of Salzburg, Salzburg, Austria.  
  
Aberger, Fritz. Department of Biosciences and Medical Biology, Cancer Cluster Salzburg, Paris Lodron University of Salzburg, Salzburg, Austria.",

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"AB":"nan",

"FTURL":"Understanding the genetic alterations, disrupted signaling pathways, and hijacked mechanisms in oncogene-transformed hematologic cells is critical for the development of effective and durable treatment strategies against liquid tumors. In this review, we focus on the specific involvement of the Hedgehog (HH)/GLI pathway in the manifestation and initiation of various cancer features in hematologic malignancies, including multiple myeloma, T- and B-cell lymphomas, and lymphoid and myeloid leukemias. By reviewing canonical and noncanonical, Smoothened-independent HH/GLI signaling and summarizing preclinical in vitro and in vivo studies in hematologic malignancies, we elucidate common molecular mechanisms by which HH/GLI signaling controls key oncogenic processes and cancer hallmarks such as cell proliferation, cancer stem cell fate, genomic instability, microenvironment remodeling, and cell survival. We also summarize current clinical trials with HH inhibitors and discuss successes and challenges, as well as opportunities for future combined therapeutic approaches. By providing a bird's eye view of the role of HH/GLI signaling in liquid tumors, we suggest that a comprehensive understanding of the general oncogenic effects of HH/GLI signaling on the formation of cancer hallmarks is essential to identify critical vulnerabilities within tumor cells and their supporting remodeled microenvironment, paving the way for the development of novel and efficient personalized combination therapies for hematologic malignancies. Copyright © 2023 by The American Society of Hematology.",

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"TN":"Krenn, Peter W ORCID: https://orcid.org/0000-0002-8896-8387  
  
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"If RCT or not":"No",

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"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"73",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028268806",

"TI":"Comparison of different plerixafor-based strategies for adequate hematopoietic stem cell collection in poor mobilizers.",

"SO":"European Research Journal. 9(6) (pp 1368-1379), 2023. Date of Publication: November 2023.",

"AU":"Sadri S.  
  
Hindilerden I.Y.  
  
Mutlu Y.G.  
  
Tiryaki T.O.  
  
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Bekoz H.S.  
  
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(Sadri) Bursa City Hospital, Department of Hematology, Dogankoy Mah., Nilufer, Bursa 16110, Turkey",

"PB":"Association of Health Research and Strategy",

"MH":"acute lymphoblastic leukemia/dt [Drug Therapy]  
  
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apheresis  
  
article  
  
autologous stem cell transplantation  
  
autotransplantation  
  
febrile neutropenia  
  
female  
  
\*hematopoietic stem cell  
  
hospital information system  
  
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human tissue  
  
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non-Hodgkin lymphoma / drug therapy  
  
overall survival  
  
retrospective study",

"OD":"Objectives: The main objective of the present study was to evaluate whether the use of plerixafor in combination with granulocyte colony-stimulating factor (G-CSF) or subsequent use of isolated G-CSF and then plerixafor following disease-specific chemotherapy, and whether it would allow for adequate peripheral stem cell collection in patients. Method(s): The retrospective study evaluated 54 patients with previous mobilization failure who were administered plerixafor in 2 centers. In patients without any side effects, CD 34+ cell counts, the percentage of patients who were found eligible for autologous transplantation, the engraftment kinetics of the patients who underwent transplantation, and their overall survival results were compared between the two groups where G-CSF was used with plerixafor, or where plerixafor was used after isolated G-CSF following chemotherapy. Result(s): The median age of the patients was 49 years (range: 17-70), and 64.8% (n = 35) were males. It was identified that 31 (57.4%) patients underwent mobilization treatment with isolated G-CSF and plerixafor, and 23 (42.6%) patients underwent mobilization treatment with chemotherapy plus G-CSF and plerixafor. In all patients, mean hemoglobin level (11.3 +/- 1.5 g/dL vs. 9.3 +/- 1.3 g/dL p < 0.001) and median platelet level (129.2 x103/microL vs. 58.4 x103/microL) were found to be higher, while febrile neutropenia rate (3.3% vs. 60.9%), the percentage of replacement patients (6.7% vs. 65.2%), and median days of G-CSF (6 vs. 9) were found to be lower on the day of plerixafor administration in the isolated G-CSF and plerixafor group compared to the chemotherapy and G-CSF and plerixafor group. Conclusion(s): In conclusion, our study demonstrated that administration of plerixafor is generally safe and well-tolerated. Regardless of the underlying disease, it offers an effective alternative for patients with previous failed mobilization attempts using conventional regimens, and allows stem cell collection with fewer apheresis sessions.©Copyright © 2023 by Prusa Medical Publishing.",

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

"FTURL":"cyclophosphamide / drug combination / drug therapy  
  
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"ORN":"73",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"639857805",

"TI":"Increased risk of incident atrial fibrillation in young adults with mental disorders: a nationwide population-based study.",

"SO":"Heart rhythm. (no pagination), 2022. Date of Publication: 20 Dec 2022.",

"AU":"Ahn H.J.  
  
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"PB":"NLM (Medline)",

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article  
  
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human  
  
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major clinical study  
  
male  
  
\*mental disease  
  
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young adult [m]",

"FTURL":"BACKGROUND: Mental disorders and cardiovascular diseases are closely related. However, a paucity of information exists regarding the risk of incident atrial fibrillation (AF) in patients with mental disorders. OBJECTIVE(S): We aimed to assess the association between mental disorders and the risk of AF, particularly among young adults. METHOD(S): Using the Korean National Health Insurance database between 2009 and 2012, we identified adults aged 20 to 39 years without a history of AF and who have been diagnosed with mental disorders. Mental disorders were defined as having one of the following diagnoses: depression, insomnia, anxiety disorder, bipolar disorder, or schizophrenia. The primary outcome was new-onset AF during follow-up. RESULT(S): A total of 6,576,582 subjects (mean age, 30.9+/-5.0 years men, 59.6%) were included. Among the total population, 10% had mental disorders. During the follow-up period, 8,932 incident AF events occurred. Participants with mental disorders showed a higher AF incidence than did those without (25.4 vs. 17.7 per 100,000 person-years). After multivariable adjustment, mental disorders were associated with a significantly higher risk of AF (adjusted HR, 1.526 95% CI, 1.436-1.621). Patients with bipolar disorder or schizophrenia had a two-fold higher risk of AF, and those with depression, insomnia, and anxiety disorder had 1.5 to 1.7-fold higher risk of AF compared to those without mental disorders. CONCLUSION(S): Young adults diagnosed with mental disorders have a higher risk of incident AF. Awareness for AF in high-risk populations should thus be considered.Copyright © 2022. Published by Elsevier Inc.",

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

"DJ":"36563829 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36563829]",

"MV":"nan",

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"VN":"Ovid Technologies",

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

"UI":"36913518",

"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.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Sydenstricker S  
  
Moore A  
  
Nagao K",

"MH":"Nagao, Kyoko ORCID: https://orcid.org/0000-0003-0917-6603",

"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. Department of Linguistics and Cognitive Science, University of Delaware, Newark, Delaware, USA.",

"AB":"Adolescent  
  
Humans  
  
Anxiety  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
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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.",

"MV":"0 (Central Nervous System Stimulants)",

"TN":"Clinical Trial  
  
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"UI":"611062667",

"TI":"Prescribing trends of attention-deficit hyperactivity disorder (ADHD) medications in UK primary care, 1995-2015.",

"SO":"British Journal of Clinical Pharmacology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Renoux C.  
  
Shin J.-Y.  
  
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"AO":"(Renoux, Shin, Dell'Aniello, Suissa) Centre for Clinical Epidemiology, Lady Davis Institute for Medical Research Jewish General Hospital Montreal, QC Canada  
  
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(Renoux, Suissa) Department of Epidemiology and Biostatistics McGill University Montreal, QC Canada  
  
(Fergusson) The Clockhouse, Oxford Health Oxford University Oxford UK",

"IN":"Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)",

"PB":"adult  
  
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"OD":"Aim: The aim of the present study was to describe the prescription of medications for attention-deficit hyperactivity disorder (ADHD) in the UK between 1995 and 2015. Method(s): Using the Clinical Practice Research Datalink (CPRD), we defined a cohort of all patients aged 6-45 years, registered with a general practitioner between January 1995 and September 2015. All prescriptions of methylphenidate, dexamphetamine/lisdexamphetamine and atomoxetine were identified and annual prescription rates of ADHD were estimated using Poisson regression. Result(s): Within a cohort of 7432735 patients, we identified 698148 prescriptions of ADHD medications during 41171528 person-years of follow-up. Usage was relatively low until 2000, during which the prescription rate was 42.7 [95% confidence interval (CI) 20.9, 87.2] prescriptions per 10000 persons, increasing to 394.4 (95% CI 296.7, 524.2) in 2015, corresponding to an almost 800% increase (rate ratio 8.87 95% CI 7.10, 11.09). The increase was seen in all age groups and in both sexes but was steepest in boys aged 10-14 years. The prescription rate in males was almost five times that of females. Methylphenidate remained the most prescribed drug during the 20-year study period, representing 88.9% of all prescriptions in the 6-24-year-old group, and 63.5% of all prescriptions in adults (25-45 years of age). Conclusion(s): Prescription rates of ADHD medications have increased dramatically in the past two decades. This may be due, at least in part, to both an increase in the number of patients diagnosed with ADHD over time and a higher percentage of those patients treated with medication.Copyright © 2016 The British Pharmacological Society.",

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"UI":"38085556",

"TI":"Safety Evaluation in Iterative Development of Wearable Patches for Aripiprazole Tablets With Sensor: Pooled Analysis of Clinical Trials.",

"SO":"JMIR Formative Research. 7:e44768, 2023 Dec 12.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Jan M  
  
Coppin-Renz A  
  
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Fahmy M  
  
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"MH":"Jan, Michael  
  
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Gallo, Christophe Le  
  
Cochran, Jeffrey M  
  
Heumen, Emiel van  
  
Fahmy, Michael  
  
Reuteman-Fowler, J Corey",

"DU":"Jan, Michael. Otsuka Pharmaceutical Development & Commercialization, Inc, Princeton, NJ, United States.  
  
Coppin-Renz, Antonia. Otsuka Pharma GmbH, Frankfurt am Main, Germany.  
  
West, Robin. Otsuka Pharmaceutical Development & Commercialization, Inc, Princeton, NJ, United States.  
  
Gallo, Christophe Le. Otsuka Pharmaceutical Development & Commercialization, Inc, Princeton, NJ, United States.  
  
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Heumen, Emiel van. Otsuka Pharma GmbH, Frankfurt am Main, Germany.  
  
Fahmy, Michael. Otsuka Pharmaceutical Development & Commercialization, Inc, Princeton, NJ, United States.  
  
Reuteman-Fowler, J Corey. Otsuka Pharmaceutical Development & Commercialization, Inc, Princeton, NJ, United States.",

"OD":"BACKGROUND: Wearable sensors in digital health may pose a risk for skin irritation through the use of wearable patches. Little is known about how patient- and product-related factors impact the risk of skin irritation. Aripiprazole tablets with sensor (AS, Abilify MyCite Otsuka America Pharmaceutical, Inc) is a digital medicine system indicated for the treatment of patients with schizophrenia, bipolar I disorder, and major depressive disorder. AS includes aripiprazole tablets with an embedded ingestible event marker, a wearable sensor attached to the skin through a wearable patch, a smartphone app, and a web-based portal. To continuously improve the final product, successive iterations of wearable patches were developed, including raisin patch version 4 (RP4), followed by disposable wearable sensor version 5 (DW5), and then reusable wearable sensor version 2 (RW2).  
  
OBJECTIVE: This analysis pooled safety data from clinical studies in adult participants using the RP4, DW5, and RW2 wearable patches of AS and evaluated adverse events related to the use of wearable patches.  
  
METHODS: Safety data from 12 studies in adults aged 18-65 years from May 2010 to August 2020 were analyzed. All studies evaluated safety, with studies less than 2 weeks also specifically examining human factors associated with the use of the components of AS. Healthy volunteers or patients with schizophrenia, bipolar I disorder, or major depressive disorder were enrolled those who were exposed to at least 1 wearable patch were included in the safety analysis. Adverse events related to the use of a wearable patch were evaluated. Abrasions, blisters, dermatitis, discoloration, erythema, irritation, pain, pruritus, rash, and skin reactions were grouped as skin irritation events (SIEs). All statistical analyses were descriptive.  
  
RESULTS: The analysis included 763 participants (mean [SD] age 42.6 [12.9] years White: n=359, 47.1% and male: n=420, 55%). Participants were healthy volunteers (n=269, 35.3%) or patients with schizophrenia (n=402, 52.7%), bipolar I disorder (n=57, 7.5%), or major depressive disorder (n=35, 4.6%). Overall, 13.6% (104/763) of the participants reported at least 1 SIE, all of which were localized to the wearable patch site. Incidence of >=1 patch-related SIEs was seen in 18.1% (28/155), 14.2% (55/387), and 9.2% (28/306) of participants who used RP4, DW5, and RW2, respectively. Incidence of SIE-related treatment discontinuation was low, which is reported by 1.9% (3/155), 3.1% (12/387), and 1.3% (4/306) of participants who used RP4, DW5, and RW2, respectively.  
  
CONCLUSIONS: The incidence rates of SIEs reported as the wearable patch versions evolved from RP4 through RW2 suggest that information derived from reported adverse events may have informed product design and development, which could have improved both tolerability and wearability of successive products.  
  
TRIAL REGISTRATION: Clinicaltrials.gov NCT02091882, https://clinicaltrials.gov/study/NCT02091882 Clinicaltrials.gov NCT02404532, https://clinicaltrials.gov/study/NCT02404532 Clinicaltrials.gov NCT02722967, https://clinicaltrials.gov/study/NCT02722967 Clinicaltrials.gov NCT02219009, https://clinicaltrials.gov/study/NCT02219009 Clinicaltrials.gov NCT03568500, https://clinicaltrials.gov/study/NCT03568500 Clinicaltrials.gov NCT03892889, https://clinicaltrials.gov/study/NCT03892889. Copyright ©Michael Jan, Antonia Coppin-Renz, Robin West, Christophe Le Gallo, Jeffrey M Cochran, Emiel van Heumen, Michael Fahmy, J Corey Reuteman-Fowler. Originally published in JMIR Formative Research (https://formative.jmir.org), 12.12.2023.",

"AB":"Journal Article",

"FTURL":"2023",

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

"DJ":"Abilify MyCite abrasions adhesive patch adverse events biocompatibility bipolar disorder blisters depressive disorder dermatitis development mobile phone monitoring pain product iteration rash schizophrenia sensors skin skin irritation treatment wearable sensor",

"MV":"NOTNLM",

"TN":"Jan, Michael ORCID: https://orcid.org/0000-0001-7638-4766  
  
Coppin-Renz, Antonia ORCID: https://orcid.org/0009-0001-3883-4516  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

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"TI":"Antimicrobial Resistance in Patients with Chronic Ear Discharge Awaiting Surgery in Tertiary Care Hospital of Central India.",

"SO":"International Journal of Pharmaceutical Sciences Review and Research. 83(1) (pp 125-130), 2023. Article Number: 21. Date of Publication: November-December 2023.",

"AU":"De S.  
  
Gangeshri N.  
  
Agrawal S.",

"AO":"nan",

"IN":"(De, Gangeshri, Agrawal) Department of ENT, Chandulal Chandrakar Memorial Government Medical College, Durg, India",

"PB":"Global Research Online",

"MH":"adolescent  
  
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\*antibiotic resistance  
  
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aztreonam  
  
carbenicillin  
  
cefazolin  
  
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clindamycin  
  
colistin  
  
cotrimoxazole  
  
erythromycin  
  
gentamicin  
  
linezolid  
  
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\*chronic ear discharge",

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erythromycin  
  
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\*ear surgery  
  
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male  
  
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tertiary care center",

"AB":"Introduction: The department of Otorhinolaryngology is a tertiary care facility located in central India. Since the hospital is a referral centre, it is possible that it will get long-term Chronic Suppurative Otitis Media (CSOM) patients who have previously been subjected to numerous antibiotics. Enhancing laboratory surveillance of antimicrobial resistance (AMR) has been recommended this is a priority stated in the national and international action plans to combat AMR. The kind of bacterial infections present in CSOM and their patterns of AMR may also be useful in guiding treatment strategies. Aims/ objective: To determine the antimicrobial resistance and sensitivity pattern among patients presenting with CSOM and awaiting surgery in a tertiary care hospital in central India. Material(s) and Method(s): 108 patients presenting with CSOM and chronic ear discharge planned for surgery with bacterial infection were included in our study. Using a sterilized ear swab and strict aseptic procedures, an expert otolaryngologist collected pus from the auditory canals of CSOM patients and submitted the sample to the laboratory for microbiological testing. Following the standard guidelines for inoculating culture media, samples were directly injected into blood agar, chocolate agar, and MacConkey agar. The Kirby-Bauer disc diffusion method was used to assess the sensitivity to antibiotics of all isolated microorganisms. We have determined the findings with respect to the CLSI 2018 guidelines. Result(s): Pseudomonas aeruginosa was most frequently identified pathogenic micro-organism in 45.37% of cases followed by staphylococcus aureus (37.96%). Most of the pseudomonas isolates were resistant to carbenicillin (62.07%) and ceftazidime (46.55%). Most of staphylococcus aureus isolates were resistant to ciprofloxacin (79.59%) followed by amoxicillin + clavulanate (55.1%). 63.27% of staph. aureus isolates were sensitive to cotrimoxazole. Resistance to more than or equal to 6 antibiotics was highest in pseudomonas aeruginosa and lowest in proteus spp. Conclusion(s): There seems to be a positive correlation between over-utilization of antibiotics and antimicrobial resistance. It becomes imperative to investigate each patient of CSOM through microbiological culture and sensitivity. This will certainly help in solving the problem of delay in surgical cure due to antimicrobial resistance.Copyright © 2023, Global Research Online. All rights reserved.",

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

"PM":"nan",

"DJ":"\*chronic ear discharge [other term]",

"MV":"nan",

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"Unnamed: 27":"nan",

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"If RCT or not":"No",

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"UniqueID":"586",

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

"Database":"Medline",

"ORN":"74",

"VN":"Ovid Technologies",

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

"UI":"36519852",

"TI":"Multicenter Evaluation of the FilmArray Blood Culture Identification 2 Panel for Pathogen Detection in Bloodstream Infections.",

"SO":"Microbiology Spectrum. 11(1):e0254722, 2023 02 14.",

"AU":"1",

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

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Lafaurie M  
  
Depret F  
  
Cambau E  
  
Godreuil S  
  
Chenouard R  
  
Le Monnier A  
  
Jacquier H  
  
Bercot B",

"MH":"Camelena, Francois ORCID: https://orcid.org/0000-0002-0958-4802  
  
Bercot, Beatrice ORCID: https://orcid.org/0000-0003-1603-3635",

"DU":"Camelena, Francois  
  
Pean de Ponfilly, Gauthier  
  
Pailhories, Helene  
  
Bonzon, Lucas  
  
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Lafaurie, Matthieu  
  
Depret, Francois  
  
Cambau, Emmanuel  
  
Godreuil, Sylvain  
  
Chenouard, Rachel  
  
Le Monnier, Alban  
  
Jacquier, Herve  
  
Bercot, Beatrice",

"OD":"Camelena, Francois. Departement de Bacteriologie, Groupe Hospitalier Saint-Louis-Lariboisiere-Fernand Widal, Assistance Publique-Hopitaux de Paris, Paris, France.  
  
Camelena, Francois. Universite Paris Cite and Universite Sorbonne Paris Nord, INSERM, IAME, Paris, France.  
  
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Jacquier, Herve. Universite Paris Cite and Universite Sorbonne Paris Nord, INSERM, IAME, Paris, France.  
  
Bercot, Beatrice. Departement de Bacteriologie, Groupe Hospitalier Saint-Louis-Lariboisiere-Fernand Widal, Assistance Publique-Hopitaux de Paris, Paris, France.  
  
Bercot, Beatrice. Universite Paris Cite and Universite Sorbonne Paris Nord, INSERM, IAME, Paris, France.",

"AB":"BCID2 BSI Biofire FilmArray bloodstream infection genotypic identification molecular diagnosis rapid diagnosis resistance gene sepsis",

"FTURL":"NOTNLM",

"PM":"The FilmArray Blood Culture Identification 2 panel (BCID2 bioMerieux) is a fully automated PCR-based assay for identifying bacteria, fungi, and bacterial resistance markers in positive blood cultures (BC) in about 1 h. In this multicenter study, we evaluated the performance of the BCID2 panel for pathogen detection in positive BC. Conventional culture and BCID2 were performed in parallel at four tertiary-care hospitals. We included 152 positive BC-130 monomicrobial and 22 polymicrobial cultures-in this analysis. The BCID2 assay correctly identified 90% (88/98) of Gram-negative and 89% (70/79) of Gram-positive bacteria. Five bacterial isolates targeted by the BCID2 panel and recovered from five positive BC, including three polymicrobial cultures, were missed by the BCID2 assay. Fifteen isolates were off-panel organisms, accounting for 8% (15/182) of the isolates obtained from BC. The mean positive percent agreement between the BCID2 assay and standard culture was 97% (95% confidence interval, 95 to 99%), with agreement ranging from 67% for Candida albicans to 100% for 17 targets included in the BCID2 panel. BCID2 also identified the blaCTX-M gene in seven BC, including one for which no extended-spectrum beta-lactamase (ESBL)-producing isolate was obtained in culture. However, it failed to detect ESBL-encoding genes in three BC. Two of the 18 mecA/C genes detected by the BCID2 were not confirmed. No carbapenemase, mecA/C, or MREJ targets were detected. The median turnaround time was significantly shorter for BCID2 than for culture. The BCID2 panel may facilitate faster pathogen identification in bloodstream infections. IMPORTANCE Rapid molecular diagnosis combining the identification of pathogens and the detection of antibiotic resistance genes from positive blood cultures (BC) can improve the outcome for patients with bloodstream infections. The FilmArray BCID2 panel, an updated version of the original BCID, can detect 11 Gram-positive bacteria, 15 Gram-negative bacteria, 7 fungal pathogens, and 10 antimicrobial resistance genes directly from a positive BC. Here, we evaluated the real-life microbiological performance of the BCID2 assay in comparison to the results of standard methods used in routine practice at four tertiary care hospitals.",

"DJ":"Multicenter Study  
  
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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Gram-Negative Bacteria/ge [Genetics]  
  
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"ORN":"74",

"VN":"Ovid Technologies",

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

"UI":"37287117",

"TI":"Recommendations on prevention of infections during chimeric antigen receptor T-cell and bispecific antibody therapy in multiple myeloma.",

"SO":"British Journal of Haematology. 203(5):736-746, 2023 Dec.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Mohan M  
  
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D'Souza, Anita  
  
Pappas, Peter G  
  
Berdeja, Jesus G  
  
Callander, Natalie  
  
Costa, Luciano J",

"DU":"Mohan, Meera. Division of Hematology/Oncology, Medical College of Wisconsin, Milwaukee, Wisconsin, USA.  
  
Chakraborty, Rajshekhar. Multiple Myeloma and Amyloidosis Program, Herbert Irving Comprehensive Cancer Center, Columbia University, New York City, New York, USA.  
  
Bal, Susan. Division of Hematology and Medical Oncology, University of Alabama at Birmingham, Birmingham, Alabama, USA.  
  
Nellore, Anoma. Division of Infectious Diseases, University of Alabama at Birmingham, Birmingham, Alabama, USA.  
  
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D'Souza, Anita. Division of Hematology/Oncology, Medical College of Wisconsin, Milwaukee, Wisconsin, USA.  
  
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Berdeja, Jesus G. Sarah Cannon Research Institute, Nashville, Tennessee, USA.  
  
Callander, Natalie. Department of Medicine, Division of Hematology and Oncologye, University of Wisconsin, Madison, Wisconsin, USA.  
  
Costa, Luciano J. Division of Hematology and Medical Oncology, University of Alabama at Birmingham, Birmingham, Alabama, USA.",

"OD":"bispecific T-cell chimeric antigen receptor T-cell immunotherapy infection multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Chimeric antigen receptor T (CAR T) cell and bispecific antibody therapies have shown unprecedented efficacy in heavily pretreated patients with multiple myeloma (MM). However, their use is associated with a significant risk of severe infections, which can be attributed to various factors such as hypogammaglobulinemia, neutropenia, lymphopenia, T-cell exhaustion, cytokine-release syndrome and immune-effector cell-associated neurotoxicity syndrome. As these therapies have been recently approved by regulatory agencies, it is crucial to establish practical guidelines for infection monitoring and prevention until robust data from prospective clinical trials become available. To address this issue, a panel of experienced investigators from the Academic Consortium to Overcome Multiple Myeloma through Innovative Trials (COMMIT) developed consensus recommendations for mitigating infections associated with CAR T-cell and bispecific antibody therapies in MM patients. Copyright © 2023 The Authors. British Journal of Haematology published by British Society for Haematology and John Wiley & Sons Ltd.",

"PM":"Case Reports",

"DJ":"2023",

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

"TN":"Mohan, Meera ORCID: https://orcid.org/0000-0002-6913-6526  
  
Baljevic, Muhamed ORCID: https://orcid.org/0000-0002-0630-8458  
  
D'Souza, Anita ORCID: https://orcid.org/0000-0002-1092-5643  
  
Costa, Luciano J ORCID: https://orcid.org/0000-0001-5362-2469",

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"TI":"Pharmacokinetics, safety, and efficacy of GM1 ganglioside in healthy subjects and patients with multiple myeloma: Two dose-escalation studies.",

"SO":"European Journal of Pharmaceutical Sciences. 190(no pagination), 2023. Article Number: 106565. Date of Publication: 01 Nov 2023.",

"AU":"Kuang Y.  
  
Ding Q.  
  
Huang J.  
  
Yang S.  
  
Yao A.  
  
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Xiao M.  
  
Pei Q.  
  
Yang G.",

"AO":"Yang, Guoping ORCID: https://orcid.org/0000-0001-5930-586X",

"IN":"(Kuang, Huang, Yang, Yao, Yang, Yang) Center of Clinical Pharmacology, The Third Xiangya Hospital, Central South University, 172 Tongzipo Road, Changsha 410013, China  
  
(Ding, Pei, Yang) Department of Pharmacy, The Third Xiangya Hospital, Central South University, 172 Tongzipo Road, Changsha 410013, China  
  
(Xiao) Drug Evaluation and Adverse Drug Reaction Monitoring Center of Hunan, Changsha, China  
  
(Yang) National-Local Joint Engineering Laboratory of Drug Clinical Evaluation Technology, Changsha, China",

"PB":"Elsevier B.V.",

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volume of distribution",

"OD":"Purpose: This study aimed to assess the pharmacokinetics, safety, and efficacy of GM1 in healthy Chinese subjects and patients with multiple myeloma. Method(s): The data used in this study was derived from two dose-escalation trials: GM1-101, involving 70 healthy subjects, and GM1-201, which included 160 multiple myeloma patients. Population pharmacokinetics (PopPK) analysis was conducted on a subset of 90 participants using a nonlinear mixed-effects approach, and potential covariates were explored quantitatively. Observations of any abnormalities in vital signs, physical examinations, laboratory tests, and electrocardiograms during the study period, along with any spontaneously reported and directly observed adverse events, were documented for safety evaluation. Furthermore, neurotoxicity scales were used to assess the efficacy of GM1 as a prophylaxis for chemotherapy-induced peripheral neuropathy and to perform exposure-response analyses in conjunction with pharmacokinetic parameters. Result(s): A one-compartment model with first-order elimination best characterized the pharmacokinetics of GM1. The clearance and volume of distribution, as estimated by the final model, were 0.0942 L/h and 3.27 L for GM1-A, and 0.0714 L/h and 2.82 L for GM1-B, respectively. Covariates such as sex, body weight, and albumin significantly influenced pharmacokinetic parameters, yet the variation in steady-state exposure between subjects and reference subjects was less than 45% within their 90% confidence interval. Adverse reactions related to GM1 occurred in 20 (28.6%) and 57 (35.6%) subjects in the GM1-101 and GM1-201 cohorts, respectively. The changes in TNSc and FACT-Ntx scores from baseline at the end of periods 4 and 6 were lower in each GM1 dose group compared to the blank control group. The 400 mg dose group of GM1 displayed greater effectiveness than other dose groups. However, exposure-response analysis revealed no significant modification in efficacy with increasing GM1 exposure. Conclusion(s): This study provides the first population pharmacokinetic analysis of GM1. GM1 exhibits a favorable safety profile among healthy subjects and patients with multiple myeloma. GM1 proved effective in mitigating chemotherapy-induced peripheral neuropathy, but this study observed no significant correlation between its efficacy and exposure. Trial registration numbers: ChiCTR2000041283 and ChiCTR2000041283Copyright © 2023",

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"UI":"639810004",

"TI":"An Optimized Version of the Positive and Negative Symptoms Scale (PANSS) for Pediatric Trials.",

"SO":"Journal of the American Academy of Child and Adolescent Psychiatry. (no pagination), 2022. Date of Publication: 09 Dec 2022.",

"AU":"Findling R.L.  
  
Youngstrom E.A.  
  
McClellan J.M.  
  
Frazier J.A.  
  
Sikich L.  
  
Daniel D.G.  
  
Busner J.",

"AO":"nan",

"IN":"(Findling) Virginia Commonwealth University  
  
(Youngstrom) University of North Carolina at Chapel Hill.  
  
(McClellan) University of Washington, Seattle, United States  
  
(Frazier) University of Massachusetts Medical School, Worcester, United Kingdom  
  
(Sikich) Duke University, Durham, NC, United States  
  
(Daniel) Signant Health, Bluebell, Pennsylvania George Washington University. Washington, DC  
  
(Busner) Virginia Commonwealth University Signant Health, Bluebell, Pennsylvania",

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"FTURL":"OBJECTIVE: The accepted primary outcome measure for evaluating psychotic symptoms is decades old, long, and initially designed for adults. Surprisingly, the psychometric properties of primary outcome measures have never been reported for a pediatric sample using modern methods. The present study's aim is to use a pediatric sample to evaluate the psychometrics of the most used primary outcome measure in pediatric schizophrenia trials, the Positive and Negative Syndrome Scale (PANSS). METHOD(S): To evaluate the factor structure, item characteristics, and treatment sensitivity of the PANSS in a pediatric sample, secondary analyses of PANSS data at baseline and weekly throughout an 8-week randomized double-blind study of three antipsychotic agents (registered and previously published) were conducted. Subjects were 118 youths receiving outpatient psychiatric treatment for schizophrenia spectrum disorders (Mage=14.26(2.41) years). RESULT(S): A 10-item short form, keeping two strongest items for each factor, had r=.89 with the full-length scale. Each of the 5 2-item subscales has alphas ranging from .66 to .84. Item Response Theory (IRT) found that the 10-item scale and 2-item subscores had high reliability across the severity range typical of clinical trials. Criterion validity was high, with equal sensitivity to clinical changes over time. CONCLUSION(S): A 10-item PANSS version eliminates weaker items in the pediatric population while preserving coverage of five factors and similar sensitivity to clinical changes over time. It thus may be more appropriate for subsequent pediatric trials, and for clinical use when time and efficiency are paramount.Copyright © 2022. Published by Elsevier Inc.",

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

"DJ":"36526163 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36526163]",

"MV":"nan",

"TN":"nan",

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"Unnamed: 23":"nan",

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"Unnamed: 25":"nan",

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"UniqueID":"590",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"74",

"VN":"Ovid Technologies",

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

"UI":"37339441",

"TI":"d-Amphetamine Transdermal System in Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder: Secondary Endpoint Results and Post Hoc Effect Size Analyses from a Pivotal Trial.",

"SO":"Journal of Child & Adolescent Psychopharmacology. 33(5):176-182, 2023 06.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Cutler AJ  
  
Suzuki K  
  
Starling B  
  
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Castelli M  
  
Childress A",

"MH":"Cutler, Andrew J ORCID: https://orcid.org/0000-0001-5800-0378  
  
Childress, Ann ORCID: https://orcid.org/0000-0001-5782-7891",

"DU":"Cutler, Andrew J  
  
Suzuki, Katsumi  
  
Starling, Brittney  
  
Balakrishnan, Kanan  
  
Komaroff, Marina  
  
Meeves, Suzanne  
  
Castelli, Mariacristina  
  
Childress, Ann",

"OD":"Cutler, Andrew J. Department of Psychiatry, SUNY Upstate Medical University, Neuroscience Education Institute, Lakewood Ranch, Florida, USA.  
  
Suzuki, Katsumi. Product Development, Noven Pharmaceuticals, Inc., Jersey City, New Jersey, USA.  
  
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Balakrishnan, Kanan. Product Development, Noven Pharmaceuticals, Inc., Jersey City, New Jersey, USA.  
  
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Meeves, Suzanne. Product Development, Noven Pharmaceuticals, Inc., Jersey City, New Jersey, USA.  
  
Castelli, Mariacristina. Product Development, Noven Pharmaceuticals, Inc., Jersey City, New Jersey, USA.  
  
Childress, Ann. Center for Psychiatry and Behavioral Medicine, Inc., Las Vegas, Nevada, USA.",

"AB":"Humans  
  
Adolescent  
  
Child  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Central Nervous System Stimulants/ae [Adverse Effects]  
  
\*Central Nervous System Stimulants  
  
Treatment Outcome  
  
Dose-Response Relationship, Drug  
  
Dextroamphetamine/ae [Adverse Effects]",

"FTURL":"ADHD amphetamine effect size number needed to treat transdermal",

"PM":"NOTNLM",

"DJ":"Objectives: Amphetamines are a preferred treatment for attention-deficit/hyperactivity disorder (ADHD), with the dextroamphetamine transdermal system (d-ATS) providing an alternative to oral formulations. A pivotal trial of d-ATS in children and adolescents with ADHD met primary and key secondary endpoints. This analysis reports additional endpoints and safety findings from the pivotal trial and evaluates effect size and number needed to treat (NNT) for d-ATS. Methods: In this study, a 5-week, open-label dose-optimization period (DOP) preceded a 2-week, randomized, crossover double-blind treatment period (DBP). Eligible patients received d-ATS 5 mg during the DOP, with weekly evaluations for increase to 10, 15, and 20 mg (equivalent to labeled doses of 4.5, 9, 13.5, and 18 mg/9 hours, respectively) until reaching and maintaining the optimal dose, which was utilized for the DBP. Secondary endpoints included assessment of Attention-Deficit/Hyperactivity Disorder Rating Scale IV (ADHD-RS-IV), Conners' Parent Rating Scale Revised Short Form (CPRS-R:S), and Clinical Global Impression (CGI) scores. NNT was calculated for ADHD-RS-IV and CGI-Improvement (CGI-I). Safety assessments included treatment-emergent adverse events (TEAEs) and dermal safety. Results: In total, 110 patients entered the DOP, with 106 patients randomized (DBP). During the DBP, the least-squares mean (95% confidence interval) difference for d-ATS versus placebo in ADHD-RS-IV total score was -13.1 (-16.2 to -10.0 p < 0.001), with effect size of 1.1 and NNT of 3 for ADHD-RS-IV remission, >=30% improvement, and >=50% improvement. Significant differences between placebo and d-ATS were also observed for CPRS-R:S and CGI-I scales (p < 0.001), with NNT of 2 for CGI-I response. Most TEAEs were mild or moderate, with three leading to study discontinuation in the DOP and none in the DBP. No patients discontinued due to dermal reactions. Conclusions: d-ATS was effective in treating ADHD in children and adolescents, meeting all secondary endpoints, with a large effect size and NNT of 2-3 to achieve a clinically meaningful response. d-ATS was safe and well tolerated, with minimal dermal reactions. Clinical Trial Registration: NCT01711021.",

"MV":"0 (Central Nervous System Stimulants)  
  
TZ47U051FI (Dextroamphetamine)",

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

"Unnamed: 22":"2023",

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

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"Unnamed: 25":"Erratum in (EIN)",

"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"Yes",

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"Database":"EMBASE",

"ORN":"74",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"610599413",

"TI":"Asthma, hay fever, and food allergy are associated with caregiver-reported speech disorders in US children.",

"SO":"Pediatric Allergy and Immunology. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Strom M.A.  
  
Silverberg J.I.",

"AO":"(Strom) Department of Dermatology Feinberg School of Medicine at Northwestern University Chicago, IL USA  
  
(Silverberg) Departments of Dermatology, Preventive Medicine and Medical Social Sciences Feinberg School of Medicine at Northwestern University Chicago, IL USA  
  
(Silverberg) Northwestern Medicine Multidisciplinary Eczema Center Chicago, IL USA",

"IN":"Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)",

"PB":"\*asthma  
  
\*atopy  
  
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\*sleep disorder [m]  
  
\*speech delay [m]  
  
\*speech disorder [m]",

"OD":"Background: Children with asthma, hay fever, and food allergy may have several factors that increase their risk of speech disorder, including allergic inflammation, ADD/ADHD, and sleep disturbance. However, few studies have examined a relationship between asthma, allergic disease, and speech disorder. We sought to determine whether asthma, hay fever, and food allergy are associated with speech disorder in children and whether disease severity, sleep disturbance, or ADD/ADHD modified such associations. Method(s): We analyzed cross-sectional data on 337,285 children aged 2-17 years from 19 US population-based studies, including the 1997-2013 National Health Interview Survey and the 2003/4 and 2007/8 National Survey of Children's Health. Result(s): In multivariate models, controlling for age, demographic factors, healthcare utilization, and history of eczema, lifetime history of asthma (odds ratio [95% confidence interval]: 1.18 [1.04-1.34], p = 0.01), and one-year history of hay fever (1.44 [1.28-1.62], p < 0.0001) and food allergy (1.35 [1.13-1.62], p = 0.001) were associated with increased odds of speech disorder. Children with current (1.37 [1.15-1.59] p = 0.0003) but not past (p = 0.06) asthma had increased risk of speech disorder. In one study that assessed caregiver-reported asthma severity, mild (1.58 [1.20-2.08], p = 0.001) and moderate (2.99 [1.54-3.41], p < 0.0001) asthma were associated with increased odds of speech disorder however, severe asthma was associated with the highest odds of speech disorder (5.70 [2.36-13.78], p = 0.0001). Conclusion(s): Childhood asthma, hay fever, and food allergy are associated with increased risk of speech disorder. Future prospective studies are needed to characterize the associations.Copyright © 2016 John Wiley & Sons A/S.",

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

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"MV":"nan",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"32185388",

"TI":"Cognitive Enhancing Effect of High-Frequency Neuronavigated rTMS in Chronic Schizophrenia Patients With Predominant Negative Symptoms: A Double-Blind Controlled 32-Week Follow-up Study.",

"SO":"Schizophrenia Bulletin. 46(5):1219-1230, 2020 Sep 21.",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Xiu MH  
  
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Sun, Shi Guang  
  
Wu, Hao Ran  
  
Geng, Han Song  
  
Liu, Xiao Wen  
  
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Wei, Bao Chun  
  
Li, Xi Po  
  
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Tan, Shu Ping  
  
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"DU":"Xiu, Mei Hong. Peking University HuiLongGuan Clinical Medical School, Beijing HuiLongGuan Hospital, Beijing, China.  
  
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Zhang, Xiang Yang. CAS Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing, China.  
  
Zhang, Xiang Yang. Department of Psychology, University of Chinese Academy of Sciences, Beijing, China.",

"OD":"Accumulating studies have shown that high-frequency (HF) repetitive transcranial magnetic stimulation (rTMS) may improve cognitive dysfunction of the patients with schizophrenia (SCZ), but with inconsistent results. The present study aims to assess the efficacy of different frequencies of neuronavigated rTMS in ameliorating cognitive impairments and alleviating the psychotic symptoms. A total of 120 patients were randomly assigned to 3 groups: 20 Hz rTMS (n = 40), 10 Hz rTMS (n = 40), or sham stimulation (n = 40) for 8 weeks, and then followed up at week 32. The Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) was performed to assess the cognitive functions of the patients at baseline, at the end of week 8, and week 32 follow-up. Psychotic symptoms were assessed with the Positive and Negative Syndrome Scale (PANSS) at baseline and at the end of week 2, week 4, week 6, week 8, and week 32 follow-up. Our results demonstrated that 20 Hz rTMS treatment produced an effective therapeutic benefit on immediate memory of patients with chronic SCZ at week 8, but not in the 10 Hz group. Interestingly, both 10 Hz and 20 Hz rTMS treatments produced delayed effects on cognitive functions at the 6-month follow-up. Moreover, in both 10 Hz rTMS and 20 Hz rTMS, the improvements in RBANS total score were positively correlated with the reduction of PANSS positive subscore at the 6-month follow-up. Stepwise regression analysis identified that the visuospatial/constructional index, immediate memory index, and prolactin at baseline were predictors for the improvement of cognitive impairments in the patients. Our results suggest that add-on HF rTMS could be an effective treatment for cognitive impairments in patients with chronic SCZ, with a delayed effect. Trial registration: clinicaltrials.gov identifier-NCT03774927. Copyright © The Author(s) 2020. 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":"2020",

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

"DJ":"cognition immediate memory rTMS randomized controlled trial schizophrenia",

"MV":"NOTNLM",

"TN":"nan",

"Unnamed: 22":"nan",

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"If RCT or not":"Yes",

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"UniqueID":"593",

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

"Database":"EMBASE",

"ORN":"75",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026745170",

"TI":"Magnitude of Post-Caesarean Wound Infections in Three Public Hospitals in Southern Ethiopia.",

"SO":"International Journal of Pharmacology. 19(6) (pp 769-783), 2023. Date of Publication: 2023.",

"AU":"Kebede T.  
  
Manilal A.  
  
Seid M.  
  
Tesfaye M.  
  
Tolessa D.  
  
Akiilu A.  
  
Zakir A.  
  
Keyta G.  
  
Kulyta K.  
  
El-Sheikh M.A.  
  
Idhayadhulla A.",

"AO":"nan",

"IN":"(Kebede, Manilal, Seid, Akiilu, Zakir, Keyta) Department of Medical Laboratory Sciences, College of Medicine and Health Sciences, Arba Minch University, Arba Minch, Ethiopia  
  
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"PB":"Asian Network for Scientific Information",

"MH":"adult  
  
antibiotic prophylaxis  
  
antibiotic sensitivity  
  
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"OD":"adult  
  
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prevalence  
  
quality control  
  
questionnaire  
  
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sampling  
  
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sociodemographics  
  
Staphylococcus aureus  
  
surgical technique  
  
vancomycin resistant Enterococcus  
  
\*wound infection  
  
young adult",

"AB":"Background and Objective: Post-caesarean wound infections, caused mainly by drug-resistant pathogens, is a maternal health concern leading to increased morbidity and extended hospital stays. The objective of this study was to determine the prevalence of post-caesarean wound infections, bacteriological profile, antimicrobial susceptibility patterns and associated factors among women suspected of post-caesarean wound infections attending three public hospitals in Ethiopia. Material(s) and Method(s): A cross-sectional study was undertaken in three public hospitals in Southern Ethiopia among pregnant women who had undergone caesarean section (CS). A total of 204 women who were clinically diagnosed with infected wounds within 30 days of follow-up were included in the bacteriological analysis. The data were collected using a pre-tested questionnaire. The Kirby-Bauer disk diffusion method was used to determine the antimicrobial susceptibility profile. Result(s): Of the 204 samples, 85.78% were culture-positive, yielding 203 bacteria. Staphylococcus aureus was the predominant isolate (n = 65, 32%). Overall, 70.4% (n = 143) of isolates were multi-drug resistant, including S. aureus, vancomycin-resistant enterococci, extended-spectrum beta-lactamases producers and carbapenem-resistant enterobacterales. Parity, previous CS, diabetes mellitus and emergency CS were significantly associated. Conclusion(s): The study shows a high prevalence of wound infections and a bewildering increase in multi-drug resistance, posing a significant maternal health concern. Targeted hospital infection prevention and control strategies and effective surveillance can help to minimize the severity.Copyright © 2023 Teshome Kebede et al.",

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

"PM":"nan",

"DJ":"carbapenem-resistant enterobacterale [other term]",

"MV":"data analysis software  
  
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"Database":"Medline",

"ORN":"75",

"VN":"Ovid Technologies",

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

"UI":"37070979",

"TI":"Multicenter Evaluation of an MIC-Based Aztreonam and Ceftazidime-Avibactam Broth Disk Elution Test.",

"SO":"Journal of Clinical Microbiology. 61(5):e0164722, 2023 05 23.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Harris H  
  
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Humphries R  
  
Simner PJ",

"MH":"Humphries, Romney ORCID: https://orcid.org/0000-0002-6568-156X  
  
Simner, Patricia J ORCID: https://orcid.org/0000-0001-6134-151X",

"DU":"Harris, Harley  
  
Tao, Lili  
  
Jacobs, Emily B  
  
Bergman, Yehudit  
  
Adebayo, Ayomikun  
  
Tekle, Tsigedera  
  
Lewis, Shawna  
  
Dahlquist, Ashley  
  
Abbey, Taylor C  
  
Wenzler, Eric  
  
Humphries, Romney  
  
Simner, Patricia J",

"OD":"Harris, Harley. Department of Pathology, Division of Medical Microbiology, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA.  
  
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Abbey, Taylor C. College of Pharmacy, University of Illinois Chicago, Chicago, Illinois, USA.  
  
Wenzler, Eric. College of Pharmacy, University of Illinois Chicago, Chicago, Illinois, USA.  
  
Humphries, Romney. Department of Pathology, Microbiology, and Immunology, Division of Laboratory Medicine, Vanderbilt University Medical Center, Nashville, Tennessee, USA.  
  
Simner, Patricia J. Department of Pathology, Division of Medical Microbiology, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA.",

"AB":"CLSI antimicrobial susceptibility testing aztreonam broth disk elution ceftazidime-avibactam multicenter study",

"FTURL":"NOTNLM",

"PM":"Due to limited therapeutic options, there is a clinical need to assess the in vitro activity of the combination of aztreonam (ATM) and ceftazidime-avibactam (CZA) to guide the therapeutic management of multidrug-resistant (MDR) Gram-negative organism infections. We set out to develop a practical MIC-based broth disk elution (BDE) method to determine the in vitro activity of the combination ATM-CZA using readily available supplies and compare it to reference broth microdilution (BMD). For the BDE method, a 30-mug ATM disk, a 30/20-mug CZA disk, both disks in combination, and no disks were added to 4 separate 5-mL cation-adjusted Mueller-Hinton broth (CA-MHB) tubes, using various manufacturers. Three testing sites performed both BDE and reference BMD testing of bacterial isolates in parallel from a single 0.5 McFarland standard inoculum and after overnight incubation, assessed them for growth (not susceptible) or no growth (susceptible) at a final concentration of 6/6/4 mug/mL ATM-CZA. During the first phase, the precision and accuracy of the BDE were analyzed by testing 61 Enterobacterales isolates at all sites. This testing yielded 98.3% precision between sites, with 98.3% categorical agreement and 1.8% major errors (ME). During the second phase, at each site, we evaluated unique, clinical isolates of metallo-beta-lactamase (MBL)-producing Enterobacterales (n = 75), carbapenem-resistant Pseudomonas aeruginosa (n = 25), Stenotrophomonas maltophilia (n = 46), and Myroides sp. (n = 1). This testing resulted in 97.9% categorical agreement, with 2.4% ME. Different results were observed for different disk and CA-MHB manufacturers, requiring a supplemental ATM-CZA-not-susceptible quality control organism to ensure the accuracy of results. The BDE is a precise and effective methodology for determining susceptibility to the combination ATM-CZA.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
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Anti-Bacterial Agents/pd [Pharmacology]  
  
\*Anti-Bacterial Agents  
  
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"DB":"Ovid MEDLINE(R)",

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"TI":"Experience of Daratumumab in Relapsed/Refractory Multiple Myeloma: A Multicenter Study from Turkiye.",

"SO":"Turkish Journal of Haematology. 40(4):242-250, 2023 12 05.",

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"IN":"MEDLINE",

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Saydam, Guray  
  
Merter, Mustafa  
  
Ural, Cihan  
  
Ceneli, Ozcan",

"DU":"Tekinalp, Atakan. Necmettin Erbakan University Meram Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Konya, Turkiye  
  
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Ceneli, Ozcan. Necmettin Erbakan University Meram Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Konya, Turkiye",

"OD":"Daratumumab Relapsed/refractory multiple myeloma Real-world data",

"AB":"NOTNLM",

"FTURL":"Objective: This study aimed to evaluate patients with relapsed/refractory multiple myeloma (RRMM) who underwent daratumumab (DARA) therapy.  
  
Materials and Methods: This multicenter retrospective study included 134 patients who underwent at least two courses of DARA from February 1, 2018, to April 15, 2022. Epidemiological, disease, and treatment characteristics of patients and treatment-related side effects were evaluated. Survival analysis was performed.  
  
Results: The median age at the start of DARA was 60 (range: 35-88), with 56 patients (41.8%) being female and 48 (58.2%) being male. The median time to initiation of DARA and the median follow-up time were 41.2 (5.1-223) and 5.7 (2.1-24.1) months, respectively. The overall response rate after DARA therapy was 75 (55.9%), and very good partial response or better was observed in 48 (35.8%) patients. Overall survival (OS) and progression-free survival (PFS) for all patients were 11.6 (7.8-15.5) and 8.0 (5.1-10.9) months, respectively. OS was higher for patients undergoing treatment with DARA and bortezomib-dexamethasone (DARA-Vd) compared to those undergoing treatment with DARA and lenalidomide-dexamethasone (DARA-Rd) (16.9 vs. 8.3 months p=0.014). Among patients undergoing DARA-Rd, PFS was higher in those without extramedullary disease compared to those with extramedullary disease (not achieved vs. 3.7 months odds ratio: 3.4 p<0.001). The median number of prior therapies was 3 (1-8). Initiation of DARA therapy in the early period provided an advantage for OS and PFS, although it was statistically insignificant. Infusion-related reactions were observed in 18 (13.4%) patients. All reactions occurred during the first infusion and most reactions were of grade 1 or 2 (94.5%). The frequency of neutropenia and thrombocytopenia was higher in the DARA-Rd group (61.9% vs. 24.7%, p<0.001 and 42.9% vs. 15.7%, p<0.001).  
  
Conclusion: Our study provides real-life data in terms of DARA therapy for patients with RRMM and supports the early initiation of DARA therapy. ©Copyright 2023 by Turkish Society of Hematology Turkish Journal of Hematology, Published by Galenos Publishing House.",

"PM":"Multicenter Study  
  
Journal Article",

"DJ":"2023",

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

"TN":"Tekinalp, Atakan ORCID: https://orcid.org/0000-0001-7937-4045  
  
Geduk, Ayfer ORCID: https://orcid.org/0000-0001-9556-8915  
  
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"Unnamed: 26":"Publisher Amac: Bu calismanin amaci, relaps/refrakter multipl myelom (RRMM) tanisi ile daratumumab (DARA) kullanan hastalarin degerlendirilmesidir.Gerec ve Yontemler: Calisma, cok merkezli ve retrospektif olarak tasarlandi. 01.02.2018-15.04.2022 tarifleri arasinda en az iki kur DARA kullanmis olan 134 hasta calismaya dahil edildi. Hastalarin epidemiyolojik, hastalik ve tedavi ile iliskili ozellikleri ve tedavi iliskili yan etkileri degerlendirildi. Sag kalim analizleri yapildi.Bulgular: DARA tedavisine baslama yasinin ortancasi 60 (35-88) olup, hastalarin 56'si (%41,8) kadin ve 48'i (%58,2) erkekti. DARA tedavisine baslama ve takip surelerinin ortanca degerleri sirasiyla 41,2 (5,1-223) ve 5,7 (2,1-24,1) aydi. DARA tedavisi sonrasi genel yanit orani hastalarin 75'inde (%55,9) ve cok iyi kismi yanit veya daha iyisi hastalarin 48'inde (%35,8) gozlendi. Tum hastalar icin genel sagkalim (OS) ve progresyonsuz sagkalim (PFS) sirasiyla 11,6 (7,8-15,5) ve 8,0 (5,1-10,9) aydi. DARA ve bortezomib-deksametazon (DARA-Vd) ile tedavi goren hastalarda OS, DARA ve lenalidomid-deksametazon (DARA-Rd) ile tedavi gorenlere gore daha yuksek bulundu (sirasiyla 16,9 ve 8,3 ay p=0,014). DARA-Rd tedavisi goren hastalar arasinda, ekstrameduller hastaligi olmayanlarda PFS, ekstrameduller hastaligi olanlara gore daha yuksekti (NA'ya karsilik 3,7 ay OR: 3,4 p<0,001). Onceki tedavilerin ortanca sayisi 3 (1-8) idi. DARA tedavisine erken donemde baslamanin OS ve PFS icin bir avantaj sagladigi, ancak istatistiksel olarak anlamli olmadigi goruldu. Infuzyonla iliskili reaksiyonlar 18 (%13,4) hastada gozlendi. Tum reaksiyonlar ilk infuzyon sirasinda meydana geldi ve reaksiyonlarin cogu 1 veya 2. derecedeydi (%94,5). Notropeni ve trombositopeni sikligi DARA-Rd grubunda daha yuksekti (%61,9'a karsi %24,7, p<0,001 ve %42,9'a karsi %15,7, p<0,001).Sonuc: Calismamiz, RRMM hastalarinda DARA kullanimiyla iliskin gerek yasam verisi niteligini tasimaktadir ve DARA'nin erken donemde kullanilmasini destekler niteliktedir. Language: Turkish",

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"TI":"Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results.",

"SO":"Nature Medicine. 29(9) (pp 2259-2267), 2023. Date of Publication: September 2023.",

"AU":"Lesokhin A.M.  
  
Tomasson M.H.  
  
Arnulf B.  
  
Bahlis N.J.  
  
Miles Prince H.  
  
Niesvizky R.  
  
Rodriotaguez-Otero P.  
  
Martinez-Lopez J.  
  
Koehne G.  
  
Touzeau C.  
  
Jethava Y.  
  
Quach H.  
  
Depaus J.  
  
Yokoyama H.  
  
Gabayan A.E.  
  
Stevens D.A.  
  
Nooka A.K.  
  
Manier S.  
  
Raje N.  
  
Iida S.  
  
Raab M.-S.  
  
Searle E.  
  
Leip E.  
  
Sullivan S.T.  
  
Conte U.  
  
Elmeliegy M.  
  
Czibere A.  
  
Viqueira A.  
  
Mohty M.",

"AO":"Lesokhin, Alexander M. ORCID: https://orcid.org/0000-0001-9321-702X  
  
Bahlis, Nizar J. ORCID: https://orcid.org/0000-0001-7353-7034  
  
Miles Prince H. ORCID: https://orcid.org/0000-0002-0058-2448  
  
Martinez-Lopez, Joaquin ORCID: https://orcid.org/0000-0001-7908-0063  
  
Nooka, Ajay K. ORCID: https://orcid.org/0000-0003-4165-6869  
  
Raab, Marc-Steffen ORCID: https://orcid.org/0000-0003-4181-6922",

"IN":"(Lesokhin) Division of Hematology and Oncology, Memorial Sloan Kettering Cancer Center/Weill Cornell Medical College, New York City, NY, United States  
  
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(Conte, Czibere) Pfizer Inc, New York, NY, United States  
  
(Elmeliegy) Pfizer Inc, San Diego, CA, United States  
  
(Viqueira) Pfizer SLU, Madrid, Spain  
  
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"OD":"Elranatamab is a humanized B-cell maturation antigen (BCMA)-CD3 bispecific antibody. In the ongoing phase 2 MagnetisMM-3 trial, patients with relapsed or refractory multiple myeloma received subcutaneous elranatamab once weekly after two step-up priming doses. After six cycles, persistent responders switched to biweekly dosing. Results from cohort A, which enrolled patients without prior BCMA-directed therapy (n = 123) are reported. The primary endpoint of confirmed objective response rate (ORR) by blinded independent central review was met with an ORR of 61.0% (75/123) 35.0% >=complete response. Fifty responders switched to biweekly dosing, and 40 (80.0%) improved or maintained their response for >=6 months. With a median follow-up of 14.7 months, median duration of response, progression-free survival and overall survival (secondary endpoints) have not been reached. Fifteen-month rates were 71.5%, 50.9% and 56.7%, respectively. Common adverse events (any grade grade 3-4) included infections (69.9%, 39.8%), cytokine release syndrome (57.7%, 0%), anemia (48.8%, 37.4%), and neutropenia (48.8%, 48.8%). With biweekly dosing, grade 3-4 adverse events decreased from 58.6% to 46.6%. Elranatamab induced deep and durable responses with a manageable safety profile. Switching to biweekly dosing may improve long-term safety without compromising efficacy. ClinicalTrials.gov identifier: NCT04649359 .Copyright © 2023, The Author(s).",

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"DB":"Embase",

"UI":"2021269646",

"TI":"Treatment of schizophrenia with catatonic symptoms: A narrative review.",

"SO":"Schizophrenia Research. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Caroff S.N.  
  
Ungvari G.S.  
  
Gazdag G.",

"AO":"nan",

"IN":"(Caroff) Behavioral Health Service, Corporal Michael J. Crescenz VA Medical Center and the Department of Psychiatry, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, United States  
  
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"PB":"Elsevier B.V.",

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brain function  
  
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"FTURL":"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.",

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

"UI":"37084312",

"TI":"Systematic Review and Meta-Analyses: Safety and Efficacy of Complementary and Alternative Treatments for Pediatric Attention-Deficit/Hyperactivity Disorder.",

"SO":"Journal of Developmental & Behavioral Pediatrics. 44(4):e322-e332, 2023 05 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Zulauf-McCurdy CA  
  
LaCount PA  
  
Shelton CR  
  
Morrow AS  
  
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Russell D  
  
Sibley MH  
  
Arnold LE",

"MH":"Zulauf-McCurdy, Courtney A ORCID: https://orcid.org/0000-0001-7236-4987  
  
LaCount, Patrick A ORCID: https://orcid.org/0000-0002-2993-8743",

"DU":"Zulauf-McCurdy, Courtney A  
  
LaCount, Patrick A  
  
Shelton, Christopher R  
  
Morrow, Anne S  
  
Zhao, Xin A  
  
Russell, Douglas  
  
Sibley, Margaret H  
  
Arnold, L Eugene",

"OD":"Zulauf-McCurdy, Courtney A. Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine.  
  
LaCount, Patrick A. Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine.  
  
Shelton, Christopher R. Pennsylvania State University, The Behrend College.  
  
Morrow, Anne S. South Florida Integrative Medicine.  
  
Zhao, Xin A. Department of Medicine, University of California, Irvine.  
  
Russell, Douglas. Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine.  
  
Sibley, Margaret H. Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine.  
  
Arnold, L Eugene. Department of Psychiatry and Behavioral Health, Nisonger Center, Ohio State University College of Medicine.",

"AB":"Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Behavior Therapy  
  
Outcome Assessment, Health Care",

"FTURL":"nan",

"PM":"nan",

"DJ":"OBJECTIVE: Complementary and alternative treatments (CATs) for ADHD have proliferated over the past decade however, their safety and efficacy remain uncertain. We completed a systematic review and meta-analyses across CAT domains.  
  
METHODS: Systematic search and data extraction identified randomized controlled trials for pediatric ADHD (ages 3-19 years) that included probably blind ADHD symptom outcome measures. We evaluated basic (RCT of a CAT compared with sham/placebo, attention/active control, treatment as usual, and waitlist control), complementary (RCTs comparing an evidence-based treatment with a CAT and the same evidence-based treatment), and alternative (evidence-based treatment to CAT) efficacy. Random-effect meta-analyses were conducted when at least 3 blinded studies were identified for a specific CAT domain.  
  
RESULTS: Eighty-seven of 2253 nonduplicate screened manuscripts met inclusion criteria. No study reported significantly greater adverse effects for CATs than controls naturopathy reported fewer adverse effects than evidence-based treatments but did not demonstrate basic efficacy. In the systematic review of basic efficacy, evidence of effectiveness was mixed but replicated previous evidence for the possible efficacy of cognitive training, neurofeedback, and essential fatty acid supplementation for certain patients. With respect to alternative and complementary efficacy, no CAT outperformed or enhanced evidence-based treatments (stimulant medications and behavioral therapy) when replication was required. Individual meta-analyses indicated that cognitive training was the only CAT that demonstrated overall basic efficacy ( SMD = 0.216 p = 0.032).  
  
CONCLUSION: Clinicians may cautiously recommend (but monitor) cognitive training when evidence-based treatments are not feasible or effective for a patient. Additional studies are needed to further understand the potential of CAT domains. Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.",

"MV":"nan",

"TN":"Systematic Review  
  
Journal Article",

"Unnamed: 22":"2023",

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

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"ORN":"75",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"608764246",

"TI":"Anxiety reduction on atomoxetine and methylphenidate medication in children with ADHD.",

"SO":"Pediatrics International. (no pagination), 2016. Date of Publication: 2016.",

"AU":"Snircova E.  
  
Marcincakova-Husarova V.  
  
Hrtanek I.  
  
Kulhan T.  
  
Ondrejka I.  
  
Nosalova G.",

"AO":"(Snircova, Hrtanek, Kulhan, Nosalova) Institute of Pharmacology, Jessenius Faculty of Medicine Comenius University Martin Slovakia  
  
(Snircova, Marcincakova-Husarova, Hrtanek, Kulhan, Ondrejka) Clinic of Psychiatry, Jessenius Faculty of Medicine Comenius University Martin Slovakia  
  
(Marcincakova-Husarova) Institute of Physiology Medical Faculty Comenius University Bratislava Slovakia",

"IN":"Blackwell Publishing (E-mail: info@asia.blackpublishing.com.au)",

"PB":"\*anxiety  
  
attention deficit disorder  
  
child  
  
clinical trial  
  
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major clinical study  
  
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"OD":"Background: Atomoxetine and methylphenidate are widely used to treat attention-deficit-hyperactivity disorder (ADHD) with similar effectiveness after 8 weeks of treatment, when atomoxetine has reached its a full effect. Both drugs have also been shown to have an effect on comorbid anxiety. To the best of our knowledge, no study has compared their effect on the dynamics of anxiety symptom reduction. The aim of this study was to compare the medication effect on core and comorbid anxiety symptom dynamics in children with ADHD. Method(s): Sixty-nine patients participated in the study: 36 patients were taking atomoxetine and 33 patients, methylphenidate. Therapeutic effect on core symptoms of ADHD was measured on the ADHD-rating scale IV, and symptoms of anxiety were measured using the Conners Parent Rating Scale (CPRS). Symptoms were measured prior to and every 2 weeks during 8 weeks of treatment. Result(s): There was a significant decrease in CPRS anxiety subscale score in both medication groups. Anxiety subscale score was significantly lower in the atomoxetine group in the fourth week, and lasted through to 8 weeks of medication. Conclusion(s): Both atomoxetine and methylphenidate reduced the symptoms of ADHD and anxiety. Atomoxetine was more effective in anxiety symptom reduction from the fourth week of treatment.Copyright © 2015 Japan Pediatric Society",

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

"FTURL":"\*atomoxetine [m]  
  
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"Database":"Medline",

"ORN":"75",

"VN":"Ovid Technologies",

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

"UI":"31504973",

"TI":"Corrigendum: Treatments of Negative Symptoms in Schizophrenia: Meta-Analysis of Randomized Placebo-Controlled Trials.",

"SO":"Schizophrenia Bulletin. 48(3):721, 2022 May 07.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

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"VN":"Ovid Technologies",

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"UI":"2026648679",

"TI":"Pseudomonas aeruginosa in children with cerebral palsy: a prospective study.",

"SO":"Frontiers in Pediatrics. 11(no pagination), 2023. Article Number: 1267345. Date of Publication: 2023.",

"AU":"Romaen K.  
  
Van Ussel I.  
  
Van Rossem C.  
  
Kenis S.  
  
Ceulemans B.  
  
Van Hoorenbeeck K.  
  
Verhulst S.",

"AO":"nan",

"IN":"(Romaen, Kenis, Ceulemans) Department of Pediatric Neurology, Antwerp University Hospital, University of Antwerp, Antwerp, Belgium  
  
(Van Ussel, Van Rossem, Van Hoorenbeeck, Verhulst) Department of Pediatric Pulmonology, Antwerp University Hospital and Lab of Experimental Medicine and Pediatrics, University of Antwerp, Antwerp, Belgium",

"PB":"Frontiers Media SA",

"MH":"adolescent  
  
adult  
  
antibiotic therapy  
  
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asthma/dt [Drug Therapy]  
  
bacterium culture  
  
bacterium isolation  
  
bronchiectasis/dt [Drug Therapy]  
  
\*cerebral palsy  
  
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electronic medical record  
  
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follow up  
  
Gram negative bacterium  
  
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\*Pseudomonas aeruginosa  
  
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sleep apnea syndromes  
  
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acetylcysteine/dt [Drug Therapy]  
  
acetylcysteine/pv [Special Situation for Pharmacovigilance]  
  
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fluticasone propionate plus salmeterol/dt [Drug Therapy]  
  
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salbutamol/dt [Drug Therapy]  
  
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"DU":"acetylcysteine / drug therapy / special situation for pharmacovigilance  
  
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\*Pseudomonas aeruginosa  
  
questionnaire  
  
\*respiratory tract disease / \*drug therapy  
  
sleep apnea syndromes  
  
Staphylococcus aureus  
  
throat swab",

"AB":"Introduction: Children with cerebral palsy (CP) often present with chronic respiratory symptoms. Pseudomonas aeruginosa (PA), is a known pathogen associated with more severe respiratory disease. Preventive actions to eradicate this bacterium and to improve the respiratory condition of children with CP could be very valuable. Therefore, we assessed the prevalence of PA and its association with respiratory disease. Method(s): Throat swabs were taken in children with CP, aged 0-18 years. Data from patient records were extracted from the electronic medical records. Follow-up of respiratory symptoms was done by the Liverpool respiratory symptom questionnaire (LRSQ) after 3 months. Result(s): A throat swab and a completed LRSQ after 3 months were received from 79 children with CP. Twenty-eight patients (35.4%) were found to have at least one positive respiratory culture. Only 4 patients (5.1%) were contaminated with PA. Gram negative bacteria were isolated in 21.5% of the positive throat swabs, S. aureus was found in 13.9%. Most pathogens were found in patients with higher GMFCS score (GMFCS IV and V). Results of the LRSQ showed that 52.1% of these patients reported having 1 cold in the past 3 months. Discussion(s): The prevalence of PA in our population of children with CP is low, gram-negative bacteria were most commonly found. The respiratory consequences of being colonized with these bacteria were limited. These results may have been affected by the COVID-19 pandemic. Further research is recommended.Copyright 2023 Romaen, Van Ussel, Van Rossem, Kenis, Ceulemans, Van Hoorenbeeck and Verhulst.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"36373663",

"TI":"Intravenous anti-P. aeruginosa IgY-antibodies do not decrease pulmonary bacterial concentrations in a porcine model of ventilator-associated pneumonia.",

"SO":"Innate immunity. 28(7-8):224-234, 2022 10.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Otterbeck A  
  
Skorup P  
  
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"MH":"Otterbeck, A ORCID: https://orcid.org/0000-0002-3577-4247  
  
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Larsson, A ORCID: https://orcid.org/0000-0003-3161-0402",

"DU":"Otterbeck, A  
  
Skorup, P  
  
Hanslin, K  
  
Larsson, A  
  
Stalberg, J  
  
Hjelmqvist, H  
  
Lipcsey, M",

"OD":"Otterbeck, A. Anesthesiology and Intensive Care, 174469Department of Surgical Sciences, Uppsala University, Uppsala, Sweden.  
  
Skorup, P. Section of Infectious Diseases, 214437Department of Medical Sciences, Uppsala University, Uppsala, Sweden.  
  
Hanslin, K. Anesthesiology and Intensive Care, 174469Department of Surgical Sciences, Uppsala University, Uppsala, Sweden.  
  
Larsson, A. Section of Clinical Chemistry, 214437Department of Medical Sciences, Uppsala University, Uppsala, Sweden.  
  
Stalberg, J. Section of Clinical Chemistry, 214437Department of Medical Sciences, Uppsala University, Uppsala, Sweden.  
  
Hjelmqvist, H. Anesthesiology and Intensive Care, School of Medical Sciences, 98837Orebro University, Orebro, Sweden.  
  
Lipcsey, M. Anesthesiology and Intensive Care, 174469Department of Surgical Sciences, Uppsala University, Uppsala, Sweden.  
  
Lipcsey, M. Hedenstierna laboratory, Department of Surgical Sciences, 8097Uppsala University, Uppsala, Sweden.",

"AB":"Anti-microbial resistance chicken antibodies hospital acquired pneumonia (HAP) pneumonia",

"FTURL":"NOTNLM",

"PM":"Ventilator associated pneumonia (VAP) caused by P. aeruginosa is a cause of morbidity and mortality in critically ill patients. The spread of pathogens with anti-microbial resistance mandates the investigation of novel therapies. Specific polyclonal anti-P. aeruginosa IgY-antibodies (Pa-IgY) might be effective for VAP caused by P. aeruginosa. The objective of this study was to investigate if intravenous Pa-IgY decreases the lower airway concentration of P. aeruginosa in VAP. We used a double blind randomized placebo controlled porcine model of VAP caused by P. aeruginosa. Eighteen pigs were randomized to either receive intravenous Pa-IgY or placebo. Repeated registration of physiological parameters and sampling was performed for 27 h. Concentration of P. aeruginosa in BAL-cultures was similar in both groups with 104.97 +/- 102.09 CFU/mL in the intervention group vs 104.37 +/- 102.62 CFU/mL in the control group at the end of the experiment. The intervention group had higher heart rate, cardiac index, oxygen delivery and arterial oxygen tension/fraction of inspired oxygen-ratio, but lower plasma lactate and blood hemoglobin levels than the control group. In summary, in an anesthetized and mechanically ventilated porcine model of VAP, Pa-IgY at the dose used did not decrease concentrations of P. aeruginosa in the lower airways.",

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

"MV":"2022",

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Immunoglobulins, Intravenous/tu [Therapeutic Use]  
  
Oxygen  
  
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Swine",

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"Database":"Medline",

"ORN":"76",

"VN":"Ovid Technologies",

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

"UI":"37596172",

"TI":"Aiming for the cure in myeloma: Putting our best foot forward. [Review]",

"SO":"Blood Reviews. 62:101116, 2023 Nov.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Bar N  
  
Firestone RS  
  
Usmani SZ",

"MH":"Bar, Noffar  
  
Firestone, Ross S  
  
Usmani, Saad Z",

"DU":"Bar, Noffar. Section of Hematology, Department of Internal Medicine, Yale School of Medicine University, New Haven, CT, USA. Electronic address: Noffar.bar@yale.edu.  
  
Firestone, Ross S. Multiple Myeloma Service, Department of medicine, Memorial Sloan Kettering Cancer Center, New York, NY, USA. Electronic address: FirestoR@mskcc.org.  
  
Usmani, Saad Z. Multiple Myeloma Service, Department of medicine, Memorial Sloan Kettering Cancer Center, New York, NY, USA. Electronic address: usmanis@mskcc.org.",

"OD":"Cure High-risk disease Minimal residual disease Multiple myeloma Upfront therapy",

"AB":"NOTNLM",

"FTURL":"Frontline therapy for multiple myeloma (MM) is evolving to include novel combinations that can achieve unprecedented deep response rates. Several treatment strategies exist, varying in induction regimen composition, use of transplant and or consolidation and maintenance. In this sea of different treatment permutations, the overarching theme is the powerful prognostic factors of disease risk and achievement of minimal residual disease (MRD) negativity. MM has significant inter-patient variability that requires treatment to be individualized. Risk-adapted and response-adapted strategies which are increasingly being explored to define the extent and duration of therapy, and eventually aim for functional curability. In addition, with T-cell redirection therapies rapidly revolutionizing myeloma treatments, the current standard of care for myeloma will change. This review analyzes the current relevant literature in upfront therapy for fit myeloma patients and provides suggestions for treatment approach while novel clinical trials are maturing. Copyright © 2023 Elsevier Ltd. All rights reserved.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

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Antineoplastic Combined Chemotherapy Protocols/tu [Therapeutic Use]  
  
Transplantation, Autologous",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028351327",

"TI":"Outcome of Multiple Myeloma Patients With Hepatitis Surface Antigen: Korean Multiple Myeloma Working Party 2103 Study.",

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

"AU":"Yi J.H.  
  
Lee J.L.  
  
Lee Y.J.  
  
Kang H.J.  
  
Park Y.H.  
  
Yuh Y.J.  
  
Lim S.-N.  
  
Kim H.J.  
  
Jung S.-H.  
  
Lee J.-J.  
  
Cho H.J.  
  
Moon J.H.  
  
Yhim H.-Y.  
  
Kim K.",

"AO":"Yi, Jun Ho ORCID: https://orcid.org/0000-0003-1499-7131  
  
Kim, Kihyun ORCID: https://orcid.org/0000-0002-5878-8895",

"IN":"(Yi) Division of Hematology-Oncology, Department of Medicine, Chung-Ang University, Seoul, South Korea  
  
(Lee) Department of Hemato-oncology, Daegu Fatima Hospital, Daegu, South Korea  
  
(Lee) Department of Hematology and Oncology, Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan, South Korea  
  
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(Park) Division of Hematology-Oncology, Department of Internal Medicine, Ewha Womans University College of Medicine, Seoul, South Korea  
  
(Yuh) Department of Internal Medicine, Sanggye-Paik Hospital, Inje University, Seoul, South Korea  
  
(Lim) Department of Internal Medicine, Haeundae Paik Hospital, Inje University College of Medicine, Busan, South Korea  
  
(Kim) Department of Internal Medicine, Hallym University Sacred Heart Hospital, Anyang, South Korea  
  
(Jung, Lee) Department of Hematology-Oncology, Chonnam National University Hwasun Hospital and Chonnam National University Medical School, Jeollanam-do, Hwasun-gun, South Korea  
  
(Cho, Moon) Department of Hematology-Oncology, Kyungpook National University Hospital, Kyungpook National University, Daegu, South Korea  
  
(Yhim) Department of Internal Medicine, Jeonbuk National University Medical School, Jeonju, South Korea  
  
(Kim) Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea",

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article  
  
cancer growth  
  
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"OD":"Background: Hepatitis B virus reactivation (HBVr) is a well-known complication of systemic chemotherapy for particularly hematologic malignancies in HBV carriers. We performed a multicenter retrospective study to investigate the incidence and risk factors of HBVr in patients with hepatitis B surface antigen (HBsAg)-positive multiple myeloma (MM). Method(s): We included 123 patients with HBsAg-positive MM who had received systemic therapy. The primary objective of the study was to evaluate the incidence of HBVr in patients with HBsAg-positive MM. Result(s): The median age was 59 years, and 72 patients were male. With a median follow-up duration of 41.4 months, there were 43 instances of HBVr in 35 patients (28.5%): 29 treatment-related HBVr occurred during 424 treatments. Treatments containing antiviral prophylaxis were associated with a significantly lower incidence of HBVr compared to those without (14.4% vs. 1.9%, P < 0.001). Moreover, treatment with cyclophosphamide (P = 0.002) and doxorubicin (P = 0.053) were risk factors for HBVr stem cell transplantation was not associated with HBVr. There was no significant difference in overall survival between patients with and without HBVr (P = 0.753) and myeloma progression was the major cause of death. Conclusion(s): Considering the low incidence of HBVr in patients who had received antiviral prophylaxis, HBsAg-positivity should not impede patients from receiving optimal antimyeloma treatment or participating in clinical trials.Copyright © 2023",

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

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"ORN":"76",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"639261841",

"TI":"Olanzapine/samidorphan combination consistently mitigates weight gain across various subgroups of patients.",

"SO":"CNS spectrums. (pp 1-4), 2022. Date of Publication: 13 Oct 2022.",

"AU":"Meyer J.M.  
  
Simmons A.  
  
Jiang Y.  
  
Graham C.  
  
Yagoda S.  
  
McDonnell D.",

"AO":"McDonnell, David ORCID: https://orcid.org/0000-0002-6400-1286",

"IN":"(Meyer) University of California San Diego School of Medicine, La Jolla, CA, United States  
  
(Simmons, Jiang, Graham, Yagoda) Alkermes, Inc., Waltham, MA, United States  
  
(McDonnell) DublinIreland",

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"FTURL":"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. METHOD(S): 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. RESULT(S): 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(S): 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.",

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"VN":"Ovid Technologies",

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

"UI":"36897828",

"TI":"Aerobic Exercise, Cognitive Performance, and Brain Activity in Adolescents with Attention-Deficit/Hyperactivity Disorder.",

"SO":"Medicine & Science in Sports & Exercise. 55(8):1445-1455, 2023 08 01.",

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Tempest, Gavin D  
  
Piccirilli, Aaron  
  
Ma, Qianheng  
  
Reiss, Allan L",

"OD":"VAN Riper, Stephanie M. Center for Interdisciplinary Brain Sciences Research, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA.  
  
Piccirilli, Aaron. Center for Interdisciplinary Brain Sciences Research, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA.  
  
Ma, Qianheng. Center for Interdisciplinary Brain Sciences Research, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA.",

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Memory, Short-Term/ph [Physiology]",

"FTURL":"nan",

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"DJ":"INTRODUCTION: Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder for which behavioral treatments such as exercise are recommended as part of a multidisciplinary treatment program. Exercise improves executive function in individuals with ADHD, but limited information exists regarding the mechanisms involved in the response. We examined task-evoked brain responses during exercise and seated rest in 38 adolescents ( n = 15 ADHD age, 13.6 +/- 1.9 male, 73.3% n = 23 typically developing (TD age, 13.3 +/- 2.1 male, 56.5%)).  
  
METHODS: Participants completed a working memory and inhibitory task while cycling at a moderate intensity for 25 min (i.e., exercise condition) and while seated on the bike without pedaling (i.e., control condition). Conditions were randomized and counterbalanced. Functional near-infrared spectroscopy measured relative changes in oxygenated hemoglobin concentration in 16 brain regions of interest. Brain activity for each cognitive task and condition was examined using linear mixed-effects models with a false discovery rate (FDR) correction.  
  
RESULTS: The ADHD group had slower response speeds for all tasks and lower response accuracy in the working memory task during exercise compared with the TD group ( P < 0.05). For the inhibitory task, the ADHD group had lower brain activity in the inferior/superior parietal gyrus during exercise compared with the control condition, whereas the opposite was true for TD (FDR corrected , P < 0.05). For the working memory task, higher brain activity during exercise was observed, regardless of group, in the middle and inferior frontal gyrus and the temporoparietal junction (FDR corrected , P < 0.05).  
  
CONCLUSIONS: Dual-task performance is challenging for adolescents with ADHD, and exercise may modulate neuronal resources in regions such as the temporoparietal junction and frontal areas known to be hypoactive in this population. Future research should examine how these relationships change over time. Copyright © 2023 by the American College of Sports Medicine.",

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

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"TI":"Efficacy of Methylphenidate Hydrochloride Extended-Release Capsules (Aptensio XRTM) in Children and Adolescents with Attention-Deficit/Hyperactivity Disorder: A Phase III, Randomized, Double-Blind Study.",

"SO":"CNS Drugs. (no pagination), 2015. Date of Publication: 16 Apr 2015.",

"AU":"Wigal S.B.  
  
Nordbrock E.  
  
Adjei A.L.  
  
Childress A.  
  
Kupper R.J.  
  
Greenhill L.",

"AO":"(Wigal) AVIDA, Inc., 1600 Dove St, Suite 305, Newport Beach, CA, United States  
  
(Nordbrock, Adjei, Kupper) Rhodes Pharmaceuticals L.P., Coventry, RI, United States  
  
(Childress) Center for Psychiatry and Behavioral Medicine Inc., Las Vegas, NV, United States  
  
(Greenhill) New York State Psychiatric Institute/Columbia University, New York, NY, United States",

"IN":"Springer International Publishing",

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"OD":"Background: Psychostimulants remain first-line treatment options for the management of attention-deficit/hyperactivity disorder (ADHD). A multilayer extended-release bead methylphenidate capsule (provisional name Aptensio XRTM, MPH-MLR) with unique release properties is being investigated for the treatment of ADHD. Objective(s): The aim of this study was to assess the efficacy (primary) and safety and tolerability (secondary) of MPH-MLR compared with placebo in children and adolescents aged 6-18 years with ADHD. Method(s): This study was a parallel, double-blind, multicenter, placebo-controlled, forced-dose, phase III study in which patients were randomized to placebo or MPH-MLR 10, 15, 20, or 40 mg given once daily. There were four study phases: (1) 4-week screening/baseline (2) 1-week, double-blind treatment (DBP) (3) 11-week, open-label, dose-optimization period and (4) 30-day follow-up call. During the open-label dose-optimization period all patients started with MPH-MLR 10 mg, unless the investigator deemed it necessary to begin at a higher dose, and were titrated to an optimized dose (10, 15, 20, 30, 40, 50, 60 mg all given once daily) based on response and adverse events (AEs). The primary endpoint was the change from baseline to end of DBP in ADHD Rating Scale, 4th Edition (ADHD-RS-IV) total score. Secondary endpoints included changes in ADHD-RS-IV subscales and Clinical Global Impression-Improvement Scale (CGI-I) at the end of the DBP. The primary analysis was an analysis of covariance including terms for treatment, site, and baseline ADHD-RS-IV total score. Result(s): A total of 221 patients completed the DBP. The primary endpoint had a statistically significant difference among treatments (p = 0.0046) and sites (p = 0.0018), and baseline covariate made a significant contribution (p < 0.0001). As the MPH-MLR dose increased, the ADHD-RS-IV total score improved the 20 and 40 mg doses were statistically different (p = 0.0145 and p = 0.0011, respectively) from placebo. Females responded differently than did males (p = 0.0238) there was a significant difference among treatments for males but not for females, partly because only one-third of subjects were female and partly because some females who received placebo had considerable improvement during the DBP. Similarly, the ADHD-RS-IV subscales and CGI-I scores at the end of the DBP also showed more improvement as the dose of MPH-MLR increased. During the open-label phase, ADHD-RS-IV total scores improved (mean change from baseline -22.5) and correlated as the dose of MPH-MLR increased CGI-I scores also improved. No unexpected AEs were noted. Conclusion(s): Dose-related improvements in ADHD-RS-IV scores that exceeded those of placebo were observed in patients treated with MPH-MLR. No new safety signals were noted.Copyright © 2015 The Author(s)",

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"VN":"Ovid Technologies",

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

"UI":"38034507",

"TI":"Combining samidorphan with olanzapine to mitigate weight gain as a side effect in schizophrenia treatment. [Review]",

"SO":"Postepy Psychiatrii Neurologii. 32(3):128-137, 2023 Sep.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

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"MH":"Grywinska, Weronika B  
  
Glowacka, Aleksandra",

"DU":"Grywinska, Weronika B. Medical University of Bialystok, Poland.  
  
Glowacka, Aleksandra. Medical University of Bialystok, Poland.",

"OD":"Purpose: This article analyzes clinical trials that provide evidence for the positive effects of using samidorphan to mitigate undesirable weight gain in patients diagnosed with schizophrenia who are undergoing treatment with olanzapine.  
  
Views: Weight gain is a prevalent and problematic side effect of antipsychotic drug therapy, particularly in patients with schizophrenia. To address this issue, extensive research is being conducted to explore new drug therapies that can effectively counteract psychotic symptoms while minimizing the occurrence of unwanted side effects. One promising approach involves the addition of weight-loss substances to existing medications. Studies have indicated that opioid receptor antagonists, such as samidorphan, have the potential to facilitate weight loss. Consequently, a novel therapy combining samidorphan and olanzapine has been developed and is discussed in detail in this article.  
  
Conclusions: The combination of samidorphan and olanzapine has demonstrated its ability to effectively reduce weight gain in patients with schizophrenia, without compromising the drug's primary function of alleviating psychotic symptoms. Moreover, the inclusion of samidorphan in the treatment regimen may contribute to a lower risk of cardiovascular events, though it is worth noting that it could also lead to an increase in digestive side effects. Despite this potential drawback, the introduction of this innovative therapy represents a significant advancement in the management of obesity among individuals with schizophrenia. Copyright © 2023 Institute of Psychiatry and Neurology.",

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

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"TI":"Molecular Characterization of Bacterial Agents Causing External Ocular Infections Isolates of Patients in a Third Level Hospital.",

"SO":"Pathogens. 12(11) (no pagination), 2023. Article Number: 1294. Date of Publication: November 2023.",

"AU":"Duran-Manuel E.M.  
  
Bello-Lopez J.M.  
  
Salinas-Bobadilla A.D.  
  
Vargas-De-Leon C.  
  
Nieto-Velazquez N.G.  
  
Moreno-Eutimio M.A.  
  
Pastelin-Palacios R.  
  
Calzada-Mendoza C.C.  
  
Blanco-Hernandez D.M.R.",

"AO":"Duran-Manuel, Emilio Mariano ORCID: https://orcid.org/0000-0001-8985-486X  
  
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"IN":"(Duran-Manuel, Bello-Lopez, Vargas-De-Leon, Nieto-Velazquez, Blanco-Hernandez) Hospital Juarez de Mexico, Mexico City 07760, Mexico  
  
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(Salinas-Bobadilla, Pastelin-Palacios) Facultad de Estudios Superiores Zaragoza, Universidad Nacional Autonoma de Mexico, Mexico City 09230, Mexico  
  
(Moreno-Eutimio) Facultad de Quimica, Universidad Nacional Autonoma de Mexico, Ciudad Universitaria, Mexico City 04510, Mexico",

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"AB":"Empirical use of antibiotics in the treatment of eye infections leads to bacterial pathogens becoming resistant to antibiotics consequently, treatment failure and eye health complications occur. The aim of this study was to describe the phenotype and genotype of the resistance and adherence of bacterial agents causing eye infections in patients at Hospital Juarez de Mexico. An observational, prospective, cross-sectional, and descriptive study was carried out in patients with signs and symptoms of ocular infection. Bacterial agents were isolated and identified by classical microbiology and mass spectrometry. Antibiotic resistance and adherence profiles were determined. Finally, resistance (mecA/SCCmec) and virulence (icaA and icaD) genes were detected in the Gram-positive population. The results showed that blepharitis was the most prevalent condition in the study population. A MALDI-TOF analysis revealed that Staphylococcus and Pseudomonas genus were the most prevalent as causal agents of infection. Resistances to beta-lactams were detected of 44 to 100%, followed by clindamycins, aminoglycosides, folate inhibitors, and nitrofurans. A multiple correspondence analysis showed a relationship between mecA genotype and beta-lactams resistance. The identification of SCCmecIII and SCCmecIV elements suggested community and hospital sources of infection. Finally, the coexistence of icaA+/icaD+/mecA(SCCmecIII) and icaA+/icaD+/mecA(SCCmecIV) genotypes was detected in S. aureus. The identification of resistant and virulent isolates highlights the importance of developing protocols that address the timely diagnosis of ocular infections. Herein, implications for the failure of antimicrobial therapy in the treatment of ocular infections in susceptible patients are analysed and discussed.Copyright © 2023 by the authors.",

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"TI":"Transmission of Carbapenem-Resistant Klebsiella pneumoniae in US Hospitals.",

"SO":"Clinical Infectious Diseases. 76(2):229-237, 2023 01 13.",

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Bonomo, Robert A  
  
van Duin, David",

"OD":"Luterbach, Courtney L. Division of Infectious Diseases, University of North Carolina, Chapel Hill, North Carolina, USA.  
  
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Novick, Elizabeth. Temple University School of Pharmacy, Philadelphia, Pennsylvania, USA.  
  
Pagkalinawan, Stephen. Temple University School of Pharmacy, Philadelphia, Pennsylvania, USA.  
  
Lautenbach, Ebbing. Division of Infectious Diseases, Department of Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, USA.  
  
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van Duin, David. Division of Infectious Diseases, University of North Carolina, Chapel Hill, North Carolina, USA.",

"AB":"Klebsiella pneumoniae carbapenem-resistant Enterobacterales transmission clusters",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Carbapenem-resistant Klebsiella pneumoniae (CRKp) is the most prevalent carbapenem-resistant Enterobacterales in the United States. We evaluated CRKp clustering in patients in US hospitals.  
  
METHODS: From April 2016 to August 2017, 350 patients with clonal group 258 CRKp were enrolled in the Consortium on Resistance Against Carbapenems in Klebsiella and other Enterobacteriaceae, a prospective, multicenter, cohort study. A maximum likelihood tree was constructed using RAxML. Static clusters shared <=21 single-nucleotide polymorphisms (SNP) and a most recent common ancestor. Dynamic clusters incorporated SNP distance, culture timing, and rates of SNP accumulation and transmission using the R program TransCluster.  
  
RESULTS: Most patients were admitted from home (n = 150, 43%) or long-term care facilities (n = 115, 33%). Urine (n = 149, 43%) was the most common isolation site. Overall, 55 static and 47 dynamics clusters were identified involving 210 of 350 (60%) and 194 of 350 (55%) patients, respectively. Approximately half of static clusters were identical to dynamic clusters. Static clusters consisted of 33 (60%) intrasystem and 22 (40%) intersystem clusters. Dynamic clusters consisted of 32 (68%) intrasystem and 15 (32%) intersystem clusters and had fewer SNP differences than static clusters (8 vs 9 P = .045 95% confidence interval [CI]: -4 to 0). Dynamic intersystem clusters contained more patients than dynamic intrasystem clusters (median [interquartile range], 4 [2, 7] vs 2 [2, 2] P = .007 95% CI: -3 to 0).  
  
CONCLUSIONS: Widespread intrasystem and intersystem transmission of CRKp was identified in hospitalized US patients. Use of different methods for assessing genetic similarity resulted in only minor differences in interpretation. Copyright © The Author(s) 2022. Published by Oxford University Press on behalf of Infectious Diseases Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.",

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

"MV":"2023",

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

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Anti-Bacterial Agents/tu [Therapeutic Use]  
  
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Cohort Studies  
  
Prospective Studies  
  
Klebsiella Infections/ep [Epidemiology]  
  
Klebsiella Infections/dt [Drug Therapy]  
  
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"Unnamed: 23":"0 (Anti-Bacterial Agents)  
  
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"Unnamed: 24":"Multi-Drug Resistant Organism Network Investigators Network Investigators and the Antibacterial Resistance Leadership Group",

"Unnamed: 25":"nan",

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"Unnamed: 27":"nan",

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"UI":"37582048",

"TI":"More intensive therapy has a better effect for frail parents with multiple myeloma.",

"SO":"Blood Advances. 7(20):6275-6284, 2023 10 24.",

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Fillmore NR  
  
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"MH":"DuMontier, Clark  
  
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Bihn, John  
  
Corrigan, June  
  
Yildirim, Cenk  
  
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Yellapragada, Sarvari  
  
Abel, Gregory A  
  
Gaziano, J Michael  
  
Do, Nhan V  
  
Brophy, Mary  
  
Kim, Dae H  
  
Munshi, Nikhil C  
  
Fillmore, Nathanael R  
  
Driver, Jane A",

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Driver, Jane A. Division of Aging, Brigham and Women's Hospital, Boston, MA.  
  
Driver, Jane A. Harvard Medical School, Boston, MA.",

"OD":"nan",

"AB":"nan",

"FTURL":"Although randomized controlled trial data suggest that the more intensive triplet bortezomib-lenalidomide-dexamethasone (VRd) is superior to the less intensive doublet lenalidomide-dexamethasone (Rd) in patients newly diagnosed with multiple myeloma (MM), guidelines have historically recommended Rd over VRd for patients who are frail and may not tolerate a triplet. We identified 2573 patients (median age, 69.7 years) newly diagnosed with MM who were initiated on VRd (990) or Rd (1583) in the national US Veterans Affairs health care System from 2004 to 2020. We measured frailty using the Veterans Affairs Frailty Index. To reduce imbalance in confounding, we matched patients for MM stage and 1:1 based on a propensity score. Patients who were moderate-severely frail had a higher prevalence of stage III MM and myeloma-related frailty deficits than patients who were not frail. VRd vs Rd was associated with lower mortality (hazard ratio [HR], 0.81 95% confidence interval [CI], 0.70-0.94) in the overall matched population. Patients who were moderate-severely frail demonstrated the strongest association (HR 0.74 95% CI, 0.56-0.97), whereas the association weakened in those who were mildly frail (HR, 0.80 95% CI, 0.61-1.05) and nonfrail (HR, 0.86 95% CI, 0.67-1.10). VRd vs Rd was associated with a modestly higher incidence of hospitalizations in the overall population, but this association weakened in patients who were moderate-severely frail. Our findings confirm the benefit of VRd over Rd in US veterans and further suggest that this benefit is strongest in patients with the highest levels of frailty, arguing that more intensive treatment of myeloma may be more effective treatment of frailty itself. 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":"Randomized Controlled Trial  
  
Journal Article",

"DJ":"2023",

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

"TN":"Hassan, Hamza ORCID: https://orcid.org/0000-0003-1775-2703  
  
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"TI":"Safety of Subcutaneous Daratumumab in Anti-CD38 Monoclonal Antibody-Naive Patients with Plasma Cell Disorders: A Multicenter Real-Life Experience.",

"SO":"Targeted Oncology. 18(6) (pp 885-892), 2023. Date of Publication: November 2023.",

"AU":"De Novellis D.  
  
Fontana R.  
  
Palmieri S.  
  
Della Pepa R.  
  
Di Perna M.  
  
Cetani G.  
  
Esposito D.  
  
Amendola A.  
  
Delle Cave G.  
  
Serio B.  
  
Morini D.  
  
Rizzo M.  
  
Mettivier L.  
  
Trastulli F.  
  
Rocco S.  
  
Pagano A.  
  
Barbato S.  
  
Leone A.  
  
La Magna M.  
  
Bianco R.  
  
Rascato G.  
  
Carobene A.  
  
Cuffa B.  
  
Iannalfo M.  
  
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Svanera G.  
  
Annunziata M.  
  
Pizzuti M.  
  
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"OD":"Background: Daratumumab, an anti-CD38 monoclonal antibody, is used for treatment of multiple myeloma (MM) and light chain amyloidosis at an intravenous dosage of 16 mg/kg or at a subcutaneous fixed dose of 1800 mg. However, the subcutaneous formulation has only recently been approved in Europe, and real-life data on its safety are still few. Objective(s): In this multicenter retrospective real-life experience, we provided evidence for the safety of subcutaneous daratumumab in plasma cell disorders. Patients and Methods: A total of 189 patients diagnosed with MM or light chain amyloidosis were included in this retrospective study, and all subjects were daratumumab-naive. Primary endpoint was safety of subcutaneous daratumumab, especially for infusion-related reaction (IRR) incidence and severity. All patients received premedication with dexamethasone, paracetamol, and antihistamine, with montelukast usage in 85% of cases. Result(s): Eight patients (4%) experienced IRRs, mainly of grade I-II, and other frequent toxicities were: hematological (thrombocytopenia, 4% neutropenia, 5% lymphopenia, 6%) and non-hematological (pneumonia, 4% diarrhea, 2% and cytomegalovirus reactivation, 0.5%). In our multicenter retrospective real-life experience, subcutaneous daratumumab was well-tolerated with an excellent safety profile with a very low (4%) IRR incidence, even in frailer MM patients with severe renal impairment or increased body weight. Conclusion(s): Subcutaneous daratumumab was safe in a real-life setting including patients with severe renal failure and advanced disease. However, further studies on larger and prospective cohorts are required to confirm our real-life observations.Copyright © 2023, The Author(s).",

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

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"UI":"639208105",

"TI":"Non-affective psychotic disorders and risk of dementia: a systematic review and meta-analysis.",

"SO":"Psychological medicine. (pp 1-13), 2022. Date of Publication: 06 Oct 2022.",

"AU":"Miniawi S.E.  
  
Orgeta V.  
  
Stafford J.",

"AO":"Stafford, Jean ORCID: https://orcid.org/0000-0002-0144-9200",

"IN":"(Miniawi, Orgeta) Division of Psychiatry, University College London (UCL), London, United Kingdom  
  
(Stafford) MRC Unit for Lifelong Health and Ageing, UCL, London, United Kingdom",

"PB":"NLM (Medline)",

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"FTURL":"Non-affective psychotic disorders have been associated with an increased risk of developing dementia. However, research in this area remains limited, highlighting the need for an up-to-date systematic review and meta-analysis of the evidence. We aimed to systematically review and quantify the risk of dementia associated with psychotic disorders. We searched four electronic databases for longitudinal studies investigating non-affective psychotic disorders and subsequent dementia. We used random-effects meta-analyses to pool estimates across studies and assessed risk of bias for each study. Non-affective psychotic disorders were associated with increased risk of all-cause dementia pooled risk ratio (RR) = 2.52, 95% confidence interval (CI) (1.67-3.80), I2 = 99.7%, n = 12,997,101 11 studies, with high heterogeneity between studies. Subgroup analyses indicated stronger associations in studies with shorter follow-up periods, conducted in non-European countries, published after 2020, and where >=60% of the sample were female. The risk was higher in people aged <60 years at baseline, in typical and late-onset psychotic disorders versus very late-onset psychosis, in broader psychotic disorders vs schizophrenia, and in prospective vs retrospective studies. Associations remained after excluding low quality studies (pooled RR = 2.50, 95% CI (1.71-3.68), I2 = 99.0%). Our review finds a substantial association between psychotic disorders and subsequent dementia. Our findings indicate that psychotic disorders are a potentially modifiable risk factor for dementia and suggest that individuals with psychotic disorders need to be closely monitored for cognitive decline in later life. Further research is needed to investigate the mechanisms underlying the association between psychotic disorders and dementia.",

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

"UI":"37058600",

"TI":"Polyunsaturated fatty acids (PUFA) for attention deficit hyperactivity disorder (ADHD) in children and adolescents. [Review]",

"SO":"Cochrane Database of Systematic Reviews. 4:CD007986, 2023 04 14.",

"AU":"1",

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

"IN":"MEDLINE",

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Perez Algorta G",

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"DU":"Gillies, Donna  
  
Leach, Matthew J  
  
Perez Algorta, Guillermo",

"OD":"Gillies, Donna. Faculty of Medicine and Health, University of Sydney, Sydney, Australia.  
  
Leach, Matthew J. School of Nursing & Midwifery, University of South Australia, Adelaide, Australia.  
  
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"AB":"Child  
  
Humans  
  
Adolescent  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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Methylphenidate/tu [Therapeutic Use]  
  
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"DJ":"BACKGROUND: Attention deficit hyperactivity disorder (ADHD) is a major problem in children and adolescents, characterised by age-inappropriate levels of inattention, hyperactivity, and impulsivity, and is associated with long-term social, academic, and mental health problems. The stimulant medications methylphenidate and amphetamine are the most frequently used treatments for ADHD, but these are not always effective and can be associated with side effects. Clinical and biochemical evidence suggests that deficiencies of polyunsaturated fatty acids (PUFA) could be related to ADHD. Research has shown that children and adolescents with ADHD have significantly lower plasma and blood concentrations of PUFA and, in particular, lower levels of omega-3 PUFA. These findings suggest that PUFA supplementation may reduce the attention and behaviour problems associated with ADHD. This review is an update of a previously published Cochrane Review. Overall, there was little evidence that PUFA supplementation improved symptoms of ADHD in children and adolescents.  
  
OBJECTIVES: To compare the efficacy of PUFA to other forms of treatment or placebo in treating the symptoms of ADHD in children and adolescents.  
  
SEARCH METHODS: We searched 13 databases and two trials registers up to October 2021. We also checked the reference lists of relevant studies and reviews for additional references.  
  
SELECTION CRITERIA: We included randomised and quasi-randomised controlled trials that compared PUFA with placebo or PUFA plus alternative therapy (medication, behavioural therapy, or psychotherapy) with the same alternative therapy alone in children and adolescents (aged 18 years and under) diagnosed with ADHD.  
  
DATA COLLECTION AND ANALYSIS: We used standard Cochrane methods. Our primary outcome was severity or improvement of ADHD symptoms. Our secondary outcomes were severity or incidence of behavioural problems quality of life severity or incidence of depressive symptoms severity or incidence of anxiety symptoms side effects loss to follow-up and cost. We used GRADE to assess the certainty of evidence for each outcome.  
  
MAIN RESULTS: We included 37 trials with more than 2374 participants, of which 24 trials were new to this update. Five trials (seven reports) used a cross-over design, while the remaining 32 trials (52 reports) used a parallel design. Seven trials were conducted in Iran, four each in the USA and Israel, and two each in Australia, Canada, New Zealand, Sweden, and the UK. Single studies were conducted in Brazil, France, Germany, India, Italy, Japan, Mexico, the Netherlands, Singapore, Spain, Sri Lanka, and Taiwan. Of the 36 trials that compared a PUFA to placebo, 19 used an omega-3 PUFA, six used a combined omega-3/omega-6 supplement, and two used an omega-6 PUFA. The nine remaining trials were included in the comparison of PUFA to placebo, but also had the same co-intervention in the PUFA and placebo groups. Of these, four trials compared a combination of omega-3 PUFA plus methylphenidate to methylphenidate. One trial each compared omega-3 PUFA plus atomoxetine to atomoxetine omega-3 PUFA plus physical training to physical training and an omega-3 or omega-6 supplement plus methylphenidate to methylphenidate and two trials compared omega-3 PUFA plus dietary supplement to dietary supplement. Supplements were given for a period of between two weeks and six months. Although we found low-certainty evidence that PUFA compared to placebo may improve ADHD symptoms in the medium term (risk ratio (RR) 1.95, 95% confidence interval (CI) 1.47 to 2.60 3 studies, 191 participants), there was high-certainty evidence that PUFA had no effect on parent-rated total ADHD symptoms compared to placebo in the medium term (standardised mean difference (SMD) -0.08, 95% CI -0.24 to 0.07 16 studies, 1166 participants). There was also high-certainty evidence that parent-rated inattention (medium-term: SMD -0.01, 95% CI -0.20 to 0.17 12 studies, 960 participants) and hyperactivity/impulsivity (medium-term: SMD 0.09, 95% CI -0.04 to 0.23 10 studies, 869 participants) scores were no different compared to placebo. There was moderate-certainty evidence that overall side effects likely did not differ between PUFA and placebo groups (RR 1.02, 95% CI 0.69 to 1.52 8 studies, 591 participants). There was also moderate-certainty evidence that medium-term loss to follow-up was likely similar between groups (RR 1.03, 95% CI 0.77 to 1.37 13 studies, 1121 participants).  
  
AUTHORS' CONCLUSIONS: Although we found low-certainty evidence that children and adolescents receiving PUFA may be more likely to improve compared to those receiving placebo, there was high-certainty evidence that PUFA had no effect on total parent-rated ADHD symptoms. There was also high-certainty evidence that inattention and hyperactivity/impulsivity did not differ between PUFA and placebo groups. We found moderate-certainty evidence that overall side effects likely did not differ between PUFA and placebo groups. There was also moderate-certainty evidence that follow-up was similar between groups. It is important that future research addresses the current weaknesses in this area, which include small sample sizes, variability of selection criteria, variability of the type and dosage of supplementation, and short follow-up times. Copyright © 2023 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.",

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0 (Fatty Acids, Unsaturated)  
  
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"TI":"Effect of extended-release dexmethylphenidate and mixed amphetamine salts on sleep: A double-blind, randomized, crossover study in youth with attention-deficit hyperactivity disorder.",

"SO":"CNS Drugs. 28(9) (pp 825-833), 2015. Date of Publication: September 2014.",

"AU":"Santisteban J.A.  
  
Stein M.A.  
  
Bergmame L.  
  
Gruber R.",

"AO":"(Santisteban, Gruber) Department of Psychiatry, Douglas Mental Health University Institute, McGill University, 6875 LaSalle Boulevard, Verdun, Montreal, QC H4H 1R3, Canada  
  
(Santisteban, Bergmame, Gruber) Attention, Behavior and Sleep Laboratory, Douglas Mental Health University Institute, Montreal, QC, Canada  
  
(Stein) Seattle Children's Hospital, University of Washington, Seattle, WA, United States",

"IN":"Springer International Publishing",

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\*sleep [m]  
  
sleep time [m]",

"OD":"Objective: We sought to determine the dose-response effects of extended-release (ER) dexmethylphenidate (d-MPH) and ER mixed amphetamine salts (MAS) on objective measures of sleep.  
Methods: This was an 8-week, double-blind, placebo-controlled, randomized, two period, crossover study of youth with attention-deficit hyperactivity disorder (ADHD) as confirmed by the Kiddie Schedule for Affective Disorders for School-Age Children-Present and Lifetime version (K-SADS-PL). Children aged 10-17 years were recruited from clinical practice, colleague referrals, and flyers. Participants were randomized to initially receive either d-MPH or MAS. During each 4-week drug period, children received three dose levels (10, 20, and 25/30 mg) in ascending order, with placebo substituted for active medication in a randomized fashion during 1 week of the study. After 4 weeks, participants were switched to the alternative medication for another 4 weeks of treatment. The main outcome measure was sleep duration as measured by actigraphy. Children, parents, and researchers were blinded to drug, dose, and placebo status.  
Results: Sixty-five participants met the inclusion criteria and were enrolled in the study. Of these, 37 participants with sufficient sleep data for analysis were included. Sleep schedule measures showed a significant effect for dose on sleep start time (F(1,36) = 6.284 p < 0.05), with a significantly later sleep start time when children were receiving 20- or 30-mg doses, compared with placebo (p < 0.05). A significant dose effect was found on actual sleep duration (F(1,36) = 8.112 p < 0.05), with significantly shorter actual sleep duration for subjects receiving 30 mg compared with those receiving placebo (p < 0.05). There were no significant differences on sleep duration or sleep schedule between the two stimulant medications. The trial is complete and closed to follow-up.  
Conclusions: Higher stimulant doses were associated with reduced sleep duration and later sleep start times, regardless of medication class.Copyright © 2014 Springer International Publishing Switzerland.",

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"Database":"Medline",

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

"UI":"38026054",

"TI":"Qualitative Analysis of the Content Validity of the Virtual Reality Functional Capacity Assessment Tool (VRFCAT) in Schizophrenia: A Multi-Stakeholder Perspective.",

"SO":"Schizophrenia Bulletin Open. 4(1):sgad012, 2023 Jan.",

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Linthicum, Jared  
  
Vargas, Gabriela  
  
Klein, Hans  
  
Keefe, Richard S E  
  
Harvey, Philip D",

"DU":"Horan, William P. WCG Clinical Endpoint Solutions, Cary, NC.  
  
Horan, William P. Department of Psychiatry & Biobehavioral Sciences, University of California, Los Angeles, CA.  
  
Depp, Colin A. Herbert Wertheim School of Public Health & Human Longevity Science, University of California, San Diego, CA.  
  
Hurst, Samantha. Herbert Wertheim School of Public Health & Human Longevity Science, University of California, San Diego, CA.  
  
Linthicum, Jared. WCG Clinical Endpoint Solutions, Cary, NC.  
  
Vargas, Gabriela. Department of Psychiatry & Behavioral Sciences, University of Miami Miller School of Medicine, Research Service Bruce W. Carter VA Medical Center, Miami, FL.  
  
Klein, Hans. WCG Clinical Endpoint Solutions, Cary, NC.  
  
Keefe, Richard S E. Department of Psychiatry, Duke University, Durham, NC.  
  
Harvey, Philip D. Department of Psychiatry & Behavioral Sciences, University of Miami Miller School of Medicine, Research Service Bruce W. Carter VA Medical Center, Miami, FL.",

"OD":"The US Food and Drug Agency (FDA) requires clinical trials targeting cognitive impairment associated with schizophrenia (CIAS) to demonstrate the functional relevance of cognitive improvements by employing a functional co-primary measure. Although quantitative evidence supports the suitability of the Virtual Reality Functional Capacity Assessment Tool (VRFCAT) for this purpose, FDA guidelines for qualification of clinical outcome assessments require evidence of content validity, defined as qualitative evidence that key stakeholders view the measure as relevant and important. To collect this important qualitative data, semi-structured interviews were conducted with outpatients with schizophrenia (n = 24), caregivers (n = 12), and professional peer support specialists (n = 12) to elicit their views about the definition and importance of functional independence, the importance of the functional domains assessed by the VRFCAT (meal planning, using transportation, handling money, shopping), and the relevance of the VRFCAT tasks to these domains. Qualitative thematic analyses revealed consistent themes across groups in defining functional independence, including performing instrumental self-care, financial, and social tasks making decisions autonomously and not depending on others to carry out daily activities. There were, however, notable differences in their views regarding the importance of and barriers to functional independence. All groups viewed the VRFCAT as assessing skill domains that are central to independent functioning and, with some minor differences, the VRFCAT tasks were viewed as relevant and meaningful examples of the domains. These qualitative results provide converging evidence that key stakeholders view the VRFCAT as a content-valid measure. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the University of Maryland's school of medicine, Maryland Psychiatric Research Center.",

"AB":"Journal Article",

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"TI":"Prevalence and Emergence of Acinetobacter Spp. in a Tertiary Care Hospital.",

"SO":"International Journal of Pharmaceutical and Clinical Research. 15(10) (pp 439-443), 2023. Date of Publication: 2023.",

"AU":"Vishalakshi B.  
  
Liba S.  
  
Krishna S.",

"AO":"nan",

"IN":"(Vishalakshi) Department of Microbiology, VIMS & MCH, Cantonment Ballari, Karnataka, Ballari 583104, India  
  
(Liba, Krishna) Department of Microbiology, Vijayanagar Institute of Medical Sciences and Medical College Hospital, Ballari, India",

"PB":"Dr. Yashwant Research Labs Pvt. Ltd.",

"MH":"\*Acinetobacter  
  
Acinetobacter baumannii  
  
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adult  
  
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ampicillin resistance  
  
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male  
  
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sampling  
  
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sputum analysis  
  
\*tertiary care center  
  
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ampicillin/pv [Special Situation for Pharmacovigilance]  
  
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"AB":"Background: Acinetobacter are aerobic, non-fermentative gram-negative coccobacilli, non-capsulated, nonmotile and non-sporing and oxidase negative organism. It belongs to the family of Moraxellaceae. There is a development of antimicrobial resistance (AMR) and there is an emergence and spread of extended-spectrum beta-lactamases (ESBLs). This study aimed to determine the prevalence and isolate Acinetobacter in all clinical samples and to determine their susceptibility to antimicrobial agents and resistance for ESBL. Material(s) and Method(s): Prospective study was done for 1 year. With ethics committee approval and informed consent, clinical samples from 1-70 years from different IPDs and OPDs were included. Samples with incomplete information and contaminants were excluded. Isolation and identification of Acinetobacter spp were performed according to standard techniques. Result(s): Among the 384 suspected samples received at the laboratory, A. baumannii accounted for 262 (68.22%) and it is the most common species followed by A.lwoffii 82 (21.35%) and others 40 (10.41%). The maximum numbers of Acinetobacter isolates were from Sputum 152 (39.58%). Antibiotic susceptibility pattern in Acinetobacter spp showed highly resistant to ampicillin (74%) and low resistant patterns to imipenem (4%), meropenem (5%), and piperacillin/tazobactam (7%). Among 384 isolates screened for ESBL production, 148 (38.54%) isolates were found to be ESBL producers. Conclusion(s): This study estimated prevalence of Acinetobacter spp, their susceptibility pattern in our hospital setup, which will aid in development of an antibiotic policy for the hospital and coordinated effort to curtail inappropriate use of antibiotics as well as limit the spread of multidrug resistant bacteria.Copyright © 2023, Dr. Yashwant Research Labs Pvt. Ltd. All rights reserved.",

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"VN":"Ovid Technologies",

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"TI":"Safety and Efficacy of Ceftolozane/Tazobactam Versus Meropenem in Neonates and Children With Complicated Urinary Tract Infection, Including Pyelonephritis: A Phase 2, Randomized Clinical Trial.",

"SO":"Pediatric Infectious Disease Journal. 42(4):292-298, 2023 04 01.",

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"OD":"Roilides, Emmanuel. From the Third Department of Pediatrics, Infectious Diseases Unit, School of Medicine, Aristotle University and Hippokration General Hospital, Thessaloniki, Greece.  
  
Ashouri, Negar. Division of Infectious Diseases, CHOC Children's Hospital, Orange, California.  
  
Bradley, John S. Department of Pediatrics, University of California San Diego School of Medicine and Rady Children's Hospital of San Diego, San Diego, California.  
  
Johnson, Matthew G. Merck & Co., Inc., Rahway, New Jersey.  
  
Lonchar, Julia. Merck & Co., Inc., Rahway, New Jersey.  
  
Su, Feng-Hsiu. Merck & Co., Inc., Rahway, New Jersey.  
  
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Popejoy, Myra W. Merck & Co., Inc., Rahway, New Jersey.  
  
Bensaci, Mekki. Merck & Co., Inc., Rahway, New Jersey.  
  
De Anda, Carisa. Merck & Co., Inc., Rahway, New Jersey.  
  
Rhee, Elizabeth G. Merck & Co., Inc., Rahway, New Jersey.  
  
Bruno, Christopher J. Merck & Co., Inc., Rahway, New Jersey.",

"AB":"nan",

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"PM":"BACKGROUND: Ceftolozane/tazobactam, a cephalosporin-beta-lactamase inhibitor combination, active against multidrug-resistant Gram-negative pathogens, is approved for treatment of adults with complicated urinary tract infections (cUTI). Safety and efficacy of ceftolozane/tazobactam in pediatric participants with cUTI, including pyelonephritis, were assessed.  
  
METHODS: This phase 2 study (NCT03230838) compared ceftolozane/tazobactam with meropenem for treatment of cUTI in participants from birth to <18 years of age. The primary objective was safety and tolerability. Key secondary end points included clinical cure and per-participant microbiologic response rates at end of treatment (EOT) and test of cure (TOC) visits.  
  
RESULTS: The microbiologic modified intent-to-treat (mMITT) population included 95 participants (ceftolozane/tazobactam, n = 71 meropenem, n = 24). The most common diagnosis and pathogen were pyelonephritis (ceftolozane/tazobactam, 84.5% meropenem, 79.2%) and Escherichia coli (ceftolozane/tazobactam, 74.6% meropenem, 87.5%) 5.7% (ceftolozane/tazobactam) and 4.8% (meropenem) of E. coli isolates were extended-spectrum beta-lactamase-producers. Rates of adverse events were similar between treatment groups (any: ceftolozane/tazobactam, 59.0% vs. meropenem, 60.6% drug-related: ceftolozane/tazobactam, 14.0% vs. meropenem, 15.2% serious: ceftolozane/tazobactam, 3.0% vs. meropenem, 6.1%). Rates of clinical cure for ceftolozane/tazobactam and meropenem at EOT were 94.4% and 100% and at TOC were 88.7% and 95.8%, respectively. Rates of microbiologic eradication for ceftolozane/tazobactam and meropenem at EOT were 93.0% and 95.8%, and at TOC were 84.5% and 87.5%, respectively.  
  
CONCLUSIONS: Ceftolozane/tazobactam had a favorable safety profile in pediatric participants with cUTI rates of clinical cure and microbiologic eradication were high and similar to meropenem. Ceftolozane/tazobactam is a safe and effective new treatment option for children with cUTI, especially due to antibacterial-resistant Gram-negative pathogens. Copyright © 2023 The Author(s). Published by Wolters Kluwer Health, Inc.",

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

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Tazobactam/ae [Adverse Effects]  
  
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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. 29(23):4784-4796, 2023 Dec 01.",

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Dhakal, Binod  
  
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Mendizabal, Adam  
  
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O'Donnell, Lynn  
  
Rapoport, Aaron P  
  
Reese, Jane  
  
Rosenblatt, Jacalyn  
  
Soiffer, Robert  
  
Stroopinsky, Dina  
  
Uhl, Lynne  
  
Vlachos, Ioannis S  
  
Waller, Edmund K  
  
Young, James W  
  
Pasquini, Marcelo C  
  
Avigan, David",

"DU":"Chung, David J. Memorial Sloan Kettering Cancer Center, New York, New York.  
  
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Dhakal, Binod. Medical College of Wisconsin, Milwaukee, Wisconsin.  
  
Devine, Steve. National Marrow Donor Program, Minneapolis, Minnesota.  
  
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Lazarus, Hillard M. Case Western Reserve University, Cleveland, Ohio.  
  
Malek, Ehsan. Case Western Reserve University, Cleveland, Ohio.  
  
McCarthy, Philip. Roswell Park Cancer Institute, Buffalo, New York.  
  
McKenna, David. University of Minnesota, Minneapolis, Minnesota.  
  
Mendizabal, Adam. Emmes Company, Rockville, Maryland.  
  
Nooka, Ajay. Emory University, Atlanta, Georgia.  
  
Munshi, Nikhil. Dana Farber Cancer Institute, Boston, Massachusetts.  
  
O'Donnell, Lynn. Ohio State University, Columbus, Ohio.  
  
Rapoport, Aaron P. University of Maryland, Baltimore, Maryland.  
  
Reese, Jane. Case Western Reserve University, Cleveland, Ohio.  
  
Rosenblatt, Jacalyn. Beth Israel Deaconess Medical Center, Boston, Massachusetts.  
  
Soiffer, Robert. Dana Farber Cancer Institute, Boston, Massachusetts.  
  
Stroopinsky, Dina. Beth Israel Deaconess Medical Center, Boston, Massachusetts.  
  
Uhl, Lynne. Beth Israel Deaconess Medical Center, Boston, Massachusetts.  
  
Vlachos, Ioannis S. Beth Israel Deaconess Medical Center, Boston, Massachusetts.  
  
Waller, Edmund K. Emory University, Atlanta, Georgia.  
  
Young, James W. Memorial Sloan Kettering Cancer Center, New York, New York.  
  
Pasquini, Marcelo C. Medical College of Wisconsin, Milwaukee, Wisconsin.  
  
Avigan, David. Beth Israel Deaconess Medical Center, Boston, Massachusetts.",

"OD":"nan",

"AB":"nan",

"FTURL":"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.  
  
RESULTS: 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.  
  
CONCLUSIONS: 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.",

"PM":"Randomized Controlled Trial  
  
Clinical Trial, Phase II  
  
Multicenter Study  
  
Journal Article",

"DJ":"2023",

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

"TN":"Chung, David J ORCID: https://orcid.org/0000-0003-0469-839X  
  
Shah, Nina ORCID: https://orcid.org/0000-0002-1971-8173  
  
Wu, Juan ORCID: https://orcid.org/0009-0009-1475-7470  
  
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Soiffer, Robert ORCID: https://orcid.org/0000-0002-5810-1192  
  
Stroopinsky, Dina ORCID: https://orcid.org/0009-0006-7359-1560  
  
Uhl, Lynne ORCID: https://orcid.org/0000-0002-8868-7198  
  
Vlachos, Ioannis S ORCID: https://orcid.org/0000-0002-8849-808X  
  
Waller, Edmund K ORCID: https://orcid.org/0000-0003-0816-6729  
  
Young, James W ORCID: https://orcid.org/0000-0002-0032-6559  
  
Pasquini, Marcelo C ORCID: https://orcid.org/0000-0003-1579-2293  
  
Avigan, David ORCID: https://orcid.org/0000-0003-4624-6017",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

"Unnamed: 24":"Humans  
  
Multiple Myeloma/dt [Drug Therapy]  
  
\*Multiple Myeloma  
  
Lenalidomide/tu [Therapeutic Use]  
  
Granulocyte-Macrophage Colony-Stimulating Factor/ge [Genetics]  
  
\*Hematopoietic Stem Cell Transplantation  
  
Transplantation, Autologous  
  
Dendritic Cells  
  
Antineoplastic Combined Chemotherapy Protocols/ae [Adverse Effects]  
  
Dexamethasone/tu [Therapeutic Use]",

"Unnamed: 25":"F0P408N6V4 (Lenalidomide)  
  
83869-56-1 (Granulocyte-Macrophage Colony-Stimulating Factor)  
  
7S5I7G3JQL (Dexamethasone)",

"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

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"If RCT or not":"Yes",

},

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"UniqueID":"620",

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"Database":"EMBASE",

"ORN":"78",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026467833",

"TI":"Precision medicine in nasopharyngeal carcinoma: comprehensive review of past, present, and future prospect.",

"SO":"Journal of Translational Medicine. 21(1) (no pagination), 2023. Article Number: 786. Date of Publication: December 2023.",

"AU":"Siak P.Y.  
  
Heng W.S.  
  
Teoh S.S.H.  
  
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(Lwin) Department of Otorhinolaryngology-Head and Neck Surgery, University of Medicine, Mandalay, Myanmar",

"PB":"BioMed Central Ltd",

"MH":"active immunotherapy  
  
acute myeloid leukemia/dt [Drug Therapy]  
  
adjuvant chemotherapy  
  
adjuvant therapy  
  
adoptive immunotherapy  
  
Akt signaling  
  
anemia/si [Side Effect]  
  
antibody titer  
  
arthritis/si [Side Effect]  
  
asthenia/si [Side Effect]  
  
autoimmune hepatitis/si [Side Effect]  
  
bleeding/si [Side Effect]  
  
blood toxicity/si [Side Effect]  
  
cancer immunotherapy  
  
cancer resistance  
  
cancer screening  
  
cardiomyopathy/si [Side Effect]  
  
cardiotoxicity/si [Side Effect]  
  
colitis/si [Side Effect]  
  
continuous infusion  
  
coughing/si [Side Effect]  
  
cutaneous T cell lymphoma/dt [Drug Therapy]  
  
dermatitis/si [Side Effect]  
  
dermatomyositis/si [Side Effect]  
  
diarrhea/si [Side Effect]  
  
diplopia/si [Side Effect]  
  
distant metastasis  
  
DNA methylation  
  
drug dose escalation  
  
drug dose increase  
  
drug dose reduction  
  
drug withdrawal  
  
ear nose throat surgery  
  
early cancer diagnosis  
  
endoscopic surgery  
  
Epstein Barr virus infection/dt [Drug Therapy]  
  
Epstein Barr virus infection/pc [Prevention]  
  
face pain/si [Side Effect]  
  
fatigue/si [Side Effect]  
  
fever/si [Side Effect]  
  
gastrointestinal symptom/si [Side Effect]  
  
genetic predisposition  
  
hand foot syndrome/si [Side Effect]  
  
head and neck cancer/dt [Drug Therapy]  
  
head and neck cancer/rt [Radiotherapy]  
  
heart arrest/si [Side Effect]  
  
heart arrhythmia/si [Side Effect]  
  
heart failure/si [Side Effect]  
  
heart infarction/si [Side Effect]  
  
heart muscle ischemia/si [Side Effect]  
  
hepatitis/si [Side Effect]  
  
herpes zoster/si [Side Effect]  
  
histone modification  
  
human  
  
hyperglycemia/si [Side Effect]  
  
hypertension/si [Side Effect]  
  
hyperthyroidism/si [Side Effect]  
  
hypertransaminasemia/si [Side Effect]  
  
hyponatremia/si [Side Effect]  
  
hypothyroidism/si [Side Effect]  
  
induction chemotherapy  
  
intensity modulated radiation therapy  
  
interstitial lung disease/si [Side Effect]  
  
JAK-STAT signaling  
  
leukopenia/si [Side Effect]  
  
liver dysfunction/si [Side Effect]  
  
low drug dose  
  
lung congestion/si [Side Effect]  
  
lymph node metastasis  
  
lymphocytopenia/si [Side Effect]  
  
maculopapular rash/si [Side Effect]  
  
malignant hypertension/si [Side Effect]  
  
MAPK signaling  
  
metastatic breast cancer/dt [Drug Therapy]  
  
molecularly targeted therapy  
  
mucosa inflammation/si [Side Effect]  
  
multiple cycle treatment  
  
multiple myeloma/dt [Drug Therapy]  
  
myasthenia gravis/si [Side Effect]  
  
myelofibrosis/dt [Drug Therapy]  
  
myocarditis/si [Side Effect]  
  
myositis/si [Side Effect]  
  
\*nasopharynx carcinoma/di [Diagnosis]  
  
\*nasopharynx carcinoma/dt [Drug Therapy]  
  
\*nasopharynx carcinoma/pc [Prevention]  
  
\*nasopharynx carcinoma/rt [Radiotherapy]  
  
\*nasopharynx carcinoma/su [Surgery]  
  
\*nasopharynx carcinoma/th [Therapy]  
  
nausea/si [Side Effect]  
  
nausea and vomiting/si [Side Effect]  
  
neck dissection  
  
neutropenia/si [Side Effect]  
  
NF kB signaling  
  
non-canonical Wnt signaling  
  
nonhuman  
  
oral mucositis/si [Side Effect]  
  
pain/si [Side Effect]  
  
pancreas cancer/dt [Drug Therapy]  
  
peripheral T cell lymphoma/dt [Drug Therapy]  
  
\*personalized medicine  
  
pneumonia/si [Side Effect]  
  
proteinuria/si [Side Effect]  
  
proton therapy  
  
pruritus/si [Side Effect]  
  
rash/si [Side Effect]  
  
review  
  
sepsis/si [Side Effect]  
  
side effect/si [Side Effect]  
  
skin manifestation/si [Side Effect]  
  
skin toxicity/si [Side Effect]  
  
solid tumor/dt [Drug Therapy]  
  
stereotactic body radiation therapy  
  
surgical technique  
  
thorax pain/si [Side Effect]  
  
thrombocytopenia/si [Side Effect]  
  
virus load  
  
xerostomia/si [Side Effect]  
  
3 (2,3 dihydroxypropyl) 6 fluoro 5 (2 fluoro 4 iodoanilino) 8 methylpyrido[2,3 d]pyrimidine 4,7 dione/dt [Drug Therapy]  
  
8 [4 (1 aminocyclobutyl)phenyl] 9 phenyl 1,2,4 triazolo[3,4 f][1,6]naphthyridin 3(2h) one/ae [Adverse Drug Reaction]  
  
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8 [4 (1 aminocyclobutyl)phenyl] 9 phenyl 1,2,4 triazolo[3,4 f][1,6]naphthyridin 3(2h) one/tm [Unexpected Outcome of Drug Treatment]  
  
abexinostat/cb [Drug Combination]  
  
abexinostat/dt [Drug Therapy]  
  
acalabrutinib/cb [Drug Combination]  
  
acalabrutinib/dt [Drug Therapy]  
  
alpelisib/cb [Drug Combination]  
  
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avelumab/cb [Drug Combination]  
  
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axitinib/dt [Drug Therapy]  
  
axitinib/po [Oral Drug Administration]  
  
azacitidine/cb [Drug Combination]  
  
azacitidine/dt [Drug Therapy]  
  
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azacitidine/tm [Unexpected Outcome of Drug Treatment]  
  
buparlisib/cb [Drug Combination]  
  
buparlisib/dt [Drug Therapy]  
  
camrelizumab/ae [Adverse Drug Reaction]  
  
camrelizumab/cb [Drug Combination]  
  
camrelizumab/cm [Drug Comparison]  
  
camrelizumab/dt [Drug Therapy]  
  
camrelizumab/iv [Intravenous Drug Administration]  
  
camrelizumab/tm [Unexpected Outcome of Drug Treatment]  
  
capecitabine/ae [Adverse Drug Reaction]  
  
capecitabine/cb [Drug Combination]  
  
capecitabine/dt [Drug Therapy]  
  
capecitabine/po [Oral Drug Administration]  
  
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carboplatin/cb [Drug Combination]  
  
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carboplatin/tm [Unexpected Outcome of Drug Treatment]  
  
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Epstein Barr virus antigen 1  
  
Epstein Barr virus vaccine/cm [Drug Comparison]  
  
Epstein Barr virus vaccine/dt [Drug Therapy]  
  
famitinib/ae [Adverse Drug Reaction]  
  
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famitinib/dt [Drug Therapy]  
  
famitinib/tm [Unexpected Outcome of Drug Treatment]  
  
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gemcitabine/cb [Drug Combination]  
  
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gimeracil plus oteracil potassium plus tegafur/ae [Adverse Drug Reaction]  
  
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idasanutlin/dt [Drug Therapy]  
  
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ipilimumab/ae [Adverse Drug Reaction]  
  
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ipilimumab/tm [Unexpected Outcome of Drug Treatment]  
  
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n benzyl 1,2,3,4,8,9 hexahydro 6 (4 hydroxybenzyl) 8 (1 naphthylmethyl) 4,7 dioxo 2h pyrazino[1,2 a]pyrimidine 1(6h) carboxamide/cb [Drug Combination]  
  
n benzyl 1,2,3,4,8,9 hexahydro 6 (4 hydroxybenzyl) 8 (1 naphthylmethyl) 4,7 dioxo 2h pyrazino[1,2 a]pyrimidine 1(6h) carboxamide/dt [Drug Therapy]  
  
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nimotuzumab/cb [Drug Combination]  
  
nimotuzumab/dt [Drug Therapy]  
  
nimotuzumab/iv [Intravenous Drug Administration]  
  
nimotuzumab/tm [Unexpected Outcome of Drug Treatment]  
  
nivolumab/ae [Adverse Drug Reaction]  
  
nivolumab/cb [Drug Combination]  
  
nivolumab/dt [Drug Therapy]  
  
nivolumab/iv [Intravenous Drug Administration]  
  
nivolumab/tm [Unexpected Outcome of Drug Treatment]  
  
paclitaxel/cb [Drug Combination]  
  
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paclitaxel/tm [Unexpected Outcome of Drug Treatment]  
  
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pembrolizumab/iv [Intravenous Drug Administration]  
  
pembrolizumab/tm [Unexpected Outcome of Drug Treatment]  
  
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protein p53/ec [Endogenous Compound]  
  
rebemadlin/cb [Drug Combination]  
  
recombinant endostatin/cb [Drug Combination]  
  
recombinant endostatin/dt [Drug Therapy]  
  
recombinant endostatin/tm [Unexpected Outcome of Drug Treatment]  
  
ruxolitinib/dt [Drug Therapy]  
  
selumetinib/dt [Drug Therapy]  
  
sonolisib/cb [Drug Combination]  
  
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spartalizumab/ae [Adverse Drug Reaction]  
  
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"DU":"active immunotherapy  
  
acute myeloid leukemia / drug therapy  
  
adjuvant chemotherapy  
  
adjuvant therapy  
  
adoptive immunotherapy  
  
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anemia / side effect  
  
antibody titer  
  
arthritis / side effect  
  
asthenia / side effect  
  
autoimmune hepatitis / side effect  
  
bleeding / side effect  
  
blood toxicity / side effect  
  
cancer immunotherapy  
  
cancer resistance  
  
cancer screening  
  
cardiomyopathy / side effect  
  
cardiotoxicity / side effect  
  
colitis / side effect  
  
continuous infusion  
  
coughing / side effect  
  
cutaneous T cell lymphoma / drug therapy  
  
dermatitis / side effect  
  
dermatomyositis / side effect  
  
diarrhea / side effect  
  
diplopia / side effect  
  
distant metastasis  
  
DNA methylation  
  
drug dose escalation  
  
drug dose increase  
  
drug dose reduction  
  
drug withdrawal  
  
ear nose throat surgery  
  
early cancer diagnosis  
  
endoscopic surgery  
  
Epstein Barr virus infection / drug therapy / prevention  
  
face pain / side effect  
  
fatigue / side effect  
  
fever / side effect  
  
gastrointestinal symptom / side effect  
  
genetic predisposition  
  
hand foot syndrome / side effect  
  
head and neck cancer / drug therapy / radiotherapy  
  
heart arrest / side effect  
  
heart arrhythmia / side effect  
  
heart failure / side effect  
  
heart infarction / side effect  
  
heart muscle ischemia / side effect  
  
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human  
  
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hypertransaminasemia / side effect  
  
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hypothyroidism / side effect  
  
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lung congestion / side effect  
  
lymph node metastasis  
  
lymphocytopenia / side effect  
  
maculopapular rash / side effect  
  
malignant hypertension / side effect  
  
MAPK signaling  
  
metastatic breast cancer / drug therapy  
  
molecularly targeted therapy  
  
mucosa inflammation / side effect  
  
multiple cycle treatment  
  
multiple myeloma / drug therapy  
  
myasthenia gravis / side effect  
  
myelofibrosis / drug therapy  
  
myocarditis / side effect  
  
myositis / side effect  
  
\*nasopharynx carcinoma / \*diagnosis / \*drug therapy / \*prevention / \*radiotherapy / \*surgery / \*therapy  
  
nausea / side effect  
  
nausea and vomiting / side effect  
  
neck dissection  
  
neutropenia / side effect  
  
NF kB signaling  
  
non-canonical Wnt signaling  
  
nonhuman  
  
oral mucositis / side effect  
  
pain / side effect  
  
pancreas cancer / drug therapy  
  
peripheral T cell lymphoma / drug therapy  
  
\*personalized medicine  
  
pneumonia / side effect  
  
proteinuria / side effect  
  
proton therapy  
  
pruritus / side effect  
  
rash / side effect  
  
Review  
  
sepsis / side effect  
  
side effect / side effect  
  
skin manifestation / side effect  
  
skin toxicity / side effect  
  
solid tumor / drug therapy  
  
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surgical technique  
  
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xerostomia / side effect",

"OD":"Nasopharyngeal carcinoma (NPC) is an aggressive malignancy with high propensity for lymphatic spread and distant metastasis. It is prominent as an endemic malignancy in Southern China and Southeast Asia regions. Studies on NPC pathogenesis mechanism in the past decades such as through Epstein Barr Virus (EBV) infection and oncogenic molecular aberrations have explored several potential targets for therapy and diagnosis. The EBV infection introduces oncoviral proteins that consequently hyperactivate many promitotic pathways and block cell-death inducers. EBV infection is so prevalent in NPC patients such that EBV serological tests were used to diagnose and screen NPC patients. On the other hand, as the downstream effectors of oncogenic mechanisms, the promitotic pathways can potentially be exploited therapeutically. With the apparent heterogeneity and distinct molecular aberrations of NPC tumor, the focus has turned into a more personalized treatment in NPC. Herein in this comprehensive review, we depict the current status of screening, diagnosis, treatment, and prevention in NPC. Subsequently, based on the limitations on those aspects, we look at their potential improvements in moving towards the path of precision medicine. The importance of recent advances on the key molecular aberration involved in pathogenesis of NPC for precision medicine progression has also been reported in the present review. Besides, the challenge and future outlook of NPC management will also be highlighted.Copyright © 2023, The Author(s).",

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abexinostat / drug combination / drug therapy  
  
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cisplatin / adverse drug reaction / drug combination / drug comparison / drug therapy / intravenous drug administration / unexpected outcome of drug treatment  
  
cobimetinib / drug therapy  
  
decitabine / drug combination / drug therapy  
  
docetaxel / adverse drug reaction / drug combination / drug therapy / intravenous drug administration  
  
Epstein Barr virus antigen 1  
  
Epstein Barr virus vaccine / drug comparison / drug therapy  
  
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"UI":"638731164",

"TI":"Associations of Duration of Preadoption Out-of-home Care, Genetic Risk for Schizophrenia Spectrum Disorders and Adoptive Family Functioning with Later Psychiatric Disorders of Adoptees.",

"SO":"Child psychiatry and human development. (no pagination), 2022. Date of Publication: 13 Aug 2022.",

"AU":"Myllyaho T.  
  
Siira V.  
  
Wahlberg K.-E.  
  
Hakko H.  
  
Taka-Eilola T.  
  
Laksy K.  
  
Tikkanen V.  
  
Roisko R.  
  
Niemela M.  
  
Rasanen S.",

"AO":"Myllyaho, Toni ORCID: https://orcid.org/0000-0001-5203-3339",

"IN":"(Myllyaho, Wahlberg, Taka-Eilola, Laksy, Tikkanen) Unit of Clinical Neuroscience, Psychiatry, University of Oulu, P.O. Box 5000, Oulu 90014, Finland  
  
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(Rasanen) Faculty of Medicine, Research Unit of Clinical Neuroscience, Psychiatry, University of Oulu, P.O. Box 5000, Oulu 90014, Finland",

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"FTURL":"The objective was to examine the impacts of duration of preadoption out-of-home care and adoptive family functioning on later psychiatric morbidity of adoptees with high (HR) and low (LR) genetic risk for schizophrenia spectrum disorders. The study uses nationwide data from the Finnish Adoptive Family Study of Schizophrenia. The study population in this substudy consisted of 43 h adoptees and 128 LR adoptees. Of these adoptees, 90 had spent 0-6 months and 81 over 6 months in preadoption out-of-home care. The family functioning of adoptive families was assessed based on Global Family Ratings and psychiatric disorders on DSM-III-R criteria. The results showed that among the adoptees with over 6 months in preadoption out-of-home care, the likelihood for psychiatric disorders was significantly increased in HR adoptees compared to LR adoptees. In adoptees with 6 months or less in preadoption out-of-home care, an increased likelihood for psychiatric disorders was found among those living in adoptive families with dysfunctional processes. These findings indicate that especially for HR children, a well-functioning early caregiving environment is crucial in terms of subsequent mental wellbeing. The results emphasize that when adoption is necessary, early placement and well-functioning adoptive family environment are beneficial to children.Copyright © 2022. The Author(s).",

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"VN":"Ovid Technologies",

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

"UI":"36728805",

"TI":"Martial Arts and Cognitive Control in Children with Attention-Deficit Hyperactivity Disorder and Children Born Very Preterm: A Combined Analysis of Two Randomized Controlled Trials.",

"SO":"Medicine & Science in Sports & Exercise. 55(5):777-786, 2023 05 01.",

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

"IN":"MEDLINE",

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Capone-Mori, Andrea  
  
Keutler, Clemens  
  
Brotzmann, Mark  
  
Weber, Peter",

"OD":"Ludyga, Sebastian. Department of Sport, Exercise and Health, University of Basel, Basel, SWITZERLAND.  
  
Hanke, Manuel. Department of Sport, Exercise and Health, University of Basel, Basel, SWITZERLAND.  
  
Leuenberger, Rahel. Department of Sport, Exercise and Health, University of Basel, Basel, SWITZERLAND.  
  
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Brotzmann, Mark. Division of Neuropediatrics and Developmental Medicine, University of Basel, University Children's Hospital, Basel, SWITZERLAND.  
  
Weber, Peter. Division of Neuropediatrics and Developmental Medicine, University of Basel, University Children's Hospital, Basel, SWITZERLAND.",

"AB":"Child  
  
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Humans  
  
Infant, Newborn  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Cognition  
  
Electroencephalography  
  
Evoked Potentials/ph [Physiology]  
  
Infant, Extremely Premature  
  
\*Martial Arts  
  
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Randomized Controlled Trials as Topic",

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"PM":"nan",

"DJ":"INTRODUCTION: Very preterm birth and attention-deficit hyperactivity disorder (ADHD) are associated with impairments in response inhibition that often persist beyond childhood. Athletes skilled in martial arts show a neurocognitive profile that is associated with an improved inhibition processing stream, suggesting that engagement in this kind of sport has the potential to reduce impairments in this cognitive function. We investigated the behavioral and neurocognitive effects of judo training on response inhibition in children born very preterm and children with ADHD by a combined analysis of two randomized controlled trials.  
  
METHODS: In both the CHIPMANC ( n = 65) and JETPAC ( n = 63) studies, participants were randomly allocated to a waitlist or a 12-wk judo training program in a 1:1 ratio. At pretest and posttest, participants completed a Go/NoGo task, the Movement Assessment Battery for Children-2 and a physical work capacity test on a bicycle ergometer. During the cognitive task, event-related potentials (N2, P3a, P3b) were recorded via electroencephalography.  
  
RESULTS: The effects of the judo training were moderated by the study group. In contrast to children with ADHD (JETPAC), judo training reduced the commission error rate on the Go/NoGo task and increased the P3a amplitude in children born very preterm (CHIPMANC). No treatment effects were found for N2, P3b and physical fitness outcomes.  
  
CONCLUSIONS: The neurodevelopmental condition influences the cognitive benefits of judo training. Whereas judo may be ineffective in children with ADHD, children born very preterm can expect improved response inhibition due to a more effective engagement of focal attention to resolve the task-related response conflict. Copyright © 2022 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the American College of Sports Medicine.",

"MV":"nan",

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

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017769577",

"TI":"Comparison of Therapeutic Effects of Omega-3 and Methylphenidate (Ritalin) in Treating Children With Attention Deficit Hyperactivity Disorder.",

"SO":"Iranian Journal of Psychiatry and Behavioral Sciences. 8(4) (pp 7-11), 2014. Date of Publication: December 2014.",

"AU":"Dashti N.  
  
Hekmat H.  
  
Soltani H.R.  
  
Rahimdel A.  
  
Javaherchian M.",

"AO":"(Dashti) Department of Psychiatry, School of Medicine, Yazd Branch, Islamic Azad University, Yazd, Iran, Islamic Republic of  
  
(Hekmat) Department of General Surgery, School of Medicine, Qazvin University of Medical Sciences, Qazvin, Iran, Islamic Republic of  
  
(Soltani, Javaherchian) School of Medicine, Yazd Branch, Islamic Azad University, Yazd, Iran, Islamic Republic of  
  
(Rahimdel) Department of Neurology, School of Medicine, Shahid Sadoughi University of Medical Sciences and Health Services, Yazd, Iran, Islamic Republic of",

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"OD":"Objective: Attention deficit hyperactivity disorder (ADHD) is a fixed pattern of disregard and hyperactivity that is much more severe than what is normal in children of the same age. Multiple drugs are used for the treatment of children with ADHD however, their side effects and efficacy are not clearly known. This study was designed to evaluate and compare the therapeutic effects of two drugs, that is, omega-3 and methylphenidate hydrochloride (Ritalin), used to treat patients with ADHD. Method(s):In a randomized, placebo control clinical trial in Yazd, Iran, 85 ADHD children were divided into two experimental and one control groups. Thus, 29 subjects were treated with Ritalin, 28 subjects received omega-3, and the remaining 28 received placebo. The data collection tools used in this study consisted of the Conners' Parent Rating Scale and Teacher Rating Scale. The scores obtained from these questionnaires were analyzed using chi-square test and paired t-test in PASW Statistics. Result(s): The average age of the population was 8.22 (+/- 1.65) years. Significant associations were observed between Ritalin therapy and the changes before and after the treatment, and the omega-3 treatment and the changes before and after treatment (p < 0.001). There was no significant association between the placebo group and the changes before and after the treatment (p > 0.050). Omega-3 had considerable efficacy as well as Ritalin (P = 0.001). Conclusion(s): More attention should be given to screening, prevention, and treatment with omega-3 and its effective role in the development of the brain and mental health, and increasing children's attention span and thinking ability.Copyright © 2014, Brieflands. All rights reserved.",

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"UI":"38025483",

"TI":"Social cognition and emotional rehabilitation in participants with schizofrenia.",

"SO":"Frontiers in psychiatry Frontiers Research Foundation. 14:1250933, 2023.",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Rodriguez Pulido F  
  
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"MH":"Rodriguez Pulido, Francisco  
  
Caballero Estebaranz, Nayra  
  
Garcia Caballero, Alejandro Alberto  
  
Gonzalez Davila, Enrique  
  
Leon Palacin, Celia  
  
Hernandez Alvarez de Sotomayor, Maria Del Carmen  
  
Lopez Reig, Susana  
  
Vilchez de Leon, Patricia Ines",

"DU":"Rodriguez Pulido, Francisco. Department of Internal Medicine, Dermatology and Psychiatry, University of La Laguna, San Cristobal de La Laguna, Spain.  
  
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Caballero Estebaranz, Nayra. IPS Team Sinpromi, Cabildo de Tenerife, Santa Cruz de Tenerife, Spain.  
  
Garcia Caballero, Alejandro Alberto. Complexo Hospitalario Universitario de Ourense day hospital, Orense, Spain.  
  
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Hernandez Alvarez de Sotomayor, Maria Del Carmen. IPS Team Sinpromi, Cabildo de Tenerife, Santa Cruz de Tenerife, Spain.  
  
Lopez Reig, Susana. IPS Team Sinpromi, Cabildo de Tenerife, Santa Cruz de Tenerife, Spain.  
  
Vilchez de Leon, Patricia Ines. IPS Team Sinpromi, Cabildo de Tenerife, Santa Cruz de Tenerife, Spain.",

"OD":"Introduction: People with schizophrenia have deficits in social cognition, emotion and social perception, as well as attributional style. The purpose of this study was to evaluate the efficacy of a multicomponent social cognition training program, e-Motional Training R (ET), in people with schizophrenia and to compare its efficacy with people who did not receive it. Therefore, a single-blind RCT was conducted in participants with a diagnosis of schizophrenia.  
  
Methods: A randomized, single-blind, clinical trial was conducted with 50 stable outparticipants with schizophrenia (registry number CHUC\_2019\_109). All participants (control and intervention) were treated with pharmacotherapy, case management and were on Individual Placement and Support methodology for competitive employment. The intervention group was treated with ET, an online program designed for social cognition rehabilitation. Pre and post assessment was performed using different battery of tests. General mixed models with subject identification and repeated measures over time were used.  
  
Results: Different pre and post measurements were performed in the two groups. No significant differences were found in sociodemographic characteristics between the control and intervention groups. Improvements were obtained in the intervention group in the Ekman test (p = 0.009), mainly enhanced by the improvement shown in three emotions: fear, sadness and disgust (p = 0.041, p = 0.021 and p = 0.038 respectively).  
  
Conclusion: ET is a promising online training tool for social cognition deficits in schizophrenia, in particular, for the improvement of emotions. Clinical Trial Registration: https://beta.clinicaltrials.gov, NCT05866328. Copyright © 2023 Rodriguez Pulido, Caballero Estebaranz, Garcia Caballero, Gonzalez Davila, Leon Palacin, Hernandez Alvarez de Sotomayor, Lopez Reig and Vilchez de Leon.",

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"TI":"The effects of aerobic exercises compared to conventional chest physiotherapy on pulmonary function, functional capacity, sputum culture, and quality of life in children and adolescents with cystic fibrosis: a study protocol for randomized controlled trial study.",

"SO":"Trials. 24(1) (no pagination), 2023. Article Number: 695. Date of Publication: December 2023.",

"AU":"Hamedi N.  
  
Kajbafvala M.  
  
ShahAli S.  
  
Pourahmadi M.R.  
  
Eshghi A.  
  
Estahbanati M.R.M.",

"AO":"nan",

"IN":"(Hamedi, Kajbafvala, ShahAli, Pourahmadi) Iranian Center of Excellence in Physiotherapy, Rehabilitation Research Center, Department of Physiotherapy, School of Rehabilitation Sciences, Iran University of Medical Sciences, Tehran, Iran, Islamic Republic of  
  
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(Estahbanati) Department of Paediatrics, School of Medicine, Children's Medical Center Hospital, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of",

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\*quality of life  
  
randomized controlled trial  
  
randomized controlled trial (topic)  
  
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spirometry  
  
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treadmill exercise  
  
treatment duration  
  
warm up",

"AB":"Background: Cystic fibrosis (CF) is an autosomal recessive disorder caused by abnormal function of the chloride ion channels and characterized by pancreatic insufficiency and chronic endobronchial airway infection. Pulmonary dysfunction is very common and could lead to a reduction in the quality of life. Airway clearance techniques (ACT) and physical exercises are introduced as one of the main components of treatment. Therefore, it will be of interest to examine the effect of aerobic exercises compared to conventional chest physiotherapy (CPT) on pulmonary function, functional capacity, sputum culture, and quality of life in patients with CF. Method(s): Thirty patients with CF will participate in a double-blind parallel controlled trial containing 18 sessions of treatment. Group A consists of CPT and placebo aerobic exercise, and group B includes aerobic exercise and placebo CPT. Pulmonary function, functional capacity, sputum culture, and quality of life will be evaluated with a spirometry test, 6-min walk test (6MWT), sputum culture test, and the Cystic Fibrosis Questionnaire-Revised (CFQ-R), respectively, before and after the intervention. Discussion(s): We will evaluate and compare the effectiveness of aerobic exercises and conventional chest physiotherapy on pulmonary function, functional capacity, sputum culture, and quality of life. Comparing these two treatment patterns can contribute to a better understanding of the effectiveness. Therefore, if there is a significant difference between the two treatments, the superior treatment will be prioritized clinically. Trial registration: https://www.irct.ir , IRCT20210505051181N5. Registered on 19 February 2023.Copyright © 2023, The Author(s).",

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

"PM":"37898788 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37898788]",

"DJ":"Burkholderia cepecia [other term]",

"MV":"stationary bicycle",

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

"Database":"Medline",

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

"UI":"36749412",

"TI":"The effect of a convergent transmucosal neck on soft tissues and radiographic outcomes: a 1-year follow-up randomized controlled trial.",

"SO":"Clinical Oral Investigations. 27(6):2923-2933, 2023 Jun.",

"AU":"1",

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

"IN":"MEDLINE",

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Salido MP  
  
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Pradies G",

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"DU":"Moron-Conejo, Belen  
  
Sanz-Sanchez, Ignacio  
  
Salido, Maria Paz  
  
Martinez-Rus, Francisco  
  
Pradies, Guillermo",

"OD":"Moron-Conejo, Belen. Analysis of Techniques, Material and Instruments Applied to Digital Dentistry and CAD/CAM Procedures Research Group, University Complutense, Madrid, Spain.  
  
Sanz-Sanchez, Ignacio. ETEP (Etiology and Therapy of Periodontal and Peri-Implant Diseases) Research Group, University Complutense, Madrid, Spain.  
  
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Martinez-Rus, Francisco. Analysis of Techniques, Material and Instruments Applied to Digital Dentistry and CAD/CAM Procedures Research Group, University Complutense, Madrid, Spain.  
  
Pradies, Guillermo. Analysis of Techniques, Material and Instruments Applied to Digital Dentistry and CAD/CAM Procedures Research Group, University Complutense, Madrid, Spain.",

"AB":"Bone loss Convergent neck Dental implant Soft tissues Volumetric analysis",

"FTURL":"NOTNLM",

"PM":"PURPOSE: The aim of this randomized controlled clinical trial was to evaluate peri-implant marginal bone levels (MBLs) and soft tissue dimension changes 1 year after loading. Patients in the control group received bone-level implants, whereas in the test group, tissue-level implants with a convergent transmucosal neck were used.  
  
MATERIAL AND METHODS: MBLs were calculated by measuring the distance from the implant shoulder to the first visible bone-to-implant contact using standardized periapical digital radiographs. Baseline (day of loading) and follow-up digital models obtained with an intraoral scanner were used to quantify the changes in the peri-implant soft tissue dimensions with a best-fit algorithm.  
  
RESULTS: The difference between final and baseline MBLs showed a mean bone loss of 0.16 +/- 0.01 mm in the test group (n = 15) and 0.45 +/- 0.09 mm in the control group (n = 14) (p > 0.05). Soft tissue contour at the level of the gingival margin (GM) increased by 1.96 +/- 2.69 mm in the test group and 0.65 +/- 0.42 mm in the control group (p = 0.167). Both groups showed a coronal displacement of the gingival margin with no significant differences among them.  
  
CONCLUSIONS: The present study demonstrated peri-implant hard and soft tissues stability at both implant designs with no significant differences 12 months after loading.  
  
CLINICAL RELEVANCE: There is still insufficient scientific evidence to demonstrate the role and advantages of the convergent transmucosal neck on the behavior of the peri-implant soft and hard tissues stability compared to a straight neck in bone-level implants 12 months after loading. Copyright © 2023. The Author(s).",

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

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Dental Implantation, Endosseous/mt [Methods]  
  
Follow-Up Studies  
  
\*Immediate Dental Implant Loading  
  
\*Dental Implants  
  
\*Alveolar Bone Loss",

"Unnamed: 23":"0 (Dental Implants)",

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"Database":"Medline",

"ORN":"79",

"VN":"Ovid Technologies",

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

"UI":"38035078",

"TI":"RNA-sequencing based first choice of treatment and determination of risk in multiple myeloma.",

"SO":"Frontiers in Immunology. 14:1286700, 2023.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Emde-Rajaratnam M  
  
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Hielscher T  
  
Raab MS  
  
Goldschmidt H  
  
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Maes K  
  
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Hose D",

"MH":"Emde-Rajaratnam, Martina  
  
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Benes, Vladimir  
  
Salwender, Hans  
  
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Scheid, Christoph  
  
Hanel, Mathias  
  
Weisel, Katja  
  
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Raab, Marc S  
  
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Jauch, Anna  
  
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De Bruyne, Elke  
  
Menu, Eline  
  
De Veirman, Kim  
  
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Seckinger, Anja  
  
Hose, Dirk",

"DU":"Emde-Rajaratnam, Martina. Department of Hematology and Immunology, Myeloma Center Brussels & Labor fur Myelomforschung, Vrije Universiteit Brussel (VUB), Jette, Belgium.  
  
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Hose, Dirk. Department of Hematology and Immunology, Myeloma Center Brussels & Labor fur Myelomforschung, Vrije Universiteit Brussel (VUB), Jette, Belgium.",

"OD":"RNA-sequencing immunotherapeutic targets multiple myeloma personalized treatment proliferation risk-adapted treatment survival",

"AB":"NOTNLM",

"FTURL":"Background: Immunotherapeutic targets in multiple myeloma (MM) have variable expression height and are partly expressed in subfractions of patients only. With increasing numbers of available compounds, strategies for appropriate choice of targets (combinations) are warranted. Simultaneously, risk assessment is advisable as patient's life expectancy varies between months and decades.  
  
Methods: We first assess feasibility of RNA-sequencing in a multicenter trial (GMMG-MM5, n=604 patients). Next, we use a clinical routine cohort of untreated symptomatic myeloma patients undergoing autologous stem cell transplantation (n=535, median follow-up (FU) 64 months) to perform RNA-sequencing, gene expression profiling (GEP), and iFISH by ten-probe panel on CD138-purified malignant plasma cells. We subsequently compare target expression to plasma cell precursors, MGUS (n=59), asymptomatic (n=142) and relapsed (n=69) myeloma patients, myeloma cell lines (n=26), and between longitudinal samples (MM vs. relapsed MM). Data are validated using the independent MMRF CoMMpass-cohort (n=767, FU 31 months).  
  
Results: RNA-sequencing is feasible in 90.8% of patients (GMMG-MM5). Actionable immune-oncological targets (n=19) can be divided in those expressed in all normal and >99% of MM-patients (CD38, SLAMF7, BCMA, GPRC5D, FCRH5, TACI, CD74, CD44, CD37, CD79B), those with expression loss in subfractions of MM-patients (BAFF-R [81.3%], CD19 [57.9%], CD20 [82.8%], CD22 [28.4%]), aberrantly expressed in MM (NY-ESO1/2 [12%], MUC1 [12.7%], CD30 [4.9%], mutated BRAF V600E/K [2.1%]), and resistance-conveying target-mutations e.g., against part but not all BCMA-directed treatments. Risk is assessable regarding proliferation, translated GEP- (UAMS70-, SKY92-, RS-score) and de novo (LfM-HRS) defined risk scores. LfM-HRS delineates three groups of 40%, 38%, and 22% of patients with 5-year and 12-year survival rates of 84% (49%), 67% (18%), and 32% (0%). R-ISS and RNA-sequencing identify partially overlapping patient populations, with R-ISS missing, e.g., 30% (22/72) of highly proliferative myeloma.  
  
Conclusion: RNA-sequencing based assessment of risk and targets for first choice treatment is possible in clinical routine. Copyright © 2023 Emde-Rajaratnam, Beck, Benes, Salwender, Bertsch, Scheid, Hanel, Weisel, Hielscher, Raab, Goldschmidt, Jauch, Maes, De Bruyne, Menu, De Veirman, Moreaux, Vanderkerken, Seckinger and Hose.",

"PM":"Multicenter Study  
  
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"DJ":"2023",

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

"TN":"nan",

"Unnamed: 22":"nan",

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"Unnamed: 24":"Humans  
  
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Transplantation, Autologous",

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"If RCT or not":"No",

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"Database":"EMBASE",

"ORN":"79",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2025840794",

"TI":"Validation of venous thromboembolism predictive model in hematologic malignancies.",

"SO":"Annals of Hematology. 102(12) (pp 3613-3620), 2023. Date of Publication: December 2023.",

"AU":"Lopez Sacerio A.  
  
Tejeda Ramon M.C.  
  
Morales Helguera A.  
  
Perez Castillo Y.  
  
Cruz Rodriguez J.  
  
Guerra Rodriguez J.F.  
  
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"AO":"Lopez Sacerio, Agnerys ORCID: https://orcid.org/0000-0001-8020-9186  
  
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"IN":"(Lopez Sacerio, Tejeda Ramon, Guerra Rodriguez) Hematology Department, Arnaldo Milian University Hospital, Santa Clara, Cuba  
  
(Morales Helguera) Chemical Bioactive Center, Central University Martha Abreu de Las Villas, Santa Clara, Cuba  
  
(Perez Castillo) Bio-Chemoinformatics Group and School of Physical and Mathematical Sciences, University of Las Americas, Quito, Ecuador  
  
(Cruz Rodriguez) Surgical Department, Arnaldo Milian University Hospital, Santa Clara, Cuba  
  
(Falanga) Department of Transfusion Medicine and Hematology, Hospital Papa Giovanni XXIII, Bergamo, Italy  
  
(Falanga) University of Milan Bicocca, Monza, Italy",

"PB":"Springer Science and Business Media Deutschland GmbH",

"MH":"acute lymphoblastic leukemia/di [Diagnosis]  
  
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"OD":"Although several scores stratify venous thromboembolism (VTE) risk in solid tumors, hematologic malignancies (HM) are underrepresented. To develop an internal and external validation of a logistic regression model to predict VTE risk in hospitalized HM patients. Validation of the existing VTE predictive model was performed through a prospective case-control study in 496 hospitalized HM patients between December 2010 and 2020 at the Arnaldo Milian University Hospital, Cuba. The predictive model designed with data from 285 patients includes 5 predictive factors: hypercholesterolemia, tumoral activity, use of thrombogenic drugs, diabetes mellitus, and immobilization. The model was internally validated using bootstrap analysis. External validation was realized in a prospective cohort of 211 HM patients. The predictive model had a 76.4% negative predictive value (NPV) and an 81.7% positive predictive value (PPV) in the bootstrapping validation. The area under curve (AUC) in the bootstrapping set was 0.838. Accuracy was 80.1% and 82.9% in the internal and external validation, respectively. In the external validation, the model produced 89.7% of NPV, 67.7% of PPV, 74.6% of sensitivity, and 86.2% of specificity. The AUC in the external validation was 0.900. VTE predictive model is a reproducible and simple tool with good accuracy and discrimination.Copyright © 2023, The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.",

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

"FTURL":"fibrinolytic agent",

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"DJ":"nan",

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"TN":"nan",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"638716298",

"TI":"Brief Solution Focused Therapy on schizophrenia: A preliminary study of family characteristics and psychopathology.",

"SO":"Psychiatrike = Psychiatriki. (no pagination), 2022. Date of Publication: 19 Jul 2022.",

"AU":"Aivalioti E.I.  
  
Simos P.  
  
Basta M.  
  
Vgontzas A.N.",

"AO":"nan",

"IN":"(Aivalioti) Department of Psychiatry, University Hospital of Heraklion, Crete, Greece  
  
(Simos) DDepartment of Psychiatry, School of Medicine, University of Crete, Heraklion, Crete, Greece  
  
(Basta, Vgontzas) Department of Psychiatry, School of Medicine, University of Crete, Heraklion, Crete, Greece",

"PB":"NLM (Medline)",

"MH":"adult  
  
article  
  
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\*schizophrenia [m]  
  
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"FTURL":"Family therapy for schizophrenia has been demonstrated to be effective and is recommended by international clinical guidelines. Reviews of family therapy research conclude that interventions may prevent relapse of the disease, when symptoms are already reduced under psychotropic medication, by reducing family factors associated with relapse. The purpose of this study was to examine the effectiveness of Brief Solution Focused therapy (BSFT) in patients with schizophrenia focusing on the impact of change in family characteristics such as cohesion, conflict, organization and control on patients' psychopathology measured with BPRS. Thirty patients diagnosed with schizophrenia were randomly assigned to the control or intervention group. The intervention group received treatment according to the BSFT model, whereas the control group received the standard care for schizophrenia. The BSFT is a future-oriented psychotherapy model which encourages clients to focus on ''change-talking'' instead of ''problem-talking'' and on instances where a successful solution has been achieved. The intervention was consisted of 5 sessions delivered in 3 months. Main outcomes were patient-rated family characteristics measured by the Family Environment Scale (FES), and psychiatrist-rated symptom severity measured with the Brief Psychiatric Rating Scale (BPRS). The two groups did not differ in terms of age, sex, number of relapses, previous hospital admissions, and BPRS score at baseline. At the end of treatment compared to baseline there was a reduction of the BPRS score in the intervention group (p<0.001) whereas no statistically significant changes were noticed in the control group after 3 months. Also, following treatment, patients in the intervention group displayed reduced scores on the Conflict FES scale (p=0.001) accompanied by increased scores on the Cohesion (p=0.004), Expressiveness (p=0.004), and Active Recreational subscales (p=0.001) according to patient's perspective. These preliminary findings suggest that BSFT in patients with schizophrenia, appears to be effective in altering the global properties of the whole family system, specifically cohesion, conflict, organization and control which, in turn, have an impact on reducing patient psychopathology.",

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"ORN":"79",

"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",

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"IN":"MEDLINE",

"PB":"Luo X  
  
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Zhang D  
  
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Johnstone S  
  
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"OD":"Luo, Xiangsheng. Peking University Sixth Hospital and, Peking University Institute of Mental Health, Beijing, People's Republic of China.  
  
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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  
  
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\*Neurofeedback  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
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Research Design  
  
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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  
  
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"If RCT or not":"Yes",

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"Database":"EMBASE",

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"UI":"601082323",

"TI":"Inverse fluoxetine effects on inhibitory brain activation in non-comorbid boys with ADHD and with ASD.",

"SO":"Psychopharmacology. (no pagination), 2014. Date of Publication: 24 Dec 2014.",

"AU":"Chantiluke K.  
  
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Simmons A.  
  
Murphy D.G.  
  
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"IN":"Springer Verlag (E-mail: service@springer.de)",

"PB":"\*attention deficit disorder  
  
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orbital cortex [m]  
  
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single drug dose [m]",

"OD":"Rationale: Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) are often comorbid and have both performance and brain dysfunctions during motor response inhibition. Serotonin agonists modulate motor response inhibition and have shown positive behavioural effects in both disorders.  
Aims: We therefore used functional magnetic resonance imaging (fMRI) to investigate the so far unknown shared and disorder-specific inhibitory brain dysfunctions in these two disorders, as well as the effects of a single dose of the selective serotonin reuptake inhibitor fluoxetine.  
Methods: Age-matched boys with ADHD (18), ASD (19) and healthy controls (25) were compared with fMRI during a stop task measuring motor inhibition. Patients were scanned twice, under either an acute dose of fluoxetine or placebo in a double-blind, placebo-controlled randomised design. Repeated measures analyses within patients assessed drug effects. To test for potential normalisation effects of brain dysfunctions, patients under each drug condition were compared to controls.  
Results: Under placebo, relative to controls, ASD boys showed overactivation in left and right inferior frontal cortex (IFC), while ADHD boys showed disorder-specific underactivation in orbitofrontal cortex (OFC) and basal ganglia. Under fluoxetine, the prefrontal dysfunctions were no longer observed, due to inverse effects of fluoxetine on these activations: fluoxetine downregulated IFC and OFC activation in ASD but upregulated them in ADHD.  
Conclusions: The findings show that fluoxetine normalises frontal lobe dysfunctions in both disorders via inverse effects, downregulating abnormally increased frontal activation in ASD and upregulating abnormally decreased frontal activation in ADHD, potentially reflecting inverse baseline serotonin levels in both disorders.Copyright © 2014 The Author(s)",

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"Disease area":"Schizophrenia",

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

"UI":"38025437",

"TI":"Cerebellar transcranial magnetic stimulation in psychotic disorders: intermittent, continuous, and sham theta-burst stimulation on time perception and symptom severity.",

"SO":"Frontiers in psychiatry Frontiers Research Foundation. 14:1218321, 2023.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Shinn AK  
  
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"MH":"Shinn, Ann K  
  
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Ho, Victoria  
  
Hwang, Melissa  
  
Cohen, Bruce M  
  
Ongur, Dost  
  
Camprodon, Joan A",

"DU":"Shinn, Ann K. Psychotic Disorders Division, McLean Hospital, Belmont, MA, United States.  
  
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Camprodon, Joan A. Department of Psychiatry, Harvard Medical School, Boston, MA, United States.  
  
Camprodon, Joan A. Laboratory for Neuropsychiatry and Neuromodulation, Massachusetts General Hospital, Boston, MA, United States.",

"OD":"Background: The cerebellum contributes to the precise timing of non-motor and motor functions, and cerebellum abnormalities have been implicated in psychosis pathophysiology. In this study, we explored the effects of cerebellar theta burst stimulation (TBS), an efficient transcranial magnetic stimulation protocol, on temporal discrimination and self-reported mood and psychotic symptoms.  
  
Methods: We conducted a case-crossover study in which patients with psychosis (schizophrenias, schizoaffective disorders, or bipolar disorders with psychotic features) were assigned to three sessions of TBS to the cerebellar vermis: one session each of intermittent (iTBS), continuous (cTBS), and sham TBS. Of 28 enrolled patients, 26 underwent at least one TBS session, and 20 completed all three. Before and immediately following TBS, participants rated their mood and psychotic symptoms and performed a time interval discrimination task (IDT). We hypothesized that cerebellar iTBS and cTBS would modulate these measures in opposing directions, with iTBS being adaptive and cTBS maladaptive.  
  
Results: Reaction time (RT) in the IDT decreased significantly after iTBS vs. Sham (LS-mean difference = -73.3, p = 0.0001, Cohen's d = 1.62), after iTBS vs. cTBS (LS-mean difference = -137.6, p < 0.0001, d = 2.03), and after Sham vs. cTBS (LS-mean difference = -64.4, p < 0.0001, d = 1.33). We found no effect on IDT accuracy. We did not observe any effects on symptom severity after correcting for multiple comparisons.  
  
Conclusion: We observed a frequency-dependent dissociation between the effects of iTBS vs. cTBS to the cerebellar midline on the reaction time of interval discrimination in patients with psychosis. iTBS showed improved (adaptive) while cTBS led to worsening (maladaptive) speed of response. These results demonstrate behavioral target engagement in a cognitive dimension of relevance to patients with psychosis and generate testable hypotheses about the potential therapeutic role of cerebellar iTBS in this clinical population.  
  
Clinical Trial Registration: clinicaltrials.gov, identifier NCT02642029. Copyright © 2023 Shinn, Hurtado-Puerto, Roh, Ho, Hwang, Cohen, Ongur and Camprodon.",

"AB":"Journal Article",

"FTURL":"2023",

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

"DJ":"bipolar disorder cerebellum interval discrimination task neuromodulation schizophrenia",

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"DB":"Embase",

"UI":"2023925876",

"TI":"Multidrug-resistant isolates from Ukrainian patients in a German health facility: a genomic surveillance study focusing on antimicrobial resistance and bacterial relatedness.",

"SO":"Infection. 51(6) (pp 1731-1738), 2023. Date of Publication: December 2023.",

"AU":"Stein C.  
  
Zechel M.  
  
Spott R.  
  
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Kipp F.",

"AO":"nan",

"IN":"(Stein, Zechel, Spott, Pletz, Kipp) Institute for Infectious Diseases and Infection Control, Jena University Hospital, Am Klinikum 1, Jena 07747, Germany",

"PB":"Springer Science and Business Media Deutschland GmbH",

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wound infection",

"AB":"Purpose: Antimicrobial resistance is a pressing issue in Ukraine, with healthcare-associated infections caused by multidrug-resistant organisms being a major concern. A recent prospective multicenter study revealed a staggering rate of 48.4% antimicrobial resistance to carbapenems among Enterobacterales causing a healthcare-associated infection. We conducted a systematic survey to investigate the incidence rate and incidence density of carbapenemase-producing Gram-negative bacteria (CPGN) among refugees and war-wounded Ukrainians in connection with the German health system. Method(s): From the onset of the war until November 2022, seven Ukrainian patients were admitted to our hospital. Upon admission, screening samples and samples from the focus of suspected infection were taken from all seven patients. The incidence rate and the incidence density of CPGN were calculated as a result of the microbiological findings. We sequenced all CPGN using Illumina technology. Result(s): The incidence rate of CPGN at our hospital was 0.06 for 2021 and 0.18 for 2022. All seven Ukrainian patients were infected or colonized with at least one CPGN, including K. pneumoniae (14/25), P. aeruginosa (6/25), A. baumannii (1/25), Providencia stutartii (1/25), C. freundii (1/25), and E. coli (2/25). Genomic surveillance revealed that (i) most frequently detected carbapenemases among all sequenced isolates were bla NDM (17/25) and bla OXA-48 (6/25), (ii) most commonly observed plasmid replicons among the K. pneumoniae isolates recovered from Ukrainian patients were Col(pHAD28) (12/14), IncHI1B(pNDM-MAR) (9/14), IncFIB(pNDM-Mar) (12/14), and (iii) clonal relation between the pathogens of the Ukrainian isolates, but not for the isolates from our hospital surveillance system. Conclusion(s): The rising prevalence of community-acquired colonization and infection with CPGN is having a direct effect on the infection prevention measures, such as higher number of isolations, reprocessing of patient rooms, additional microbiological testing and overall organization within hospitals.Copyright © 2023, The Author(s).",

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"DJ":"Providencia stutartii [other term]",

"MV":"nan",

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

"UI":"37289666",

"TI":"Patterns of antibiotic use, pathogens, and prediction of mortality in hospitalized neonates and young infants with sepsis: A global neonatal sepsis observational cohort study (NeoOBS).",

"SO":"PLoS Medicine / Public Library of Science. 20(6):e1004179, 2023 Jun.",

"AU":"1",

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

"IN":"MEDLINE",

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"MH":"Russell, Neal J ORCID: https://orcid.org/0000-0002-9538-7695  
  
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"DU":"Russell, Neal J  
  
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Walker, A Sarah  
  
Heath, Paul T  
  
Sharland, Mike",

"OD":"Russell, Neal J. Center for Neonatal and Paediatric Infection (CNPI), Institute of Infection & Immunity, St George's University of London, London, United Kingdom.  
  
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"PM":"BACKGROUND: There is limited data on antibiotic treatment in hospitalized neonates in low- and middle-income countries (LMICs). We aimed to describe patterns of antibiotic use, pathogens, and clinical outcomes, and to develop a severity score predicting mortality in neonatal sepsis to inform future clinical trial design.  
  
METHODS AND FINDINGS: Hospitalized infants <60 days with clinical sepsis were enrolled during 2018 to 2020 by 19 sites in 11 countries (mainly Asia and Africa). Prospective daily observational data was collected on clinical signs, supportive care, antibiotic treatment, microbiology, and 28-day mortality. Two prediction models were developed for (1) 28-day mortality from baseline variables (baseline NeoSep Severity Score) and (2) daily risk of death on IV antibiotics from daily updated assessments (NeoSep Recovery Score). Multivariable Cox regression models included a randomly selected 85% of infants, with 15% for validation. A total of 3,204 infants were enrolled, with median birth weight of 2,500 g (IQR 1,400 to 3,000) and postnatal age of 5 days (IQR 1 to 15). 206 different empiric antibiotic combinations were started in 3,141 infants, which were structured into 5 groups based on the World Health Organization (WHO) AWaRe classification. Approximately 25.9% (n = 814) of infants started WHO first line regimens (Group 1-Access) and 13.8% (n = 432) started WHO second-line cephalosporins (cefotaxime/ceftriaxone) (Group 2-Low Watch). The largest group (34.0%, n = 1,068) started a regimen providing partial extended-spectrum beta-lactamase (ESBL)/pseudomonal coverage (piperacillin-tazobactam, ceftazidime, or fluoroquinolone-based) (Group 3-Medium Watch), 18.0% (n = 566) started a carbapenem (Group 4-High Watch), and 1.8% (n = 57) a Reserve antibiotic (Group 5, largely colistin-based), and 728/2,880 (25.3%) of initial regimens in Groups 1 to 4 were escalated, mainly to carbapenems, usually for clinical deterioration (n = 480 65.9%). A total of 564/3,195 infants (17.7%) were blood culture pathogen positive, of whom 62.9% (n = 355) had a gram-negative organism, predominantly Klebsiella pneumoniae (n = 132) or Acinetobacter spp. (n = 72). Both were commonly resistant to WHO-recommended regimens and to carbapenems in 43 (32.6%) and 50 (71.4%) of cases, respectively. MRSA accounted for 33 (61.1%) of 54 Staphylococcus aureus isolates. Overall, 350/3,204 infants died (11.3% 95% CI 10.2% to 12.5%), 17.7% if blood cultures were positive for pathogens (95% CI 14.7% to 21.1%, n = 99/564). A baseline NeoSep Severity Score had a C-index of 0.76 (0.69 to 0.82) in the validation sample, with mortality of 1.6% (3/189 95% CI: 0.5% to 4.6%), 11.0% (27/245 7.7% to 15.6%), and 27.3% (12/44 16.3% to 41.8%) in low (score 0 to 4), medium (5 to 8), and high (9 to 16) risk groups, respectively, with similar performance across subgroups. A related NeoSep Recovery Score had an area under the receiver operating curve for predicting death the next day between 0.8 and 0.9 over the first week. There was significant variation in outcomes between sites and external validation would strengthen score applicability.  
  
CONCLUSION: Antibiotic regimens used in neonatal sepsis commonly diverge from WHO guidelines, and trials of novel empiric regimens are urgently needed in the context of increasing antimicrobial resistance (AMR). The baseline NeoSep Severity Score identifies high mortality risk criteria for trial entry, while the NeoSep Recovery Score can help guide decisions on regimen change. NeoOBS data informed the NeoSep1 antibiotic trial (ISRCTN48721236), which aims to identify novel first- and second-line empiric antibiotic regimens for neonatal sepsis.  
  
TRIAL REGISTRATION: ClinicalTrials.gov, (NCT03721302). Copyright: © 2023 Russell 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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"SO":"Transplantation and Cellular Therapy. 29(12):764.e1-764.e7, 2023 Dec.",

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"DU":"Slade, Michael. Bone Marrow Transplantation & Leukemia Section, Division of Oncology, Washington University School of Medicine, St. Louis, Missouri. Electronic address: sladem@wustl.edu.  
  
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"OD":"Autologous stem cell transplantation Elotuzumab Multiple myeloma Pomalidomide Relapsed multiple myeloma",

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"FTURL":"Second autologous hematopoietic cell transplantation (AHCT2) is a useful therapeutic modality for fit patients with multiple myeloma who have durable remission after upfront AHCT. Retrospective studies have suggested a significant benefit of incorporating maintenance therapy post-AHCT2, but prospective data on specific regimens are lacking. The purpose of this study was to investigate the use of elotuzumab, pomalidomide, and dexamethasone (EPd) as salvage therapy prior to and maintenance after AHCT2 for relapsed multiple myeloma. This prospective single-arm phase II trial investigating the use of EPd in combination with AHCT2 in patients with relapsed multiple myeloma was conducted at 2 academic centers in North America. The primary outcome was 1-year progression-free survival (PFS). Twenty-five patients were enrolled on the study. Sixteen patients received EPd induction six patients (38%) progressed during salvage therapy and were removed from the trial prior to AHCT2. Following a planned safety analysis, the protocol was amended, and EPd induction was removed from the study schema. An additional 9 patients underwent induction off-study and were enrolled on trial for AHCT2 and EPd maintenance. A total of 18 patients underwent AHCT2 and received EPd maintenance. Two patients discontinued treatment because of toxicity, one attributed to elotuzumab and the other to pomalidomide. The 1-year PFS was 72%, and the median PFS was 19 months. The study was closed early owing to poor accrual 6 patients remained on therapy at time of analysis. EPd maintenance after AHCT2 was safe and tolerable. The 1-year PFS and median PFS were similar to values in previous retrospective reports of outcomes following AHCT2. Further studies are needed to define the optimal use of and protocol for AHCT2 in fit patients with relapsed multiple myeloma. Copyright © 2023 The American Society for Transplantation and Cellular Therapy. Published by Elsevier Inc. All rights reserved.",

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"TI":"Application of an artificial intelligence-based tool in [18F]FDG PET/CT for the assessment of bone marrow involvement in multiple myeloma.",

"SO":"European Journal of Nuclear Medicine and Molecular Imaging. 50(12) (pp 3697-3708), 2023. Date of Publication: October 2023.",

"AU":"Sachpekidis C.  
  
Enqvist O.  
  
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"OD":"Purpose: [18F]FDG PET/CT is an imaging modality of high performance in multiple myeloma (MM). Nevertheless, the inter-observer reproducibility in PET/CT scan interpretation may be hampered by the different patterns of bone marrow (BM) infiltration in the disease. Although many approaches have been recently developed to address the issue of standardization, none can yet be considered a standard method in the interpretation of PET/CT. We herein aim to validate a novel three-dimensional deep learning-based tool on PET/CT images for automated assessment of the intensity of BM metabolism in MM patients. Material(s) and Method(s): Whole-body [18F]FDG PET/CT scans of 35 consecutive, previously untreated MM patients were studied. All patients were investigated in the context of an open-label, multicenter, randomized, active-controlled, phase 3 trial (GMMG-HD7). Qualitative (visual) analysis classified the PET/CT scans into three groups based on the presence and number of focal [18F]FDG-avid lesions as well as the degree of diffuse [18F]FDG uptake in the BM. The proposed automated method for BM metabolism assessment is based on an initial CT-based segmentation of the skeleton, its transfer to the SUV PET images, the subsequent application of different SUV thresholds, and refinement of the resulting regions using postprocessing. In the present analysis, six different SUV thresholds (Approaches 1-6) were applied for the definition of pathological tracer uptake in the skeleton [Approach 1: liver SUVmedian x 1.1 (axial skeleton), gluteal muscles SUVmedian x 4 (extremities). Approach 2: liver SUVmedian x 1.5 (axial skeleton), gluteal muscles SUVmedian x 4 (extremities). Approach 3: liver SUVmedian x 2 (axial skeleton), gluteal muscles SUVmedian x 4 (extremities). Approach 4: >= 2.5. Approach 5: >= 2.5 (axial skeleton), >= 2.0 (extremities). Approach 6: SUVmax liver]. Using the resulting masks, subsequent calculations of the whole-body metabolic tumor volume (MTV) and total lesion glycolysis (TLG) in each patient were performed. A correlation analysis was performed between the automated PET values and the results of the visual PET/CT analysis as well as the histopathological, cytogenetical, and clinical data of the patients. Result(s): BM segmentation and calculation of MTV and TLG after the application of the deep learning tool were feasible in all patients. A significant positive correlation (p < 0.05) was observed between the results of the visual analysis of the PET/CT scans for the three patient groups and the MTV and TLG values after the employment of all six [18F]FDG uptake thresholds. In addition, there were significant differences between the three patient groups with regard to their MTV and TLG values for all applied thresholds of pathological tracer uptake. Furthermore, we could demonstrate a significant, moderate, positive correlation of BM plasma cell infiltration and plasma levels of beta2-microglobulin with the automated quantitative PET/CT parameters MTV and TLG after utilization of Approaches 1, 2, 4, and 5. Conclusion(s): The automated, volumetric, whole-body PET/CT assessment of the BM metabolic activity in MM is feasible with the herein applied method and correlates with clinically relevant parameters in the disease. This methodology offers a potentially reliable tool in the direction of optimization and standardization of PET/CT interpretation in MM. Based on the present promising findings, the deep learning-based approach will be further evaluated in future prospective studies with larger patient cohorts.Copyright © 2023, The Author(s).",

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"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"80",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"638611261",

"TI":"The Effects of Cannabidiol and delta-9-Tetrahydrocannabinol in Social Cognition: A Naturalistic Controlled Study.",

"SO":"Cannabis and cannabinoid research. (no pagination), 2022. Date of Publication: 26 Jul 2022.",

"AU":"Sainz-Cort A.  
  
Jimenez-Garrido D.  
  
Munoz-Marron E.  
  
Viejo-Sobera R.  
  
Heeroma J.  
  
Bouso J.C.",

"AO":"Sainz-Cort, Alberto ORCID: https://orcid.org/0000-0003-1168-464X",

"IN":"(Sainz-Cort, Munoz-Marron, Viejo-Sobera) Faculty of Health Sciences, Universitat Oberta de Catalunya (UOC), Barcelona, Spain  
  
(Sainz-Cort, Jimenez-Garrido, Bouso) International Center of Ethnobotanic Education, Research and Service (ICEERS), Barcelona, Spain  
  
(Sainz-Cort, Heeroma) AmsterdamNetherlands",

"PB":"NLM (Medline)",

"MH":"adult  
  
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theory of mind [m]",

"FTURL":"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(s): 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. Result(s): 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. Conclusion(s): 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.",

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

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"MV":"nan",

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"VN":"Ovid Technologies",

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

"UI":"36786078",

"TI":"Contrasting expectancy effects with objective measures in adults with untreated ADHD during QbTest.",

"SO":"Scandinavian Journal of Psychology. 64(4):461-469, 2023 Aug.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Lohman M  
  
Domingo B  
  
Ostlund M  
  
Jansson L",

"MH":"Jansson, Lennart ORCID: https://orcid.org/0000-0002-7512-7095",

"DU":"Lohman, Monica  
  
Domingo, Blanca  
  
Ostlund, Mona  
  
Jansson, Lennart",

"OD":"Lohman, Monica. Psychiatric Clinic (in association with Centre for Clinical Research, Uppsala University, Sweden), Uppsala, Sweden.  
  
Domingo, Blanca. Psychiatric Clinic (in association with Centre for Clinical Research, Uppsala University, Sweden), Uppsala, Sweden.  
  
Ostlund, Mona. Psychiatric Clinic (in association with Centre for Clinical Research, Uppsala University, Sweden), Uppsala, Sweden.  
  
Jansson, Lennart. Psychiatric Clinic (in association with Centre for Clinical Research, Uppsala University, Sweden), Uppsala, Sweden.",

"AB":"Humans  
  
Adult  
  
Female  
  
Male  
  
Central Nervous System Stimulants/pd [Pharmacology]  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
\*Central Nervous System Stimulants  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Methylphenidate/pd [Pharmacology]  
  
Methylphenidate/tu [Therapeutic Use]  
  
\*Methylphenidate  
  
Neuropsychological Tests  
  
Double-Blind Method  
  
Treatment Outcome",

"FTURL":"ADHD adult expectation methylphenidate placebo randomized trial",

"PM":"NOTNLM",

"DJ":"Expectancy has been associated with neuropsychological assessments and cognitive performance. However, little is known about the effects of expectations in clinical assessments during drug trials with continuous performance tests (CPTs). In a randomized, double-blind study with cross-over design, we examined if the participants' self-reported expectations changed after one-single dose immediate release methylphenidate (MPH) and after one-single dose placebo during the QbTest. Forty adults between 19 and 64 years (72.5% women) with un treated ADHD were consecutively enrolled in the study and their assessments of expected performance, mental effort, perceived performance and help from the pill were analyzed. The study comprised two trial days with four days in between. The QbTest was performed twice on the same day, before and 80 minutes after a pill. Our study demonstrates that there were expectancy effects during CPTs. Participants reported lower mental effort and improved their performance in the coronary parameter QbInattention both after MPH and after placebo. No significant differences in expected performance were reported. The participants seemed to show some uncertainty when assessing their expected performance, however, they could evaluate their performance afterwards. In clinical practice, the focus should be on reinforcing patients' expectations in order to increase treatment effects. Copyright © 2023 Scandinavian Psychological Associations and John Wiley & Sons Ltd.",

"MV":"0 (Central Nervous System Stimulants)  
  
207ZZ9QZ49 (Methylphenidate)",

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

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"Database":"EMBASE",

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"TI":"Treatment Response and Remission in a Double-Blind, Randomized, Head-to-Head Study of Lisdexamfetamine Dimesylate and Atomoxetine in Children and Adolescents with Attention-Deficit Hyperactivity Disorder.",

"SO":"CNS Drugs. (no pagination), 2014. Date of Publication: 20 Jul 2014.",

"AU":"Dittmann R.W.  
  
Cardo E.  
  
Nagy P.  
  
Anderson C.S.  
  
Adeyi B.  
  
Caballero B.  
  
Hodgkins P.  
  
Civil R.  
  
Coghill D.R.",

"AO":"(Dittmann) Paediatric Psychopharmacology, Department of Child and Adolescent Psychiatry and Psychotherapy, Medical Faculty Mannheim, Central Institute of Mental Health, University of Heidelberg, PO Box 12 21 20, Mannheim, 68072, Germany  
  
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(Hodgkins) Vertex Pharmaceuticals, Cambridge, MA, United States  
  
(Coghill) Division of Neuroscience, University of Dundee, Dundee, United Kingdom",

"IN":"Springer International Publishing",

"PB":"\*human  
  
\*remission  
  
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"OD":"Objectives A secondary objective of this head-to-head study of lisdexamfetamine dimesylate (LDX) and atomoxetine (ATX) was to assess treatment response rates in children and adolescents with attention-deficit hyperactivity disorder (ADHD) and an inadequate response to methylphenidate (MPH). The primary efficacy and safety outcomes of the study, SPD489-317 (ClinicalTrials.gov NCT01106430), have been published previously. Methods In this 9-week, double-blind, active-controlled study, patients aged 6-17 years with a previous inadequate response to MPH were randomized (1:1) to dose-optimized LDX (30, 50 or 70 mg/day) or ATX (patients <70 kg: 0.5-1.2 mg/kg/day, not to exceed 1.4 mg/kg/day patients >=70 kg: 40, 80 or 100 mg/day). Treatment response was a secondary efficacy outcome and was predefined as a reduction from baseline in ADHD Rating Scale IV (ADHD-RS-IV) total score of at least 25, 30 or 50 %. Sustained response was predefined as a reduction from baseline in ADHD-RS-IV total score (>=25, >=30 or >=50 %) or a Clinical Global Impressions (CGI)-Improvement (CGI-I) score of 1 or 2 throughout weeks 4-9. CGI-Severity (CGI-S) scores were also assessed, as an indicator of remission. Results A total of 267 patients were enrolled (LDX, n = 133 ATX, n = 134) and 200 completed the study (LDX, n = 99 ATX, n = 101). By week 9, significantly (p < 0.01) greater proportions of patients receiving LDX than ATX met the response criteria of a reduction from baseline in ADHD-RS-IV total score of at least 25 % (90.5 vs. 76.7 %), 30 % (88.1 vs. 73.7 %) or 50 % (73.0 vs. 50.4 %). Sustained response rates were also significantly (p < 0.05) higher among LDX-treated patients (ADHD-RS-IV >=25, 66.1 % ADHD-RS-IV >=30, 61.4 % ADHD-RS-IV >=50, 41.7 % CGI-I, 52.0 %) than among ATX-treated individuals (ADHD-RS-IV >=25, 51.1 % ADHD-RS-IV >=30, 47.4 % ADHD-RS-IV >=50, 23.7 % CGI-I, 39.3 %). Finally, by week 9, 60.7 % of patients receiving LDX and 46.3 % of those receiving ATX had a CGI-S score of 1 (normal, not at all ill) or 2 (borderline mentally ill), and greater proportions of patients in the LDX group than the ATX group experienced a reduction from baseline of at least one CGI-S category. Conclusions Both LDX and ATX treatment were associated with high levels of treatment response in children and adolescents with ADHD and a previous inadequate response to MPH. However, within the parameters of the study, LDX was associated with significantly higher treatment response rates than ATX across all response criteria examined. In addition, higher proportions of patients in the LDX group than the ATX group had a CGI-S score of 1 or 2 by week 9, indicating remission of symptoms. Both treatments were generally well tolerated, with safety profiles consistent with those observed in previous studies. © 2014 The Author(s).",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"38025431",

"TI":"The efficacy and safety of sodium nitroprusside in the treatment of schizophrenia: a meta-analysis.",

"SO":"Frontiers in psychiatry Frontiers Research Foundation. 14:1271624, 2023.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Fei X  
  
Li J  
  
Wang S  
  
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Qisha R  
  
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"MH":"Fei, Xinxing  
  
Li, Jiyang  
  
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Wang, Jianxiong  
  
Guo, Changmei  
  
Qisha, Rizhi  
  
Gao, Yaqian  
  
Hu, Yue",

"DU":"Fei, Xinxing. Department of Psychiatry, Chengdu Eighth People's Hospital (Geriatric Hospital of Chengdu Medical College), Chengdu, Sichuan, China.  
  
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Qisha, Rizhi. Department of Rehabilitation Medicine, The Affiliated Hospital of Southwest Medical University, Luzhou, Sichuan, China.  
  
Gao, Yaqian. Department of Rehabilitation Medicine, The First Affiliated Hospital of Chengdu Medical College, Chengdu, Sichuan, China.  
  
Hu, Yue. Department of Rehabilitation Medicine, The Affiliated Hospital of Southwest Medical University, Luzhou, Sichuan, China.",

"OD":"Objective: Schizophrenia is a serious mental disease that brings not only serious burdens to patients and their families but also serious challenges to society. More research is needed to find better drugs to treat schizophrenia. This meta-analysis investigated the efficacy and safety of sodium nitroprusside in the treatment of schizophrenia.  
  
Methods: Randomized controlled trials comparing the efficacy and safety of sodium nitroprusside in the treatment of schizophrenia were searched via English and Chinese databases. The outcomes, including the Positive and Negative Syndrome Scale (PANSS) and Brief Psychiatric Rating Scale (BPRS), were recorded. RevMan 5.3 was used for the meta-analysis.  
  
Results: A total of six randomized controlled trials (174 patients) were included. The overall quality of the included studies was good. No statistically significant benefit of sodium nitroprusside over placebo was found when combined PANSS total and BPRS-18 (95% CI: -1.40, 0.02). Except for PANSS positive (95% CI: -1.86, -0.01), there was no significant difference in the scale score after sodium nitroprusside treatment compared with the control group in PANSS total (95% CI: -4.93, 0.23), PANSS general (95% CI: -2.53, 1.33), and PANSS negative (95% CI: -4.44, 0.89). The results of the sensitivity analysis excluding the study with clinical heterogeneity showed that sodium nitroprusside had no statistical benefit for the score of PANSS positive (95% CI: -2.19, 0.46). Moreover, there was also no significant difference in the BPRS-18 (95% CI: -3.23, -0.43).  
  
Conclusion: We conservatively believe that sodium nitroprusside does not alleviate the symptoms of schizophrenia compared with placebo. The subjects tolerated sodium nitroprusside well. Our findings provide a new idea for researchers to explore and solve the drug treatment of schizophrenia. Copyright © 2023 Fei, Li, Wang, Wang, Guo, Qisha, Gao and Hu.",

"AB":"Journal Article",

"FTURL":"2023",

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

"DJ":"Brief Psychiatric Rating Scale Positive and Negative Syndrome Scale meta-analysis schizophrenia sodium nitroprusside",

"MV":"NOTNLM",

"TN":"nan",

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"UniqueID":"641",

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

"Database":"EMBASE",

"ORN":"81",

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"DB":"Embase",

"UI":"2028664842",

"TI":"MDR/XDR/PDR or DTR? Which definition best fits the resistance profile of Pseudomonas aeruginosa ?.",

"SO":"Current Opinion in Infectious Diseases. 36(6) (pp 564-571), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Cosentino F.  
  
Viale P.  
  
Giannella M.",

"AO":"nan",

"IN":"(Cosentino, Viale, Giannella) Department of Medical and Surgical Sciences, University of Bologna, Italy  
  
(Cosentino, Viale, Giannella) Infectious Diseases Unit, IRCCS, Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy",

"PB":"Lippincott Williams and Wilkins",

"MH":"antibiotic resistance  
  
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clinical practice  
  
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nonhuman  
  
\*Pseudomonas aeruginosa  
  
Pseudomonas infection  
  
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"AB":"Purpose of reviewThe aim of this narrative review is to compare the prognostic utility of the new definition of difficult-to-treat resistance (DTR) vs. established definitions in patients with Pseudomonas aeruginosa infection to understand the therapeutic implications of resistance classification and its impact on clinical outcome.Recent findingsAmong Gram-negative bacteria (GNB), P. aeruginosa (PA) is associated with high rates of morbidity and mortality, mostly related to its intrinsic capacity of developing antibiotic resistance. Several classifications of antibiotic resistance have been proposed in the last 15 years. The most common used is that from Magiorakos et al. including multidrug resistance (MDR), extensively drug-resistant (XDR) and pan drug resistance (PDR) according to the number of antibiotic classes showing in vitro activity. A further classification based on the resistance to specific antibiotic classes (i.e. fluoroquinolones, cephalosporins, carbapenem resistance) was also proposed. However, both of them have been criticized because of limited usefulness in clinical practice and for poor correlation with patient outcome, mainly in infections due to PA. More recently the new definition of difficult-to-treat resistance (DTR) has been proposed referring to nonsusceptibility to all first-line agents showing high-efficacy and low-toxicity (i.e. carbapenems, beta-lactam-beta-lactamase inhibitor combinations, and fluoroquinolones). Studies including large cohorts of patients with GNB bloodstream infections have confirmed the prognostic value of DTR classification and its clinical usefulness mainly in infections due to PA. Indeed, in the recent documents from the Infectious Diseases Society of America (IDSA) on the management of antibiotic resistant GNB infections, the DTR classification was applied to PA.SummaryDTR definition seems to identify better than MDR/XDR/PDR and single class resistant categories the cases of PA with limited treatment options. It requires periodic revision in order to remain up-to-date with the introduction of new antibiotics and the evolving pattern of resistance.Copyright © 2023 Lippincott Williams and Wilkins. All rights reserved.",

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"Database":"Medline",

"ORN":"81",

"VN":"Ovid Technologies",

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

"UI":"35980169",

"TI":"Treatment of asymptomatic bacteriuria in the first 2 months after kidney transplant: A controlled clinical trial.",

"SO":"Transplant Infectious Disease. 24(6):e13934, 2022 Dec.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Antonio MEE  
  
Cassandra BGC  
  
Emiliano RJD  
  
Guadalupe OLM  
  
Lilian REA  
  
Teresa TGM  
  
Mario GG  
  
Ivan RCG  
  
Mercedes RV  
  
Alfredo CW  
  
Rafael RA  
  
Lilian GBA  
  
Manuel AGJ",

"MH":"Manuel, Arreola Guerra Jose ORCID: https://orcid.org/0000-0001-7430-702X",

"DU":"Antonio, Mendoza Enciso Emmanuel  
  
Cassandra, Barajas Garcia Carolina  
  
Emiliano, Rodriguez Jimenez Dante  
  
Guadalupe, Ortiz Lopez Margarita  
  
Lilian, Reza Escalera Ana  
  
Teresa, Tiscareno Gutierrez Maria  
  
Mario, Gonzalez Gamez  
  
Ivan, Rodriguez Correa Gustavo  
  
Mercedes, Ramos Velazco  
  
Alfredo, Chew Wong  
  
Rafael, Reyes Acevedo  
  
Lilian, Guerrero Barrera Alma  
  
Manuel, Arreola Guerra Jose",

"OD":"Antonio, Mendoza Enciso Emmanuel. Department of Internal Medicine, Hospital Centenario Miguel Hidalgo, Aguascalientes, Mexico.  
  
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Teresa, Tiscareno Gutierrez Maria. Department of Nephrology, Hospital Centenario Miguel Hidalgo, Aguascalientes, Mexico.  
  
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Ivan, Rodriguez Correa Gustavo. Department of Internal Medicine, Hospital Centenario Miguel Hidalgo, Aguascalientes, Mexico.  
  
Mercedes, Ramos Velazco. Department of Nephrology, Hospital Centenario Miguel Hidalgo, Aguascalientes, Mexico.  
  
Alfredo, Chew Wong. Department of Nephrology, Hospital Centenario Miguel Hidalgo, Aguascalientes, Mexico.  
  
Rafael, Reyes Acevedo. Department of Transplantation, Hospital Centenario Miguel Hidalgo, Aguascalientes, Mexico.  
  
Lilian, Guerrero Barrera Alma. Centro de Ciencias Basicas, Universidad Autonoma de Aguascalientes, Aguascalientes, Mexico.  
  
Manuel, Arreola Guerra Jose. Department of Nephrology, Hospital Centenario Miguel Hidalgo, Aguascalientes, Mexico.",

"AB":"asymptomatic bacteriuria graft pyelonephritis renal transplantation urinary tract infection",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: The incidence of urinary tract infections (UTIs) in the first 2 months postrenal transplantation (pRT) is very high. We evaluate the efficacy of asymptomatic bacteriuria (AB) screening and treatment on the incidence of UTI in the first 2 months pRT METHODS: We conducted a randomized controlled clinical trial. A urine culture was obtained in all patients on the day of the bladder catheter removal, on week three, and before removal of the ureteral catheter. The intervention group received treatment for AB. The control group did not receive treatment. The primary outcomes were the cumulative incidence of UTI and/or graft pyelonephritis and the time to the first episode of UTI and/or graft pyelonephritis RESULTS: Eighty patients were randomized, 40 in each group, and the median follow-up was 63 days (IQR 54-70). The average age was 29.8 years and 33.7% (n = 27) were women. The incidences of UTI (n = 10, 25 % vs. n = 4, 10%, p = .07) and pyelonephritis (n = 6, 15% vs. n = 1, 2.5%, p = .04) were greater in the intervention group, as also shown in the survival analysis: UTI (HR2.8, 95% CI 0.8-9.1, p = .07) and pyelonephritis (HR 6.5, 95% CI 0.8-54.7, p = .08), respectively. The most commonly isolated bacterium was Escherichia coli (n = 28, 59.5%), and over half were E. coli with extended-spectrum beta-lactamases (n = 15). A major limitation was not obtaining the calculated sample size due to a delay in patient recruitment resulting from the COVID-19 pandemic CONCLUSION: Treatment of AB in the first 2 months pRT does not decrease the incidence of UTI or graft pyelonephritis and may actually increase their frequency. Routine treatment of AB during the first months after renal transplantation should not be a standard procedure. Copyright © 2022 Wiley Periodicals LLC.",

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

"MV":"2022",

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"TI":"Outcomes of Autologous Stem Cell Transplantation in Patients with Ultra-High-Risk Multiple Myeloma.",

"SO":"Transplantation and Cellular Therapy. 29(12):757-762, 2023 Dec.",

"AU":"1",

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

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"PB":"Pasvolsky O  
  
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Champlin, Richard E  
  
Qazilbash, Muzaffar H",

"DU":"Pasvolsky, Oren. Department of Stem Cell Transplantation and Cellular Therapy, The University of Texas MD Anderson Cancer Center, Houston, Texas Institute of Hematology, Davidoff Cancer Center, Rabin Medical Center, Petah-Tikva, Israel Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel.  
  
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Lee, Hans C. Department of Lymphoma/Myeloma, The University of Texas MD Anderson Cancer Center, Houston, Texas.  
  
Patel, Krina K. Department of Lymphoma/Myeloma, The University of Texas MD Anderson Cancer Center, Houston, Texas.  
  
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Thomas, Sheeba K. Department of Lymphoma/Myeloma, The University of Texas MD Anderson Cancer Center, Houston, Texas.  
  
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Shpall, Elizabeth J. Department of Stem Cell Transplantation and Cellular Therapy, The University of Texas MD Anderson Cancer Center, Houston, Texas.  
  
Champlin, Richard E. Department of Stem Cell Transplantation and Cellular Therapy, The University of Texas MD Anderson Cancer Center, Houston, Texas.  
  
Qazilbash, Muzaffar H. Department of Stem Cell Transplantation and Cellular Therapy, The University of Texas MD Anderson Cancer Center, Houston, Texas. Electronic address: mqazilba@mdanderson.org.",

"OD":"Autologous hematopoietic cell transplantation High-risk cytogenetics Multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) patients with high-risk cytogenetic abnormalities have inferior survival outcomes and are underrepresented in clinical trials. There is scarce data on MM patients with more than one high-risk cytogenetic aberration (ie, ultra- high-risk MM). This study was conducted to evaluate outcomes of newly diagnosed MM patients with ultra-high-risk MM who underwent autologous hematopoietic stem cell transplantation (autoHCT). We conducted a retrospective single-center chart review analysis of adult patients with ultra-high-risk MM who underwent autoHCT between 2008 and 2018 at MD Anderson Cancer Center. High-risk cytogenetics were defined as del(17p), t(414), t(1416), or 1q21 gain or amplification (1q+) by fluorescence in situ hybridization. Primary endpoints were progression-free survival (PFS) and overall survival (OS). Seventy-nine patients with two or more high-risk cytogenetic abnormalities were included in our analysis. The median age of 61 years (range, 33.5 to 76.5 years), and 57% were female. Sixty-seven patients had two high-risk cytogenetic abnormalities, and 12 patients had three high-risk cytogenetic abnormalities. The most common combinations of high-risk abnormalities were [1q+, t(4:14)] (n = 25 32%) and [1q+, del17p] (n = 21 27%). The majority of patients received either bortezomib, lenalidomide, and dexamethasone (48%) or carfilzomib, lenalidomide, and dexamethasone (16%) as induction therapy. Prior to autoHCT, 52 patients (66%) achieved a very good partial response or better (>=VGPR), whereas 23 patients (29%) achieved minimal residual disease (MRD)-negative >=VGPR. Fifty-six patients (71%) received post-transplantation maintenance therapy. Thirty-six patients (46%) achieved MRD-negative >=VGPR at day +100 after autoHCT, and 40 patients (51%) did so at best post-transplantation response. With a median follow-up in surviving patients of 38.3 months (range, 11.9 to 104.8 months), the median PFS and OS in the entire cohort were 22.9 months and 71.5 months, respectively. For the subset of patients with three HR abnormalities, the median PFS was 15.6 months and median OS was 28.0 months. In multivariate analysis, achieving MRD-negative >=VGPR prior to autoHCT was associated with improved PFS (hazard ratio [HR], .42 P = .045), whereas male sex (HR, .15 P = .009) and achieving MRD-negative >=VGPR post-autoHCT (HR, .27 P = .026) were associated with improved OS. In conclusion, patients with ultra-high-risk MM have a median PFS of <24 months with the current standard of care that includes consolidation with autoHCT. These patients may benefit from earlier use of newer treatment modalities, such as chimeric antigen receptor T cell therapy and bispecific antibodies. Copyright © 2023. Published by Elsevier Inc.",

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"DB":"Embase",

"UI":"2023332495",

"TI":"How do we image patients with multiple myeloma and precursor states?.",

"SO":"British Journal of Haematology. 203(4) (pp 536-545), 2023. Date of Publication: November 2023.",

"AU":"Chakraborty R.  
  
Hillengass J.  
  
Lentzsch S.",

"AO":"Chakraborty, Rajshekhar ORCID: https://orcid.org/0000-0001-7336-3003",

"IN":"(Chakraborty, Lentzsch) Columbia University Irving Medical Center, New York, NY, United States  
  
(Hillengass) Roswell Park Comprehensive Cancer Center, Buffalo, NY, United States",

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"OD":"Advances in morphological and functional imaging have led to superior detection of early bone disease, bone marrow infiltration, paramedullary and extramedullary involvement in multiple myeloma. The two functional imaging modalities that are most widely used and standardized are 18F-fluorodeoxyglucose-Positron emission tomography/computed tomography (FDG PET/CT) and whole-body magnetic resonance imaging with diffusion-weighted imaging (WB DW-MRI). Both prospective and retrospective studies have demonstrated that WB DW-MRI is more sensitive than PET/CT in the detection of baseline tumour burden and to assess response after therapy. In patients with smouldering multiple myeloma, WB DW-MRI is now the preferred imaging modality to rule out two or more unequivocal lesions which would be considered a myeloma-defining event by the updated international myeloma working group (IMWG) criteria. In addition to sensitive detection of baseline tumour burden, both PET/CT and WB DW-MRI have been successfully used for monitoring response to therapy and provide information that is complementary to IMWG response assessment and bone marrow minimal residual disease. In this article, we present 3 vignettes illustrating how we approach the use of modern imaging in the management of patients with multiple myeloma and precursor states, with a specific focus on recent data that have emerged since the publication of the IMWG consensus guideline on imaging. We have utilized data from prospective and retrospective studies to provide a rationale for our approach to imaging in these clinical scenarios and highlighted knowledge gaps requiring future investigation.Copyright © 2023 British Society for Haematology and John Wiley & Sons Ltd.",

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"DB":"Embase",

"UI":"638444008",

"TI":"Exercise Intervention in Individuals at Clinical High Risk for Psychosis: Benefits to Fitness, Symptoms, Hippocampal Volumes, and Functional Connectivity.",

"SO":"Schizophrenia bulletin. (no pagination), 2022. Date of Publication: 10 Jul 2022.",

"AU":"Damme K.S.F.  
  
Gupta T.  
  
Ristanovic I.  
  
Kimhy D.  
  
Bryan A.D.  
  
Mittal V.A.",

"AO":"Damme, Katherine S F ORCID: https://orcid.org/0000-0003-4260-1528  
  
Mittal, Vijay A. ORCID: https://orcid.org/0000-0001-9017-5119",

"IN":"(Damme, Gupta, Ristanovic, Kimhy, Mittal) Department of Psychology, Northwestern University, Evanston, United States  
  
(Damme, Ristanovic, Mittal) Institute for Innovations in Developmental Sciences (DevSci), Northwestern University, United States  
  
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(Kimhy) MIRECC, The James J. Peters VA Medical Center, Bronx, NY, USA  
  
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(Bryan) Institute for Neuroscience, University of Colorado, CO, Boulder, United States  
  
(Mittal) Institute for Cognitive Science, University of Colorado, CO, Boulder, United States  
  
(Mittal) Department of Psychiatry, Northwestern University, Chicago, United States  
  
(Mittal) Medical Social Sciences, Northwestern University, Chicago, United States  
  
(Mittal) Institute for Policy Research (IPR), Northwestern University, Chicago, United States",

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"FTURL":"BACKGROUND AND HYPOTHESIS: Individuals at clinical high risk for psychosis (CHR-p) are less fit than nonclinical peers and show hippocampal abnormalities that relate to clinical symptoms. Exercise generates hippocampal neurogenesis that may ameliorate these hippocampal abnormalities and related cognitive/clinical symptoms. This study examines the impact of exercise on deficits in fitness, cognitive deficits, attenuated psychotic symptoms, hippocampal volumes, and hippocampal connectivity in individuals at CHR-p. STUDY DESIGN: In a randomized controlled trial, 32 individuals at CHR-p participated in either an exercise (n = 17) or waitlist (no exercise) (n = 15) condition. All participants were sedentary at use and absent of current antipsychotic medication, psychosis diagnoses, or a substance use disorder. The participants completed a series of fitness, cognitive tasks, clinical assessments, and an MRI session preintervention and postintervention. The exercise intervention included a high-intensity interval exercise (80% of VO2max) with 1-minute high-intensity intervals (95% of VO2max) every 10 minutes) protocol twice a week over 3 months. STUDY RESULTS: The exercise intervention was well tolerated (83.78% retention 81.25% completion). The exercising CHR-p group showed that improved fitness (pre/post-d = 0.53), increased in cognitive performance (pre/post-d = 0.49), decrease in positive symptoms (pre/post-d = 1.12) compared with the waitlist group. Exercising individuals showed stable hippocampal volumes waitlist CHR-p individuals showed 3.57% decreased hippocampal subfield volume. Exercising individuals showed that increased exercise-related hippocampal connectivity compared to the waitlist individuals. CONCLUSION(S): The exercise intervention had excellent adherence, and there were clear signs of mechanism engagement. Taken together, evidence suggests that high-intensity exercise can be a beneficial therapeutic tool in the psychosis risk period.Copyright © The Author(s) 2022. 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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"DB":"Ovid MEDLINE(R)",

"UI":"36971429",

"TI":"Work-MAP Telehealth Metacognitive Work-Performance Intervention for Adults With ADHD: Randomized Controlled Trial.",

"SO":"OTJR: Occupation, Participation, & Health. 43(3):435-445, 2023 07.",

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"DJ":"The literature highlighted the need for evidence-based occupational therapy teleinterventions to improve work participation among adults with attention-deficit/hyperactivity disorder (ADHD). This study aimed to assess the efficacy of a self-tailored, metacognitive, telehealth intervention to enhance the performance of adults with ADHD at work (Work-MAP). The outcome measures were efficacy and satisfaction with performing self-selected work goals, executive functions, and quality of life. Participants in this randomized controlled trial were 46 adults with ADHD. Group A (n = 31) received the synchronous, hybrid-telehealth intervention in 11-weekly 1-hour individual sessions. Group B (n = 15) completed the intervention after a waiting phase. Following the intervention, participants showed and maintained significant improvements in all outcome measures (strong-to-moderate significant effects) to the 3-month follow-up. The Work-MAP teleintervention appears effective for improving work participation (i.e., performance), executive functions, and quality of life of adults with ADHD.",

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"TI":"Broad-spectrum micronutrient treatment for attention-deficit/hyperactivity disorder: Rationale and evidence to date.",

"SO":"CNS Drugs. 28(9) (pp 775-785), 2014. Date of Publication: September 2014.",

"AU":"Rucklidge J.J.  
  
Kaplan B.J.",

"AO":"(Rucklidge) Department of Psychology, University of Canterbury, Private Bag 4800, Christchurch, New Zealand  
  
(Kaplan) Alberta Children's Hospital Research Institute, Department of Paediatrics, University of Calgary, Calgary, AB, Canada",

"IN":"Springer International Publishing",

"PB":"attention deficit disorder  
  
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"OD":"Attention-deficit/hyperactivity disorder (ADHD) is a chronic psychiatric illness, which often co-occurs with other common psychiatric problems. Although empirical evidence supports the short-term efficacy of pharmacological and behavioural treatments, families often search for alternative treatment methods because of concerns about side effects and safety, cost and access, as well as fears about long-term exposure to psychotropic medications. This review presents the published evidence on use of broad-spectrum micronutrients to treat ADHD symptoms. This approach makes physiological sense in that nutrients are required for many critical biochemical reactions to occur, ranging from manufacturing neurotransmitters, to providing the mitochondria with essential nutrients for energy production, to assisting the gut to heal from inflammation. Multi-nutrient treatment approaches are an intriguing yet under-researched area all but one of the trials conducted in the last decade have shown benefit for the treatment of ADHD symptoms, and the one negative trial likely used doses too low to effect change. However, the methodologies have varied widely from case-controlled studies to open-label trials to one randomized controlled trial. Sample sizes have typically been modest, although the effect sizes have tended to be medium to large. What is required now is replication, as well as investigation into the optimal ingredient range and optimal doses of nutrients. We discuss the proven and potential benefits of the broad-spectrum nutrient approach, considering the heterogeneous nature of ADHD.Copyright © 2014 Springer International Publishing Switzerland.",

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"UI":"38022385",

"TI":"Therapeutic potential for KCC2-targeted neurological diseases. [Review]",

"SO":"Japanese Dental Science Review. 59:431-438, 2023 Dec.",

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Roudkenar, Mehryar Habibi  
  
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Nishitani, Yoshihiro  
  
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Sato, Tomoaki. Department of Applied Pharmacology, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima 890-8544, Japan.",

"OD":"Patients with neurological diseases, such as schizophrenia, tend to show low K+-Cl- co-transporter 2 (KCC2) levels in the brain. The cause of these diseases has been associated with stress and neuroinflammation. However, since the pathogenesis of these diseases is not yet fully investigated, drug therapy is still limited to symptomatic therapy. Targeting KCC2, which is mainly expressed in the brain, seems to be an appropriate approach in the treatment of these diseases. In this review, we aimed to discuss about stress and inflammation, KCC2 and Gamma-aminobutyric acid (GABA) function, diseases which decrease the KCC2 levels in the brain, factors that regulate KCC2 activity, and the possibility to overcome neuronal dysfunction targeting KCC2. We also aimed to discuss the relationships between neurological diseases and LPS caused by Porphyromonas gingivalis (P. g), which is a type of oral bacterium. Clinical trials on oxytocin, sirtuin 1 (SIRT1) activator, and transient receptor potential cation channel subfamily V Member 1 activator have been conducted to develop effective treatment methods. We believe that KCC2 modulators that regulate mitochondria, such as oxytocin, glycogen synthase kinase 3beta (GSK3beta), and SIRT1, can be potential targets for neurological diseases. Copyright © 2023 The Authors.",

"AB":"Journal Article  
  
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"TI":"Clinical significance and burden of carbapenem-resistant Enterobacterales (CRE) colonization acquisition in hospitalized patients.",

"SO":"Antimicrobial Resistance and Infection Control. 12(1) (no pagination), 2023. Article Number: 129. Date of Publication: December 2023.",

"AU":"Hassoun-Kheir N.  
  
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"AB":"Background: Carbapenem-resistant Enterobacterales (CRE) infections have a significant morbidity and mortality toll. The clinical significance and associated burden of CRE colonization rather than infection state are not frequently investigated. We aimed to assess the outcomes of CRE colonized patients compared to matched controls. Method(s): A secondary analysis of a 1:2 matched case-control study at a tertiary hospital in northern Israel (January-2014 to June-2017). Cases were adults who newly acquired CRE colonization during hospitalization. Controls were inpatients negatively screened for CRE, matched by age, hospitalization division and total days of hospitalization 90 days prior to screening. Our primary outcome was 1-year all-cause mortality. Secondary outcomes included 30-day mortality, diagnosis of any clinical infection, overall days of hospital stay and bloodstream infections all in 1-year follow-up. We estimated crude and propensity score weighted estimates for study outcomes. Result(s): We included a total of 1019 patients: 340 CRE colonized and 679 non-colonized controls. After adjustment, CRE colonization was not associated with increased 1-year mortality (weighted OR 0.98, 95% CI 0.64-1.50, p = 0.936). CRE colonized patients had 1.7 times the odds of clinical infection of any cause (weighted odds ratio (OR) 1.65, 95% CI 1.06-2.56, p = 0.025). CRE colonized patients had increased length of hospital stay compared to controls (weighted OR 1.52, 95%CI 1.10-2.10, p < 0.001) among 1-year survivors. Conclusion(s): CRE colonization may not be independently associated with mortality but with higher risk of clinical infections and longer hospital stays. Infection prevention and antimicrobial stewardship are of utmost importance to prevent acquisition and infections in colonized patients.Copyright © 2023, The Author(s).",

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"TI":"Outcomes of octogenarians and nonagenarians with Pseudomonas aeruginosa bacteremia: a multicenter retrospective study.",

"SO":"Infection. 51(4):1003-1012, 2023 Aug.",

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"AB":"Bacteremia Octogenarian Outcomes Pseudomonas",

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"PM":"BACKGROUND: P. aeruginosa bacteremia is a common and severe infection carrying high mortality in older adults. We aimed to evaluate outcomes of P. aeruginosa bacteremia among old adults (>= 80 years).  
  
METHODS: We included the 464/2394 (19%) older adults from a retrospective multinational (9 countries, 25 centers) cohort study of individuals hospitalized with P. aeruginosa bacteremia. Bivariate and multivariable logistic regression models were used to evaluate risk factors for 30-day mortality among older adults.  
  
RESULTS: Among 464 adults aged >= 80 years, the mean age was 84.61 (SD 3.98) years, and 274 (59%) were men. Compared to younger patients, >= 80 years adults had lower Charlson score were less likely to have nosocomial acquisition and more likely to have urinary source. Thirty-day mortality was 30%, versus 27% among patients 65-79 years (n = 894) and 25% among patients < 65 years (n = 1036). Multivariate analysis for predictors of mortality among patients >= 80 years, demonstrated higher SOFA score (odds ratio [OR] 1.36, 95% confidence interval [CI] 1.23-1.51, p < 0.001), corticosteroid therapy (OR 3.15, 95% CI: 1.24-8.01, p = 0.016) and hospital acquired P. aeruginosa bacteremia (OR 2.30, 95% CI: 1.33-3.98, p = 0.003) as predictors. Appropriate empirical therapy within 24 h, type of definitive anti-pseudomonal drug, and type of regimen (monotherapy or combination) were not associated with 30-day mortality.  
  
CONCLUSIONS: In older adults with P. aeruginosa bacteremia, background conditions, place of acquisition, and disease severity are associated with mortality, rather than the antimicrobial regimen. In this regard, preventive efforts and early diagnosis before organ failure develops might be beneficial for improving outcomes. Copyright © 2022. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany.",

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Derman, Benjamin A. University of Chicago, Chicago, Illinois, USA.  
  
Jakubowiak, Andrzej J. University of Chicago, Chicago, Illinois, USA.",

"OD":"ATLAS carfilzomib immunoparesis lenalidomide maintenance myeloma",

"AB":"NOTNLM",

"FTURL":"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.",

"PM":"Clinical Trial, Phase III  
  
Randomized Controlled Trial  
  
Journal Article",

"DJ":"2023",

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

"TN":"Kubicki, Tadeusz ORCID: https://orcid.org/0000-0001-7588-1453  
  
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Szukalski, Lukasz ORCID: https://orcid.org/0000-0002-9885-5140  
  
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Derman, Benjamin A ORCID: https://orcid.org/0000-0002-4070-1819  
  
Jakubowiak, Andrzej J ORCID: https://orcid.org/0000-0002-2597-6822",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

"Unnamed: 24":"Humans  
  
Multiple Myeloma/dt [Drug Therapy]  
  
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Lenalidomide/tu [Therapeutic Use]  
  
Hematopoietic Stem Cell Transplantation/ae [Adverse Effects]  
  
\*Hematopoietic Stem Cell Transplantation  
  
Dexamethasone/tu [Therapeutic Use]  
  
Antineoplastic Combined Chemotherapy Protocols/tu [Therapeutic Use]  
  
Transplantation, Autologous",

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"If RCT or not":"No",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"641936890",

"TI":"Safety, Feasibility, and Acceptability of a Multisite Individualized Exercise Intervention for People with Multiple Myeloma.",

"SO":"Medicine and science in sports and exercise. 55(12) (pp 2214-2227), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Nicol J.L.  
  
Cunningham B.J.  
  
Woodrow C.  
  
Adlard K.N.  
  
Papinczak Z.E.  
  
Spence R.R.  
  
Boytar A.N.  
  
Mollee P.  
  
Weber N.  
  
Nicol A.J.  
  
Hill M.M.  
  
Skinner T.L.",

"AO":"nan",

"IN":"(Cunningham, Adlard, Papinczak, Boytar, Skinner) School of Human Movement and Nutrition Sciences, University of Queensland, Brisbane, QLD, Australia  
  
(Woodrow) Haematology Department, Division of Cancer Services, Princess Alexandra Hospital, Brisbane, QLD, Australia  
  
(Weber) Haematology, Cancer Care Services, Royal Brisbane and Women's Hospital, QLD, Australia  
  
(Nicol) Greenslopes Private Hospital, Brisbane, QLD, Australia",

"PB":"nan",

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controlled study  
  
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procedures  
  
randomized controlled trial",

"OD":"INTRODUCTION: High rates of disease- and treatment-related symptoms, such as bone lesions, in people with multiple myeloma (MM) create uncertainty on the safety and feasibility of exercise. This study determined the safety, feasibility, and acceptability of an individualized exercise medicine program for people with MM at any disease stage. METHOD(S): A multisite, randomized waitlist-controlled trial was conducted of an individualized, high-intensity aerobic, resistance, and impact-loading exercise program. The exercise sessions were supervised twice weekly by accredited exercise physiologists, with one additional unsupervised session per week, for 12 wk. Safety was determined by number of adverse and serious adverse events. Feasibility outcome measures were study eligibility, recruitment, adherence, and attrition. Acceptability was determined by qualitative interviews and subjective levels of enjoyment. RESULT(S): Of 203 people with MM screened, 88% were eligible, with 34% accepting participation (60 people) and 20% attrition for the between-group analysis, meeting a priori criteria (>=25% and <25%, respectively). No adverse or serious adverse events attributed to testing and/or exercise training were reported. Attendance at supervised exercise sessions was 98%, with 45% completion of the home-based exercise sessions. Adherence rates were 35%, 63%, and 34% for the aerobic, resistance, and impact-loading protocols, with 55%, 80%, and 37% of participants meeting a priori criteria (75% of protocol). Acceptability of the exercise program was high (mean, 82% 95% confidence interval, 78%-87%) and highly supported by qualitative responses. CONCLUSION(S): An individualized, high-intensity aerobic, resistance, and impact-loading exercise medicine program is safe and acceptable, and feasible by some measures for people with MM. Adherence to the prescribed exercise protocols was limited by comorbidities and disease symptoms. Strategies to improve unsupervised exercise completion are warranted in this population.Copyright © 2023 by the American College of Sports Medicine.",

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

"FTURL":"nan",

"PM":"nan",

"DJ":"nan",

"MV":"37535331 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37535331]",

"TN":"nan",

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"DB":"Embase",

"UI":"638432541",

"TI":"Clozapine Use and Forensic Outcomes in Psychiatric Inpatients Deemed Incompetent to Stand Trial.",

"SO":"The journal of the American Academy of Psychiatry and the Law. (no pagination), 2022. Date of Publication: 07 Jul 2022.",

"AU":"Singh A.  
  
Delgado D.  
  
Ventura M.I.  
  
Schwartz E.  
  
Williams J.  
  
Meyer J.M.",

"AO":"nan",

"IN":"(Singh, Delgado, Ventura, Schwartz, Williams, Meyer) Dr. Singh is Assistant Medical Director, DSH-Napa, Dr. Delgado is Senior Psychologist, Supervisor, Clinical Operations, Dr. Meyer is Psychopharmacology Consultant, and Dr. Schwartz is Psychopharmacology Consultant, California Department of State Hospitals, Patton, CA. Dr. Ventura is Data Analysis Supervisor, and Mr. Williams is Staff Research Associate, Department of Psychiatry and Behavioral Sciences, UC Davis School of Medicine, Davis, CA",

"PB":"NLM (Medline)",

"MH":"adult  
  
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"FTURL":"Referrals for competency restoration increased in the past decade, with the majority of incompetent to stand trial (IST) patients having schizophrenia 25 percent of schizophrenia patients are treatment resistant. Clozapine is superior to other antipsychotics for treatment resistance but remains underutilized, particularly in forensic settings. Despite the impact of treatment resistance on the legal system, the literature on clozapine for IST patients is limited to two papers comprising 26 patients. A retrospective chart review was conducted of all IST admissions to a California hospital for 2014 to -2018, examining clinical and forensic outcomes in those newly started on clozapine and discharged. There were 191 new clozapine starts among IST patients, 92.7 percent of whom were diagnosed with schizophrenia or another psychosis. Over 90 percent were discharged on clozapine, and 36.1 percent were discharged on clozapine as trial competent moreover, this cohort also had the shortest length of stay. This analysis indicates that most IST patients needing clozapine can be successfully treated, with a substantial proportion restored to trial competency. These data and earlier studies reinforce the concept that forensic programs have a medical duty to offer IST patients with severe mental illness a clozapine trial when indications exist for its use.Copyright © 2022 American Academy of Psychiatry and the Law.",

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

"DJ":"35798392 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35798392]",

"MV":"nan",

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"Disease area":"ADHD",

"Database":"Medline",

"ORN":"82",

"VN":"Ovid Technologies",

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

"UI":"35996256",

"TI":"Activation of Brain Regions Associated with Working Memory and Inhibitory Control in Patients with Attention-Deficit/Hyperactivity Disorder in Functional Near-Infrared Spectroscopy: A Systematic Review.",

"SO":"Current Medical Imaging. 19(8):865-873, 2023.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Hou L  
  
Yang J  
  
Xu L  
  
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Joyce Law CY  
  
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"DU":"Hou, Lihao  
  
Yang, Jiaxuan  
  
Xu, Lin  
  
Peng, Juanjuan  
  
Joyce Law, Cho Yin  
  
Chen, Tianhao",

"OD":"Hou, Lihao. Rehabilitation Department, The Second Affiliated Hospital of Nanjing University of Chinese Medicine, Nanjing, Jiangsu, China.  
  
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Joyce Law, Cho Yin. Psychology Department, The Chinese University of Hong Kong, Hong Kong.  
  
Chen, Tianhao. Chinese Medicine Department, Hubei College of Chinese Medicine, Jingzhou, Hubei, China.",

"AB":"Humans  
  
Attention Deficit Disorder with Hyperactivity/dg [Diagnostic Imaging]  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Memory, Short-Term/ph [Physiology]  
  
Spectroscopy, Near-Infrared/mt [Methods]  
  
Prefrontal Cortex  
  
Brain/dg [Diagnostic Imaging]",

"FTURL":"ADHD Functional near-infrared spectroscopy brain regions inhibitory control systematic review working memory",

"PM":"NOTNLM",

"DJ":"INTRODUCTION: Patients with attention-deficit/hyperactivity disorder (ADHD) often show abnormalities related to cognitive activities, especially related to working memory and inhibitory control. Functional near-infrared spectroscopy (fNIRS) is a non-invasive brain imaging technique based on the changes in cerebral hemodynamics to measure the response of brain activities to cognitive tasks.  
  
METHODS: In this review, we collected all clinical experiments that evaluated the changes of oxyhemoglobin levels in relevant brain regions of patients with ADHD through cognitive tasks by fNIRS to determine the abnormalities of brain regions related to working memory and inhibitory control activities in patients with ADHD.  
  
RESULTS: From the beginning of November 2021, PubMed, PsycINFO, Scopus, EMBASE, CINAHL, web of science and Cochrane library were searched, and ROBINS-I was a tool to evaluate the quality and risk bias of the articles included. Sixteen eligible clinical trials or randomized controlled trials were included, of which six measured working memory and eleven measured inhibitory control.  
  
CONCLUSION: We found that compared with healthy people, the activation scope of working memory and inhibition control in the frontal cortex in ADHD patients was smaller than that in healthy people, and the activation degree was weak or even inactive, which can provide new ideas for the direction of research on ADHD. Copyright© Bentham Science Publishers For any queries, please email at epub@benthamscience.net.",

"MV":"nan",

"TN":"Systematic Review  
  
Journal Article",

"Unnamed: 22":"2023",

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"Database":"EMBASE",

"ORN":"82",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"51927456",

"TI":"The Gilles De La Tourette syndrome: The current status.",

"SO":"Archives of Disease in Childhood: Education and Practice Edition. (no pagination), 2012. Date of Publication: 22 Mar 2012.",

"AU":"Robertson M.M.",

"AO":"(Robertson) Department of Mental Health Sciences, University College, London  
  
(Robertson) Department of Neurology, Atkinson Morley Wing, St Georges Hospital, Blackshaw Rd, London",

"IN":"nan",

"PB":"\*Gilles de la Tourette syndrome  
  
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population  
  
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"OD":"Gilles de la Tourette syndrome (GTS) is characterised by multiple motor and one or more vocal/phonic tics. GTS was once thought to be rare, but many relatively recent studies suggest that the prevalence is about 1% of the worldwide community, apart from in Sub-Saharan Black Africa. Comorbidity and coexistent psychopathology are common, occurring in about 90% of clinical cohorts and individuals in the community. The most common comorbidities are attention deficit hyperactivity disorder, obsessive-compulsive behaviours, and disorder, and autistic spectrum disorders, while the most common coexisting psychopathologies are depression, anxiety and behavioural disorders such as oppositional defiant and conduct disorder. There has been an increasing amount of evidence to show that the quality of life in young people is reduced when compared with normative data or healthy control populations. It is widely accepted that most cases of GTS are inherited, but the genetic mechanisms appear much more complex than previously understood, as evidenced by many recent studies indeed, there have been suggestions of 'general neurodevelopmental genes' which affect the brain development after which the 'specific GTS gene(s)' may further affect the phenotype. Other aetiopathogenetic suggestions have included environmental factors such as neuro-immunological factors, infections, prenatal and peri-natal difficulties and androgen influences. Few studies have addressed aetiology and phenotype, but initial results are exciting. The search for endophenotypes has followed subsequently. Intriguing neuroanatomical and brain circuitry abnormalities have now been suggested in GTS the most evidence is for cortical thinning and a reduction in the size of the caudate nucleus. Thorough assessment is imperative and multidisciplinary management is the ideal. Treatment should be 'symptom targeted', and in mild cases, psycho-education and reassurance for the patient and the family may be sufficient. Behavioural treatments such as Comprehensive Behavioural Intervention for Tics including Habit Reversal Training have been shown to be significantly better than other behavioural/psychological treatments and 'placebo'. Medication is often necessary for moderately affected individuals. In more severe cases, medical treatment is not simple and referral to an expert may be advisable. In general, neuroleptics and clonidine or guanfacine are the medications of choice for the tics. Other treatments which may be needed for loud and severe phonic tics include botulinum toxin. In severe adult GTS patients who are refractory to medication and other therapies, deep brain stimulation looks promising. Copyright Article author (or their employer) 2012.",

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

"FTURL":"placebo  
  
neuroleptic agent  
  
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"VN":"Ovid Technologies",

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

"UI":"38020441",

"TI":"Single dose intranasal oxytocin administration: Data from healthy younger and older adults.",

"SO":"Data in Brief. 51:109669, 2023 Dec.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Horta M  
  
Polk R  
  
Ebner NC",

"MH":"Horta, Marilyn  
  
Polk, Rebecca  
  
Ebner, Natalie C",

"DU":"Horta, Marilyn. Department of Psychology, University of Florida, Gainesville, FL, USA.  
  
Horta, Marilyn. Pain Research and Intervention Center of Excellence, University of Florida, Gainesville, FL, USA.  
  
Polk, Rebecca. Department of Psychology, University of Florida, Gainesville, FL, USA.  
  
Ebner, Natalie C. Department of Psychology, University of Florida, Gainesville, FL, USA.",

"OD":"Oxytocin (OT) is a neuropeptide critically involved in social cognition and behavior. Intranasal administration of OT has modulatory effects on both the brain and behavior with potential for therapeutic benefit, especially in individuals with deficits in socioemotional functions. Intranasal OT effects have been well-investigated in younger adults as well as in a variety of clinical populations (e.g., autism, schizophrenia), but there is comparatively less investigation of its function in older adults. To foster more research on OT and aging, the following dataset was made publicly available, which includes data from generally healthy younger (n = 44, age range = 18-31 years [M(SD) = 22.4 (3.0)], 48% female) and older adults (n = 43, age range = 63-81 years [M(SD)= 71.1 (5.3)], 56% female) who self-administered a single dose (24 international units) of either intranasal OT or a placebo (IND 100,860 NCT01823146). The study adopted a randomized, double-blind, between-subject design. The dataset consists of anatomical and functional resting-state neuroimaging scans acquired after nasal spray administration as well as study-specific phenotypic and demographic data. This dataset using both OT administration and neuroimaging is unique in its size and inclusion of both younger and older adults as well as women and men. This data has resulted in published work on OT modulation of cognition, behavior, and neural activation/connectivity. Open access to this data will provide the scientific community with the opportunity to investigate individual differences in the neurocognitive effects of single-dose OT in younger and older adults. Copyright © 2023 The Authors. Published by Elsevier Inc.",

"AB":"Journal Article",

"FTURL":"2023",

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

"DJ":"Alzheimer's risk ApoE Cognition Demographics Neuroimaging Neuropeptide fMRI resting state",

"MV":"NOTNLM",

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"Database":"EMBASE",

"ORN":"83",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026566571",

"TI":"The Significance of FilmArray Blood Culture Identification Panel (FA-BCID) for Managing Patients with Positive Blood Cultures.",

"SO":"Diagnostics. 13(21) (no pagination), 2023. Article Number: 3335. Date of Publication: November 2023.",

"AU":"Widyasari K.  
  
Lee S.  
  
Cho O.-H.  
  
Hong S.-I.  
  
Ryu B.-H.  
  
Kim S.",

"AO":"Lee, Seungjun ORCID: https://orcid.org/0000-0002-3377-4833",

"IN":"(Widyasari, Kim) Institute of Medical Science, Gyeongsang National University, Jinju 52828, South Korea  
  
(Lee, Kim) Department of Laboratory Medicine, Gyeongsang National University Changwon Hospital, Changwon 51472, South Korea  
  
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(Ryu) Department of Internal Medicine, Anyang SAM Hospital, Anyang 14030, South Korea",

"PB":"Multidisciplinary Digital Publishing Institute (MDPI)",

"MH":"Acinetobacter baumannii  
  
aged  
  
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diagnostic accuracy  
  
diagnostic test accuracy study  
  
DNA denaturation  
  
Enterobacter cloacae  
  
Enterobacteriaceae  
  
Enterococcus  
  
Escherichia coli  
  
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laboratory test  
  
Listeria monocytogenes  
  
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\*microbial identification  
  
multiplex polymerase chain reaction  
  
Neisseria meningitidis  
  
Pichia kudriavzevii  
  
prospective study  
  
Proteus  
  
Pseudomonas aeruginosa  
  
randomized controlled trial  
  
Serratia marcescens  
  
Staphylococcus  
  
Staphylococcus aureus  
  
Staphylococcus caprae  
  
Streptococcus  
  
Streptococcus agalactiae  
  
Streptococcus pneumoniae  
  
Streptococcus pyogenes  
  
turnaround time  
  
antibiotic agent/dt [Drug Therapy]  
  
antineoplastic agent  
  
immunosuppressive agent  
  
data analysis software  
  
\*infectious disease test kit/dc [Device Comparison]  
  
\*infectious disease test kit/ct [Clinical Trial]  
  
microbial identification system/dc [Device Comparison]  
  
KPC gene  
  
mecA gene  
  
vanA gene  
  
vanB gene  
  
BacT/Alert Virtuo  
  
MedCalc for Windows version 18.5  
  
VITEK 2 Advanced Expert System version 9.02  
  
VITEK 2 AST Cards  
  
VITEK MS v3.0",

"DU":"antibiotic agent / drug therapy  
  
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immunosuppressive agent",

"OD":"Acinetobacter baumannii  
  
aged  
  
antibiotic resistance  
  
antibiotic sensitivity  
  
antibiotic therapy  
  
antimicrobial stewardship  
  
Article  
  
bacterial gene  
  
Bacteroides fragilis  
  
\*blood culture  
  
blood sampling  
  
Candida albicans  
  
Candida glabrata  
  
Candida parapsilosis  
  
Candida tropicalis  
  
Citrobacter  
  
controlled study  
  
diagnostic accuracy  
  
diagnostic test accuracy study  
  
DNA denaturation  
  
Enterobacter cloacae  
  
Enterobacteriaceae  
  
Enterococcus  
  
Escherichia coli  
  
female  
  
Haemophilus influenzae  
  
human  
  
\*infection / \*diagnosis / \*drug therapy / \*etiology  
  
intermethod comparison  
  
Klebsiella oxytoca  
  
Klebsiella pneumoniae  
  
laboratory test  
  
Listeria monocytogenes  
  
major clinical study  
  
male  
  
matrix assisted laser desorption ionization time of flight mass spectrometry  
  
microbial diversity  
  
\*microbial identification  
  
multiplex polymerase chain reaction  
  
Neisseria meningitidis  
  
Pichia kudriavzevii  
  
prospective study  
  
Proteus  
  
Pseudomonas aeruginosa  
  
randomized controlled trial  
  
Serratia marcescens  
  
Staphylococcus  
  
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Streptococcus  
  
Streptococcus agalactiae  
  
Streptococcus pneumoniae  
  
Streptococcus pyogenes  
  
turnaround time",

"AB":"We analyzed the accuracy and time efficiency of the FilmArray blood culture identification (FA-BCID) panel in identifying the pathogens in positive blood cultures. Two-hundred and seventy-two individuals were randomly assigned as the control (n = 212) and FA-BCID (n = 60) groups participating in this study. Matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF MS) was used to assess the control group. Meanwhile, the FA-BCID group was evaluated using both FA-BCID and MALDI-TOF, and the results were compared. The identification results from 73% (44/60) of the blood samples demonstrated agreement between FA-BCID and MALDI-TOF. The FA-BCID panel detected mecA genes in seven Staphylococcus species six cases were confirmed using antimicrobial susceptibility testing. In addition, KPC genes were detected in one Escherichia coli and one Klebsiella pneumoniae, although only the latter corresponded with the result from antimicrobial susceptibility testing. The turnaround time (TAT) for identification through FA-BCID was shorter, with a median of 3.6 [2.4-4.6] hours (p < 0.05). No significant differences in the clinical and microbial outcomes following the ASP were observed between FA-BCID and MALDI-TOF. These results suggest that the FA-BCID panel provides an identification result that is as reliable as that provided by the routine identification procedure but with shorter TAT thus, the FA-BCID method is considered an effective and beneficial method for therapeutic decision making and the improvement of the ASP for patients with bloodstream infection.Copyright © 2023 by the authors.",

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

"PM":"nan",

"DJ":"KPC gene [other term]  
  
mecA gene [other term]  
  
vanA gene [other term]  
  
vanB gene [other term]  
  
BACT/ALERT Virtuo [device term]  
  
MedCalc for Windows version 18.5 [device term]  
  
VITEK 2 Advanced Expert System version 9.02 [device term]  
  
VITEK 2 AST Cards [device term]  
  
VITEK MS v3.0 [device term]",

"MV":"data analysis software  
  
\*infectious disease test kit / \*device comparison / \*clinical trial  
  
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"TN":"nan",

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"Unnamed: 23":"nan",

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"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"658",

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

"Database":"Medline",

"ORN":"83",

"VN":"Ovid Technologies",

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

"UI":"37301312",

"TI":"Prospective role of cefiderocol in the management of carbapenem-resistant Acinetobacter baumannii infections: Review of the evidence. [Review]",

"SO":"International Journal of Antimicrobial Agents. 62(2):106882, 2023 Aug.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Kollef M  
  
Dupont H  
  
Greenberg DE  
  
Viale P  
  
Echols R  
  
Yamano Y  
  
Nicolau DP",

"MH":"nan",

"DU":"Kollef, Marin  
  
Dupont, Herve  
  
Greenberg, David E  
  
Viale, Pierluigi  
  
Echols, Roger  
  
Yamano, Yoshinori  
  
Nicolau, David P",

"OD":"Kollef, Marin. Division of Pulmonary and Critical Care Medicine, John T. Milliken Department of Medicine, Washington University School of Medicine, 660 South Euclid Avenue, St Louis, MO 63110, USA. Electronic address: kollefm@wustl.edu.  
  
Dupont, Herve. Department of Anesthesiology and Critical Care Medicine, Amiens University Hospital, Amiens, France.  
  
Greenberg, David E. Department of Internal Medicine, Infectious Diseases and Geographic Medicine, UT Southwestern Medical Center, Dallas, TX, USA Department of Microbiology, UT Southwestern Medical Center, Dallas, TX, USA.  
  
Viale, Pierluigi. Infectious Diseases Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Policlinico di Sant'Orsola, Bologna, Italy Department of Medical and Surgical Sciences, Alma Mater Studiorum University of Bologna, Bologna, Italy.  
  
Echols, Roger. Infectious Disease Drug Development Consulting, LLC, Easton, CT, USA.  
  
Yamano, Yoshinori. Laboratory for Drug Discovery and Disease Research, Shionogi & Co., Ltd., Osaka, Japan.  
  
Nicolau, David P. Centre for Anti-Infective Research & Development, Hartford Hospital, Hartford, CT, USA.",

"AB":"Carbapenem-resistant Acinetobacter baumannii Cefiderocol Mortality Multidrug resistance Opportunistic pathogen Siderophore",

"FTURL":"NOTNLM",

"PM":"Carbapenem-resistant Acinetobacter baumannii (CRAB) has been classified by the World Health Organization as being in the critical category of pathogens requiring urgent new antibiotic treatment options. Cefiderocol, the first approved siderophore cephalosporin, was designed for the treatment of carbapenem-resistant Gram-negative pathogens, particularly the non-fermenting species A. baumannii and Pseudomonas aeruginosa. Cefiderocol is mostly stable against hydrolysis by serine beta-lactamases and metallo-beta-lactamases, which are leading causes of carbapenem resistance. This review collates the available evidence on the in vitro activity, pharmacokinetics/pharmacodynamics, and efficacy and safety of cefiderocol, and outlines its current role in the management of CRAB infections. In vitro surveillance data show susceptibility rates of >90% for cefiderocol against CRAB isolates as well as in vitro synergism with a variety of antibiotics recommended in guidelines. Clinical efficacy of cefiderocol monotherapy against CRAB infections has been demonstrated in the descriptive, open-label CREDIBLE-CR and the non-inferiority, double-blind APEKS-NP randomised clinical trials as well as in real-world cases in patients with underlying health problems. To date, the frequency of on-therapy development of cefiderocol resistance in A. baumannii appears to be low, but monitoring is highly recommended. Within current treatment guidelines for moderate-to-severe CRAB infections, cefiderocol is recommended for infections in which other antibiotics failed and in combination with other active antibiotics. In vivo pre-clinical data support the combination of sulbactam or avibactam with cefiderocol to enhance efficacy and to suppress the emergence of cefiderocol resistance. The benefit of combination therapy in the clinical setting is yet to be determined in prospective studies. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.",

"DJ":"Journal Article  
  
Review",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
\*Acinetobacter baumannii  
  
Prospective Studies  
  
Gram-Negative Bacteria  
  
Drug Resistance, Multiple, Bacterial  
  
Cephalosporins/pd [Pharmacology]  
  
Cephalosporins/tu [Therapeutic Use]  
  
Anti-Bacterial Agents/pd [Pharmacology]  
  
Anti-Bacterial Agents/tu [Therapeutic Use]  
  
Carbapenems/pd [Pharmacology]  
  
Carbapenems/tu [Therapeutic Use]  
  
beta-Lactamases/pd [Pharmacology]  
  
Microbial Sensitivity Tests  
  
Randomized Controlled Trials as Topic",

"Unnamed: 23":"0 (cefiderocol)  
  
0 (Cephalosporins)  
  
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"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"83",

"VN":"Ovid Technologies",

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

"UI":"38002311",

"TI":"Good Cop, Bad Cop: Profiling the Immune Landscape in Multiple Myeloma. [Review]",

"SO":"Biomolecules. 13(11), 2023 Nov 07.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Sharma NS  
  
Choudhary B",

"MH":"Sharma, Niyati Seshagiri  
  
Choudhary, Bibha",

"DU":"Sharma, Niyati Seshagiri. Institute of Bioinformatics and Applied Biotechnology (IBAB), Electronic City, Bengaluru 560100, India.  
  
Sharma, Niyati Seshagiri. Manipal Academy of Higher Education (MAHE), Manipal 576104, India.  
  
Choudhary, Bibha. Institute of Bioinformatics and Applied Biotechnology (IBAB), Electronic City, Bengaluru 560100, India.",

"OD":"hematopoiesis immune profiling immunotherapy multiple myeloma tumor microenvironment",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) is a dyscrasia of plasma cells (PCs) characterized by abnormal immunoglobulin (Ig) production. The disease remains incurable due to a multitude of mutations and structural abnormalities in MM cells, coupled with a favorable microenvironment and immune suppression that eventually contribute to the development of drug resistance. The bone marrow microenvironment (BMME) is composed of a cellular component comprising stromal cells, endothelial cells, osteoclasts, osteoblasts, and immune cells, and a non-cellular component made of the extracellular matrix (ECM) and the liquid milieu, which contains cytokines, growth factors, and chemokines. The bone marrow stromal cells (BMSCs) are involved in the adhesion of MM cells, promote the growth, proliferation, invasion, and drug resistance of MM cells, and are also crucial in angiogenesis and the formation of lytic bone lesions. Classical immunophenotyping in combination with advanced immune profiling using single-cell sequencing technologies has enabled immune cell-specific gene expression analysis in MM to further elucidate the roles of specific immune cell fractions from peripheral blood and bone marrow (BM) in myelomagenesis and progression, immune evasion and exhaustion mechanisms, and development of drug resistance and relapse. The review describes the role of BMME components in MM development and ongoing clinical trials using immunotherapeutic approaches.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

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

"TN":"nan",

"Unnamed: 22":"nan",

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Multiple Myeloma/dt [Drug Therapy]  
  
\*Multiple Myeloma  
  
Endothelial Cells/me [Metabolism]  
  
Bone Marrow/me [Metabolism]  
  
Stromal Cells/me [Metabolism]  
  
Cytokines/me [Metabolism]  
  
Tumor Microenvironment",

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"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"83",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642593317",

"TI":"PARAKID: Navigating the relation between paraproteins and kidney lesions: A multi-center retrospective observational study.",

"SO":"Clinical nephrology. 100(6) (pp 269-274), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Shankar M.  
  
Anandh U.  
  
Guditi S.",

"AO":"nan",

"IN":"nan",

"PB":"nan",

"MH":"adult  
  
aged  
  
clinical trial  
  
complication  
  
female  
  
human  
  
kidney  
  
\*kidney disease  
  
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multicenter study  
  
\*multiple myeloma  
  
\*paraproteinemia/ep [Epidemiology]  
  
pathology  
  
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"DU":"adult  
  
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middle aged  
  
multicenter study  
  
\*multiple myeloma  
  
\*paraproteinemia / \*epidemiology  
  
pathology",

"OD":"INTRODUCTION: Monoclonal gammopathy is a heterogeneous group of disorders due to the clonal proliferation of immunoglobulin-producing plasma cells or B lymphocytes. Patients develop kidney disease not only due to malignant transformation but also due to the idiosyncratic properties of the M protein and the host factors. We aim to study the spectrum of kidney diseases in patients with paraproteinemia. MATERIALS AND METHODS: A retrospective observational study was performed at three tertiary care centers in Southern India. Kidney biopsies conducted in these three centers were reviewed from June 1, 2020 to November 30, 2022. All biopsies suggestive of monotypic immunoglobulin or light chain restriction were included in the study. RESULT(S): A total of 122 patients were included in the study with an incidence of 2.4%. The mean age was 52.27 +/- 13.27 years, and majority (63.1%) were males. AL amyloidosis was most common in the monoclonal gammopathy of renal significance (MGRS) group, and cast nephropathy was most common in the multiple myeloma (MM) group. On histopathology, 83.6% had a single lesion, followed by 14.8% with double lesion, and 1.6% with triple lesion. CONCLUSION(S): Paraproteinemia is associated with a myriad of kidney lesions. MGRS and MM are usually present in the 6th decade of life and beyond, while proliferative glomerulonephritis with monoclonal immunoglobulin deposits is more common in the younger age group. Older age group, high creatinine, hyperuricemia, hyperphosphatemia, presence of more than one lesion on kidney biopsy, and presence of cast nephropathy was significantly associated with the requirement of kidney replacement therapy.",

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

"FTURL":"immunoglobulin  
  
paraprotein",

"PM":"nan",

"DJ":"nan",

"MV":"37870264 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37870264]",

"TN":"nan",

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"Unnamed: 23":"nan",

"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

"Unnamed: 26":"nan",

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"If RCT or not":"No",

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"UniqueID":"661",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"83",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018431654",

"TI":"Feasibility, acceptability and evaluation of meditation to augment Yoga practice among persons diagnosed with schizophrenia.",

"SO":"Acta Neuropsychiatrica. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Bhatia T.  
  
Kumari N.  
  
Yadav A.  
  
Beniwal R.P.  
  
Shah G.  
  
Wood J.  
  
Jones J.R.  
  
Iyenger S.  
  
Nimgaonkar V.L.  
  
Deshpande S.N.",

"AO":"Bhatia, Triptish ORCID: https://orcid.org/0000-0003-0544-9707  
  
Deshpande, Smita N ORCID: https://orcid.org/0000-0001-7770-9657",

"IN":"(Bhatia) Indo-US Projects, Department of Psychiatry and De-addiction, Centre of Excellence in Mental Health, ABVIMS, Dr. R.M.L, New Delhi, India  
  
(Kumari) ICMR Project, Dept. of Psychiatry, Centre of Excellence in Mental Health, ABVIMS, Dr. R.M.L, New Delhi, India  
  
(Yadav, Beniwal) Department of Psychiatry and De-addiction, Centre of Excellence in Mental Health, ABVIMS, Dr. R.M.L, New Delhi, India  
  
(Shah) National Coordination Unit-Indian Council of Medical Research, Dept. of Psychiatry and De-addiction, Centre of Excellence in Mental Health, ABVIMS, Dr. R.M.L, New Delhi, India  
  
(Wood, Jones) Department of Psychiatry, WPIC, University of Pittsburgh, Pittsburgh, United States  
  
(Iyenger) Department of Statistics, University of Pittsburgh, Pittsburgh, PA, United States  
  
(Nimgaonkar) Department of Psychiatry and Department of Human Genetics, University of Pittsburgh School of Medicine, School of Public Health, Pittsburgh, PA, United States  
  
(Nimgaonkar) Behavioral Health Service Line, Veterans Affairs Pittsburgh Healthcare System, United States  
  
(Deshpande) Department of Psychiatry, Centre of Excellence in Mental Health, Atal Bihari Vajpayee Institute of Medical Sciences -Dr. Ram Manohar Lohia Hospital, New Delhi, India",

"PB":"Cambridge University Press",

"MH":"adult  
  
article  
  
awareness  
  
breathing  
  
\*cognition  
  
controlled study  
  
drug withdrawal  
  
effect size  
  
\*feasibility study  
  
female  
  
human  
  
major clinical study  
  
male  
  
\*meditation  
  
outpatient  
  
quality of life  
  
randomization  
  
randomized controlled trial  
  
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side effect  
  
single blind procedure  
  
social status  
  
\*yoga  
  
yoga nidra",

"DU":"nan",

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social status [m]  
  
\*yoga [m]  
  
yoga nidra [m]",

"FTURL":"Objective: To design a meditation protocol and test its feasibility, acceptability and efficacy in conjunction with YT for persons with schizophrenia (SZ). Method(s): The meditation protocol consisted of Anapana (observing normal respiration) and Yoga Nidra (supine, restful awareness). In a single blind randomized controlled trial, medicated and clinically stable outpatients diagnosed with SZ were randomized to receive treatment as usual (TAU), TAU augmented with yoga training (YT), or TAU augmented with meditation and yoga training (MYT) for three weeks (N=145). Acceptability, clinical, social and cognitive functions were assessed after 3 weeks and 3 months post randomization using within group and between groups analyses with repeated measures multivariate tests. Result(s): No group-wise differences in compliance, study discontinuation, major/serious side effects or adverse events were noted. For six assessed clinical variables, the direction of changes were in the desired direction and the effect sizes were greater in the MYT group compared with the TAU group at both time points. Changes in social function variables were greater at 3 months than at 3 weeks. Nominally significant improvement in individual cognitive domains were noted in all groups at both time points. All effect sizes were in the small to medium range. Conclusion(s): MYT is feasible, acceptable and shows modest benefits for persons with SZ. MYT can also improve quality of life and clinical symptoms. Larger studies of longer duration are warranted. Copyright © Scandinavian College of Neuropsychopharmacology 2022.",

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

"DJ":"35586878 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35586878]",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

"Unnamed: 26":"nan",

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"Unnamed: 28":"nan",

"If RCT or not":"Yes",

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"UniqueID":"662",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"83",

"VN":"Ovid Technologies",

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

"UI":"37248735",

"TI":"Examining the Impact of Physical Activity on Sleep Quality in Children With ADHD.",

"SO":"Journal of Attention Disorders. 27(10):1099-1106, 2023 08.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Liu HLV  
  
Sun F  
  
Tse CYA",

"MH":"Liu, Hok Ling Venus ORCID: https://orcid.org/0000-0003-1608-7094",

"DU":"Liu, Hok Ling Venus  
  
Sun, Fenghua  
  
Tse, Choi Yeung Andy",

"OD":"Liu, Hok Ling Venus. The Education University of Hong Kong, Hong Kong.  
  
Sun, Fenghua. The Education University of Hong Kong, Hong Kong.  
  
Tse, Choi Yeung Andy. The Education University of Hong Kong, Hong Kong.",

"AB":"Adolescent  
  
Humans  
  
Child  
  
Attention Deficit Disorder with Hyperactivity/co [Complications]  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Sleep Quality  
  
Sleep Wake Disorders/di [Diagnosis]  
  
\*Sleep Wake Disorders  
  
Polysomnography  
  
Sleep  
  
Exercise",

"FTURL":"attention deficit hyperactivity disorder children physical activity sleep",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: Sleep problems have been commonly observed in children with attention deficit hyperactivity disorder (ADHD). The aim of current study was to investigate the impact of physical activity on sleep quality in young adolescent with attention deficit hyperactivity disorder.  
  
METHOD: A total of 33 children diagnosed with attention deficit hyperactivity disorder (mean age = 10.12 years) were randomized into intervention group and control group respectively. Mention the intervention detail here. Four specific sleep parameters, including sleep efficiency, sleep onset latency, sleep duration, and wake after sleep onset, were assessed before and after the intervention period in both groups.  
  
RESULTS: Results revealed the significant improvements in sleep efficiency, sleep onset latency and wake after sleep onset in the intervention group but not in the control group.  
  
CONCLUSION: Current findings highlight the benefits of PA on enhancing sleep quality among children with ADHD.",

"MV":"nan",

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

"Unnamed: 22":"2023",

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

"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

"Unnamed: 26":"nan",

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"UniqueID":"663",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"83",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"51519236",

"TI":"Efficacy and safety of the novel alpha4beta2 neuronal nicotinic receptor partial agonist ABT-089 in adults with attention-deficit/hyperactivity disorder: a randomized, double-blind, placebo-controlled crossover study.",

"SO":"Psychopharmacology. (pp 1-11), 2011. Date of Publication: 2011.",

"AU":"Apostol G.  
  
Abi-Saab W.  
  
Kratochvil C.J.  
  
Adler L.A.  
  
Robieson W.Z.  
  
Gault L.M.  
  
Pritchett Y.L.  
  
Feifel D.  
  
Collins M.A.  
  
Saltarelli M.D.",

"AO":"(Apostol, Abi-Saab, Robieson, Gault, Pritchett, Collins, Saltarelli) Abbott, 100 Abbott Park Road, Abbott Park, 60064, United States  
  
(Kratochvil) University of Nebraska Medical Center, Omaha, United States  
  
(Adler) New York University School of Medicine and New York VA Harbor Healthcare System, New York, United States  
  
(Feifel) University of California, San Diego Medical Center, San Diego, United States  
  
(Apostol, Abi-Saab) Novartis Pharma AG, Basel, Switzerland  
  
(Saltarelli) Shire Pharmaceuticals, Wayne, United States",

"IN":"nan",

"PB":"\*adult  
  
\*attention deficit disorder  
  
\*crossover procedure  
  
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irritability  
  
insomnia  
  
rhinopharyngitis  
  
model  
  
rating scale  
  
headache",

"OD":"Rationale: alpha4beta2 Neuronal nicotinic receptors (NNRs) are implicated in the pathophysiology of attention-deficit/hyperactivity disorder (ADHD). Objective(s): This study examined the efficacy and safety of the alpha4beta2 NNR partial agonist ABT-089 versus placebo in adults with ADHD. Method(s): In this multicenter, randomized, double-blind, placebo-controlled crossover study, subjects received placebo followed by ABT-089 (2 mg once daily [QD], 5 mg QD, 15 mg QD, 40 mg QD, or 40 mg twice daily [BID]), or vice versa, in a 2 x 2 crossover design. Each treatment period was 4 weeks, separated by a 2-week washout period. The primary efficacy endpoint was the Conners' Adult ADHD Rating Scale-Investigator Rated (CAARS:Inv) total score at the end of each treatment period. Secondary outcomes based on clinician- and self-rated efficacy scales were evaluated. Result(s): Of the 221 subjects enrolled, 171 met criteria for inclusion in the completers dataset for efficacy analyses. ABT-089 was superior to placebo on the CAARS:Inv total score at 40 mg QD and 40 mg BID (model-based least square mean difference from placebo: -4.33, P = 0.02 -3.02, P = 0.03, respectively). ABT-089 also demonstrated significant improvements on several secondary measures of efficacy. ABT-089 was generally safe and well tolerated. The most commonly reported adverse events (>=5%) for total ABT-089-treated subjects at rates higher than placebo were headache, upper respiratory tract infection, irritability, insomnia, and nasopharyngitis. Conclusion(s): In this phase 2 crossover study, the NNR partial agonist ABT-089, at doses of 40 mg QD and 40 mg BID, was efficacious and generally well tolerated in treatment of adults with ADHD. © 2011 Springer-Verlag.",

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

"FTURL":"\*placebo  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"38004423",

"TI":"Sarcosine May Induce EGF Production or Inhibit the Decline in EGF Concentrations in Patients with Chronic Schizophrenia (Results of the PULSAR Study).",

"SO":"Pharmaceuticals (Basel, Switzerland). 16(11), 2023 Nov 03.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Pawlak A  
  
Kaczmarek B  
  
Wysokinski A  
  
Strzelecki D",

"MH":"Pawlak, Agnieszka  
  
Kaczmarek, Bartosz  
  
Wysokinski, Adam  
  
Strzelecki, Dominik",

"DU":"Pawlak, Agnieszka. Department of Affective and Psychotic Disorders, Medical University of Lodz, ul. Czechoslowacka 8/10, 92-216 Lodz, Poland.  
  
Kaczmarek, Bartosz. Department of Affective and Psychotic Disorders, Medical University of Lodz, ul. Czechoslowacka 8/10, 92-216 Lodz, Poland.  
  
Wysokinski, Adam. Department of Old Age Psychiatry and Psychotic Disorders, Medical University of Lodz, ul. Czechoslowacka 8/10, 92-216 Lodz, Poland.  
  
Strzelecki, Dominik. Department of Affective and Psychotic Disorders, Medical University of Lodz, ul. Czechoslowacka 8/10, 92-216 Lodz, Poland.",

"OD":"Sarcosine (N-methylglycine), a glutamatergic modulator, reduces the primary negative symptoms of schizophrenia. These beneficial changes might be mediated by trophic factors such as epidermal growth factor (EGF). We assessed associations between initial serum EGF levels or changes in serum EGF levels and symptom severity during the addition of sarcosine to stable antipsychotic treatment and thereby evaluated the associations between glutamatergic modulation, clinical changes and peripheral EGF concentrations. Fifty-eight subjects with a diagnosis of chronic schizophrenia with dominant negative symptoms, stably treated with antipsychotics, completed a prospective 6-month, randomized, double-blind, placebo-controlled study. Subjects received orally 2 g of sarcosine (n = 28) or placebo (n = 30) daily. Serum EGF levels and symptom severity (using the Positive and Negative Syndrome Scale (PANSS) and the Calgary Depression Scale for Schizophrenia (CDSS)) were assessed at baseline, 6-week and 6-month follow-up. Augmentation antipsychotic treatment with sarcosine had no effect on EGF serum levels at any time points. Only the sarcosine group showed a significant improvement in negative symptoms, general psychopathology subscales and the overall PANSS score. We found a reduction in serum EGF levels in the placebo group, but levels in the sarcosine remained stable during the study. Our data indicate that improvement in negative symptoms due to sarcosine augmentation is not directly mediated by EGF, but effective treatment may induce the production or block the decrease in EGF concentrations, which indicates the neuroprotective effect of treatment and confirms the relationship between neuroprotection and EGF levels.",

"AB":"Journal Article",

"FTURL":"2023",

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"TN":"Wysokinski, Adam ORCID: https://orcid.org/0000-0002-6159-6579  
  
Strzelecki, Dominik ORCID: https://orcid.org/0000-0002-8559-1078",

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"DB":"Embase",

"UI":"2026404695",

"TI":"Antibiotic Susceptibility of Bacteria Growing on Diabetic Foot Ulcer: A Prospective Observational Study from South India.",

"SO":"International Journal of Pharmaceutical and Clinical Research. 15(10) (pp 470-477), 2023. Date of Publication: 2023.",

"AU":"Kanagasanthosh K.  
  
Karthick P.  
  
Prabhusaran N.  
  
Maalavika H.",

"AO":"nan",

"IN":"(Kanagasanthosh) Department of Pharmacology, Trichy SRM Medical College Hospital and Research Centre, Tamil Nadu, Trichy, India  
  
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(Maalavika) CRMI, Trichy SRM Medical College Hospital and Research Centre, Tamil Nadu, Trichy, India",

"PB":"Dr. Yashwant Research Labs Pvt. Ltd.",

"MH":"adult  
  
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male  
  
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observational study  
  
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prospective study  
  
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prospective study  
  
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Proteus vulgaris  
  
Pseudomonas aeruginosa  
  
Staphylococcus aureus",

"AB":"Introduction: Antibiotic resistance is a significant problem in our country. The situation is such that India has even been called the antibiotic resistance capital of the world. Prescribing the antibiotics and antimicrobials play a major role in the prevalence of antibiotic resistance. Our objective was to find antibiotics that are effective against infections on diabetic foot ulcers and to find the prevalence of the Multidrug resistance organism (MDRO) infections in infectious diabetic ulcers. Material(s) and Method(s): It is a Prospective, observational and Cross-sectional study for all patients that have diabetic foot ulcers among the patients attending the in-patient departments of General Surgical wards from our tertiary hospital in the three months period between May to July 2019. After identifying diabetic foot ulcer, two swabs were collected from the ulcer after taking sterile precautions. The first swab is used for gram staining and second for culture sensitivity for antibiotic. Result(s): A total of 72 samples were analyzed. There were 48 males (66%) and 24 females (33%). Predominantly gram-negative bacteria were more isolated than gram positive bacteria. The most common bacterial isolate was Escherichia coli (26%) followed by Staphylococcus aureus (19%), Pseudomonas aeruginosa (18%) and Klebsiella pneumonia (15%). Among the antibiotics Piperacillin-Tazobactam, Gentamicin, Amikacin and Imipenem seemed to be comparatively effective. There was a high degree of resistance with amoxicillin ampicillin, ciprofloxacin and 3rd generation cephalosporin were identified. Conclusion(s): There has been a recent increase of resistant strains of bacteria which highlights the need to prescribe antibiotics for infections with care. The choice of appropriate antibiotics is very important in order to reduce treatment failure, antimicrobial resistance, adverse events and cost. The knowledge about the antibiotic susceptibility of the bacteria must be known to prescribe the correct antibiotics and reduce the chance for resistance of bacteria towards these antibiotics.Copyright © 2023, Dr. Yashwant Research Labs Pvt. Ltd.. All rights reserved.",

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

"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"37190910",

"TI":"A multicentre, retrospective audit of fosfomycin use for urinary tract infections in Australian children and adolescents.",

"SO":"Journal of Antimicrobial Chemotherapy. 78(7):1616-1621, 2023 07 05.",

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

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Yap N  
  
Cooper C  
  
Gwee A",

"MH":"Yeoh, Daniel ORCID: https://orcid.org/0000-0002-6284-612X  
  
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Yeoh, Daniel  
  
Bowen, Asha  
  
Britton, Philip N  
  
Carr, Jeremy P  
  
Chen, Ming  
  
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Clark, Julia  
  
Irwin, Adam  
  
Lai, Tony  
  
Lorenzen, Ulrik  
  
Steer, Andrew  
  
Wen, Sophie  
  
Williams, Phoebe  
  
Yap, Natalie  
  
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Gwee, Amanda",

"OD":"Purcell, Rachael. Department of General Medicine, Royal Children's Hospital, Melbourne, Australia.  
  
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Gwee, Amanda. Department of Paediatrics, The University of Melbourne, Melbourne, Australia.  
  
Gwee, Amanda. Infectious Diseases Group, Murdoch Children's Research Institute, Melbourne, Australia.",

"AB":"nan",

"FTURL":"nan",

"PM":"BACKGROUND: Urinary tract infections (UTIs) due to MDR organisms are increasingly common. The lack of paediatric data on efficacious antibiotics makes UTI treatment particularly challenging. Data on the efficacy of fosfomycin use for UTI in children are variable.  
  
METHODS: We conducted a retrospective audit of children aged 0-18 years who were treated with fosfomycin for UTI at seven tertiary paediatric hospitals in Australia over a 7 year period, from 2014 to 2020.  
  
RESULTS: Ninety-one children with a median age of 5 years (range 2 months to 18 years) received oral fosfomycin for UTI. The majority (57/91, 63%) had one or more comorbidity, with the most common being renal tract anomalies (24/91, 26%). Fifty-nine (65%) had febrile UTI, 14/91 (15%) had pyelonephritis and 1/91 (1%) was bacteraemic. A majority (80/91, 88%) of urinary cultures had an ESBL-producing Gram-negative pathogen isolated. Fosfomycin susceptibility was evident in all 80 isolates tested. For uncomplicated UTI, the most common dose in children aged <1, 1-12 and >12 years was 1, 2 and 3 g, respectively. For complicated UTI, doses of 2 and 3 g were most common. The median duration of fosfomycin administration was 5 days (range 1-82). Clinical cure was achieved in 84/90 (93%) the six with treatment failure had underlying comorbidities. Overall, 2/91 (2%) children experienced drug-related adverse effects comprising gastrointestinal symptoms in both, which resolved after treatment discontinuation.  
  
CONCLUSIONS: Fosfomycin is well tolerated and associated with favourable treatment outcomes in children with UTI. Further research on the optimal dosing strategy is required. 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":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Child  
  
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Fosfomycin/ae [Adverse Effects]  
  
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Urinary Tract Infections/dt [Drug Therapy]  
  
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Anti-Bacterial Agents/ae [Adverse Effects]",

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"Database":"Medline",

"ORN":"84",

"VN":"Ovid Technologies",

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

"UI":"37999125",

"TI":"Multiple Myeloma in 2023 Ways: From Trials to Real Life. [Review]",

"SO":"Current Oncology. 30(11):9710-9733, 2023 Nov 03.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Fazio M  
  
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"MH":"Fazio, Manlio  
  
Del Fabro, Vittorio  
  
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Markovic, Uros  
  
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Accardi, Fabrizio  
  
Vincelli, Iolanda Donatella  
  
Leotta, Salvatore  
  
Elia, Federica  
  
Esposito, Benedetta  
  
Garibaldi, Bruno  
  
Sapuppo, Gabriele  
  
Orofino, Alessandra  
  
Romano, Alessandra  
  
Palumbo, Giuseppe A  
  
Di Raimondo, Francesco  
  
Conticello, Concetta",

"DU":"Fazio, Manlio. Post-Graduation School of Haematology, University of Catania, A.O.U. 'Policlinico-San Marco', 95123 Catania, Italy.  
  
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Palumbo, Giuseppe A. Dipartimento di Scienze Mediche, Chirurgiche e Tecnologie Avanzate G.F.Ingrassia, University of Catania, 95131 Catania, Italy.  
  
Di Raimondo, Francesco. Post-Graduation School of Haematology, University of Catania, A.O.U. 'Policlinico-San Marco', 95123 Catania, Italy.  
  
Di Raimondo, Francesco. Division of Haematology and BMT, A.O.U. 'Policlinico-San Marco', 95123 Catania, Italy.  
  
Di Raimondo, Francesco. Dipartimento di Specialita Medico-Chirurgiche, CHIRMED, Sezione di Ematologia, Universita degli Studi di Catania, 95131 Catania, Italy.  
  
Conticello, Concetta. Division of Haematology and BMT, A.O.U. 'Policlinico-San Marco', 95123 Catania, Italy.",

"OD":"CAR-T cells therapy autologous stem cell transplantation bispecific antigens daratumumab frailty minimal residual disease multiple myeloma real-life relapsed-refractory disease sequencing standard of care",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma is a chronic hematologic malignancy that obstinately tends to relapse. Basic research has made giant strides in better characterizing the molecular mechanisms of the disease. The results have led to the manufacturing of new, revolutionary drugs which have been widely tested in clinical trials. These drugs have been approved and are now part of the therapeutic armamentarium. As a consequence, it is essential to combine what we know from clinical trials with real-world data in order to improve therapeutic strategies. Starting with this premise, our review aims to describe the currently employed regimens in multiple myeloma and compare clinical trials with real-life experiences. We also intend to put a spotlight on promising therapies such as T-cell engagers and chimeric antigen receptor T-cells (CAR-T) which are proving to be effective in changing the course of advanced-stage disease.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

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

"TN":"Fazio, Manlio ORCID: https://orcid.org/0000-0001-8804-2640  
  
Del Fabro, Vittorio ORCID: https://orcid.org/0009-0000-4405-2716  
  
Allegra, Alessandro ORCID: https://orcid.org/0000-0001-6156-8239  
  
Markovic, Uros ORCID: https://orcid.org/0000-0003-0868-5676  
  
Botta, Cirino ORCID: https://orcid.org/0000-0002-1522-4504  
  
Accardi, Fabrizio ORCID: https://orcid.org/0000-0002-7736-2822  
  
Leotta, Salvatore ORCID: https://orcid.org/0000-0002-5465-5155  
  
Garibaldi, Bruno ORCID: https://orcid.org/0000-0001-7540-805X  
  
Romano, Alessandra ORCID: https://orcid.org/0000-0002-6333-4433  
  
Palumbo, Giuseppe A ORCID: https://orcid.org/0000-0003-1859-6319  
  
Conticello, Concetta ORCID: https://orcid.org/0000-0003-0862-3598",

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"UI":"2028398316",

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

"SO":"Future Oncology. 19(27) (pp 1823-1840), 2023. Date of Publication: 01 Sep 2023.",

"AU":"Chari A.  
  
Askari E.  
  
Caers J.  
  
Costa L.J.  
  
Hilder B.W.  
  
Krishnan A.  
  
Mateos M.-V.  
  
Minnema M.C.  
  
Oriol A.  
  
Pillarisetti K.  
  
Van De Donk N.W.C.J.  
  
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"AO":"nan",

"IN":"(Chari) Mount Sinai School of Medicine, New York, NY, United States  
  
(Askari) Hospital Universitario Fundacion Jimenez Diaz, Madrid, Spain  
  
(Caers) Centre Hospitalier Universitaire de Liege, Liege, Belgium  
  
(Costa) University of Alabama at Birmingham, Birmingham, AL, United States  
  
(Hilder, Pillarisetti) Janssen Research & Development, Spring House, PA, United States  
  
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(Oriol) Institut Catala d'Oncologia & Institut Josep Carreras, Hospital Germans Trias i Pujol, Badalona, Barcelona, Spain  
  
(Van De Donk) Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Cancer Center Amsterdam, Amsterdam, Netherlands  
  
(Rodriguez-Otero) Clinica Universidad de Navarra, Navarra, Spain",

"PB":"Newlands Press Ltd",

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blood cell  
  
body weight  
  
bone pain  
  
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eczema  
  
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\*multiple myeloma  
  
nausea  
  
oxygen blood level  
  
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pruritus  
  
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taste [m]",

"OD":"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. </sec.Copyright © 2023 The Authors.",

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

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"MV":"37492991 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37492991]",

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"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"84",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017603623",

"TI":"Dissecting the association between psychiatric disorders and neurological proteins: A genetic correlation and two-sample bidirectional Mendelian Randomization study.",

"SO":"Acta Neuropsychiatrica. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Huang H.  
  
Cheng S.  
  
Li C.  
  
Cheng B.  
  
Liu L.  
  
Yang X.  
  
Meng P.  
  
Yao Y.  
  
Pan C.  
  
Zhang J.  
  
Zhang H.  
  
Chen Y.  
  
Zhang Z.  
  
Wen Y.  
  
Jia Y.  
  
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"AO":"Cheng, Shiqiang ORCID: https://orcid.org/0000-0001-8427-0312",

"IN":"(Huang) Department of Nephrology, The Affiliated Children Hospital of Xi'an Jiaotong University, Xi'an, China  
  
(Cheng, Li, Cheng, Liu, Yang, Meng, Yao, Pan, Zhang, Zhang, Chen, Zhang, Wen, Jia, Zhang) Key Lab. of Trace Elements and Endemic Diseases of National Health and Family Planning Commission, School of Public Health, Health Science Center, Xi'an Jiaotong University, Xi'an, China",

"PB":"Cambridge University Press",

"MH":"adult  
  
article  
  
\*bipolar disorder  
  
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protein function [m]  
  
randomized controlled trial [m]  
  
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"FTURL":"Objectives: The role of neurological proteins in the development of bipolar disorder (BD) and schizophrenia (SCZ) remains elusive now. The current study aims to explore the potential genetic correlations of plasma neurological proteins with BD and SCZ. Method(s): By using the latest genome-wide association study (GWAS) summary data of BD and SCZ (including 41,917 BD cases, 11,260 SCZ cases and 396,091 controls) derived from the Psychiatric GWAS Consortium website (PGC) and a recently released GWAS of neurological proteins (including 750 individuals), we performed a linkage disequilibrium score regression (LDSC) analysis to detect the potential genetic correlations between the two common psychiatric disorders and each of the 92 neurological proteins. Two-sample Mendelian randomization (MR) analysis was then applied to assess the bidirectional causal relationship between the neurological proteins identified by LDSC and BD, SCZ. Result(s): LDSC analysis identified one neurological protein, NEP, which shown suggestive genetic correlation signals for both BD (coefficient = -0.165, P value = 0.035) and SCZ (coefficient= -0.235, P value = 0.020). However, those association did not remain significant after strict Bonferroni correction. Two sample MR analysis found that there was an association between genetically predicted level of NEP protein and BD (odd ratio [OR] = 0.87, P value = 1.61x10-6), SCZ (OR = 0.90, P value = 4.04 x10-6). However, in the opposite direction, there is no genetically predicted association between BD, SCZ and NEP protein level. Conclusion(s): This study provided novel clues for understanding the genetic effects of neurological proteins on BD and SCZ.Copyright © Scandinavian College of Neuropsychopharmacology 2022.",

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

"UI":"36649794",

"TI":"Adverse Effects of alpha-2 Adrenergic Agonists and Stimulants in Preschool-age Attention-deficit/Hyperactivity Disorder: A Developmental-Behavioral Pediatrics Research Network Study.",

"SO":"Journal of Pediatrics. 257:113325, 2023 06.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Loe IM  
  
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Harstad E",

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Deavenport-Saman, Alexis  
  
Friedman, Sandra  
  
LaRosa, Angela  
  
Mittal, Shruti  
  
Vanderbilt, Douglas  
  
Harstad, Elizabeth",

"OD":"Loe, Irene M. Department of Pediatrics, Stanford University, Stanford, CA. Electronic address: iloe@stanford.edu.  
  
Blum, Nathan J. Department of Pediatrics, Children's Hospital of Philadelphia, Philadelphia, PA Perelman School of Medicine at University of Pennsylvania, Philadelphia, PA.  
  
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Mittal, Shruti. Department of Pediatrics, Atrium Health, Concord, NC.  
  
Vanderbilt, Douglas. Department of Pediatrics, Keck School of Medicine, University of Southern California, Los Angeles, CA Division of General Pediatrics, Children's Hospital Los Angeles, Los Angeles, CA.  
  
Harstad, Elizabeth. Division of Developmental Medicine, Department of Pediatrics, Boston Children's Hospital, Boston, MA.",

"AB":"Child  
  
Child, Preschool  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Retrospective Studies  
  
Prospective Studies  
  
Central Nervous System Stimulants/ae [Adverse Effects]  
  
\*Central Nervous System Stimulants  
  
\*Drug-Related Side Effects and Adverse Reactions  
  
Adrenergic Agonists/tu [Therapeutic Use]  
  
\*Pediatrics",

"FTURL":"adverse events early childhood medication nonstimulant psychopharmacology side effects",

"PM":"NOTNLM",

"DJ":"OBJECTIVES: To characterize and compare the type and frequency of a range of common and uncommon adverse effects (AEs) associated with alpha-2 adrenergic agonist (A2A) and stimulant treatment of attention-deficit/hyperactivity disorder at preschool-age as well as to evaluate the impact of age on common AEs.  
  
STUDY DESIGN: This was a retrospective electronic medical record review of children <72 months of age (n = 497) evaluated at outpatient developmental-behavioral pediatric practices at 7 US academic medical centers within the Developmental-Behavioral Pediatrics Research Network. Data on AEs were abstracted for children who had treatment initiated by a developmental-behavioral pediatrician with an A2A or stimulant medication between January 2013 and July 2017 follow-up was complete by February 2019.  
  
RESULTS: A2A and stimulants had distinctive AE profiles. A2A compared with stimulants had a greater proportion with daytime sleepiness and headaches stimulants had significantly greater proportions for most other AE, including moodiness/irritability, difficulty with sleep, appetite suppression, stomachaches, skin picking/repetitive behaviors, withdrawn behavior, and weight loss. Younger age was associated with disruptive behavior and difficulty with sleep.  
  
CONCLUSIONS: Stimulants had a greater rate of most AEs compared with A2A. AE profiles, together with efficacy, should inform clinical decision-making. Prospective randomized clinical trials are needed to fully compare efficacy and AE profiles of A2A and stimulants. Copyright © 2023 Elsevier Inc. All rights reserved.",

"MV":"0 (Central Nervous System Stimulants)  
  
0 (Adrenergic Agonists)",

"TN":"Journal Article  
  
Research Support, U.S. Gov't, P.H.S.",

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

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"UniqueID":"671",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"84",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"51562046",

"TI":"Involvement of the endocannabinoid system in reward processing in the human brain.",

"SO":"Psychopharmacology. (pp 1-10), 2011. Date of Publication: 2011.",

"AU":"van Hell H.H.  
  
Jager G.  
  
Bossong M.G.  
  
Brouwer A.  
  
Jansma J.M.  
  
Zuurman L.  
  
van Gerven J.  
  
Kahn R.S.  
  
Ramsey N.F.",

"AO":"(van Hell, Jager, Bossong, Brouwer, Jansma, Ramsey) Department of Neurology and Neurosurgery, G.03.124, Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, Heidelberglaan 100, Utrecht, 3584 CX, Netherlands  
  
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(Zuurman, van Gerven) Centre for Human Drug Research, Leiden, Netherlands  
  
(Kahn) Rudolf Magnus Institute of Neuroscience, Department of Psychiatry, University Medical Center Utrecht, Utrecht, Netherlands",

"IN":"nan",

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attenuation  
  
attention deficit disorder  
  
reaction time",

"OD":"Rationale: Disturbed reward processing in humans has been associated with a number of disorders, such as depression, addiction, and attention-deficit hyperactivity disorder. The endocannabinoid (eCB) system has been implicated in reward processing in animals, but in humans, the relation between eCB functioning and reward is less clear. Objective(s): The current study uses functional magnetic resonance imaging (fMRI) to investigate the role of the eCB system in reward processing in humans by examining the effect of the eCB agonist DELTA9-tetrahydrocannabinol (THC) on reward-related brain activity. Method(s): Eleven healthy males participated in a randomized placebo-controlled pharmacological fMRI study with administration of THC to challenge the eCB system. We compared anticipatory and feedback-related brain activity after placebo and THC, using a monetary incentive delay task. In this task, subjects are notified before each trial whether a correct response is rewarded (reward trial) or not (neutral trial). Result(s): Subjects showed faster reaction times during reward trials compared to neutral trials, and this effect was not altered by THC. THC induced a widespread attenuation of the brain response to feedback in reward trials but not in neutral trials. Anticipatory brain activity was not affected. Conclusion(s): These results suggest a role for the eCB system in the appreciation of rewards. The involvement of the eCB system in feedback processing may be relevant for disorders in which appreciation of natural rewards may be affected such as addiction. © 2011 The Author(s).",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"38002600",

"TI":"Second Generation Long-Acting Injectable Antipsychotics in Schizophrenia: The Patient's Subjective Quality of Life, Well-Being, and Satisfaction. [Review]",

"SO":"Journal of Clinical Medicine. 12(22), 2023 Nov 08.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

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"MH":"Brasso, Claudio  
  
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Montemagni, Cristiana  
  
Nobili, Marco Giuseppe Alberto  
  
Sgro, Rodolfo  
  
Rocca, Paola",

"DU":"Brasso, Claudio. Department of Neuroscience Rita Levi Montalcini, University of Turin, Via Cherasco, 13, 10126 Turin, Italy.  
  
Bellino, Silvio. Department of Neuroscience Rita Levi Montalcini, University of Turin, Via Cherasco, 13, 10126 Turin, Italy.  
  
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Montemagni, Cristiana. Department of Neuroscience Rita Levi Montalcini, University of Turin, Via Cherasco, 13, 10126 Turin, Italy.  
  
Nobili, Marco Giuseppe Alberto. Department of Neuroscience Rita Levi Montalcini, University of Turin, Via Cherasco, 13, 10126 Turin, Italy.  
  
Sgro, Rodolfo. Department of Neuroscience Rita Levi Montalcini, University of Turin, Via Cherasco, 13, 10126 Turin, Italy.  
  
Rocca, Paola. Department of Neuroscience Rita Levi Montalcini, University of Turin, Via Cherasco, 13, 10126 Turin, Italy.",

"OD":"Schizophrenia (SZ) is among the twenty most disabling diseases worldwide. Subjective quality of life, well-being, and satisfaction are core elements to achieving personal recovery from the disorder. Long-acting injectable second-generation antipsychotics (SGA-LAIs) represent a valid therapeutic option for the treatment of SZ as they guarantee good efficacy and adherence to treatment. The aim of this rapid review is to summarize the evidence on the efficacy of SGA-LAIs in improving subjective quality of life, well-being, and satisfaction. The PubMed database was searched for original studies using SGA, LAI, risperidone, paliperidone, aripiprazole, olanzapine, SZ, and psychosis as keywords. Twenty-one studies were included: 13 clinical trials, 7 observational studies, and 1 post hoc analysis. It has been shown that SGA-LAIs bring an improvement to specific domains of subjective and self-rated quality of life, well-being, or satisfaction in prospective observational studies without a control arm and in randomized controlled trials versus placebo. The superiority of SGA-LAIs as compared with oral equivalents and haloperidol-LAI has been reported by some randomized controlled and observational studies. Although promising, the evidence is still limited because of the lack of studies and several methodological issues concerning the choice of the sample, the evaluation of the outcome variables, and the study design. New methodologically sound studies are needed.",

"AB":"Journal Article  
  
Review",

"FTURL":"2023",

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Bellino, Silvio ORCID: https://orcid.org/0000-0002-6555-8000  
  
Rocca, Paola ORCID: https://orcid.org/0000-0002-6414-3559",

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"TI":"In vitro, in vivo and clinical studies comparing the efficacy of ceftazidime-avibactam monotherapy with ceftazidime-avibactam-containing combination regimens against carbapenem-resistant Enterobacterales and multidrug-resistant Pseudomonas aeruginosa isolates or infections: a scoping review.",

"SO":"Frontiers in Medicine. 10(no pagination), 2023. Article Number: 1249030. Date of Publication: 2023.",

"AU":"Aslan A.T.  
  
Ezure Y.  
  
Horcajada J.P.  
  
Harris P.N.A.  
  
Paterson D.L.",

"AO":"nan",

"IN":"(Aslan, Ezure, Horcajada, Harris) Faculty of Medicine, UQ Centre for Clinical Research, University of Queensland, Brisbane, QLD, Australia  
  
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(Harris) Central Microbiology, Pathology Queensland, Royal Brisbane and Women's Hospital, Brisbane, QLD, Australia  
  
(Paterson) ADVANCE-ID, Saw Swee Hock School of Public Health, National University of Singapore, Singapore, Singapore",

"PB":"Frontiers Media SA",

"MH":"all cause mortality  
  
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"AB":"Introduction: Carbapenem-resistant Enterobacterales (CRE) and multidrug-resistant Pseudomonas aeruginosa (MDR-PA) infections are associated with a high risk of morbidity, mortality, and treatment costs. We aimed to evaluate in vitro, in vivo and clinical studies comparing the efficacy of ceftazidime-avibactam (CZA) combination regimens with CZA alone against CRE and/or MDR-PA isolates or infections. Method(s): We systematically reviewed the relevant literature in CINAHL/MEDLINE, Pubmed, Cochrane, Web of Science, Embase, and Scopus until December 1, 2022. Review articles, grey literature, abstracts, comments, editorials, non-peer reviewed articles, non-English articles, and in vitro synergy studies conducted on single isolates were excluded. Result(s): 22 in vitro, 7 in vivo and 20 clinical studies were evaluated. In vitro studies showed reliable synergy between CZA and aztreonam against metallo-beta-lactamase (MBL)-producing isolates. Some studies indicated good in vitro synergy between CZA and amikacin, meropenem, fosfomycin and polymyxins against CRE isolates. For MDR-PA isolates, there are comparatively fewer in vitro or in vivo studies. In observational clinical studies, mortality, clinical cure, adverse events, and development of CZA resistance after exposure were generally similar in monotherapy and combination therapy groups. However, antibiotic-related nephrotoxicity and infection relapses were higher in patients receiving CZA combination therapies. Discussion(s): The benefit, if any, of CZA combination regimens in MDR-PA infections is elusive, as very few clinical studies have included these infections. There is no currently documented clinical benefit for the use of CZA combination regimens rather than CZA monotherapy. CZA combined with aztreonam for serious infections due to MBL producers should be evaluated by randomized controlled trials. Systematic review registration: https://www.crd.york.ac.uk/prospero/display\_record.php?RecordID=278552, CRD42021278552.Copyright © 2023 Aslan, Ezure, Horcajada, Harris and Paterson.",

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"TI":"Safety and microbiological activity of phage therapy in persons with cystic fibrosis colonized with Pseudomonas aeruginosa: study protocol for a phase 1b/2, multicenter, randomized, double-blind, placebo-controlled trial.",

"SO":"Trials [Electronic Resource]. 23(1):1057, 2022 Dec 28.",

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Schooley, Robert T",

"OD":"Tamma, Pranita D. Department of Pediatrics, Johns Hopkins University School of Medicine, 200 North Wolfe Street, Room 3149, Baltimore, MD, 21287, USA. ptamma1@jhmi.edu.  
  
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FowlerJr, Vance G. Department of Medicine, Duke University Medical Center, Durham, NC, USA.  
  
Schooley, Robert T. Departments of Medicine and Pathology, University of California San Diego, San Diego, CA, USA.",

"AB":"Cystic fibrosis Multidrug-resistant Phage Pseudomonas aeruginosa",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Bacteriophages (phages) are a promising anti-infective option for human disease. Major gaps remain in understanding their potential utility.  
  
METHODS: This is a randomized, placebo-controlled, double-blind study of a single dose of intravenous phage in approximately 72 clinically stable adult cystic fibrosis volunteers recruited from up to 20 US sites with Pseudomonas aeruginosa airway colonization. The single dose of phage consists of a mixture of four anti-pseudomonal phages. Six sentinel participants will be sequentially enrolled with dose escalation of the phage mixture by one log10 beginning with 4 x 107 plaque-forming units in an unblinded stage 1. If no serious adverse events related to the study product are identified, the trial will proceed to a double-blinded stage 2. In stage 2a, 32 participants will be randomly assigned to one of three phage dosages or placebo in a 1:1:1:1 allocation. An interim analysis will be performed to determine the phage dosage with the most favorable safety and microbiological activity profile to inform phage dosing in stage 2b. During stage 2b, up to 32 additional volunteers will be randomized 1:1 to the phage or placebo arm. Primary outcomes include (1) the number of grade 2 or higher treatment-emergent adverse events, (2) change in log10 P. aeruginosa total colony counts in sputum, and (3) the probability of a randomly selected subject having a more favorable outcome ranking if assigned to receive phage therapy versus placebo. Exploratory outcomes include (1) sputum and serum phage pharmacokinetics, (2) the impact of phage on lung function, (3) the proportion of P. aeruginosa isolates susceptible to the phage mixture before and after study product administration, and (4) changes in quality of life.  
  
DISCUSSION: This trial will investigate the activity of phages in reducing P. aeruginosa colony counts and provide insights into the safety profile of phage therapy.  
  
TRIAL REGISTRATION: ClinicalTrials.gov NCT05453578. Registered on 12 July 2022. Copyright © 2022. The Author(s).",

"DJ":"Clinical Trial Protocol  
  
Journal Article",

"MV":"2022",

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

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Humans  
  
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\*Phage Therapy  
  
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"UI":"37879169",

"TI":"Advances in research on potential inhibitors of multiple myeloma. [Review]",

"SO":"European Journal of Medicinal Chemistry. 262:115875, 2023 Dec 15.",

"AU":"1",

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"IN":"MEDLINE",

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Wu, Yingmiao  
  
Zheng, Shuai  
  
Tong, Rongsheng  
  
Zhong, Ling  
  
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Zhong, Ling. Sichuan Provincial Key Laboratory for Human Disease Gene Study, Center for Medical Genetics, Sichuan Academy of Medical Sciences & Sichuan Provincial People's Hospital, University of Electronic Science and Technology of China, Chengdu, Sichuan, 610072, China Chengdu Institute of Biology, Chinese Academy of Sciences, Chengdu, Sichuan, 610044, China. Electronic address: zhonglingr@126.com.  
  
Shi, Jianyou. State Key Laboratory of Southwestern Chinese Medicine Resources, Chengdu University of Traditional Chinese Medicine, Chengdu, 611137, China Department of Pharmacy, Personalized Drug Therapy Key Laboratory of Sichuan Province, Sichuan Provincial People's Hospital, School of Medicine, University of Electronic Science and Technology of China, Chengdu, Sichuan, 610072, China. Electronic address: shijianyoude@126.com.",

"OD":"Drug resistance Multiple myeloma Potential drugs Structure-activity relationships",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) is a common hematological malignancy. Although recent clinical applications of immunomodulatory drugs, proteasome inhibitors and CD38-targeting antibodies have significantly improved the outcome of MM patient with increased survival, the incidence of drug resistance and severe treatment-related complications is gradually on the rise. This review article summarizes the characteristics and clinical investigations of several MM drugs in clinical trials, including their structures, mechanisms of action, structure-activity relationships, and clinical study progress. Furthermore, the application potentials of the drugs that have not yet entered clinical trials are also reviewed. The review also outlines the future directions of MM drug development. Copyright © 2023 Elsevier Masson SAS. All rights reserved.",

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"DJ":"2023",

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Proteasome Inhibitors/tu [Therapeutic Use]  
  
Antibodies, Monoclonal/tu [Therapeutic Use]  
  
Hematologic Neoplasms/dt [Drug Therapy]  
  
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"DB":"Embase",

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"TI":"Advantage of achieving deep response following frontline daratumumab-VTd compared to VRd in transplant-eligible multiple myeloma: multicenter study.",

"SO":"Blood Research. 58(2) (pp 83-90), 2023. Date of Publication: June 2023.",

"AU":"Byun J.M.  
  
Park S.-S.  
  
Yoon S.-S.  
  
Ahn A.  
  
Kim M.  
  
Lee J.Y.  
  
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Min C.-K.",

"AO":"nan",

"IN":"(Byun, Yoon, Koh) Department of Internal Medicine, Seoul National University Hospital, Seoul National University, College of Medicine, Incheon, South Korea  
  
(Park, Lee, Min) Department of Hematology, Seoul St. Mary's Hematology Hospital, College of Medicine, The Catholic University of Korea, Incheon, South Korea  
  
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"OD":"Background The goal of induction therapy for multiple myeloma (MM) is to achieve adequate disease control. Current guidelines favor triplet (bortezomib-lenalidomide-dexamethasone VRd) or quadruplet regimens (daratumumab, bortezomib-thalidomide-dexamethasone D-VTd). In the absence of a direct comparison between two treatment regimens, we conducted this study to compare the outcomes and safety of VRd and D-VTd. Methods Newly diagnosed MM patients aged >18 years who underwent induction therapy followed by autologous stem cell transplantation (ASCT) between November 2020 and December 2021 were identified. Finally, patients with VRd (N=37) and those with D-VTd (N=43) were enrolled. Results After induction, 10.8% of the VRd group showed stringent complete remission (sCR), 21.6% showed complete response (CR), 35.1% showed very good partial response (VGPR), and 32.4% showed partial response (PR). Of the D-VTd group, 9.3% showed sCR, 34.9% CR, 48.8% VGPR, and 4.2% PR (VGPR or better: 67.6% in VRd vs. 93% in D-VTd, P=0.004). After ASCT, 68.6% of the VRd group showed CR or sCR, while 90.5% of the D-VTd group showed CR or sCR (P=0.016). VRd was associated with an increased incidence of skin rash (P=0.044). Other than rashes, there were no significant differences in terms of adverse events between the two groups. Conclusion Our study supports the use of a front-line quadruplet induction regimen containing a CD38 monoclonal antibody for transplant-eligible patients with newly diagnosed MM.Copyright © 2023 Korean Society of Hematology.",

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"DB":"Embase",

"UI":"2017402680",

"TI":"Religious delusions in Dutch older adults in treatment for psychosis: A follow-up study.",

"SO":"International Psychogeriatrics. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Noort A.  
  
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"FTURL":"Objective: The course over time of religious delusions (RDs) in late-life schizophrenia and psychotic depression may be relevant to know how long certain aspects of RDs may affect treatment. The present study examines (1) the 1-year follow-up of RDs and other prevalent delusions, (2) the association between RDs and the clinical course of psychotic depression and schizophrenia compared to those without RDs, and (3) associations of RDs and other prevalent delusions with indicators of complexity(e.g., suicidality, refusing medication). Design(s): Prospective study (half year and 1-year follow-up combined). Setting(s): Outpatients and inpatients in Geriatric Psychiatry Institution of Yulius, South-Holland, the Netherlands. Participant(s): One hundred and thirty seven older adult patients, mean age 76.3 (s.d. 8.1). Intervention(s): Natural follow-up study. Measurements: Diagnostic interview measures included Schedules for Clinical Assessment in Neuropsychiatry (SCAN 2.1), positive psychosis items of the Community Assessment of Psychic Experiences-42 (CAPE), and the 20-item measures from the Centre for Epidemiologic Studies Depression Scale (CES-D). Result(s): Although RDs in older adults decline in the clinical course of psychotic depression, the course is unfavorable compared to psychotic depression without RDs with regard to depressive symptom severity as measured by CES-D. No significant differences were noted in relation to clinical course of positive psychotic symptoms for both psychotic depression and schizophrenia. In schizophrenia, RDs persist more frequently compared to the most prevalent delusions. No significant difference was observed between patients with RDs compared to patients without RDs regarding indicators of clinical complexity. Conclusion(s): RDs predicting a less favorable course over time in psychotic depression. In schizophrenia, RDs appears to be relatively pervasive.Copyright © International Psychogeriatric Association 2022.",

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

"DJ":"35285431 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35285431]",

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"TN":"nan",

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"VN":"Ovid Technologies",

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"UI":"36331068",

"TI":"[Formula: see text] Does training working memory or inhibitory control produce far-transfer improvements in set shifting for children with ADHD? A randomized controlled trial.",

"SO":"Child Neuropsychology. 29(5):825-845, 2023 07.",

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

"IN":"MEDLINE",

"PB":"Irwin Harper LN  
  
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Marsh CL  
  
Cole AM  
  
Kofler MJ",

"MH":"Kofler, Michael J ORCID: https://orcid.org/0000-0002-8604-3647",

"DU":"Irwin Harper, Lauren N  
  
Groves, Nicole B  
  
Marsh, Carolyn L  
  
Cole, Alissa M  
  
Kofler, Michael J",

"OD":"Irwin Harper, Lauren N. Department of Psychology, Florida State University, Tallahassee, FL, USA.  
  
Groves, Nicole B. Department of Psychology, Florida State University, Tallahassee, FL, USA.  
  
Marsh, Carolyn L. Department of Psychology, Florida State University, Tallahassee, FL, USA.  
  
Cole, Alissa M. Department of Psychology, Florida State University, Tallahassee, FL, USA.  
  
Kofler, Michael J. Department of Psychology, Florida State University, Tallahassee, FL, USA.",

"AB":"Female  
  
Humans  
  
Child  
  
\*Memory, Short-Term  
  
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\*Attention Deficit Disorder with Hyperactivity  
  
Executive Function/ph [Physiology]  
  
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Cognitive Training",

"FTURL":"ADHD inhibitory control randomized controlled trial set shifting working memory",

"PM":"NOTNLM",

"DJ":"Children with ADHD show impairments in set shifting task performance. However, the limited available evidence suggests that directly training shifting may not improve shifting performance in this population. We hypothesized that this incongruence may be because impairments exhibited by children with ADHD during shifting tasks are due to deficits in other executive functions, as shifting tasks also engage children's working memory and/or inhibitory control abilities. This randomized controlled trial examined the extent to which neurocognitive training of working memory vs. inhibitory control can produce downstream (far-transfer) improvements in set shifting task performance. Children with ADHD ages 8-12 (M = 10.41, SD = 1.46 12 girls 74% White/Non-Hispanic) were randomized to either central executive training (CET n = 25) or inhibitory control training (ICT n = 29), two next-generation digital therapeutics previously shown to improve their intended neurocognitive targets. Two criterion set shifting tests were administered at pre- and post-treatment. Results indicated that ICT was superior to CET for improving shifting accuracy (treatmentxtime: p = .03, BF10 = 3.01, eta2 = .09, d = 0.63). ICT was also superior to CET for improving shifting speed, albeit on only one of the two outcome tasks (p = .02, BF10 = 4.53, eta2 = .08, d = 0.59). CET did not produce improvements in shifting speed or accuracy on either task (p > .52, BF01 > 2.62), but showed evidence for more general (non-shifting-specific) improvement in response times on one of the outcome tasks (shift trials, d = 0.70 non-shift trials, d = 0.68). Taken together, these findings confirm that inhibitory control is important for successful performance on shifting tests, and suggest that training inhibitory control may reflect a method for improving set shifting difficulties in children with ADHD.",

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Journal Article  
  
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"UI":"51646250",

"TI":"Manipulation of nicotinic acetylcholine receptors differentially affects behavioral inhibition in human subjects with and without disordered baseline impulsivity.",

"SO":"Psychopharmacology. (pp 1-10), 2011. Date of Publication: 2011.",

"AU":"Potter A.S.  
  
Bucci D.J.  
  
Newhouse P.A.",

"AO":"(Potter, Newhouse) Clinical Neuroscience Research Unit, Department of Psychiatry, University of Vermont, 1 South Prospect Street, Burlington, VT 05401, United States  
  
(Bucci) Department of Psychological and Brain Sciences, Dartmouth College, Hanover, United States",

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cigarette smoking",

"OD":"Rationale: Evidence for a relationship between cigarette smoking and attention-deficit/hyperactivity disorder (ADHD) has prompted investigations into nicotinic treatments for this disorder. Impulsivity is a hallmark of ADHD and is measured in the laboratory as behavioral inhibition (BI) using the stop signal task (SST). Acute nicotine improves SST performance in adolescents and young adults who have both ADHD and impaired baseline SST performance, raising questions about the role of nicotinic acetylcholine receptor function in BI. The specificity of this effect to those with ADHD, the component processes of the SST affected by nicotine, and the effects of nicotinic antagonism are yet unknown. Objective(s): This study investigated the effects of both a nicotinic receptor agonist and antagonist on the SST and choice reaction time task (CRT) in highly impulsive (HI) and control (CTRL) subjects. Method(s): This was a within-subjects, double-blind study of: 7 mg transdermal nicotine, 20 mg oral mecamylamine, and placebo. Subjects were recruited into HI (n = 11) and CTRL (n = 14) groups based on both SST and clinical criteria. Result(s): BI was significantly improved by nicotine compared with placebo in the HI group and impaired by mecamylamine in the CTRL group. Go signal reaction time on the SST was improved by nicotine compared with placebo in the CTRL group and was unchanged in both groups on the CRT. Conclusion(s): These findings demonstrate nicotinic modulation of BI in subjects with both normal and disordered baseline performance. The effects on BI are consistent with cholinergic enhancement of signal detection processes and/or modulation of noradrenaline by nicotine. © 2011 Springer-Verlag.",

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

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"85",

"VN":"Ovid Technologies",

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

"UI":"37422659",

"TI":"Accelerating the development of a psychological intervention to restore treatment decision-making capacity in patients with schizophrenia-spectrum disorder: a study protocol for a multi-site, assessor-blinded, pilot Umbrella trial (the DEC:IDES trial).",

"SO":"Pilot & Feasibility Studies. 9(1):117, 2023 Jul 08.",

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Carr, Lucy  
  
Woodrow, Amanda",

"DU":"Hutton, Paul. School of Health & Social Care, Edinburgh Napier University, Edinburgh, UK. p.hutton@napier.ac.uk.  
  
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Glasgow, Angela. NHS Lothian, Edinburgh, UK.  
  
Murphy, Regina. NHS Lothian, Edinburgh, UK.  
  
Palmer, Karen. Lancashire & South Cumbria NHS Foundation Trust, Preston, UK.  
  
Zaidi, Nosheen. Lancashire & South Cumbria NHS Foundation Trust, Preston, UK.  
  
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Pritchard, Jemma. NHS Lothian, Edinburgh, UK.  
  
Carr, Lucy. Pennine Care NHS Foundation Trust, Ashton-Under-Lyne, UK.  
  
Woodrow, Amanda. School of Health & Social Care, Edinburgh Napier University, Edinburgh, UK.  
  
Woodrow, Amanda. Edinburgh Research & Innovation Centre for Complex and Acute Mental Health Problems, Edinburgh, UK.",

"OD":"BACKGROUND: A high proportion of patients diagnosed with schizophrenia-spectrum disorders will at some point in their lives be assessed as not having the capacity to make their own decisions about pharmacological treatment or inpatient care ('capacity'). Few will be helped to regain it before these interventions proceed. This is partly because effective and safe methods to do so are lacking. Our aim is to accelerate their development by testing, for the first time in mental healthcare, the feasibility, acceptability and safety of running an 'Umbrella' trial. This involves running, concurrently and under one multi-site infrastructure, multiple assessor-blind randomised controlled trials, each of which is designed to examine the effect on capacity of improving a single psychological mechanism ('mechanism'). Our primary objectives are to demonstrate feasibility of (i) recruitment and (ii) data retention on the MacArthur Competence Assessment Tool-Treatment (MacCAT-T planned primary outcome for a future trial) at end-of-treatment. We selected three mechanisms to test: 'self-stigma', low self-esteem and the 'jumping to conclusions' bias. Each is highly prevalent in psychosis, responsive to psychological intervention, and hypothesised to contribute to impaired capacity.  
  
METHODS: Sixty participants with schizophrenia-spectrum diagnoses, impaired capacity and one or more mechanism(s) will be recruited from outpatient and inpatient mental health services in three UK sites (Lothian, Scotland Lancashire and Pennine North West England). Those lacking capacity to consent to research could take part if the key criteria were met, including either proxy consent (Scotland) or favourable Consultee advice (England). They will be allocated to one of three randomised controlled trials, depending on which mechanism(s) they have. They will then be randomised to receive, over an 8-week period and in addition to treatment as usual (TAU), 6 sessions of either a psychological intervention which targets the mechanism, or 6 sessions of assessment of the causes of their incapacity (control condition). Participants are assessed at 0 (baseline), 8 (end-of-treatment) and 24 (follow-up) weeks post-randomisation using measures of capacity (MacCAT-T), mechanism, adverse events, psychotic symptoms, subjective recovery, quality of life, service use, anxiety, core schemata and depression. Two nested qualitative studies will be conducted one to understand participant and clinician experiences and one to investigate the validity of MacCAT-T appreciation ratings.  
  
DISCUSSION: This will be the first Umbrella trial in mental healthcare. It will produce the first 3 single-blind randomised controlled trials of psychological interventions to support treatment decision-making in schizophrenia-spectrum disorder. Demonstrating feasibility will have significant implications not only for those seeking to support capacity in psychosis, but also for those who wish to accelerate the development of psychological interventions for other conditions.  
  
TRIAL REGISTRATION: ClinicalTrials.gov NCT04309435 . Pre-registered on 16 March 2020. Copyright © 2023. The Author(s).",

"AB":"Journal Article",

"FTURL":"2023",

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

"DJ":"CBT Decision-making capacity MCT Patient autonomy Randomised controlled trial Schizophrenia Supported decision-making Umbrella trial",

"MV":"NOTNLM",

"TN":"Hutton, Paul ORCID: http://orcid.org/0000-0001-8946-823X",

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"UI":"2028627644",

"TI":"Incidence of Ventilator-Associated Pneumonia and its Bacterial Characterization - Intervention Based Prospective Study.",

"SO":"Global Journal of Medical Pharmaceutical and Biomedical Update. 18(27) (no pagination), 2023. Article Number: A2. Date of Publication: October 2023.",

"AU":"Ramakrishnan K.  
  
Jahagirdar S.N.  
  
Ravisankar M.  
  
Seetha K.",

"AO":"nan",

"IN":"(Ramakrishnan, Seetha) Department of Microbiology, Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth Deemed to-be University, Puducherry, India  
  
(Jahagirdar, Ravisankar) Department of Aneasthesia, Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth Deemed to-be University, Puducherry, India",

"PB":"Scientific Scholar",

"MH":"adult  
  
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"AB":"Objectives: Ventilator-associated pneumonia (VAP) is a widely recognized and potentially fatal healthcare-related infection that occurs in all high-dependency units. Mechanically ventilated patients are at an elevated risk of developing VAP, which has a high death and morbidity rate. The prevalence of VAP varies greatly depending on the location and diagnostic approach. Radiological and clinical markers impact VAP diagnosis accuracy. Reliable sampling and confirmation of microbes are highly recommended. The purpose of this study was to document the incidence, patient distribution, bacteriological profile, and antibiotic susceptibility pattern of VAP patients. Material(s) and Method(s): A prospective observational study was done between January 2016 and December 2019. Critically, ill patients on mechanical ventilation for more than 48 hours were included in the study. Based on the initial baseline, positive end-expiratory pressure, and fraction of inspired oxygen were followed by three-tier VAP criteria as per NSHN guidelines. Result(s): Out of 1220 VAP-suspected patients (mechanically ventilated), 49 patients developed hospital-acquired VAP. The incidence of VAP significantly reduced from 10.7 to 1.4 VAP/1000 ventilator days with continuous intervention and auditing over some time. Elderly males aged 51-66 years were found to be in higher risk groups. Klebsiella pneumoniae and Pseudomonas aeruginosa were found to be the most common pathogen. The majority of Enterobacterales (79%) were found to be resistant to third-generation cephalosporin, 69% were resistant toward fluoroquinolone and cotrimoxazole, followed by 55% resistance to beta-lactam and beta-lactamase inhibitor combination. Conclusion(s): Targeted strategies with implementable policies, such as the care bundle approach, will reduce the in-patient days. It might improve patient outcomes and reduce the incidence of VAP. Copyright © 2023 Published by Scientific Scholar on behalf of Global Journal of Medical, Pharmaceutical, and Biomedical Update.",

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"Database":"Medline",

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

"UI":"36511181",

"TI":"Interventions for the eradication of meticillin-resistant Staphylococcus aureus (MRSA) in people with cystic fibrosis. [Review]",

"SO":"Cochrane Database of Systematic Reviews. 12:CD009650, 2022 12 13.",

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"IN":"MEDLINE",

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"DU":"Lo, David Kh  
  
Muhlebach, Marianne S  
  
Smyth, Alan R",

"OD":"Lo, David Kh. Ward 12, Leicester Royal Infirmary, Leicester, UK.  
  
Muhlebach, Marianne S. Department of Pediatrics, Division of Pulmonary Medicine, University of North Carolina, Chapel Hill, North Carolina, USA.  
  
Smyth, Alan R. Division of Child Health, Obstetrics & Gynaecology, School of Medicine, University of Nottingham, Nottingham, UK.",

"AB":"nan",

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"PM":"BACKGROUND: Cystic fibrosis is an inherited recessive disorder of chloride transport that is characterised by recurrent and persistent pulmonary infections from resistant organisms that result in lung function deterioration and early mortality in sufferers. Meticillin-resistant Staphylococcus aureus (MRSA) has emerged not only as an important infection in people who are hospitalised, but also as a potentially harmful pathogen in cystic fibrosis. Chronic pulmonary infection with MRSA is thought to confer on people with cystic fibrosis a worse clinical outcome and result in an increased rate of lung function decline. Clear guidance for MRSA eradication in cystic fibrosis, supported by robust evidence, is urgently needed. This is an update of a previous review.  
  
OBJECTIVES: To evaluate the effectiveness of treatment regimens designed to eradicate MRSA and to determine whether the eradication of MRSA confers better clinical and microbiological outcomes for people with cystic fibrosis. To ascertain whether attempts at eradicating MRSA can lead to increased acquisition of other resistant organisms (including Pseudomonas aeruginosa), increased adverse effects from drugs, or both.  
  
SEARCH METHODS: We identified randomised and quasi-randomised controlled trials by searching the Cochrane Cystic Fibrosis and Genetic Disorders (CFGD) Group's Cystic Fibrosis Trials Register, PubMed, MEDLINE and three clinical trials registries by handsearching article reference lists and through contact with experts in the field. We last searched the CFGD Group's Cystic Fibrosis Trials Register on 4 October 2021, and the ongoing trials registries on 31 January 2022.  
  
SELECTION CRITERIA: Randomised controlled trials (RCTs) or quasi-RCTs of any combinations of topical, inhaled, oral or intravenous antimicrobials primarily aimed at eradicating MRSA compared with placebo, standard treatment or no treatment.  
  
DATA COLLECTION AND ANALYSIS: We used standard methodological procedures expected by Cochrane and used the GRADE methodology to assess the certainty of the evidence.  
  
MAIN RESULTS: The review includes three RCTs with 135 participants with MRSA infection. Two trials compared active treatment versus observation only and one trial compared active treatment with placebo. Active treatment versus observation In both trials (106 participants), active treatment consisted of oral trimethoprim and sulfamethoxazole combined with rifampicin. One trial administered this combination for two weeks alongside nasal, skin and oral decontamination and a three-week environmental decontamination, while the second trial administered this drug combination for 21 days with five days intranasal mupirocin. Both trials reported successful eradication of MRSA in people with cystic fibrosis, but they used different definitions of eradication. One trial (45 participants) defined MRSA eradication as negative MRSA respiratory cultures at day 28, and reported that oral trimethoprim and sulfamethoxazole combined with rifampicin may lead to a higher proportion of negative cultures compared to control (odds ratio (OR) 12.6 (95% confidence interval (CI) 2.84 to 55.84 low-certainty evidence). However, by day 168 of follow-up, there was no difference between groups in the proportion of participants who remained MRSA-negative (OR 1.17, 95% CI 0.31 to 4.42 low-certainty evidence). The second trial defined successful eradication as the absence of MRSA following treatment in at least three cultures over a period of six months. We are uncertain if the intervention led to results favouring the treatment group as the certainty of the evidence was very low (OR 2.74, 95% CI 0.64 to 11.75). There were no differences between groups in the remaining outcomes for this comparison: quality of life, frequency of exacerbations or adverse effects (all low-certainty evidence) or the change from baseline in lung function or weight (both very low-certainty evidence). The time until next positive MRSA isolate was not reported. The included trials found no differences between groups in terms of nasal colonisation with MRSA. While not a specific outcome of this review, investigators from one study reported that the rate of hospitalisation from screening through day 168 was lower with oral trimethoprim and sulfamethoxazole combined with rifampicin compared to control (rate ratio 0.22, 95% CI 0.05 to 0.72 P = 0.01). Nebulised vancomycin with oral antibiotics versus nebulised placebo with oral antibiotics The third trial (29 participants) defined eradication as a negative respiratory sample for MRSA at one month following completion of treatment. No differences were reported in MRSA eradication between treatment arms (OR 1.00, 95% CI 0.14 to 7.39 low-certainty evidence). No differences between groups were seen in lung function or adverse effects (low-certainty evidence), in quality of life (very low-certainty evidence) or nasal colonisation with MRSA. The trial did not report on the change in weight or frequency of exacerbations. AUTHORS' CONCLUSIONS: Early eradication of MRSA is possible in people with cystic fibrosis, with one trial demonstrating superiority of active MRSA treatment compared with observation only in terms of the proportion of MRSA-negative respiratory cultures at day 28. However, follow-up at three or six months showed no difference between treatment and control in the proportion of participants remaining MRSA-negative. Moreover, the longer-term clinical consequences - in terms of lung function, mortality and cost of care - remain unclear. Using GRADE methodology, we judged the certainty of the evidence provided by this review to be very low to low, due to potential biases from the open-label design, high rates of attrition and small sample sizes. Based on the available evidence, we believe that whilst early eradication of respiratory MRSA in people with cystic fibrosis is possible, there is not currently enough evidence regarding the clinical outcomes of eradication to support the use of the interventions studied. Copyright © 2022 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.",

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

"MV":"2022",

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

"Unnamed: 22":"Humans  
  
\*Methicillin-Resistant Staphylococcus aureus  
  
Cystic Fibrosis/dt [Drug Therapy]  
  
\*Cystic Fibrosis  
  
Pseudomonas aeruginosa  
  
Anti-Bacterial Agents/tu [Therapeutic Use]  
  
Rifampin/tu [Therapeutic Use]",

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"Database":"Medline",

"ORN":"86",

"VN":"Ovid Technologies",

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

"UI":"37743180",

"TI":"Association of Selinexor Dose Reductions With Clinical Outcomes in the BOSTON Study.",

"SO":"Clinical lymphoma, myeloma & leukemia. 23(12):917-923.e3, 2023 Dec.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Jagannath S  
  
Delimpasi S  
  
Grosicki S  
  
Van Domelen DR  
  
Bentur OS  
  
Spicka I  
  
Dimopoulos MA",

"MH":"Jagannath, Sundar  
  
Delimpasi, Sosana  
  
Grosicki, Sebastian  
  
Van Domelen, Dane R  
  
Bentur, Ohad S  
  
Spicka, Ivan  
  
Dimopoulos, Meletios A",

"DU":"Jagannath, Sundar. Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY. Electronic address: Sundar.jagannath@mountsinai.org.  
  
Delimpasi, Sosana. General Hospital Evangelismos, Athens, Greece.  
  
Grosicki, Sebastian. Medical University of Silesia, Katowice, Poland.  
  
Van Domelen, Dane R. Karyopharm Therapeutics Inc., Newton, MA.  
  
Bentur, Ohad S. Karyopharm Therapeutics Inc., Newton, MA.  
  
Spicka, Ivan. Charles University and General Hospital, Prague, Czech Republic.  
  
Dimopoulos, Meletios A. National and Kapodistrian University of Athens School of Medicine, Athens, Greece.",

"OD":"Adverse events Multiple myeloma Quality of life Response",

"AB":"NOTNLM",

"FTURL":"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.  
  
RESULTS: 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: 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. Published by Elsevier Inc. All rights reserved.",

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

"DJ":"2023",

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

"TN":"nan",

"Unnamed: 22":"nan",

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"DB":"Embase",

"UI":"2028126214",

"TI":"Efficacy of plasmapheresis in neutropenic patients suffering from cytokine storm because of severe COVID-19 infection.",

"SO":"Blood Research. 58(2) (pp 91-98), 2023. Date of Publication: June 2023.",

"AU":"Sadeghi A.  
  
Sadeghi S.  
  
Peikar M.S.  
  
Yazdi M.  
  
Sharifi M.  
  
Ghafel S.  
  
Khorvash F.  
  
Ataei B.  
  
Safavi M.R.  
  
Nasri E.",

"AO":"nan",

"IN":"(Sadeghi, Peikar, Sharifi) Department of Internal Medicine, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran, Islamic Republic of  
  
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(Safavi) Department of Anesthesiology, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran, Islamic Republic of",

"PB":"Korean Society of Hematology",

"MH":"absolute neutrophil count  
  
acute lymphoblastic leukemia  
  
acute myeloid leukemia  
  
adult  
  
aplastic anemia  
  
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breast cancer  
  
cancer patient  
  
chronic lymphatic leukemia  
  
clinical article  
  
clinical effectiveness  
  
colon cancer  
  
controlled study  
  
\*coronavirus disease 2019  
  
critically ill patient  
  
\*cytokine storm/co [Complication]  
  
\*cytokine storm/th [Therapy]  
  
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endotracheal intubation  
  
female  
  
hospital admission  
  
hospitalization  
  
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human cell  
  
intensive care unit  
  
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lymphoma  
  
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\*neutropenia  
  
ovary cancer  
  
pancreas cancer  
  
plasma exchange  
  
\*plasmapheresis  
  
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polymorphonuclear cell  
  
randomized controlled trial  
  
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stomach cancer  
  
survival rate  
  
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cancer patient  
  
chronic lymphatic leukemia  
  
clinical article  
  
clinical effectiveness  
  
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controlled study  
  
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critically ill patient  
  
\*cytokine storm / \*complication / \*therapy  
  
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lymphocyte count  
  
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refractory cancer  
  
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survival rate  
  
thrombotic thrombocytopenic purpura",

"OD":"Background With the emergence of the coronavirus disease 2019 (COVID-19) and inability of healthcare systems to control the disease, various therapeutic theories with controversial responses have been proposed. Plasmapheresis was administered as a medication. However, the knowledge of its efficacy and indications is inadequate. This study evaluated the use of plasmapheresis in critically ill patients with cancer. Methods This randomized clinical trial was conducted on 86 patients with malignancies, including a control group (N=41) and an intervention group (N=45) with severe COVID-19 during 2020-21. Both groups were treated with routine medications for COVID-19 management according to national guidelines, and plasmapheresis was applied to the intervention group. C-reactive protein (CRP), D-dimer, ferritin, lactate dehydrogenase, hemoglobin, and white blood cell, polymorphonuclear, lymphocyte, and platelet levels were measured at admission and at the end of plasmapheresis. Other variables included neutrophil recovery, intensive care unit admission, intubation requirements, length of hospital stay, and hospitalization outcomes. Results CRP (P <0.001), D-dimer (P <0.001), ferritin (P =0.039), and hemoglobin (P =0.006) levels were significantly different between the groups after the intervention. Neutrophil recovery was remarkably higher in the case than in the control group (P <0.001). However, plasmapheresis did not affect the length of hospital stay (P=0.076), which could have significantly increased survival rates (P <0.001). Conclusion Based on the study findings, plasmapheresis led to a significant improvement in laboratory markers and survival rate in patients with severe COVID-19. These findings reinforce the value of plasmapheresis in cancer patients as a critical population suffering from neutropenia and insufficient immune responses.Copyright © 2023 Korean Society of Hematology.",

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"Database":"EMBASE",

"ORN":"86",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017222789",

"TI":"Akathisia and atypical antipsychotics. Relation to suicidality, agitation and depression in a clinical trial.",

"SO":"Acta Neuropsychiatrica. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Bjarke J.  
  
Gjerde H.No.  
  
Jorgensen H.A.  
  
Kroken R.A.  
  
Loberg E.-M.  
  
Johnsen E.",

"AO":"Bjarke, Jill ORCID: https://orcid.org/0000-0001-8646-5092",

"IN":"(Bjarke, Jorgensen, Kroken, Loberg, Johnsen) Division of Psychiatry and Centre of Excellence NORMENT, Haukeland University Hospital, Bergen, Norway  
  
(Gjerde) Alesund Hospital, Alesund, Norway  
  
(Jorgensen, Kroken, Johnsen) Faculty of Clinical Medicine, University of Bergen, Bergen, Norway  
  
(Loberg) Department of Addiction Medicine, Haukeland University Hospital, Bergen, Norway  
  
(Loberg) Faculty of Clinical Psychology, University of Bergen, Bergen, Norway",

"PB":"Cambridge University Press",

"MH":"adult  
  
adverse drug reaction  
  
\*agitation  
  
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article  
  
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drug therapy  
  
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human tissue  
  
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"FTURL":"Objective: Akathisia is among the most unpleasant side effects related to antipsychotic drug use, and possible associations between akathisia and agitation, depression and suicidal behaviour, respectively, have been described in previous literature. New generation antipsychotics are however regarded less prone to induce this particular adverse effect compared to older drugs, but evidence is incomplete and in need of confirmation from clinically relevant samples and settings. We therefore aim to investigate akathisia at hospital discharge for patients consecutively admitted with acute phase psychosis and treated with second generation antipsychotics according to guideline concordant clinical practice. Method(s): This exploratory study is part of a naturalistic randomised controlled study in patients admitted with acute phase psychosis (N = 109). We report cross-sectional data at discharge/first follow-up after acute psychiatric hospital admission for patients with schizophrenia and related psychotic disorders. Result(s): There were statistically significant positive associations between akathisia and the following suicidality in men (Beta 0.306, p=0.048), but not in women agitation in those previously unexposed to antipsychotics (Beta 0.288, p=0.047) and depression in those exposed to antipsychotics before hospital admittance (Beta 0.375, p=0.031). Conclusion(s): Main findings were that akathisia is still a prevalent side effect in a clinically relevant sample of patients treated with atypical antipsychotics. Our results suggest that akathisia is significantly associated with depression, suicidality, and agitation in different subgroups of patients receiving antipsychotic drugs. Akathisia can be detrimental and the relations between akathisia and depression, suicidality and agitation should be investigated further in prospective, hypothesis-testing studies with larger samples. Copyright © Scandinavian College of Neuropsychopharmacology 2022.",

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

"DJ":"35260218 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35260218]",

"MV":"nan",

"TN":"nan",

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"Database":"Medline",

"ORN":"86",

"VN":"Ovid Technologies",

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

"UI":"36000579",

"TI":"[Formula: see text] The influence of methylphenidate on sustained attention in paediatric acquired brain injury: a meta-analytical review. [Review]",

"SO":"Child Neuropsychology. 29(5):710-741, 2023 07.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Hagan AJ  
  
Verity SJ",

"MH":"Hagan, Alexander J ORCID: https://orcid.org/0000-0002-3622-3949  
  
Verity, Sarah J ORCID: https://orcid.org/0000-0001-9111-780X",

"DU":"Hagan, Alexander J  
  
Verity, Sarah J",

"OD":"Hagan, Alexander J. Department of Paediatric Health Psychology, Newcastle Upon Tyne Hospitals NHS Foundation Trust, Newcastle-Upon-Tyne, UK.  
  
Verity, Sarah J. Department of Paediatric Health Psychology, Newcastle Upon Tyne Hospitals NHS Foundation Trust, Newcastle-Upon-Tyne, UK.  
  
Verity, Sarah J. Newcastle University Centre for Cancer, Newcastle University, Newcastle Upon Tyne, UK.",

"AB":"Humans  
  
Child  
  
Methylphenidate/pd [Pharmacology]  
  
Methylphenidate/tu [Therapeutic Use]  
  
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Central Nervous System Stimulants/pd [Pharmacology]  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
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Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
\*Brain Injuries",

"FTURL":"Attention brain injury brain tumor cognition methylphenidate pediatric",

"PM":"NOTNLM",

"DJ":"Impairment in sustained attention is a common consequence of childhood Acquired Brain Injury (ABI). Whilst methylphenidate provides promise in enhancing attention as a unitary construct, little work has explored its effectiveness upon individual attentional domains. The current systematic review and meta-analysis evaluates the utility of methylphenidate on sustained attentional performance across childhood ABI groups. Five databases (PsycINFO, MEDLINE, Embase, Scopus & Cochrane Library) were searched for relevant articles from their inception to March 2022. A purpose-developed evaluation tool was used to assess each study's research quality (QuEST:MAP). Nine of the 1600 identified articles were included within this review (n = 259). Meta-analytical findings reported an overall significant benefit of methylphenidate on sustained attention in childhood ABI (g = -0.33, 95% CI: -0.62 to -0.04). Associated summary effect sizes were relatively small, particularly when adjusting for outlier cases. Subgroup analyses identified a significantly greater benefit of methylphenidate in clinical subgroups with comorbid ADHD diagnoses (p < .01). The current evidence base is characterized by small-scale clinical trials with variable research quality and low generalizability. Further robust research is needed to quantify methylphenidate utility upon individual attentional domains in larger and more representative ABI samples.",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
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"TN":"Meta-Analysis  
  
Journal Article  
  
Review",

"Unnamed: 22":"2023",

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"ORN":"86",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"51610658",

"TI":"Editorial: Observational studies in ADHD: the effects of switching to modified-release methylphenidate preparations on clinical outcomes and adherence.",

"SO":"European Child and Adolescent Psychiatry. (pp 1-8), 2011. Date of Publication: 2011.",

"AU":"Rothenberger A.  
  
Dopfner M.",

"AO":"(Rothenberger) Department of Child and Adolescent Psychiatry, University of Gottingen, Von-Siebold-Str. 5, Gottingen, 37075, Germany  
  
(Dopfner) Department of Child and Adolescent Psychiatry, University of Cologne, Cologne, Germany",

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"OD":"Patients with ADHD may have better adherence to treatment with modified-release methylphenidate (MPH-MR) formulations, which are taken once daily, compared with immediate-release (IR) formulations, which need to be taken several times a day. Data on long-term outcomes such as adherence may be lacking from randomised controlled trials as these are usually only short-term. Observational studies, if performed and reported appropriately, can provide valuable long-term data on such outcomes, as well as additional information on effectiveness and efficiency, from a real-life setting. By reviewing previous observational studies that have investigated switching treatment from MPH-IR to MPH-MR, results from a new, naturalistic observational study, the OBSEER study, are put into context. We conclude that, based on observational trial data, switching from MPH-IR to MPH-MR is a valid clinical approach, with the potential for improved clinical outcome and treatment adherence. © 2011 The Author(s).",

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

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"VN":"Ovid Technologies",

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

"UI":"37660132",

"TI":"Extrapyramidal adverse events and anticholinergics use after the long-term treatment of patients with schizophrenia with the new long-acting antipsychotic Risperidone ISM R: results from matching-adjusted indirect comparisons versus once-monthly formulations of Paliperidone palmitate and Aripiprazole monohydrate in 52-week studies.",

"SO":"Annals of General Psychiatry. 22(1):33, 2023 Sep 02.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Sanchez P  
  
Alamo C  
  
Almendros M  
  
Schlueter M  
  
Tasoulas A  
  
Martinez J",

"MH":"Sanchez, Pedro  
  
Alamo, Cecilio  
  
Almendros, Marcos  
  
Schlueter, Max  
  
Tasoulas, Anastasios  
  
Martinez, Javier",

"DU":"Sanchez, Pedro. Hospital of Zamudio. Bizkaia Mental Health Network. Osakidetza Basque Health Service, Bilbao, Spain.  
  
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Tasoulas, Anastasios. IQVIA, Athens, Greece.  
  
Martinez, Javier. Medical Department, Laboratorios Farmaceuticos ROVI, S.A, Calle Alfonso Gomez, 45B. 28037, Madrid, Spain. jmartinez@rovi.es.",

"OD":"BACKGROUND: Risperidone ISM R is a newly developed long-acting injectable (LAI) treatment for schizophrenia in adults. In the absence of head-to-head comparisons with other similar antipsychotics, the objective of this study was to generate indirect evidence of some aspects of the safety and tolerability of Risperidone ISM compared to other LAI antipsychotics for treatment of patients with schizophrenia in the maintenance treatment setting.  
  
METHODS: A literature review was conducted systematically to identify maintenance treatment studies reporting safety and tolerability outcomes for LAI antipsychotic therapies. Following an assessment of between-trial heterogeneity, a matching-adjusted indirect comparison (MAIC) was performed to account for between-trial imbalances in patient characteristics and to generate comparative evidence for safety and tolerability endpoints.  
  
RESULTS: The analysis showed that incidence of extrapyramidal symptoms (EPS) was found to be numerically, but not statistically significantly, lower in patients receiving Risperidone ISM than in those receiving Paliperidone palmitate (PP) (OR [95% CI] 0.63 [0.29, 1.38], p = 0.253) and statistically significantly lower than with Aripiprazole monohydrate once-monthly (AOM) (OR [95% CI] 0.25 [0.12, 0.53], p < 0.001). Use of anticholinergic agents for the alleviation of EPS was also shown to be significantly lower in Risperidone ISM patients than in those receiving PP (OR [95% CI] 0.29 [0.10, 0.83], p = 0.021) or AOM (OR [95% CI] 0.01 [0.003, 0.06], p < 0.001), suggesting a superior tolerability profile for clinically relevant EPS. Results from the sensitivity analyses comparing stabilized and stable patients receiving Risperidone ISM to those receiving AOM yielded similarly favorable conclusions in line with the base case analyses.  
  
CONCLUSIONS: This MAIC is consistent with the safety and tolerability results obtained during the PRISMA-3 clinical trial in the long-term treatment of schizophrenia and suggests a favorable safety and tolerability profile in terms of EPS incidence and anticholinergic agent use, relative to other antipsychotic therapies used for treatment of patients with schizophrenia in the maintenance setting. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

"AB":"Journal Article",

"FTURL":"2023",

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

"DJ":"Anticholinergics Extrapyramidal symptom MAIC Matching-adjusted indirect comparison Risperidone Schizophrenia",

"MV":"NOTNLM",

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"TI":"Cefiderocol use for the treatment of infections by carbapenem-resistant Gram-negative bacteria: An Italian multicentre real-life experience.",

"SO":"Journal of Antimicrobial Chemotherapy. 78(11) (pp 2752-2761), 2023. Date of Publication: 01 Nov 2023.",

"AU":"Piccica M.  
  
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"AB":"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. Method(s): 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 30day 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). Result(s): The cohort included 142 patients (72% male, median age 67years, with 89 cases of Acinetobacter baumannii infection, 22 cases of Klebsiella pneumoniae, 27 cases of Pseudomonas aeruginosa and 4 of other pathogens). The 30day 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). Conclusion(s): Real-life data confirm that cefiderocol is a promising option against carbapenem-resistant Gram-negative infections, even as monotherapy.Copyright © 2023 The Author(s). Published by Oxford University Press on behalf of British Society for Antimicrobial Chemotherapy.",

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"TI":"Genetic Predictive Factors for Nonsusceptible Phenotypes and Multidrug Resistance in Expanded-Spectrum Cephalosporin-Resistant Uropathogenic Escherichia coli from a Multicenter Cohort: Insights into the Phenotypic and Genetic Basis of Coresistance.",

"SO":"Msphere. 7(6):e0047122, 2022 12 21.",

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"AB":"ESBL expanded-spectrum cephalosporin resistance multilocus sequence type uropathogenic E. coli whole-genome sequence",

"FTURL":"NOTNLM",

"PM":"Antimicrobial resistance in urinary tract infections (UTIs) is a major public health concern. This study aims to characterize the phenotypic and genetic basis of multidrug resistance (MDR) among expanded-spectrum cephalosporin-resistant (ESCR) uropathogenic Escherichia coli (UPEC) causing UTIs in California patient populations. Between February and October 2019, 577 ESCR UPEC isolates were collected from patients at 6 clinical laboratory sites across California. Lineage and antibiotic resistance genes were determined by analysis of whole-genome sequence data. The lineages ST131, ST1193, ST648, and ST69 were predominant, representing 46%, 5.5%, 4.5%, and 4.5% of the collection, respectively. Overall, 527 (91%) isolates had an expanded-spectrum beta-lactamase (ESBL) phenotype, with blaCTX-M-15, blaCTX-M-27, blaCTX-M-55, and blaCTX-M-14 being the most prevalent ESBL genes. In the 50 non-ESBL phenotype isolates, 40 (62%) contained blaCMY-2, which was the predominant plasmid-mediated AmpC (pAmpC) gene. Narrow-spectrum beta-lactamases, blaTEM-1B and blaOXA-1, were also found in 44.9% and 32.1% of isolates, respectively. Among ESCR UPEC isolates, isolates with an ESBL phenotype had a 1.7-times-greater likelihood of being MDR than non-ESBL phenotype isolates (P < 0.001). The cooccurrence of blaCTX-M-15, blaOXA-1, and aac(6')-Ib-cr within ESCR UPEC isolates was strongly correlated. Cooccurrence of blaCTX-M-15, blaOXA-1, and aac(6')-Ib-cr was associated with an increased risk of nonsusceptibility to piperacillin-tazobactam, cefepime, fluoroquinolones, and amikacin as well as MDR. Multivariate regression revealed the presence of blaCTX-M-55, blaTEM-1B, and the ST131 genotype as predictors of MDR. IMPORTANCE The rising incidence of resistance to expanded-spectrum cephalosporins among Escherichia coli strains, the most common cause of UTIs, is threatening our ability to successfully empirically treat these infections. ESCR E. coli strains are often MDR therefore, UTI caused by these organisms often leads to treatment failure, increased length of hospital stay, and severe complications (D. G. Mark, Y.-Y. Hung, Z. Salim, N. J. Tarlton, et al., Ann Emerg Med 78:357-369, 2021, https://doi.org/10.1016/j.annemergmed.2021.01.003). Here, we performed an in-depth analysis of genetic factors of ESCR E. coli associated with coresistance and MDR. Such knowledge is critical to advance UTI diagnosis, treatment, and antibiotic stewardship.",

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Research Support, Non-U.S. Gov't  
  
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"TI":"Addition of daratumumab to lenalidomide, bortezomib, and dexamethasone for transplantation-eligible patients with newly diagnosed multiple myeloma (GRIFFIN): final analysis of an open-label, randomised, phase 2 trial.",

"SO":"The Lancet Haematology. 10(10):e825-e837, 2023 Oct.",

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"FTURL":"BACKGROUND: Addition of daratumumab to lenalidomide, bortezomib, and dexamethasone (D-RVd) in the GRIFFIN study improved the stringent complete response rate by the end of consolidation in transplantation-eligible patients with newly diagnosed multiple myeloma. Here, we report the findings of the predefined final analysis.  
  
METHODS: GRIFFIN was an open-label, randomised, active-controlled, phase 2 trial done in 35 research centres in the USA. Patients had newly diagnosed multiple myeloma with measurable disease by M protein or free light chain, were aged 18-70 years, had an ECOG performance score of 0-2, and were eligible for autologous haematopoietic stem-cell transplantation (HSCT). Patients were randomly assigned (1:1) to four D-RVd or RVd induction cycles, autologous HSCT, two D-RVd or RVd consolidation cycles, and lenalidomide with or without daratumumab maintenance therapy for 2 years. Patients received 21-day cycles of oral lenalidomide (25 mg on days 1-14), subcutaneous bortezomib (1.3 mg/m2 on days 1, 4, 8, and 11), oral dexamethasone (40 mg weekly) with or without intravenous daratumumab (16 mg/kg weekly, cycles 1-4 day 1, cycles 5-6). Maintenance therapy (28-day cycles) was oral lenalidomide (10 mg on days 1-21) with or without daratumumab (16 mg/kg intravenously every 4 or 8 weeks, or 1800 mg subcutaneously monthly). Patients could continue lenalidomide maintenance after study treatment completion. The primary endpoint was stringent complete response rate by the end of consolidation in the response-evaluable population, and has already been reported. Here we report updated stringent complete response rates and secondary outcomes including progression-free survival and overall survival. The trial is registered with ClinicalTrials.gov (NCT02874742) and ended on April 8, 2022.  
  
FINDINGS: Between Dec 20, 2016, and April 10, 2018, 104 patients were randomly assigned to the D-RVd group and 103 were randomly assigned to the RVd group most patients were White (85 [82%] in the D-RVd group and 76 [74%] in the RVd group) and male (58 [56%] in the D-RVd group and 60 [58%] in the RVd group). At a median follow-up of 49.6 months (IQR 47.4-52.1), D-RVd improved rates of stringent complete response (67 [67%] of 100] vs 47 [48%] of 98] odds ratio 2.18 [95% CI 1.22-3.89], p=0.0079), and 4-year progression-free survival was 87.2% (95% CI 77.9-92.8) for D-RVd versus 70.0% (95% CI 55.9-80.3) for RVd, with a hazard ratio (HR) of 0.45 (95% CI 0.21-0.95, p=0.032) for risk of disease progression or death with D-RVd. Median overall survival was not reached for either group (HR 0.90 [95% CI 0.31-2.56], p=0.84). The most common grade 3-4 treatment-emergent adverse events in the D-RVd versus RVd groups were neutropenia (46 [46%] of 99 vs 23 [23%] of 102), lymphopenia (23 [23%] vs 23 [23%]), leukopenia (17 [17%] vs eight [8%]), thrombocytopenia (16 [16%] vs nine [9%]), pneumonia (12 [12%] vs 14 [14%]), and hypophosphataemia (ten [10%] vs 11 [11%]). Serious treatment-emergent adverse events occurred in 46 (46%) of 99 patients in the D-RVd group and in 53 (52%) of 102 patients in the RVd group. One patient in each treatment group reported a treatment-emergent adverse event that resulted in death (bronchopneumonia in the D-RVd group cause unknown in the RVd group) neither was related to study treatment. No new safety concerns occurred with maintenance therapy.  
  
INTERPRETATION: Addition of daratumumab to RVd improved the depth of response and progression-free survival in transplantation-eligible patients with newly diagnosed multiple myeloma. These results justify further evaluation in phase 3 studies.  
  
FUNDING: Janssen Oncology. Copyright © 2023 Elsevier Ltd. All rights reserved.",

"PM":"Randomized Controlled Trial  
  
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"DJ":"2023",

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

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"TI":"Chemotherapy-Induced Peripheral Neuropathy: Diagnosis, Agents, General Clinical Presentation, and Treatments.",

"SO":"Current Oncology Reports. 25(11) (pp 1227-1235), 2023. Date of Publication: November 2023.",

"AU":"Molinares D.  
  
Kurtevski S.  
  
Zhu Y.",

"AO":"Molinares, Diana ORCID: https://orcid.org/0000-0001-8870-494X",

"IN":"(Molinares, Kurtevski, Zhu) Department of Physical Medicine and Rehabilitation, University of Miami Miller School of Medicine, 1611 NW 12th avenue, Miami, FL 33136, United States",

"PB":"Springer",

"MH":"acupuncture  
  
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"OD":"Purpose of Review: This review aims to discuss pathophysiology, diagnosis, clinical presentation, and treatment of chemotherapy-induced peripheral neuropathy. Agent-specific presentation and pathophysiology is also being discussed. Recent Findings: As new systemic oncological treatments continue to be developed, the number of cancer survivors continues to grow. Survivors are living longer with the long-term side effects of oncological treatments. We reviewed the pathophysiology of agent-specific chemotherapy-induced peripheral neuropathy and the updates in its treatment and preventative tools. Summary: Chemotherapy-induced peripheral neuropathy is a debilitating long-term side effect that often impairs cancer survivors' function and quality of life. The increasing life expectancy of cancer survivors has resulted in increased prevalence of this condition. Understanding its intricacies can provide physicians with better treatment tools and research opportunities to develop or identify new therapeutic agents.Copyright © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.",

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gabapentin / adverse drug reaction / drug comparison / drug therapy  
  
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"TI":"Effect of Clinical Decision Support on Cardiovascular Risk among Adults with Bipolar Disorder, Schizoaffective Disorder, or Schizophrenia: A Cluster Randomized Clinical Trial.",

"SO":"JAMA Network Open. (pp E220202), 2022. Date of Publication: 2022.",

"AU":"Rossom R.C.  
  
Crain A.L.  
  
O'Connor P.J.  
  
Waring S.C.  
  
Hooker S.A.  
  
Ohnsorg K.  
  
Taran A.  
  
Kopski K.M.  
  
Sperl-Hillen J.M.",

"AO":"nan",

"IN":"(Rossom, Crain, O'Connor, Hooker, Ohnsorg, Sperl-Hillen) Department of Research, HealthPartners Institute, 8170 33rd Ave S, MS21112R, Minneapolis, MN 55425, United States  
  
(Waring, Taran) Essentia Health and Essentia Institute of Rural Health, Duluth, MN, United States  
  
(Kopski) Park Nicollet Health Services, Minneapolis, MN, United States  
  
(Kopski) Medica Health Plan, Minnetonka, MN, United States",

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"FTURL":"Importance: Adults with schizophrenia, schizoaffective disorder, or bipolar disorder, collectively termed serious mental illness (SMI), have shortened life spans compared with people without SMI. The leading cause of death is cardiovascular (CV) disease. Objective(s): To assess whether a clinical decision support (CDS) system aimed at primary care clinicians improves CV health for adult primary care patients with SMI. Design, Setting, and Participant(s): In this cluster randomized clinical trial conducted from March 2, 2016, to September 19, 2018, restricted randomization assigned 76 primary care clinics in 3 Midwestern health care systems to receive or not receive a CDS system aimed at improving CV health among patients with SMI. Eligible clinics had at least 20 patients with SMI clinicians and their adult patients with SMI with at least 1 modifiable CV risk factor not at the goal set by the American College of Cardiology/American Heart Association guidelines were included. Statistical analysis was conducted on an intention-to-treat basis from January 10, 2019, to December 29, 2021. Intervention(s): The CDS system assessed modifiable CV risk factors and provided personalized treatment recommendations to clinicians and patients. Main Outcomes and Measures: Patient-level change in total modifiable CV risk over 12 months, summed from individual modifiable risk factors (smoking, body mass index, low-density lipoprotein cholesterol level, systolic blood pressure, and hemoglobin A1clevel). Result(s): A total of 80 clinics were randomized 4 clinics were excluded for having fewer than 20 eligible patients, leaving 42 intervention clinics and 34 control clinics. A total of 8937 patients with SMI (4922 women [55.1%] mean [SD] age, 48.4 [13.5] years) were enrolled. There was a 4% lower rate of increase in total modifiable CV risk among intervention patients relative to control patients (relative rate ratio [RR], 0.96 95% CI, 0.94-0.98). The intervention favored patients who were 18 to 29 years of age (RR, 0.89 95% CI, 0.81-0.98) or 50 to 59 years of age (RR, 0.93 95% CI, 0.90-0.96), Black (RR, 0.93 95% CI, 0.88-0.98), or White (RR, 0.96 95% CI, 0.94-0.98). Men (RR, 0.96 95% CI, 0.94-0.99) and women (RR, 0.95 95% CI, 0.92-0.97), as well as patients with any SMI subtype (bipolar disorder: RR, 0.96 95% CI, 0.94-0.99 schizoaffective disorder: RR, 0.94 95% CI, 0.90-0.98 schizophrenia: RR, 0.92 95% CI, 0.85-0.99) also benefited from the intervention. Despite treatment effects favoring the intervention, there were no significant differences in individual modifiable risk factors. Conclusions and Relevance: This CDS intervention resulted in a rate of change in total modifiable CV risk that was 4% lower among intervention patients compared with control patients. Results were driven by the cumulative effects of incremental and mostly nonsignificant changes in individual modifiable risk factors. These findings emphasize the value of using CDS to prompt early primary care intervention for adults with SMI. Trial Registration: ClinicalTrials.gov Identifier: NCT02451670.Copyright © 2022 American Medical Association. All rights reserved.",

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"VN":"Ovid Technologies",

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

"UI":"37032553",

"TI":"Effects of Trainer Continuity and Experience on Neurofeedback Treatment of ADHD in Children.",

"SO":"Journal of Attention Disorders. 27(9):1035-1039, 2023 07.",

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

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"PB":"Cash S  
  
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"MH":"Cash, Shelby ORCID: https://orcid.org/0000-0002-7869-5426",

"DU":"Cash, Shelby  
  
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deBeus, Roger  
  
Kerson, Cynthia  
  
Arnold, Lawrence Eugene",

"OD":"Cash, Shelby. The Ohio State University College of Medicine, Columbus, USA.  
  
Rogge, Carson. The Ohio State University College of Medicine, Columbus, USA.  
  
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deBeus, Roger. University of North Carolina, Asheville, USA.  
  
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Arnold, Lawrence Eugene. Ohio State Nisonger Center, Columbus, USA.",

"AB":"Humans  
  
Child  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
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"FTURL":"ADHD children neurofeedback nonpharmaceutical intervention",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: To examine whether trainer continuity and experience impacted the significantly improved inattention scores (pre-post d = 1.44-1.53) seen in both the control and active treatment groups of Double-Blind Placebo-Controlled Randomized Clinical Trial of Neurofeedback for Attention-Deficit/Hyperactivity Disorder (2021).  
  
METHODS: The primary trainer was the one who coached the most treatment sessions with a participant. A trainer was considered experienced after coaching 100 sessions. The percentage of sessions each participant had with their primary trainer and percentage with an experienced trainer were entered as independent variables into linear mixed models in SASv.9.4 with improvement in inattention ratings by parents and teachers (primary outcome) as dependent variable.  
  
RESULTS: Effect of trainer continuity on primary outcome was not significant (B = -0.016, SE = 0.153, t(123) = -0.11, p = .916). However, percent of sessions with an experienced trainer correlated with increased improvement (B = 0.238, SE = 0.095, t(123) = 2.51, p = .013).  
  
CONCLUSION: Neurofeedback trainer continuity does not appear important, while trainer experience with at least 100 sessions correlates with better outcomes.",

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"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, N.I.H., Extramural  
  
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"Database":"EMBASE",

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"DB":"Embase",

"UI":"50878038",

"TI":"Effects of food on physical and sleep complaints in children with ADHD: a randomised controlled pilot study.",

"SO":"European Journal of Pediatrics. (pp 1-10), 2010. Date of Publication: 2010.",

"AU":"Pelsser L.M.  
  
Frankena K.  
  
Buitelaar J.K.  
  
Rommelse N.N.",

"AO":"(Pelsser) ADHD Research Centre, Liviuslaan 49, Eindhoven, 5624, Netherlands  
  
(Frankena) Quantitative Veterinary Epidemiology Group, Wageningen University, Wageningen, Netherlands  
  
(Buitelaar, Rommelse) Radboud University Nijmegen Medical Centre and Karakter, Child and Adolescent Psychiatry University Center Nijmegen, Nijmegen, Netherlands",

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"OD":"Attention deficit/hyperactivity disorder (ADHD), a common behavioural disorder in children, may be associated with comorbid physical and sleep complaints. Dietary intervention studies have shown convincing evidence of efficacy in reducing ADHD symptoms in children. In this pilot study, we investigated the effects of an elimination diet on physical and sleep complaints in children with ADHD. A group of 27 children (3.8-8.5 years old), who all met the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria for ADHD, were assigned randomly to either a diet group (15/27) or a control group (12/27). The diet group followed a 5-week elimination diet the control group adhered to their normal diet. Parents of both groups had to keep an extended diary and had to monitor the behaviour and the physical and sleep complaints of their child conscientiously. The primary endpoint was the clinical response, i.e. a decrease of physical and sleep complaints, at the end of the trial, based on parent ratings on a Physical Complaints Questionnaire. The number of physical and sleep complaints was significantly decreased in the diet group compared to the control group (p < 0.001), with a reduction in the diet group of 77% (p < 0.001, effect size = 2.0) and in the control group of 17% (p = 0.08, effect size = 0.2). Specific complaints that were significantly reduced were in three domains: headaches or bellyaches, unusual thirst or unusual perspiration, and sleep complaints. The reduction of complaints seemed to occur independently of the behavioural changes (p = 0.1). However, the power of this comparison was low. A positive correlation existed between the reduction of physical and behavioural symptoms (p < 0.01). The reduction did not differ between children with or without an atopic constitution (p = 0.7). An elimination diet may be an effective instrument to reduce physical complaints in children with ADHD, but more research is needed to determine the effects of food on (functional) somatic symptoms in children with and without ADHD. This trial was registered as an International Standard Randomised Controlled Trial, ISRCTN47247160. © 2010 The Author(s).",

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

"UI":"37550314",

"TI":"Effects of ulotaront on brain circuits of reward, working memory, and emotion processing in healthy volunteers with high or low schizotypy.",

"SO":"Schizophrenia (Heidelberg, Germany). 9(1):49, 2023 Aug 07.",

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Harmer, Catherine J  
  
Deakin, Bill  
  
Koblan, Kenneth S",

"DU":"Perini, Francesca. Faculty of Biology, Medicine and Health, Division of Neuroscience and Experimental Psychology, School of Biological Sciences, University of Manchester, Manchester Academic Health Science Centre, Manchester, M13 9PT, UK.  
  
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Koblan, Kenneth S. Sunovion Pharmaceuticals Inc., 84 Waterford Drive, Marlborough, MA, 01752, USA.",

"OD":"Ulotaront, a trace amine-associated receptor 1 (TAAR1) and serotonin 5-HT1A receptor agonist without antagonist activity at dopamine D2 or the serotonin 5-HT2A receptors, has demonstrated efficacy in the treatment of schizophrenia. Here we report the phase 1 translational studies that profiled the effect of ulotaront on brain responses to reward, working memory, and resting state connectivity (RSC) in individuals with low or high schizotypy (LS or HS). Participants were randomized to placebo (n = 32), ulotaront (50 mg n = 30), or the D2 receptor antagonist amisulpride (400 mg n = 34) 2 h prior to functional magnetic resonance imaging (fMRI) of blood oxygen level-dependent (BOLD) responses to task performance. Ulotaront increased subjective drowsiness, but reaction times were impaired by less than 10% and did not correlate with BOLD responses. In the Monetary Incentive Delay task (reward processing), ulotaront significantly modulated striatal responses to incentive cues, induced medial orbitofrontal responses, and prevented insula activation seen in HS subjects. In the N-Back working memory task, ulotaront modulated BOLD signals in brain regions associated with cognitive impairment in schizophrenia. Ulotaront did not show antidepressant-like biases in an emotion processing task. HS had significantly reduced connectivity in default, salience, and executive networks compared to LS participants and both drugs reduced this difference. Although performance impairment may have weakened or contributed to the fMRI findings, the profile of ulotaront on BOLD activations elicited by reward, memory, and resting state is compatible with an indirect modulation of dopaminergic function as indicated by preclinical studies. This phase 1 study supported the subsequent clinical proof of concept trial in people with schizophrenia.Clinical trial registration: Registry# and URL: ClinicalTrials.gov NCT01972711, https://clinicaltrials.gov/ct2/show/NCT01972711. Copyright © 2023. Springer Nature Limited.",

"AB":"Journal Article",

"FTURL":"2023",

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

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"MV":"nan",

"TN":"Perini, Francesca ORCID: http://orcid.org/0000-0001-6558-5060  
  
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"UI":"2028292074",

"TI":"Clinical and microbiological evaluation of ventilator-associated pneumonia in an intensive care unit in Vietnam.",

"SO":"Infection Prevention in Practice. 5(4) (no pagination), 2023. Article Number: 100318. Date of Publication: December 2023.",

"AU":"Hayakawa K.  
  
Binh N.G.  
  
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"PB":"Elsevier Ltd",

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"AB":"Background: The increasing incidence of multidrug-resistant Gram-negative bacteria causing ventilator-associated pneumonia (VAP) is a global concern. A better understanding of the epidemiology of VAP in Southeast Asia is essential to optimise treatments and patient outcomes. Method(s): VAP epidemiology in an intensive care unit in Vietnam was investigated. A prospective cohort study was conducted. Patients who were ventilated for >48 hours, diagnosed with VAP, and had a positive respiratory culture between October 2015 and March 2017 were included. Whole-genome sequencing (WGS) was performed on Acinetobacter baumannii isolates. Result(s): We identified 125 patients (137 episodes) with VAP from 1,699 admissions. Twelve patients had 2 VAP episodes. The median age was 60 years (interquartile range: 48-70), and 68.8% of patients were male. Diabetes mellitus was the most frequent comorbidity (N=35, 28%). Acinetobacter baumannii was most frequently isolated in the first VAP episode (N=84, 67.2%) and was multiply resistant to meropenem, levofloxacin, and amikacin. The 30-day mortality rate was 55.2% (N=69) and higher in patients infected with A. baumannii (N=52, 65%). WGS results suggested a complex spread of multiple clones. Conclusion(s): In an intensive care unit in Vietnam, VAP due to A. baumannii had a high mortality rate, and A. baumannii and K. pneumoniae were multidrug resistant, with carbapenem resistance of 97% and 70%, respectively.Copyright © 2023 The Authors",

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

"UI":"37391819",

"TI":"Clinical and molecular features of NDM-producing Acinetobacter baumannii in a multicenter study in Israel.",

"SO":"Annals of Clinical Microbiology & Antimicrobials. 22(1):52, 2023 Jun 30.",

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"AB":"Acinetobacter baumannii Carbapenem NDM Transmission Whole-genome sequencing",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: NDM-producing Acinetobacter baumannii (NDMAb) were reported sporadically worldwide but little is known about the transmission, epidemiology and clinical features of NDMAb-infected patients. The goals of this study were to characterize (1) the epidemiology and clinical features of NDMAb-infected patients (2) the microbiological and molecular features of NDMAb isolates and (3) the transmission networks of NDMAb within healthcare facilities.  
  
METHODS: The study was conducted at the Tel-Aviv Sourasky, Rambam and Sha'are-Zedek Medical centers (TASMC, RMC and SZMC, respectively) in Israel. All cases detected between January 2018 and July 2019 were included. Phylogenetic analysis was based on core genome SNP distances. Clonal transmission was defined according to molecular (<= 5 SNP) and epidemiological criteria (overlapping hospital stay). NDMAb cases were compared at a ratio of 1:2 with non-NDM carbapenem-resistant A. baumannii (CRAb) cases.  
  
RESULTS: The study included 54 NDMAb-positive out of 857 CRAb patients, including 6/179 (3.3%) in TASMC, 18/441 (4.0%) in SZMC and 30/237 (12.6%) in RMC. Patients infected by NDMAb had similar clinical features and risk factors as patients with non-NDM CRAb. The length-of-stay was higher in NDMAb cases (48.5 days vs. 36 days, respectively, p = 0.097) and the in-hospital mortality was similarly high in both groups. Most isolates (41/54, 76%) were first detected from surveillance culture. The majority of isolates harbored the blaNDM-2 gene allele (n = 33), followed by the blaNDM-1 (n = 20) allele and the blaNDM-4 allele (n = 1). The majority of isolates were related within the ST level to other isolates in SZMC and RMC: 17/18 and 27/30 isolates, respectfully. The common ST's were the blaNDM-1 harboring ST-2 (n = 3) and ST-107 (n = 8) in SZMC and the blaNDM-2 harboring ST-103 in SZMC (n = 6) and in RMC (n = 27). All blaNDM alleles were located within a conserved mobile genetic environment flanked by the ISAb125 and IS91 family transposon. Clonal transmission was identified in most hospital-acquired cases in RMC and SZMC.  
  
CONCLUSION: NDMAb constitutes a minor part of CRAb cases and are clinically similar to non-NDM CRAb. Transmission of NDMAb occurs mostly by clonal spread. Copyright © 2023. The Author(s).",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
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"UI":"37990162",

"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):1132, 2023 Nov 21.",

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

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"PB":"Kauer J  
  
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"MH":"Kauer, Joseph  
  
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"OD":"Elotuzumab Isatuximab Lenalidomide Multiple myeloma Stem cell mobilization",

"AB":"NOTNLM",

"FTURL":"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.  
  
METHODS: 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).  
  
RESULTS: 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%).  
  
CONCLUSIONS: 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).",

"PM":"Clinical Trial, Phase III  
  
Journal Article  
  
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"DJ":"2023",

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"TN":"nan",

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"TI":"Remdesivir and SARS-CoV-2 monoclonal antibodies to prevent COVID-19 progression in hematological patients: an observational study.",

"SO":"Pharmacological Reports. 75(5) (pp 1254-1264), 2023. Date of Publication: October 2023.",

"AU":"Vicente-Valor J.  
  
Rodriguez-Gonzalez C.  
  
Ferris-Villanueva M.  
  
Chamorro-de-Vega E.  
  
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"AO":"Vicente-Valor, Juan ORCID: https://orcid.org/0000-0001-9319-5107",

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(Osorio-Prendes, Oarbeascoa-Royuela) Hematology Department, Hospital General Universitario Gregorio Maranon, Instituto de Investigacion Sanitaria Gregorio Maranon, Doctor Esquerdo, 46, Madrid 28007, Spain",

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"OD":"Background: Patients with hematological malignancies (HM) are at high risk of COVID-19 progression. Hence, early treatments to prevent progression are needed. The aim of our work was to evaluate the effectiveness and safety of remdesivir (RDV) and SARS-CoV-2 monoclonal antibodies (mAb) in patients with HM and mild-to-moderate disease in real clinical practice. Method(s): We conducted a prospective study in a tertiary hospital in 55 HM patients with mild-to-moderate SARS-CoV-2 disease diagnosed between August 2021 and July 2022 and who received RDV or mAb to prevent COVID-19 progression (related death or hospitalization). The primary endpoint was COVID-19 progression on day 28. Other outcomes were COVID-19 progression beyond day 28 and viral load evolution. Result(s): RDV was administered to 44 (80.0%) patients and mAb to 11 (20.0%) patients. Death occurred in 1 (1.8%) patient and hospitalization in 9 (16.4%) patients by day 28, respectively 3 patients (5.5%) required intensive care and 8 (14.5%), oxygen support. Of note, 5 additional patients [15, (27.3%) in total] died or required hospitalization after day 28. Two hazard Cox regression models yielded the absence of anti-SARS-CoV-2 antibodies, age over 65 years, and ECOG-performance status >= 2 as the main risk factors for COVID-19-related death or hospitalization. Conclusion(s): Our results from clinical practice suggest that RDV and SARS-CoV-2 mAb therapies elicit worse outcomes in hematological patients than those reported for high-risk population in clinical trials.Copyright © 2023, The Author(s) under exclusive licence to Maj Institute of Pharmacology Polish Academy of Sciences.",

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nirmatrelvir  
  
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"DB":"Embase",

"UI":"2016800357",

"TI":"Genetic predisposition of BDNF (rs6265) gene is susceptible to Schizophrenia: A prospective study and updated meta-analysis.",

"SO":"Neurologia. (no pagination), 2022. Date of Publication: 2022.",

"AU":"Vajagathali M.  
  
Ramakrishnan V.",

"AO":"nan",

"IN":"(Vajagathali, Ramakrishnan) Human Cytogenetics and Genomics Laboratory, Faculty of Allied Health Sciences, Chettinad Hospital and Research Institute, Chettinad Academy of Research and Education, Kelambakkam, Tamilnadu 603103, India",

"PB":"Spanish Society of Neurology",

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genetic polymorphism  
  
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"FTURL":"Introduction: Genetic polymorphism in the BDNF gene has been found to cause neuronal alterations and has been identified as a causal factor for many neuropsychiatric disorders. Therefore, various neurological case-control studies and meta-analyses have been conducted to find the possible link between BDNF and susceptibility to schizophrenia. Method(s): This meta-analysis gathered data from 25 case-control studies including a total of 8384 patients with schizophrenia and 8821 controls in order to identify the relationship between the rs6265 single nucleotide polymorphism and the disease, evaluating the combined odds ratio and 95% confidence intervals under 5 different genetic models. Validation followed the Leave one out method, and we used the Egger test and Begg's funnel plot to identify publication bias. Result(s): Research into the rs6265 (G/A) polymorphism revealed a non-significant association with schizophrenia in all 5 genetic models in the subgroup analysis, no association was found between white and Asian populations, with a p value >.05. Conclusion(s): Overall, the updated meta-analysis revealed that rs6265 exonic polymorphisms do not increase susceptibility to this disease. However, to better understand the pathogenesis of the disease, there is a need for further case-control studies into the BDNF polymorphism including larger sample sizes and different ethnic groups.Copyright © 2021 Sociedad Espanola de Neurologia",

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"TI":"Inhibitory Control Training Improves Attention Deficit-Hyperactivity Disorder Symptoms and Externalizing Behavior.",

"SO":"Clinical Child Psychology & Psychiatry. 28(3):909-923, 2023 Jul.",

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

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"PB":"Nejati V  
  
Fallah F  
  
Raskin S",

"MH":"Nejati, Vahid ORCID: https://orcid.org/0000-0003-0419-5207  
  
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Fallah, Fatemeh RINGGOLD: 68106  
  
Raskin, Sarah RINGGOLD: 8809",

"DU":"Nejati, Vahid  
  
Fallah, Fatemeh  
  
Raskin, Sarah",

"OD":"Nejati, Vahid. Department of Psychology, Shahid Beheshti University, Tehran, Iran.  
  
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Raskin, Sarah. Department of Psychology, Trinity College, Hartford, CT, USA.",

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Humans  
  
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METHODS: In the present study, 30 preschoolers with ADHD were recruited in a random clinical trial design in two control and intervention groups. The Flanker and Go/No-Go tasks, Swanson, Nolan, and Pelham Rating Scale, and Child Behavior Checklist were used for assessment at baseline, after the intervention, and 1-month follow-up sessions. The program for attentive rehabilitation of inhibition and selective attention (PARISA) was used for intervention in 10-12 sessions.  
  
RESULTS: Findings showed an improvement in prepotent inhibition and interference control in the intervention group. Furthermore, the hyperactivity/impulsivity symptoms were ameliorated, and the externalizing behavioral problems were improved after the intervention.  
  
CONCLUSION: Inhibitory control in preschoolers with ADHD is trainable, and the training gain could be transferred to ADHD symptoms and externalizing behavior.",

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"TI":"Different whole-brain functional connectivity correlates of reactive-proactive aggression and callous-unemotional traits in children and adolescents with disruptive behaviors.",

"SO":"NeuroImage: Clinical. 40(no pagination), 2023. Article Number: 103542. Date of Publication: January 2023.",

"AU":"Werhahn J.E.  
  
Smigielski L.  
  
Sacu S.  
  
Mohl S.  
  
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Naaijen J.  
  
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Hoekstra P.J.  
  
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Penzol M.J.  
  
Zwiers M.P.  
  
Franke B.  
  
Buitelaar J.K.  
  
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"AO":"(Werhahn, Smigielski, Mohl, Willinger, Walitza, Brandeis) Department of Child and Adolescent Psychiatry and Psychotherapy, University Hospital of Psychiatry Zurich, University of Zurich, Zurich, Switzerland  
  
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(Buitelaar) Karakter Child and Adolescent Psychiatry University Center, Radboud University Medical Center, Radboud University, Nijmegen, Netherlands  
  
(Walitza, Brandeis) Neuroscience Center Zurich, University of Zurich and ETH Zurich, Zurich, Switzerland",

"IN":"Elsevier Inc.",

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major clinical study  
  
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"OD":"Background: Disruptive behavior in children and adolescents can manifest as reactive aggression and proactive aggression and is modulated by callous-unemotional traits and other comorbidities. Neural correlates of these aggression dimensions or subtypes and comorbid symptoms remain largely unknown. This multi-center study investigated the relationship between resting state functional connectivity (rsFC) and aggression subtypes considering comorbidities. Method(s): The large sample of children and adolescents aged 8-18 years (n = 207 mean age = 13.30+/-2.60 years, 150 males) included 118 cases with disruptive behavior (80 with Oppositional Defiant Disorder and/or Conduct Disorder) and 89 controls. Attention-deficit/hyperactivity disorder (ADHD) and anxiety symptom scores were analyzed as covariates when assessing group differences and dimensional aggression effects on hypothesis-free global and local voxel-to-voxel whole-brain rsFC based on functional magnetic resonance imaging at 3 Tesla. Result(s): Compared to controls, the cases demonstrated altered rsFC in frontal areas, when anxiety but not ADHD symptoms were controlled for. For cases, reactive and proactive aggression scores were related to global and local rsFC in the central gyrus and precuneus, regions linked to aggression-related impairments. Callous-unemotional trait severity was correlated with ICC in the inferior and middle temporal regions implicated in empathy, emotion, and reward processing. Most observed aggression subtype-specific patterns could only be identified when ADHD and anxiety were controlled for. Conclusion(s): This study clarifies that hypothesis-free brain connectivity measures can disentangle distinct though overlapping dimensions of aggression in youths. Moreover, our results highlight the importance of considering comorbid symptoms to detect aggression-related rsFC alterations in youths.Copyright © 2023 The Authors",

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"UI":"37974959",

"TI":"Microtubule stabilising peptides: new paradigm towards management of neuronal disorders. [Review]",

"SO":"Rsc Medicinal Chemistry. 14(11):2192-2205, 2023 Nov 15.",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Bhargava S  
  
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Sahu, Bichismita",

"DU":"Bhargava, Shubhangi. Department of Medicinal Chemistry, National Institute of Pharmaceutical Education and Research Ahmedabad India bichismita@niperahm.res.in.  
  
Kulkarni, Riya. Department of Pharmacology and Toxicology, National Institute of Pharmaceutical Education and Research Ahmedabad India.  
  
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Kumar, Hemant. Department of Pharmacology and Toxicology, National Institute of Pharmaceutical Education and Research Ahmedabad India.  
  
Sahu, Bichismita. Department of Medicinal Chemistry, National Institute of Pharmaceutical Education and Research Ahmedabad India bichismita@niperahm.res.in.",

"OD":"Neuronal cells made of soma, axon, and dendrites are highly compartmentalized and possess a specialized transport system that can convey long-distance electrical signals for the cross-talk. The transport system is made up of microtubule (MT) polymers and MT-binding proteins. MTs play vital and diverse roles in various cellular processes. Therefore, defects and dysregulation of MTs and their binding proteins lead to many neurological disorders as exemplified by Parkinson's disease, Alzheimer's disease, amyotrophic lateral sclerosis, Huntington's disease, and many others. MT-stabilising agents (MSAs) altering the MT-associated protein connections have shown great potential for several neurodegenerative disorders. Peptides are an important class of molecules with high specificity, biocompatibility and are devoid of side effects. In the past, peptides have been explored in various neuronal disorders as therapeutics. Davunetide, a MT-stabilising octapeptide, has entered into phase II clinical trials for schizophrenia. Numerous examples of peptides emerging as MSAs reflect the emergence of a new paradigm for peptides which can be explored further as drug candidates for neuronal disorders. Although small molecule-based MSAs have been reviewed in the past, there is no systematic review in recent years focusing on peptides as MSAs apart from davunetide in 2013. Therefore, a systematic updated review on MT stabilising peptides may shed light on many hidden aspects and enable researchers to develop new therapies for diseases related to the CNS. In this review we have summarised the recent examples of peptides as MSAs. Copyright This journal is © The Royal Society of Chemistry.",

"AB":"Journal Article  
  
Review",

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

"DJ":"nan",

"MV":"nan",

"TN":"Dewangan, Bhaskar ORCID: https://orcid.org/0000-0001-7309-8035  
  
Kumar, Kunal ORCID: https://orcid.org/0009-0009-7488-7920  
  
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"SO":"Clinical Laboratory. 69(10) (pp 2190-2194), 2023. Date of Publication: 2023.",

"AU":"El Kettani A.  
  
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"AO":"nan",

"IN":"(El Kettani, Zerouali, Soussi-Abdallaoui) Laboratory of Bacteriology, Virology and Hospital Hygiene, Ibn Rochd University Hospital, Casablanca, Morocco  
  
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"PB":"Verlag Klinisches Labor GmbH",

"MH":"\*antibacterial activity  
  
antibiotic resistance  
  
antibiotic sensitivity  
  
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prospective study  
  
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prospective study  
  
\*Pseudomonas aeruginosa  
  
Raoultella  
  
sample  
  
university hospital",

"AB":"Background: The aim of this study is to determine the in vitro activity of ceftazidime-avibactam (CZA) on Enterobacteriaceae and P. aeruginosa strains isolated in the bacteriology-virology laboratory of the Ibn Rochd University of Casablanca. Method(s): This is a prospective descriptive longitudinal study conducted from May 28 through June 25, 2022, on Enterobacteriaceae and P. aeruginosa isolated from diagnostic samples received at the Bacteriology-Virology and Hospital Hygiene Laboratory of the Ibn Rochd University Hospital of Casablanca. The isolation and identification of the strains were carried out using standard bacteriological techniques. The study of sensitivity to ceftazidime-avibactam was done by diffusion susceptibility testing on agar medium according to EUCAST 2022 recommendations. Result(s): During the study period, 271 strains of Enterobacteriaceae were isolated. The sensitivity rate to ceftazidime-avibactam was 91% vs. 74% for ceftazidime alone. R. terrigena was the most resistant strain to CZA with a rate of 69%, followed by E. cloacae (14%), then K. pneumoniae (6%), and finally E. coli (5%). Among the strains isolated, 24% (n = 66) produced ESBL, of which 29% (n = 19) were resistant to CZA, and 10.7% (n = 29) were resistant to imipenem, including 44, 8% (n = 13) that were resistant to imipenem and CZA. Regarding P. aeruginosa, 92 strains were isolated. The CZA resistance rate was 33.6% (n = 31). Among the strains isolated, 30.4% (n = 29) were resistant to imipenem, of which 82.7% (n = 24) were resistant to CZA. Conclusion(s): The in vitro evaluation of the ceftazidime-avibactam activity on the strains isolated, mainly: E. Coli, K. Pneumoniae, and E. Cloacae, showed a good inhibitory activity of this molecule which can constitute a therapeutic alternative for the treatment of infections due to these microorganisms.Copyright © 2023 Verlag Klinisches Labor GmbH. All rights reserved.",

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

"UI":"37125467",

"TI":"Navigating Available Treatment Options for Carbapenem-Resistant Acinetobacter baumannii-calcoaceticus Complex Infections. [Review]",

"SO":"Clinical Infectious Diseases. 76(Suppl 2):S179-S193, 2023 05 01.",

"AU":"1",

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Paterson, David L  
  
Tamma, Pranita D",

"OD":"Shields, Ryan K. Department of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania, USA.  
  
Paterson, David L. ADVANCE-ID, Saw Swee Hock School of Public Health, National University of Singapore, Singapore.  
  
Tamma, Pranita D. Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA.",

"AB":"Acinetobacter cefiderocol colistin durlobactam sulbactam",

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"PM":"Carbapenem-resistant Acinetobacter baumannii-calcoaceticus complex (CRAB) is one of the top-priority pathogens for new antibiotic development. Unlike other antibiotic-resistant threats, none of the available therapies have been shown to consistently reduce mortality or improve patient outcomes in clinical trials. Antibiotic combination therapy is routinely used in clinical practice however, the preferred combination has not been defined. This narrative review focuses on evidence-based solutions for the treatment of invasive CRAB infections. We dissect the promise and perils of traditional agents used in combination, such as colistin, sulbactam, and the tetracyclines, and offer clinical pearls based on our interpretation of the available data. Next, we investigate the merits of newly developed beta-lactam agents like cefiderocol and sulbactam-durlobactam, which have demonstrated contrasting results in recent randomized clinical trials. The review concludes with the authors' perspective on the evolving treatment landscape for CRAB infections, which is complicated by limited clinical data, imperfect treatment options, and a need for future clinical trials. We propose that effective treatment for CRAB infections requires a personalized approach that incorporates host factors, the site of infection, pharmacokinetic-pharmacodynamic principles, local molecular epidemiology of CRAB isolates, and careful interpretation of antibiotic susceptibility testing results. In most clinical scenarios, a dose-optimized, sulbactam-based regimen is recommended with the addition of at least one other in vitro active agent. Should sulbactam-durlobactam receive regulatory approval, recommendations will need to be re-evaluated with the most recent evidence. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of Infectious Diseases Society of America.",

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

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

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Sulbactam/tu [Therapeutic Use]  
  
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Carbapenems/tu [Therapeutic Use]  
  
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"TI":"Safety of Subcutaneous Daratumumab in Anti-CD38 Monoclonal Antibody-Naive Patients with Plasma Cell Disorders: A Multicenter Real-Life Experience.",

"SO":"Targeted Oncology. 18(6):885-892, 2023 Nov.",

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"MH":"De Novellis, Danilo  
  
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"DU":"De Novellis, Danilo. Department of Medicine, Surgery and Dentistry Scuola Medica Salernitana, University of Salerno, 84081, Baronissi, Italy.  
  
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"OD":"nan",

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"FTURL":"BACKGROUND: Daratumumab, an anti-CD38 monoclonal antibody, is used for treatment of multiple myeloma (MM) and light chain amyloidosis at an intravenous dosage of 16 mg/kg or at a subcutaneous fixed dose of 1800 mg. However, the subcutaneous formulation has only recently been approved in Europe, and real-life data on its safety are still few.  
  
OBJECTIVE: In this multicenter retrospective real-life experience, we provided evidence for the safety of subcutaneous daratumumab in plasma cell disorders.  
  
PATIENTS AND METHODS: A total of 189 patients diagnosed with MM or light chain amyloidosis were included in this retrospective study, and all subjects were daratumumab-naive. Primary endpoint was safety of subcutaneous daratumumab, especially for infusion-related reaction (IRR) incidence and severity. All patients received premedication with dexamethasone, paracetamol, and antihistamine, with montelukast usage in 85% of cases.  
  
RESULTS: Eight patients (4%) experienced IRRs, mainly of grade I-II, and other frequent toxicities were: hematological (thrombocytopenia, 4% neutropenia, 5% lymphopenia, 6%) and non-hematological (pneumonia, 4% diarrhea, 2% and cytomegalovirus reactivation, 0.5%). In our multicenter retrospective real-life experience, subcutaneous daratumumab was well-tolerated with an excellent safety profile with a very low (4%) IRR incidence, even in frailer MM patients with severe renal impairment or increased body weight.  
  
CONCLUSIONS: Subcutaneous daratumumab was safe in a real-life setting including patients with severe renal failure and advanced disease. However, further studies on larger and prospective cohorts are required to confirm our real-life observations. Copyright © 2023. The Author(s).",

"PM":"Multicenter Study  
  
Journal Article",

"DJ":"2023",

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"TN":"Giudice, Valentina ORCID: http://orcid.org/0000-0002-7492-6848",

"Unnamed: 22":"nan",

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"SO":"Bone Marrow Transplantation. 58(11) (pp 1182-1188), 2023. Date of Publication: November 2023.",

"AU":"Tilmont R.  
  
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Eikema D.-J.  
  
Zinger N.  
  
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(Jost) University Hospital Aachen, Aachen, Germany  
  
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"OD":"In the setting of a first relapse of multiple myeloma (MM), a second autologous stem cell transplant (ASCT) following carfilzomib-lenalidomide-dexamethasone (KRd) is an option, although there is scarce data concerning this approach. We performed a retrospective study involving 22 EBMT-affiliated centers. Eligible MM patients had received a second-line treatment with KRd induction followed by a second ASCT between 2016 and 2018. Primary objective was to estimate progression-free survival (PFS) and overall survival (OS). Secondary objectives were to assess the response rate and identify significant variables affecting PFS and OS. Fifty-one patients were identified, with a median age of 62 years. Median PFS after ASCT was 29.5 months while 24- and 36-months OS rates were 92.1% and 84.5%, respectively. Variables affecting PFS were an interval over four years between transplants and the achievement of a very good partial response (VGPR) or better before the relapse ASCT. Our study suggests that a relapse treatment with ASCT after KRd induction is an effective strategy for patients with a lenalidomide-sensitive first relapse. Patients with at least four years of remission after a frontline ASCT and who achieved at least a VGPR after KRd induction appear to benefit the most from this approach.Copyright © 2023, The Author(s).",

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"TI":"Negative symptoms: associations with defeatist beliefs, self-efficacy, and maladaptive schemas in youth and young adults at-risk for psychosis.",

"SO":"Behavioural and cognitive psychotherapy. (pp 1-14), 2021. Date of Publication: 17 Nov 2021.",

"AU":"Devoe D.J.  
  
Cadenhead K.S.  
  
Cornblatt B.  
  
Granholm E.  
  
Addington J.",

"AO":"Devoe, Daniel J. ORCID: https://orcid.org/0000-0003-4931-0205",

"IN":"(Devoe, Addington) Department of Psychiatry, Hotchkiss Brain Institute, University of Calgary, AB, Canada  
  
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(Granholm) Veterans Affairs San Diego Healthcare System, San Diego, CA, USA",

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"FTURL":"BACKGROUND: Investigations into possible mechanisms that may contribute to the development, maintenance, and exacerbation of negative symptoms are needed. Defeatist beliefs, self-efficacy, and early maladaptive schemas have been shown to contribute to negative symptoms in schizophrenia. Likewise, negative symptoms occur in those at clinical high-risk (CHR) for psychosis. AIMS: The aim of this study was to determine if negative symptoms were associated with defeatist beliefs, self-efficacy, and early maladaptive schemas in CHR participants of a group therapy intervention study. METHOD(S): All CHR participants (n = 203 99 males, 104 females) were recruited as part of a three-site randomized control trial: Recovery through Group Study (ReGroup). Negative symptoms, defeatist beliefs, self-efficacy and early maladaptive schemas were assessed by trained clinical raters. Mediation analyses were conducted to examine the relationship between defeatist beliefs, self-efficacy, functioning, and negative symptoms. RESULT(S): The majority of CHR youth (72.9%) had at least one negative symptom of moderate to above moderate severity at baseline. In multiple mediation analyses, both asocial beliefs and social self-efficacy mediated the effects of social functioning on negative symptoms. Finally, defeatist performance attitudes significantly mediated the effects of role functioning on negative symptoms. CONCLUSION(S): These results highlight the importance of considering beliefs and attitudes in relation to functioning and severity of negative symptoms. Psychosocial interventions may wish to target beliefs and attitudes in effort to reduce negative symptoms and improve functioning in CHR youth.",

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"TI":"Efficacy and safety of selegiline across different psychiatric disorders: A systematic review and meta-analysis of oral and transdermal formulations.",

"SO":"European Neuropsychopharmacology. 72:60-78, 2023 Jul.",

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Iasevoli F  
  
de Bartolomeis A",

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Gillman, Ken  
  
Cattaneo, Carlo Ignazio  
  
Van den Eynde, Vincent  
  
Birkenhager, Tom K  
  
Ruhe, Henricus G  
  
Stahl, Stephen  
  
Iasevoli, Felice  
  
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"OD":"Rossano, Flavia. Clinical Section of Psychiatry and Psychology - Department of Neuroscience, Reproductive Sciences, and Odontostomatology, University School of Medicine Federico II, Naples, Italy.  
  
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de Bartolomeis, Andrea. Clinical Section of Psychiatry and Psychology - Department of Neuroscience, Reproductive Sciences, and Odontostomatology, University School of Medicine Federico II, Naples, Italy Laboratory of Molecular and Translational Psychiatry, University School of Medicine Federico II, Naples, Italy.",

"AB":"Humans  
  
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"FTURL":"Depression L-deprenyl Monoamine oxidase inhibitor (MAOI) Schizophrenia Selegiline Transdermal patch",

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"DJ":"Selegiline is an irreversible, selective type-B monoamine oxidase inhibitor (MAOI) approved for Parkison's disease-oral and major depressive disorder-transdermal formulation) resulting in non-selective MAOI activity at oral doses>=20 mg/day. The present systematic review and meta-analysis appraises the evidence of different formulations/dosages of selegiline across different psychiatric conditions. We inquired PubMed/MEDLINE/Cochrane-Central/WHO-ICTRP/Clarivate-WebOfScience and the Chinese-Electronic-Journal Database from inception to 10/26/2022 for selegiline trials involving psychiatric patients. Random-effects meta-analyses assessed heterogeneity, publication/risk biases, and confidence in the evidence, followed by sensitivity, subgroup, and meta-regression analyses. Co-primary outcomes were: changes in symptom score (standardized mean difference=SMD) and author-defined response (risk ratios=RRs). RRs of adverse events and all-cause discontinuation were secondary and acceptability outcomes, respectively. Systematic-review included 42 studies meta-analysis, 23. Selegiline outperformed placebo in depressive symptom reduction (SMD=-0.96, 95%C.I.=-1.78, -0.14, k = 10, n = 1,308), depression (RR=1.61, 95%C.I.=1.20, 2.15, k = 9, n = 1,238) and atypical-depression response (RR=2.23, 95%C.I.=1.35, 3.68, k = 3, n = 136). Selegiline failed to outperform the placebo in negative (k = 4) or positive symptoms of schizophrenia (k = 4), attention-deficit-hyperactivity disorder (ADHD) symptoms reduction (k = 2), and smoking abstinence rate (k = 4). Selegiline did not differ from methylphenidate and ADHD scores (k = 2). No significant difference emerged in acceptability, incident diarrhea, headache, dizziness, and nausea RRs, in contrast to xerostomia (RR=1.58, 95%C.I. =1.03, 2.43, k = 6, n = 1,134), insomnia (RR=1.61, 95%C.I.=1.19, 2.17, k = 10, n = 1,768), and application-site reaction for transdermal formulation (RR=1.81, 95%C.I.=1.40, 2.33, k = 6, n = 1,662). Confidence in findings was low/very-low for most outcomes moderate for depressive symptoms reduction (transdermal). Selegiline proved effective, safe, and well-tolerated for depressive disorders, yet further evidence is warranted about specific psychiatric disorders. Copyright © 2023 Elsevier B.V. and ECNP. All rights reserved.",

"MV":"2K1V7GP655 (Selegiline)  
  
0 (Monoamine Oxidase Inhibitors)  
  
207ZZ9QZ49 (Methylphenidate)",

"TN":"Meta-Analysis  
  
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"UI":"2028851483",

"TI":"Systematic Review and Meta-analysis: Reporting and Representation of Race/Ethnicity in 310 Randomized Controlled Trials of Attention-Deficit/Hyperactivity Disorder Medications.",

"SO":"Journal of the American Academy of Child and Adolescent Psychiatry. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Riccioni A.  
  
Radua J.  
  
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"AO":"(Riccioni) Tor Vergata University Hospital, Rome, Italy  
  
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(Solmi) Centre for Innovation in Mental Health, University of Southampton, United Kingdom  
  
(Cortese) Centre for Innovation in Mental Health, Academic Unit of Psychology, Faculty of Environmental and Life Sciences, Clinical and Experimental Sciences (CNS and Psychiatry), Faculty of Medicine, University of Southampton, UK, Solent National Health System Trust (NHS), Southampton, United Kingdom, Hassenfeld Children's Hospital at NYU Langone, the New York University Child Study Center, New York City, New York, and the Division of Psychiatry and Applied Psychology, School of Medicine, University of Nottingham, Nottingham, United Kingdom",

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"OD":"Objective: To evaluate the reporting of race/ethnicity data in randomized controlled trials (RCTs) of attention-deficit/hyperactivity disorder (ADHD) medications. Secondary objectives were to estimate temporal trends in the reporting, and to compare the pooled prevalence of racial/ethnic groups in RCTs conducted in the US to national estimates. Method(s): We drew on, adapted, and updated the search of a network meta-analysis by Cortese et al. (2018) up to March 2022. We calculated the percentage of RCTs reporting data on race/ethnicity of participants in the published article or in related unpublished material. Temporal trends were estimated with logistic regression. The pooled prevalence of each racial/ethnic group across US RCTs was calculated using random-effects model meta-analyses. Result(s): We retained 310 RCTs (including 44,447 participants), of which 231 were conducted in children/adolescents, 78 in adults, and 1 in both. Data on race/ethnicity were reported in 59.3% of the RCTs (75% of which were conducted in children/adolescents and 25% in adults) in the published article, and in unpublished material in an additional 8.7% of the RCTs. Reporting improved over time. In the US RCTs, Asian and White individuals were under- and overrepresented, respectively, compared to national estimates in the most recent time period considered. Conclusion(s): More than 30% of the RCTs of ADHD medications retained in this review did not include data on race/ethnicity in their published or unpublished reports, and more than 40% in their published articles, even though reporting improved over time. Results should inform investigators, authors, editors, regulators, and study participants in relation to efforts to tackle inequalities in ADHD research. Diversity & Inclusion Statement: One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented racial and/or ethnic groups in science. We actively worked to promote sex and gender balance in our author group. While citing references scientifically relevant for this work, we also actively worked to promote sex and gender balance in our reference list. While citing references scientifically relevant for this work, we also actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our reference list. The author list of this paper includes contributors from the location and/or community where the research was conducted who participated in the data collection, design, analysis, and/or interpretation of the work.Copyright © 2023",

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

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"PM":"Riccioni, Assia ORCID: https://orcid.org/0000-0001-6496-8756  
  
Radua, Joaquim ORCID: https://orcid.org/0000-0003-1240-5438  
  
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Cortese, Samuele ORCID: https://orcid.org/0000-0001-5877-8075",

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"UI":"37838729",

"TI":"Low-dose lithium adjunct to atypical antipsychotic treatment nearly improved cognitive impairment, deteriorated the gray-matter volume, and decreased the interleukin-6 level in drug-naive patients with first schizophrenia symptoms: a follow-up pilot study.",

"SO":"Schizophrenia (Heidelberg, Germany). 9(1):71, 2023 Oct 14.",

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Ma, Xiaoyan  
  
Li, Ranli",

"DU":"Zhuo, Chuanjun. Key Laboratory of Sensor Information Processing Abnormalities in Schizophrenia (SIPAS-Lab), Tianjin Fourth Center Hospital, Nankai University Affiliated Tianjin Fourth Center Hospital, Tianjin Medical University Affiliated Tianjin Fourth Center Hospital, Tianjin, 300140, China. chuanjunzhuotjmh@163.com.  
  
Zhuo, Chuanjun. Department of Psychiatry, Wenzhou Seventh Peoples Hospital, Wenzhou, 325000, China. chuanjunzhuotjmh@163.com.  
  
Zhuo, Chuanjun. Laboratory of Psychiatric-Neuroimaging-Genetic and Co-morbidity (PNGC\_Lab), Nankai University Affiliated Tianjin Anding Hospital, Tianjin Medical University Affiliated Tianjin Anding Hospital, Tianjin Mental Health Center of Tianjin Medical University, Tianjin Anding Hospital, Tianjin, 300222, China. chuanjunzhuotjmh@163.com.  
  
Hu, Shuiqing. Key Laboratory of Sensor Information Processing Abnormalities in Schizophrenia (SIPAS-Lab), Tianjin Fourth Center Hospital, Nankai University Affiliated Tianjin Fourth Center Hospital, Tianjin Medical University Affiliated Tianjin Fourth Center Hospital, Tianjin, 300140, China.  
  
Chen, Guangdong. Department of Psychiatry, Wenzhou Seventh Peoples Hospital, Wenzhou, 325000, China.  
  
Yang, Lei. Key Laboratory of Sensor Information Processing Abnormalities in Schizophrenia (SIPAS-Lab), Tianjin Fourth Center Hospital, Nankai University Affiliated Tianjin Fourth Center Hospital, Tianjin Medical University Affiliated Tianjin Fourth Center Hospital, Tianjin, 300140, China.  
  
Cai, Ziyao. Department of Psychiatry, Wenzhou Seventh Peoples Hospital, Wenzhou, 325000, China.  
  
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Jiang, Deguo. Department of Psychiatry, Wenzhou Seventh Peoples Hospital, Wenzhou, 325000, China.  
  
Chen, Chunmian. Department of Psychiatry, Wenzhou Seventh Peoples Hospital, Wenzhou, 325000, China.  
  
Wang, Lina. Laboratory of Psychiatric-Neuroimaging-Genetic and Co-morbidity (PNGC\_Lab), Nankai University Affiliated Tianjin Anding Hospital, Tianjin Medical University Affiliated Tianjin Anding Hospital, Tianjin Mental Health Center of Tianjin Medical University, Tianjin Anding Hospital, Tianjin, 300222, China.  
  
Ma, Xiaoyan. Laboratory of Psychiatric-Neuroimaging-Genetic and Co-morbidity (PNGC\_Lab), Nankai University Affiliated Tianjin Anding Hospital, Tianjin Medical University Affiliated Tianjin Anding Hospital, Tianjin Mental Health Center of Tianjin Medical University, Tianjin Anding Hospital, Tianjin, 300222, China.  
  
Li, Ranli. Laboratory of Psychiatric-Neuroimaging-Genetic and Co-morbidity (PNGC\_Lab), Nankai University Affiliated Tianjin Anding Hospital, Tianjin Medical University Affiliated Tianjin Anding Hospital, Tianjin Mental Health Center of Tianjin Medical University, Tianjin Anding Hospital, Tianjin, 300222, China.",

"OD":"This study was conducted to investigate the effects of long-term low-dose lithium adjunct to antipsychotic agent use on the cognitive performance, whole-brain gray-matter volume (GMV), and interleukin-6 (IL-6) level in drug-naive patients with first-episode schizophrenia, and to examine relationships among these factors. In this double-blind randomized controlled study, 50 drug-naive patients with first-episode schizophrenia each took low-dose (250 mg/day) lithium and placebo (of the same shape and taste) adjunct to antipsychotic agents (mean, 644.70 +/- 105.58 and 677.00 +/- 143.33 mg/day chlorpromazine equivalent, respectively) for 24 weeks. At baseline and after treatment completion, the MATRICS Consensus Cognitive Battery (MCCB) was used to assess cognitive performance, 3-T magnetic resonance imaging was performed to assess structural brain alterations, and serum IL-6 levels were quantified by immunoassay. Treatment effects were assessed within and between patient groups. Relationships among cognitive performance, whole-brain GMVs, and the IL-6 level were investigated by partial correlation analysis. Relative to baseline, patients in the lithium group showed improved working memory, verbal learning, processing speed, and reasoning/problem solving after 24 weeks of treatment those in the placebo group showed only improved working memory and verbal learning. The composite MCCB score did not differ significantly between groups. The whole-brain GMV reduction was significantly lesser in the lithium group than in the placebo group (0.46% vs. 1.03% P < 0.001). The GMV and IL-6 reduction ratios correlated with each other in both groups (r = -0.17, P = 0.025). In the lithium group, the whole-brain GMV reduction ratio correlated with the working memory improvement ratio (r = -0.15, P = 0.030) and processing speed (r = -0.14, P = 0.036) the IL-6 reduction ratio correlated with the working memory (r = -0.21, P = 0.043) and verbal learning (r = -0.30, P = 0.031) improvement ratios. In the placebo group, the whole-brain GMV reduction ratio correlated only with the working memory improvement ratio (r = -0.24, P = 0.019) the IL-6 reduction ratio correlated with the working memory (r = -0.17, P = 0.022) and verbal learning (r = -0.15, P = 0.011) improvement ratios. Both treatments implemented in this study nearly improved the cognitive performance of patients with schizophrenia relative to placebo, low-dose lithium had slightly greater effects on several aspects of cognition. The patterns of correlation among GMV reduction, IL-6 reduction, and cognitive performance improvement differed between groups. Copyright © 2023. Springer Nature Limited.",

"AB":"Journal Article",

"FTURL":"2023",

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"TN":"Zhuo, Chuanjun ORCID: http://orcid.org/0000-0002-3793-550X",

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"UI":"2026527231",

"TI":"Retrospective Investigation of Antibiotic resistance pattern by Microbial pathogens isolated in surgical site infections in cancer patients.",

"SO":"Research Journal of Pharmacy and Technology. 16(10) (pp 4635-4641), 2023. Date of Publication: 2023.",

"AU":"Saravanan M.  
  
Samuel S.  
  
Sarath K.E.  
  
Parthiban R.",

"AO":"nan",

"IN":"(Saravanan, Samuel, Sarath, Parthiban) Microbiology Division, Department of Clinical Laboratory Services and Translational Research, Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Kerala, Thalassery 670103, India",

"PB":"Research Journal of Pharmacy and Technology",

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pneumonia  
  
prevalence  
  
primary infection  
  
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Pseudomonas aeruginosa  
  
risk factor  
  
RNA sequence  
  
scrotal swelling  
  
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wound infection  
  
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cefotaxime  
  
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cephalosporin  
  
ciprofloxacin  
  
clindamycin  
  
erythromycin  
  
gentamicin  
  
imipenem  
  
immunosuppressive agent  
  
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"OD":"Acinetobacter  
  
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bacterial colonization  
  
bacterium identification  
  
bacterium isolate  
  
bacterium isolation  
  
blood culture  
  
breast cancer  
  
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cross infection  
  
disease transmission  
  
disinfection  
  
disk diffusion  
  
Enterobacteriaceae  
  
Enterococcus faecalis  
  
Escherichia coli  
  
extended spectrum beta lactamase producing Enterobacteriaceae  
  
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human  
  
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male  
  
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"AB":"Cancer patients are susceptible to infections as a result of their disease and the immunosuppressive medication they undergo. Surgical Site Infection (SSIs) is the third most frequent nosocomial infection in hospitals around the world, trailing only urinary tract infections and pneumonia. Exogenous and/or endogenous bacteria that enter the operative site either during surgery (primary infection) or after surgery (secondary infection) are the most common causes of SSI. Pathogens that cause SSI in cancer patients have a wide variety of microbiological spectrums and antimicrobial susceptibilities. However, there is little information on the prevalence and incidence of resistant bacteria that cause SSI, particularly in Southern India, and epidemiological data on pathogens that cause SSI in cancer patients is scarce. As a result, the current study was conducted to examine the microorganisms and its antibiotic resistance isolated from SSIs in cancer patients at North Kerala. This retrospective study was conducted at a tertiary care cancer centre in North Kerala, India during the period from May 2021 to September 2021. Data of January 2018 and December 2020 on all microbial cultures from SSI were analysed. This study comprised clinical samples such as pus, pus aspirates, and wound swabs. Identification and resistance pattern of microorganism was performed by MALDI-TOF and VITEK - 2 compact respectively. S. aureus ATCC 25923, E. coli ATCC 25922, and P. aeruginosa ATCC 27853 were used as quality control strains. During the study period, 2949 patients underwent clean and clean contaminated surgical procedures. During the study period, a total of 215 individuals (7.2%) developed SSI. A total of 215 individuals with SSI were investigated, and 224 microorganisms were identified from 190 patients. S. aureus (39%) had the greatest isolation rate among the 224 bacterial isolates, followed by P. aeruginosa. MRSA was observed in 62% of the S. aureus isolates. Among the Enterobacteriaceae, K. pneumoniae showed higher resistant to ciprofloxacin (87%), cefepime (77.4%), and amikacin (45%). Among the Non-fermenting GNB, A. baumannii showed high-level resistance when compared to P. aeruginosa. To prevent the transmission of pathogenic organisms, we encourage rigorous adherence to appropriate sanitation practises such as thorough hand washing, disinfection of inanimate objects, and other infection control measures.Copyright © RJPT All right reserved.",

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"Database":"Medline",

"ORN":"90",

"VN":"Ovid Technologies",

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

"UI":"37125468",

"TI":"Pathogen-Targeted Clinical Development to Address Unmet Medical Need: Design, Safety, and Efficacy of the ATTACK Trial.",

"SO":"Clinical Infectious Diseases. 76(Suppl 2):S210-S214, 2023 05 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Watkins RR  
  
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Isaacs R  
  
Altarac D",

"MH":"nan",

"DU":"Watkins, Richard R  
  
Du, Bin  
  
Isaacs, Robin  
  
Altarac, David",

"OD":"Watkins, Richard R. Division of Infectious Diseases, Department of Medicine, Northeast Ohio Medical University, Rootstown, Ohio, USA.  
  
Du, Bin. State Key Laboratory of Rare, Complex and Critical Diseases, Medical Intensive Care Unit, Peking Union Medical College Hospital, Beijing, China.  
  
Isaacs, Robin. Entasis Therapeutics, Waltham, Massachusetts, USA.  
  
Altarac, David. Entasis Therapeutics, Waltham, Massachusetts, USA.",

"AB":"ATTACK trial antibiotics antimicrobial resistance sulbactam-durlobactam",

"FTURL":"NOTNLM",

"PM":"There is a crucial need for novel antibiotics to stem the tide of antimicrobial resistance, particularly against difficult to treat gram-negative pathogens like Acinetobacter baumannii-calcoaceticus complex (ABC). An innovative approach to addressing antimicrobial resistance may be pathogen-targeted development programs. Sulbactam-durlobactam (SUL-DUR) is a beta-lactam/beta-lactamase inhibitor combination antibiotic that is being developed to specifically target drug-resistant ABC. The development of SUL-DUR culminated with the Acinetobacter Treatment Trial Against Colistin (ATTACK) trial, a global, randomized, active-controlled phase 3 clinical trial that compared SUL-DUR with colistin for treating serious infections due to carbapenem-resistant ABC. SUL-DUR met the primary noninferiority endpoint of 28-day all-cause mortality. Furthermore, SUL-DUR had a favorable safety profile with a statistically significant lower incidence of nephrotoxicity compared with colistin. If approved, SUL-DUR could be an important treatment option for infections caused by ABC, including carbapenem-resistant and multidrug-resistant strains. The development program and the ATTACK trial highlight the potential for pathogen-targeted development programs to address the challenge of antimicrobial resistance. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of Infectious Diseases Society of America.",

"DJ":"Randomized Controlled Trial  
  
Clinical Trial, Phase III  
  
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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Sulbactam/tu [Therapeutic Use]  
  
Carbapenems/pd [Pharmacology]  
  
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"VN":"Ovid Technologies",

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

"UI":"37558706",

"TI":"Real-world experience of patients with multiple myeloma receiving ide-cel after a prior BCMA-targeted therapy.",

"SO":"Blood Cancer Journal. 13(1):117, 2023 08 09.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Ferreri CJ  
  
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Castaneda Puglianini OA",

"MH":"Ferreri, Christopher J  
  
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Khouri, Jack  
  
Dima, Danai  
  
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Kaur, Gurbakhash  
  
Anderson, Larry D Jr  
  
Simmons, Gary  
  
Davis, James A  
  
Kalariya, Nilesh  
  
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Alsina, Melissa  
  
Locke, Frederick L  
  
Sidana, Surbhi  
  
Hansen, Doris K  
  
Patel, Krina K  
  
Castaneda Puglianini, Omar Alexis",

"DU":"Ferreri, Christopher J. The University of Texas MD Anderson Cancer Center, Houston, TX, USA.  
  
Hildebrandt, Michelle A T. The University of Texas MD Anderson Cancer Center, Houston, TX, USA.  
  
Hashmi, Hamza. Medical University of South Carolina, Charleston, SC, USA.  
  
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Afrough, Aimaz. Myeloma, Waldenstrom's, and Amyloidosis Program, Simmons Comprehensive Cancer Center, UT Southwestern Medical Center, Dallas, TX, USA.  
  
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Simmons, Gary. Virginia Commonwealth University Massey Cancer Center, Richmond, VA, USA.  
  
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Peres, Lauren C. H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA.  
  
Lin, Yi. Mayo Clinic, Rochester, MN, USA.  
  
Janakiram, Murali. City of Hope, Duarte, CA, USA.  
  
Nadeem, Omar. Dana-Farber Cancer Institute, Boston, MA, USA.  
  
Alsina, Melissa. H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA.  
  
Locke, Frederick L. H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA.  
  
Sidana, Surbhi. Stanford University School of Medicine, Stanford, CA, USA.  
  
Hansen, Doris K. H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA.  
  
Patel, Krina K. The University of Texas MD Anderson Cancer Center, Houston, TX, USA. KPatel1@mdanderson.org.  
  
Castaneda Puglianini, Omar Alexis. H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA.",

"OD":"nan",

"AB":"nan",

"FTURL":"Most patients with multiple myeloma experience disease relapse after treatment with a B-cell maturation antigen-targeted therapy (BCMA-TT), and data describing outcomes for patients treated with sequential BCMA-TT are limited. We analyzed clinical outcomes for patients infused with standard-of-care idecabtagene vicleucel, an anti-BCMA chimeric antigen receptor (CAR) T-cell therapy, at 11 US medical centers. A total of 50 patients with prior BCMA-TT exposure (38 antibody-drug conjugate, 7 bispecific, 5 CAR T) and 153 patients with no prior BCMA-TT were infused with ide-cel, with a median follow-up duration of 4.5 and 6.0 months, respectively. Safety outcomes between cohorts were comparable. The prior BCMA-TT cohort had a lower overall response rate (74% versus 88% p = 0.021), median duration of response (7.4 versus 9.6 months p = 0.03), and median progression-free survival (3.2 months versus 9.0 months p = 0.0002) compared to the cohort without prior BCMA-TT. All five patients who received a prior anti-BCMA CAR T responded to ide-cel, and survival outcomes were best for this subgroup. In conclusion, treatment with ide-cel yielded meaningful clinical responses in real-world patients exposed to a prior BCMA-TT, though response rates and durability were suboptimal compared to those not treated with a prior BCMA-TT. Copyright © 2023. Springer Nature Limited.",

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

"DJ":"2023",

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

"TN":"Ferreri, Christopher J ORCID: http://orcid.org/0000-0003-2997-4856  
  
McGuirk, Joseph P ORCID: http://orcid.org/0000-0002-0539-4796  
  
Wagner, Charlotte B ORCID: http://orcid.org/0000-0003-0568-0781  
  
Anderson, Larry D Jr ORCID: http://orcid.org/0000-0002-6531-9595  
  
Davis, James A ORCID: http://orcid.org/0000-0001-7978-1652  
  
Peres, Lauren C ORCID: http://orcid.org/0000-0002-6620-8600  
  
Lin, Yi ORCID: http://orcid.org/0000-0002-1556-6416  
  
Sidana, Surbhi ORCID: http://orcid.org/0000-0003-3288-7614  
  
Patel, Krina K ORCID: http://orcid.org/0000-0002-8894-027X  
  
Castaneda Puglianini, Omar Alexis ORCID: http://orcid.org/0000-0003-0423-5870",

"Unnamed: 22":"nan",

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Multiple Myeloma/th [Therapy]  
  
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Immunotherapy, Adoptive/mt [Methods]  
  
\*Immunotherapy, Adoptive  
  
Receptors, Chimeric Antigen/tu [Therapeutic Use]  
  
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Male  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2024834825",

"TI":"Assessment of the psychometric properties of the Spanish version of EORTC QLQ-MY20 and evaluation of health-related quality of Life outcomes in patients with relapsed and/or refractory multiple myeloma in the real-world setting in Spain: results from the CharisMMa study.",

"SO":"Leukemia and Lymphoma. 64(11) (pp 1847-1856), 2023. Date of Publication: 2023.",

"AU":"Dachs L.R.  
  
Gaisan C.M.  
  
Bustamante G.  
  
Lopez S.G.  
  
Garcia E.G.  
  
Persona E.P.  
  
Gonzalez-Calle V.  
  
Auzmendi M.S.  
  
Perez J.M.A.  
  
Gonzalez Montes Y.  
  
Rios Tamayo R.  
  
de Miguel Llorente D.  
  
Bernal L.P.  
  
Mayol A.S.  
  
Caro C.C.  
  
Grande M.  
  
Fernandez-Nistal A.  
  
Naves A.  
  
Miguel E.M.O.S.",

"AO":"nan",

"IN":"(Dachs) Hospital Clinic, Barcelona, Barcelona, Spain  
  
(Gaisan, Miguel) Hospital Universitario Marques de Valdecilla (IDIVAL). Universidad de Cantabria. Santander, Spain  
  
(Bustamante) ICO Institut Catala d'Oncologia, L'Hospitalet de Llobregat, Spain  
  
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(Garcia) Hospital Cabuenes, Gijon, Spain  
  
(Persona) Instituto de Investigacion Sanitaria Bioaraba, Vitoria-Gasteiz, Spain  
  
(Persona) Osakidetza. Hospital Universitario de Alava. Vitoria-Gasteiz, Spain  
  
(Gonzalez-Calle) Hospital Universitario de Salamanca (HUS/IBSAL), Salamanca, Spain  
  
(Gonzalez-Calle) Centro de Investigacion Biomedica en Red (CIBERONC), Spain  
  
(Gonzalez-Calle) Instituto Universitario de Biologia Molecular y Celular del Cancer - IBMCC (USAL-CSIC), Salamanca, Spain  
  
(Auzmendi) Hospital Donostia, Donostia, Spain  
  
(Perez) Complejo Hospitalario de Navarra, Pamplona, Spain  
  
(Gonzalez Montes) ICO Institut Catala d'Oncologia-Trueta, Girona, Spain  
  
(Rios Tamayo) Hospital Universitario Puerta de Hierro, Majadahonda, Spain  
  
(de Miguel Llorente) Hospital Universitario Guadalajara, Guadalajara, Spain  
  
(Bernal) Hospital Lozano Blesa, Zaragoza, Spain  
  
(Mayol) Hospital Son Espases, Palma, Spain  
  
(Caro) Hospital Valme, Sevilla, Spain  
  
(Grande, Fernandez-Nistal, Naves) Takeda Farmaceutica Espana, Madrid, Spain  
  
(Grande) Universidad de Alcala, Madrid, Spain",

"PB":"Taylor and Francis Ltd.",

"MH":"aged  
  
article  
  
cancer patient  
  
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\*European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30  
  
female  
  
human  
  
major clinical study  
  
male  
  
multicenter study  
  
\*multiple myeloma/dm [Disease Management]  
  
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"OD":"We evaluated the psychometric properties of the Spanish version of the European Organization for Research and Treatment of Multiple Myeloma (MM) specific quality-of-life (QoL) questionnaire module (QLQ-MY20) in relapsed/refractory MM (RRMM) patients. This was an observational, cross-sectional, multicenter study using EORTC QLQ-C30 and QLQ-MY20 in RRMM patients (ClinicalTrials.gov ID NCT03188536). We assessed the non-response rate, ceiling/floor effects, internal consistency, test-retest reliability, and validity. The study included 276 patients (53.3% males, mean [SD] age of 67.4 [10.5] years). The EORTC QLQ-MY20 showed a low non-response rate, very low ceiling and floor effects, and good internal consistency. The test-retest reliability assessment revealed good temporary stability, the construct validity analysis stated four main factors similar to the ones of the original version, and the criterion validity assessment showed no differences between groups. In conclusion, the Spanish version of EORTC QLQ-MY20 is a reliable and valid tool for assessing QoL in RRMM patients.Copyright © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.",

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"FTURL":"nan",

"PM":"nan",

"DJ":"nan",

"MV":"37539698 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37539698]",

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"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"90",

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"DB":"Embase",

"UI":"2013439573",

"TI":"Levels of interleukin 6 as a predictor of metabolic syndrome in schizophrenic patients receiving combination therapy of typical and atypical antipsychotics.",

"SO":"Open Access Macedonian Journal of Medical Sciences. Part B. 9(pp 600-607), 2021. Date of Publication: 26 Nov 2021.",

"AU":"Saidah S.  
  
Sonny L.T.  
  
Lilik H.  
  
Burhanuddin B.  
  
Haerani R.  
  
Wempy T.",

"AO":"nan",

"IN":"(Saidah, Sonny, Lilik, Burhanuddin, Haerani, Wempy) Department of Psychiatry, Faculty of Medicine, Hasanuddin University, Makassar, South Sulawesi, Indonesia",

"PB":"Scientific Foundation SPIROSKI",

"MH":"abdominal circumference  
  
adult  
  
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cohort analysis  
  
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side effect [m]",

"FTURL":"BACKGROUND: Schizophrenia is a severe psychiatric disorder that causes disability and is often accompanied by physical illness. Based on the American Heart Association criteria, metabolic syndrome is common in schizophrenic patients, with a prevalence of 43% in Clinical Antipsychotic Trials of Intervention Effectiveness. The metabolic syndrome in patients with schizophrenia results from the side effects of antipsychotics. The metabolic syndrome will also show high levels of IL-6. This situation can have biological implications, which can then affect the health of schizophrenic patients. AIM: This study aims to determine serum IL-6 levels as a predictor of metabolic syndrome in patients with metabolic syndrome due to side effects of using antipsychotic therapy. METHOD(S): This prospective cohort study was not randomized, with the number of subjects was 28 schizophrenic patients who were evenly divided into two groups, namely, the group receiving atypical and typical combination therapy. Therapy was given to both groups for 3 months, and measurements and checks of bodyweight, abdominal circumference, blood pressure, BMI, TG, GDP, and Il-6 levels were carried out at baseline and 3rd month. Comparative and correlation tests were carried out between groups. RESULT(S): Some schizophrenic patients were categorized as metabolic syndrome and not a metabolic syndrome in both therapy groups (p < 0.020). However, atypical antipsychotic drug combinations are more likely to experience the metabolic syndrome. There was a change in the mean Il-6 levels at baseline and the 3rd month in both groups (p < 0.0001). There was a more excellent mean value of IL-6 levels at 3rd month with metabolic syndrome than those without metabolic syndrome. There was a greater mean value of IL-6 levels at third month with metabolic syndrome compared with those without metabolic syndrome in the haloperidol and chlorpromazine groups (p <0.005), the risperidone and clozapine groups (p <0.002). CONCLUSION(S): Metabolic syndrome is more common in schizophrenic patients receiving atypical than typical combination therapy. The body's response to the metabolic syndrome results in an increase in IL-6 levels due to an inflammatory process in visceral fat which accumulates due to weight gain due to the administration of antipsychotics. In schizophrenic patients with metabolic syndrome, IL-6 levels are higher than those without metabolic syndrome, so that IL-6 levels can be used as a predictor of metabolic syndrome in schizophrenic patients receiving antipsychotic therapy.Copyright © 2021 Syamsuddin Saidah, Lisal T. Sonny, Haryani Lilik, Bahar Burhanuddin, Rasyid Haerani, Thioritz Wempy.",

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"UI":"37204277",

"TI":"Analysis of Growth Velocity in Children with Attention-Deficit/Hyperactivity Disorder Treated for up to 12 Months with Serdexmethylphenidate/Dexmethylphenidate.",

"SO":"Journal of Child & Adolescent Psychopharmacology. 33(4):134-142, 2023 05.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Childress AC  
  
Cutler AJ  
  
Patel M  
  
Oh C",

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

"DU":"Childress, Ann C  
  
Cutler, Andrew J  
  
Patel, Maitrey  
  
Oh, Charles",

"OD":"Childress, Ann C. Center for Psychiatry and Behavioral Medicine, Las Vegas, Nevada, USA.  
  
Cutler, Andrew J. SUNY Upstate Medical University, Syracuse, New York, USA.  
  
Cutler, Andrew J. Neuroscience Education Institute, Lakewood Ranch, Florida, USA.  
  
Patel, Maitrey. Corium, LLC, Boston, Massachusetts, USA.  
  
Oh, Charles. Corium, LLC, Boston, Massachusetts, USA.",

"AB":"Child  
  
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Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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Central Nervous System Stimulants/ae [Adverse Effects]  
  
\*Central Nervous System Stimulants  
  
Delayed-Action Preparations  
  
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\*Dexmethylphenidate Hydrochloride  
  
Double-Blind Method  
  
Methylphenidate/ae [Adverse Effects]  
  
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Treatment Outcome",

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"DJ":"Objective: Serdexmethylphenidate/dexmethylphenidate (SDX/d-MPH) is approved for the treatment of patients aged >=6 years with attention-deficit/hyperactivity disorder (ADHD). A 12-month, open-label safety study with SDX/d-MPH in children with ADHD showed that SDX/d-MPH was well tolerated and comparable with other methylphenidate products. In this post hoc analysis of the 12-month study, the objective was to characterize the effect of SDX/d-MPH on growth in children with ADHD over 12 months. Methods: This was a post hoc analysis of a dose-optimized, open-label, phase 3 safety study of SDX/d-MPH in children aged 6-12 years with ADHD (NCT03460652). Weight and height Z-score analyses were conducted. Z-score change from baseline was calculated based on the baseline values for the subjects remaining in the study at the observation time point. Results: Subjects (N = 238) from the treatment-phase safety population included all enrolled subjects who received >=1 dose of study drug and had >=1 postdose safety assessment. During treatment, the mean weight and height Z-scores decreased over time from their respective baselines. At the 12-month time point, mean (standard deviation [SD]) Z-score changes from baseline for weight and height for the subjects remaining in the study were -0.20 (0.50) and -0.21 (0.39), respectively however, these mean changes in Z-scores were not clinically significant (change <0.5 SD). Long-term treatment with SDX/d-MPH was associated with modest reductions in expected weight and lower-than-expected increases in height: effects that plateaued or diminished later in treatment. Conclusion: The overall effects of SDX/d-MPH on growth velocity (the change in weight and height from one time point to the next) were minimal, and the range of changes was not considered clinically significant. ClinicalTrials.gov identifier: NCT03460652.",

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"TI":"Changing landscape of paediatric refugee health in South Western Sydney, Australia: A retrospective observational study.",

"SO":"BMJ Open. 13(10) (no pagination), 2023. Article Number: e064497. Date of Publication: 18 Oct 2023.",

"AU":"Amarasena L.  
  
Zwi K.  
  
Hu N.  
  
Lingam R.  
  
Raman S.",

"AO":"(Amarasena, Zwi, Lingam, Raman) School of Women's and Children's Health, University of New South Wales Faculty of Medicine, Sydney, NSW, Australia  
  
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(Raman) Department of Community Paediatrics, South Western Sydney Local Health District, Liverpool, NSW, Australia",

"IN":"BMJ Publishing Group",

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vitamin D deficiency",

"OD":"Objectives To examine the changing health needs of refugee children and young people (CYP) entering Australia, in relation to key government policy changes. Study design Retrospective analysis of health service use data over 11 years. Setting Paediatric refugee clinics in South Western Sydney (SWS), the Australian region with the largest annual resettlement of refugees. Participants Refugee CYP (<=25 years) attending the SWS paediatric refugee clinics for their first visit between 2009 and 2019. Measures Clinician defined health conditions categorised as communicable and non-communicable disease (NCD). Results Data were analysed for 359 CYP, mean age 9.3 years 212 male (59.1%). Most CYP (n=331, 92.2%) had health problems identified 292 (81.3%) had >=1 NCD and 24 (6.7%) had >=1 communicable disease. The most frequent individual NCDs were dental disease (n=128, 35.7%) and vitamin D deficiency (n=72, 20.1%). Trend analysis showed increased odds of identifying an NCD from 2013 onwards (crude OR 1.77, 95% CI 1.06 to 2.96). Neurodevelopmental problems, especially Global Developmental Delay (n=31, 8.6%), emerged as more prevalent issues in the latter half of the decade. There were significantly increased odds of identifying a neurodevelopmental problem in 2016-2019, especially in 2016-2017 (adjusted OR 2.93, 95% CI 1.34 to 6.40). Key policy changes during this period included acceptance of refugees with disabilities from 2012, additional Australian Humanitarian Programme intake from the Eastern Mediterranean region and mandatory offshore processing for those seeking asylum by boat from 2013. In response to the changing needs, local health services adopted nurse-led primary healthcare screening, early childhood services, youth and disability clinics. Conclusions Refugee CYP in Australia are presenting with a growing burden of NCDs, with neurodevelopmental problems contributing. Government policy changes affect the sociodemographics of resettled populations, influencing health profiles. Paediatric refugee health services need to be responsive to the changing needs of these populations to optimise well-being.Copyright © Author(s) (or their employer(s)) 2023.",

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

"FTURL":"nan",

"PM":"Amarasena, Lahiru ORCID: https://orcid.org/0000-0001-5660-547X",

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"UI":"37953926",

"TI":"Clinical efficacy and neurobiological correlates of electroconvulsive therapy in patients with clozapine-resistant/intolerant schizophrenia: study protocol of multi-site parallel arm double-blind randomized sham-controlled study.",

"SO":"Wellcome Open Research. 7:212, 2022.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Arumugham SS  
  
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Thirthalli, Jagadisha",

"DU":"Arumugham, Shyam Sundar. Department of Psychiatry, National Institute of Mental Health and Neurosciences, India, Bengaluru, Karnataka, India, 560029, India.  
  
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Sinha, Preeti. Department of Psychiatry, National Institute of Mental Health and Neurosciences, India, Bengaluru, Karnataka, India, 560029, India.  
  
Thirthalli, Jagadisha. Department of Psychiatry, National Institute of Mental Health and Neurosciences, India, Bengaluru, Karnataka, India, 560029, India.",

"OD":"Background: A substantial proportion of patients with treatment resistant schizophrenia do not respond well or partially to clozapine, with a subset that does not tolerate an adequate trial of clozapine. Electroconvulsive therapy (ECT) is regarded as one of the augmenting options, but there is a lack of high-quality evidence for this practice. This protocol describes a double-blind randomised sham-controlled modified-ECT trial to evaluate its efficacy in patients with clozapine resistant/intolerant schizophrenia. The study also involves multimodal investigations to identify the response predictors and the mechanistic basis of modified ECT in this population. Methods: One hundred consenting schizophrenia patients with resistance/intolerance to clozapine referred by clinicians for ECT would be randomly assigned to receive true ECT or sham ECT at three study centers. Sham ECT would mimic all the procedures of modified ECT including anaesthesia and muscle relaxation, except the electrical stimulation. After a blinded course, non-responders to sham ECT would be offered open-label true ECT. Clinical assessments, neurocognitive assessments and multimodal investigations (magnetic resonance imaging [MRI], electroencephalography, heart rate variability, investigative transcranial magnetic stimulation-transcranial direct current stimulation, gene polymorphism) would be conducted at baseline and repeated after the end of the trial, as well as open-label ECT course. The trial would evaluate the improvement in positive symptoms (scale for assessment of positive symptoms) of schizophrenia as the primary outcome measure with prediction of this change by resting-state functional-MRI based brain-connectivity as the second primary objective. Registration: Clinical Trial Registry of India (Reg no: CTRI/2021/05/033775) on 24 th May 2021. Copyright: © 2022 Arumugham SS et al.",

"AB":"Journal Article",

"FTURL":"2022",

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

"DJ":"clozapine electroconvulsive therapy schizophrenia treatment-resistance",

"MV":"NOTNLM",

"TN":"Arumugham, Shyam Sundar ORCID: https://orcid.org/0000-0002-5641-454X  
  
Praharaj, Samir K ORCID: https://orcid.org/0000-0001-8530-1432  
  
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"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"91",

"VN":"Ovid Technologies",

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"UI":"2028567353",

"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) (pp 2672-2682), 2023. Date of Publication: 01 Nov 2023.",

"AU":"Torres A.  
  
Wible M.  
  
Tawadrous M.  
  
Irani P.  
  
Stone G.G.  
  
Quintana A.  
  
Debabov D.  
  
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"AO":"Torres, Antoni ORCID: https://orcid.org/0000-0002-8643-2167  
  
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"IN":"(Torres) Servei de Pneumologia, Hospital Clinic, University of Barcelona, Villarroel 170, Barcelona 08036, Spain  
  
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(Kollef) Division of Pulmonary and Critical Care Medicine, Institute of Clinical and Translational Sciences, Washington University School of Medicine, St Louis, MO, United States",

"PB":"Oxford University Press",

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"AB":"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). Method(s): 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. Result(s): 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. Conclusion(s): 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 © 2023 The Author(s). Published by Oxford University Press on behalf of British Society for Antimicrobial Chemotherapy. All rights reserved.",

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

"UI":"37121488",

"TI":"The emergence of multi-drug-resistant bacteria causing healthcare-associated infections in COVID-19 patients: a retrospective multi-centre study.",

"SO":"Journal of Hospital Infection. 137:1-7, 2023 Jul.",

"AU":"1",

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

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Tomasevic, R  
  
Ranin, L  
  
Todorovic, Z  
  
Zdravkovic, M  
  
Opavski, N",

"OD":"Gajic, I. Faculty of Medicine, University of Belgrade, Belgrade, Serbia. Electronic address: ina.gajic@med.bg.ac.rs.  
  
Jovicevic, M. Faculty of Medicine, University of Belgrade, Belgrade, Serbia.  
  
Popadic, V. University Medical Hospital Centre Bezanijska kosa, Belgrade, Serbia.  
  
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Klasnja, S. University Medical Hospital Centre Bezanijska kosa, Belgrade, Serbia.  
  
Hadnadjev, M. Institute for Pulmonary Diseases of Vojvodina, Sremska Kamenica, Serbia.  
  
Popadic, D J. Clinical Hospital Centre Zemun, Belgrade, Serbia.  
  
Andrijevic, A. Faculty of Medicine, University of Novi Sad, Novi Sad, Serbia Institute for Pulmonary Diseases of Vojvodina, Sremska Kamenica, Serbia.  
  
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Opavski, N. Faculty of Medicine, University of Belgrade, Belgrade, Serbia.",

"AB":"Antimicrobial resistance Bacterial infections COVID-19 SARS-CoV-2",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: We evaluated the prevalence, aetiologies and antibiotic resistance patterns of bacterial infections in hospitalized patients with laboratory-confirmed SARS-CoV-2. We also investigated comorbidities, risk factors and the mortality rate in COVID-19 patients with bacterial infections.  
  
METHODS: This retrospective observational study evaluated medical records of 7249 randomly selected patients with COVID-19 admitted to three clinical centres between 1st January 2021 and 16th February 2022. A total of 6478 COVID-19 patients met the eligibility criteria for analysis.  
  
RESULTS: The mean age of the patients with SARS-CoV-2 and bacterial infections was 68.6 +/- 15.5 years (range: 24-94 years). The majority of patients (68.7%) were older than 65 years. The prevalence of bacterial infections among hospitalized COVID-19 patients was 12.9%, most of them being hospital-acquired (11.5%). Bloodstream (37.7%) and respiratory tract infections (25.6%) were the most common bacterial infections. Klebsiella pneumoniae and Acinetobacter baumannii caused 25.2% and 23.6% of all bacterial infections, respectively. Carbapenem-resistance in Enterobacterales, A. baumannii and Pseudomonas aeruginosa were 71.3%, 93.8% and 69.1%, respectively. Age >60 years and infections caused by >=3 pathogens were significantly more prevalent among deceased patients compared with survivors (P<0.05). Furthermore, 95% of patients who were intubated developed ventilator-associated pneumonia. The overall in-hospital mortality rate of patients with SARS-CoV-2 and bacterial infections was 51.6%, while 91.7% of patients who required invasive mechanical ventilation died.  
  
CONCLUSIONS: Our results reveal a striking association between healthcare-associated bacterial infections as an important complication of COVID-19 and fatal outcomes. Copyright © 2023 The Authors. Published by Elsevier Ltd.. All rights reserved.",

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

"MV":"2023",

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"Unnamed: 22":"Humans  
  
Young Adult  
  
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Cross Infection/mi [Microbiology]  
  
\*Cross Infection  
  
Bacterial Infections/mi [Microbiology]  
  
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"UI":"37535331",

"TI":"Safety, Feasibility, and Acceptability of a Multisite Individualized Exercise Intervention for People with Multiple Myeloma.",

"SO":"Medicine & Science in Sports & Exercise. 55(12):2214-2227, 2023 12 01.",

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Woodrow, Carmel  
  
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Spence, Rosalind R  
  
Boytar, Alexander N  
  
Mollee, Peter  
  
Weber, Nicholas  
  
Nicol, Andrew J  
  
Hill, Michelle M  
  
Skinner, Tina L",

"DU":"Cunningham, Brent J. School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Queensland, AUSTRALIA.  
  
Woodrow, Carmel. Haematology Department, Division of Cancer Services, Princess Alexandra Hospital, Brisbane, Queensland, AUSTRALIA.  
  
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Nicol, Andrew J. Brisbane Clinic for Lymphoma, Myeloma and Leukaemia, Greenslopes Private Hospital, Brisbane, Queensland, AUSTRALIA.  
  
Skinner, Tina L. School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Queensland, AUSTRALIA.",

"OD":"nan",

"AB":"nan",

"FTURL":"INTRODUCTION: High rates of disease- and treatment-related symptoms, such as bone lesions, in people with multiple myeloma (MM) create uncertainty on the safety and feasibility of exercise. This study determined the safety, feasibility, and acceptability of an individualized exercise medicine program for people with MM at any disease stage.  
  
METHODS: A multisite, randomized waitlist-controlled trial was conducted of an individualized, high-intensity aerobic, resistance, and impact-loading exercise program. The exercise sessions were supervised twice weekly by accredited exercise physiologists, with one additional unsupervised session per week, for 12 wk. Safety was determined by number of adverse and serious adverse events. Feasibility outcome measures were study eligibility, recruitment, adherence, and attrition. Acceptability was determined by qualitative interviews and subjective levels of enjoyment.  
  
RESULTS: Of 203 people with MM screened, 88% were eligible, with 34% accepting participation (60 people) and 20% attrition for the between-group analysis, meeting a priori criteria (>=25% and <25%, respectively). No adverse or serious adverse events attributed to testing and/or exercise training were reported. Attendance at supervised exercise sessions was 98%, with 45% completion of the home-based exercise sessions. Adherence rates were 35%, 63%, and 34% for the aerobic, resistance, and impact-loading protocols, with 55%, 80%, and 37% of participants meeting a priori criteria (75% of protocol). Acceptability of the exercise program was high (mean, 82% 95% confidence interval, 78%-87%) and highly supported by qualitative responses.  
  
CONCLUSIONS: An individualized, high-intensity aerobic, resistance, and impact-loading exercise medicine program is safe and acceptable, and feasible by some measures for people with MM. Adherence to the prescribed exercise protocols was limited by comorbidities and disease symptoms. Strategies to improve unsupervised exercise completion are warranted in this population. Copyright © 2023 by the American College of Sports Medicine.",

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

"DJ":"2023",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2021063852",

"TI":"Clinical Relevance of Interferon Regulatory Family-4 (IRF4) Expression in Newly Diagnosed Patients with Multiple Myeloma.",

"SO":"Indian Journal of Hematology and Blood Transfusion. 39(4) (pp 525-536), 2023. Date of Publication: October 2023.",

"AU":"Abdelmonem M.E.  
  
Nooh H.A.  
  
El Ashry M.S.",

"AO":"nan",

"IN":"(Abdelmonem) Faculty of Medicine, Cairo University, Cairo, Egypt  
  
(Nooh, El Ashry) Clinical Pathology Department, National Cancer Institute, Cairo University, Kasr Al Eini Street, Fom El Khalig, P.O Box 11796, Cairo, Egypt",

"PB":"Springer",

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"OD":"Multiple myeloma (MM) is a malignant plasma cell neoplasm with complex biology and heterogenous course. Interferon regulatory factor 4 (IRF4) transcription factor, important key developmental stages of hematopoiesis, represents an excellent potential therapeutic target. The present work aimed to investigate the expression status of IRF4 in the diagnostic bone marrow biopsy (BMB) cores of MM patients. This prospective study included 62 newly diagnosed MM patients. The expression of IRF4 was assessed in the BMB by immunohistochemistry (IHC). The data were correlated to the patients' clinico-pathological features, response to treatment and survival rates. IRF4 expression was observed in 50% of MM patients (31/62). IRF-4 positive patients were more frequently male patients (P = 0.018), have immunoglobulin heavy chain (IgH) translocations (P = 0.05) and tended to present with a higher platelets count (P = 0.07). Multiple myeloma patients presenting with urine M-protein had worse overall survival (OS) than negative cases (P = 0.012). Normocellular BM aspirate (BMA) was associated with better OS than hypercellular and hypocellular BMA (P = 0.006). Patchy distribution of plasma cells in BMB was associated with better disease-free survival (DFS) while diffuse infiltration had the worst (P = 0.019). Of note, after treatment, MM patients had significantly lower percentage of BMA plasma cells, platelet count, beta2 microglobulin and creatinine levels (P = 0.037, < 0.001, 0.022 and 0.026, respectively). Had higher albumin level (P = 0.007), compared to initial investigations. No significant association was found between IRF4 expression and the patients'clinical outcomes. Patterns of plasma cells distribution in BMB, BMA cellularity and urine M-protein are prognostically relevant in MM.Copyright © 2023, The Author(s).",

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

"FTURL":"beta 2 microglobulin / endogenous compound  
  
bortezomib / drug combination / drug therapy / special situation for pharmacovigilance  
  
creatinine / endogenous compound  
  
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dexamethasone / drug combination / drug therapy / special situation for pharmacovigilance  
  
immunoglobulin heavy chain / endogenous compound  
  
\*interferon regulatory factor 4 / \*endogenous compound  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2013331515",

"TI":"Impact of lurasidone and other antipsychotics on body weight: Real-world, retrospective, comparative study of 15,323 adults with schizophrenia.",

"SO":"International Journal of General Medicine. 14(pp 4081-4094), 2021. Date of Publication: 2021.",

"AU":"Pochiero I.  
  
Calisti F.  
  
Comandini A.  
  
Del Vecchio A.  
  
Costamagna I.  
  
Rosignoli M.T.  
  
Cattaneo A.  
  
Nunna S.  
  
Peduto I.  
  
Heiman F.  
  
Chang H.-C.  
  
Chen C.-C.  
  
Correll C.",

"AO":"nan",

"IN":"(Pochiero, Calisti, Comandini, Del Vecchio, Costamagna, Rosignoli, Cattaneo) Angelini Regulatory, Research & Development, Angelini Pharma S.p.A., Rome, Italy  
  
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(Correll) Department of Psychiatry and Molecular Medicine, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, United States",

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"FTURL":"Purpose: The primary objectives were to describe weight changes following initiation of lurasidone versus other antipsychotics and estimate the risk of clinically relevant (>=7%) weight changes. Patients and Methods: This retrospective, longitudinal comparative cohort study was based on electronic medical records (EMRs) of United States (US) adult patients with schizophrenia who were prescribed lurasidone or other antipsychotics as monotherapy between 1 April 2013 and 30 June 2019. Result(s): Overall, the study included 15,323 patients with a diagnosis of schizophrenia 6.1% of patients received lurasidone, 60.4% received antipsychotics associated with a medium-high risk of weight gain (clozapine, olanzapine, quetiapine, risperidone, paliperidone) and 33.5% received antipsychotics with a low risk of weight gain (aripiprazole, first-generation antipsychotics, ziprasidone). Lurasidone was associated with the smallest proportion of patients experiencing clinically relevant weight gain and the greatest proportion of patients with clinically relevant weight loss. The risk of clinically relevant weight gain was numerically higher with all antipsychotics versus lurasidone and was statistically significant for olanzapine (hazard ratio [HR]=1.541 95% confidence interval [CI]=1.121 2.119 p=0.0078) versus lurasidone. The likelihood of >=7% weight loss was significantly greater with lurasi-done versus all antipsychotics (p<0.05), except ziprasidone. Conclusion(s): This real-world study suggests that lurasidone has a lower risk of clinically relevant weight gain and a higher likelihood of clinically relevant weight loss than other commonly used antipsychotics.Copyright © 2021 Pochiero et al.",

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"ORN":"91",

"VN":"Ovid Technologies",

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

"UI":"34225830",

"TI":"Transcranial direct current stimulation (tDCS) combined with cognitive training in adolescent boys with ADHD: a double-blind, randomised, sham-controlled trial.",

"SO":"Psychological Medicine. 53(2):497-512, 2023 01.",

"AU":"1",

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Wexler BE  
  
Cohen Kadosh R  
  
Asherson P  
  
Rubia K",

"MH":"Westwood, Samuel J ORCID: https://orcid.org/0000-0002-0107-6651  
  
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Asherson, Philip ORCID: https://orcid.org/0000-0003-2667-2254  
  
Rubia, Katya ORCID: https://orcid.org/0000-0002-1410-7701",

"DU":"Westwood, Samuel J  
  
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Agbedjro, Deborah  
  
Wexler, Bruce E  
  
Cohen Kadosh, Roi  
  
Asherson, Philip  
  
Rubia, Katya",

"OD":"Westwood, Samuel J. Department of Child & Adolescent Psychiatry, King's College London, London, UK.  
  
Criaud, Marion. Department of Child & Adolescent Psychiatry, King's College London, London, UK.  
  
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Wallace-Hanlon, Sophie. School of Psychology, University of Surrey, Guildford, UK.  
  
Kowalczyk, Olivia S. Department of Child & Adolescent Psychiatry, King's College London, London, UK.  
  
Kowalczyk, Olivia S. Department of Neuroimaging, King's College London, London, UK.  
  
Kostara, Afroditi. Department of Child & Adolescent Psychiatry, King's College London, London, UK.  
  
Mathew, Joseph. Department of Child & Adolescent Psychiatry, King's College London, London, UK.  
  
Agbedjro, Deborah. Department of Biostatistics, King's College London, London, UK.  
  
Wexler, Bruce E. Department of Psychiatry, Yale School of Medicine, New Haven, CT, USA.  
  
Cohen Kadosh, Roi. Department of Experimental Psychology, University of Oxford, Oxford, UK.  
  
Asherson, Philip. Social Genetic & Developmental Psychiatry, King's College London, London, UK.  
  
Rubia, Katya. Department of Child & Adolescent Psychiatry, King's College London, London, UK.",

"AB":"Male  
  
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Frontal Lobe",

"FTURL":"ADHD randomised controlled trial tDCS treatment",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Transcranial direct current stimulation (tDCS) could be a side-effect-free alternative to psychostimulants in attention-deficit/hyperactivity disorder (ADHD). Although there is limited evidence for clinical and cognitive effects, most studies were small, single-session and stimulated left dorsolateral prefrontal cortex (dlPFC). No sham-controlled study has stimulated the right inferior frontal cortex (rIFC), which is the most consistently under-functioning region in ADHD, with multiple anodal-tDCS sessions combined with cognitive training (CT) to enhance effects. Thus, we investigated the clinical and cognitive effects of multi-session anodal-tDCS over rIFC combined with CT in double-blind, randomised, sham-controlled trial (RCT, ISRCTN48265228).  
  
METHODS: Fifty boys with ADHD (10-18 years) received 15 weekday sessions of anodal- or sham-tDCS over rIFC combined with CT (20 min, 1 mA). ANCOVA, adjusting for baseline measures, age and medication status, tested group differences in clinical and ADHD-relevant executive functions at posttreatment and after 6 months.  
  
RESULTS: ADHD-Rating Scale, Conners ADHD Index and adverse effects were significantly lower at post-treatment after sham relative to anodal tDCS. No other effects were significant.  
  
CONCLUSIONS: This rigorous and largest RCT of tDCS in adolescent boys with ADHD found no evidence of improved ADHD symptoms or cognitive performance following multi-session anodal tDCS over rIFC combined with CT. These findings extend limited meta-analytic evidence of cognitive and clinical effects in ADHD after 1-5 tDCS sessions over mainly left dlPFC. Given that tDCS is commercially and clinically available, the findings are important as they suggest that rIFC stimulation may not be indicated as a neurotherapy for cognitive or clinical remediation for ADHD.",

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"TI":"Using a mobile phone-based application as an adjunct to facilitate oral hygiene practices in children with Attention Deficit Hyperactivity Disorder (ADHD).",

"SO":"European journal of paediatric dentistry. 24(4) (pp 267 - 271), 2023. Date of Publication: 01 Dec 2023.",

"AU":"Gurnani H.  
  
Naik S.  
  
Dsouza A.  
  
Thakur K.",

"AO":"(Gurnani) BDS, MDS, Pediatric & Preventive Dentist, Myofunctional Therapist, Mumbai, India  
  
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(Dsouza, Thakur) BDS, MDS, Department of Pediatric & Preventive Dentistry, DY Patil deemed to be University - School Of Dentistry ,Navi Mumbai, India",

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"DU":"\*attention deficit hyperactivity disorder  
  
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"OD":"AIM: To evaluate the efficacy of a mobile phone application to facilitate oral hygiene practices in children with ADHD. METHOD(S): This was a randomized controlled study that included 54 ADHD children after obtaining informed parental consent. The children were randomly divided into 2 groups Group 1 (conventional) participants were instructed verbally as well as demonstrated the brushing technique on models. Group 2 (mobile phone application) participants were made to download and use the 'BRUSH DJ' app developed by Ben Underwood. At baseline, the oral hygiene index-simplified (OHI-S) [Greene and Vermillion, 1964] of each child was evaluated clinically and the parents were asked to fill a questionnaire regarding the oral hygiene practices followed by their child every day. At the end of the second, sixth, and twelfth week, the parents were asked to fill the same questionnaire in addition to the evaluation of the OHI-S index. RESULT(S): A significant difference was found in the brushing time, brushing frequency, and OHI-S index between group 1 and group 2 at the end of 12 weeks. (unpaired t-test, p<0.05) CONCLUSION(S): The mobile phone application proved to be an effective tool in captivating the attention of these children and thus improving their oral health.",

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

"FTURL":"nan",

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

"UI":"32072071",

"TI":"Add-on spironolactone as antagonist of the NRG1-ERBB4 signaling pathway for the treatment of schizophrenia: Study design and methodology of a multicenter randomized, placebo-controlled trial.",

"SO":"Contemporary Clinical Trials Communications. 17:100537, 2020 Mar.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Hasan A  
  
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Falkai, Peter",

"DU":"Hasan, Alkomiet. Department of Psychiatry and Psychotherapy, University Hospital, Ludwig-Maximilians University Munchen, Germany.  
  
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Falkai, Peter. Department of Psychiatry and Psychotherapy, University Hospital, Ludwig-Maximilians University Munchen, Germany.",

"OD":"BACKGROUND: Preclinical studies recently showed that the mineralocorticoid antagonist spironolactone acts also as an antagonist of the NRG1-ERBB4 signaling pathway and improves schizophrenia-like behaviour in Nrg1 transgenic mouse model. As this signaling pathway is critically linked to the pathophysiology of schizophrenia, especially in the context of working-memory dysfunction, spironolactone may be a novel treatment option for patients with schizophrenia targeting cognitive impairments.  
  
AIMS: To evaluate whether spironolactone added to an ongoing antipsychotic treatment improves cognitive functioning in schizophrenia.  
  
METHODS: The add-on spironolactone for the treatment of schizophrenia trial (SPIRO-TREAT) is a multicenter randomized, placebo-controlled trial with three arms (spironolactone 100 mg, spironolactone 200 mg and placebo). Schizophrenia patients are treated for three weeks and then followed-up for additional nine weeks. As primary outcome, we investigate changes in working memory before and at the end of the intervention phase. We will randomize 90 patients. Eighty-one patients are intended to reach the primary endpoint measure at the end of the three-week intervention period. Secondary endpoints include other measures of cognition, psychopathology, safety measures and biological measures.  
  
CONCLUSIONS: SPIRO-TREAT is the first study evaluating the efficacy of the mineralocorticoid receptor antagonist spironolactone to improve cognitive impairments in schizophrenia patients targeting the NRG1-ERBB4 signaling pathway. With SPIRO-TREAT, we intend to investigate a novel treatment option for cognitive impairments in schizophrenia that goes beyond the established concepts of interfering with dopaminergic neurotransmission as key pathway in schizophrenia treatment.  
  
CLINICAL TRIAL REGISTRATION: International Clinical Trials Registry Platform: http://apps.who.int/trialsearch/Trial2.aspx?TrialID=EUCTR2014-001968-35-DE. Copyright © 2020 The Author(s).",

"AB":"Journal Article",

"FTURL":"2020",

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

"DJ":"Cognitive impairment Drug repositioning Drug repurposing NRG1-ERBB4 Schizophrenia Spironolactone",

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"TI":"Matrix-assisted laser desorption/ionization time-of-flight mass spectrometry and lateral flow immunochromatography for rapid identification of beta-lactamase-gene-harboring Enterobacterales in urine specimens: Performance and cost-benefit analyses.",

"SO":"Diagnostic Microbiology and Infectious Disease. 108(2) (no pagination), 2024. Article Number: 116127. Date of Publication: February 2024.",

"AU":"Sanchez D.  
  
Torres I.  
  
Padron C.  
  
Gimenez E.  
  
Colomina J.  
  
Carretero D.  
  
Buesa J.  
  
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"AO":"Albert, Eliseo ORCID: https://orcid.org/0000-0002-5037-6095",

"IN":"(Sanchez, Torres, Padron, Gimenez, Colomina, Carretero, Buesa, Navarro, Albert) Microbiology Service, Hospital Clinico Universitario, INCLIVA Research institute, Valencia, Spain  
  
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(Navarro) Centro de Investigacion Biomedica en Red de Enfermedades Infecciosas (CIBERINFEC), Instituto de Salud Carlos III, Madrid, Spain",

"PB":"Elsevier Inc.",

"MH":"aged  
  
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"AB":"In this single-center prospective study, we evaluated the performance to the MALDI-ToF MS based method in conjunction with lateral flow immunochromatographic (LFIC) in urine specimens for rapid diagnosis of bacterial Urinary Tract Infection (UTI) and detection of carbapenemase and/or extended-spectrum beta- lactamase (ESBL) enzymes produced by the involved bacteria, compared to standard culture, and antimicrobial susceptibility testing/genotypic resistance markers characterization performed on culture-grown colonies. In addition, a cost-benefit analysis comparing this approach against standard procedures was conducted. A total of 324 urines were included in the study, of which 288 (88.9 %) yielded concordant results by the MALDI-ToF MS and conventional culture (Kappa agreement, 0.82 P<0.001). Direct LFIC testing could be carried out in 249/324 urines. Bacterial species carrying beta-lactam genotypic resistance markers were identified in 35 urines (35 CTX-M and 2 OXA-48). Two ESBL-producing Escherichia coli were missed by LFIC (Kappa agreement with standard procedures of 0.96 P<0.001). The cost-benefit analysis indicated that our novel approach resulted in an improvement of clinical outcomes (less need of outpatient care) with a marginal incremental cost (2.59).Copyright © 2023",

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

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"DJ":"nan",

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"TN":"nan",

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

"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"37133639",

"TI":"In vitro activities of omadacycline, eravacycline, cefiderocol, apramycin, and comparator antibiotics against Acinetobacter baumannii causing bloodstream infections in Greece, 2020-2021: a multicenter study.",

"SO":"European Journal of Clinical Microbiology & Infectious Diseases. 42(7):843-852, 2023 Jul.",

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

"IN":"MEDLINE",

"PB":"Galani I  
  
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"MH":"Galani, Irene ORCID: http://orcid.org/0000-0001-6455-9848  
  
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"OD":"Galani, Irene. Infectious Diseases Laboratory, 4th Department of Internal Medicine, National and Kapodistrian University of Athens, School of Medicine, Athens, Greece. egalani@med.uoa.gr.  
  
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Giamarellou, Helen. 1st Department of Internal Medicine-Infectious Diseases, Hygeia General Hospital, Athens, Greece.",

"AB":"Acinetobacter baumannii Apramycin ArmA Cefiderocol Eravacycline IC II OXA-23",

"FTURL":"NOTNLM",

"PM":"Resistance of Acinetobacter baumannii to multiple clinically important antimicrobials has increased to very high rates in Greece, rendering most of them obsolete. The aim of this study was to determine the molecular epidemiology and susceptibilities of A. baumannii isolates collected from different hospitals across Greece. Single-patient A. baumannii strains isolated from blood cultures (n = 271), from 19 hospitals, in a 6-month period (November 2020-April 2021) were subjected to minimum inhibitory concentration determination and molecular testing for carbapenemase, 16S rRNA methyltransferase and mcr gene detection and epidemiological evaluation. 98.9% of all isolates produced carbapenemase OXA-23. The vast majority (91.8%) of OXA-23 producers harbored the armA and were assigned mainly (94.3%) to sequence group G1, corresponding to IC II. Apramycin (EBL-1003) was the most active agent inhibiting 100% of the isolates at <=16 mg/L, followed by cefiderocol which was active against at least 86% of them. Minocycline, colistin and ampicillin-sulbactam exhibited only sparse activity (S <19%), while eravacycline was 8- and 2-fold more active than minocycline and tigecycline respectively, by comparison of their MIC50/90 values. OXA-23-ArmA producing A. baumannii of international clone II appears to be the prevailing epidemiological type of this organism in Greece. Cefiderocol could provide a useful alternative for difficult to treat Gram-negative infections, while apramycin (EBL-1003), the structurally unique aminoglycoside currently in clinical development, may represent a highly promising agent against multi-drug resistant A. baumanni infections, due to its high susceptibility rates and low toxicity. Copyright © 2023. The Author(s).",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Anti-Bacterial Agents/pd [Pharmacology]  
  
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"TI":"Population Pharmacokinetics and Exposure-Response with Teclistamab in Patients With Relapsed/Refractory Multiple Myeloma: Results From MajesTEC-1.",

"SO":"Targeted Oncology. 18(5):667-684, 2023 09.",

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"PB":"Miao X  
  
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Krishnan, Amrita  
  
Usmani, Saad Z  
  
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"DU":"Miao, Xin. Janssen Research & Development, Spring House, PA, USA. xmiao0831@gmail.com.  
  
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Girgis, Suzette. Janssen Research & Development, Spring House, PA, USA.",

"OD":"nan",

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"FTURL":"BACKGROUND: Teclistamab, a B-cell maturation antigen x CD3 bispecific antibody, is approved in patients with relapsed/refractory multiple myeloma (RRMM) who have previously received an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody.  
  
OBJECTIVE: We report the population pharmacokinetics of teclistamab administered intravenously and subcutaneously (SC) and exposure-response relationships from the phase I/II, first-in-human, open-label, multicenter MajesTEC-1 study.  
  
METHODS: Phase I of MajesTEC-1 consisted of dose escalation and expansion at the recommended phase II dose (RP2D 1.5 mg/kg SC weekly, preceded by step-up doses of 0.06 and 0.3 mg/kg) phase II investigated the efficacy of teclistamab RP2D in patients with RRMM. Population pharmacokinetics and the impact of covariates on teclistamab systemic exposure were assessed using a 2-compartment model with first-order absorption for SC and parallel time-independent and time-dependent elimination pathways. Exposure-response analyses were conducted, including overall response rate (ORR), duration of response (DoR), progression-free survival (PFS), overall survival (OS), and the incidence of grade >= 3 anemia, neutropenia, lymphopenia, leukopenia, thrombocytopenia, and infection.  
  
RESULTS: In total, 4840 measurable serum concentration samples from 338 pharmacokinetics-evaluable patients who received teclistamab were analyzed. The typical population value of time-independent and time-dependent clearance were 0.449 L/day and 0.547 L/day, respectively. The time-dependent clearance decreased rapidly to < 10% after 8 weeks of teclistamab treatment. Patients who discontinue teclistamab after the 13th dose are expected to have a 50% reduction from Cmax in teclistamab concentration at a median (5th to 95th percentile) time of 15 days (7-33 days) after Tmax and a 97% reduction from Cmax in teclistamab concentration at a median time of 69 days (32-163 days) after Tmax. Body weight, multiple myeloma type (immunoglobulin G vs non-immunoglobulin G), and International Staging System (ISS) stage (II vs I and III vs I) were statistically significant covariates on teclistamab pharmacokinetics however, these covariates had no clinically relevant effect on the efficacy of teclistamab at the RP2D. Across all doses, ORR approached a plateau at the concentration range associated with RP2D, and in patients who received the RP2D, a flat exposure-response curve was observed. No apparent relationship was observed between DoR, PFS, OS, and the incidence of grade >=3 adverse events across the predicted exposure quartiles.  
  
CONCLUSION: Body weight, myeloma type, and ISS stage impacted systemic teclistamab exposure without any clinically relevant effect on efficacy. The exposure-response analyses for ORR showed a positive trend with increasing teclistamab systemic exposure, with a plateau at the RP2D, and there was no apparent exposure-response trend for safety or other efficacy endpoints. These analyses support the RP2D of teclistamab in patients with RRMM.  
  
CLINICAL TRIAL REGISTRATION: NCT03145181 (phase I, 09 May 2017) NCT04557098 (phase II, 21 September 2020). Copyright © 2023. The Author(s).",

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

"DJ":"2023",

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

"TN":"nan",

"Unnamed: 22":"nan",

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Proteasome Inhibitors  
  
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"TI":"Low non-relapse mortality and good haematological and renal responses after autologous haematopoietic stem cell transplantation in multiple myeloma patients with renal insufficiency at transplant: A prospective Societe Francophone de Greffe de Moelle-Therapie Cellulaire observational study.",

"SO":"British Journal of Haematology. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Garderet L.  
  
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"PB":"John Wiley and Sons Inc",

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"OD":"High-dose melphalan followed by autologous haematopoietic stem cell transplantation is widely used in newly diagnosed multiple myeloma (MM) patients as upfront therapy. However, the safety and efficacy of transplantation in patients with renal insufficiency (RI) are controversial. We followed a multicentre (16 SFGM-TC centres) prospective cohort of 50 newly diagnosed MM patients with a serum creatinine clearance of <40 mL/min at transplantation. Patients received a recommended dose of melphalan of 140 mg/m2. The primary end-point was the non-relapse mortality at Day 100. One death occurred during the first 100 days post-transplant. The median time to neutrophil engraftment was 12 days and to platelet engraftment was 13 days. The haematological response improved in 69% of patients, with best responses from partial response (PR) to very good partial response (VGPR) (10%), from PR to complete response (CR)/stringent complete response (sCR) (16%), from VGPR to CR/sCR (39%) and from CR to sCR (2%). At 2 years, the overall survival was 84%, the progression-free survival was 70% and the cumulative incidence of relapse was 20%. The renal response improved in 59% of patients, with the best renal responses post-transplant being minimal (9%), partial (2%) and complete (48%). Autologous transplantation was safe and effective in myeloma patients with RI at transplant.Copyright © 2023 The Authors. British Journal of Haematology published by British Society for Haematology and John Wiley & Sons Ltd.",

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"FTURL":"melphalan [m]",

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"MV":"37953476 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37953476]",

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"DB":"Embase",

"UI":"2013320952",

"TI":"Dopamine d3 receptors: From bench to bedside.",

"SO":"Neuropsychopharmacologia Hungarica. 23(2) (pp 272-280), 2021. Date of Publication: 2021.",

"AU":"Gonda X.  
  
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"AO":"nan",

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"PB":"Hungarian Association of Psychopharmacology",

"MH":"adult  
  
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"FTURL":"Dopamine D3 receptors belong to the dopamine D2-like receptor family, which also includes D2 and D4 receptors. These receptors have limited anatomical distribution and are mainly expressed in brain regions and pathways that typically mediate the actions of antipsychotic drugs and medication used against Parkinson's disease (PD). The development of cariprazine, the first D2/D3 partial agonist with prominent affinity and preferential activity at D3 receptors over other dopamine receptor subtypes was a landmark that provided new insights into the neurochemical and physiological functions of D3 receptors. Preclinical studies and clinical trials provided evidence for the clinical advantages of cariprazine in the treatment of schizophrenia and bipolar disorder. Cariprazine became the first antipsychotic drug approved for the treatment of manic, mixed and depressive episodes in bipolar I disorder. Antagonism of D3 receptors may play a role in ameliorating symptoms of levodopa-induced dyskinesia and psychosis in PD patients treated with levodopa/carbidopa. Accordingly, D3 receptors constitute attractive targets for developing novel drugs for the improved treatment of different psychiatric and neurological disorders.Copyright © 2021, Hungarian Association of Psychopharmacology. All rights reserved.",

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"VN":"Ovid Technologies",

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

"UI":"36731171",

"TI":"Do ADHD Treatments Improve Executive Behavior Beyond Core ADHD Symptoms in Adults? Evidence From Systematic Analysis of Clinical Trials. [Review]",

"SO":"Journal of Clinical Pharmacology. 63(6):640-653, 2023 06.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Surman CBH  
  
Walsh DM",

"MH":"Surman, Craig B H ORCID: https://orcid.org/0000-0003-1677-0686",

"DU":"Surman, Craig B H  
  
Walsh, Daniel M",

"OD":"Surman, Craig B H. Clinical and Research Program in ADHD and Related Disorders, Massachusetts General Hospital, Boston, Massachusetts, USA.  
  
Walsh, Daniel M. Clinical and Research Program in ADHD and Related Disorders, Massachusetts General Hospital, Boston, Massachusetts, USA.",

"AB":"Adult  
  
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Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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"FTURL":"ADHD adult executive function treatment",

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"DJ":"We sought to understand the effect of current treatments for attention deficit hyperactivity disorder (ADHD) on executive functioning deficits, which are often comorbid with ADHD, via a systematic analysis of adult ADHD treatment studies evaluating change in behavioral measures beyond the core symptoms of Diagnostic and Statistical Manual of Mental Disorders ADHD. The standardized mean difference for behavioral measures of executive functioning was determined from controlled trials of adults with ADHD and compared with effects on core ADHD symptoms. Several studies of atomoxetine revealed small to large standardized mean differences. Nonreplicated studies revealed small to medium effects for triple-bead mixed amphetamine salts, lisdexamfetamine, and forms of cognitive behavioral therapy. Proportional effect versus core ADHD symptoms ranged from 0.78 to 1.16 for atomoxetine, and from 0.65 to 1.44 across all the studies. ADHD treatments have effects on executive functioning behavior beyond core ADHD symptoms in adults. Clinicians can measure and treat this morbidity using available clinical tools. Copyright © 2023, The American College of Clinical Pharmacology.",

"MV":"57WVB6I2W0 (Atomoxetine Hydrochloride)  
  
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"TN":"Journal Article  
  
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"UI":"2028795907",

"TI":"The Effect of Methylphenidate on Cognition in Patients with Comorbid Attention Deficit/ Hyperactivity Disorder and Amphetamine Use Disorder: An Exploratory Single-Blinded within-Subject Study.",

"SO":"European Addiction Research. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Brynte C.  
  
Konstenius M.  
  
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working memory [m]",

"OD":"Introduction: Attention deficit/hyperactivity disorder (ADHD) with co-occurring substance use disorder (SUD) is associated with poor treatment outcomes. Two randomized controlled trials, utilizing robust doses of stimulants, demonstrated a significant effect on treatment outcomes in patients with ADHD/SUD. This study aimed to investigate differences in executive functioning and explore the dose-dependent effect of OROS-methylphenidate (MPH) in patients with comorbid ADHD and amphetamine use disorder (ADHD+AMPH) and patients with ADHD only. Method(s): Three groups (ADHD+AMPH, ADHD only, and healthy controls) were assessed repeatedly with a neuropsychological test battery. An exploratory within-subject single-blinded design was employed where the ADHD only group received a maximum dose of 72 mg OROS-MPH, the ADHD+AMPH group a maximum dose of 180 mg, whereas the healthy subjects did not receive any study medication. Both ADHD groups received the same dose titration up to 72 mg OROS-MPH. Result(s): The ADHD+AMPH group demonstrated a significantly poorer motor inhibition and spatial working memory and reported more severe ADHD symptoms compared to the ADHD only group. 180 mg OROS-MPH was associated with a significant improvement in executive functioning in the dual diagnosis group. However, the exploratory study design and recruitment issues do not allow for any conclusion to be drawn regarding the effect of 180 mg OROS-MPH. Conclusion(s): Patients with ADHD+AMPH present with more severe neurocognitive deficits compared to ADHD only. The effect of 180 mg OROS-MPH on cognition in patients with ADHD+AMPH was inconclusive. Future studies should consider recruitment issues and high drop-out rates in this study population.Copyright © 2023 The Author(s).",

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"UI":"31911624",

"TI":"The neurobiology of treatment-resistant schizophrenia: paths to antipsychotic resistance and a roadmap for future research. [Review]",

"SO":"NPJ Schizophrenia. 6(1):1, 2020 Jan 07.",

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

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Howes, Oliver D",

"DU":"Potkin, Steven G. University of California at Irvine, Irvine, CA, USA.  
  
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Howes, Oliver D. King's College, London, UK. oliver.howes@kcl.ac.uk.  
  
Howes, Oliver D. MRC London Institute of Medical Sciences, Imperial College, London, UK. oliver.howes@kcl.ac.uk.",

"OD":"Treatment-resistant schizophrenia (TRS), the persistence of positive symptoms despite >=2 trials of adequate dose and duration of antipsychotic medication with documented adherence, is a serious clinical problem with heterogeneous presentations. TRS can vary in its onset (at the first episode of psychosis or upon relapse), in its severity, and in the response to subsequent therapeutic interventions (i.e., clozapine, electroconvulsive therapy). The heterogeneity of TRS indicates that the underlying neurobiology of TRS may differ not only from treatment-responsive schizophrenia but also among patients with TRS. Several hypotheses have been proposed for the neurobiological mechanisms underlying TRS, including dopamine supersensitivity, hyperdopaminergic and normodopaminergic subtypes, glutamate dysregulation, inflammation and oxidative stress, and serotonin dysregulation. Research supporting these hypotheses is limited in part by variations in the criteria used to define TRS, as well as by the biological and clinical heterogeneity of TRS. Clinical trial designs for new treatments should be informed by this heterogeneity, and further clinical research is needed to more clearly understand the underlying neurobiology of TRS and to optimize treatment for patients with TRS.",

"AB":"Journal Article  
  
Review",

"FTURL":"2020",

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

"DJ":"nan",

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"UI":"2028383873",

"TI":"Outcome and attributable cost associated with bacterial resistant infections in a tertiary care hospital.",

"SO":"Journal of Applied Pharmaceutical Science. 13(10) (pp 132-140), 2023. Date of Publication: 2023.",

"AU":"Chandra P.  
  
Anburaj S.E.  
  
Vijayanarayana K.  
  
Vandana K.E.  
  
Mukhopadhyay C.  
  
Acharya U.D.  
  
Surulivelrajan M.  
  
Rajesh V.",

"AO":"Chandra, Prashant ORCID: https://orcid.org/0000-0001-8864-1707  
  
Anburaj, Stanly Elstin ORCID: https://orcid.org/0000-0002-6511-6982  
  
Vijayanarayana, Kunikatta ORCID: https://orcid.org/0000-0002-9580-3476  
  
Vandana, Kalwaje Eshwara ORCID: https://orcid.org/0000-0001-7561-4435  
  
Mukhopadhyay, Chiranjay ORCID: https://orcid.org/0000-0003-0402-1143  
  
Acharya, Udupi Dinesh ORCID: https://orcid.org/0000-0002-0304-4725  
  
Surulivelrajan, Mallayasamy ORCID: https://orcid.org/0000-0003-2568-5096  
  
Rajesh, Vilakkathala ORCID: https://orcid.org/0000-0003-1261-4977",

"IN":"(Chandra, Anburaj, Vijayanarayana, Surulivelrajan, Rajesh) Department of Pharmacy Practice, Manipal College of Pharmaceutical Sciences, Manipal Academy of Higher Education, Manipal, India  
  
(Vandana, Mukhopadhyay) Department of Microbiology, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, India  
  
(Vandana, Mukhopadhyay) Centre for Antimicrobial Resistance and Education, Manipal Academy of Higher Education, Manipal, India  
  
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(Acharya) Department of Computer Science & Engineering, Manipal Institute of Technology, Manipal Academy of Higher Education, Manipal, India  
  
(Surulivelrajan) Centre for Pharmacometrics, Manipal Academy of Higher Education, Manipal, India  
  
(Rajesh) Centre for Pharmaceutical Care, Manipal Academy of Higher Education, Manipal, India",

"PB":"Open Science Publishers LLP Inc.",

"MH":"Acinetobacter  
  
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\*antibiotic resistance  
  
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\*clinical outcome  
  
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middle aged  
  
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\*tertiary care center",

"AB":"Globally, the public and economic well-being are seriously threatened by antimicrobial resistance (AMR). The study aimed to identify the outcomes and attributable cost of treatment in patients with resistant bacterial infections. A prospective observational study was carried out for 30 months in adult patients admitted to a tertiary care teaching hospital. Patients diagnosed with clinical infection were included. Antimicrobial susceptibility testing was performed and interpreted according to the Clinical and Laboratory Standard Institute guidelines. Direct costs were collected and reported as median and range. Multiple linear regression was performed to identify the association between the attributes and costs. A high prevalence of management of multidrug-resistant (MDR) and extensive/pandrug-resistant Gram-negative and MDR Gram-positive isolates were identified. Gram-negative isolates were highly resistant to beta-lactam/beta-lactamase inhibitors (62%-90%), fluoroquinolones (72%-91%), and carbapenems (58%-94%). Overall mortality was 17%. Median antibiotic costs were higher for patients with polymicrobial infections [$316 ($89-$1,248)], followed by intensive care unit patients [$184 ($70-$417)]. The overall cost for hospital-acquired infections [$2,431 ($1,223-$5,191)] was 2.5 times the cost of community-acquired infections [$902 (540-1,520)]. Hospital-acquired infections, mortality, length of stay, and resistant strains of Escherichia coli, Klebsiella spp., and Acinetobacter spp. were significantly associated with higher treatment costs (p <= 0.05). Lowering AMR with the judicious use of antibiotics and effectively strengthening the hospital's infection control program can reduce the financial burden.Copyright © 2023 Prashant Chandra et al. This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International License (https://creativecommons.org/licenses/by/4.0/).",

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"VN":"Ovid Technologies",

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

"UI":"36883356",

"TI":"The primary pharmacology of ceftazidime/avibactam: microbiology from clinical studies, and development of resistance during treatment. [Review]",

"SO":"Journal of Antimicrobial Chemotherapy. 78(4):871-892, 2023 04 03.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Nichols WW  
  
Bradford PA  
  
Stone GG",

"MH":"Nichols, Wright W ORCID: https://orcid.org/0000-0003-3305-6388  
  
Bradford, Patricia A ORCID: https://orcid.org/0000-0002-1285-2978",

"DU":"Nichols, Wright W  
  
Bradford, Patricia A  
  
Stone, Gregory G",

"OD":"Nichols, Wright W. Microbiology Consulting, The Stables, 2-4 Davenfield Road, Didsbury, M20 6UP, Manchester, UK.  
  
Bradford, Patricia A. Antimicrobial Development Specialists, LLC, Nyack, NY, USA.  
  
Stone, Gregory G. Hospital Business Unit, Global Product Development, Pfizer, Groton, CT, USA.",

"AB":"nan",

"FTURL":"nan",

"PM":"As one of a series of thematically linked reviews of the primary pharmacology of the beta-lactam/beta-lactamase inhibitor combination, ceftazidime/avibactam, this article reviews the microbiological findings in drug-exposed patients. Earlier articles in the series focused on basic in vitro and in vivo translational biology (J Antimicrob Chemother 2022 77: 2321-40 and 2341-52) and the development and mechanisms of resistance in vitro (J Antimicrob Chemother 2023: Epub ahead of print. doi: 10.1093/jac/dkac449). In clinical trials of ceftazidime/avibactam, combined favourable microbiological responses for evaluable patients infected at baseline by susceptible Enterobacterales or Pseudomonas aeruginosa were 86.1% (851/988). The corresponding percent favourable among patients infected by ceftazidime/avibactam-resistant pathogens was 58.8% (10/17), noting that the majority (15/17) of the resistant examples were P. aeruginosa. Microbiological response rates to comparator treatments in the same clinical trials ranged between 64% and 95%, depending on the type of infection and the analysis population. Uncontrolled case studies over a wide range of patients infected by antibiotic multiresistant Gram-negative bacteria have demonstrated that ceftazidime/avibactam can elicit microbiological clearance of ceftazidime/avibactam-susceptible strains. In case studies where a matched cohort of patients had been treated with antibacterial agents other than ceftazidime/avibactam, microbiological outcomes were comparable between treatments, mostly being observationally more favourable for ceftazidime/avibactam (recognizing that numbers were too small for definitive superiority assessments). Development of resistance to ceftazidime/avibactam during therapy is reviewed. The phenomenon has been reported multiple times, mostly in difficult-to-treat patients infected by KPC-producing Enterobacterales. Molecular mechanisms, when determined, have frequently been observed previously in vitro, such as the 'OMEGA-loop' D179Y (Asp179Tyr) substitution found in KPC variant enzymes. In human volunteers exposed to therapeutic levels of ceftazidime/avibactam, faecal numbers of Escherichia coli, other enterobacteria, lactobacilli, bifidobacteria, clostridia and Bacteroides spp. decreased. Clostridioides difficile was detected in the faeces, but this was of uncertain significance, because no unexposed controls were studied. 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":"Review  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Ceftazidime/pd [Pharmacology]  
  
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"UI":"37582952",

"TI":"Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results.",

"SO":"Nature Medicine. 29(9):2259-2267, 2023 09.",

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"IN":"MEDLINE",

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"MH":"Lesokhin, Alexander M  
  
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Martinez-Lopez, Joaquin  
  
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Gabayan, Afshin Eli  
  
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Czibere, Akos  
  
Viqueira, Andrea  
  
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"DU":"Lesokhin, Alexander M. Division of Hematology and Oncology, Memorial Sloan Kettering Cancer Center/Weill Cornell Medical College, New York City, NY, USA. lesokhia@mskcc.org.  
  
Tomasson, Michael H. Department of Internal Medicine, University of Iowa, Iowa City, IA, USA.  
  
Arnulf, Bertrand. Hopital Saint-Louis, Paris, France.  
  
Bahlis, Nizar J. Arnie Charbonneau Cancer Institute, University of Calgary, Calgary, Alberta, Canada.  
  
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Iida, Shinsuke. Department of Hematology & Oncology, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan.  
  
Raab, Marc-Steffen. Heidelberg Myeloma Center, Department of Hematology/Oncology, Heidelberg University Hospital, Heidelberg, Germany.  
  
Searle, Emma. The Christie Hospital, The University of Manchester, Manchester, UK.  
  
Leip, Eric. Pfizer Inc, Cambridge, MA, USA.  
  
Sullivan, Sharon T. Pfizer Inc, Cambridge, MA, USA.  
  
Conte, Umberto. Pfizer Inc, New York, NY, USA.  
  
Elmeliegy, Mohamed. Pfizer Inc, San Diego, CA, USA.  
  
Czibere, Akos. Pfizer Inc, New York, NY, USA.  
  
Viqueira, Andrea. Pfizer SLU, Madrid, Spain.  
  
Mohty, Mohamad. Sorbonne University, Hopital Saint-Antoine, and INSERM UMRs938, Paris, France.",

"OD":"nan",

"AB":"nan",

"FTURL":"Elranatamab is a humanized B-cell maturation antigen (BCMA)-CD3 bispecific antibody. In the ongoing phase 2 MagnetisMM-3 trial, patients with relapsed or refractory multiple myeloma received subcutaneous elranatamab once weekly after two step-up priming doses. After six cycles, persistent responders switched to biweekly dosing. Results from cohort A, which enrolled patients without prior BCMA-directed therapy (n = 123) are reported. The primary endpoint of confirmed objective response rate (ORR) by blinded independent central review was met with an ORR of 61.0% (75/123) 35.0% >=complete response. Fifty responders switched to biweekly dosing, and 40 (80.0%) improved or maintained their response for >=6 months. With a median follow-up of 14.7 months, median duration of response, progression-free survival and overall survival (secondary endpoints) have not been reached. Fifteen-month rates were 71.5%, 50.9% and 56.7%, respectively. Common adverse events (any grade grade 3-4) included infections (69.9%, 39.8%), cytokine release syndrome (57.7%, 0%), anemia (48.8%, 37.4%), and neutropenia (48.8%, 48.8%). With biweekly dosing, grade 3-4 adverse events decreased from 58.6% to 46.6%. Elranatamab induced deep and durable responses with a manageable safety profile. Switching to biweekly dosing may improve long-term safety without compromising efficacy. ClinicalTrials.gov identifier: NCT04649359 . Copyright © 2023. The Author(s).",

"PM":"Clinical Trial, Phase II  
  
Journal Article  
  
Research Support, N.I.H., Extramural  
  
Research Support, Non-U.S. Gov't",

"DJ":"2023",

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

"TN":"Lesokhin, Alexander M ORCID: http://orcid.org/0000-0001-9321-702X  
  
Bahlis, Nizar J ORCID: http://orcid.org/0000-0001-7353-7034  
  
Miles Prince, H ORCID: http://orcid.org/0000-0002-0058-2448  
  
Martinez-Lopez, Joaquin ORCID: http://orcid.org/0000-0001-7908-0063  
  
Nooka, Ajay K ORCID: http://orcid.org/0000-0003-4165-6869  
  
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"TI":"Proceedings of the 22nd International Cancer Imaging Society Meeting and Annual Teaching Course.",

"SO":"Cancer Imaging. Conference: 22nd International Cancer Imaging Society Meeting and Annual Teaching Course. London United Kingdom. 23(Supplement 1) (no pagination), 2023. Date of Publication: October 2023.",

"AU":"Anonymous",

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"OD":"The proceedings contain 42 papers. The topics discussed include: patterns of pseudoprogression across different cancer entities treated with immune checkpoint inhibitors clinical utility of deep learning algorithm to achieve pin sharp images quicker: real world experience across multiple sites feasibility of AI as a liver screening tool for staging CT scans of colorectal cancer patients applications of spectral CT technology in routine out patient/CDC setting Lugano criteria modification by pre infusion kinetics improves survival prediction in chimeric antigen receptor T cell therapy for lymphoma advanced cellular characterization via modified UNET framework in high throughput microscopy imaging radiologic histopathologic registration for biological validation of prostate cancer radiomics signatures Radiopsy: WBMRI ADC quantitative features for discrimination of smoldering and multiple myeloma in a prospective study and quantification of visceral and subcutaneous fat on CT as predictors of outcome in endometrial cancer.",

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"UI":"635651284",

"TI":"Effects of Mindfulness-Based Cognitive Therapy on Stigma in Female Patients With Schizophrenia.",

"SO":"Frontiers in Psychiatry. 12(no pagination), 2021. Article Number: 694575. Date of Publication: 23 Jul 2021.",

"AU":"Tang Q.  
  
Yang S.  
  
Liu C.  
  
Li L.  
  
Chen X.  
  
Wu F.  
  
Huang X.",

"AO":"nan",

"IN":"(Tang, Yang, Liu, Li, Chen, Wu, Huang) The Affiliated Brain Hospital of Guangzhou Medical University, Guangzhou, China",

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

"MH":"adult  
  
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\*schizophrenia [m]  
  
\*stigma [m]",

"FTURL":"Mindfulness-based cognitive therapy (MBCT) has been increasingly recognized as effective in different mental illnesses, but these effects are limited in schizophrenia. For patients with schizophrenia, stigma is one of the most negative factors that affects treatment, rehabilitation and social function. This research aimed to determine the effects of MBCT on stigma in patients with schizophrenia. In total, 62 inpatients with schizophrenia were recruited and randomly assigned to the experimental group or control group. The experimental group received an 8-week MBCT intervention, and the control group were treated as usual. Link's Stigma Scales (with three subscales, including perceived devaluation-discrimination (PDD), stigma-coping orientation, and stigma-related feeling), Five Facet Mindfulness Questionnaire (FFMQ), and Insight and Treatment Attitudes Questionnaire (ITAQ) were used to collect data before and after intervention. After intervention, the post-test score of PDD, stigma-coping orientation, FFMQ, and ITAQ were significantly different between the experimental group and the control group. In the experimental group, the PDD and stigma-coping orientation scores significantly decreased, and FFMQ and ITAQ scores increased remarkably (P < 0.05). In addition, correlation analysis revealed a significant negative correlation between mindfulness and stigma. MBCT was effective in reducing stigma in patients with schizophrenia, which mainly manifested as changes in the patients' perception of stigma as well as the withdrawal and avoidance caused by schizophrenia. Enhancing mindfulness will help reduce the stigma level. MBCT is worthy of promotion and application in patients with schizophrenia.© Copyright © 2021 Tang, Yang, Liu, Li, Chen, Wu and Huang.",

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

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

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"If RCT or not":"Yes",

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"UniqueID":"742",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"93",

"VN":"Ovid Technologies",

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

"UI":"37166701",

"TI":"Nonstimulant Medications for Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults: Systematic Review and Meta-analysis.",

"SO":"CNS Drugs. 37(5):381-397, 2023 05.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Radonjic NV  
  
Bellato A  
  
Khoury NM  
  
Cortese S  
  
Faraone SV",

"MH":"Faraone, Stephen V ORCID: https://orcid.org/0000-0002-9217-3982",

"DU":"Radonjic, Nevena V  
  
Bellato, Alessio  
  
Khoury, Nayla M  
  
Cortese, Samuele  
  
Faraone, Stephen V",

"OD":"Radonjic, Nevena V. Department of Psychiatry and Behavioral Sciences, Upstate Medical University, Syracuse, NY, USA.  
  
Bellato, Alessio. School of Psychology, University of Nottingham Malaysia, Jalan Broga, Semeniyih, Malaysia.  
  
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Cortese, Samuele. Hassenfeld Children's Hospital at NYU Langone, New York University Child Study Center, New York, NY, USA.  
  
Cortese, Samuele. Division of Psychiatry and Applied Psychology, School of Medicine, University of Nottingham, Nottingham, UK.  
  
Faraone, Stephen V. Departments of Psychiatry and Behavioral Science and Neuroscience and Physiology, Upstate Medical University, Syracuse, NY, USA. sfaraone@childpsychresearch.org.  
  
Faraone, Stephen V. Departments of Psychiatry and Behavioral Science and Neuroscience and Physiology, Institute for Human Performance, SUNY Upstate Medical University, Room 3707, 505 Irving Ave., Syracuse, NY, 13210, USA. sfaraone@childpsychresearch.org.",

"AB":"Adult  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Atomoxetine Hydrochloride/ae [Adverse Effects]  
  
Guanfacine/ae [Adverse Effects]  
  
\*Viloxazine  
  
Central Nervous System Stimulants/ae [Adverse Effects]  
  
\*Central Nervous System Stimulants  
  
Randomized Controlled Trials as Topic",

"FTURL":"nan",

"PM":"nan",

"DJ":"BACKGROUND: For some adults with Attention-Deficit/Hyperactivity Disorder (ADHD), nonstimulants need to be considered either as a monotherapy or as an adjunct to stimulants.  
  
OBJECTIVES: The objectives of this systematic review and meta-analysis were to assess the efficacy, acceptability, and tolerability of nonstimulants in adults with ADHD.  
  
METHODS: Data sources, searches, and study selection were based on a previously published network meta-analysis of randomized clinical trials (RCTs) by Cortese at al. (Lancet Psychiatry 5(9):727-738, 2018), which we updated in March 2022. Specifically, we searched PubMed, BIOSIS Previews, CINAHL, the Cochrane Central Register of Controlled Trials, EMBASE, ERIC, MEDLINE, PsycINFO, OpenGrey, Web of Science Core Collection, ProQuest Dissertations and Theses (UK and Ireland), ProQuest Dissertations and Theses (abstracts and international), and the WHO International Trials Registry Platform, including ClinicalTrials.gov for double-blind RCTs with a placebo arm, lasting at least one week, including adults with a diagnosis of ADHD based on DSM-III, DSM-III-R, DSM-IV(TR), DSM-5 or ICD-9- or 10, and reporting data on efficacy, tolerability (drop-out due to side effects) and acceptability (drop-out due to any cause) of guanfacine, clonidine, or atomoxetine. Additionally, we searched for RCTs of viloxazine extended release (ER), approved for ADHD in 2021. Random-effects meta-analyses were conducted, and the risk of bias for individual RCTs was assessed using the Cochrane Risk of Bias tool.  
  
RESULTS: We included 18 studies in the meta-analyses (4308 participants) plus one additional study in the narrative synthesis (374 participants). The meta-analysis showed that atomoxetine (15 RCTs) (Hedge's g = - 0.48, 95% CI [- 0.64 - 0.33]), guanfacine (two RCTs) (Hedge's g = - 0.66, 95% CI [- 0.94 - 0.38]) and viloxazine ER (one RCT) were significantly more efficacious than placebo. Atomoxetine was less well tolerated than placebo, while tolerability of guanfacine and viloxazine ER could not be meta-analysed, since only one study, for each medication, reported on it.  
  
CONCLUSIONS: All investigated nonstimulants were more efficacious in the treatment of ADHD in adults, than placebo, while the placebo had better acceptability and tolerability.  
  
PROTOCOL: https://osf.io/5vnmt/?view\_only=2bf87ed12ba94645babedceeee4c0120 . Copyright © 2023. The Author(s), under exclusive licence to Springer Nature Switzerland AG.",

"MV":"57WVB6I2W0 (Atomoxetine Hydrochloride)  
  
30OMY4G3MK (Guanfacine)  
  
5I5Y2789ZF (Viloxazine)  
  
0 (Central Nervous System Stimulants)",

"TN":"Meta-Analysis  
  
Systematic Review  
  
Research Support, Non-U.S. Gov't  
  
Research Support, N.I.H., Extramural",

"Unnamed: 22":"2023",

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"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"93",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642881883",

"TI":"A Prospective Study of an Early Prediction Model of Attention Deficit Hyperactivity Disorder Based on Artificial Intelligence.",

"SO":"Journal of attention disorders. (pp 10870547231211360), 2023. Date of Publication: 29 Nov 2023.",

"AU":"Wang G.  
  
Li W.  
  
Huang S.  
  
Chen Z.",

"AO":"(Wang, Li, Chen) Jinan University, First Affiliated Hospital of Jinan University, Guangzhou, Guangdong, China  
  
(Huang) South China University of Technology, Guangzhou, Guangdong, China",

"IN":"nan",

"PB":"adult  
  
aged  
  
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least absolute shrinkage and selection operator  
  
machine learning  
  
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male  
  
\*prediction  
  
\*prospective study  
  
\*questionnaire",

"OD":"OBJECTIVE: To explore the relationship between the Parent Symptom Questionnaire (PSQ) and attention deficit hyperactivity disorder (ADHD) in China, and the application value of PSQ questionnaire. METHOD(S): Two hundred two children aged 3 to 14years were enrolled in this study. Statistical methods were used to screen characteristic factors and explore the relationship between PSQ items and ADHD. Machine learning algorithms were used to evaluate the clinical application value of PSQ in screening ADHD. RESULT(S): By Mean-Whitney U test, LASSO regression and decision tree, 44, 24 and 12 items were screened out from PSQ with high correlation with ADHD. Then the above items were classified, and the accuracy reached more than 90%. Moreover, the items of ADHD hyperactivity index of PSQ under artificial intelligence algorithm are different from those of PSQ. CONCLUSION(S): There are some differences in the items of hyperactivity index between the PSQ and ADHD in China. The artificial intelligence algorithm model of ADHD children based on PSQ scale has a high accuracy.",

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

"FTURL":"nan",

"PM":"Wang, Gang ORCID: https://orcid.org/0009-0002-0151-9835",

"DJ":"38031440 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38031440]",

"MV":"nan",

"TN":"nan",

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"Database":"Medline",

"ORN":"93",

"VN":"Ovid Technologies",

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

"UI":"33007909",

"TI":"Exploring the Benefits of Virtual Reality-Assisted Therapy Following Cognitive-Behavioral Therapy for Auditory Hallucinations in Patients with Treatment-Resistant Schizophrenia: A Proof of Concept.",

"SO":"Journal of Clinical Medicine. 9(10), 2020 Sep 30.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Dellazizzo L  
  
Potvin S  
  
Phraxayavong K  
  
Dumais A",

"MH":"Dellazizzo, Laura  
  
Potvin, Stephane  
  
Phraxayavong, Kingsada  
  
Dumais, Alexandre",

"DU":"Dellazizzo, Laura. Research Center of the Institut Universitaire en Sante Mentale de Montreal, 7331 Hochelaga, Montreal, QC H1N 3V2, Canada.  
  
Dellazizzo, Laura. Department of Psychiatry and Addictology, Faculty of Medicine, University of Montreal, Montreal, QC H3T 1J4, Canada.  
  
Potvin, Stephane. Research Center of the Institut Universitaire en Sante Mentale de Montreal, 7331 Hochelaga, Montreal, QC H1N 3V2, Canada.  
  
Potvin, Stephane. Department of Psychiatry and Addictology, Faculty of Medicine, University of Montreal, Montreal, QC H3T 1J4, Canada.  
  
Phraxayavong, Kingsada. Services et Recherches Psychiatriques AD, Montreal, QC, Canada.  
  
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Dumais, Alexandre. Services et Recherches Psychiatriques AD, Montreal, QC, Canada.  
  
Dumais, Alexandre. Institut National de Psychiatrie legale Philippe-Pinel, Montreal, QC H1C 1H1, Canada.",

"OD":"BACKGROUND: Combining cognitive behavioral therapy (CBT) for psychosis with another psychosocial intervention comprising virtual reality (VR)-assisted therapy (VRT) may improve targeted outcomes in treatment-resistant schizophrenia patients.  
  
METHODS: Ten participants having followed CBT were part of our comparative clinical trial comparing VRT to CBT and were selected at the end of the study as they desired to continue to achieve improvements with VRT (CBT + VRT). Clinical assessments were administered before/after treatments and at follow-ups. Changes in outcomes were examined using linear mixed-effects models. To gain a more in depth understanding on CBT + VRT, therapists' notes, and open interviews on a sub-group of patients were qualitatively analyzed.  
  
RESULTS: Findings showed that the sequence of both interventions was appreciated by all patients. Several significant improvements were found throughout time points on auditory verbal hallucinations, beliefs about voices, depressive symptoms, symptoms of schizophrenia and quality of life. Although most of these improvements were in similar range to those observed in our comparative trial, effects of CBT + VRT on depressive symptoms and symptoms of schizophrenia were larger than those found for either intervention alone.  
  
CONCLUSION: This proof of concept is the first to merge gold-standard CBT with VRT for treatment refractory voices and to suggest a certain synergistic effect.",

"AB":"Journal Article",

"FTURL":"2020",

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

"DJ":"auditory verbal hallucinations avatar cognitive behavioral therapy treatment resistant schizophrenia virtual reality",

"MV":"NOTNLM",

"TN":"Dellazizzo, Laura ORCID: https://orcid.org/0000-0001-8262-130X",

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"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"745",

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

"Database":"EMBASE",

"ORN":"94",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028161090",

"TI":"Evaluation of Ventilator-associated Pneumonia Approaches in Pediatric Intensive Care Units in Turkiye.",

"SO":"Medical Journal of Bakirkoy. 19(3) (pp 287-295), 2023. Date of Publication: 2023.",

"AU":"Tanyildiz M.  
  
Yavuz F.  
  
Senkoylu K.  
  
Ozden O.  
  
Yildizdas D.",

"AO":"Tanyildiz, Murat ORCID: https://orcid.org/0000-0001-8804-032X",

"IN":"(Tanyildiz, Yavuz, Senkoylu, Ozden) Koc University, Faculty of Medicine, Department of Pediatric Intensive Care, Istanbul, Turkey  
  
(Yildizdas) Cukurova University, Faculty of Medicine, Department of Pediatric Intensive Care, Adana, Turkey",

"PB":"Galenos Publishing House",

"MH":"Acinetobacter baumannii  
  
acute phase response  
  
antibiotic sensitivity  
  
antibiotic therapy  
  
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artificial ventilation  
  
bacterium culture  
  
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ceftazidime resistance  
  
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\*Turkey (republic)  
  
\*ventilator associated pneumonia/co [Complication]  
  
\*ventilator associated pneumonia/dt [Drug Therapy]  
  
acute phase protein/ec [Endogenous Compound]  
  
antibiotic agent/dt [Drug Therapy]  
  
antibiotic agent/pv [Special Situation for Pharmacovigilance]  
  
carbapenem  
  
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cardiac patient  
  
ceftazidime resistance  
  
cephalosporin resistance  
  
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lung lavage  
  
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multicenter study  
  
nonhuman  
  
noninvasive ventilation  
  
nurse patient ratio  
  
\*pediatric intensive care unit  
  
penicillin resistance  
  
\*practice guideline  
  
Pseudomonas aeruginosa  
  
quantitative study  
  
questionnaire  
  
Staphylococcus aureus  
  
Stenotrophomonas maltophilia  
  
surgical patient  
  
tracheal aspiration procedure  
  
treatment duration  
  
treatment response  
  
\*Turkey (republic)  
  
\*ventilator associated pneumonia / \*complication / \*drug therapy",

"AB":"Objective: The purpose of this study was to collect data on the management of ventilator-associated pneumonia (VAP) in pediatric intensive care units (PICU) in Turkiye and to determine the need for new national pediatric VAP guidelines. Method(s): In this multicenter cross-sectional study, an online questionnaire was disseminated via email to PICUs in various cities across Turkiye. One person at each PICU, namely, the clinician who made the treatment decisions, completed the questionnaire. The VAP diagnosis and treatment algorithms of the PICUs were analyzed using the data obtained from the questionnaires. Result(s): Of the initial 32 PICUs, 30 units in 19 cities completed the questionnaire. The average number of beds in the units was 13.13+/-6.16, and the number of beds per nurse per shift was 2.13+/-0.57. The mean duration of mechanical ventilation was 5.8+/-4.2 days. The mean VAP frequency was 2.81% and the mean VAP rate was 5.04 per 1000 ventilator day. Distal airway culture sampling was performed in 86.7% of the units before antibiotic treatment was initiated. The most common agent was Pseudomonas aeruginosa, followed by Klebsiella pneumonia and Acinetobacter baumannii. When the resistance status of the isolates was analyzed, anti-pseudomonal penicillin resistance was 81.2%, anti-pseudomonal cephalosporin resistance was 84.5% for Pseudomonas aeruginosa cefepime and ceftazidime resistance was 80.5% for Klebsiella pneumonia, and carbapenem resistance was 47.5% for Acinetobacter baumannii. A nurse-bed ratio >2 made a significant difference in the VAP rates between the PICUs (p<0.05). Conclusion(s): Consensus exists regarding the need to reduce VAP in PICUs in Turkiye, and up-to-date national guidelines are essential to maximize the efficiency of PICUs.Copyright © 2023 by Dr. Sadi Konuk Training and Research Hospital.",

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

"PM":"nan",

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"MV":"endotracheal tube cuff  
  
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mechanical ventilator / adverse device effect",

"TN":"nan",

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"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"746",

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

"Database":"Medline",

"ORN":"94",

"VN":"Ovid Technologies",

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

"UI":"36802084",

"TI":"The adjunctive effect of a resorbable membrane to a xenogeneic bone replacement graft in the reconstructive surgical therapy of peri-implantitis: A randomized clinical trial.",

"SO":"Journal of Clinical Periodontology. 50(6):765-783, 2023 06.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Regidor E  
  
Ortiz-Vigon A  
  
Romandini M  
  
Dionigi C  
  
Derks J  
  
Sanz M",

"MH":"Regidor, Erik ORCID: https://orcid.org/0000-0003-3338-6379  
  
Ortiz-Vigon, Alberto ORCID: https://orcid.org/0000-0002-1863-5907  
  
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Dionigi, Carlotta ORCID: https://orcid.org/0000-0002-4195-0729  
  
Derks, Jan ORCID: https://orcid.org/0000-0002-1133-6074",

"DU":"Regidor, Erik  
  
Ortiz-Vigon, Alberto  
  
Romandini, Mario  
  
Dionigi, Carlotta  
  
Derks, Jan  
  
Sanz, Mariano",

"OD":"Regidor, Erik. Thinking Perio Research, Clinica Ortiz-Vigon PerioCentrum Bilbao, Bilbao, Spain.  
  
Ortiz-Vigon, Alberto. Thinking Perio Research, Clinica Ortiz-Vigon PerioCentrum Bilbao, Bilbao, Spain.  
  
Ortiz-Vigon, Alberto. Faculty of Odontology, University Complutense of Madrid, Madrid, Spain.  
  
Romandini, Mario. Faculty of Odontology, University Complutense of Madrid, Madrid, Spain.  
  
Dionigi, Carlotta. Department of Periodontology, Institute of Odontology, The Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden.  
  
Derks, Jan. Department of Periodontology, Institute of Odontology, The Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden.  
  
Sanz, Mariano. Faculty of Odontology, University Complutense of Madrid, Madrid, Spain.",

"AB":"barrier membrane bone regeneration clinical trial peri-implant defect peri-implantitis reconstructive therapy",

"FTURL":"NOTNLM",

"PM":"AIM: To evaluate the potential adjunctive effect of a resorbable collagen membrane covering a xenogeneic bone replacement graft in the reconstructive surgical therapy of peri-implantitis.  
  
MATERIALS AND METHODS: Forty-three patients (43 implants) diagnosed with peri-implantitis associated with intra-bony defects were treated with a surgical reconstructive approach that included a xenogeneic bone substitute material. Additionally, resorbable collagen membranes were placed over the grafting material at sites randomly allocated to the test group conversely, no membranes were placed in the control group. Clinical outcomes, namely probing pocket depth (PPD), bleeding and suppuration on probing (BoP and SoP), marginal mucosal level (REC) and keratinized mucosa width (KMW), were recorded at baseline and 6 and 12 months after surgery. Radiographic marginal bone levels (MBLs) and patient-reported outcomes (PROs) were assessed at baseline and 12 months. A composite outcome (success) was evaluated at 12 months, which included the absence of BoP/SoP, PPD <=5 mm and reduction of buccal marginal mucosal level (buccal REC) of <=1 mm.  
  
RESULTS: At 12 months, no implants were lost and treatment success was observed at 36.8% and 45.0% of implants in the test and control groups, respectively (p = .61). Similarly, there were no significant differences between groups in terms of changes of PPD, BoP/SoP, KMW, MBL or buccal REC. Post-surgical complications were observed in the test group only (e.g., soft tissue dehiscence, exposure of particulate bone graft and/or resorbable membrane). Longer surgical times (~10 min p < .05) and higher levels of self-reported pain at 2 weeks (p < .01) were observed in the test group.  
  
CONCLUSIONS: This study failed to demonstrate the presence of added clinical or radiographic benefits of the use of a resorbable membrane to cover a bone substitute material within the reconstructive surgical therapy of peri-implantitis associated with intra-bony defects. Copyright © 2023 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.",

"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  
  
Peri-Implantitis/th [Therapy]  
  
\*Peri-Implantitis  
  
Bone Substitutes/tu [Therapeutic Use]  
  
\*Bone Substitutes  
  
\*Plastic Surgery Procedures  
  
Treatment Outcome  
  
Collagen/tu [Therapeutic Use]  
  
Mouth Mucosa  
  
\*Dental Implants",

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9007-34-5 (Collagen)  
  
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"UniqueID":"747",

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"Database":"Medline",

"ORN":"94",

"VN":"Ovid Technologies",

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

"UI":"37409464",

"TI":"Acupuncture improves certain aspects of sleep in hematopoietic stem cell transplantation patients: a secondary analysis of a randomized controlled trial.",

"SO":"Acupuncture in Medicine. 41(6):319-326, 2023 12.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"El Iskandarani S  
  
Sun L  
  
Li SQ  
  
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Giralt S  
  
Deng G",

"MH":"El Iskandarani, Sarah  
  
Sun, Lingyun  
  
Li, Susan Qing  
  
Pereira, Gloria  
  
Giralt, Sergio  
  
Deng, Gary",

"DU":"El Iskandarani, Sarah. Integrative Medicine Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA.  
  
Sun, Lingyun. Xiyuan Hospital, China Academy of Chinese Medical Sciences, Beijing, China.  
  
Li, Susan Qing. Integrative Medicine Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA.  
  
Pereira, Gloria. School of Medicine, Thomas Jefferson University, Philadelphia, PA, USA.  
  
Giralt, Sergio. Bone Marrow Transplantation Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA.  
  
Deng, Gary. Integrative Medicine Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA.",

"OD":"acupuncture complementary medicine hematology sleep medicine",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: High-dose chemotherapy followed by hematopoietic stem cell transplantation (HSCT) is associated with a high symptom burden including sleep disturbance. Here we present the results of a secondary analysis of a randomized, sham-controlled trial assessing the effect of acupuncture on sleep quality during HSCT.  
  
METHODS: Adult multiple myeloma patients undergoing inpatient and outpatient autologous HSCT were randomized and blinded to receive either true or sham acupuncture (by licensed acupuncturists) once daily for 5 days starting the day after chemotherapy. Sleep onset, total sleep time, sleep efficiency percentage and sleep-onset latency time were assessed using an actigraphy-based sleep monitor. A multivariate regression analysis was conducted to compare the average area-under-the-curve of five acupuncture intervention days for each sleep outcome between groups, adjusted by baseline score and inpatient or outpatient chemotherapy stratum.  
  
RESULTS: Over 32 months, 63 patients were enrolled. Participants undergoing true acupuncture experienced a significant improvement in sleep efficiency when compared to sham (-6.70, 95% CI -13.15, -0.25, p = 0.042). Subgroup analysis showed that the improvement was more prominent in the inpatient setting (-9.62, 95% CI -18.76, -0.47 p = 0.040). True acupuncture tended to improve wake time after sleep onset (WASO -10.95, p = 0.054). Between-group differences in other sleep related variables were not statistically significant.  
  
CONCLUSION: Our data suggest that true acupuncture may improve certain aspects of sleep, including sleep efficiency and possibly WASO, in multiple myeloma patients undergoing HSCT. By studying patient reported outcomes in future larger scale studies, acupuncture's role in improving sleep quality during HSCT treatment could be further elucidated.  
  
TRIAL REGISTRATION NUMBER: NCT01811862 (ClinicalTrials.gov).",

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

"DJ":"2023",

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"TN":"El Iskandarani, Sarah ORCID: https://orcid.org/0000-0001-9151-2017",

"Unnamed: 22":"nan",

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Sleep  
  
Acupuncture Therapy/mt [Methods]  
  
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\*Sleep Initiation and Maintenance Disorders  
  
\*Hematopoietic Stem Cell Transplantation  
  
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"TI":"Pet-radiomics in lymphoma and multiple myeloma: update of current literature.",

"SO":"Clinical and Translational Imaging. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Filippi L.  
  
Ferrari C.  
  
Nuvoli S.  
  
Bianconi F.  
  
Donner D.  
  
Marongiu A.  
  
Mammucci P.  
  
Vultaggio V.  
  
Chierichetti F.  
  
Rubini G.  
  
Spanu A.  
  
Schillaci O.  
  
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Evangelista L.",

"AO":"Filippi, Luca ORCID: https://orcid.org/0000-0003-4423-5496",

"IN":"(Filippi) Nuclear Medicine Unit, Department of Oncohaematology, Fondazione PTV Policlinico Tor Vergata University Hospital, Viale Oxford 81, Rome 133, Italy  
  
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(Evangelista) Department of Biomedical Sciences, Humanitas University, Via Rita Levi Montalcini 4, Milan, Pieve Emanuele 20072, Italy",

"PB":"Springer Science and Business Media Deutschland GmbH",

"MH":"\*artificial intelligence  
  
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"OD":"Purpose: To provide a comprehensive overview of the current literature on the applications of PET-based radiomics in patients affected by multiple myeloma (MM) and FDG-avid lymphomas. Method(s): Relevant studies on the topic were selected by searching Pubmed/Medline. Retrospective or prospective cohort studies focusing on the clinical applications of PET-radiomics in lymphomas and MM were retrieved, analyzed, and discussed. Result(s): A total of 17 papers were ultimately selected, with 9 focusing on non-Hodgkin lymphomas, 6 on Hodgkin lymphomas, and 5 dealing with MM. Machine learning-derived models incorporating first-, second-, and third-order radiomic features extracted from baseline PET/CT scans demonstrated promising results in predicting outcomes, specifically the 2-year event-free survival (EFS) in lymphomas. Furthermore, models based on PET-radiomic features were effective in distinguishing between MM and bone metastases, as well as in assessing minimal residual disease, outperforming visual analysis. Conclusion(s): Preliminary results suggest that PET-radiomic features, which reflect the biological heterogeneity and spatial distribution of lesions, may play a prognostic role in both lymphomas and MM. Nevertheless, before implementing these findings in clinical practice, it is imperative to standardize the methodological approaches and validate them in large prospective trials.Copyright © 2023, The Author(s), under exclusive licence to Italian Association of Nuclear Medicine and Molecular Imaging.",

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"UI":"2013157327",

"TI":"Treatment resistance: a time-based approach for early identification in first episode psychosis.",

"SO":"Journal of Personalized Medicine. 11(8) (no pagination), 2021. Article Number: 711. Date of Publication: August 2021.",

"AU":"Dempster K.  
  
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Sabesan P.  
  
Norman R.  
  
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"AO":"nan",

"IN":"(Dempster) Department of Psychiatry, Dalhousie University, Halifax, NS B3H 2E2, Canada  
  
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(Norman, Palaniyappan) Lawson Health Research Institute, London, ON N6C 2R5, Canada  
  
(Palaniyappan) Robarts Research Institute, Western University, London, ON N6A 5B7, Canada",

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"FTURL":"Although approximately 1/3 of individuals with schizophrenia are Treatment Resistant (TR), identifying these subjects prospectively remains challenging. The Treatment Response and Resistance in Psychosis working group defines <20% improvement as an indicator of TR, though its utility in First Episode Schizophrenia (FES) remains unknown. In a prospective cohort of FES (n = 129) followed up for 5 years, we evaluated two improvement thresholds for 'probable TR' <20% and <50% based on positive, negative, and total symptoms. We ascertained (1) the ecological validity (i.e., the ability to identify an expected subgroup of 1/3rd of patients) (2) the predictive validity (i.e., ability to predict poor global functioning) and (3) the clinical utility (association with clozapine use at the 5th year). Using the criteria of a total symptom reduction of <50% or negative symptom reduction of <20% resulted in 'probable TR' rates of 37% and 33%, respectively. Using <20% positive or total symptoms criteria resulted in very low rates, indicating minimal utility in FES. <50% total symptom criterion best predicted the global functioning over 5 years. Clozapine use was only predicted by positive symptom criterion. Prospective characterization of TRS is possible at 6 months after FES through a time-based approach using a 50% threshold for symptom change in treatment-adherent patients.Copyright © 2021 by the authors. Licensee MDPI, Basel, Switzerland.",

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"VN":"Ovid Technologies",

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

"UI":"35864791",

"TI":"Application of Herbs and Dietary Supplements in ADHD Management. [Review]",

"SO":"CNS & Neurological Disorders Drug Targets. 22(7):950-972, 2023.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Mallya R  
  
Naik B  
  
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"DU":"Mallya, Rashmi  
  
Naik, Beena  
  
Momin, Munira",

"OD":"Mallya, Rashmi. SVKMs Dr. Bhanuben Nanavati College of Pharmacy, Gate No. 1, Mithibai College Campus, V.M. Road, Vile Parle (W), Mumbai, Maharashtra 400052, India.  
  
Naik, Beena. SVKMs Dr. Bhanuben Nanavati College of Pharmacy, Gate No. 1, Mithibai College Campus, V.M. Road, Vile Parle (W), Mumbai, Maharashtra 400052, India.  
  
Momin, Munira. SVKMs Dr. Bhanuben Nanavati College of Pharmacy, Gate No. 1, Mithibai College Campus, V.M. Road, Vile Parle (W), Mumbai, Maharashtra 400052, India.",

"AB":"Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
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Impulsive Behavior",

"FTURL":"Attention deficit hyperactivity disorder clinical trials dietary modifications financial impact herbal medication nutritional supplements",

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"DJ":"Attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder, which is characterised by a distinct clinical pattern of inattention, hyperactivity as well as impulsivity, which in turn interferes with the day-to-day activities of the affected individual. Although conventional allopathic medications have been found to provide symptomatic relief, they are accompanied by a plethora of side effects that overshadow and outweigh the potential therapeutic benefits. Hence, various alternative approaches in the management of Attention Deficit Hyperactivity Disorder (ADHD) are actively being investigated. Over the past few decades, numerous studies have been initiated and have delved into potential alternative strategies in the treatment and management of ADHD. The primary focus of this article is to discuss the etiology, pathophysiology coupled with a financial background as well as alternative strategies in the treatment and management of ADHD. A review of the literature on the clinical trialson alternative treatment approaches for ADHD showed that, plants and dietary supplements have beneficial effects on ADHD management. But in-depth studies still need to be conducted because the trials reported till now have a smaller sample size and need to be scaled up to get a broader understanding and knowledge of the potential impact of alternative forms of natural treatment on the patient population with ADHD. Also, the manufacturer of the alternative formulations needs to develop effective protocols and processes for the safe, effective, and robust manufacturing of such natural remedies, which fall in line with the expectation of the FDA to gain regulatory clearance for its manufacturing and sale, which can lead to better therapeutic outcomes in patients. Copyright© Bentham Science Publishers For any queries, please email at epub@benthamscience.net.",

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"TN":"Review  
  
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"UI":"2028567693",

"TI":"Alteration of sleep architecture in children with obstructive sleep apnea syndrome.",

"SO":"Sleep. 46(11) (no pagination), 2023. Article Number: zsad170. Date of Publication: 01 Nov 2023.",

"AU":"Bokov P.  
  
Dudoignon B.  
  
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Delclaux C.",

"AO":"(Bokov, Dudoignon, Delclaux) Hopital Robert Debre, Service de Physiologie Pediatrique-Centre du Sommeil-CRMR Hypoventilations alveolaires rares, INSERM NeuroDiderot, Universite de Paris-Cite, AP-HP, Paris, France  
  
(Spruyt) Universite de Paris-Cite, INSERM NeuroDiderot, Paris, France",

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stage 2 sleep  
  
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Delclaux, Christophe ORCID: https://orcid.org/0000-0003-2786-0812  
  
Spruyt, Karen ORCID: https://orcid.org/0000-0002-2914-9074",

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"VN":"Ovid Technologies",

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

"UI":"32803161",

"TI":"Interaction of Cannabis Use Disorder and Striatal Connectivity in Antipsychotic Treatment Response.",

"SO":"Schizophrenia Bulletin Open. 1(1):sgaa014, 2020 Jan.",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Blair Thies M  
  
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Homan, Philipp  
  
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"DU":"Blair Thies, Melanie. Division of Psychiatry Research, Zucker Hillside Hospital, Glen Oaks, NY.  
  
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Malhotra, Anil K. Institute of Behavioral Science, Feinstein Institutes for Medical Research, Manhasset, NY.  
  
Malhotra, Anil K. Department of Psychiatry, Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY.",

"OD":"Antipsychotic (AP) medications are the mainstay for the treatment of schizophrenia spectrum disorders (SSD), but their efficacy is unpredictable and widely variable. Substantial efforts have been made to identify prognostic biomarkers that can be used to guide optimal prescription strategies for individual patients. Striatal regions involved in salience and reward processing are disrupted as a result of both SSD and cannabis use, and research demonstrates that striatal circuitry may be integral to response to AP drugs. In the present study, we used functional magnetic resonance imaging (fMRI) to investigate the relationship between a history of cannabis use disorder (CUD) and a striatal connectivity index (SCI), a previously developed neural biomarker for AP treatment response in SSD. Patients were part of a 12-week randomized, double-blind controlled treatment study of AP drugs. A sample of 48 first-episode SSD patients with no more than 2 weeks of lifetime exposure to AP medications, underwent a resting-state fMRI scan pretreatment. Treatment response was defined a priori as a binary (response/nonresponse) variable, and a SCI was calculated in each patient. We examined whether there was an interaction between lifetime CUD history and the SCI in relation to treatment response. We found that CUD history moderated the relationship between SCI and treatment response, such that it had little predictive value in SSD patients with a CUD history. In sum, our findings highlight that biomarker development can be critically impacted by patient behaviors that influence neurobiology, such as a history of CUD. Copyright © The Author(s) 2020. Published by Oxford University Press on behalf of the University of Maryland's school of medicine, Maryland Psychiatric Research Center.",

"AB":"Journal Article",

"FTURL":"2020",

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

"DJ":"antipsychotics biomarker cannabis functional magnetic resonance imaging schizophrenia",

"MV":"NOTNLM",

"TN":"Blair Thies, Melanie ORCID: https://orcid.org/0000-0001-9274-6034  
  
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Argyelan, Miklos ORCID: https://orcid.org/0000-0002-7254-1776  
  
Robinson, Delbert G ORCID: https://orcid.org/0000-0001-6606-4507  
  
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"TI":"Effectiveness of cefmetazole versus meropenem for invasive urinary tract infections caused by extended-spectrum beta-lactamase-producing Escherichia coli.",

"SO":"Antimicrobial Agents and Chemotherapy. 67(10) (no pagination), 2023. Date of Publication: October 2023.",

"AU":"Hayakawa K.  
  
Matsumura Y.  
  
Uemura K.  
  
Tsuzuki S.  
  
Sakurai A.  
  
Tanizaki R.  
  
Shinohara K.  
  
Hashimoto T.  
  
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Matono T.  
  
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Mawatari M.  
  
Hara H.  
  
Hamada Y.  
  
Saito S.  
  
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"AO":"Hayakawa, Kayoko ORCID: https://orcid.org/0000-0002-5480-4405  
  
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Kato, Hideaki ORCID: https://orcid.org/0000-0002-7853-5721",

"IN":"(Hayakawa, Tsuzuki, Saito, Ohmagari) Disease Control and Prevention Center, National Center for Global Health and Medicine, Tokyo, Japan  
  
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(Hamada) Department of pharmacy, Tokyo Women's Medical University Hospital, Tokyo, Japan  
  
(Doi) Division of Infectious Diseases, University of Pittsburgh School of Medicine, Pittsburgh, PA, United States",

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"AB":"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, blaCTX-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.Copyright © 2023 American Society for Microbiology. All Rights Reserved.",

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

"UI":"36924941",

"TI":"Interactions of hydrolyzed beta-lactams with the L1 metallo-beta-lactamase: Crystallography supports stereoselective binding of cephem/carbapenem products.",

"SO":"Journal of Biological Chemistry. 299(5):104606, 2023 05.",

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Dmitrienko, Gary I  
  
Bonomo, Robert A  
  
Vila, Alejandro J  
  
Spencer, James",

"OD":"Hinchliffe, Philip. School of Cellular and Molecular Medicine, University of Bristol, Biomedical Sciences Building, University Walk, Bristol, United Kingdom.  
  
Calvopina, Karina. Chemistry Research Laboratory, Department of Chemistry and the Ineos Oxford Institute for Antimicrobial Research, University of Oxford, Oxford, United Kingdom.  
  
Rabe, Patrick. Chemistry Research Laboratory, Department of Chemistry and the Ineos Oxford Institute for Antimicrobial Research, University of Oxford, Oxford, United Kingdom.  
  
Mojica, Maria F. Department of Molecular Biology and Microbiology, School of Medicine, Case Western Reserve University, Cleveland, Ohio, USA U.S. Department of Veterans Affairs, CWRU-Cleveland VA Medical Center for Antimicrobial Resistance and Epidemiology (Case VA CARES), Cleveland, Ohio, USA Research Service, Louis Stokes Cleveland Department of Veterans Affairs Medical Center, Cleveland, Ohio, USA Grupo de Resistencia Antimicrobiana y Epidemiologia Hospitalaria, Universidad El Bosque, Bogota, Colombia.  
  
Schofield, Christopher J. Chemistry Research Laboratory, Department of Chemistry and the Ineos Oxford Institute for Antimicrobial Research, University of Oxford, Oxford, United Kingdom.  
  
Dmitrienko, Gary I. Department of Chemistry, University of Waterloo, Waterloo, Ontario, Canada School of Pharmacy, University of Waterloo, Waterloo, Ontario, Canada.  
  
Bonomo, Robert A. U.S. Department of Veterans Affairs, CWRU-Cleveland VA Medical Center for Antimicrobial Resistance and Epidemiology (Case VA CARES), Cleveland, Ohio, USA Research Service, Louis Stokes Cleveland Department of Veterans Affairs Medical Center, Cleveland, Ohio, USA Departments of Medicine, Biochemistry, Pharmacology, and Proteomics and Bioinformatics, Case Western Reserve University School of Medicine, Cleveland, Ohio, USA.  
  
Vila, Alejandro J. U.S. Department of Veterans Affairs, CWRU-Cleveland VA Medical Center for Antimicrobial Resistance and Epidemiology (Case VA CARES), Cleveland, Ohio, USA Laboratorio de Metaloproteinas, Instituto de Biologia Molecular y Celular de Rosario (IBR, CONICET-UNR), Rosario, Argentina Area Biofisica, Facultad de Ciencias Bioquimicas y Farmaceuticas, Universidad Nacional de Rosario, Rosario, Argentina.  
  
Spencer, James. School of Cellular and Molecular Medicine, University of Bristol, Biomedical Sciences Building, University Walk, Bristol, United Kingdom. Electronic address: jim.spencer@bristol.ac.uk.",

"AB":"L1 carbapenemase X-ray crystallography antibiotic resistance carbapenem hydrolysis metallo beta-lactamase beta-lactam",

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"PM":"L1 is a dizinc subclass B3 metallo-beta-lactamase (MBL) that hydrolyzes most beta-lactam antibiotics and is a key resistance determinant in the Gram-negative pathogen Stenotrophomonas maltophilia, an important cause of nosocomial infections in immunocompromised patients. L1 is not usefully inhibited by MBL inhibitors in clinical trials, underlying the need for further studies on L1 structure and mechanism. We describe kinetic studies and crystal structures of L1 in complex with hydrolyzed beta-lactams from the penam (mecillinam), cephem (cefoxitin/cefmetazole), and carbapenem (tebipenem, doripenem, and panipenem) classes. Despite differences in their structures, all the beta-lactam-derived products hydrogen bond to Tyr33, Ser221, and Ser225 and are stabilized by interactions with a conserved hydrophobic pocket. The carbapenem products were modeled as DELTA1-imines, with (2S)-stereochemistry. Their binding mode is determined by the presence of a 1beta-methyl substituent: the Zn-bridging hydroxide either interacts with the C-6 hydroxyethyl group (1beta-hydrogen-containing carbapenems) or is displaced by the C-6 carboxylate (1beta-methyl-containing carbapenems). Unexpectedly, the mecillinam product is a rearranged N-formyl amide rather than penicilloic acid, with the N-formyl oxygen interacting with the Zn-bridging hydroxide. NMR studies imply mecillinam rearrangement can occur nonenzymatically in solution. Cephem-derived imine products are bound with (3R)-stereochemistry and retain their 3' leaving groups, likely representing stable endpoints, rather than intermediates, in MBL-catalyzed hydrolysis. Our structures show preferential complex formation by carbapenem- and cephem-derived species protonated on the equivalent (beta) faces and so identify interactions that stabilize diverse hydrolyzed antibiotics. These results may be exploited in developing antibiotics, and beta-lactamase inhibitors, that form long-lasting complexes with dizinc MBLs. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.",

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

"MV":"2023",

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

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"TI":"Enabling, Decagram-Scale Synthesis of Macrocyclic MCL-1 Inhibitor ABBV-467.",

"SO":"Journal of Organic Chemistry. 88(22):15562-15568, 2023 Nov 17.",

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Judd, Andrew S  
  
Hansen, T Matthew",

"DU":"Brady, Patrick B. Centralized Organic Synthesis Group, Small Molecule Therapeutic and Platform Technologies, AbbVie Inc., North Chicago, Illinois 60064, United States.  
  
Sorensen, Bryan K. Centralized Organic Synthesis Group, Small Molecule Therapeutic and Platform Technologies, AbbVie Inc., North Chicago, Illinois 60064, United States.  
  
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Chan, Vincent S. Center of Catalysis, Process Research and Development, AbbVie, Inc., North Chicago, Illinois 60064, United States.  
  
Henry, Rodger F. Analytical Sciences, Small Molecule Therapeutic and Platform Technologies, AbbVie Inc., North Chicago, Illinois 60064, United States.  
  
Souers, Andrew J. Oncology Discovery, AbbVie, Inc., North Chicago, Illinois 60064, United States.  
  
Michaelides, Michael R. Oncology Discovery, AbbVie, Inc., North Chicago, Illinois 60064, United States.  
  
Judd, Andrew S. Global Medicinal Chemistry, Small Molecule Therapeutic and Platform Technologies, AbbVie, Inc., North Chicago, Illinois 60064, United States.  
  
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"FTURL":"ABBV-467 is a highly potent and selective MCL-1 inhibitor that was advanced to a phase I clinical trial for the treatment of multiple myeloma. Due to its large size and structural complexity, ABBV-467 is a challenging synthetic target. Herein, we describe the synthesis of ABBV-467 on a decagram scale, which enabled preclinical characterization. The strategy is convergent and stereoselective, featuring a hindered biaryl cross coupling, enantioselective hydrogenation, and conformationally preorganized macrocyclization by C-O bond formation as key steps.",

"PM":"Journal Article",

"DJ":"2023",

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

"TN":"Brady, Patrick B ORCID: https://orcid.org/0000-0001-9895-3640  
  
Mastracchio, Anthony ORCID: https://orcid.org/0000-0002-8180-9834  
  
Storer, Gregory E ORCID: https://orcid.org/0009-0002-8064-9004  
  
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"SO":"Cancers. 15(21) (no pagination), 2023. Article Number: 5157. Date of Publication: November 2023.",

"AU":"Boquoi A.  
  
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Mai E.K.  
  
Strapatsas J.  
  
Haas R.  
  
Kobbe G.",

"AO":"Haas, Rainer ORCID: https://orcid.org/0000-0002-3652-6595  
  
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Mai, Elias K. ORCID: https://orcid.org/0000-0002-6226-1252",

"IN":"(Boquoi, Strapatsas, Haas, Kobbe) Department of Hematology, Oncology and Clinical Immunology, University Hospital Duesseldorf, Duesseldorf 40225, Germany  
  
(Giagounidis) Klinik fur Onkologie, Hamatologie und Palliativmedizin, Marien Hospital Dusseldorf, Rochusstr. 2, Dusseldorf 40479, Germany  
  
(Goldschmidt) National Center for Tumor Diseases Heidelberg (NCT), Heidelberg 69120, Germany  
  
(Goldschmidt) Department of Internal Medicine V, University of Heidelberg, Heidelberg 69120, Germany  
  
(Heinsch) Helios Klinikum Duisburg, Duisburg 47166, Germany  
  
(Rummel) Medizinische Klinik IV, University Hospital, Giessen 35392, Germany  
  
(Kroger) University Hospital Eppendorf, Hamburg 20251, Germany  
  
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"OD":"Introduction: The LenaMain trial (NCT00891384) reported increased progression-free survival with 25 mg of lenalidomide maintenance compared to 5 mg. Here, we report the patient-reported outcomes. Material(s) and Method(s): Scores obtained from the EORTC Quality of Life Questionnaire C30 were analyzed for longitudinal changes from baseline within the groups as well as cross-sectional scores. Result(s): Compliance rates were high, with 95.7% at baseline and 70% during maintenance. At study entry, scores were high for functioning and low for symptoms. During maintenance, the median global health status/quality of life (GHS/QoL) was constant, without significant differences over time (median GHS/QoL: 68 at baseline and 58 for Len high and 68 for Len low at 2 years) and between treatment arms (mean change < 2). Similarly, most functional scale domains were constant. Notably, diarrhea increased consistently for both treatment arms (baseline: -1.905 (range: -5.78-1.97) end of year 2: 16.071 (range: 5.72-26.42) p < 0.05). The subgroup analysis showed that neither disease activity, duration of treatment, nor adverse events affected the health-related quality of life (HR-QoL) or utility. Conclusion(s): High baseline scores were maintained throughout the trial without significant differences between the Len dosages, which supports continuous treatment with a dose tailored to patients' HR-QoL.Copyright © 2023 by the authors.",

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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.  
  
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Battista M.  
  
Askenazy F.",

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"IN":"(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",

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"FTURL":"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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"UI":"36977764",

"TI":"Computerized cognitive training in attention-deficit/hyperactivity disorder (ADHD): a meta-analysis of randomized controlled trials with blinded and objective outcomes. [Review]",

"SO":"Molecular Psychiatry. 28(4):1402-1414, 2023 04.",

"AU":"1",

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

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"PB":"Westwood SJ  
  
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"MH":"Westwood, Samuel J ORCID: https://orcid.org/0000-0002-0107-6651  
  
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Rubia, Katya ORCID: https://orcid.org/0000-0002-1410-7701",

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Cortese, Samuele  
  
Sonuga-Barke, Edmund J S",

"OD":"Westwood, Samuel J. Department of Psychology, Institute of Psychiatry, Psychology, Neuroscience, King's College London, London, UK.  
  
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Sonuga-Barke, Edmund J S. Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK. edmund.sonuga-barke@kcl.ac.uk.",

"AB":"Child  
  
Adolescent  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Cognitive Training  
  
Randomized Controlled Trials as Topic  
  
Executive Function  
  
Cognition",

"FTURL":"nan",

"PM":"nan",

"DJ":"This meta-analysis investigated the effects of computerized cognitive training (CCT) on clinical, neuropsychological and academic outcomes in individuals with attention-deficit/hyperactivity disorder (ADHD). The authors searched PubMed, Ovid, and Web of Science until 19th January 2022 for parallel-arm randomized controlled trials (RCTs) using CCT in individuals with ADHD. Random-effects meta-analyses pooled standardized mean differences (SMD) between CCT and comparator arms. RCT quality was assessed with the Cochrane Risk of Bias 2.0 tool (PROSPERO: CRD42021229279). Thirty-six RCTs were meta-analysed, 17 of which evaluated working memory training (WMT). Analysis of outcomes measured immediately post-treatment and judged to be probably blinded (PBLIND trial n = 14) showed no effect on ADHD total (SMD = 0.12, 95%CI[-0.01 to -0.25]) or hyperactivity/impulsivity symptoms (SMD = 0.12, 95%[-0.03 to-0.28]). These findings remained when analyses were restricted to trials (n: 5-13) with children/adolescents, low medication exposure, semi-active controls, or WMT or multiple process training. There was a small improvement in inattention symptoms (SMD = 0.17, 95%CI[0.02-0.31]), which remained when trials were restricted to semi-active controls (SMD = 0.20, 95%CI[0.04-0.37]), and doubled in size when assessed in the intervention delivery setting (n = 5, SMD = 0.40, 95%CI[0.09-0.71]), suggesting a setting-specific effect. CCT improved WM (verbal: n = 15, SMD = 0.38, 95%CI[0.24-0.53] visual-spatial: n = 9, SMD = 0.49, 95%CI[0.31-0.67]), but not other neuropsychological (e.g., attention, inhibition) or academic outcomes (e.g., reading, arithmetic analysed n: 5-15). Longer-term improvement (at ~6-months) in verbal WM, reading comprehension, and ratings of executive functions were observed but relevant trials were limited in number (n: 5-7). There was no evidence that multi-process training was superior to working memory training. In sum, CCT led to shorter-term improvements in WM, with some evidence that verbal WM effects persisted in the longer-term. Clinical effects were limited to small, setting specific, short-term effects on inattention symptoms. Copyright © 2023. The Author(s).",

"MV":"nan",

"TN":"Meta-Analysis  
  
Journal Article  
  
Review",

"Unnamed: 22":"2023",

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

"Unnamed: 24":"European ADHD Guidelines Group (EAGG)",

"Unnamed: 25":"nan",

"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"759",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"95",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028557147",

"TI":"Exploring the efficacy of dialectical behaviour therapy and methylphenidate on emotional comorbid symptoms in adults with attention Deficit/Hyperactivity disorder: Results of the COMPAS multicentre randomised controlled trial.",

"SO":"Psychiatry Research. 330(no pagination), 2023. Article Number: 115610. Date of Publication: December 2023.",

"AU":"Lopez-Pinar C.  
  
Selaskowski B.  
  
Braun N.  
  
Fornes-Ferrer V.  
  
Euscher R.  
  
Matthies S.  
  
Jans T.  
  
van Elst L.T.  
  
Jacob C.  
  
Huss M.  
  
Sobanski E.  
  
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Roesler M.  
  
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Alm B.  
  
Kis B.  
  
Abdel-Hamid M.  
  
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"IN":"Elsevier Ireland Ltd",

"PB":"adult  
  
anxiety disorder/th [Therapy]  
  
article  
  
\*attention deficit hyperactivity disorder/dt [Drug Therapy]  
  
\*attention deficit hyperactivity disorder/th [Therapy]  
  
clinical practice  
  
comorbidity  
  
controlled study  
  
depression/th [Therapy]  
  
\*dialectical behavior therapy  
  
\*emotional disorder/dt [Drug Therapy]  
  
\*emotional disorder/th [Therapy]  
  
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major clinical study  
  
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phobia/th [Therapy]  
  
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prediction  
  
psychotherapy  
  
randomized controlled trial (topic)  
  
social behavior  
  
somatization/th [Therapy]  
  
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treatment outcome  
  
\*methylphenidate/cm [Drug Comparison]  
  
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"MH":"nan",

"DU":"adult  
  
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Symptom Checklist 90  
  
symptomatology  
  
treatment outcome",

"OD":"This study evaluated the efficacy of dialectical behaviour group therapy (GPT) vs. individual clinical management (CM) and methylphenidate (MPH) vs. placebo (PLB) on emotional symptoms in adults with ADHD. This longitudinal multicentre RCT compared four groups (GPT+MPH, GPT+PLB, CM+MPH, and CM+PLB) over five assessment periods, from baseline to week 130. Emotional symptomatology was assessed using SCL-90-R subscales. Of the 433 randomised participants, 371 remained for final analysis. At week 13, the GPT+MPH group showed smaller reductions in anxiety symptoms than the CM groups, but the differences disappeared at subsequent assessments. Improvements in emotional symptom were significantly predicted by reductions in core ADHD symptoms in all groups except the GPT+MPH group. The unexpected lack of between-group differences may be explained by a floor effect, different intervention settings (group vs. individual), and psychotherapy type. Multiple regression analyses suggest a more specific effect of combined interventions (GPT+MPH). Implications for clinical practice are discussed. Clinical trial registration: ISRCTN54096201 (Current Controlled Trials).Copyright © 2023 Elsevier B.V.",

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

"FTURL":"\*methylphenidate / \*drug comparison / \*drug therapy  
  
placebo",

"PM":"Lopez-Pinar, Carlos ORCID: https://orcid.org/0000-0002-0982-5581  
  
Selaskowski, Benjamin ORCID: https://orcid.org/0000-0002-4117-8265  
  
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"DJ":"37992514 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37992514]",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

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"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"95",

"VN":"Ovid Technologies",

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

"UI":"29552509",

"TI":"Effects of transcranial direct current stimulation on working memory and negative symptoms in schizophrenia: a phase II randomized sham-controlled trial.",

"SO":"Schizophrenia Research. 12:20-28, 2018 Jun.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Gomes JS  
  
Trevizol AP  
  
Ducos DV  
  
Gadelha A  
  
Ortiz BB  
  
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"MH":"Gomes, J S  
  
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Ducos, D V  
  
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Ortiz, B B  
  
Fonseca, A O  
  
Akiba, H T  
  
Azevedo, C C  
  
Guimaraes, L S P  
  
Shiozawa, P  
  
Cordeiro, Q  
  
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"DU":"Gomes, J S. Interdisciplinary Laboratory of Clinical Neurosciences, Federal University of Sao Paulo, Sao Paulo, Brazil.  
  
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"OD":"BACKGROUND: The lack of efficacy of pharmacological treatments for cognitive and negative symptoms in schizophrenia highlights the need for new interventions. We investigated the effects of tDCS on working memory and negative symptoms in patients with schizophrenia.  
  
METHOD: Double-blinded, randomized, sham-controlled clinical trial, investigating the effects of 10 sessions of tDCS in schizophrenia subjects. Stimulation used 2mA, for 20min, with electrodes of 25cm2 wrapped in cotton material soaked in saline solution. Anode was positioned over the left DLPFC and the cathode in the contralateral area. Twenty-four participants were assessed at baseline, after intervention and in a three-months follow-up. The primary outcome was the working memory score from MATRICS and the secondary outcome the negative score from PANSS. Data were analyzed using generalized estimating equations.  
  
RESULTS: We did not find group\*time interaction for the working memory (p=0.720) score or any other cognitive variable (p>0.05). We found a significant group\*time interaction for PANSS negative (p<0.001, d=0.23, CI.95=-0.59-1.02), general (p=0.011) and total scores (p<0.001). Exploratory analysis of PANSS 5 factors suggests tDCS effect on PANSS negative (p=0.012), cognitive (p=0.016) and depression factors (p=0.029).  
  
CONCLUSION: The results from this trial highlight the therapeutic effects of tDCS for treatment of persistent symptoms in schizophrenia, with reduction of negative symptoms. We were not able to confirm the superiority of active tDCS over sham to improve working memory performance. Larger sample size studies are needed to confirm these findings.",

"AB":"Journal Article",

"FTURL":"2018",

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

"DJ":"Negative symptoms Schizophrenia Transcranial direct current stimulation Working memory tDCS",

"MV":"NOTNLM",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

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"If RCT or not":"Yes",

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"UniqueID":"761",

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

"Database":"EMBASE",

"ORN":"96",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026690677",

"TI":"An assessment of bacterial contamination of indirect ophthalmoscopes and condensing lenses used in clinical practice: A multi-center study.",

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

"AU":"Smith J.L.  
  
Tzouganakis I.  
  
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Adams V.J.  
  
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"AO":"Smith, James L. ORCID: https://orcid.org/0009-0007-9566-3673  
  
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"IN":"(Smith, Rhodes) Focus Referrals, Banbury, United Kingdom  
  
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(Allen) Eye Veterinary Clinic, Leominster, United Kingdom  
  
(Adams) Vet Epi, Ixworth, United Kingdom",

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

"MH":"adult  
  
\*antibiotic resistance  
  
\*antibiotic sensitivity  
  
\*antimicrobial activity  
  
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Bacillus  
  
\*bacterium contamination  
  
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condensing lens  
  
\*cross infection  
  
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Micrococcus  
  
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"DU":"antibiotic agent [m]",

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Pseudomonas aeruginosa [m]  
  
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Staphylococcus pseudintermedius [m]  
  
swab (sampler) [m]",

"AB":"Purpose: To investigate bacterial contamination of indirect ophthalmoscopes and condensing lenses used in three UK veterinary referral centers, and the impact of an implemented cleaning protocol. Method(s): Bacteriology samples from 10 indirect ophthalmoscopes and 10 condensing lenses were taken at each center (n = 30 T0), before initiating one of three cleaning frequencies (every 2 weeks/once weekly/daily) for 28 days. The most contaminated indirect ophthalmoscope and condensing lens from each center were re-sampled 30 min prior to (T1 n = 9) and 30 min after (T2 n = 9) the final clean. Sensitivity testing was completed using MIC. Result(s): Seventy-three isolates representing 15 different bacterial populations (genus/species) were cultured from 36 of 48 (75%) swabs tested. The most frequently cultured isolates were Staphylococcus spp. 30%, Micrococcus 22%, and Bacillus 14%. Pseudomonas aeruginosa, Pantoea, and Staphylococcus pseudintermedius demonstrated resistance to >50% of antibiotics against which they were tested. Eighty-three percent of T0 samples (54 isolates across 11 species, median 2 isolates/swab), all T1 samples (15 isolates across 8 species, median 2 isolates/swab), and 22% of T2 samples (4 isolates across 4 species, median 0 isolates/swab) were contaminated. Head contact points were most contaminated irrespective of time point. A T1 sample was 57 times more likely (95% CI: 2.4-1376) to have a positive culture than a T2 sample (p =.01). Conclusion(s): Baseline contamination was high, representing a potential source of nosocomial infection in ophthalmic patients and handlers of diagnostic equipment. No center implemented a cleaning protocol prior to this study. Routine cleaning reduces bacterial contamination.Copyright © 2023 American College of Veterinary Ophthalmologists.",

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

"PM":"37985395 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37985395]",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

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"Unnamed: 25":"nan",

"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"762",

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

"Database":"Medline",

"ORN":"96",

"VN":"Ovid Technologies",

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

"UI":"33949232",

"TI":"The Safety and Antimicrobial Properties of Stabilized Hypochlorous Acid in Acetic Acid Buffer for the Treatment of Acute Wounds-a Human Pilot Study and In Vitro Data.",

"SO":"International Journal of Lower Extremity Wounds. 22(2):369-377, 2023 Jun.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Burian EA  
  
Sabah L  
  
Kirketerp-Moller K  
  
Ibstedt E  
  
Fazli MM  
  
Gundersen G",

"MH":"Burian, Ewa A ORCID: https://orcid.org/0000-0003-0630-2694  
  
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"DU":"Burian, Ewa A  
  
Sabah, Lubna  
  
Kirketerp-Moller, Klaus  
  
Ibstedt, Elin  
  
Fazli, Magnus M  
  
Gundersen, Glenn",

"OD":"Burian, Ewa A. Department of Dermato-Venereology & Wound Healing Center, Bispebjerg Hospital, Copenhagen, Denmark.  
  
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Ibstedt, Elin. Devicia AB, Molndal, Sweden.  
  
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Fazli, Magnus M. SoftOx Solutions AS, Oslo, Norway.  
  
Gundersen, Glenn. SoftOx Solutions AS, Oslo, Norway.",

"AB":"antiinfective agents hypochlorous acid infection control wound and injuries",

"FTURL":"NOTNLM",

"PM":"Acute wounds may require cleansing to reduce the risk of infection. Stabilized hypochlorous acid in acetic buffer (HOCl + buffer) is a novel wound irrigation solution with antimicrobial properties. We performed a first-in-man, prospective, open-label pilot study to document preliminary safety and performance in the treatment of acute wounds. The study enrolled 12 subjects scheduled for a split-skin graft transplantation, where the donor site was used as a model of an acute wound. The treatment time was 75 s, given on 6 occasions. A total of 7 adverse events were regarded as related to the treatment all registered as pain during the procedure for 2 subjects. One subject had a wound infection at the donor site. The mean colony-forming unit (CFU) decreased by 41% after the treatment, and the mean epithelialization was 96% on both days 14 (standard deviation [SD] 8%) and 21 (SD 10%). The study provides preliminary support for the safety, well-tolerance, and efficacy of HOCl + buffer for acute wounds. The pain was frequent although resolved quickly. Excellent wound healing and satisfying antimicrobial properties were observed. A subsequent in vitro biofilm study also indicated good antimicrobial activity against Pseudomonas aeruginosa with a 96% mean reduction of CFU, when used for a treatment duration of 15 min (P < .0001), and a 50% decrease for Staphylococcus aureus (P = .1010). Future larger studies are needed to evaluate the safety and performance of HOCl + buffer in acute wounds, including the promising antimicrobial effect by prolonged treatment on bacterial biofilms.",

"DJ":"Clinical Trial  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Acetic Acid  
  
Anti-Infective Agents/pd [Pharmacology]  
  
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Hypochlorous Acid/pd [Pharmacology]  
  
Pilot Projects  
  
Prospective Studies  
  
Pseudomonas aeruginosa  
  
Surgical Wound Infection  
  
Wound Infection/dt [Drug Therapy]  
  
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"Database":"Medline",

"ORN":"96",

"VN":"Ovid Technologies",

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

"UI":"37838670",

"TI":"Aponermin or placebo in combination with thalidomide and dexamethasone in the treatment of relapsed or refractory multiple myeloma (CPT-MM301): a randomised, double-blinded, placebo-controlled, phase 3 trial.",

"SO":"BMC Cancer. 23(1):980, 2023 Oct 14.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Xia Z  
  
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Liu A  
  
Shi Q  
  
Gao Y  
  
Chen X  
  
Pan L  
  
Cai Z  
  
Wang Z  
  
Wang Y  
  
Fan Y  
  
Hou M  
  
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"DU":"Xia, Zhongjun. Department of Hematologic Oncology, Sun Yat-Sen University Cancer Center, Guangzhou, China.  
  
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"OD":"Aponermin Multiple myeloma Phase 3 Relapsed/refractory TNF-related apoptosis-inducing ligand",

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"FTURL":"BACKGROUND: Aponermin, a circularly permuted tumor necrosis factor-related apoptosis-inducing ligand, is a potential death receptor 4/5-targeted antitumour candidate. Previous phase 1/2 studies have demonstrated the efficacy of aponermin in patients with relapsed or refractory multiple myeloma (RRMM). To confirm the superiority of aponermin plus thalidomide and dexamethasone (aponermin group) over placebo plus thalidomide and dexamethasone (placebo group) in RRMM, a randomized, double-blinded, placebo controlled phase 3 trial was performed.  
  
METHODS: Four hundred seventeen patients with RRMM who had previously received at least two regimens were randomly assigned (2:1) to receive aponermin, thalidomide, and dexamethasone or placebo, thalidomide, and dexamethasone. The primary endpoint was progression-free survival (PFS). Key secondary endpoints included overall survival (OS) and overall response rate (ORR).  
  
RESULTS: A total of 415 patients received at least one dose of trial treatment (276 vs. 139). The median PFS was 5.5 months in the aponermin group and 3.1 months in the placebo group (hazard ratio, 0.62 95% confidence interval [CI], 0.49-0.78 P < 0.001). The median OS was 22.4 months for the aponermin group and 16.4 months for the placebo group (hazard ratio, 0.70 95% CI, 0.55-0.89 P = 0.003). Significantly higher rates of ORR (30.4% vs. 13.7%, P < 0.001) and very good partial response or better (14.1% vs. 2.2%, P < 0.0001) were achieved in the aponermin group than in the placebo group. Treatment with aponermin caused hepatotoxicity in some patients, as indicated by the elevated alanine transaminase, aspartate transaminase, or lactate dehydrogenase levels (52.2% vs. 24.5%, 51.1% vs. 19.4% and 44.9% vs. 21.6%, respectively), mostly grade 1/2, transient and reversible. The main grade 3/4 adverse events included neutropenia, pneumonia and hyperglycemia. The incidence of serious adverse events was similar between the two groups (40.6% vs. 37.4%). There was no evidence that aponermin leads to hematological toxicity, nephrotoxicity, cardiotoxicity, or secondary tumors.  
  
CONCLUSIONS: Aponermin plus thalidomide and dexamethasone significantly improved PFS, OS and ORR with manageable side effects in RRMM patients who had received at least two prior therapies. These results support the use of aponermin, thalidomide, and dexamethasone as a treatment option for RRMM patients.  
  
TRIAL REGISTRATION: The trial was registered at http://www.chictr.org.cn as ChiCTR-IPR-15006024, 17/11/2014. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

"PM":"Randomized Controlled Trial  
  
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"SO":"Frontiers in Oncology. 13(no pagination), 2023. Article Number: 1209110. Date of Publication: 2023.",

"AU":"Song G.-Y.  
  
Lee J.-J.  
  
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"AO":"nan",

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"OD":"Introduction: Pegylated granulocyte colony-stimulating factor (G-CSF) has been widely used for preventing febrile neutropenia in various types of cancer treatment. In the present study, we prospectively evaluated the safety and efficacy of pegfilgrastim as a primary prophylaxis of febrile neutropenia and infection among patients with relapsed refractory multiple myeloma (RRMM) treated with pomalidomide-based regimens. Method(s): Thirty-three patients with RRMM who received pomalidomide and dexamethasone (Pd) with or without cyclophosphamide (PCd) were enrolled in this study. Twenty-eight patients were treated with PCd and 5 patients were treated with Pd. All patients were given pegfilgrastim subcutaneously with a single administration performed on the first day of each cycle as primary prophylaxis until the fourth cycle. Result(s): The median age of the patients was 75 (range 56-85), and the median prior line of therapy was 2 (range 2-6). Seventeen patients (51.5%) had any grade of neutropenia and 20 (60.6%) had any grade of thrombocytopenia before starting pomalidomide treatment. During the 4 cycles of treatment, grade 3 or more neutropenia occurred in 17 patients (51.5%), and 4 (12.1%) experienced grade 3 or more febrile neutropenia. Grade 3 or more infections occurred in 5 patients (15.2%). Interestingly, the patients with markedly increased ANC of more than 2 x 109/L compared to baseline ANC after 7 days of pegfilgrastim at 1st cycle of treatment showed a significantly lower incidence of grade 3-4 neutropenia. The most common adverse event of pegfilgrastim was fatigue, and all the adverse events caused by pegfilgrastim were grade 1 or 2. And there was no significant change in the immune cell population and cytokines during the administration of pegfilgrastim. Discussion(s): Considering that this study included elderly patients with baseline neutropenia, pegylated G-CSF could be helpful to prevent severe neutropenia, febrile neutropenia, or infection in patients with RRMM.Copyright © 2023 Song, Lee, Moon, Kim, Kim, Kim, Mun, Lee, Do, Lee, Jung and Kim.",

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"TI":"The effects of narrative and movie therapy on the theory of mind and social functioning of patients with schizophrenia.",

"SO":"Noropsikiyatri Arsivi. 58(2) (pp 108-114), 2021. Date of Publication: 2021.",

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"FTURL":"Introduction: The objective of this study was to investigate the effects of narrative therapy (NT) in which the patients tell their own life story in a group environment, and the movie therapy (MT), which is an interaction-based, emotion-themed, culturally compatible video screening activity, on chronic schizophrenia patients' theory of mind abilities, psychopathology, and social functioning. Method(s): Thirty patients with schizophrenia were included in this study. At the beginning of the study, 2 patients dropped out as they started to work in a job. Participants were randomly assigned into two groups: one group received NT, and the other had MT. Dokuz Eylul Theory of Mind Index (DEToMI), Reading the Mind in the Eyes Test (RMET), Social Functioning Assessment Scale (SFAS), the Positive and Negative Symptoms Scale (PANSS), and Montreal Cognitive Assessment Scale (MoCA) were applied to the patients before and after the study. Preand post-test results within the group were compared via Wilcoxon test. Mann-Whitney U and mixed-design ANOVA were used for group comparisons regarding treatment efficiency. Result(s): In the NT group, PANSS negative and general psychopathology, DEToMI, SFAS, and MoCA scores significantly increased. In the MT group, PANSS negative, DEToMI, SFAS, MoCA, and RMET scores significantly enhanced. Regarding the comparisons for before and after the treatment, it was found that mean RMET scores and DEToMI faux pas sub-scale scores were higher in the MT group comparing to the NT group. Conclusion(s): This study suggests that NT and MT could be beneficial on different domains of the theory of mind, and may lead to a decrease in psychopathology, and increase in neurocognition and social functioning. MT might be a more effective treatment in the field of perceptual theory of mind.Copyright © 2020 by Turkish Association of Neuropsychiatry.",

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"SO":"Journal of Attention Disorders. 27(7):743-756, 2023 05.",

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"PB":"van Stralen J  
  
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"DU":"van Stralen, Judy  
  
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"OD":"van Stralen, Judy. Center for Pediatric Excellence, Ottawa, ON, Canada.  
  
Parhar, Gurdeep. Adult ADHD Centre, Burnaby, BC, Canada.  
  
Parhar, Anita. Adult ADHD Centre, Burnaby, BC, Canada.  
  
Tourjman, Valerie. Centre de recherche de l'Institut universitaire en sante mentale de Montreal, Montreal, QC, Canada.  
  
Khattak, Sohail. Kids Clinic, Ajax, ON, Canada.  
  
Ahmed, Tahira. Windsor Health Center, Windsor, ON, Canada.  
  
Donnelly, Graeme A E. Elvium Life Sciences, Toronto, ON, Canada.  
  
Ratz, Jodan. Elvium Life Sciences, Toronto, ON, Canada.",

"AB":"Humans  
  
Adult  
  
Child  
  
Lisdexamfetamine Dimesylate/tu [Therapeutic Use]  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
Attention Deficit Disorder with Hyperactivity/ci [Chemically Induced]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Methylphenidate/ae [Adverse Effects]  
  
\*Methylphenidate  
  
Central Nervous System Stimulants/ae [Adverse Effects]  
  
\*Central Nervous System Stimulants  
  
Dextroamphetamine/ae [Adverse Effects]  
  
Quality of Life  
  
Treatment Outcome  
  
Double-Blind Method  
  
Dose-Response Relationship, Drug",

"FTURL":"ADHD PRC-063 lisdexamfetamine dimesylate methylphenidate real-world",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: To evaluate the real-world efficacy, safety, and functional outcomes of PRC-063 (multilayer-release methylphenidate) versus lisdexamfetamine (LDX) in ADHD subjects in a phase IV, open-label study.  
  
METHOD: The primary endpoint was the change in the ADHD-DSM-5 Rating Scale (ADHD-5-RS) total score from baseline to Month 4. Secondary endpoints included a non-inferiority comparison between PRC-063 and LDX and measures of functioning and evening behavior.  
  
RESULTS: One hundred forty-three pediatric and 112 adult subjects were enrolled. Mean ADHD-5-RS scores (standard deviation) were reduced in pediatric (-16.6 [10.4]) and adult (-14.8 [10.6]) subjects treated with PRC-063 (p < .001). PRC-063 was non-inferior to LDX in the pediatric population but not in the adult population. Significant improvements were demonstrated in quality of life and functionality. Both medications were well-tolerated more adverse events led to study discontinuation in pediatric subjects treated with LDX versus PRC-063.  
  
CONCLUSION: PRC-063 and LDX significantly improved ADHD symptomatology and functioning and were well-tolerated.",

"MV":"SJT761GEGS (Lisdexamfetamine Dimesylate)  
  
207ZZ9QZ49 (Methylphenidate)  
  
0 (Central Nervous System Stimulants)  
  
TZ47U051FI (Dextroamphetamine)",

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

"Unnamed: 22":"2023",

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

"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"767",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"96",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018723256",

"TI":"Two-Staged Sacral Neuromodulation for the Treatment of Nonobstructive Urinary Retention: A Multicenter Study Assessing Predictors of Success.",

"SO":"Neuromodulation. 26(8) (pp 1823-1830), 2023. Date of Publication: December 2023.",

"AU":"Coolen R.L.  
  
Groen J.  
  
Stillebroer A.B.  
  
Scheepe J.R.  
  
Witte L.P.W.  
  
Blok B.F.M.",

"AO":"(Coolen, Groen, Stillebroer, Scheepe, Blok) Department of Urology, Erasmus Medical Center, Zuid-Holland, Rotterdam, Netherlands  
  
(Witte) Department of Urology, Isala Clinics, Overijssel, Zwolle, Netherlands",

"IN":"International Neuromodulation Society",

"PB":"adult  
  
age  
  
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article  
  
attention deficit hyperactivity disorder/di [Diagnosis]  
  
autism/di [Diagnosis]  
  
bipolar disorder/di [Diagnosis]  
  
bladder surgery  
  
borderline state/di [Diagnosis]  
  
cesarean section  
  
\*clinical effectiveness  
  
depression/di [Diagnosis]  
  
drug dependence/di [Diagnosis]  
  
DSM-5  
  
female  
  
human  
  
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intermittent catheterization  
  
major clinical study  
  
male  
  
medical history  
  
multicenter study  
  
Netherlands  
  
orthopedic surgery  
  
pain/co [Complication]  
  
panic/di [Diagnosis]  
  
\*patient satisfaction  
  
pelvic organ prolapse/su [Surgery]  
  
pelvis surgery  
  
perception  
  
posttraumatic stress disorder/di [Diagnosis]  
  
postvoid residual urine volume  
  
predictive model  
  
\*predictor variable  
  
psychosis/di [Diagnosis]  
  
retrospective study  
  
\*sacral nerve stimulation  
  
somatoform disorder/di [Diagnosis]  
  
stress incontinence/su [Surgery]  
  
tension-free vaginal tape procedure  
  
transurethral resection  
  
treatment duration  
  
\*urine retention/th [Therapy]  
  
wound infection/dt [Drug Therapy]  
  
antibiotic agent/dt [Drug Therapy]  
  
antibiotic agent/pv [Special Situation for Pharmacovigilance]  
  
implantable pulse generator  
  
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"MH":"\*nonobstructive urinary retention / \*therapy [other term]  
  
Axonicsr [device term]",

"DU":"adult  
  
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aged  
  
Article  
  
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autism / diagnosis  
  
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drug dependence / diagnosis  
  
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female  
  
human  
  
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intermittent catheterization  
  
major clinical study  
  
male  
  
medical history  
  
multicenter study  
  
Netherlands  
  
orthopedic surgery  
  
pain / complication  
  
panic / diagnosis  
  
\*patient satisfaction  
  
pelvic organ prolapse / surgery  
  
pelvis surgery  
  
perception  
  
posttraumatic stress disorder / diagnosis  
  
postvoid residual urine volume  
  
predictive model  
  
\*predictor variable  
  
psychosis / diagnosis  
  
retrospective study  
  
\*sacral nerve stimulation  
  
somatoform disorder / diagnosis  
  
stress incontinence / surgery  
  
tension-free vaginal tape procedure  
  
transurethral resection  
  
treatment duration  
  
\*urine retention / \*therapy  
  
wound infection / drug therapy",

"OD":"Objectives: The aims of this study were to 1) determine the success rate of the tined lead test phase in patients with nonobstructive urinary retention (NOUR), 2) determine predictive factors of a successful test phase in patients with NOUR, and 3) determine long-term treatment efficacy and satisfaction in patients with NOUR. Material(s) and Method(s): The first part was a multicenter retrospective study at two centers in The Netherlands. Patients with NOUR received a four-week tined lead test phase. Success was defined as a >=50% reduction of clean intermittent catheterization frequency or postvoid residual. We analyzed possible predictors of success with multivariable logistic regression. Second, all patients received a questionnaire to assess efficacy, perceived health (Patient Global Impression of Improvement), and treatment satisfaction. Result(s): This study included 215 consecutive patients (82 men and 133 women) who underwent a tined lead test phase for the treatment of NOUR. The success rate in women was significantly higher than in men, respectively 62% (83/133) and 22% (18/82, p < 0.001). In women, age per ten years (odds ratio [OR] 0.74, 95% CI: 0.59-0.93) and a history of psychiatric illness (OR 3.92, 95% CI: 1.51-10.2), including posttraumatic stress disorder (PTSD), significantly predicted first stage sacral neuromodulation (SNM) success. In men, age per ten years (OR 0.43, 95% CI: 0.25-0.72) and previous transurethral resection of the prostate and/or bladder neck incision (OR 7.71, 95% CI: 1.43-41.5) were significant predictors of success. Conversely, inability to void during a urodynamic study (for women, OR 0.79, 95% CI: 0.35-1.78 for men, OR 3.06, 95% CI: 0.83-11.3) was not predictive of success. Of the patients with a successful first stage, 75% (76/101) responded to the questionnaire at a median follow-up of three years. Of these patients, 87% (66/76) continued to use their SNM system, and 92% (70/76) would recommend SNM to other patients. Conclusion(s): A history of psychiatric illness, including PTSD, in women with NOUR increased the odds of first stage SNM success 3.92 times. A previous transurethral resection of the prostate and/or bladder neck incision in men increased the odds of success 7.71 times. In addition, a ten-year age increase was associated with an OR of 0.43 in men and 0.74 in women, indicating a 2.3- and 1.3-times decreased odds of success, respectively.Copyright © 2022 The Authors",

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

"FTURL":"antibiotic agent / drug therapy / special situation for pharmacovigilance",

"PM":"Coolen, Rosa L. ORCID: https://orcid.org/0000-0002-7229-4867",

"DJ":"35690510 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35690510]",

"MV":"implantable pulse generator  
  
sacral nerve stimulator  
  
urinary diversion",

"TN":"nan",

"Unnamed: 22":"nan",

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"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

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"UniqueID":"768",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"96",

"VN":"Ovid Technologies",

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

"UI":"28584882",

"TI":"Increases in Intrinsic Thalamocortical Connectivity and Overall Cognition Following Cognitive Remediation in Chronic Schizophrenia.",

"SO":"Biological Psychiatry : Cognitive Neuroscience and Neuroimaging. 2(4):355-362, 2017 May.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Ramsay IS  
  
Nienow TM  
  
MacDonald AW 3rd",

"MH":"Ramsay, Ian S  
  
Nienow, Tasha M  
  
MacDonald, Angus W 3rd",

"DU":"Ramsay, Ian S. University of Minnesota Department of Psychology.  
  
Nienow, Tasha M. Minneapolis VA Health Care System.  
  
Nienow, Tasha M. University of Minnesota Department of Psychiatry.  
  
MacDonald, Angus W 3rd. University of Minnesota Department of Psychology.  
  
MacDonald, Angus W 3rd. University of Minnesota Department of Psychiatry.",

"OD":"BACKGROUND: Thalamic projections to the prefrontal cortex (PFC) are critical for cognition, and disruptions in these circuits are thought to underlie the pathophysiology of schizophrenia. Cognitive remediation (REM) is a behavioral intervention that holds promise for improving cognition and functioning in schizophrenia, however the extent to which it affects thalamo-prefrontal connections has not been researched. This study sought to determine whether patients with schizophrenia who undergo a placebo-controlled trial of REM show increased functional connectivity between the thalamus and PFC, and whether these changes correspond to improvements in cognition.  
  
METHODS: Twenty-six patients with chronic schizophrenia were randomized to either 48 hours (over 16 weeks) of a drill-and-practice working memory-focused REM or an active placebo condition. All participants underwent cognitive assessment (MATRICS Consensus Cognitive Battery), as well as both resting and task-based fMRI before and after their respective intervention. All clinicians, technicians, and raters were blind to participant condition.  
  
RESULTS: We observed changes in resting-state connectivity in the PFC for the REM group but not the placebo group. Increased intrinsic connectivity between the thalamus and right middle frontal gyrus correlated with improvements in overall cognition. Additionally, lower baseline cognition correlated with greater increases in connectivity between the thalamus and PFC. Similar findings were observed when patients were scanned during a working memory task.  
  
CONCLUSIONS: These results suggest that increases in thalamo-prefrontal circuitry correspond with training-related improvements of the cognitive deficits associated with schizophrenia.",

"AB":"Journal Article",

"FTURL":"2017",

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

"DJ":"Cognitive Remediation Resting-State Schizophrenia Thalamo-cortical Connectivity Working Memory fMRI",

"MV":"NOTNLM",

"TN":"nan",

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"UniqueID":"769",

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

"Database":"EMBASE",

"ORN":"97",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028256418",

"TI":"Recent advances in various bio-applications of bacteria-derived outer membrane vesicles.",

"SO":"Microbial Pathogenesis. 185(no pagination), 2023. Article Number: 106440. Date of Publication: December 2023.",

"AU":"Sadeghi L.  
  
Mohit E.  
  
Moallemi S.  
  
Ahmadi F.M.  
  
Bolhassani A.",

"AO":"Mohit, Elham ORCID: https://orcid.org/0000-0003-4653-7375",

"IN":"(Sadeghi, Bolhassani) Department of Hepatitis and AIDS, Pasteur Institute of Iran, Tehran, Iran, Islamic Republic of  
  
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(Mohit) Protein Technology Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of  
  
(Moallemi) School of Biomedical Sciences, Faculty of Medicine, UNSW Sydney, NSW 2052, Australia  
  
(Ahmadi) Department of Microbiology, Islamic Azad University, North Tehran Branch, Teheran, Iran, Islamic Republic of",

"PB":"Academic Press",

"MH":"Acinetobacter baumannii  
  
active immunization  
  
antibody response  
  
antibody titer  
  
antigen presenting cell  
  
\*bacterial outer membrane  
  
cholera/dt [Drug Therapy]  
  
chronic gastritis/dt [Drug Therapy]  
  
coronavirus disease 2019/dt [Drug Therapy]  
  
drug cross reactivity  
  
genetic manipulation  
  
gonorrhea/dt [Drug Therapy]  
  
gonorrhea/pc [Prevention]  
  
Gram negative bacterium  
  
Helicobacter pylori  
  
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plague/dt [Drug Therapy]  
  
pneumonia/dt [Drug Therapy]  
  
Pseudomonas aeruginosa  
  
review  
  
Salmonella enterica serovar Typhimurium  
  
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single drug dose  
  
Staphylococcus infection/dt [Drug Therapy]  
  
vaccine immunogenicity  
  
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cancer vaccine/sc [Subcutaneous Drug Administration]  
  
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Meningococcus vaccine/pv [Special Situation for Pharmacovigilance]  
  
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"DU":"aluminum hydroxide  
  
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cholera vaccine / drug therapy / oral drug administration / pharmaceutics  
  
drug carrier  
  
gold nanoparticle  
  
Helicobacter pylori vaccine / drug therapy / oral drug administration / pharmaceutics  
  
hepatitis A vaccine  
  
Japanese encephalitis vaccine  
  
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Staphylococcus vaccine / drug therapy / pharmaceutics / subcutaneous drug administration  
  
unclassified drug",

"OD":"Acinetobacter baumannii  
  
active immunization  
  
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cholera / drug therapy  
  
chronic gastritis / drug therapy  
  
coronavirus disease 2019 / drug therapy  
  
drug cross reactivity  
  
genetic manipulation  
  
gonorrhea / drug therapy / prevention  
  
Gram negative bacterium  
  
Helicobacter pylori  
  
human  
  
isolation procedure  
  
\*membrane vesicle  
  
meningitis / drug therapy  
  
meningococcosis / drug therapy / prevention  
  
Neisseria meningitidis  
  
Neisseria meningitidis serogroup B  
  
nonhuman  
  
passive immunization  
  
peptic ulcer / drug therapy  
  
phagocytosis  
  
plague / drug therapy  
  
pneumonia / drug therapy  
  
Pseudomonas aeruginosa  
  
Review  
  
Salmonella enterica serovar Typhimurium  
  
shigellosis / drug therapy  
  
single drug dose  
  
Staphylococcus infection / drug therapy  
  
vaccine immunogenicity",

"AB":"Outer membrane vesicles (OMVs) are spherical nanoparticles released from gram-negative bacteria. OMVs were originally classified into native 'nOMVs' (produced naturally from budding of bacteria) and non-native (produced by mechanical means). nOMVs and detergent (dOMVs) are isolated from cell supernatant without any detergent cell disruption techniques and through detergent extraction, respectively. Growth stages and conditions e.g. different stress factors, including temperature, nutrition deficiency, and exposure to hazardous chemical agents can affect the yield of OMVs production and OMVs content. Because of the presence of bacterial antigens, pathogen-associated molecular patterns (PAMPs), various proteins and the vesicle structure, OMVs have been developed in many biomedical applications. OMVs due to their size can be phagocytized by APCs, enter lymph vessels, transport antigens efficiently, and induce both T and B cells immune responses. Non-engineered OMVs have been frequently used as vaccines against different bacterial and viral infections, and various cancers. OMVs can also be used in combination with different antigens as an attractive vaccine adjuvant. Indeed, foreign antigens from target microorganisms can be trapped in the lumen of nonpathogenic vesicles or can be displayed on the surface through bacterial membrane protein to increase the immunogenicity of the antigens. In this review, different factors affecting OMV production including time of cultivation, growth media, stress conditions and genetic manipulations to enhance vesiculation will be described. Furthermore, recent advances in various biological applications of OMVs such as vaccine, drug delivery, cancer therapy, and enzyme carrier are discussed. Generally, the application of OMVs as vaccine carrier in three categories (i.e., non-engineered OMVs, OMVs as an adjuvant, recombinant OMVs (rOMVs)), as delivery system for small interfering RNA and therapeutic agents, and as enzymes carrier will be discussed.Copyright © 2023 Elsevier Ltd",

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

"PM":"37931826 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37931826]",

"DJ":"cytolysin A [drug term]  
  
gsk3536829a [drug term]",

"MV":"culture medium",

"TN":"bexsero  
  
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"If RCT or not":"No",

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"UniqueID":"770",

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

"Database":"Medline",

"ORN":"97",

"VN":"Ovid Technologies",

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

"UI":"33856261",

"TI":"The Effects of Antimicrobial Resistance and the Compatibility of Initial Antibiotic Treatment on Clinical Outcomes in Patients With Diabetic Foot Infection.",

"SO":"International Journal of Lower Extremity Wounds. 22(2):283-290, 2023 Jun.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Saltoglu N  
  
Surme S  
  
Ezirmik E  
  
Kadanali A  
  
Kurt AF  
  
Sahin Ozdemir M  
  
Ak O  
  
Altay FA  
  
Acar A  
  
Cakar ZS  
  
Tulek N  
  
Kinikli S",

"MH":"Saltoglu, Nese ORCID: https://orcid.org/0000-0003-4239-9585  
  
Surme, Serkan ORCID: https://orcid.org/0000-0001-7239-1133  
  
Kurt, Ahmet Furkan ORCID: https://orcid.org/0000-0002-7454-7557  
  
Saltoglu, Nese RINGGOLD: 64298  
  
Surme, Serkan RINGGOLD: 64298  
  
Kurt, Ahmet Furkan RINGGOLD: 64298  
  
Sahin Ozdemir, Meryem RINGGOLD: 64298  
  
Ak, Oznur RINGGOLD: 485519  
  
Altay, Fatma Aybala RINGGOLD: 52945  
  
Acar, Ali RINGGOLD: 52945",

"DU":"Saltoglu, Nese  
  
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Kadanali, Ayten  
  
Kurt, Ahmet Furkan  
  
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Ak, Oznur  
  
Altay, Fatma Aybala  
  
Acar, Ali  
  
Cakar, Zeynep Sule  
  
Tulek, Necla  
  
Kinikli, Sami",

"OD":"Saltoglu, Nese. Istanbul University-Cerrahpasa, Istanbul, Turkey.  
  
Surme, Serkan. Istanbul University-Cerrahpasa, Istanbul, Turkey.  
  
Ezirmik, Elif. Istanbul University, Istanbul, Turkey.  
  
Kadanali, Ayten. Biruni University, Medical School, Istanbul, Turkey.  
  
Kadanali, Ayten. University of Health Sciences, Umraniye Education and Research Hospital, Istanbul, Turkey.  
  
Kurt, Ahmet Furkan. Istanbul University-Cerrahpasa, Istanbul, Turkey.  
  
Sahin Ozdemir, Meryem. Istanbul University-Cerrahpasa, Istanbul, Turkey.  
  
Ak, Oznur. Dumlupinar University, Kutahya, Turkey.  
  
Ak, Oznur. University of Health Sciences, Kartal Education and Research Hospital, Istanbul, Turkey.  
  
Altay, Fatma Aybala. University of Health Sciences, Diskapi Yildirim Beyazit Education and Research Hospital, Ankara, Turkey.  
  
Acar, Ali. University of Health Sciences, Diskapi Yildirim Beyazit Education and Research Hospital, Ankara, Turkey.  
  
Acar, Ali. Atilim University, Ankara, Turkey.  
  
Cakar, Zeynep Sule. University of Health Sciences, Umraniye Education and Research Hospital, Istanbul, Turkey.  
  
Tulek, Necla. Atilim University, Ankara, Turkey.  
  
Tulek, Necla. University of Health Sciences, Ankara Education and Research Hospital, Ankara, Turkey.  
  
Kinikli, Sami. University of Health Sciences, Ankara Education and Research Hospital, Ankara, Turkey.",

"AB":"antimicrobial resistance diabetic foot infection major amputation multidrug-resistant organisms reinfection",

"FTURL":"NOTNLM",

"PM":"We aimed to determine pathogen microorganisms, their antimicrobial resistance patterns, and the effect of initial treatment on clinical outcomes in patients with diabetic foot infection (DFI). Patients with DFI from 5 centers were included in this multicenter observational prospective study between June 2018 and June 2019. Multivariate analysis was performed for the predictors of reinfection/death and major amputation. A total of 284 patients were recorded. Of whom, 193 (68%) were male and the median age was 59.9 +/- 11.3 years. One hundred nineteen (41.9%) patients had amputations, as the minor (n = 83, 29.2%) or major (n = 36, 12.7%). The mortality rate was 1.7% with 4 deaths. A total of 247 microorganisms were isolated from 200 patients. The most common microorganisms were Staphylococcus aureus (n = 36, 14.6%) and Escherichia coli (n = 32, 13.0%). Methicillin resistance rates were 19.4% and 69.6% in S aureus and coagulase-negative Staphylococcus spp., respectively. Multidrug-resistant Pseudomonas aeruginosa was detected in 4 of 22 (18.2%) isolates. Extended-spectrum beta-lactamase-producing Gram-negative bacteria were detected in 20 (38.5%) isolates of E coli (14 of 32) and Klebsiella spp. (6 of 20). When the initial treatment was inappropriate, Klebsiella spp. related reinfection within 1 to 3 months was observed more frequently. Polymicrobial infection (p = .043) and vancomycin treatment (p = .007) were independent predictors of reinfection/death. Multivariate analysis revealed vascular insufficiency (p = .004), hospital readmission (p = .009), C-reactive protein > 130 mg/dL (p = .007), and receiving carbapenems (p = .005) as independent predictors of major amputation. Our results justify the importance of using appropriate narrow-spectrum empirical antimicrobials because higher rates of reinfection and major amputation were found even in the use of broad-spectrum antimicrobials.",

"DJ":"Observational Study  
  
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Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
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Anti-Bacterial Agents/pd [Pharmacology]  
  
Escherichia coli  
  
Diabetic Foot/di [Diagnosis]  
  
Diabetic Foot/dt [Drug Therapy]  
  
Diabetic Foot/mi [Microbiology]  
  
\*Diabetic Foot  
  
Reinfection/dt [Drug Therapy]  
  
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Bacteria  
  
Staphylococcus aureus  
  
Microbial Sensitivity Tests  
  
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"Unnamed: 23":"0 (Anti-Bacterial Agents)",

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"Unnamed: 25":"nan",

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"VN":"Ovid Technologies",

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

"UI":"37793771",

"TI":"Efficacy and safety of single-agent belantamab mafodotin versus pomalidomide plus low-dose dexamethasone in patients with relapsed or refractory multiple myeloma (DREAMM-3): a phase 3, open-label, randomised study.",

"SO":"The Lancet Haematology. 10(10):e801-e812, 2023 Oct.",

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

"IN":"MEDLINE",

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Radinoff A  
  
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"MH":"Dimopoulos, Meletios Athanasios  
  
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Roy-Ghanta, Sumita  
  
Opalinska, Joanna  
  
Weisel, Katja",

"DU":"Dimopoulos, Meletios Athanasios. Department of Clinical Therapeutics, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece. Electronic address: mdimop@med.uoa.gr.  
  
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Osipov, Iurii. VA Almazov National Medical Research Centre, Saint Petersburg, Russia.  
  
Leleu, Xavier. Haematology, PRC, CHU Poitiers, Poitiers, France.  
  
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Sule, Neal. Oncology Clinical Development, GSK, Upper Providence, PA, USA.  
  
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Currie, Brooke. Patients Centered Outcomes, GSK, Rockville, MD, USA.  
  
Perera, Sue. Value Evidence and Outcomes, GSK, London, UK.  
  
Boyle, Julia. Global Clinical Operations, GSK, London, UK.  
  
Roy-Ghanta, Sumita. Oncology Clinical Development, GSK, Upper Providence, PA, USA.  
  
Opalinska, Joanna. Oncology Clinical Development, GSK, Upper Providence, PA, USA.  
  
Weisel, Katja. University Medical Center of Hamburg-Eppendorf, Hamburg, Germany.",

"OD":"nan",

"AB":"nan",

"FTURL":"BACKGROUND: Multiple myeloma remains incurable, and heavily pretreated patients with relapsed or refractory disease have few good treatment options. Belantamab mafodotin showed promising results in a phase 2 study of patients with relapsed or refractory multiple myeloma at second or later relapse and a manageable adverse event profile. We aimed to assess the safety and efficacy of belantamab mafodotin in a phase 3 setting.  
  
METHODS: In the DREAMM-3 open-label phase 3 study, conducted at 108 sites across 18 countries, adult patients were enrolled who had confirmed multiple myeloma (International Myeloma Working Group criteria), ECOG performance status of 0-2, had received two or more previous lines of therapy, including two or more consecutive cycles of both lenalidomide and a proteasome inhibitor, and progressed on, or within, 60 days of completion of the previous treatment. Participants were randomly allocated using a central interactive response technology system (2:1) to receive belantamab mafodotin 2.5 mg/kg intravenously every 21 days, or oral pomalidomide 4.0 mg daily (days 1-21) and dexamethasone 40.0 mg (20.0 mg if >75 years) weekly in a 28-day cycle. Randomisation was stratified by previous anti-CD38 therapy, International Staging System stage, and number of previous therapies. The primary endpoint was progression-free survival in all patients who were randomly allocated. The safety population included all randomly allocated patients who received one or more doses of study treatment. This trial is registered with ClinicalTrials.gov, NCT04162210, and is ongoing. Data cutoff for this analysis was Sept 12, 2022.  
  
FINDINGS: Patients were recruited between April 2, 2020, and April 18, 2022. As of September, 2022, 325 patients were randomly allocated (218 to the belantamab mafodotin group and 107 to the pomalidomide-dexamethasone group) 184 (57%) of 325 were male and 141 (43%) of 325 were female, 246 (78%) of 316 were White. Median age was 68 years (IQR 60-74). Median follow-up was 11.5 months (5.5-17.6) for belantamab mafodotin and 10.8 months (5.6-17.1) for pomalidomide-dexamethasone. Median progression-free survival was 11.2 months (95% CI 6.4-14.5) for belantamab mafodotin and 7.0 months (4.6-10.6) for pomalidomide-dexamethasone (hazard ratio 1.03 [0.72-1.47] p=0.56). Most common grade 3-4 adverse events were thrombocytopenia (49 [23%] of 217) and anaemia (35 [16%]) for belantamab mafodotin, and neutropenia (34 [33%] of 102) and anaemia (18[18%]) for pomalidomide-dexamethasone. Serious adverse events occurred in 94 (43%) of 217 and 40 (39%) of 102 patients, respectively. There were no treatment-related deaths in the belantamab mafodotin group and one (1%) in the pomalidomide-dexamethasone group due to sepsis.  
  
INTERPRETATION: Belantamab mafodotin was not associated with statistically improved progression-free survival compared with standard-of-care, but there were no new safety signals associated with its use. Belantamab mafodotin is being tested in combination regimens for relapsed or refractory multiple myeloma.  
  
FUNDING: GSK (study number 207495). Copyright © 2023 Elsevier Ltd. All rights reserved.",

"PM":"Clinical Trial, Phase III  
  
Journal Article  
  
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"DJ":"2023",

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Dexamethasone/tu [Therapeutic Use]  
  
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"DB":"Embase",

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"TI":"Cytokine release syndrome was an independent risk factor associated with hypoalbuminemia for patients with relapsed/refractory hematological malignancies after CAR-T cell therapy.",

"SO":"BMC Cancer. 23(1) (no pagination), 2023. Article Number: 1055. Date of Publication: December 2023.",

"AU":"Ding S.  
  
Chen R.  
  
Wang L.  
  
Zu C.  
  
Zhou X.  
  
Zhang J.  
  
Zhang M.  
  
Jin A.  
  
Wang T.  
  
Hu Y.",

"AO":"nan",

"IN":"(Ding, Zhou, Zhang, Jin) Department of nursing, The First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, China  
  
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(Chen, Wang, Zu, Zhang, Hu) Liangzhu Laboratory, Zhejiang University Medical Center, 1369 West Wenyi Road, Hangzhou 311121, China  
  
(Wang) Department of Nutrition, The First Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou, China",

"PB":"BioMed Central Ltd",

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"DU":"acute leukemia / diagnosis / therapy  
  
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"OD":"Background & aims: This study aims to assess the nutritional status of patients during the different phases of the Chimeric Antigen Receptor (CAR)-T cell therapy and to identify prominent risk factors of hypoalbuminemia in patients after CAR-T treatment. The clinical consequences of malnutrition in cancer patients have been highlighted by growing evidence from previous clinical studies. Given CAR-T cell therapy's treatment intensity and possible side effects, it is important to provide patients with sufficient medical attention and support for their nutritional well-being. Method(s): This study was conducted from May 2021 to December 2021 among patients undergoing CAR-T cell therapy at the Bone Marrow Transplantation Center in The First Affiliated Hospital of Zhejiang University School of Medicine. Logistic regression analysis was performed to investigate the risk factors associated with hypoalbuminemia. Participants were divided into the cytokine release syndrome (CRS) group (n = 60) and the non-CRS group (n = 11) to further analyze the relationship between hypoalbuminemia and CRS. Result(s): CRS (OR = 13.618 95% CI = 1.499-123.709 P = 0.013) and baseline albumin (ALB) (OR = 0.854 95% CI = 0.754-0.967 P = 0.020) were identified as the independent clinical factors associated with post-CAR-T hypoalbuminemia. According to the nadir of serum albumin, hypoalbuminemia occurred most frequently in patients with severe CRS (78.57%). The nadir of serum albumin (r = - 0.587, P < 0.001) and serum albumin at discharge (r = - 0.315, P = 0.01) were negatively correlated for the duration of CRS. Furthermore, patients with hypoalbuminemia deserved longer hospitalization (P = 0.04). Conclusion(s): CRS was identified as a significant risk factor associated with post-CAR-T hypoalbuminemia. An obvious decline in serum albumin was observed as the grade and duration of CRS increase. However, further research is still needed to elucidate the mechanisms of CRS-associated hypoalbuminemia.Copyright © 2023, The Author(s).",

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

"FTURL":"albumin / endogenous compound  
  
corticosteroid / drug therapy / special situation for pharmacovigilance  
  
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"Database":"EMBASE",

"ORN":"97",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2014888630",

"TI":"Accompaniment by Volunteers for the Care of Patients with Severe Mental Disorder: Results of one Year of Follow-up.",

"SO":"Revista Colombiana de Psiquiatria. (no pagination), 2021. Date of Publication: 2021.",

"AU":"Botero-Rodriguez F.  
  
Uribe-Restrepo J.M.  
  
Sajun S.Z.  
  
Cabarique C.  
  
Priebe S.  
  
Gomez-Restrepo C.",

"AO":"nan",

"IN":"(Botero-Rodriguez, Cabarique, Gomez-Restrepo) Departamento de Epidemiologia Clinica y Bioestadistica, Pontificia Universidad Javeriana, Bogota, Colombia  
  
(Botero-Rodriguez, Uribe-Restrepo, Gomez-Restrepo) Departamento de Psiquiatria y Salud Mental, Pontificia Universidad Javeriana, Bogota, Colombia  
  
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(Gomez-Restrepo) Hospital Universitario San Ignacio, Bogota, Colombia",

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"FTURL":"Introduction: Health systems have not been able to provide an adequate response to the growing prevalence and burden of disease of mental disorders. It has been proposed that this gap be reduced by strengthening and making use of community resources. This study explores the feasibility and one-year outcomes of a novel volunteer programme for patients with bipolar disorder and schizophrenia. Method(s): In a non-controlled trial with a total of 30 patients, we instigated activities in groups of 5 people with severe mental disorders and individuals from the community. Symptoms, quality of life and social functioning before the intervention and after six and 12 months were assessed and compared using Student's t-test. Result(s): The volunteer intervention was feasible in the Colombian context. Social functioning after 6 months was improved, mainly due to an improvement in the domains of employment and friendship. However, the difference was no longer statistically significant after 12 months. Conclusion(s): In a country where there is a large gap in coverage and access to specialized mental health services, it is important to integrate effective and low-cost interventions that improve the mental health of the population through community resources. This intervention improved the social functioning of the patients, which indicates an effective and feasible intervention for implementation in our context. Nevertheless, the intervention may have to be continued beyond six months to maintain the reported improvements.Copyright © 2021 Asociacion Colombiana de Psiquiatria",

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"UI":"36803119",

"TI":"The Effect of Meditation-Based Mind-Body Interventions on Symptoms and Executive Function in People With ADHD: A Meta-Analysis of Randomized Controlled Trials.",

"SO":"Journal of Attention Disorders. 27(6):583-597, 2023 04.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Zhang Z  
  
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Zhang W  
  
Yang S  
  
Zhao G",

"MH":"Zhang, Zeping ORCID: https://orcid.org/0000-0002-4675-3169",

"DU":"Zhang, Zeping  
  
Chang, Xiaolong  
  
Zhang, Weijing  
  
Yang, Suyong  
  
Zhao, Guangsheng",

"OD":"Zhang, Zeping. Shanghai University of Sport, Shanghai, China.  
  
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Zhang, Weijing. Shanghai University of Sport, Shanghai, China.  
  
Yang, Suyong. Shanghai University of Sport, Shanghai, China.  
  
Zhao, Guangsheng. Shanghai University of Sport, Shanghai, China.",

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Meditation/mt [Methods]  
  
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Randomized Controlled Trials as Topic  
  
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"FTURL":"ADHD MBIs executive function hyperactivity/impulsivity inattention",

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"DJ":"OBJECTIVE: This study aims to perform a systematic review and meta-analysis of the effect of MBIs (Mindfulness, Tai Chi, Yoga, and Qigong) on symptoms and executive function (EF) in ADHD.  
  
METHOD: PubMed, Web of Science, the Cochrane Library, PsycINFO, CINAHL, Embase, and CNKI databases were searched to collect randomized controlled trials (RCTs) on the effects of MBIs on symptoms and EF in ADHD. Data extraction and methodological quality evaluation were conducted by two researchers, and a meta-analysis was conducted by Stata SE.  
  
RESULTS: The pooled meta-analyses of MBIs revealed a positive and small effect on inattention (g = -0.26), hyperactivity/impulsivity (g = -0.19), and EF (g = -0.35).  
  
CONCLUSION: Results suggest that MBIs have a significant improvement relative to the control condition. Although some results show that symptoms are affected by age, interventions, and total time of moderators, while EF is not affected by age and measurement, it needs to be supported by more research evidence. (J. of Att. Dis. XXXX XX(X) XX-XX).",

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"TI":"Effectiveness of Facebook Groups and Pages on Participant Recruitment Into a Randomized Controlled Trial During the COVID-19 Pandemic: Descriptive Study.",

"SO":"Journal of Medical Internet Research. 25(1) (no pagination), 2023. Article Number: e46190. Date of Publication: January 2023.",

"AU":"Wong K.H.T.W.  
  
Lau W.C.Y.  
  
Man K.K.C.  
  
Bilbow A.  
  
Ip P.  
  
Wei L.",

"AO":"(Wong, Lau, Man, Wei) Research Department of Practice and Policy, University College London, London, United Kingdom  
  
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(Lau, Man) Centre for Safe Medication Practice and Research, Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, University of Hong Kong, Hong Kong  
  
(Lau, Man) Laboratory of Data Discovery for Health, Hong Kong Science Park, Hong Kong  
  
(Bilbow) National Attention Deficit Disorder Information and Support Services, London, United Kingdom",

"IN":"JMIR Publications Inc.",

"PB":"article  
  
attention deficit hyperactivity disorder  
  
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support group  
  
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"OD":"Background: In response to the unprecedented challenges posed by the COVID-19 pandemic, conventional recruitment approaches were halted, causing the suspension of numerous clinical trials. Previously, Facebook (Meta Platforms, Inc) has emerged as a promising tool for augmenting participant recruitment. While previous research has explored the use of Facebook for surveys and qualitative studies, its potential for recruiting participants into randomized controlled trials (RCTs) remains underexplored. Objective(s): This study aimed to comprehensively examine the effectiveness of using Facebook groups and pages to facilitate participant recruitment during the COVID-19 pandemic for an RCT on the effectiveness of a remote parenting program, 1-2-3 Magic, in families who have children with attention-deficit/hyperactivity disorder (ADHD) in the United Kingdom. Method(s): We disseminated 5 Facebook posts with an attached digital flyer across 4 prominent ADHD UK support groups and pages run by the National Attention Deficit Disorder Information and Support Services, reaching an audience of around 16,000 individuals over 2 months (January 7 to March 4, 2022). Eligibility criteria mandated participants to be parents or caregivers of a child with diagnosed ADHD aged 12 years or younger, be residing in the United Kingdom, have access to stable internet, and have a device with the Zoom (Zoom Video Communications) app. Participants were required to have never attended 1-2-3 Magic training previously. Prospective participants expressed their interest through Microsoft Forms (Microsoft Corporation). The trial aimed to recruit 84 parents. It is important to note that the term parent or caregiver in the RCT and in this study within a trial refers to anybody who has legal responsibility for the child. Result(s): Overall, 478 individuals registered their interest through Microsoft Forms within the stipulated 2-month window. After the eligibility check, 135 participants were contacted for a baseline meeting through Zoom. The first 84 participants who attended a baseline meeting and returned a completed consent form were enrolled. Subsequently, another 16 participants were added, resulting in a final sample of 100 participants. This recruitment strategy incurred negligible expenses and demanded minimal human resources. The approach yielded favorable outcomes by efficiently attracting eligible participants in a condensed time frame, transcending geographical barriers throughout the United Kingdom, which would have been tedious to achieve through traditional recruitment methods. Conclusion(s): Our experience demonstrated that digital flyers posted in the targeted Facebook groups were a cost-effective and quick method for recruiting for an RCT, which opened during the COVID-19 pandemic when lockdown restrictions were in place in the United Kingdom. Trialists should consider this low-cost recruitment intervention for trials going forward, and in the case of a global pandemic, this novel recruitment method enabled the trial to continue where many have failed.Copyright ©Kirstie H T W Wong, Wallis C Y Lau, Kenneth K C Man, Andrea Bilbow, Patrick Ip, Li Wei. Originally published in the Journal of Medical Internet Research.",

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"TI":"Clinical role of brexpiprazole in depression and schizophrenia. [Review]",

"SO":"Therapeutics & Clinical Risk Management. 13:299-306, 2017.",

"AU":"1",

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"DU":"Parikh, Nishant B. Psychiatry and Neurobehavioral Sciences, University of Virginia School of Medicine, Charlottesville, VA, USA.  
  
Robinson, Diana M. Psychiatry and Neurobehavioral Sciences, University of Virginia School of Medicine, Charlottesville, VA, USA.  
  
Clayton, Anita H. Psychiatry and Neurobehavioral Sciences, University of Virginia School of Medicine, Charlottesville, VA, USA.",

"OD":"Brexpiprazole, a serotonin-dopamine activity modulator, is the second D2 partial agonist to come to market and has been approved for the treatment of schizophrenia and as an adjunctive treatment in major depressive disorder. With less intrinsic activity than aripiprazole at the D2 receptor and higher potency at 5-HT2A, 5-HT1A, and alpha1B receptors, the pharmacological properties of brexpiprazole suggest a more tolerable side effect profile with regard to akathisia, extrapyramidal dysfunction, and sedation. While no head-to-head data are currently available, double-blind placebo-controlled studies show favorable results, with the number needed to treat (NNT) vs placebo of 6-15 for response in acute schizophrenia treatment and 4 for maintenance. NNT is 12 for response and 17-31 for remission vs placebo in major depression. In schizophrenia trials, treatment-emergent adverse effects (TEAEs) and discontinuation rates due to TEAEs were lower in treatment groups vs placebo (7.1%-9.2% vs 14.7%, respectively). Meanwhile, discontinuation rates due to TEAEs in depression studies were higher in treatment groups vs placebo (1.3%-3.5% vs 0-1.4%, respectively) and appeared dose dependent. Rates of akathisia are lower compared to those with aripiprazole and cariprazine, weight gain is more prominent than with aripiprazole, cariprazine, or ziprasidone, and sedation is less than with aripiprazole but more than with cariprazine. Brexpiprazole target dosing is 2-4 mg in schizophrenia and 2 mg in depression augmentation. Dose adjustments should be considered in hepatic or renal dysfunction and/or in poor cytochrome P450 2D6 metabolizers. While brexpiprazole represents an exciting second entry for D2 partial agonists with positive studies thus far, direct head-to-head comparisons will shed more light on the efficacy and side effect profile of brexpiprazole.",

"AB":"Journal Article  
  
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"TI":"Epidemiology of extended-spectrum beta-lactamase-producing Enterobacterales infection in kidney transplant recipients.",

"SO":"Antimicrobial Resistance and Infection Control. 12(1) (no pagination), 2023. Article Number: 123. Date of Publication: December 2023.",

"AU":"Promsuwan O.  
  
Malathum K.  
  
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"AO":"nan",

"IN":"(Promsuwan) Department of Medicine, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand  
  
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(Ingsathit) Ramathibodi Excellence Center for Organ Transplantation, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand",

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Proteus mirabilis  
  
urinary tract infection / drug therapy / prevention  
  
urine culture",

"AB":"Background: Extended-spectrum b-lactamase (ESBL)-producing gram-negative bacilli (ESBL-GNB) are the most important pathogenic bacteria infecting kidney transplant patients. Kidney transplantation has been shown to be a risk factor for nosocomial ESBL-GNB bacteremia. The aims of this study were to describe the epidemiology of ESBL-GNB acquisition and to identify factors associated with ESBL-GNB infection in kidney transplant recipients, including pretransplant ESBL-GNB fecal carriage. Method(s): A prospective study of patients undergoing kidney transplantation at Ramathibodi Hospital from March 1, 2019-November 30, 2020 was conducted. During this period, 66 patients who underwent kidney transplantation. Perianal swab cultures and urine cultures for ESBL-GNB were obtained from all subjects upon admission for transplantation and on Days 3, 7, 14 and 21 after surgery to determine the prevalence, incidence, and duration of admission before acquisition of the organisms. Result(s): Of the 66 patients undergoing kidney transplantation, 18 preoperative perianal swabs were detected to be positive for ESBL-GNB upon admission, representing 27.3% of the cases. The in-hospital perianal swab tests showed a significant increase to 96.8% positive ESBL-GNB cultures at the end of week 3. Approximately one-fourth (27.8%) of patients who acquired ESBL-GNB developed a postoperative symptomatic infection. The infection occurred in 13% of such patients who were not ESBL positive at first. These infections included urinary tract infections (20 cases, [30%], of which 55% were due to ESBL-GNB) and bloodstream infections (13 cases of which 9 [69.2%] were due to ESBL-GNB). E. coli was the most common pathogen. Previous exposure to antibiotics, including surgical prophylaxis, underlying disease, duration of indwelling urinary catheters and ureteric stents, as well as other operative factors were not found to be significantly associated with the acquisition of ESBL-producing organisms in this dataset. Conclusion(s): ESBL carriage may be a risk factor for the development of bacteremia and other serious infections among kidney transplant recipients, although a statistically significant difference could not be demonstrated owing to the small size of the sample. The high rate of ESBL acquisition suggests that more stringent infection prevention and control efforts are needed.Copyright © 2023, The Author(s).",

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"UI":"37160359",

"TI":"Single-arm, open-labelled, safety and tolerability of intrabronchial and nebulised bacteriophage treatment in children with cystic fibrosis and Pseudomonas aeruginosa.",

"SO":"BMJ open respiratory research. 10(1), 2023 05.",

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"MH":"Singh, Jagdev ORCID: https://orcid.org/0000-0002-6162-6483",

"DU":"Singh, Jagdev  
  
Fitzgerald, Dominic A  
  
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Selvadurai, Hiran",

"OD":"Singh, Jagdev. Department of Respiratory Medicine, The Children's Hospital at Westmead, Sydney, New South Wales, Australia Jagdev.singh@health.nsw.gov.au.  
  
Singh, Jagdev. Sydney Medical School, The University of Sydney, Sydney, New South Wales, Australia.  
  
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Selvadurai, Hiran. Department of Respiratory Medicine, The Children's Hospital at Westmead, Sydney, New South Wales, Australia.  
  
Selvadurai, Hiran. Sydney Medical School, The University of Sydney, Sydney, New South Wales, Australia.",

"AB":"Cystic Fibrosis Paediatric Lung Disaese Respiratory Infection",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: Cystic fibrosis (CF) is a multisystem condition that is complicated by recurrent pulmonary infections requiring aggressive antibiotic treatment. This predisposes the patient to complications such as sensorineural hearing loss, renal impairment, hypersensitivity and the development of antibiotic resistance. Pseudomonas aeruginosa is one of the more common organisms which cause recurrent infections and result in greater morbidity and mortality in people living with CF. Bacteriophages have been identified as a potential alternative or adjunct to antibiotics. We hypothesise that bacteriophage therapy is a safe and well-tolerated treatment in children with CF infected with P. aeruginosa infection in their airways.  
  
METHODS: This single-arm, open-labelled, non-randomised trial will run for a maximum period of 36 months with up to 10 participants. Adolescents (>=12 years and <18 years of age) who continue to shed P.aeruginosa (within 3 months of enrolment) despite undergoing eradication therapy previously, will be considered for this trial. Non-genetically modified bacteriophages that have demonstrated obligate lytic activity against each of the study participants' P. aeruginosa strains will be selected and prepared according to a combination of established protocols (isolation, purification, sterility testing and packaging) to achieve close to good manufacturing practice recommendations. The selected bacteriophage will be administered endo-bronchially first under direct vision, followed by two times a day nebulisation for 7 days in addition to standard CF treatment (intravenous antibiotics, physiotherapy to be completed as inpatient for 10-14 days). Safety and tolerability will be defined as the absence of (1) fever above 38.5degreeC occurring within 1 hour of the administration of the nebulised bacteriophage, (2) a 10% decline in spirometry (forced expiratory volume in 1 s %) measured preadministration and postadministration of the first dose of nebulised bacteriophage. Clinical reviews including repeat sputum cultures and spirometry will be performed at 3, 6, 9 and 12 months following bacteriophage treatment.  
  
ETHICS AND DISSEMINATION: Our clinical trial is conducted in accordance with (1) good clinical practice, (2) Australian legislation, (3) National Health and Medical Research Council guidelines for the ethical conduct of research.  
  
TRIAL REGISTRATION NUMBER: Australia and New Zealand Clinical Trial Registry (ACTRN12622000767707). 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.",

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

"MV":"2023",

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"ORN":"98",

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

"UI":"37784037",

"TI":"Outcome and characteristics of nonsecretory multiple myeloma compared with secretory multiple myeloma: a retrospective multicenter study from China.",

"SO":"BMC Cancer. 23(1):930, 2023 Oct 02.",

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"DU":"Sun, Hailu. Peking University People's Hospital, Peking University Institute of Hematology, National Clinical Research Center for Hematologic Disease, Beijing Key Laboratory of Hematopoietic Stem Cell Transplantation, Beijing, P.R. China.  
  
Liu, Aijun. Department of Hematology, Beijing Chaoyang Hospital, Capital Medical University, Beijing, P.R. China.  
  
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Chen, Bing. Department of Hematology, The Affiliated Drum Tower Hospital of Nanjing University Medical School, Nanjing, Jiangsu, P.R. China.  
  
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Gao, Da. Department of Hematology, the Affiliated Hospital of Inner Mongolia Medical University, Hohhot, Inner Mongolia, P.R. China.  
  
Zhang, Qi-Ke. Department of Hematology, People's Hospital of Gansu Province, Lanzhou, Gansu, P.R. China.  
  
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"OD":"Clinical feature FLC Multiple myeloma Non secretory Prognosis feature",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: Nonsecretory multiple myeloma (NSMM) is a rare type of multiple myeloma (MM). Few studies have described the clinical features and outcomes of NSMM in novel agents. Additionally, the prognostic characteristics have remained controversial in recent years.  
  
PURPOSE: To investigate the clinical and prognostic features of NSMM and explore the prognostic value of involved free light chain (FLC) levels in NSMM patients in the Chinese population.  
  
METHODS: We retrospectively enrolled 176 newly diagnosed NSMM cases between January 2005 and December 2021 from 19 clinical centers in China. The control group was selected using a 1:4 propensity score matching technique of newly diagnosed secretory MM, with age, sex and diagnosis time as the matching variables.  
  
RESULTS: The median age of NSMM patients was 60 years, and 22.6% of patients were classified as ISS stage 3. The ORR of the NSMM patients was 87.4%, and the CR was 65.8%. Compared to the matched secretory MM patients, more NSMM patients achieved CR after first-line treatment (65.8% vs. 36%, p = 0.000). The ORR of first-line treatment was not significantly different between NSMM and secretory MM (89.45% vs. 84.7%, p = 0.196). The first-line PFS was 27.5 m and 23 m (p = 0.063), and the median OS was 81 m and 70 months (p = 0.401). However, for CR-achieved NSMM and CR-not-achieved NSMM patients, the median PFS was 37 m vs. 16 m (p = 0.021), while the median OS showed no difference (107 m vs. 87 m, p = 0.290). In multivariate analysis, the significant factors for PFS were age >= 65 and ISS-3. ISS-3 was the only independent prognostic factor of OS. The iFLC >= 50 mg/L group had a high ORR of 97.3%, and the median PFS and OS were 48 m and NR, respectively. Compared to the matched secretory MM, the iFLC >= 50 mg/L group also showed more CR and longer OS (NR vs. 70 m, p = 0.006) and PFS (48 m vs. 23 m, p = 0.003).  
  
CONCLUSIONS: Our results revealed that Chinese NSMM patients are younger and have a higher CR but not superior survival. The subgroup of NSMM patients with iFLC >= 50 mg/L had better outcomes than secretory MM. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.",

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"DJ":"2023",

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"UI":"2024860992",

"TI":"Intensifying treatment in PET-positive multiple myeloma patients after upfront autologous stem cell transplantation.",

"SO":"Leukemia. 37(10) (pp 2107-2114), 2023. Date of Publication: October 2023.",

"AU":"Norgaard J.N.  
  
Abildgaard N.  
  
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Connelly J.P.  
  
Revheim M.-E.R.  
  
Schjesvold F.",

"AO":"Norgaard, Jakob Nordberg ORCID: https://orcid.org/0000-0002-8762-0530  
  
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Joao, Cristina ORCID: https://orcid.org/0000-0002-3978-766X  
  
Nielsen, Lene Kongsgaard ORCID: https://orcid.org/0000-0003-2083-3870",

"IN":"(Norgaard, Lysen, Remen, Schjesvold) Oslo Myeloma Center, Department of Hematology, Oslo University Hospital, Oslo, Norway  
  
(Norgaard, Revheim) Institute of Clinical Medicine, University of Oslo, Oslo, Norway  
  
(Norgaard, Lysen, Schjesvold) KG Jebsen Center for B cell malignancies, University of Oslo, Oslo, Norway  
  
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(Vangsted) Department of Hematology, Rigshospitalet, Copenhagen, Denmark  
  
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(Nielsen) OPEN, Open Patient data Explorative Network, Odense University Hospital, Odense, Denmark  
  
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(Stokke) Department of Physics, University of Oslo, Oslo, Norway  
  
(Revheim) The Intervention Centre, Oslo University Hospital, Oslo, Norway",

"PB":"Springer Nature",

"MH":"acute kidney failure/si [Side Effect]  
  
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cancer screening  
  
controlled study  
  
correlational study  
  
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infection/si [Side Effect]  
  
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multicenter study  
  
multiple cycle treatment  
  
\*multiple myeloma/dt [Drug Therapy]  
  
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\*dexamethasone/ae [Adverse Drug Reaction]  
  
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\*dexamethasone/po [Oral Drug Administration]  
  
\*lenalidomide/ae [Adverse Drug Reaction]  
  
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\*lenalidomide/po [Oral Drug Administration]",

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deep vein thrombosis / side effect  
  
female  
  
flow cytometry  
  
human  
  
hypokalemia / side effect  
  
infection / side effect  
  
major clinical study  
  
male  
  
multicenter study  
  
multiple cycle treatment  
  
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phase 2 clinical trial  
  
\*positron emission tomography-computed tomography  
  
prospective study  
  
single blind procedure  
  
treatment response",

"OD":"18F-Fluorodeoxyglucose positron emission tomography/computed tomography (PET) positivity after first-line treatment with autologous stem cell transplantation (ASCT) in multiple myeloma is strongly correlated with reduced progression-free and overall survival. However, PET-positive patients who achieve PET negativity after treatment seem to have comparable outcomes to patients who were PET negative at diagnosis. Hence, giving PET-positive patients additional treatment may improve their outcome. In this phase II study, we screened first-line patients with very good partial response (VGPR) or better after ASCT with PET. PET-positive patients received four 28-day cycles of carfilzomib-lenalidomide-dexamethasone (KRd). Flow cytometry-based minimal residual disease (MRD) analysis was performed before and after treatment for correlation with PET. Overall, 159 patients were screened with PET. A total of 53 patients (33%) were PET positive and 57% of PET-positive patients were MRD negative, demonstrating that these response assessments are complementary. KRd consolidation converted 33% of PET-positive patients into PET negativity. MRD-negative patients were more likely to convert than MRD-positive patients. In summary, PET after ASCT detected residual disease in a substantial proportion of patients in VGPR or better, even in patients who were MRD negative, and KRd consolidation treatment changed PET status in 33% of patients.Copyright © 2023, The Author(s), under exclusive licence to Springer Nature Limited.",

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

"FTURL":"\*carfilzomib / \*adverse drug reaction / \*clinical trial / \*drug therapy / \*intravenous drug administration  
  
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"DJ":"nan",

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"DB":"Embase",

"UI":"635279367",

"TI":"Major depression, temperament, and social support as psychosocial mechanisms of the intergenerational transmission of parenting styles.",

"SO":"Development and psychopathology. (pp 1-15), 2021. Date of Publication: 08 Jun 2021.",

"AU":"Abraham E.  
  
Letkiewicz A.M.  
  
Wickramaratne P.J.  
  
Bunyan M.  
  
van Dijk M.T.  
  
Gameroff M.J.  
  
Posner J.  
  
Talati A.  
  
Weissman M.M.",

"AO":"Abraham, Eyal ORCID: https://orcid.org/0000-0003-0867-7406",

"IN":"(Abraham, Wickramaratne, van Dijk, Gameroff, Posner, Talati, Weissman) Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons, NY, NY, United States  
  
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(Posner) Division of Child Psychiatry, New York State Psychiatric Institute, NY, NY, United States  
  
(Weissman) Departments of Epidemiology, Mailman School of Public Health, Columbia University, NY, NY, United States",

"PB":"NLM (Medline)",

"MH":"article  
  
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"FTURL":"In this three-generation longitudinal study of familial depression, we investigated the continuity of parenting styles, and major depressive disorder (MDD), temperament, and social support during childrearing as potential mechanisms. Each generation independently completed the Parental Bonding Instrument (PBI), measuring individuals' experiences of care and overprotection received from parents during childhood. MDD was assessed prospectively, up to 38 years, using the semi-structured Schedule for Affective Disorders and Schizophrenia (SADS). Social support and temperament were assessed using the Social Adjustment Scale - Self-Report (SAS-SR) and Dimensions of Temperament Scales - Revised, respectively. We first assessed transmission of parenting styles in the generation 1 to generation 2 cycle (G1->G2), including 133 G1 and their 229 G2 children (367 pairs), and found continuity of both care and overprotection. G1 MDD accounted for the association between G1->G2 experiences of care, and G1 social support and temperament moderated the transmission of overprotection. The findings were largely similar when examining these psychosocial mechanisms in 111 G2 and their spouses (G2+S) and their 136 children (G3) (a total of 223 pairs). Finally, in a subsample of families with three successive generations (G1->G2->G3), G2 experiences of overprotection accounted for the association between G1->G3 experiences of overprotection. The results of this study highlight the roles of MDD, temperament, and social support in the intergenerational continuity of parenting, which should be considered in interventions to break the cycle of poor parenting practices across generations.",

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

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"Database":"Medline",

"ORN":"98",

"VN":"Ovid Technologies",

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

"UI":"36794845",

"TI":"Near and Far Transfer Effects of Computerized Progressive Attention Training (CPAT) Versus Mindfulness Based Stress Reduction (MBSR) Practice Among Adults With ADHD.",

"SO":"Journal of Attention Disorders. 27(7):757-776, 2023 05.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Stern P  
  
Kolodny T  
  
Tsafrir S  
  
Cohen G  
  
Shalev L",

"MH":"Stern, Pnina ORCID: https://orcid.org/0000-0001-7239-4676  
  
Shalev, Lilach ORCID: https://orcid.org/0000-0001-7288-2186",

"DU":"Stern, Pnina  
  
Kolodny, Tamar  
  
Tsafrir, Shlomit  
  
Cohen, Galit  
  
Shalev, Lilach",

"OD":"Stern, Pnina. Tel-Aviv University, Israel.  
  
Kolodny, Tamar. Hebrew University of Jerusalem, Israel.  
  
Tsafrir, Shlomit. Clalit Health Care, Israe.  
  
Cohen, Galit. Tel-Aviv University, Israel.  
  
Shalev, Lilach. Tel-Aviv University, Israel.",

"AB":"Humans  
  
Adult  
  
Quality of Life  
  
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Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Attention  
  
Stress, Psychological/th [Therapy]",

"FTURL":"ADHD MBSR cognitive training mindfulness mindless reading",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: The present study evaluated the near (attention) and far (reading, ADHD symptoms, learning, and quality of life) transfer effects of a Computerized Progressive Attention Training (CPAT) versus Mindfulness Based Stress Reduction (MBSR) practice among adults with ADHD compared to a passive group.  
  
METHOD: Fifty-four adults participated in a non-fully randomized controlled trial. Participants in the intervention groups completed eight 2-hr weekly training sessions. Outcomes were assessed before, immediately after, and 4 months post-intervention, using objective tools: attention tests, eye-tracker, and subjective questionnaires.  
  
RESULTS: Both interventions showed near-transfer to various attention functions. The CPAT produced far-transfer effects to reading, ADHD symptoms, and learning while the MBSR improved the self-perceived quality of life. At follow-up, all improvements except for ADHD symptoms were preserved in the CPAT group. The MBSR group showed mixed preservations.  
  
CONCLUSION: Both interventions have beneficial effects, however only the CPAT group exhibited improvements compared to the passive group.",

"MV":"nan",

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

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"ORN":"98",

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"UI":"2026797127",

"TI":"Teachers' and Parents' Assessment of Challenges in Children Exhibiting Sensory Seeking Behavior and Possible Effects of the Use of Ball Vests: A Pre-Post Study.",

"SO":"Children. 10(11) (no pagination), 2023. Article Number: 1800. Date of Publication: November 2023.",

"AU":"Nielsen A.N.  
  
la Cour K.  
  
Brandt A.",

"AO":"(Nielsen) National Institute of Public Health, The Faculty of Health Sciences, University of Southern Denmark, Copenhagen 1455, Denmark  
  
(la Cour, Brandt) Occupational Science, Research Unit for User Perspective and Community-Based Intervention, Department of Public Health, University of Southern Denmark, Odense 5000, Denmark",

"IN":"Multidisciplinary Digital Publishing Institute (MDPI)",

"PB":"article  
  
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\*ball vest",

"MH":"body perception [other term]  
  
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"DU":"Article  
  
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strengths and difficulties questionnaire",

"OD":"Children with dysfunction in sensory processing (DSP) may experience challenges, which might affect their participation in activities and potentially also their further development. This study examined the challenges of children with DSP who exhibit sensory seeking behavior, the differences in these challenges between boys and girls, and the possible effects of their use of ball vests. The challenges of 70 pupils (aged 6-12 years) exhibiting sensory seeking behavior were assessed by their parents (n = 66) and teachers (n = 60) by surveys containing items from the 'Strengths and Difficulties Questionnaire' (SDQ) and the 'Five to Fifteen' (FTF) questionnaire. Differences in the SDQ/FTF scores between boys and girls were explored using chi-square analysis. The potential effects of the ball vest were assessed using a study-specific follow-up survey. Linear mixed model regression analysis was used to examine associations between the extent of use of the vest and the assessed effects. The pupils were assessed for challenges that interfered with their learning (62%), forming friendships (51.7%), and the classroom environment (56.9%). After three weeks, the parents found that some pupils had improved regarding attention (39%), body perception (34%), and hyperactivity and impulsivity (33%). The teachers reported that 30% of the pupils had improved their coping skills in learning.Copyright © 2023 by the authors.",

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

"FTURL":"nan",

"PM":"Nielsen, Ann Natasja ORCID: https://orcid.org/0000-0002-1212-7792",

"DJ":"nan",

"MV":"\*general device",

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"Database":"Medline",

"ORN":"98",

"VN":"Ovid Technologies",

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

"UI":"34002501",

"TI":"Efficacy and acceptability of pharmacological, psychosocial, and brain stimulation interventions in children and adolescents with mental disorders: an umbrella review.",

"SO":"World Psychiatry. 20(2):244-275, 2021 Jun.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Correll CU  
  
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Croatto G  
  
Monaco F  
  
Krinitski D  
  
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Ostinelli EG  
  
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Estrade A  
  
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Carvalho AF  
  
Solmi M",

"MH":"Correll, Christoph U  
  
Cortese, Samuele  
  
Croatto, Giovanni  
  
Monaco, Francesco  
  
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Arrondo, Gonzalo  
  
Ostinelli, Edoardo G  
  
Zangani, Caroline  
  
Fornaro, Michele  
  
Estrade, Andres  
  
Fusar-Poli, Paolo  
  
Carvalho, Andre F  
  
Solmi, Marco",

"DU":"Correll, Christoph U. Department of Psychiatry, Zucker Hillside Hospital, Northwell Health, Glen Oaks, New York, NY, USA.  
  
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Solmi, Marco. Neurosciences Department, University of Padua, Padua, Italy.  
  
Solmi, Marco. Early Psychosis: Interventions and Clinical-detection (EPIC) Lab, Department of Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK.",

"OD":"Top-tier evidence on the safety/tolerability of 80 medications in children/adolescents with mental disorders has recently been reviewed in this jour-nal. To guide clinical practice, such data must be combined with evidence on efficacy and acceptability. Besides medications, psychosocial inter-ventions and brain stimulation techniques are treatment options for children/adolescents with mental disorders. For this umbrella review, we systematically searched network meta-analyses (NMAs) and meta-analyses (MAs) of randomized controlled trials (RCTs) evaluating 48 medications, 20 psychosocial interventions, and four brain stimulation techniques in children/adolescents with 52 different mental disorders or groups of mental disorders, reporting on 20 different efficacy/acceptability outcomes. Co-primary outcomes were disease-specific symptom reduction and all-cause discontinuation (acceptability). We included 14 NMAs and 90 MAs, reporting on 15 mental disorders or groups of mental disorders. Overall, 21 medications outperformed placebo regarding the co-primary outcomes, and three psychosocial interventions did so (while seven outperformed waiting list/no treatment). Based on the meta-analytic evidence, the most convincing efficacy profile emerged for amphetamines, methylphenidate and, to a smaller extent, behavioral therapy in attention-deficit/hyperactivity disorder aripiprazole, risperidone and several psychosocial interventions in autism risperidone and behavioral interventions in disruptive behavior disorders several antipsychotics in schizophrenia spectrum disorders fluoxetine, the combination of fluoxetine and cognitive behavioral therapy (CBT), and interpersonal therapy in depression aripiprazole in mania fluoxetine and group CBT in anxiety disorders fluoxetine/selective serotonin reuptake inhibitors, CBT, and behavioral therapy with exposure and response prevention in obsessive-compulsive disorder CBT in post-traumatic stress disorder imipramine and alarm behavioral intervention in enuresis behavioral therapy in encopresis and family therapy in anorexia nervosa. Results from this umbrella review of interventions for mental disorders in children/adolescents provide evidence-based information for clinical decision making. Copyright © 2021 World Psychiatric Association.",

"AB":"Journal Article",

"FTURL":"2021",

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

"DJ":"ADHD Children acceptability adolescents autism brain stimulation dis-ruptive behavior disorders efficacy pharmacotherapy psychosocial interventions psychotherapies",

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"UI":"2028363224",

"TI":"Host biomarkers and combinatorial scores for the detection of serious and invasive bacterial infection in pediatric patients with fever without source.",

"SO":"PLoS ONE. 18(11 November) (no pagination), 2023. Article Number: e0294032. Date of Publication: November 2023.",

"AU":"Lacroix L.  
  
Papis S.  
  
Mardegan C.  
  
Luterbacher F.  
  
L'Huillier A.  
  
Sahyoun C.  
  
Keitel K.  
  
Mastboim N.  
  
Etshtein L.  
  
Shani L.  
  
Simon E.  
  
Barash E.  
  
Navon R.  
  
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Galetto-Lacour A.  
  
Gervaix A.",

"AO":"nan",

"IN":"(Lacroix, Sahyoun, Galetto-Lacour, Gervaix) Pediatric Emergency Department, Children's Hospital, University Hospitals of Geneva, Geneva, Switzerland  
  
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(Combescure) Department of Clinical Epidemiology, University Hospitals of Geneva, Geneva, Switzerland",

"PB":"Public Library of Science",

"MH":"area under the curve  
  
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urine culture  
  
viremia  
  
virus infection  
  
\*biological marker  
  
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"AB":"Background Improved tools are required to detect bacterial infection in children with fever without source (FWS), especially when younger than 3 years old. The aim of the present study was to investigate the diagnostic accuracy of a host signature combining for the first time two viral-induced biomarkers, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL) and interferon gamma-induced protein-10 (IP-10), with a bacterial-induced one, C-reactive protein (CRP), to reliably predict bacterial infection in children with fever without source (FWS) and to compare its performance to routine individual biomarkers (CRP, procalcitonin (PCT), white blood cell and absolute neutrophil counts, TRAIL, and IP-10) and to the Labscore. Methods This was a prospective diagnostic accuracy study conducted in a single tertiary center in children aged less than 3 years old presenting with FWS. Reference standard etiology (bacterial or viral) was assigned by a panel of three independent experts. Diagnostic accuracy (AUC, sensitivity, specificity) of host individual biomarkers and combinatorial scores was evaluated in comparison to reference standard outcomes (expert panel adjudication and microbiological diagnosis). Results 241 patients were included. 68 of them (28%) were diagnosed with a bacterial infection and 5 (2%) with invasive bacterial infection (IBI). Labscore, ImmunoXpert, and CRP attained the highest AUC values for the detection of bacterial infection, respectively 0.854 (0.804-0.905), 0.827 (0.764-0.890), and 0.807 (0.744-0.869). Labscore and ImmunoXpert outperformed the other single biomarkers with higher sensitivity and/or specificity and showed comparable performance to one another although slightly reduced sensitivity in children < 90 days of age. Conclusion Labscore and ImmunoXpert demonstrate high diagnostic accuracy for safely discriminating bacterial infection in children with FWS aged under and over 90 days, supporting their adoption in the assessment of febrile patients.Copyright: © 2023 Lacroix 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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"TI":"Efficacy and safety of ceftazidime-avibactam versus polymyxins in the treatment of carbapenem-resistant Enterobacteriaceae infection: a systematic review and meta-analysis.",

"SO":"BMJ Open. 13(5):e070491, 2023 05 03.",

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"PB":"Yang P  
  
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"MH":"Lu, Xiaoyang ORCID: https://orcid.org/0000-0001-5242-1147",

"DU":"Yang, Ping  
  
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"OD":"Yang, Ping. Department of Clinical Pharmacy, First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang, China.  
  
Yang, Ping. Zhejiang Provincial Key Laboratory for Drug Evaluation and Clinical Research, Hangzhou, People's Republic of China.  
  
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Lu, Xiaoyang. Department of Clinical Pharmacy, First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang, China 183937719@qq.com.",

"AB":"BACTERIOLOGY CLINICAL PHARMACOLOGY GENERAL MEDICINE (see Internal Medicine) Infection control",

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"PM":"OBJECTIVES: Carbapenem-resistant Enterobacteriaceae is increasingly recognised as a significant public health concern. Ceftazidime-avibactam (CAZ-AVI) and polymyxins are considered as the last therapeutic options worldwide. This is the first meta-analysis of recently published data to compare the clinical efficacy and safety of CAZ-AVI with polymyxins in the treatment of carbapenem-resistant Enterobacteriaceae infections.  
  
DESIGN: Systematic review and meta-analysis.  
  
DATA SOURCES: PubMed, Embase and the Cochrane Library were systematically searched, for publications in any language, from database inception to February 2023.  
  
ELIGIBILITY CRITERIA FOR SELECTING STUDIES: Studies comparing the clinical efficacy and safety of CAZ-AVI with polymyxins were included. Mortality, clinical success, microbiological eradication and nephrotoxicity were assessed as the main outcomes.  
  
DATA EXTRACTION AND SYNTHESIS: Literature screening, data extraction and the quality evaluation of studies were conducted by two researchers independently, with disagreements resolved by another researcher. The Newcastle-Ottawa Scale was used to assess the bias risk for the included studies. Review Manager V.5.3 was employed for the meta-analysis.  
  
RESULTS: The meta-analysis included seven retrospective and four prospective cohort studies with 1111 patients enrolled. The CAZ-AVI groups demonstrated a lower 30-day mortality (risk ratio (RR)=0.48, 95% CI of 0.37 to 0.63, I2=10%, p<0.0001) in nine studies with 766 patients higher clinical success (RR=1.71, 95% CI 1.33 to 2.20, I2=35%, p<0.0001) in four studies with 463 patients and lower nephrotoxicity in seven studies with 696 patients (RR=0.42, 95% CI 0.23 to 0.77, I2=35%, p<0.05). However, no significant difference in microbiological eradication rates was observed in 249 patients from two studies (RR=1.16, 95% CI 0.97 to 1.39, I2=0, p>0.05).  
  
CONCLUSION: Available evidence suggested that CAZ-AVI treatment held a dominant position with respect to efficacy and safety compared with polymyxins in carbapenem-resistant Enterobacteriaceae infections. However, the analysis included only observational studies, and high-quality, large-scale, multicentre, double-blind randomised controlled trials are needed to confirm the advantage of CAZ-AVI. 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.",

"DJ":"Meta-Analysis  
  
Systematic Review  
  
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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"TI":"Minimal residual disease response-adapted therapy in newly diagnosed multiple myeloma (MASTER): final report of the multicentre, single-arm, phase 2 trial.",

"SO":"The Lancet Haematology. 10(11):e890-e901, 2023 Nov.",

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Callander, Natalie S",

"DU":"Costa, Luciano J. Division of Hematology and Oncology, Department of Medicine, University of Alabama at Birmingham, Birmingham, AL, USA O'Neal Comprehensive Cancer Center, University of Alabama at Birmingham, Birmingham, AL, USA. Electronic address: ljcosta@uabmc.edu.  
  
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Omel, James. Academic Consortium to Overcome Multiple Myeloma through Innovative Trials (COMMIT), Omaha, NE, USA.  
  
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Hari, Parameswaran. Division of Hematology and Oncology, Department of Medicine, Medical College of Wisconsin, Milwaukee, WI, USA.  
  
Callander, Natalie S. Division of Hematology, Oncology and Palliative Care, Department of Medicine, University of Wisc onsin, Madison, WI, USA.",

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"FTURL":"BACKGROUND: For patients with newly diagnosed multiple myeloma, reaching minimal residual disease (MRD) negativity after treatment is associated with improved outcomes however, the use of MRD to modulate therapy remains elusive. We present the final analysis of the MASTER trial of daratumumab, carfilzomib, lenalidomide, and dexamethasone (Dara-KRd) therapy in patients with newly diagnosed multiple myeloma, in which MRD status is used to modulate treatment duration and cessation.  
  
METHODS: MASTER was a multicentre, single-arm, phase 2 trial conducted in five academic medical centres in the USA. Eligible participants were 18 years or older with newly diagnosed multiple myeloma (measurable by serum or urine protein electrophoresis or serum free light chains), a life expectancy of at least 12 months, and an Eastern Cooperative Oncology Group performance status of 0-2, and had received no previous treatment for multiple myeloma except up to one cycle of therapy containing bortezomib, cyclophosphamide, and dexamethasone. The study was enriched for participants with high-risk chromosome abnormalities (HRCAs). During the induction phase, participants received four 28-day cycles of Dara-KRd, each comprising daratumumab (16 mg/kg intravenously on days 1, 8, 15, and 22), carfilzomib (56 mg/m2 intravenously on days 1, 8, and 15), lenalidomide (25 mg orally on days 1-21), and dexamethasone (40 mg orally or intravenously on days 1, 8, 15, and 22) induction was followed by autologous haematopoietic stem-cell transplantation and up to two phases of consolidation with Dara-KRd. We assessed MRD by next-generation sequencing after or during each phase. The primary endpoint was reaching MRD negativity (<10-5). Participants who reached MRD negativity after or during two consecutive phases stopped treatment and began observation with MRD surveillance (MRD-SURE) participants who did not reach two consecutive MRD-negative results received maintenance lenalidomide. Secondary endpoints included progression-free survival and cumulative incidence of progression. All analyses were conducted in the intention-to-treat population. This trial is registered with ClinicalTrials.gov, NCT03224507, and is complete.  
  
FINDINGS: Between Mar 21, 2018, and Oct 23, 2020, 123 participants were recruited to the study, of whom 70 (57%) were men, 53 (43%) were women, 94 (76%) were non-Hispanic White, 25 (20%) were non-Hispanic Black, and four (3%) were of another race or ethnicity. The median age of participants was 61 years (IQR 55-68), and 24 (20%) were aged 70 years or older. The median duration of follow up was 42.2 months (IQR 34.5-46.0). Of the 123 participants, 53 (43%) had no HRCAs, 46 (37%) had one HRCA, and 24 (20%) had two or more HRCAs. For 118 (96%) of 123 participants, MRD was evaluable by next-generation sequencing the remaining five had an absence of sufficiently unique clonogenic sequences to enable tracking by the assay. Of these 118 participants, 96 (81%, 95% CI 73-88) reached MRD of less than 10-5 (comprising 39 [78%, 64-88] of 50 participants with no HRCAs, 38 [86%, 73-95] of 44 participants with one HRCA, and 19 [79%, 58-93] of 24 participants with two or more HRCAs) and 84 (71%, 62-79) reached MRD-SURE and treatment cessation. 36-month progression-free survival among all 123 participants was 88% (95% CI 78-95) for participants with no HRCAs, 79% (67-88) for those with one HRCA, and 50% (30-70) for those with two or more HRCAs. For the 84 participants reaching MRD-SURE, the 24-month cumulative incidence of progression from cessation of therapy was 9% (95% CI 1-19) for participants with no HRCAs, 9% (1-18) for those with one HRCA, and 47% (23-72) for those with two or more HRCAs. 61 participants (comprising 52% of 118 MRD-evaluable participants and 73% of 84 participants who reached MRD-SURE) remain free of therapy and MRD-negative as of Feb 7, 2023. The most common grade 3-4 adverse events were neutropenia (43 patients, 35%), lymphopenia (28 patients, 23%), and hypertension (13 patients, 11%). Three treatment-emergent deaths were recorded: two sudden deaths and one due to viral infection, none of which were judged to be treatment-related.  
  
INTERPRETATION: This approach provided positive outcomes and a pathway for treatment cessation in most patients with newly diagnosed multiple myeloma. Outcomes for patients with ultra-high-risk multiple myeloma, defined as those with two or more HRCAs, remain unsatisfactory, and these patients should be prioritised for trials with early introduction of therapies with novel mechanisms of action.  
  
FUNDING: Amgen and Janssen Pharmaceuticals. Copyright © 2023 Elsevier Ltd. All rights reserved.",

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"TI":"Physical Activity and Patient-Reported Outcomes in Monoclonal Plasma Cell Disorders.",

"SO":"Medicine and science in sports and exercise. 55(11) (pp 1952-1960), 2023. Date of Publication: 01 Nov 2023.",

"AU":"Joseph J.M.  
  
Hillengass M.  
  
Sweeney N.W.  
  
Molina T.H.  
  
Ahlstrom J.M.  
  
Moysich K.  
  
Cannioto R.  
  
Hillengass J.",

"AO":"nan",

"IN":"(Joseph, Hillengass, Moysich, Cannioto) Department of Cancer Prevention and Control, Roswell Park Comprehensive Cancer Center, Buffalo, NY, United States  
  
(Sweeney, Molina, Ahlstrom) HealthTree Foundation, Lehi, UT, United States  
  
(Hillengass) Department of Medicine, Roswell Park Comprehensive Cancer Center, Buffalo, NY, United States",

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"OD":"INTRODUCTION: Plasma cell disorders (PCD) are a group of conditions characterized by disproportionate proliferation of a single clone of B lymphocytes. Multiple myeloma (MM) is a malignant type of plasma cell disorders. Improvements in MM survival have led patients and physicians to pursue strategies to improve quality of life for those living longer with this disease. Bone disease and instability associated with MM have made physicians reluctant to recommend physical activity (PA) to this patient population. The goal of this study was to examine the relationship between PA and physical and psychosocial patient-reported outcomes in patients with MM and precursor conditions. METHOD(S): We used a cross-sectional study design. Questionnaires on PA, demographics, fatigue, distress, and other aspects of quality of life were posted on the HealthTree Cure Hub website, a patient portal through which individuals with MM and related disorders obtain support, track laboratories and other information about their diseases, and participate in research. RESULT(S): A total of 794 individuals, including 664 with MM, are included in the current analysis. We observed potential inverse associations between PA and poor quality of life, including problems with sleep, fatigue, neuropathy, distress, and several psychosocial states. On average, patients reported that their PA levels have declined since diagnosis and that they would like to be even more active in the future than they were before their diagnosis. CONCLUSION(S): In our cross-sectional study, regular PA was associated with multiple quality-of-life indicators and other patient-reported outcomes, including better sleep and less fatigue, neuropathy, and distress. The findings of this study can help guide the design of prospective studies of the role of PA in MM survivorship.Copyright © 2023 by the American College of Sports Medicine.",

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"UI":"2011409033",

"TI":"Effectiveness of enhancing cognitive reserve in children, adolescents and young adults at genetic risk for psychosis: Study protocol for a randomized controlled trial.",

"SO":"Revista de Psiquiatria y Salud Mental. (no pagination), 2021. Date of Publication: 2021.",

"AU":"de la Serna E.  
  
Montejo L.  
  
Sole B.  
  
Castro-Fornieles J.  
  
Camprodon-Boadas P.  
  
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Rosa-Justicia M.  
  
Martinez-Aran A.  
  
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"AO":"Montejo, Laura ORCID: https://orcid.org/0000-0003-4407-9454  
  
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"IN":"(de la Serna, Montejo, Sole, Castro-Fornieles, Martinez-Aran, Vieta, Vicent-Gil, Serra-Blasco, Cardoner, Torrent) Centro de Investigacion Biomedica en Red de Salud Mental (CIBERSAM), Spain  
  
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(de la Serna, Castro-Fornieles, Camprodon-Boadas, Sugranyes, Rosa-Justicia) Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona 2017SGR881, Institut Clinic de Neurociencies, IDIBAPS, CIBERSAM, University of Barcelona, Barcelona, Spain  
  
(Vicent-Gil, Serra-Blasco, Cardoner) Depression and Anxiety Program, Institut d'Investigacio i Innovacio Parc Tauli, Universitat Autonoma de Barcelona (UAB), CIBERSAM, Hospital Universitari Parc Tauli, Sabadell, Barcelona, Spain",

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"FTURL":"Background: Offspring of patients diagnosed with bipolar disorder and schizophrenia (Off-BDSZ) have a high genetic risk of developing a mental illness. The aim of this project is to develop and investigate the efficacy of an intervention aimed at this population, based on the concept of cognitive reserve. Method(s): This is a multicenter randomized trial with an experimental test-retest design study with control group. Two groups will be included: a community comparison group (CC) and a Off-BDSZ group. A total of 108 Off-BDSZ and 65 CC aged between 6 and 25 years will be recruited. Off-BDSZ participants will be randomized to receive either Cognitive Reserve EnhAncement ThErapy (CREATE) (n = 54), or a supportive approach (n = 54). The CC group will be assessed at baseline. The duration of the intervention will be 3 months, with 12 weekly group sessions. The primary outcome will be the improvement in CR measured according to change in the Cognitive Reserve Assessment Scale in Health (CRASH) and Cognitive Reserve scale for Adolescents (CORE-A). All participants will be blindly evaluated using clinical, cognitive and neuroimaging measures at baseline, at three months (after the psychological intervention), and at twelve-month follow-up after treatment completion. Discussion(s): The results will provide insight into whether the CREATE-Offspring version may enhance cognitive reserve (CR) in child, adolescent and young adult Off-BDSZ as well as advance knowledge about changes in clinical manifestations, neuropsychological performance and brain structure and function associated with improving CR. This novel and cost-effective intervention represents an advance in the framework of preventive interventions in mental health. Trial registration: Clinicaltrials.gov, NCT03722082. Registered on 26 October 2018.Copyright © 2021 SEP y SEPB",

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"TI":"The effect of Self-Regulation Based Cognitive Psychoeducation Program on emotion regulation and self-efficacy in children diagnosed with attention deficit hyperactivity disorder.",

"SO":"Archives of Psychiatric Nursing. 44:122-128, 2023 06.",

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Karaca, Semra. Marmara University, Institute of Health Science, Department of Psychiatric Nursing, Istanbul, Turkey.",

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"DJ":"AIM: This study aimed to determine the effect of Self-Regulation Based Cognitive Psychoeducation Program on emotion regulation and self-efficacy in children diagnosed with attention deficit hyperactivity disorder (ADHD) and receiving medication.  
  
METHOD: The sample of this study with control group and pre-test, post-test and follow-up randomized experimental design consisted of children followed in the child and adolescent mental health outpatient clinic of a state hospital. The data were evaluated by parametric and non-parametric analyses.  
  
RESULTS: A statistically significant increase was determined in the internal functional emotion regulation mean scores of children, who participated in the Self-Regulation Based Cognitive Psychoeducation Program, measured before, immediately after, and 6 months after the intervention (p < 0.05). A statistically significant increase was also found in their external functional emotion regulation mean scores measured before and 6 months after the intervention (p < 0.05). In addition, a statistically significant difference was found between their internal dysfunctional and external dysfunctional emotion regulation mean scores measured before and 6 months after the intervention however the mean scores of those in the control group 6 months after the intervention were higher than those in the intervention group (p < 0.05). Furthermore, there was a statistically significant increase in their self-efficacy mean scores measured before and 6 months after the intervention (p < 0.05).  
  
CONCLUSION: The Self-Regulation Based Cognitive Psychoeducation Program was found be effective in increasing the levels of emotion regulation and self-efficacy in children with ADHD. Copyright © 2023 Elsevier Inc. All rights reserved.",

"MV":"nan",

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

"Unnamed: 22":"2023",

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"VN":"Ovid Technologies",

"DB":"Embase",

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"TI":"Feasibility and Acceptability of a Virtual ''Coping with Brain Fog'' Intervention for Improving Cognitive Functioning in Young Adults with Cancer.",

"SO":"Journal of Adolescent and Young Adult Oncology. 12(5) (pp 662-673), 2023. Date of Publication: 01 Oct 2023.",

"AU":"Muthumuni D.  
  
Scott I.  
  
Chochinov H.M.  
  
Mahar A.L.  
  
Garland S.N.  
  
Schulte F.  
  
Lambert P.  
  
Lix L.  
  
Garland A.  
  
Oberoi S.",

"AO":"(Muthumuni, Chochinov) Department of Psychiatry, Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada  
  
(Scott) Department of Psychosocial Oncology, CancerCare Manitoba, Winnipeg, MB, Canada  
  
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(Oberoi) Department of Pediatric Hematology-Oncology, CancerCare Manitoba, Winnipeg, MB, Canada",

"IN":"Mary Ann Liebert Inc.",

"PB":"adult  
  
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\*program acceptability  
  
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short term memory  
  
thyroid cancer  
  
\*virtual reality",

"OD":"Purpose: Cancer-related cognitive deficits (CRCDs) are common among young adults (YAs) (ages: 18-39) with cancer and can be debilitating. We aimed to determine the feasibility and acceptability of a virtual Coping with Brain Fog intervention among YAs with cancer. Our secondary aims were to explore the intervention's effect on cognitive functioning and psychological distress. Method(s): This prospective feasibility study involved eight weekly, 90-minute virtual group sessions. Sessions focused on psychoeducation on CRCD, memory skills, task management, and psychological well-being. The primary outcomes were feasibility and acceptability of the intervention evaluated through attendance (>60% not missing >2 consecutive sessions) and satisfaction (Client Satisfaction Questionnaire [CSQ] score >20). Secondary outcomes included the following: cognitive functioning (Functional Assessment of Cancer Therapy-Cognitive Function [FACT-Cog] Scale) and symptoms of distress (Patient-Reported Outcomes Measurement Information System [PROMIS] Short Form-Anxiety/Depression/Fatigue) and participants' experiences using semistructured interviews. Paired t-tests and summative content analysis were used for quantitative and qualitative data analyses. Result(s): Twelve participants (five male, mean age = 33 years) were enrolled. All but one participant met feasibility criteria of not missing >2 consecutive sessions (11/12 = 92%). The mean CSQ score was 28.1 (standard deviation 2.5). Significant improvement in cognitive function as measured by FACT-Cog Scale was observed postintervention (p < 0.05). Ten participants adopted strategies from the program to combat CRCD, and eight reported CRCD symptom improvement. Conclusion(s): A virtual Coping with Brain Fog intervention is feasible and acceptable for the symptoms of CRCD among YAs with cancer. The exploratory data indicate subjective improvement in cognitive function, and will inform the design and implementation of a future clinical trial. ClinicalTrials.gov Registration: NCT05115422.Copyright © 2023 Mary Ann Liebert Inc.. All rights reserved.",

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

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"MV":"nan",

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"Database":"Medline",

"ORN":"99",

"VN":"Ovid Technologies",

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

"UI":"27445866",

"TI":"Improving Facial Emotion Recognition in Schizophrenia: a Controlled Study Comparing Specific and Attentional Focused Cognitive Remediation.",

"SO":"Frontiers in psychiatry Frontiers Research Foundation. 7:105, 2016.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Gaudelus B  
  
Virgile J  
  
Geliot S  
  
Franck N",

"MH":"Gaudelus, Baptiste  
  
Virgile, Jefferson  
  
Geliot, Sabrina  
  
Franck, Nicolas",

"DU":"Gaudelus, Baptiste. Service Universitaire de Rehabilitation, CL3R, Le Vinatier Hospital, Bron, France.  
  
Virgile, Jefferson. Service Universitaire de Rehabilitation, CL3R, Le Vinatier Hospital, Bron, France Departement de Rehabilitation Psycho-sociale, St Cyr au Mont d'Or Hospital, St Cyr au Mont d'Or, France.  
  
Geliot, Sabrina. Service Universitaire de Rehabilitation, CL3R, Le Vinatier Hospital, Bron, France Centre regional de depistage et de prise en charge des troubles psychiatriques d'origine genetique, Le Vinatier Hospital, Bron, France.  
  
Franck, Nicolas. Service Universitaire de Rehabilitation, CL3R, Le Vinatier Hospital, Bron, France Lyon 1 Claude Bernard University, Lyon, France UMR 5229, Centre National de la Recherche Scientifique (CNRS), Lyon, France.",

"OD":"Cognitive impairments associated with schizophrenia are very frequent. They concern both neurocognition and social cognition, including facial emotion recognition. These impairments have a negative impact on the daily functioning, in particular the social and vocational rehabilitation of people with schizophrenia. Previous studies in this area clearly demonstrated the interest of cognitive remediation to improve neurocognitive and social cognitive functioning in schizophrenia. They also established clear links between facial emotion recognition skills and attentional processes. The present study compares the GAIA s-face program (GAIA arm), which focuses on facial emotion recognition processes, with the RECOS program (RECOS arm), a neurocognitive remediation therapy focusing on selective attention. Forty people with schizophrenia were randomly distributed between each study arm and assessed pre- (T1) and post- (T2) therapy. The single-blind assessment focused on facial emotion recognition (the main criteria), symptoms, social and subjective functioning, and neurocognitive and social cognitive performance. Both programs were conducted by nurses after a 3-day training session. The study showed a significant improvement in facial emotion recognition performance in both groups, with a significantly larger effect in the GAIA arm. Symptoms and social functioning also improved in the GAIA arm, and certain neurocognitive and social cognitive processes improved in both study arms. Further studies are recommended, with larger population samples and a follow-up assessing the long-term preservation of these improvements.",

"AB":"Journal Article",

"FTURL":"2016",

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

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"TI":"Impact of different chemotherapy regimens on intestinal mucosal injury assessed with bedside ultrasound: a study in 213 AML patients.",

"SO":"Frontiers in Oncology. 13(no pagination), 2023. Article Number: 1272072. Date of Publication: 2023.",

"AU":"Benedetti E.  
  
Traverso G.  
  
Pucci G.  
  
Morganti R.  
  
Bramanti E.  
  
Lippolis P.  
  
Susini M.C.  
  
Mazzantini E.  
  
Giubbolini R.  
  
Mavilia F.  
  
Capochiani E.  
  
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Arena C.  
  
Cerri F.  
  
De Simone L.  
  
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"AO":"nan",

"IN":"(Benedetti, Traverso, Pucci, Susini, Mazzantini, Mavilia) Hematology Operative Unit (UO), Department of Clinical and Experimental Medicine, Azienda Ospedaliero Universitaria Pisana, Pisa, Italy  
  
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(Galimberti) Hematology Unit, Department of Translational Research and New Technologies in Medicine and Surgery, University of Pisa, Pisa, Italy",

"PB":"Frontiers Media SA",

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visual analog scale",

"AB":"Introduction: Neutropenic enterocolitis (NEC) is a life-threatening complication reported in patients with acute myeloid leukemia (AML) following chemotherapy (CHT). Intensive induction and consolidation CHT may damage intestinal mucosa leading to a NEC episode (NECe). NEC reported mortality may be up to 30-60%. Early US-guided bed-side diagnosis and prompt treatment may substantially improve the survival. An emerging worldwide concern is the intestinal colonization by multi-drug-resistant bacteria especially when patients are exposed to chemotherapy regimens potentially correlated to mucosal damage. Method(s): In our study we prospectively enrolled all AML patients admitted in our leukemia unit to receive intensive induction and consolidation chemotherapy and experiencing chemotherapy-induced-neutropenia (CHTN). Results and discussion: Overall, we enrolled N=213 patients from 2007 to March 2023. We recorded N=465 CHTN, and N=42 NECe (9.0% incidence). The aim of our study was to assess which chemotherapy regimens are more associated with NEC. We found that ALM1310, followed by 7 + 3 (daunorubicin), 7 + 3 (idarubicin), 5 + 3 + 3 (cytarabine, etoposide, idarubicin), and AML1310 (consolidation) were associated with a statistically higher incidence of NEC. We did not detect NEC episodes in patients treated with CPX-351, 5 + 2 (cytarabine, idarubicine), and high-dose cytarabine. Thus, we found that cytarabine could determine mucosal damage when associated with an anthracycline but not if delivered either alone or as dual-drug liposomal encapsulation of daunorubicin/cytarabine. We also describe NEC mortality, symptoms at diagnosis, intestinal sites involvement, and prognostic significance of bowel wall thickening.Copyright © 2023 Benedetti, Traverso, Pucci, Morganti, Bramanti, Lippolis, Susini, Mazzantini, Giubbolini, Mavilia, Capochiani, Neri, Arena, Cerri, De Simone, Valentini, Stella, Ricchiuto, Bruno and Galimberti.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"36547820",

"TI":"Evaluation of the Application Effect of a New Anti-reflux Water Injection Tube Device in the Prevention of the Contamination of Endoscopy Water Injection Bottles.",

"SO":"Digestive Diseases & Sciences. 68(5):1728-1734, 2023 05.",

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"PB":"Liu Y  
  
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Muhetaer G  
  
Tang H  
  
Guo H  
  
Li H",

"MH":"Li, Hang ORCID: http://orcid.org/0000-0002-1875-2951",

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Xu, Shenting  
  
Muhetaer, Gulizeba  
  
Tang, Hao  
  
Guo, Hongtao  
  
Li, Hang",

"OD":"Liu, Yingjing. Shenzhen Bao'an Traditional Chinese Medicine Hospital, Shenzhen, 518133, China.  
  
Xu, Shenting. Shenzhen Bao'an Traditional Chinese Medicine Hospital, Shenzhen, 518133, China.  
  
Muhetaer, Gulizeba. Shenzhen Bao'an Traditional Chinese Medicine Hospital, Shenzhen, 518133, China.  
  
Tang, Hao. Shenzhen Bao'an Traditional Chinese Medicine Hospital, Shenzhen, 518133, China.  
  
Guo, Hongtao. Shenzhen BAGEMEI Biotechnology Co., Ltd, Shenzhen, 518035, China. guohongtao@bagemei.com.  
  
Li, Hang. Shenzhen Bao'an Traditional Chinese Medicine Hospital, Shenzhen, 518133, China. lihang@gzucm.edu.cn.",

"AB":"Anti-reflux water injection tube device Cross infection Gastrointestinal endoscopy Water injection bottles",

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"PM":"BACKGROUND: Water delivery tube reflux during gastrointestinal endoscopy examination is widespread and it is the leading cause of water injection bottle pollution.  
  
AIM: To evaluate the application effect of a new anti-reflux water injection tube device in preventing the contamination of endoscopy water injection bottles.  
  
METHODS: A total of 520 cases received gastrointestinal endoscopy examination were included. Patients were randomly divided into the experimental and control group. The experimental group used the anti-reflux injection tube device to assist with water injection, and the control group used the ordinary delivery tube. After every five cases of gastrointestinal endoscopy, water from the injection bottles was collected. Visual inspection, crystalline violet staining, microbial culture, and microbial species analysis were performed to analyze the contamination state of the water samples.  
  
RESULTS: The contamination rate in the experimental group was 5.66%, significantly lower than 76.47% in the control group. Crystalline violet staining confirmed that microorganisms existed in contaminated water samples. Microbiological culture results showed that the experimental group's undetectable rate of bacteria and fungi was 100%, significantly higher than that of the control group (19.61% for bacteria and 25.49% for fungi). The mean values of the total bacterial and fungal colonies of the control samples were 9.80 x 106 cfu/ml and 9.18 x 106 cfu/ml, respectively. The microbial species in the contaminated samples of the control group were Pseudomonas aeruginosa, Escherichia coli, and Proteus mirabilis.  
  
CONCLUSION: The anti-reflux water injection tube device can effectively prevent the contamination of the endoscopy water injection bottles caused by the reflux of the ordinary water supply tube. Copyright © 2022. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.",

"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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Endoscopy, Gastrointestinal  
  
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"SO":"Clinical Nephrology. 100(6):269-274, 2023 Dec.",

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"MH":"Shankar, Mythri  
  
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Guditi, Swarnalatha",

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"OD":"nan",

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"FTURL":"INTRODUCTION: Monoclonal gammopathy is a heterogeneous group of disorders due to the clonal proliferation of immunoglobulin-producing plasma cells or B lymphocytes. Patients develop kidney disease not only due to malignant transformation but also due to the idiosyncratic properties of the M protein and the host factors. We aim to study the spectrum of kidney diseases in patients with paraproteinemia.  
  
MATERIALS AND METHODS: A retrospective observational study was performed at three tertiary care centers in Southern India. Kidney biopsies conducted in these three centers were reviewed from June 1, 2020 to November 30, 2022. All biopsies suggestive of monotypic immunoglobulin or light chain restriction were included in the study.  
  
RESULTS: A total of 122 patients were included in the study with an incidence of 2.4%. The mean age was 52.27 +/- 13.27 years, and majority (63.1%) were males. AL amyloidosis was most common in the monoclonal gammopathy of renal significance (MGRS) group, and cast nephropathy was most common in the multiple myeloma (MM) group. On histopathology, 83.6% had a single lesion, followed by 14.8% with double lesion, and 1.6% with triple lesion.  
  
CONCLUSION: Paraproteinemia is associated with a myriad of kidney lesions. MGRS and MM are usually present in the 6th decade of life and beyond, while proliferative glomerulonephritis with monoclonal immunoglobulin deposits is more common in the younger age group. Older age group, high creatinine, hyperuricemia, hyperphosphatemia, presence of more than one lesion on kidney biopsy, and presence of cast nephropathy was significantly associated with the requirement of kidney replacement therapy.",

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"SO":"Blood Advances. 7(20) (pp 6275-6284), 2023. Date of Publication: 24 Oct 2023.",

"AU":"DuMontier C.  
  
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Gaziano J.M.  
  
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Kim D.H.  
  
Munshi N.C.  
  
Fillmore N.R.  
  
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"AO":"Do, Nhan V. ORCID: https://orcid.org/0000-0001-6868-7011  
  
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Hassan, Hamza ORCID: https://orcid.org/0000-0003-1775-2703  
  
Kim, Dae H. ORCID: https://orcid.org/0000-0001-7290-6838",

"IN":"(DuMontier, Driver) New England Geriatrics Research, Education and Clinical Center, VA Boston Healthcare System, Boston, MA, United States  
  
(DuMontier, Gaziano, Fillmore, Driver) Division of Aging, Brigham and Women's Hospital, Boston, MA, United States  
  
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(Hassan) Boston Medical Center, Boston, MA, United States  
  
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(Munshi) Veterans Affairs, Boston Healthcare System, Boston, MA, United States",

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"OD":"Although randomized controlled trial data suggest that the more intensive triplet bortezomib-lenalidomide-dexamethasone (VRd) is superior to the less intensive doublet lenalidomide-dexamethasone (Rd) in patients newly diagnosed with multiple myeloma (MM), guidelines have historically recommended Rd over VRd for patients who are frail and may not tolerate a triplet. We identified 2573 patients (median age, 69.7 years) newly diagnosed with MM who were initiated on VRd (990) or Rd (1583) in the national US Veterans Affairs health care System from 2004 to 2020. We measured frailty using the Veterans Affairs Frailty Index. To reduce imbalance in confounding, we matched patients for MM stage and 1:1 based on a propensity score. Patients who were moderate-severely frail had a higher prevalence of stage III MM and myeloma-related frailty deficits than patients who were not frail. VRd vs Rd was associated with lower mortality (hazard ratio [HR], 0.81 95% confidence interval [CI], 0.70-0.94) in the overall matched population. Patients who were moderate-severely frail demonstrated the strongest association (HR 0.74 95% CI, 0.56-0.97), whereas the association weakened in those who were mildly frail (HR, 0.80 95% CI, 0.61-1.05) and nonfrail (HR, 0.86 95% CI, 0.67-1.10). VRd vs Rd was associated with a modestly higher incidence of hospitalizations in the overall population, but this association weakened in patients who were moderate-severely frail. Our findings confirm the benefit of VRd over Rd in US veterans and further suggest that this benefit is strongest in patients with the highest levels of frailty, arguing that more intensive treatment of myeloma may be more effective treatment of frailty itself.Copyright © 2023 by The American Society of Hematology.",

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"SO":"Evidence-based mental health. (no pagination), 2021. Date of Publication: 22 Feb 2021.",

"AU":"Vancak V.  
  
Goldberg Y.  
  
Levine S.Z.",

"AO":"Vancak, Valentin ORCID: https://orcid.org/0000-0001-8732-7353  
  
Goldberg, Yair ORCID: https://orcid.org/0000-0002-4544-0910  
  
Levine, Stephen Z. ORCID: https://orcid.org/0000-0002-5544-0420",

"IN":"(Vancak) Department of Statistics, University of Haifa, Haifa, Israel  
  
(Goldberg) Faculty of Industrial Engineering and Management, Technion Israel Institute of Technology, Haifa, Israel  
  
(Levine) Department of Community Mental Health, University of Haifa, Haifa, Israel",

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"FTURL":"OBJECTIVE: We aim to explain the unadjusted, adjusted and marginal number needed to treat (NNT) and provide software for clinicians to compute them. METHOD(S): The NNT is an efficacy index that is commonly used in randomised clinical trials. The NNT is the average number of patients needed to treat to obtain one successful outcome (ie, response) due to treatment. We developed the nntcalc R package for desktop use and extended it to a user-friendly web application. We provided users with a user-friendly step-by-step guide. The application calculates the NNT for various models with and without explanatory variables. The implemented models for the adjusted NNT are linear regression and analysis of variance (ANOVA), logistic regression, Kaplan-Meier and Cox regression. If no explanatory variables are available, one can compute the unadjusted Laupacis et al's NNT, Kraemer and Kupfer's NNT and the Furukawa and Leucht's NNT. All NNT estimators are computed with their associated appropriate 95% confidence intervals. All calculations are in R and are replicable. RESULT(S): The application provides the user with an easy-to-use web application to compute the NNT in different settings and models. We illustrate the use of the application from examples in schizophrenia research based on the Positive and Negative Syndrome Scale. The application is available from https://nntcalc.iem.technion.ac.il. The output is given in a journal compatible text format, which users can copy and paste or download in a comma-separated values format. CONCLUSION(S): This application will help researchers and clinicians assess the efficacy of treatment and consequently improve the quality and accuracy of decisions.Copyright © Author(s) (or their employer(s)) 2021. No commercial re-use. See rights and permissions. Published by BMJ.",

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

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"TI":"Situation-specific outcomes (Home Situations Questionnaire) in a randomized controlled trial of individual versus group parent training for children with Hyperkinetic Disorder/Attention-deficit Hyperactivity Disorder.",

"SO":"British Journal of Clinical Psychology. 62(2):372-391, 2023 Jun.",

"AU":"1",

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Welvaert M  
  
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"MH":"Heubeck, Bernd G ORCID: https://orcid.org/0000-0002-7873-1482  
  
Welvaert, Marijke ORCID: https://orcid.org/0000-0002-0802-8134  
  
Richardson, Alice ORCID: https://orcid.org/0000-0001-7084-1524",

"DU":"Heubeck, Bernd G  
  
Welvaert, Marijke  
  
Richardson, Alice",

"OD":"Heubeck, Bernd G. Research School of Psychology, The Australian National University, Canberra, Australian Capital Territory, Australia.  
  
Welvaert, Marijke. Statistical Consulting Unit, The Australian National University, Canberra, Australian Capital Territory, Australia.  
  
Richardson, Alice. Statistical Consulting Unit, The Australian National University, Canberra, Australian Capital Territory, Australia.",

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METHOD: A registered multicentre randomized controlled trial comparing individual and group parent training to treatment-as-usual (TAU) for N = 237 children with HKD/ADHD. A German version of the Home Situations Questionnaire (HSQ) was employed to examine behaviour problems across a range of family situations, treatment-related changes post-treatment and at 6-month follow-up, while controlling for medication status.  
  
RESULTS: Parents reported considerable variance in severity of behaviour problems across situations. All groups improved with time, but individual and group CBPT led to significantly greater improvement than TAU in many family situations. Results present situation-specific treatment trajectories and demonstrate somewhat greater impact of individual compared with group training in certain situations post-training and 6 months later.  
  
CONCLUSIONS: CBPT clearly adds to TAU (with effect sizes in the small to moderate range depending on situation). Individual was somewhat more successful than group format (which did not succeed in a wider range of situations). HSQ situations reveal a differentiated picture of child behaviour and treatment results. Situation-specific assessment with an instrument like the HSQ offers promising perspectives that invite further development. Copyright © 2023 The Authors. British Journal of Clinical Psychology published by John Wiley & Sons Ltd on behalf of British Psychological Society.",

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"TI":"Association between relative age at school and persistence of ADHD in prospective studies: an individual participant data meta-analysis.",

"SO":"The Lancet Psychiatry. 10(12) (pp 922-933), 2023. Date of Publication: December 2023.",

"AU":"Gosling C.J.  
  
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"OD":"Background: The youngest children in a school class are more likely than the oldest to be diagnosed with ADHD, but this relative age effect is less frequent in older than in younger school-grade children. However, no study has explored the association between relative age and the persistence of ADHD diagnosis at older ages. We aimed to quantify the association between relative age and persistence of ADHD at older ages. Method(s): For this meta-analysis, we searched MEDLINE, Embase, CINAHL, PsycINFO, and PubPsych up to April 1, 2022, with terms related to cohort and ADHD with no date, publication type, or language restrictions. We gathered individual participant data from prospective cohorts that included at least ten children identified with ADHD before age 10 years. ADHD was defined by either a clinical diagnosis or symptoms exceeding clinical cutoffs. Relative age was recorded as the month of birth in relation to the school-entry cutoff date. Study authors were invited to share raw data or to apply a script to analyse data locally and generate anonymised results. Our outcome was ADHD status at a diagnostic reassessment, conducted at least 4 years after the initial assessment and after age 10 years. No information on sex, gender, or ethnicity was collected. We did a two-stage random-effects individual participant data meta-analysis to assess the association of relative age with persistence of ADHD at follow-up. This study was registered with PROSPERO, CRD42020212650. Finding(s): Of 33 119 studies generated by our search, we identified 130 eligible unique studies and were able to gather individual participant data from 57 prospective studies following up 6504 children with ADHD. After exclusion of 16 studies in regions with a flexible school entry system that did not allow confident linkage of birthdate to relative age, the primary analysis included 41 studies in 15 countries following up 4708 children for a period of 4 to 33 years. We found that younger relative age was not statistically significantly associated with ADHD persistence at follow-up (odds ratio 1.02, 95% CI 0.99-1.06 p=0.19). We observed statistically significant heterogeneity in our model (Q=75.82, p=0.0011, I2=45%). Participant-level sensitivity analyses showed similar results in cohorts with a robust relative age effect at baseline and when restricting to cohorts involving children with a clinical diagnosis of ADHD or with a follow-up duration of more than 10 years. Interpretation(s): The diagnosis of ADHD in younger children in a class is no more likely to be disconfirmed over time than that of older children in the class. One interpretation is that the relative age effect decreases the likelihood of children of older relative age receiving a diagnosis of ADHD, and another is that assigning a diagnostic label of ADHD leads to unexplored carryover effects of the initial diagnosis that persist over time. Future studies should be conducted to explore these interpretations further. Funding(s): None.Copyright © 2023 The Authors. Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license",

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"SO":"Basic and Clinical Neuroscience. 6(4):291-8, 2015 Oct.",

"AU":"1",

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

"IN":"PubMed-not-MEDLINE",

"PB":"Rezapour T  
  
Hatami J  
  
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Sofuoglu M  
  
Noroozi A  
  
Daneshmand R  
  
Samiei A  
  
Ekhtiari H",

"MH":"Rezapour, Tara  
  
Hatami, Javad  
  
Farhoudian, Ali  
  
Sofuoglu, Mehmet  
  
Noroozi, Alireza  
  
Daneshmand, Reza  
  
Samiei, Ahmadreza  
  
Ekhtiari, Hamed",

"DU":"Rezapour, Tara. Translational Neuroscience Program, Institute for Cognitive Science Studies, Tehran, Iran. Neurocognitive Laboratory, Iranian National Center for Addiction Studies (INCAS), Iranian Institute for Reduction of High-risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran.  
  
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Samiei, Ahmadreza. Clinical Department, School of Medicine, Arak University of Medical Sciences, Arak, Iran.  
  
Ekhtiari, Hamed. Translational Neuroscience Program, Institute for Cognitive Science Studies, Tehran, Iran. Neurocognitive Laboratory, Iranian National Center for Addiction Studies (INCAS), Iranian Institute for Reduction of High-risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran. Research Center for Molecular and Cellular Imaging, Tehran University of Medical Sciences, Tehran, Iran.",

"OD":"Despite extensive evidence for cognitive deficits associated with drug use and multiple publications supporting the efficacy of cognitive rehabilitation treatment (CRT) services for drug addictions, there are a few well-structured tools and organized programs to improve cognitive abilities in substance users. Most published studies on cognitive rehabilitation for drug dependent patients used rehabilitation tools, which have been previously designed for other types of brain injuries such as schizophrenia or traumatic brain injuries and not specifically designed for drug dependent patients. These studies also suffer from small sample size, lack of follow-up period assessments and or comprehensive treatment outcome measures. To address these limitations, we decided to develop and investigate the efficacy of a paper and pencil cognitive rehabilitation package called NECOREDA (Neurocognitive Rehabilitation for Disease of Addiction) to improve neurocognitive deficits associated with drug dependence particularly caused by stimulants (e.g. amphetamine type stimulants and cocaine) and opiates. To evaluate the feasibility of NECOREDA program, we conducted a pilot study with 10 opiate and methamphetamine dependent patients for 3 months in outpatient setting. NECOREDA was revised based on qualitative comments received from clients and treatment providers. Final version of NECOREDA is composed of brain training exercises called Brain Gym and psychoeducational modules called Brain Treasures which is implemented in 16 training sessions interleaved with 16 review and practice sessions. NECOREDA will be evaluated as an add-on intervention to methadone maintenance treatment in a randomized clinical trial among opiate dependent patients starting from August 2015. We discuss methodological features of NECOREDA development and evaluation in this article.",

"AB":"Journal Article",

"FTURL":"2015",

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

"DJ":"Cognitive enhancers Drug addiction NECOREDA Treatment",

"MV":"NOTNLM",

"TN":"nan",

"Unnamed: 22":"nan",

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"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"801",

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

"Database":"EMBASE",

"ORN":"101",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028126292",

"TI":"Negative pressure wound therapy (NPWT) is superior to conventional moist dressings in wound bed preparation for diabetic foot ulcers.",

"SO":"Saudi Medical Journal. 44(10) (pp 1020-1029), 2023. Date of Publication: October 2023.",

"AU":"Yin W.  
  
Gan S.  
  
Chao H.",

"AO":"Yin, Wu ORCID: https://orcid.org/0000-0002-1404-3883",

"IN":"(Yin, Gan, Chao) The Department of Burn and Plastic Surgery, Nanjing First Hospital, Nanjing Medical University, Nanjing, China",

"PB":"Saudi Arabian Armed Forces Hospital",

"MH":"adult  
  
aged  
  
angiogenesis  
  
ankle brachial index  
  
article  
  
bacterium colony  
  
blood flow velocity  
  
clinical article  
  
clinical outcome  
  
comparative effectiveness  
  
controlled study  
  
dermatome  
  
\*diabetic foot/dm [Disease Management]  
  
\*diabetic foot/dt [Drug Therapy]  
  
\*diabetic foot/su [Surgery]  
  
disinfection  
  
Doppler flowmetry  
  
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female  
  
follow up  
  
granulation tissue  
  
histology  
  
hospitalization  
  
human  
  
immunofluorescence  
  
insulin dependent diabetes mellitus  
  
leukocyte count  
  
M1 macrophage  
  
M2 macrophage  
  
macrophage activation  
  
macrophage migration  
  
male  
  
neutrophil extracellular trap  
  
non insulin dependent diabetes mellitus  
  
perfusion index  
  
polarization  
  
Pseudomonas aeruginosa  
  
randomized controlled trial  
  
skin graft  
  
split thickness skin graft  
  
Staphylococcus aureus  
  
surgical debridement  
  
survival rate  
  
\*vacuum assisted closure  
  
albumin/ec [Endogenous Compound]  
  
alginic acid/dt [Drug Therapy]  
  
C reactive protein/ec [Endogenous Compound]  
  
collagen/ec [Endogenous Compound]  
  
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petrolatum  
  
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\*conventional moist dressing",

"DU":"albumin / endogenous compound  
  
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"OD":"adult  
  
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dermatome  
  
\*diabetic foot / \*disease management / \*drug therapy / \*surgery  
  
disinfection  
  
Doppler flowmetry  
  
Escherichia coli  
  
female  
  
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M1 macrophage  
  
M2 macrophage  
  
macrophage activation  
  
macrophage migration  
  
male  
  
neutrophil extracellular trap  
  
non insulin dependent diabetes mellitus  
  
perfusion index  
  
polarization  
  
Pseudomonas aeruginosa  
  
randomized controlled trial  
  
skin graft  
  
split thickness skin graft  
  
Staphylococcus aureus  
  
surgical debridement  
  
survival rate  
  
\*vacuum assisted closure",

"AB":"Objectives: To compare the efficacy of negative pressure wound therapy (NPWT) and alginate dressings on wound bed preparation prior to split thickness skin graft (STSG) surgery for patients with chronic diabetic foot ulcers (DFUs). Method(s): Between September 2022 and March 2023, we completed a randomized controlled trial in Nanjing First Hospital and PLA 454 Hospital. Patients were divided into 2 groups: i) the NPWT group (with vacuum-assisted closure, n=50) ii) the control group (with alginates dressings, n=50). Once DFU wound was filled with healthy granulation tissues, STSG surgery was performed. The time to STSG surgery was regarded as the primary outcome. The survival rates of skin graft, the wound blood perfusion, the wound neutrophil extracellular traps (NETs) formation, and polarization of M1 and M2 macrophages in DFU wounds were regarded ad secondary outcomes. Result(s): Patients in the NPWT group had less time to STSG surgery than the control group. The patients in the NPWT group had prominently increased survival rates of skin graft, increased wound blood perfusion, and decreased NET formation in comparison with the control group. The macrophages in DFU wounds switched from M1 to M2 phenotype in the NPWT group. Conclusion(s): Negative pressure wound therapy is superior to conventional moist dressings in wound bed preparation prior to STSG surgery for patients with chronic DFUs.Copyright © 2023 Saudi Arabian Armed Forces Hospital. All rights reserved.",

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

"PM":"37777272 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37777272]",

"DJ":"\*conventional moist dressing [device term]",

"MV":"Doppler flowmeter  
  
silicone foam dressing  
  
\*wound dressing",

"TN":"nan",

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"Unnamed: 28":"nan",

"If RCT or not":"Yes",

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"UniqueID":"802",

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

"Database":"Medline",

"ORN":"101",

"VN":"Ovid Technologies",

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

"UI":"37072773",

"TI":"Genome profiling of uropathogenic E. coli from strictly defined community-acquired UTI in paediatric patients: a multicentric study.",

"SO":"Antimicrobial Resistance & Infection Control. 12(1):36, 2023 04 18.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Mohapatra S  
  
Ghosh D  
  
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"DU":"Mohapatra, Sarita  
  
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Vivekanandan, Perumal  
  
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Kumar, Arvind  
  
Kumari, Rajesh  
  
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"OD":"Mohapatra, Sarita. Department of Microbiology, AIIMS, New Delhi, India. drsarita2005@gmail.com.  
  
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Hari, Pankaj. Department of Paediatrics, AIIMS, New Delhi, India.",

"AB":"Antimicrobial resistance Community-acquired UTI E. coli Paediatric patient Urinary tract infection",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Urinary tract infection (UTI) in children is a common bacterial infection. The emergence of extended-spectrum beta-lactamases (ESBLs) poses a major challenge against the treatment of uropathogens. We aimed to characterize the E. coli isolates recovered from children with UTI for their resistance profile and circulating sequence types (ST).  
  
METHODS: Children (> 1.5-18 years of age) from different community health centres of India with symptoms of UTI were enrolled. Isolates causing significant bacteriuria were identified by Matrix-Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry (MALDI-TOF MS) and tested for antimicrobial susceptibility by the automated system, VITEK-2 (Biomeriux, Durhum, US). Nineteen E. coli isolates (15 ESBL positive and 4 ESBL negative) were sequenced in Oxford Nanopore platform followed by core-genome phylogeny, accessory genome cluster analysis, identification of sequence types, mobile genetic elements, genetic antimicrobial resistance markers. The correlation between detection of antimicrobial resistance genes with phenotypic resistance profiles was also investigated.  
  
RESULTS: Eleven percent of children had significant bacteriuria [male:female-1:1, > 50% were 11-18 years of age group]. E. coli was predominant (86%) followed by K. pneumoniae (11%). Susceptibility of E. coli was highest against fosfomycin (100%) followed by carbapenems (90.7%) and nitrofurantoin (88.8%). ST131 (15.8%) and ST167 (10.5%) found as high-risk clones with the presence of plasmid [IncFIB (63.1%), IncFIA (52.6%)], and composite transposon [Tn2680 (46.6%)] in many isolates. Few isolates coharboured multiple beta-lactamases including blaNDM-5 (33.3%), blaOXA-1 (53.3%), blaCTX-M-15 (60%) and blaTEM-4 (60%).  
  
CONCLUSIONS: This study highlights horizontal transmission of resistance genes and plasmids in paediatric patients at community centers across the nation harbouring multidrug-resistant genes such as blaNDM-5 and blaCTX-M-15 associated with high-risk clones ST131 and ST167. The data is alarming and emphasizes the need for rapid identification of resistance markers to reduce the spread in community. To our knowledge, this is the first multicentric study targeting paediatric UTI patients from the community setting of India. Copyright © 2023. The Author(s).",

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

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Child  
  
Male  
  
Female  
  
Uropathogenic Escherichia coli/ge [Genetics]  
  
\*Uropathogenic Escherichia coli  
  
Escherichia coli Infections/ep [Epidemiology]  
  
Escherichia coli Infections/mi [Microbiology]  
  
\*Escherichia coli Infections  
  
\*Bacteriuria  
  
Microbial Sensitivity Tests  
  
Urinary Tract Infections/mi [Microbiology]  
  
\*Urinary Tract Infections  
  
beta-Lactamases/ge [Genetics]  
  
Community-Acquired Infections/mi [Microbiology]  
  
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Klebsiella pneumoniae",

"Unnamed: 23":"EC 3-5-2-6 (beta-Lactamases)",

"Unnamed: 24":"Investigators of CAUTION-ED STUDY (Community-acquired UTI & Emerging Drug Resistance)",

"Unnamed: 25":"nan",

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"Disease area":"Multiple myeloma",

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"ORN":"101",

"VN":"Ovid Technologies",

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

"UI":"37783970",

"TI":"Elranatamab in relapsed or refractory multiple myeloma: the MagnetisMM-1 phase 1 trial.",

"SO":"Nature Medicine. 29(10):2570-2576, 2023 10.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Bahlis NJ  
  
Costello CL  
  
Raje NS  
  
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Dholaria B  
  
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"MH":"Bahlis, Nizar J  
  
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Levy, Moshe Y  
  
Dholaria, Bhagirathbhai  
  
Solh, Melhem  
  
Tomasson, Michael H  
  
Damore, Michael A  
  
Jiang, Sibo  
  
Basu, Cynthia  
  
Skoura, Athanasia  
  
Chan, Edward M  
  
Trudel, Suzanne  
  
Jakubowiak, Andrzej  
  
Gasparetto, Cristina  
  
Chu, Michael P  
  
Dalovisio, Andrew  
  
Sebag, Michael  
  
Lesokhin, Alexander M",

"DU":"Bahlis, Nizar J. Arnie Charbonneau Cancer Institute, University of Calgary, Calgary, AB, Canada. nbahlis@ucalgary.ca.  
  
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Levy, Moshe Y. Department of Medical Oncology, Baylor Scott and White Health, Dallas, TX, USA.  
  
Dholaria, Bhagirathbhai. Vanderbilt-Ingram Cancer Center, Nashville, TN, USA.  
  
Solh, Melhem. Blood and Marrow Transplant Group of Georgia, Northside Hospital, Atlanta, GA, USA.  
  
Tomasson, Michael H. Holden Comprehensive Cancer Center, University of Iowa, Iowa City, IA, USA.  
  
Damore, Michael A. Oncology Research and Development, Pfizer Inc., San Diego, CA, USA.  
  
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Jakubowiak, Andrzej. Department of Medicine, University of Chicago Medical Center, Chicago, IL, USA.  
  
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Chu, Michael P. Cross Cancer Institute, Edmonton, AB, Canada.  
  
Dalovisio, Andrew. Department of Hematology and Oncology, Ochsner Health, New Orleans, LA, USA.  
  
Sebag, Michael. Cedars Cancer Center, McGill University Health Center, Montreal, QC, Canada.  
  
Lesokhin, Alexander M. Division of Hematology and Oncology, Memorial Sloan Kettering Cancer Center/Weill Cornell Medical College, New York, NY, USA.",

"OD":"nan",

"AB":"nan",

"FTURL":"Multiple myeloma (MM) is a plasma cell malignancy expressing B cell maturation antigen (BCMA). Elranatamab, a bispecific antibody, engages BCMA on MM and CD3 on T cells. The MagnetisMM-1 trial evaluated its safety, pharmacokinetics and efficacy. Primary endpoints, including the incidence of dose-limiting toxicities as well as objective response rate (ORR) and duration of response (DOR), were met. Secondary efficacy endpoints included progression-free survival (PFS) and overall survival (OS). Eighty-eight patients with relapsed or refractory MM received elranatamab monotherapy, and 55 patients received elranatamab at efficacious doses. Patients had received a median of five prior regimens 90.9% were triple-class refractory, 29.1% had high cytogenetic risk and 23.6% received prior BCMA-directed therapy. No dose-limiting toxicities were observed during dose escalation. Adverse events included cytopenias and cytokine release syndrome. Exposure was dose proportional. With a median follow-up of 12.0 months, the ORR was 63.6% and 38.2% of patients achieving complete response or better. For responders, the median DOR was 17.1 months. All 13 patients evaluable for minimal residual disease achieved negativity. Even after prior BCMA-directed therapy, 53.8% achieved response. For all 55 patients, median PFS was 11.8 months, and median OS was 21.2 months. Elranatamab achieved durable responses, manageable safety and promising survival for patients with MM. ClinicalTrials.gov Identifier: NCT03269136 . Copyright © 2023. The Author(s).",

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

"DJ":"2023",

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

"TN":"Bahlis, Nizar J ORCID: http://orcid.org/0000-0001-7353-7034  
  
Dholaria, Bhagirathbhai ORCID: http://orcid.org/0000-0003-2371-3655  
  
Trudel, Suzanne ORCID: http://orcid.org/0000-0001-7952-6352  
  
Lesokhin, Alexander M ORCID: http://orcid.org/0000-0001-9321-702X",

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Multiple Myeloma/pa [Pathology]  
  
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B-Cell Maturation Antigen  
  
T-Lymphocytes/pa [Pathology]  
  
Progression-Free Survival  
  
Anemia/et [Etiology]  
  
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Immunotherapy, Adoptive/ae [Adverse Effects]",

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"Unnamed: 26":"nan",

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"ORN":"101",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026259296",

"TI":"Clinical trials aimed at HIV cure or remission: new pathways and lessons learned.",

"SO":"Expert Review of Anti-Infective Therapy. 21(11) (pp 1227-1243), 2023. Date of Publication: 2023.",

"AU":"Schou M.D.  
  
Sogaard O.S.  
  
Rasmussen T.A.",

"AO":"nan",

"IN":"(Schou, Sogaard, Rasmussen) Department of Infectious Diseases, Aarhus University Hospital, Aarhus, Denmark  
  
(Sogaard, Rasmussen) Department of Clinical Medicine, Aarhus University, Aarhus, Denmark  
  
(Rasmussen) Department of Infectious Diseases, The University of Melbourne at The Peter Doherty Institute for Infection and Immunity, Melbourne, VIC, Australia",

"PB":"Taylor and Francis Ltd.",

"MH":"adaptive immunity  
  
adrenal insufficiency  
  
antigen expression  
  
astrocyte  
  
B cell lymphoma  
  
CD4+ T lymphocyte  
  
CD8+ T lymphocyte  
  
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cell survival  
  
cell viability  
  
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broadly neutralizing antibody  
  
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"DU":"adaptive immunity  
  
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cell survival  
  
cell viability  
  
cellular immunity  
  
clinical trial  
  
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persistent virus infection  
  
Review  
  
T lymphocyte  
  
Trypanosoma brucei  
  
virus virulence",

"OD":"Introduction: The main barrier to finding a cure against HIV is the latent HIV reservoir, which persists in people living with HIV (PLWH) despite antiretroviral treatment (ART). Here, we discuss recent findings from interventional studies using mono- and combination therapies aimed at enhancing immune-mediated killing of the virus with or without activating HIV from latency. Areas covered: We discuss latency reversal agents (LRAs), broadly neutralizing antibodies, immunomodulatory therapies, and studies aimed at inducing apoptosis. Expert opinion: The landscape of clinical trials for HIV cure and remission has evolved considerably over the past 10 years. Several novel interventions such as immune checkpoint inhibitors, therapeutic vaccines, and broadly neutralizing antibodies have been tested either alone or in combination with LRAs but studies have so far not shown a meaningful impact on the frequency of latently infected cells. Immunomodulatory therapies could work differently in the setting of antigen expression, that is, during active viremia, and timing of interventions could therefore, be key to future therapeutic success. Lessons learned from clinical trials aimed at HIV cure indicate that while we are still far from reaching a complete eradication cure of HIV, clinical interventions capable of inducing enhanced control of HIV replication in the absence of ART might be a more feasible goal.Copyright © 2023 Informa UK Limited, trading as Taylor & Francis Group.",

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"FTURL":"anticoagulant reversal agent  
  
antiretrovirus agent  
  
broadly neutralizing antibody  
  
checkpoint kinase inhibitor / endogenous compound  
  
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gamma interferon / endogenous compound  
  
histone deacetylase inhibitor / endogenous compound  
  
immune checkpoint inhibitor / endogenous compound  
  
interferon / endogenous compound  
  
interleukin 18 / endogenous compound  
  
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"VN":"Ovid Technologies",

"DB":"Embase",

"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":"nan",

"IN":"(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",

"PB":"NLM (Medline)",

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"FTURL":"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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"VN":"Ovid Technologies",

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

"UI":"37019246",

"TI":"Serious Games in the new era of digital-health interventions: A narrative review of their therapeutic applications to manage neurobehavior in neurodevelopmental disorders. [Review]",

"SO":"Neuroscience & Biobehavioral Reviews. 149:105156, 2023 06.",

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

"IN":"MEDLINE",

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Tullo A  
  
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Marzano F  
  
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Gallo, Luigi  
  
Caggianese, Giuseppe  
  
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La Grutta, Stefania  
  
Murero, Monica  
  
Valenti, Daniela  
  
Tullo, Apollonia  
  
Balech, Bachir  
  
Marzano, Flaviana  
  
Ghezzo, Alessandro  
  
Tancredi, Giancarlo  
  
Turchetta, Attilio  
  
Riccio, Maria Pia  
  
Bravaccio, Carmela  
  
Scala, Iris",

"OD":"Vacca, Rosa Anna. Institute of Biomembranes, Bioenergetics and Molecular Biotechnologies, National Research Council of Italy (IBIOM-CNR), Bari, Italy. Electronic address: r.vacca@ibiom.cnr.it.  
  
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Scala, Iris. Department of Maternal and Child Health, Section of Pediatrics, Federico II University, Napoli, Italy.",

"AB":"Child  
  
Adolescent  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Quality of Life  
  
Neurodevelopmental Disorders/th [Therapy]  
  
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Interpersonal Relations  
  
Anxiety  
  
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"FTURL":"Attention-Deficit Hyperactivity Disorder Autism spectrum disorder Behavioral symptomatology Digital therapeutics Down syndrome Fragile X syndrome Human-Machine Communication Neurodevelopmental disorders Serious games",

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"DJ":"Children and adolescents with neurodevelopmental disorders generally show adaptive, cognitive and motor skills impairments associated with behavioral problems, i.e., alterations in attention, anxiety and stress regulation, emotional and social relationships, which strongly limit their quality of life. This narrative review aims at providing a critical overview of the current knowledge in the field of serious games (SGs), known as digital instructional interactive videogames, applied to neurodevelopmental disorders. Indeed, a growing number of studies is drawing attention to SGs as innovative and promising interventions in managing neurobehavioral and cognitive disturbs in children with neurodevelopmental disorders. Accordingly, we provide a literature overview of the current evidence regarding the actions and the effects of SGs. In addition, we describe neurobehavioral alterations occurring in some specific neurodevelopmental disorders for which a possible therapeutic use of SGs has been suggested. Finally, we discuss findings obtained in clinical trials using SGs as digital therapeutics in neurodevelopment disorders and suggest new directions and hypotheses for future studies to bridge the gaps between clinical research and clinical practice. Copyright © 2023 Elsevier Ltd. 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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"TI":"Effectiveness of the Neuroimaging Techniques in the Recognition of Psychiatric Disorders: A Systematic Review and Meta-analysis of RCTs.",

"SO":"Current Medical Imaging. 20(no pagination), 2024. Article Number: e260523217379. Date of Publication: 2024.",

"AU":"Xiao J.  
  
Wu J.",

"AO":"(Xiao, Wu) Department of Imaging, Taizhou Jiangyan Traditional Chinese Medicine Hospital, Jiangsu Province, Taizhou 225500, China",

"IN":"Bentham Science Publishers",

"PB":"anxiety  
  
anxiety disorder/di [Diagnosis]  
  
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schizophrenia / diagnosis  
  
systematic review",

"OD":"Background: Neuroimaging has helped us learn about the stages of brain development from infancy to maturity. Neuroimaging helps physicians diagnose mental illnesses and find novel treatments for them. It can distinguish depression from neurodegenerative diseases or brain tumors, and it can reveal structural defects that cause psychosis. Psychosis has been linked to lesions in the frontal or temporal lobes of the brain, as well as the thalamus and hypothalamus, which can be detected using a brain scan for mental illnesses. Neuroimaging uses quantitative and computational methods to explore the central nervous system. It can detect brain injuries and psychological illnesses. Thus, a systematic review and meta-analysis of randomized controlled trials using neuroimaging to detect psychiatric disorders assessed their efficacy and benefits. Material(s) and Method(s): Appropriate articles were searched from PubMed, MEDLINE, and CENTRAL databases using the appropriate keywords as per the PRISMA guidelines. Randomized controlled trials and open-label studies were included as per the predefined PICOS criteria. Meta-analysis was performed using the RevMan software, and statistical parameters like odds ratio and risk difference were calculated. Result(s): Twelve randomized controlled clinical trials with a total of 655 psychiatric patients were included following the criteria from the year 2000 to 2022. We included studies that use different neuroimaging techniques for the detection of organic brain lesions that would help diagnose psychiatric disorders. The primary outcome was detecting brain abnormalities in diverse psychiatric illnesses with neuroimaging versus conventional methods. We found the odds ratio value of 2.29 (95% CI 1.49-3.51). The results were heterogeneous with a Tau2 value of 0.38, chi2 value of 35.48, df value of 11, I2 value of 69%, the z value of 3.78, and p-value less than 0.05. The risk difference is 0.20 (95% CI 0.09-0.31) with heterogeneity of Tau2 value of 0.03, chi2 value of 50, df value of 11, I2 value of 78%, the z value of 3.49, and p-value less than 0.05. Conclusion(s): The present meta-analysis strongly recommends the use of neuroimaging techniques for the detection of psychiatric disorders.Copyright © 2024 The Author(s). Published by Bentham Science Publisher.",

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

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"DJ":"37246321 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37246321]",

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"UI":"38100776",

"TI":"Evaluation and Comparison of the Effectiveness of Atropine Eye Drops, Ipratropium Bromide Nasal Spray, and Amitriptyline Tablet in the Management of Clozapine-Associated Sialorrhea in Patients With Refractory Schizophrenia: A Randomized Clinical Trial.",

"SO":"Journal of Clinical Psychopharmacology. 44(1):9-15, 2024 Jan-Feb 01.",

"AU":"1",

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

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"PB":"Mohammad-Gholizad F  
  
Karimzadeh I  
  
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Arshadi M  
  
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"MH":"Mohammad-Gholizad, Fatemeh  
  
Karimzadeh, Iman  
  
Moghimi-Sarani, Ebrahim  
  
Arshadi, Mahdi  
  
Mortazavi, Negar",

"DU":"Mohammad-Gholizad, Fatemeh. From the Department of Clinical Pharmacy, School of Pharmacy.  
  
Karimzadeh, Iman. From the Department of Clinical Pharmacy, School of Pharmacy.  
  
Moghimi-Sarani, Ebrahim. Department of Psychiatry, Research Center for Psychiatry and Behavioral Sciences, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Arshadi, Mahdi. Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University, Chicago, IL.  
  
Mortazavi, Negar. From the Department of Clinical Pharmacy, School of Pharmacy.",

"OD":"PURPOSE: Clozapine, a second-generation antipsychotic medication, is mainly indicated for managing treatment-resistant schizophrenia. Among all the nonthreatening adverse effects of clozapine, sialorrhea is a stigmatizing complication occurring in approximately 31.0% to 97.4% of patients. In this study, 2 topical agents (atropine eye drop and ipratropium nasal spray) and a systemic medication (amitriptyline) were compared simultaneously for the management of clozapine-associated sialorrhea.  
  
METHODS: We conducted a randomized, single-blinded, non-placebo-controlled clinical trial from June 2022 to January 2023. Eligible patients were randomly allocated into 3 mentioned groups. Patients were monitored for sialorrhea weekly based on scales, including the Toronto Nocturnal Hypersalivation Scale, Clinical Global Impression-Improvement, and Clinical Global Impression-Severity for 1 month. Possible adverse drug reactions and adherence were also recorded.  
  
RESULTS: Twenty-four patients, including 6, 10, and 8 individuals in ipratropium bromide nasal spray, atropine eye drop, and amitriptyline groups, completed the study, respectively. The cohort's demographic, baseline clinical, and sociocultural characteristics were comparable among the 3 groups. Within-group comparisons, between times baseline and week 4, demonstrated that significant differences were in groups atropine and amitriptyline based on Toronto Nocturnal Hypersalivation Scale, in 3 groups based on Clinical Global Impression-Improvement, and also in only-atropine group based on Clinical Global Impression-Severity. Likewise, between-group comparisons showed that atropine was significantly more effective in clozapine-associated sialorrhea management than amitriptyline and ipratropium, in the first 2 weeks and second 2 weeks of study, respectively. Regarding safety, the interventions were tolerated relatively well.  
  
CONCLUSIONS: Conclusively, atropine is more efficacious than amitriptyline, within the first 2 weeks of study and also relative to ipratropium, overall. As time effect was significant between atropine and amitriptyline, according to analysis of covariance test, further investigation with longer follow-up duration would be prudent. In addition, expanding patient population with larger sample size should be conducted for more precision. Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.",

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

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"UI":"2028347362",

"TI":"Fecal microbiota transplantation promotes reduction of antimicrobial resistance by strain replacement.",

"SO":"Science Translational Medicine. 15(720) (no pagination), 2023. Article Number: eabo2750. Date of Publication: 01 Nov 2023.",

"AU":"Woodworth M.H.  
  
Conrad R.E.  
  
Haldopoulos M.  
  
Pouch S.M.  
  
Babiker A.  
  
Mehta A.K.  
  
Sitchenko K.L.  
  
Wang C.H.  
  
Strudwick A.  
  
Ingersoll J.M.  
  
Philippe C.  
  
Lohsen S.  
  
Kocaman K.  
  
Lindner B.G.  
  
Hatt J.K.  
  
Jones R.M.  
  
Miller C.  
  
Neish A.S.  
  
Friedman-Moraco R.  
  
Karadkhele G.  
  
Liu K.H.  
  
Jones D.P.  
  
Mehta C.C.  
  
Ziegler T.R.  
  
Weiss D.S.  
  
Larsen C.P.  
  
Konstantinidis K.T.  
  
Kraft C.S.",

"AO":"nan",

"IN":"(Woodworth, Pouch, Babiker, Mehta, Sitchenko, Strudwick, Philippe, Lohsen, Friedman-Moraco, Weiss, Kraft) Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, United States  
  
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(Ziegler) Division of Endocrinology, Metabolism, and Lipids, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, United States",

"PB":"American Association for the Advancement of Science",

"MH":"adult  
  
Akkermansia muciniphila  
  
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\*fecal microbiota transplantation  
  
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graft recipient  
  
human  
  
human experiment  
  
kidney graft  
  
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"AB":"Multidrug-resistant organism (MDRO) colonization is a fundamental challenge in antimicrobial resistance. Limited studies have shown that fecal microbiota transplantation (FMT) can reduce MDRO colonization, but its mechanisms are poorly understood. We conducted a randomized, controlled trial of FMT for MDRO decolonization in renal transplant recipients called PREMIX (NCT02922816). Eleven participants were enrolled and randomized 1:1 to FMT or an observation period followed by delayed FMT if stool cultures were MDRO positive at day 36. Participants who were MDRO positive after one FMT were treated with a second FMT. At last visit, eight of nine patients who completed all treatments were MDRO culture negative. FMT-treated participants had longer time to recurrent MDRO infection versus PREMIX-eligible controls who were not treated with FMT. Key taxa (Akkermansia muciniphila, Alistipes putredinis, Phocaeicola dorei, Phascolarctobacterium faecium, Alistipes species, Mesosutterella massiliensis, Barnesiella intestinihominis, and Faecalibacterium prausnitzii) from the single feces donor used in the study that engrafted in recipients and metabolites such as short-chain fatty acids and bile acids in FMT-responding participants uncovered leads for rational microbiome therapeutic and diagnostic development. Metagenomic analyses revealed a previously unobserved mechanism of MDRO eradication by conspecific strain competition in an FMT-treated subset. Susceptible Enterobacterales strains that replaced baseline extended-spectrum beta-lactamase-producing strains were not detectable in donor microbiota manufactured as FMT doses but in one case were detectable in the recipient before FMT. These data suggest that FMT may provide a path to exploit strain competition to reduce MDRO colonization.Copyright © 2023.",

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"VN":"Ovid Technologies",

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

"UI":"36971808",

"TI":"Predictive scoring system for distinguishing Stenotrophomonas maltophilia bacteremia from Pseudomonas aeruginosa bacteremia in patients with hematological malignancies.",

"SO":"Annals of Hematology. 102(5):1239-1246, 2023 May.",

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"OD":"Sakoh, Takashi. Department of Infectious Diseases, Toranomon Hospital, 2-2-2 Toranomon, Minato-Ku, Tokyo, 105-8470, Japan.  
  
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Araoka, Hideki. Okinaka Memorial Institute for Medical Research, Tokyo, Japan. h-araoka@toranomon.gr.jp.",

"AB":"Bloodstream infection Hematological malignancies Predictive scoring system Pseudomonas aeruginosa Stenotrophomonas maltophilia",

"FTURL":"NOTNLM",

"PM":"Difficulties in immediately distinguishing Stenotrophomonas maltophilia (SM) bacteremia from Pseudomonas aeruginosa (PA) bacteremia in the clinical setting can lead to treatment delay. We aimed to develop a scoring system to immediately distinguish SM bacteremia from PA bacteremia using clinical indicators. We enrolled cases of SM and PA bacteremia in adult patients with hematological malignancies between January 2011 and June 2018. The patients were randomized into derivation and validation cohorts (2:1), and a clinical prediction tool for SM bacteremia was developed and verified. In total, 88 SM and 85 PA bacteremia cases were identified. In the derivation cohort, the following independent predictors of SM bacteremia were identified: no evidence of PA colonization, antipseudomonal beta-lactam breakthrough bacteremia, and central venous catheter insertion. We scored each of the three predictors according to their regression coefficient (2, 2, and 1, respectively). Receiver operating characteristic curve analysis confirmed the score's predictive performance, with an area under the curve of 0.805. The combined sensitivity and specificity (0.655 and 0.821) was highest with a cut-off value of 4 points. Positive and negative predictive values were 79.2% (19/24) and 69.7% (23/33), respectively. This novel predictive scoring system is potentially useful for distinguishing SM bacteremia from PA bacteremia, which would facilitate immediate administration of appropriate antimicrobial therapy. Copyright © 2023. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.",

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

"MV":"2023",

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

"Unnamed: 22":"Adult  
  
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Pseudomonas aeruginosa  
  
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Risk Factors  
  
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Gram-Negative Bacterial Infections/dt [Drug Therapy]  
  
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Hematologic Neoplasms/co [Complications]  
  
Hematologic Neoplasms/dt [Drug Therapy]  
  
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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"37539698",

"TI":"Assessment of the psychometric properties of the Spanish version of EORTC QLQ-MY20 and evaluation of health-related quality of Life outcomes in patients with relapsed and/or refractory multiple myeloma in the real-world setting in Spain: results from the CharisMMa study.",

"SO":"Leukemia & Lymphoma. 64(11):1847-1856, 2023 Nov-Dec.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Dachs LR  
  
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de Miguel Llorente D  
  
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"MH":"Dachs, Laura Rosinol  
  
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Rios Tamayo, Rafael  
  
de Miguel Llorente, Dunia  
  
Bernal, Luis Palomera  
  
Mayol, Antonia Sampol  
  
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Grande, Marta  
  
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"DU":"Dachs, Laura Rosinol. Hospital Clinic, Barcelona, Barcelona, Spain.  
  
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Naves, Andrea. Takeda Farmaceutica Espana, Madrid, Spain.  
  
Miguel, Enrique M Ocio San. Hospital Universitario Marques de Valdecilla (IDIVAL). Universidad de Cantabria. Santander, Spain.",

"OD":"EORTC QLQ-MY20 assessment Multiple myeloma burden of the disease health-related quality of life quality of life relapsed/refractory multiple myeloma",

"AB":"NOTNLM",

"FTURL":"We evaluated the psychometric properties of the Spanish version of the European Organization for Research and Treatment of Multiple Myeloma (MM) specific quality-of-life (QoL) questionnaire module (QLQ-MY20) in relapsed/refractory MM (RRMM) patients. This was an observational, cross-sectional, multicenter study using EORTC QLQ-C30 and QLQ-MY20 in RRMM patients (ClinicalTrials.gov ID NCT03188536). We assessed the non-response rate, ceiling/floor effects, internal consistency, test-retest reliability, and validity. The study included 276 patients (53.3% males, mean [SD] age of 67.4 [10.5] years). The EORTC QLQ-MY20 showed a low non-response rate, very low ceiling and floor effects, and good internal consistency. The test-retest reliability assessment revealed good temporary stability, the construct validity analysis stated four main factors similar to the ones of the original version, and the criterion validity assessment showed no differences between groups. In conclusion, the Spanish version of EORTC QLQ-MY20 is a reliable and valid tool for assessing QoL in RRMM patients.",

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"Database":"EMBASE",

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"UI":"2025840836",

"TI":"Hematopoiesis in the spleen after engraftment in unrelated cord blood transplantation evaluated by 18F-FLT PET imaging.",

"SO":"International Journal of Hematology. 118(5) (pp 618-626), 2023. Date of Publication: November 2023.",

"AU":"Araie H.  
  
Hosono N.  
  
Tsujikawa T.  
  
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"AO":"Hosono, Naoko ORCID: https://orcid.org/0000-0002-6336-3250",

"IN":"(Araie, Hosono, Yamauchi) Department of Hematology and Oncology, Faculty of Medical Sciences, University of Fukui, 23-3 Matsuoka Shimoaizuki, Eiheiji-cho, Yoshida-gun, Fukui 910-1193, Japan  
  
(Tsujikawa) Department of Radiology, Faculty of Medical Sciences, University of Fukui, Fukui, Japan  
  
(Kiyono, Okazawa) Biomedical Imaging Research Center, Faculty of Medical Sciences, University of Fukui, Fukui, Japan",

"PB":"Springer",

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\*unrelated donor",

"OD":"Cord blood is an important donor source for allogeneic hematopoietic stem cell transplantation (allo-HSCT), with its unique composition and quality of hematopoietic cells. The proliferation site and potency of infused hematopoietic stem cells in humans may vary between stem cell sources. We investigated this possibility in a prospective, exploratory study to assess hematopoietic dynamics using the radiopharmaceutical 3'-deoxy-3'-18F-fluorothymidine (18F-FLT), a thymidine analog used in positron emission tomography imaging, before allo-HSCT and on days 50 and 180 after allo-HSCT. We evaluated 11 patients with hematological malignancies who underwent allo-HSCT [five with peripheral blood stem cell transplantation (PBSCT) and six with unrelated cord blood transplantation (UCBT)]. Before allo-HSCT, 18F-FLT uptake did not differ between the two groups. At day 50, 18F-FLT uptake in the spleen was significantly greater in the UCBT group than in the PBSCT group (p = 0.0043), with no difference in whole-body bone marrow. At day 180, the differences in spleen uptake had diminished, and there were no differences between groups in whole-body bone marrow or the spleen, except for the sternum. The persistence of splenic hematopoiesis after engraftment in the UCBT group may reflect the complex systemic homing and proliferation mechanisms of cord blood hematopoietic cells.Copyright © 2023, The Author(s).",

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

"FTURL":"\*3' fluorothymidine f 18 / \*clinical trial / \*intravenous drug administration  
  
alemtuzumab / drug combination / drug therapy  
  
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"UI":"2020351732",

"TI":"Predictors of Bipolar Disorder Versus Schizophrenia Diagnosis in a Multicenter First Psychotic Episode Cohort: Baseline Characterization and a 12-Month Follow-Up Analysis.",

"SO":"Journal of Clinical Psychiatry. 81(6) (no pagination), 2020. Article Number: 19M12996. Date of Publication: November 2020.",

"AU":"Salagre E.  
  
Grande I.  
  
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Cuesta M.J.  
  
Moreno C.  
  
Bioque M.  
  
Lobo A.  
  
Gonzalez-Pinto A.  
  
Moreno D.M.  
  
Corripio I.  
  
Verdolini N.  
  
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Mane A.  
  
Pinzon-Espinosa J.  
  
del Mar Bonnin C.  
  
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"AO":"nan",

"IN":"(Salagre, Grande, Vieta, Verdolini, Pinzon-Espinosa, del Mar Bonnin) Bipolar and Depressive Disorders Unit, Psychiatry and Psychology Department of the Hospital Clinic, Institute of Neuroscience, University of Barcelona, IDIBAPS, Barcelona, Spain  
  
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"PB":"Physicians Postgraduate Press Inc.",

"MH":"adult  
  
\*bipolar disorder  
  
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"FTURL":"Objective: The aim of this study was to identify predisposing factors and clinical features at baseline that might help predict diagnosis of bipolar disorder vs schizophrenia in a first-episode psychosis (FEP) cohort. Method(s): In this prospective, naturalistic study, we evaluated a cohort of 335 subjects with FEP recruited from April 2009 to April 2012. Baseline features were compared between subjects with a final DSM-IV diagnosis of bipolar disorder and schizophrenia at 12-month follow-up. A binary logistic regression model was used to assess predictors of diagnosis of bipolar disorder at follow-up. Result(s): At 12-month follow-up, 47 of the 335 subjects included in the study received the diagnosis of bipolar disorder and 105, of schizophrenia. Subjects with a final diagnosis of bipolar disorder had a higher prevalence of family history of mood disorders (38.2% vs 18.0%, P = .02), better baseline premorbid adjustment (Premorbid Adjustment Scale [PAS]: 38.4 vs 50.6, P < .01) and psychosocial functioning (Functional Assessment Short Test [FAST]: 23.6 vs 33.7, P = .001), better cognitive flexibility (number of perseverative errors on the Wisconsin Card Sorting Test [WCST]: 14.2 vs 19.7, P = .01), more manic symptoms (Young Mania Rating Scale [YMRS]: 14.1 vs 7.3, P < .01), lesser negative symptoms (Positive and Negative Syndrome Scale negative scale [PANSS-N]: 15.0 vs 22.3, P < .001), and shorter duration of untreated psychosis (144.2 vs 194.7 days, P < .01) than subjects with a schizophrenia diagnosis. Binary logistic regression model revealed that lower FAST scores (odds ratio [OR] = 0.956 P = .015), lower PANSS-N scores (OR = 0.93 P = .048), and lower number of perseverative errors on the WCST (OR = 0.946 P = .035) were significantly related to diagnosis of bipolar disorder at follow-up. Conclusion(s): In our FEP cohort, better psychosocial functioning, lesser negative symptoms, and better cognitive flexibility were related to diagnosis of bipolar disorder at 12-month follow-up.© Copyright 2020 Physicians Postgraduate Press, Inc.",

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"OD":"Cortese, Samuele. Center for Innovation in Mental Health, School of Psychology, Faculty of Environmental and Life Sciences, University of Southampton, Southampton, UK Clinical and Experimental Sciences (CNS and Psychiatry), Faculty of Medicine, University of Southampton, Southampton, UK Solent NHS Trust, Southampton, UK Hassenfeld Children's Hospital at NYU Langone, New York University Child Study Center, New York, NY, USA Division of Psychiatry and Applied Psychology, School of Medicine, University of Nottingham, Nottingham, UK Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA. Electronic address: samuele.cortese@soton.ac.uk.  
  
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Apter, Alan. Schneider Children's Medical Center of Israel, Petach Tikva, Israel Ivcher School of Psychology, Reichman University, Herzliya, Israel Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Arango, Celso. Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Mental Health, Hospital General Universitario Gregorio Maranon, IiSGM, CIBERSAM, ISCIII, School of Medicine, Universidad Complutense, Madrid, Spain Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Baeza, Immaculada. Child and Adolescent Psychiatry and Psychology Department, 2021SGR-1319, Institute Clinic of Neurosciences, Hospital Clinic de Barcelona, University of Barcelona, IDIBAPS, CIBERSAM-ISCIII, Spain and 20172021SGR01319-881, Hospital Clinic de Barcelona, Centro de Investigacion Biomedica en Red de Salud Mental (CIBERSAM), IDIBAPS, Department of Medicine, Institute of Neuroscience, University of Barcelona, Barcelona, Spain Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Banaschewski, Tobias. Dep of Child and Adolescent Psychiatry, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
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Persico, Antonio M. Child & Adolescent Neuropsychiatry, Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Modena, Italy Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
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Roessner, Veit. Department of Child and Adolescent Psychiatry and Psychotherapy, Faculty of Medicine, Technische Universitat Dresden, Dresden, Germany Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
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Simonoff, Emily. Centre for Interventional Paediatric Psychopharmacology (CIPP) Rett Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London and South London and Maudsley NHS Foundation Trust, London, UK South London and Maudsley NHS Foundation Trust (SLaM), London, UK Maudsley Biomedical Research Centre for Mental Health, London, UK Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
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Vitiello, Benedetto. Division of Child and Adolescent Neuropsychiatry, Department of Public Health and Pediatric Sciences, University of Turin, Turin, Italy Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
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Wong, Ian C K. Centre for Safe Medication Practice and Research, Department of Pharmacology and Pharmacy, The University of Hong Kong, Hong Kong, China Laboratory of Data Discovery for Health (D24H), Hong Kong Science Park, Hong Kong, China Research Department of Practice and Policy, School of Pharmacy, University College London, London, UK Aston Pharmacy School, Aston University, Birmingham, UK Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Zalsman, Gil. Geha Mental Health Center and Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel Division of Molecular Imaging and Neuropathology, Department of Psychiatry, Columbia University, New York, NY,USA Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Zuddas, Alessandro. Dept. Biomedical Science, Sect Neuroscience & Clinical Pharmacology, University of Cagliari, Italy & A. Cao Paediatric Hospital, Cagliari, Italy Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Moreno, Carmen. Center for Innovation in Mental Health, School of Psychology, Faculty of Environmental and Life Sciences, University of Southampton, Southampton, UK Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Solmi, Marco. Department of Psychiatry, University of Ottawa, Ottawa, ON, Canada Department of Mental Health, The Ottawa Hospital, Ottawa, ON, Canada Ottawa Hospital Research Institute (OHRI) Clinical Epidemiology Program University of Ottawa, Ottawa, ON, Canada School of Epidemiology and Public Health, Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada Department of Psychosis Studies, Early Psychosis: Interventions and Clinical-detection (EPIC) Lab, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK Department of Child and Adolescent Psychiatry, Charite Universitatsmedizin, Berlin, Germany Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.  
  
Correll, Christoph U. Department of Child and Adolescent Psychiatry, Charite Universitatsmedizin, Berlin, Germany Psychiatry Research, Northwell Health, Zucker Hillside Hospital, New York, NY, USA Department of Psychiatry and Molecular Medicine, Zucker School of Medicine, Hempstead, NY, USA Center for Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.",

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"SO":"BMC Psychiatry. 23(1) (no pagination), 2023. Article Number: 851. Date of Publication: December 2023.",

"AU":"Lebena A.  
  
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"AO":"(Lebena, Ludvigsson) Division of Pediatrics, Department of Biomedical and Clinical Sciences, Linkoping University, Linkoping, Sweden  
  
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Vituri, Aya. Tel Aviv Center for Artificial Intelligence & Data Science (TAD), Tel Aviv University, 6997801, Israel.  
  
Jones, Peter B. Department of Psychiatry, University of Cambridge, Cambridge CB2 0SZ, UK Cambridgeshire and Peterborough NHS Foundation Trust, Fulbourn, Cambridge CB21 5EF, UK.  
  
Shahar, Moni. Tel Aviv Center for Artificial Intelligence & Data Science (TAD), Tel Aviv University, 6997801, Israel.  
  
Fernandez-Egea, Emilio. Department of Psychiatry, University of Cambridge, Cambridge CB2 0SZ, UK Cambridgeshire and Peterborough NHS Foundation Trust, Fulbourn, Cambridge CB21 5EF, UK. Electronic address: ef280@cam.ac.uk.",

"OD":"BACKGROUND AND HYPOTHESIS: The negative symptoms of schizophrenia are strong prognostic factors but remain poorly understood and treated. Five negative symptom domains are frequently clustered into the motivation and pleasure (MAP) and emotional expression (EE) 'dimensions', but whether this structure remains stable and behaves as a single entity or not remains unclear.  
  
STUDY DESIGN: We examined a cohort of 153 patients taking clozapine for treatment-resistant schizophrenia in a regional mental health clinic. Patients were assessed longitudinally over a mean period of 45 months using validated scales for positive, negative and mood symptoms. Network analyses were performed to identify symptom 'communities' and their stability over time. The influence of common causes of secondary negative symptoms as well as centrality measures were also examined.  
  
STUDY RESULTS: Across patients at baseline, two distinct communities matching the clinical domains of MAP and EE were found. These communities remained highly stable and independent over time. The communities remained stabled when considering psychosis, depression, and sedation severity, and these causes of secondary negative symptoms were clustered into the MAP community. Centrality measures also remained stable over time, with similar centrality measures across symptoms.  
  
CONCLUSIONS: Our results suggest that MAP and EE are independent dimensions that remain highly stable over time in chronic schizophrenia patients treated with clozapine. Common causes of secondary negative symptoms mapped onto the MAP dimension. Our results emphasise the need for clinical trials to address either MAP or EE, and that treating causes of secondary negative symptoms may improve MAP. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.",

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"TI":"Multicenter evaluation of BioFire JI panel related to improved microbiological diagnostics on acute osteoarticular infections.",

"SO":"International Journal of Medical Microbiology. 313(6) (no pagination), 2023. Article Number: 151588. Date of Publication: November 2023.",

"AU":"Salar-Vidal L.  
  
Chaves C.  
  
Dianzo-Delgado I.T.  
  
Favier P.  
  
Giner-Almaraz S.  
  
Gomez-Gomez M.J.  
  
Martin-Gutierrez G.  
  
Pereira I.  
  
Rodriguez-Fernandez A.  
  
Ruiz-Garbajosa P.  
  
Salas-Venero C.  
  
Esteban J.",

"AO":"nan",

"IN":"(Salar-Vidal, Esteban) Department of Clinical Microbiology, IIS-Fundacion Jimenez Diaz, Madrid, Spain  
  
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(Rodriguez-Fernandez, Salas-Venero) Hospital Universitario Marques de Valdecilla, Santander, Spain",

"PB":"Elsevier GmbH",

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Proteus vulgaris  
  
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"AB":"Microbiological diagnosis of osteoarticular infections (OI) is crucial for a successful treatment. A prospective multicenter study including 262 synovial fluids with suspicion of acute OI was performed between July 2021 and October of 2022. BioFire Joint Infection Panel multiplex-PCR test was performed and results were compared with conventional cultures of synovial fluid specimens. In total, 136 microorganisms were detected, and fourteen samples were positive for more than one microorganism. In monomicrobial infections (n = 87) agreement with culture was 69%. In 26 samples, the multiplex PCR yield an additional positive result when culture result was negative. It helped in the detection of fastidious microorganisms as K. kingae and N. gonorrhoeae. This multiplex PCR has proven to be a useful technique that can be used for patients with high suspicion of acute OI in a rapid and automated manner.Copyright © 2023 The Authors",

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

"PM":"37925748 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37925748]",

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"UI":"36880576",

"TI":"Validation of the INCREMENT-SOT-CPE score in a large cohort of liver transplant recipients with carbapenem-resistant Enterobacterales infection.",

"SO":"Transplant Infectious Disease. 25(2):e14036, 2023 Apr.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Rinaldi M  
  
Bonazzetti C  
  
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De Rosa FG  
  
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Munoz P  
  
Statlender L  
  
Yahav D  
  
Camargo LFA  
  
Girao ES  
  
Grossi P  
  
Viale P  
  
Curti S  
  
Giannella M",

"MH":"Rinaldi, Matteo ORCID: https://orcid.org/0000-0002-3568-5973  
  
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Giannella, Maddalena ORCID: https://orcid.org/0000-0001-8273-7601",

"DU":"Rinaldi, Matteo  
  
Bonazzetti, Cecilia  
  
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Ferraro, Giuseppe  
  
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Tandoi, Francesco  
  
Romagnoli, Renato  
  
De Rosa, Francesco Giuseppe  
  
Mularoni, Alessandra  
  
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Burra, Patrizia  
  
Halpern, Marcia  
  
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Simkins, Jacques  
  
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Morras, Ignacio  
  
Cantero, Mireia  
  
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Bandera, Alessandra  
  
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Fernandez, Ainhoa  
  
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Statlender, Liran  
  
Yahav, Dafna  
  
Camargo, Luis Fernando Aranha  
  
Girao, Evelyne Santana  
  
Grossi, Paolo  
  
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Curti, Stefania  
  
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"OD":"Rinaldi, Matteo. Infectious Diseases Unit, IRCCS Sant'Orsola Hospital, Bologna, Italy.  
  
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Giannella, Maddalena. Infectious Diseases Unit, IRCCS Sant'Orsola Hospital, Bologna, Italy.  
  
Giannella, Maddalena. Department of Medical and Surgical Sciences, Alma Mater Studiorum University of Bologna, Bologna, Italy.",

"AB":"CRE infection INCREMENT-SOT-CPE score SOT liver transplantation",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Management of infections due to carbapenemase-resistant Enterobacterales (CRE) in solid organ transplant (SOT) recipients remains a difficult challenge. The INCREMENT-SOT-CPE score has been specifically developed from SOT recipients to stratify mortality risk, but an external validation is lacking.  
  
METHODS: Multicenter retrospective cohort study of liver transplant (LT) recipients colonized with CRE infection who developed infection after transplant over 7-year period. Primary endpoint was all-cause 30-day mortality from infection onset. A comparison between INCREMENT-SOT-CPE and other selected scores was performed. A two-level mixed effects logistic regression model with random effects for the center was fitted. Performance characteristics at optimal cut-point were calculated. Multivariable Cox regression analysis of risk factors for all-cause 30-day mortality was carried out.  
  
RESULTS: Overall, 250 CRE carriers developed infection after LT and were analyzed. The median age was 55 years (interquartile range [IQR]: 46-62) and 157 were males (62.8%). All-cause 30-day mortality was 35.6%. A sequential organ failure assessment (SOFA) score >= 11 showed a sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and accuracy of 69.7%, 76.4%, 62.0%, 82.0%, and 74.0%, respectively. An INCREMENT-SOT-CPE >= 11 reported a sensitivity, specificity, PPV, NPV, and accuracy of 73.0%, 62.1%, 51.6%, 80.6% and 66.0%, respectively. At multivariable analysis acute renal failure, prolonged mechanical ventilation, INCREMENT-SOT-CPE score >= 11 and SOFA score >= 11 were independently associated with all-cause 30-day mortality, while a tigecycline-based targeted regimen was found to be protective.  
  
CONCLUSIONS: Both INCREMENT-SOT-CPE >= 11 and SOFA >= 11 were identified as strong predictors of all-cause 30-day mortality in a large cohort of CRE carriers developing infection after LT. Copyright © 2023 The Authors. Transplant Infectious Disease published by Wiley Periodicals LLC.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

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"VN":"Ovid Technologies",

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

"UI":"37948080",

"TI":"Adverse Event Reporting in Randomized Clinical Trials for Multiple Myeloma.",

"SO":"JAMA Network Open. 6(11):e2342195, 2023 Nov 01.",

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"IN":"MEDLINE",

"PB":"Najjar M  
  
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"DU":"Najjar, Mimi. Department of Oncology, Johns Hopkins School of Medicine, Baltimore, Maryland.  
  
McCarron, John. Division of Hematology and Hematological Malignancies, Huntsman Cancer Institute, University of Utah, Salt Lake City.  
  
Cliff, Edward R Scheffer. Program on Regulation, Therapeutics, and Law, Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts.  
  
Berger, Katherine. Independent Patient Advocate, Pawcatuck, Connecticut.  
  
Steensma, David P. David P. Steensma LLC, Wellesley, Massachusetts.  
  
Al Hadidi, Samer. Myeloma Center, Winthrop P. Rockefeller Cancer Institute, University of Arkansas for Medical Sciences, Little Rock.  
  
Chakraborty, Rajshekhar. Herbert Irving Comprehensive Cancer Center, Columbia University Irving Medical Center, New York, New York.  
  
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Greene, Tom. Division of Biostatistics, Department of Population Health Sciences, University of Utah, Salt Lake City.  
  
Sborov, Douglas. Division of Hematology and Hematological Malignancies, Huntsman Cancer Institute, University of Utah, Salt Lake City.  
  
Mohyuddin, Ghulam Rehman. Division of Hematology and Hematological Malignancies, Huntsman Cancer Institute, University of Utah, Salt Lake City.",

"OD":"nan",

"AB":"nan",

"FTURL":"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.",

"PM":"Journal Article",

"DJ":"2023",

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

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022466461",

"TI":"The effect of exercise interventions on quality of life in patients with multiple myeloma: a systematic review and meta-analysis of randomised controlled trials.",

"SO":"Clinical and Experimental Medicine. 23(7) (pp 3217-3230), 2023. Date of Publication: November 2023.",

"AU":"Goodhew R.E.  
  
Edwards B.A.",

"AO":"Goodhew, Rebecca E. ORCID: https://orcid.org/0000-0002-6355-9501  
  
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"IN":"(Goodhew) East and North Hertfordshire NHS Trust, Hertfordshire, United Kingdom  
  
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"PB":"Springer Science and Business Media Deutschland GmbH",

"MH":"adult  
  
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aged  
  
body composition  
  
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"OD":"Purpose: To determine the effect of exercise interventions on quality of life in adults with multiple myeloma. Method(s): A literature search of 10 sources was performed in June 2022 to identify eligible studies for synthesis. Inclusion criteria: randomised controlled trials comparing the effect of exercise interventions with usual care in adults with a diagnosis of multiple myeloma. The risk of bias was assessed using the Revised Cochrane risk-of-bias tool for randomized trials. Meta-analysis was performed using a random-effects model with inverse variance and 95% confidence intervals. Forest plots were constructed to present pooled data. Result(s): Five RCTs, which included a total of 519 participants, were selected for inclusion. Four of the five studies were included in the meta-analysis. The mean participant age ranged from 55 to 67 years old. All studies included an aerobic exercise component. Intervention length ranged from 6 to 30 weeks. Meta-analysis of 118 participants showed that exercise interventions had no impact on global quality of life (MD = 2.15, 95% CI: - 4.67, 8.97, p = 0.54, I2 = 0%). Exercise interventions negatively impacted participant grip strength (MD: - 3.69, 95% CI: - 7.12, -0.26, p = 0.03, I2 = 0%) according to pooled data from 186 participants. Conclusion(s): Exercise interventions have no positive impact on the quality of life of patients with multiple myeloma. The analysis is limited by a high risk of bias across included studies and low certainty evidence. Further high-quality trials are needed to assess the role of exercise in patients with multiple myeloma.Copyright © 2023, The Author(s), under exclusive licence to Springer Nature Switzerland AG.",

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"MV":"37029311 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37029311]",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2020351729",

"TI":"Happiness During Low-Dose Ketamine Infusion Predicts Treatment Response: Reexploring the Adjunctive Ketamine Study of Taiwanese Patients With Treatment-Resistant Depression.",

"SO":"Journal of Clinical Psychiatry. 81(6) (no pagination), 2020. Article Number: 20M13232. Date of Publication: November 2020.",

"AU":"Chen M.-H.  
  
Lin W.-C.  
  
Wu H.-J.  
  
Bai Y.-M.  
  
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Tsai S.-J.  
  
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Su T.-P.",

"AO":"nan",

"IN":"(Chen, Lin, Bai, Li, Tsai, Hong, Tu, Cheng, Su) Division of Psychiatry, Faculty of Medicine, National Yang-Ming University, Taipei, Taiwan (Republic of China)  
  
(Chen, Lin, Wu, Bai, Li, Tsai, Hong, Tu, Cheng, Su) Department of Psychiatry, Taipei Veterans General Hospital, Taipei, Taiwan (Republic of China)  
  
(Tu, Su) Department of Medical Research, Taipei Veterans General Hospital, Taipei, Taiwan (Republic of China)  
  
(Chen, Lin, Li, Tsai, Hong, Cheng, Su) Institute of Brain Science, National Yang-Ming University, Taipei, Taiwan (Republic of China)  
  
(Su) Department of Psychiatry, Cheng Hsin General Hospital, Taipei, Taiwan (Republic of China)",

"PB":"Physicians Postgraduate Press Inc.",

"MH":"adult  
  
antidepressant activity  
  
article  
  
Brief Psychiatric Rating Scale  
  
controlled study  
  
\*depression  
  
drug therapy  
  
DSM-IV-TR  
  
female  
  
follow up  
  
Hamilton Depression Rating Scale  
  
\*happiness  
  
human  
  
low drug dose  
  
major clinical study  
  
male  
  
positive syndrome  
  
randomized controlled trial  
  
\*Taiwanese  
  
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visual analog scale  
  
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sodium chloride",

"DU":"nan",

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placebo [m]  
  
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"AB":"adult [m]  
  
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follow up [m]  
  
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human [m]  
  
low drug dose [m]  
  
major clinical study [m]  
  
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positive syndrome [m]  
  
randomized controlled trial [m]  
  
\*Taiwanese [m]  
  
\*treatment resistant depression [m]  
  
\*treatment response [m]  
  
visual analog scale [m]",

"FTURL":"Background: Studies have reported that ketamine potentially increases subjective happiness in healthy volunteers. However, whether ketamine-induced happiness can predict the treatment response of ketamine infusion among patients with treatment-resistant depression (TRD) remains unknown. Method(s): Between 2012 and 2015, 71 adult patients with TRD (based on DSM-IV-TR criteria) were enrolled and randomly assigned to receive a 40-minute ketamine (0.5 mg/kg or 0.2 mg/kg) or normal saline placebo infusion. Depressive symptoms were measured using the 17-item Hamilton Depression Rating Scale. Measurements were conducted prior to infusion, at 40 and 240 minutes postinfusion, and, sequentially, on days 2 to 7 and 14 postinfusion. The visual analog scale for happiness (VASH) was used to assess happiness during infusion. The positive symptoms subscale of the Brief Psychiatric Rating Scale (BPRS-P) was used to measure the potential psychotomimetic effects of ketamine. Result(s): For both the 2-factor (ketamine vs placebo) and 3-factor (ketamine 0.5 mg/kg vs 0.2 mg/kg vs placebo) models, a generalized estimating equation model indicated that infusion response type (happiness vs nonhappiness) significantly (P = .008 vs P = .002) predicted the trajectory of depressive symptoms after infusion. Changes in VASH and BPRS-P measures were not associated with each other. Conclusion(s): Subjective happiness during ketamine infusion predicted the antidepressant effect of both 0.5 mg/kg and 0.2 mg/kg ketamine infusion over time. Happiness during ketamine infusion, which was not related to the psychotomimetic effect of ketamine, may be associated with the reduction of depressive symptoms during the follow-up.© Copyright 2020 Physicians Postgraduate Press, Inc.",

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

"DJ":"33176071 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33176071]",

"MV":"nan",

"TN":"nan",

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"Database":"Medline",

"ORN":"103",

"VN":"Ovid Technologies",

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

"UI":"37147041",

"TI":"Complementary and Integrative Treatments of Aggressiveness/Emotion Dysregulation: Associated with Disruptive Disorders and Disruptive Mood Dysregulation Disorder. [Review]",

"SO":"Child & Adolescent Psychiatric Clinics of North America. 32(2):297-315, 2023 04.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Bhatara VS  
  
Bernstein B  
  
Fazili S",

"MH":"nan",

"DU":"Bhatara, Vinod S  
  
Bernstein, Bettina  
  
Fazili, Sheeba",

"OD":"Bhatara, Vinod S. Department of Psychiatry, University of South Dakota, Sanford School of Medicine, Sioux Falls, SD, USA Department of Pediatrics, University of South Dakota, Sanford School of Medicine, Sioux Falls, SD, USA. Electronic address: vsbhatara@gmail.com.  
  
Bernstein, Bettina. Philadelphia College of Osteopathic Medicine, 4170 City Ave, Philadelphia, PA 19131, USA Department of Child and Adolescent Psychiatry, The Children's Hospital of Philadelphia, 3401 Civic Center Blvd, Philadelphia, PA 19104, USA.  
  
Fazili, Sheeba. University of South Dakota Sanford School of Medicine, 4400 West 69th street, suite 1500, Sioux Falls, SD 57104, USA.",

"AB":"Adolescent  
  
Humans  
  
Mood Disorders/th [Therapy]  
  
\*Mood Disorders  
  
Attention Deficit and Disruptive Behavior Disorders  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Aggression  
  
Emotions  
  
Irritable Mood/ph [Physiology]  
  
Randomized Controlled Trials as Topic",

"FTURL":"Complementary and integrative treatments Disruptive disorders Emotion dysregulation Irritability",

"PM":"NOTNLM",

"DJ":"Youth with emotional dysregulation (ED) and irritability/aggression, common in disruptive disorders (frequently comorbid with attention-deficit/hyperactivity disorder), are underserved by conventional treatments. Anger dysregulation is usually the core feature of ED. Complementary and integrative Medicine (CIM) treatments for youth with disruptive disorders and ED are reviewed. Broad-spectrum micronutrient supplementation has a medium effect and is supported by two double-blind randomized controlled trials using similar formulations. Other CIM treatments supported by controlled data but needing further research, include omega-3 fatty acid supplementation, music therapy, martial arts, restricting exposure to media violence, decreasing sleep deprivation, and increased exposure to green-blue spaces. Copyright © 2022 Elsevier Inc. 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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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642570653",

"TI":"Young Adult ADHD Symptoms in the General Population and Neurocognitive Impairment.",

"SO":"Journal of attention disorders. 28(1) (pp 89-98), 2024. Date of Publication: 01 Jan 2024.",

"AU":"Agha S.S.  
  
Riglin L.  
  
Carbury R.  
  
Blakey R.  
  
Shakeshaft A.  
  
Thapar A.K.  
  
Tilling K.  
  
Collishaw S.  
  
Stergiakouli E.  
  
Thapar A.  
  
Langley K.",

"AO":"(Agha, Riglin, Carbury, Shakeshaft, Thapar, Collishaw, Thapar, Langley) Division of Psychological Medicine and Clinical Neurosciences, MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University, United Kingdom  
  
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(Blakey, Tilling, Stergiakouli) MRC Integrative Epidemiology Unit, University of Bristol, United Kingdom  
  
(Langley) School of Psychology, Cardiff University, United Kingdom",

"IN":"nan",

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attention  
  
\*attention deficit hyperactivity disorder/di [Diagnosis]  
  
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\*attention deficit hyperactivity disorder / \*diagnosis / \*epidemiology  
  
child  
  
human  
  
prospective study  
  
psychology  
  
young adult",

"OD":"OBJECTIVE: Neurocognitive impairments are associated with child and adult ADHD in clinical settings. However, it is unknown whether adult ADHD symptoms in the general population are associated with the same pattern of cognitive impairment. We examined this using a prospective, population-based cohort spanning birth to age 25years. METHOD(S): We examined associations between self-reported adult ADHD symptoms and cognitive task performance (attention and response inhibition) in adulthood and childhood. RESULT(S): Self-rated ADHD symptoms at age 25 were associated with poorer performance in age 25 cognitive tasks capturing ADHD-related functioning (attention B=-0.03, 95% CI [0.05, -0.01], p=.005 response inhibition B=-0.03, 95% CI [-0.05, -0.01], p=.002). CONCLUSION(S): Neurocognitive impairments linked to adult ADHD symptoms in the general population, are similar to those found in people with childhood ADHD symptoms and are consistent with findings in adult ADHD clinical samples.",

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

"FTURL":"nan",

"PM":"Agha, Sharifah Shameem ORCID: https://orcid.org/0000-0001-9541-6786  
  
Riglin, Lucy ORCID: https://orcid.org/0000-0002-5124-5230  
  
Shakeshaft, Amy ORCID: https://orcid.org/0000-0003-1412-5413",

"DJ":"37864348 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37864348]",

"MV":"nan",

"TN":"nan",

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"UniqueID":"824",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"103",

"VN":"Ovid Technologies",

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

"UI":"37931328",

"TI":"Combining varenicline preloading with Acceptance and Commitment Therapy (ACT) in persons with serious mental illness who smoke: The randomized ACTSLow pilot feasibility trial.",

"SO":"Drug & Alcohol Dependence. 253:111012, 2023 Dec 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Anthenelli RM  
  
McKenna BS  
  
Giannini J  
  
Attaluri SV  
  
Rubin M  
  
O'Crowley E  
  
Miller S  
  
Heffner JL",

"MH":"Anthenelli, Robert M  
  
McKenna, Benjamin S  
  
Giannini, Jillian  
  
Attaluri, Saisantosh V  
  
Rubin, Matine  
  
O'Crowley, Erin  
  
Miller, Sierra  
  
Heffner, Jaimee L",

"DU":"Anthenelli, Robert M. Pacific Treatment and Research Center, Department of Psychiatry, University of California, San Diego, 3252 Holiday Court, Suite 200, La Jolla, CA 92037, United States. Electronic address: ranthenelli@health.ucsd.edu.  
  
McKenna, Benjamin S. Pacific Treatment and Research Center, Department of Psychiatry, University of California, San Diego, 3252 Holiday Court, Suite 200, La Jolla, CA 92037, United States VA San Diego Healthcare System, 3350 La Jolla Village Drive, San Diego, CA 92161, United States.  
  
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Miller, Sierra. Pacific Treatment and Research Center, Department of Psychiatry, University of California, San Diego, 3252 Holiday Court, Suite 200, La Jolla, CA 92037, United States.  
  
Heffner, Jaimee L. Fred Hutchinson Cancer Center, 1100 Fairview Ave N, Seattle, WA 98109, United States.",

"OD":"BACKGROUND: People with serious mental illness (SMI bipolar [BD] or schizophrenia spectrum disorders [SSD]) who smoke have 30-60% lower odds of quitting and are more prone to experience neuropsychiatric adverse events (NPSAEs) when quitting than smokers without SMI. We pilot-tested the feasibility of combining two different dosing strategies of varenicline preloading with Acceptance and Commitment Therapy (ACT) in persons with SMI in an attempt to bolster quit rates without increasing NPSAEs.  
  
METHODS: Twelve-week, single center, randomized, double-blind, pilot feasibility trial of low (0.5mg twice daily, slower titration) versus standard dose (1.0mg twice daily, standard titration) varenicline in persons with BD or SSD with a 12-week follow-up. All participants received up to 10 sessions of ACT for smoking cessation. Participants were asked to preload with varenicline while still smoking and set a flexible target quit day (TQD) by day 35.  
  
RESULTS: Recruitment was hampered by shutdowns related to COVID-19 and the worldwide varenicline recall, respectively. Retention goals were met. Treatment satisfaction was high across both dosing and diagnostic groups. Most participants (92.9%) adhered to preloading instructions and the flexible TQD. Seven-day point prevalence abstinence at week 12 was highest in BD participants (37.5%) but lowest in SSD participants (16.7%) who received the standard dose. Medication was well tolerated.  
  
CONCLUSIONS: Although recruitment was hindered by unanticipated world events, feasibility was demonstrated. Participants adhered to and were highly satisfied with the combination of pre-cessation varenicline plus ACT. Findings support testing this combined treatment approach in a fully powered trial of persons with BD who smoke. Copyright © 2023. Published by Elsevier B.V.",

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

"FTURL":"2023",

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

"DJ":"Acceptance and Commitment Therapy Bipolar disorder Schizophrenia spectrum disorders Serious mental illness Smoking cessation treatment Varenicline",

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Feasibility Studies  
  
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"Database":"EMBASE",

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"DB":"Embase",

"UI":"2027557324",

"TI":"CLINICO-MICROBIAL STUDY OF EAR INFECTIONS WITH SPECIAL REFERENCE TO ANTIMICROBIAL SENSITIVITY PATTERN.",

"SO":"International Journal of Academic Medicine and Pharmacy. 5(3) (pp 277-279), 2023. Date of Publication: 2023.",

"AU":"Prakash V.  
  
Ranjana P.  
  
Kumar A.  
  
Prasad R.S.",

"AO":"nan",

"IN":"(Prakash, Ranjana, Kumar, Prasad) Department of Microbiology, DMCH, Bihar, Darbhanga, India",

"PB":"Society for Healthcare and Research Development",

"MH":"\*antibiotic sensitivity  
  
article  
  
Aspergillus flavus  
  
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bacterium isolation  
  
Candida albicans  
  
\*chronic suppurative otitis media/et [Etiology]  
  
Citrobacter  
  
controlled study  
  
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ear swab  
  
Escherichia coli  
  
fungus growth  
  
human  
  
Klebsiella  
  
nonhuman  
  
prospective study  
  
Proteus  
  
Pseudomonas  
  
Pseudomonas aeruginosa  
  
Staphylococcus aureus  
  
\*antibiotic agent  
  
cephalosporin derivative  
  
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penicillin derivative  
  
quinoline derived antiinfective agent  
  
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"DU":"\*antibiotic agent  
  
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quinoline derived antiinfective agent",

"OD":"\*antibiotic sensitivity  
  
Article  
  
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bacterial flora  
  
bacterium culture  
  
bacterium identification  
  
bacterium isolation  
  
Candida albicans  
  
\*chronic suppurative otitis media / \*etiology  
  
Citrobacter  
  
controlled study  
  
disk diffusion  
  
ear swab  
  
Escherichia coli  
  
fungus growth  
  
human  
  
Klebsiella  
  
nonhuman  
  
prospective study  
  
Proteus  
  
Pseudomonas  
  
Pseudomonas aeruginosa  
  
Staphylococcus aureus",

"AB":"Background: Chronic suppurative otitis media (CSOM) is a disease of multiple aetiology and its importance lies in its chronicity and dreaded complications. Both Gram-positive and negative organisms are responsible for infection of the middle ear. Due to advent of newer and sophisticated antibiotics, the microbiological flora is changing constantly. This requires a reappraisal of the flora in CSOM and their in vitro antibiotic sensitivity pattern in cases of CSOM, which do not respond to local antibiotics. The frequent presence of CSOM in general practice and its poor response to the routine treatment are the factors responsible for undertaking this study. Material(s) and Method(s): One hundred and fifty patients with tubotympanic type of CSOM were prospectively studied. They had chronic ear discharge and had not received antibiotics for the previous five days. Swabs were taken and cultured for bacteria. The standard method of isolation and identification was followed. Antimicrobial susceptibility of the bacterial isolates was performed by Kirby-Bauer's disc diffusion method. Result(s): Analysis of bacterial flora of the present study showed predominance of Gram-negative bacilli (41.4%). The highest incidence (36.5%) was that of Pseudomonas aeruginosa followed by Staphylococcus aureus (29.5%). Overall most sensitive antibiotic groups were Fluoroquinolones and Cephalosporin's and least effective was Penicillin and Macrolides. Conclusion(s): The outcome of our study enabled us to set an empirical medical treatment for an early resolution of ear discharge and inflammation in our patients with CSOM as we could understand the aetiological pathogens and their susceptibility pattern. Effective medical treatment in obtaining a discharge free ear prior to surgical treatment led us to improve the surgical outcome in our patients with CSOM.Copyright © 2023 Society for Healthcare and Research Development.",

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

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cotton swab  
  
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"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"826",

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

"Database":"Medline",

"ORN":"104",

"VN":"Ovid Technologies",

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

"UI":"36045028",

"TI":"Prevalence, trends and outcomes of long-term inhaled antibiotic treatment in people with cystic fibrosis without chronic Pseudomonas aeruginosa infection - A European cystic fibrosis patient registry data analysis.",

"SO":"Journal of Cystic Fibrosis. 22(1):103-111, 2023 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Orenti A  
  
Mei-Zahav M  
  
Boracchi P  
  
Lindblad A  
  
Shteinberg M",

"MH":"nan",

"DU":"Orenti, Annalisa  
  
Mei-Zahav, Meir  
  
Boracchi, Patrizia  
  
Lindblad, Anders  
  
Shteinberg, Michal",

"OD":"Orenti, Annalisa. Department of Clinical Sciences and Community Health, Laboratory of Medical Statistics, Biometry and Epidemiology G. A. Maccacaro, University of Milan, Milan, Italy.  
  
Mei-Zahav, Meir. Pulmonary Institute, Schneider Children's Medical Center of Israel, Sackler School of Medicine, Tel Aviv University, Petach Tikva, Tel Aviv, Israel.  
  
Boracchi, Patrizia. Department of Biomedical and Clinical Sciences L. Sacco, University of Milan, Milan, Italy.  
  
Lindblad, Anders. Department of pediatrics, Queen Silvia Childrens Hospital, Gothenburg, Sweden.  
  
Shteinberg, Michal. The B. Rappaport Faculty of Medicine, Pulmonology Institute and CF Center, Carmel Medical Center, The Technion-Israel Institute of Technology, 7 Michal St., Haifa 34362, Israel. Electronic address: michalsh@technion.ac.il.",

"AB":"nan",

"FTURL":"nan",

"PM":"BACKGROUND: Long-term treatment with inhaled antibiotics is recommended for people with cystic fibrosis (pwCF) chronically infected with Pseudomonas aeruginosa (PA). However, pwCF without chronic PA infection are also commonly treated with inhaled antibiotics. Using data from the European Cystic Fibrosis Patient Registry (ECFSPR) we aimed to determine the prevalence and factors associated with inhaled antibiotic treatment in pwCF without chronic PA infection, and long-term outcomes with inhaled antibiotics use.  
  
METHODS: The ECFSPR was searched for pwCF 6 years of age and older who were not chronically infected with PA at baseline. Factors associated with inhaled antibiotic use were first assessed through a logistic regression. From this model a propensity score was computed for each individual, providing the likelihood of being treated with inhaled antibiotics. Long-term outcomes with and without inhaled antibiotics were assessed separately for propensity scores tertiles.  
  
RESULTS: 7210 pwCF without chronic PA infection at baseline were included, with 2722 (37.75%) receiving long-term treatment with inhaled antibiotics. Treatment with inhaled antibiotics was more prevalent with severe genotype, diabetes, pancreatic insufficiency, and past infection with chronic PA (OR 3.8, 95% CI, 2.88-5.04). Treatment with inhaled antibiotics was not associated with a reduced risk for acquisition of PA or other resistant pathogens, or with improved lung function decline, mortality, or transplantation.  
  
CONCLUSIONS: Many pwCF without chronic PA infection are receiving long-term treatment with inhaled antibiotics despite lack of support from clinical trials or practice guidelines. We did not observe improve outcomes with inhaled antibiotics. Our findings suggest controlled studies evaluating specific inhaled antibiotic regimens targeting specific pathogens or indications be performed to determine their effect. Copyright © 2022 European Cystic Fibrosis Society. Published by Elsevier B.V. All rights reserved.",

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

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Pseudomonas Infections/dt [Drug Therapy]  
  
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Cystic Fibrosis/dt [Drug Therapy]  
  
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"Unnamed: 24":"ECFSPR Scientific Committee",

"Unnamed: 25":"nan",

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"Unnamed: 28":"nan",

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"Database":"Medline",

"ORN":"104",

"VN":"Ovid Technologies",

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

"UI":"37947329",

"TI":"Approaches to developing de novo cancer population models to examine questions about cancer and race in bladder, gastric, and endometrial cancer and multiple myeloma: the Cancer Intervention and Surveillance Modeling Network incubator program.",

"SO":"JNCI Monographs. 2023(62):219-230, 2023 Nov 08.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Sereda Y  
  
Alarid-Escudero F  
  
Bickell NA  
  
Chang SH  
  
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Hur C  
  
Jalal H  
  
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Layne TM  
  
Wang SY  
  
Yeh JM  
  
Trikalinos TA",

"MH":"Sereda, Yuliia  
  
Alarid-Escudero, Fernando  
  
Bickell, Nina A  
  
Chang, Su-Hsin  
  
Colditz, Graham A  
  
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Jalal, Hawre  
  
Myers, Evan R  
  
Layne, Tracy M  
  
Wang, Shi-Yi  
  
Yeh, Jennifer M  
  
Trikalinos, Thomas A",

"DU":"Sereda, Yuliia. Center for Evidence Synthesis in Health, Brown University School of Public Health, Providence, RI, USA.  
  
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Bickell, Nina A. Institute for Health Equity Research, Icahn School of Medicine at Mount Sinai, New York, NY, USA.  
  
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Colditz, Graham A. Division of Public Health Sciences, Department of Surgery, WA University School of Medicine, St Louis, MO, USA.  
  
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Jalal, Hawre. School of Epidemiology and Public Health, Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada.  
  
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Trikalinos, Thomas A. Departments of Health Services, Policy, & Practice and of Biostatistics, Brown University School of Public Health, Providence, RI, USA.",

"OD":"nan",

"AB":"nan",

"FTURL":"BACKGROUND: We are developing 10 de novo population-level mathematical models in 4 malignancies (multiple myeloma and bladder, gastric, and uterine cancers). Each of these sites has documented disparities in outcome that are believed to be downstream effects of systemic racism.  
  
METHODS: Ten models are being independently developed as part of the Cancer Intervention and Surveillance Modeling Network incubator program. These models simulate trends in cancer incidence, early diagnosis, treatment, and mortality for the general population and are stratified by racial subgroup. Model inputs are based on large population datasets, clinical trials, and observational studies. Some core parameters are shared, and other parameters are model specific. All models are microsimulation models that use self-reported race to stratify model inputs. They can simulate the distribution of relevant risk factors (eg, smoking, obesity) and insurance status (for multiple myeloma and uterine cancer) in US birth cohorts and population.  
  
DISCUSSION: The models aim to refine approaches in prevention, detection, and management of 4 cancers given uncertainties and constraints. They will help explore whether the observed racial disparities are explainable by inequities, assess the effects of existing and potential cancer prevention and control policies on health equity and disparities, and identify policies that balance efficiency and fairness in decreasing cancer mortality. Copyright © The Author(s) 2023. Published by Oxford University Press. All rights reserved. For permissions, please email: journals.permissions@oup.com.",

"PM":"Journal Article",

"DJ":"2023",

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

"TN":"Sereda, Yuliia ORCID: https://orcid.org/0000-0002-4017-4561  
  
Alarid-Escudero, Fernando ORCID: https://orcid.org/0000-0001-5076-1172  
  
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Colditz, Graham A ORCID: https://orcid.org/0000-0002-7307-0291  
  
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Yeh, Jennifer M ORCID: https://orcid.org/0000-0002-2724-7404  
  
Trikalinos, Thomas A ORCID: https://orcid.org/0000-0002-3990-1848",

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"TI":"Risk factors associated with overall survival in patients with multiple myeloma following carfilzomib treatment: A retrospective study from a large claims database in Japan.",

"SO":"Cancer Medicine. 12(19) (pp 19361-19371), 2023. Date of Publication: October 2023.",

"AU":"Hagiwara H.  
  
Nakayama T.  
  
Hashimoto H.  
  
Kusumoto S.  
  
Fukuta H.  
  
Kamiya T.  
  
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"AO":"Hagiwara, Hiromi ORCID: https://orcid.org/0000-0003-0855-0210  
  
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"IN":"(Hagiwara) Department of Medical Innovation, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan  
  
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(Ikuta) Laboratory of Immune Regulation, Department of Virus Research, Institute for Life and Medical Sciences, Kyoto University, Kyoto, Japan",

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"OD":"Background: Carfilzomib is a selective proteasome inhibitor approved for treating relapsed or refractory multiple myeloma (RRMM). Carfilzomib improves overall survival (OS) and progression-free survival (PFS) however, treatment with carfilzomib results in a higher incidence of cardiovascular and renal toxicity. More than 70% of patients with RRMM in clinical practice do not meet the eligibility criteria for randomized clinical trials (RCT). OS and PFS are negatively influenced by complications, concomitant medications and prior treatments. Therefore, we assessed the risk factors influencing the OS and time to next treatment (TTNT) in the real world. TTNT has emerged as a relevant alternative clinical endpoint to PFS. Method(s): A retrospective analysis of a large claims database prepared during the post-marketing stages in Japan was performed. The patients treated with carfilzomib for the first time were identified. Multivariable Cox proportional hazards regression analysis was performed to evaluate the risk factors influencing OS and TTNT following carfilzomib treatment. Result(s): A total of 732 patients with RRMM who received carfilzomib-containing chemotherapy between April 2014 and September 2021 were identified. Multivariable Cox regression analysis for OS and TTNT showed a significantly higher hazard ratio (HR) of 1.48 (95% confidence interval [Cl]: 1.10-2.00 p = 0.010) and 1.38 (95% Cl: 1.15-1.65 p < 0.001), respectively, for patients with renal impairment compared to those without renal impairment. Multivariable Cox regression analysis for OS and TTNT showed a significantly higher HR of 1.80 (95% Cl: 1.27-2.55 p = 0.0010) and 1.38 (95% Cl: 1.14-1.66 p < 0.001), respectively, for patients with prior lenalidomide treatment compared to those without prior lenalidomide treatment. Conclusion(s): Complication of renal impairment and prior lenalidomide treatment could be risk factors influencing OS and TTNT during carfilzomib treatment.Copyright © 2023 The Authors. Cancer Medicine published by John Wiley & Sons Ltd.",

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

"FTURL":"angiotensin receptor antagonist / special situation for pharmacovigilance  
  
anticoagulant agent / special situation for pharmacovigilance  
  
beta adrenergic receptor blocking agent / special situation for pharmacovigilance  
  
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metformin / special situation for pharmacovigilance  
  
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"DB":"Embase",

"UI":"2016950039",

"TI":"Combination of Clozapine With Long-Acting Injectable Antipsychotics in Treatment-Resistant Schizophrenia: Preliminary Evidence From Health Care Utilization Indices.",

"SO":"Primary Care Companion for CNS Disorders. 22(4) (no pagination), 2020. Article Number: 19m02560. Date of Publication: 2020.",

"AU":"Grimminck R.  
  
Oluboka O.  
  
Sihota M.  
  
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"AO":"nan",

"IN":"(Grimminck) Department of Psychiatry, Foothills Medical Centre, University of Calgary, Calgary, AB, Canada  
  
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(Sihota, Rutherford) Decision Support Team, Addiction and Mental Health, Alberta Health Services-Calgary Zone, Calgary, AB, Canada  
  
(Yeung) Department of Psychiatry, Assertive Community Treatment Service, Calgary, AB, Canada",

"PB":"Physicians Postgraduate Press Inc.",

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"FTURL":"Background: Clozapine is indicated for treatment-resistant schizophrenia (TRS), but only 30%-60% of patients will respond. There have been studies of clozapine augmentation with oral second-generation antipsychotics with mixed results, but no studies considering the combination with long-acting injectable antipsychotics (LAIAs). This study is the first to attempt to establish the benefits of the combination of clozapine and LAIAs in TRS using a variety of outcome measures of symptomatology and quality of life. Method(s): A mirror-image study design was employed to review outcome measures 2 years pre and post combination of clozapine with a LAIA in a small sample of patients with chronic schizophrenia or schizoaffective disorders followed by the assertive community treatment service in the community. Outcome measures include demographic data, Brief Psychiatric Rating Scale, Clinical Global Impressions Scale-Improvement and Severity, 24-item Behavior and Symptom Identification Scale, World Health Organization Quality of Life Scale, Health of the Nation Outcome Scales, Threshold Assessment Grid, number of admissions, emergency department (ED) visits, and hospital bed days. Result(s): Paired sample t tests showed a statistically significant reduction in average ED visits and hospital admissions in the 2 years post combination, with an average 1.8 fewer ED visits (95% CI, 0.58- 3.02, P = .024) and a mean reduction of 0.85 hospital admissions (95% CI , 0.363-1.337, P = .008). The reduction in hospital bed days post combination was not statistically significant. Chart reviews found insufficient data for analysis of the remaining outcome measures. Conclusion(s): The combination of clozapine and a long-acting injectable antipsychotic appears to reduce health care utilization in terms of ED visits and number of hospital admissions. Larger prospective studies will be required to confirm the results.Copyright © 2020 Physicians Postgraduate Press, Inc",

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"UI":"37117632",

"TI":"Psychopharmacological treatment of disruptive behavior in youths: systematic review and network meta-analysis.",

"SO":"Scientific Reports. 13(1):6921, 2023 04 28.",

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"IN":"MEDLINE",

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Hwang, Soonjo",

"OD":"Seok, Ji-Woo. Department of Psychiatry, University of Nebraska Medical Center, 985578 Nebraska Medical Center, Omaha, NE, 68198-5578, USA.  
  
Soltis-Vaughan, Brigette. Department of Psychiatry, University of Nebraska Medical Center, 985578 Nebraska Medical Center, Omaha, NE, 68198-5578, USA.  
  
Lew, Brandon J. Department of Psychiatry, University of Nebraska Medical Center, 985578 Nebraska Medical Center, Omaha, NE, 68198-5578, USA.  
  
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Blair, R J R. Child and Adolescent Mental Health Centre, Mental Health Services, Capital Region of Denmark, Copenhagen, Denmark.  
  
Hwang, Soonjo. Department of Psychiatry, University of Nebraska Medical Center, 985578 Nebraska Medical Center, Omaha, NE, 68198-5578, USA. soonjo.hwang@unmc.edu.",

"AB":"Adolescent  
  
Humans  
  
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"DJ":"To conduct a systematic review of the comparative efficacy of various psychotropic medications for the treatment of disruptive behavior (DBs) in youths. To this aim, we systematically reviewed randomized clinical trials (RCTs) of various psychotropic medications targeting symptoms of DBs and applied network meta-analysis to investigate their relative efficacy. Fifty-five RCTs meeting the inclusion criteria were selected. To predict and interpret relative treatment efficacy, we compared the efficacy of various psychotropic medications prescribed for DB symptoms based on their mechanism of action. Network meta-analysis revealed that for reducing DBs, second-generation antipsychotics, stimulants, and non-stimulant ADHD medications were more efficacious than placebo, and second-generation antipsychotics were the most efficacious. The dopaminergic modulation of top-down inhibitory process by these medications is discussed in this review. This study offers information on the relative efficacy of various psychotropic medications for the treatment of DB, and insight into a potential neurobiological underpinning for those symptoms. It also illustrates the potential utility of these neurobiological mechanisms as a target for future treatment studies. Copyright © 2023. The Author(s).",

"MV":"0 (Antipsychotic Agents)  
  
0 (Central Nervous System Stimulants)",

"TN":"Meta-Analysis  
  
Systematic Review  
  
Journal Article  
  
Research Support, N.I.H., Extramural",

"Unnamed: 22":"2023",

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"Database":"EMBASE",

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"UI":"638795325",

"TI":"Transcranial direct current stimulation vs sham for the treatment of inattention in adults with attention-deficit/hyperactivity disorder the tUNed randomized clinical trial.",

"SO":"JAMA Psychiatry. 79(9) (pp 847-856), 2022. Date of Publication: 01 Sep 2022.",

"AU":"Leffa D.T.  
  
Grevet E.H.  
  
Dotto Bau C.H.  
  
Schneider M.  
  
Ferrazza C.P.  
  
da Silva R.F.  
  
Miranda M.S.  
  
Picon F.  
  
Pigatto S.  
  
Sanches P.  
  
Pereira D.  
  
Rubia K.  
  
Brunoni A.R.  
  
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Caumo W.  
  
Rohde L.A.",

"AO":"(Leffa, Grevet, Dotto Bau, Schneider, Ferrazza, da Silva, Miranda, Picon, Pigatto, Rohde) ADHD Outpatient Program & Development Psychiatry Program, Hospital de Clinicas de Porto Alegre, Porto Alegre, Brazil  
  
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(Rohde) National Institute of Developmental Psychiatry for Children and Adolescents, Sao Paulo, Brazil",

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"OD":"IMPORTANCE Transcranial direct current stimulation (tDCS) may improve symptoms of inattention in adults with attention-deficit/hyperactivity disorder (ADHD). However, previous trials are characterized by small sample sizes, heterogeneous methodologies, and short treatment periods using clinic-based tDCS. OBJECTIVE To determine the efficacy and safety of home-based tDCS in treating inattention symptoms in adult patients with ADHD. DESIGN, SETTING, AND PARTICIPANTS Randomized, double-blind, parallel, sham-controlled clinical trial (tDCS for the Treatment of Inattention Symptoms in Adult Patients With ADHD [TUNED]), conducted from July 2019 through July 2021 in a single-center outpatient academic setting. Of 277 potential participants screened by phone, 150 were assessed for eligibility on site, and 64 were included. Participants were adults with ADHD, inattentive or combined subtype. Exclusion criteria included current stimulant drug treatment, current moderate to severe symptoms of depression or anxiety, diagnosis of bipolar disorder with a manic or depressive episode in the last year, diagnosis of schizophrenia or another psychotic disorder, and diagnosis of autism spectrum disorder 55 of participants completed follow-up after 4 weeks. INTERVENTIONS Thirty-minute daily sessions of home-based tDCS for 4 weeks, 2 mA anodal-right and cathodal-left prefrontal stimulation with 35-cm2 carbon electrodes. MAIN OUTCOMES AND MEASURES Inattentive scores in the clinician-administered version of the Adult ADHD Self-report Scale version 1.1 (CASRS-I). RESULTS Included in this trial were 64 participants with ADHD (31 [48%] inattentive presentation and 33 [52%] combined presentation), with a mean (SD) age of 38.3 (9.6) years. Thirty participants (47%) were women and 34 (53%) were men. Fifty-five finished the trial. At week 4, the mean (SD) inattention score, as measured with CASRS-I, was 18.88 (5.79) in the active tDCS group and 23.63 (3.97) in the sham tDCS group. Linear mixed-effects models revealed a statistically significant treatment by time interaction for CASRS-I (beta interaction = -3.18 95% CI, -4.60 to -1.75 P < .001), showing decreased symptoms of inattention in the active tDCS group over the 3 assessments compared to the sham tDCS group. Mild adverse events were more frequent in the active tDCS group, particularly skin redness, headache, and scalp burn. CONCLUSIONS AND RELEVANCE In this randomized clinical trial, daily treatment with a home-based tDCS device over 4 weeks improved attention in adult patients with ADHD who were not taking stimulant medication. Home-based tDCS could be a nonpharmacological alternative for patients with ADHD. TRIAL REGISTRATION ClinicalTrials.gov Identifier: NCT04003740Copyright © 2022 American Medical Association. All rights reserved.",

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"DJ":"35921102 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35921102]",

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"VN":"Ovid Technologies",

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"UI":"37848096",

"TI":"Adjunctive canakinumab reduces peripheral inflammation markers and improves positive symptoms in people with schizophrenia and inflammation: A randomized control trial.",

"SO":"Brain, Behavior, & Immunity. 115:191-200, 2024 Jan.",

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Galletly, Cherrie  
  
Shannon Weickert, Cynthia",

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"OD":"BACKGROUND: Clinical trials of anti-inflammatories in schizophrenia do not show clear and replicable benefits, possibly because patients were not recruited based on elevated inflammation status. Interleukin 1-beta (IL-1beta) mRNA and protein levels are increased in serum, plasma, cerebrospinal fluid, and brain of some chronically ill patients with schizophrenia, first episode psychosis, and clinical high-risk individuals. Canakinumab, an approved anti-IL-1beta monoclonal antibody, interferes with the bioactivity of IL-1beta and interrupts downstream signaling. However, the extent to which canakinumab reduces peripheral inflammation markers, such as, high sensitivity C-reactive protein (hsCRP) and symptom severity in schizophrenia patients with inflammation is unknown.  
  
TRIAL DESIGN: We conducted a randomized, placebo-controlled, double-blind, parallel groups, 8-week trial of canakinumab in chronically ill patients with schizophrenia who had elevated peripheral inflammation.  
  
METHODS: Twenty-seven patients with schizophrenia or schizoaffective disorder and elevated peripheral inflammation markers (IL-1beta, IL-6, hsCRP and/or neutrophil to lymphocyte ratio: NLR) were randomized to a one-time, subcutaneous injection of canakinumab (150 mg) or placebo (normal saline) as an adjunctive antipsychotic treatment. Peripheral blood hsCRP, NLR, IL-1beta, IL-6, IL-8 levels were measured at baseline (pre injection) and at 1-, 4- and 8-weeks post injection. Symptom severity was assessed at baseline and 4- and 8-weeks post injection.  
  
RESULTS: Canakinumab significantly reduced peripheral hsCRP over time, F(3, 75) = 5.16, p = 0.003. Significant hsCRP reductions relative to baseline were detected only in the canakinumab group at weeks 1, 4 and 8 (p's = 0.0003, 0.000002, and 0.004, respectively). There were no significant hsCRP changes in the placebo group. Positive symptom severity scores were significantly reduced at week 8 (p = 0.02) in the canakinumab group and week 4 (p = 0.02) in the placebo group. The change in CRP between week 8 and baseline (b = 1.9, p = 0.0002) and between week 4 and baseline (b = 6.0, p = 0.001) were highly significant predictors of week 8 change in PANSS Positive Symptom severity scores. There were no significant changes in negative symptoms, general psychopathology or cognition in either group. Canakinumab was well tolerated and only 7 % discontinued.  
  
CONCLUSIONS: Canakinumab quickly reduces peripheral hsCRP serum levels in patients with schizophrenia and inflammation after 8 weeks of canakinumab treatment, the reductions in hsCRP are related to reduced positive symptom severity. Future studies should consider increased doses or longer-term treatment to confirm the potential benefits of adjunctive canakinumab in schizophrenia. Australian and New Zealand Clinical Trials Registry number: ACTRN12615000635561. Crown Copyright © 2023. Published by Elsevier Inc. All rights reserved.",

"AB":"Randomized Controlled Trial  
  
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"FTURL":"2024",

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

"DJ":"Anti-inflammatory drug Blood biomarker C-Reactive Protein Canakinumab Inflammation Interleukin-1beta Positive Symptoms Randomized double-blind placebo-control trial Schizophrenia",

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"TI":"Microbiological Pattern, Antimicrobial Resistance and Prevalence of MDR/XDR Organisms in Patients With Diabetic Foot Infection in an Indian Tertiary Care Hospital.",

"SO":"International Journal of Lower Extremity Wounds. 22(4) (pp 695-703), 2023. Date of Publication: December 2023.",

"AU":"Dawaiwala I.  
  
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"AB":"Foot infections are the most prevalent problem in persons with diabetes. The burden of multidrug resistant (MDR) microorganisms in diabetic foot infections (DFIs) is rising day by day. Given that, the present study aims to determine the variety of microorganisms isolated from the diabetic foot ulcers (DFUs), and their antibiotic sensitivity pattern. This prospective observational study was conducted for 1 year at Bharati Hospital and Research Centre, Pune, India. Clinically infected patients with DFU admitted to the surgery ward were included in this study. The specimen for microbiological studies is obtained from the wound swabs, soft tissue, and bone tissue as a part of routine clinical care. All demographic, clinical data, microbial culture results were collected, and evaluated for each case. Antimicrobial susceptibility testing to different agents was carried out using the VITEK-2 machine. A total of 110 microorganisms were isolated from 76 specimens, with an average of 1.4 organisms per lesion. Staphylococcus aureus (n = 27, 24.5%) and Escherichia coli (n = 17, 15.4%) were the most prevalent Gram-positive and Gram-negative organisms isolated, respectively. MDR organisms constituted up to 52 (47.2%), while 6 (5.4%) of the samples were extensively drug resistant (XDR). Methicillin-resistant S aureus (MRSA) accounted for up to 19 (70.3%) of the S aureus isolates, likewise extended-spectrum beta-lactamase producing microorganisms constituted 16 (14.5%) of total isolates in this study. Oxacillin and benzyl penicillin exhibited least susceptibility against Gram-positive bacteria, among Gram-negative organisms cefuroxime, ceftriaxone, and ciprofloxacin were least sensitive. As most of the S aureus isolate in our study was MRSA, empirical antimicrobial therapy may include coverage for MRSA in a patient with risk factors associated with this pathogen. A crucial observation is the presence of XDR strains of Proteus mirabilis in DFIs, which is resistant to almost all the antimicrobials, tested. Appropriate antimicrobial selection may reduce the morbidity and the emergence of MDR organisms in DFIs.Copyright © The Author(s) 2021.",

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

"PM":"34382450 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34382450]",

"DJ":"nan",

"MV":"microbial identification system",

"TN":"nan",

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

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

"UI":"36566836",

"TI":"ESCMID/EUCIC clinical practice guidelines on perioperative antibiotic prophylaxis in patients colonized by multidrug-resistant Gram-negative bacteria before surgery.",

"SO":"Clinical Microbiology & Infection. 29(4):463-479, 2023 Apr.",

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Giannella, Maddalena  
  
Kluytmans, Jan  
  
Presterl, Elisabeth  
  
Christaki, Eirini  
  
Cross, Elizabeth L A  
  
Visentin, Alessandro  
  
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Tsioutis, Constantinos  
  
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"AB":"ESCMID GRADE Multidrug-resistant Gram-negative bacteria Perioperative antibiotic prophylaxis Rectal colonization Surgical site infections",

"FTURL":"NOTNLM",

"PM":"SCOPE: The aim of the guidelines is to provide recommendations on perioperative antibiotic prophylaxis (PAP) in adult inpatients who are carriers of multidrug-resistant Gram-negative bacteria (MDR-GNB) before surgery.  
  
METHODS: These evidence-based guidelines were developed after a systematic review of published studies on PAP targeting the following MDR-GNB: extended-spectrum cephalosporin-resistant Enterobacterales, carbapenem-resistant Enterobacterales (CRE), aminoglycoside-resistant Enterobacterales, fluoroquinolone-resistant Enterobacterales, cotrimoxazole-resistant Stenotrophomonas maltophilia, carbapenem-resistant Acinetobacter baumannii (CRAB), extremely drug-resistant Pseudomonas aeruginosa, colistin-resistant Gram-negative bacteria, and pan-drug-resistant Gram-negative bacteria. The critical outcomes were the occurrence of surgical site infections (SSIs) caused by any bacteria and/or by the colonizing MDR-GNB, and SSI-attributable mortality. Important outcomes included the occurrence of any type of postsurgical infectious complication, all-cause mortality, and adverse events of PAP, including development of resistance to targeted (culture-based) PAP after surgery and incidence of Clostridioides difficile infections. The last search of all databases was performed until April 30, 2022. The level of evidence and strength of each recommendation were defined according to the Grading of Recommendations Assessment, Development and Evaluation approach. Consensus of a multidisciplinary expert panel was reached for the final list of recommendations. Antimicrobial stewardship considerations were included in the recommendation development.  
  
RECOMMENDATIONS: The guideline panel reviewed the evidence, per bacteria, of the risk of SSIs in patients colonized with MDR-GNB before surgery and critically appraised the existing studies. Significant knowledge gaps were identified, and most questions were addressed by observational studies. Moderate to high risk of bias was identified in the retrieved studies, and the majority of the recommendations were supported by low level of evidence. The panel conditionally recommends rectal screening and targeted PAP for fluoroquinolone-resistant Enterobacterales before transrectal ultrasound-guided prostate biopsy and for extended-spectrum cephalosporin-resistant Enterobacterales in patients undergoing colorectal surgery and solid organ transplantation. Screening for CRE and CRAB is suggested before transplant surgery after assessment of the local epidemiology. Careful consideration of the laboratory workload and involvement of antimicrobial stewardship teams before implementing the screening procedures or performing changes in PAP are warranted. High-quality prospective studies to assess the impact of PAP among CRE and CRAB carriers performing high-risk surgeries are advocated. Future well-designed clinical trials should assess the effectiveness of targeted PAP, including the monitoring of MDR-GNB colonization through postoperative cultures using European Committee on Antimicrobial Susceptibility Testing clinical breakpoints. Copyright © 2022. Published by Elsevier Ltd.",

"DJ":"Systematic Review  
  
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"MV":"2023",

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

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Krsnik, Isabel  
  
Gonzalez, Maria Esther  
  
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Gonzalez-Montes, Yolanda  
  
Cabezudo, Elena  
  
Paiva, Bruno  
  
Puig, Noemi  
  
Cedena, Maria Teresa  
  
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Mateos, Maria-Victoria  
  
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"FTURL":"From November 2014 to May 2017, 332 patients homogeneously treated with bortezomib, lenalidomide, and dexamethasone (VRD) induction, autologous stem cell transplant, and VRD consolidation were randomly assigned to receive maintenance therapy with lenalidomide and dexamethasone (RD 161 patients) vs RD plus ixazomib (IRD 171 patients). RD consisted of lenalidomide 15 mg/d from days 1 to 21 plus dexamethasone 20 mg/d on days 1 to 4 and 9 to 12 at 4-week intervals, whereas in the IRD arm, oral ixazomib at a dose of 4 mg on days 1, 8, and 15 was added. Therapy for patients with negative measurable residual disease (MRD) after 24 cycles was discontinued, whereas those who tested positive for MRD remained on maintenance with RD for 36 more cycles. After a median follow-up of 69 months from the initiation of maintenance, the progression-free survival (PFS) was similar in both arms, with a 6-year PFS rate of 61.3% and 55.6% for RD and IRD, respectively (hazard ratio, 1.136 95% confidence interval, 0.809-1.603). After 2 years of maintenance, treatment was discontinued in 163 patients with negative MRD, whereas 63 patients with positive MRD continued with RD therapy. Maintenance discontinuation in patients tested negative for MRD resulted in a low progression rate (17.2% at 4 years), even in patients with high-risk features. In summary, our results show the efficacy of RD maintenance and support the safety of maintenance therapy discontinuation in patients with negative MRD at 2 years. This trial was registered at www.clinicaltrials.gov as #NCT02406144 and at EudraCT as 2014-00055410. Copyright © 2023 by The American Society of Hematology.",

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

"DJ":"2023",

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

"TN":"Rosinol, Laura ORCID: https://orcid.org/0000-0002-2534-9239  
  
Oriol, Albert ORCID: https://orcid.org/0000-0001-6804-2221  
  
Rios, Rafael ORCID: https://orcid.org/0000-0001-8193-1402  
  
Jarque, Isidro ORCID: https://orcid.org/0000-0001-5673-4490  
  
Hernandez, Miguel Teodoro ORCID: https://orcid.org/0000-0002-6576-7881  
  
Cabanas, Valentin ORCID: https://orcid.org/0000-0002-6248-2549  
  
Sureda, Anna ORCID: https://orcid.org/0000-0002-1238-6970  
  
Martinez-Lopez, Joaquin ORCID: https://orcid.org/0000-0001-7908-0063  
  
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Gonzalez-Montes, Yolanda ORCID: https://orcid.org/0000-0002-4471-5142  
  
Paiva, Bruno ORCID: https://orcid.org/0000-0003-1977-3815  
  
Puig, Noemi ORCID: https://orcid.org/0000-0001-7535-3861  
  
Mateos, Maria-Victoria ORCID: https://orcid.org/0000-0003-2390-1218  
  
San Miguel, Jesus ORCID: https://orcid.org/0000-0002-9183-4857  
  
Lahuerta, Juan Jose ORCID: https://orcid.org/0000-0002-3393-9570",

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"ORN":"105",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028201810",

"TI":"Cost-Effectiveness of Anti-BCMA Chimeric Antigen Receptor T Cell Therapy in Relapsed/Refractory Multiple Myeloma.",

"SO":"Transplantation and Cellular Therapy. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Yamamoto C.  
  
Minakata D.  
  
Yokoyama D.  
  
Furuki S.  
  
Noguchi A.  
  
Koyama S.  
  
Oyama T.  
  
Murahashi R.  
  
Nakashima H.  
  
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Morita K.  
  
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Kanda Y.",

"AO":"Minakata, Daisuke ORCID: https://orcid.org/0000-0001-7529-5585  
  
Koyama, Shunsuke ORCID: https://orcid.org/0009-0001-4397-0643  
  
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Sato, Kazuya ORCID: https://orcid.org/0000-0003-2876-4224  
  
Kanda, Yoshinobu ORCID: https://orcid.org/0000-0002-4866-9307  
  
Fujiwara, Shin-ichiro ORCID: https://orcid.org/0000-0002-4523-2994",

"IN":"(Yamamoto, Minakata, Yokoyama, Furuki, Noguchi, Koyama, Oyama, Murahashi, Nakashima, Ikeda, Kawaguchi, Hyodo, Toda, Ito, Nagayama, Umino, Morita, Ashizawa, Ueda, Hatano, Sato, Ohmine, Fujiwara, Kanda) Division of Hematology, Department of Medicine, Jichi Medical University, Tochigi, Japan  
  
(Fujiwara) Division of Cell Transplantation and Transfusion, Jichi Medical University, Tochigi, Japan",

"PB":"Elsevier B.V.",

"MH":"adult  
  
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\*cost effectiveness analysis  
  
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\*multiple myeloma  
  
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Willingness To Pay  
  
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"OD":"Despite its promising outcomes, anti-BCMA chimeric antigen receptor T cell therapy (CAR-T) is the most expensive myeloma treatment developed to date, and its cost-effectiveness is an important issue. This study aimed to assess the cost-effectiveness of anti-BCMA CAR-T compared to standard antimyeloma therapy in patients with relapsed/refractory multiple myeloma. The model included myeloma patients in Japan and the United States who have received >=3 prior lines of antimyeloma therapy, including immunomodulatory drugs, proteasome inhibitors, and anti-CD38 monoclonal antibodies. A Markov model was constructed to compare the CAR-T strategy, in which patients receive either idecabtagene vicleucel (ide-cel) or ciltacabtagene autoleucel (cilta-cel) followed by 3 lines of multiagent chemotherapy after relapse, and the no CAR-T strategy, in which patients receive only chemotherapy. Data from the LocoMMotion, KarMMa, and CARTITUDE-1 trials were extracted. Several assumptions were made regarding long-term progression-free survival (PFS) with CAR-T. Extensive scenario analyses were made regarding regimens for no CAR-T strategies. The outcome was an incremental cost-effectiveness ratio (ICER) with willingness-to-pay thresholds of 7,500,000 in Japan and $150,000 in the United States. When a 5-year PFS of 40% with cilta-cel was assumed, the ICER of the CAR-T strategy versus the no CAR-T strategy was 7,603,823 per QALY in Japan and $112,191 per QALY in the United States over a 10-year time horizon. When a 5-year PFS of 15% with ide-cel was assumed, the ICER was 20,388,711 per QALY in Japan and $261,678 per QALY in the United States over a 10-year time horizon. The results were highly dependent on the PFS assumption with CAR-T and were robust to changes in most other parameters and scenarios. Although anti-BCMA CAR-T can be cost-effective even under current pricing, a high long-term PFS is necessary.Copyright © 2023",

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

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"DJ":"nan",

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"TN":"nan",

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"Unnamed: 25":"nan",

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"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"105",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"633865040",

"TI":"Applying the community mental health nursing model among people with schizophrenia.",

"SO":"Enfermeria clinica. (no pagination), 2020. Date of Publication: 18 Dec 2020.",

"AU":"Keliat B.A.  
  
Riasmini N.M.  
  
Daulima N.H.C.  
  
Erawati E.",

"AO":"nan",

"IN":"(Keliat) Department of Psychiatric Nursing, Nursing Faculty, Universitas Indonesia, Jl. Prof. Dr. Bahder Djohan, 16424 West Java Province, Kampus UI Depok, Indonesia  
  
(Riasmini) Department of Mental Health Nursing, Jalan Arteri JORR Jatiwarna Kec. Pondok Melati, Bekasi 17415, Indonesia  
  
(Daulima) Department of Mental Health Nursing, Faculty of Nursing, University Indonesia, Jl. Prof. Dr. Bahder Djohan, West Java Province, Kampus UI Depok, Jakarta 16424, Indonesia  
  
(Erawati) Department of Mental Health Nursing, Kota Magelang Central Java Province 56115, Jalan Perintis Kemerdekaan Magelang, Indonesia",

"PB":"NLM (Medline)",

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"FTURL":"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(S): 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. RESULT(S): 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. CONCLUSION(S): 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.",

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

"DJ":"33349528 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33349528]",

"MV":"nan",

"TN":"nan",

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"Database":"Medline",

"ORN":"105",

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

"UI":"37001250",

"TI":"How does therapist guided game-based intervention program effect motor skills in children with Attention Deficit Hyperactivity Disorder?: Single blind randomised study design.",

"SO":"Research in Developmental Disabilities. 137:104495, 2023 Jun.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Barkin K  
  
Ege T  
  
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"MH":"nan",

"DU":"Barkin, Kose  
  
Ege, Temizkan  
  
Ozgun, Kara Kaya  
  
Koray, Kara  
  
Sedef, Sahin",

"OD":"Barkin, Kose. University of Health Sciences Turkey, Faculty of Gulhane Health Science, Department of Occupational Therapy, Ankara, Turkey. Electronic address: barkinkose@gmail.com.  
  
Ege, Temizkan. Hacettepe University, Faculty of Health Science, Department of Occupational Therapy, Ankara, Turkey.  
  
Ozgun, Kara Kaya. Akdeniz University, Faculty of Health Sciences Department of Physical Therapy and Rehabilitation, Antalya, Turkey.  
  
Koray, Kara. University of Health Sciences Turkey, Antalya Education and Research Hospital, Department of Child Psychiatry, Antalya, Turkey.  
  
Sedef, Sahin. Hacettepe University, Faculty of Health Sciences, Occupational Therapy Department, Ankara, Turkey.",

"AB":"Humans  
  
Child  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Motor Skills  
  
Single-Blind Method  
  
\*Video Games  
  
\*Telerehabilitation",

"FTURL":"Attention Deficit and Hyperactivity Disorder Game Based Intervention Motor Skills Virtual Reality",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Virtual reality and game-based approaches to the rehabilitation process also brought an opportunity to design more accessible intervention programs.It was seen that many studies utilized trademarked and commercially available games, which were not originally designed as rehabilitation tools but were administrated by a rehabilitation professional to achieve the maximum therapeutic value.  
  
AIMS: Study aims to investigate the effects of a Self-oriented game based program(SGBP)and Therapist Guided Game-based Intervention Program(TGGIP) on the motor skills of children with Attention Deficit Hyperactivity Disorder(ADHD).  
  
METHODS AND PROCEDURES: This study was designed as a single-blind, randomized, controlled trial. A total of 176 children with ADHD participated in the study and were randomly divided into two groups (TGGIP and SGBP). Intervention in both groups was done with a telerehabilitation methodology.  
  
OUTCOMES AND RESULTS: According to the within-group comparisons of pre- and post-intervention BOT2-BF scores, there were significant increases in all sub-scores and the total score(p < 0.05). The comparison of the BOT2-BF all sub-scores and the total score changes between the groups showed significantly higher in TGGIP.  
  
CONCLUSION AND IMPLICATIONS: TGGIP was found to be more effective compared to SGBP in improving motor skills of children with ADHD.TGGIP that we designed acts as a facilitator for therapists in using trademarked and easily accessible games for structured and supervised virtual reality and game-based rehabilitation. Copyright © 2023 Elsevier Ltd. 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",

"Unnamed: 25":"nan",

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"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"105",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026768559",

"TI":"NGS Custom Panel Implementation in Patients with Non-Syndromic Autism Spectrum Disorders in the Clinical Routine of a Tertiary Hospital.",

"SO":"Genes. 14(11) (no pagination), 2023. Article Number: 2091. Date of Publication: November 2023.",

"AU":"Sandoval-Talamantes A.K.  
  
Tenorio-Castano J.A.  
  
Santos-Simarro F.  
  
Adan C.  
  
Fernandez-Elvira M.  
  
Garcia-Fernandez L.  
  
Munoz Y.  
  
Lapunzina P.  
  
Nevado J.",

"AO":"(Sandoval-Talamantes, Tenorio-Castano, Santos-Simarro, Adan, Fernandez-Elvira, Garcia-Fernandez, Munoz, Lapunzina, Nevado) INGEMM (Institute of Medical and Molecular Genetics), La Paz University Hospital, IdiPAZ, Madrid 28046, Spain  
  
(Tenorio-Castano, Santos-Simarro, Lapunzina, Nevado) ITHACA, European Research Network, La Paz University Hospital, Madrid 28046, Spain  
  
(Tenorio-Castano, Santos-Simarro, Lapunzina, Nevado) CIBERER (Network for Biomedical Research on Rare Diseases), Carlos III Health Institute (ISCIII), Madrid 28046, Spain",

"IN":"Multidisciplinary Digital Publishing Institute (MDPI)",

"PB":"adolescent  
  
article  
  
attention deficit hyperactivity disorder  
  
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Diagnostic and Statistical Manual of Mental Disorders  
  
DNA microarray  
  
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social interaction  
  
\*tertiary care center",

"OD":"Autism spectrum disorder (ASD) is a set of neurodevelopmental disorders characterized by deficiencies in communication, social interaction, and repetitive and restrictive behaviors. The discovery of genetic involvement in the etiology of ASD has made this condition a strong candidate for genome-based diagnostic tests. Next-generation sequencing (NGS) is useful for the detection of variants in the sequence of different genes in ASD patients. Herein, we present the implementation of a personalized NGS panel for autism (AutismSeq) for patients with essential ASD over a prospective period of four years in the clinical routine of a tertiary hospital. The cohort is composed of 48 individuals, older than 3 years, who met the DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders) diagnostic criteria for ASD. The NGS customized panel (AutismSeq) turned out to be a tool with good diagnostic efficacy in routine clinical care, where we detected 12 pathogenic (including pathogenic, likely pathogenic, and VUS (variant of uncertain significance) possibly pathogenic variations) in 11 individuals, and 11 VUS in 10 individuals, which had previously been negative for chromosomal microarray analysis and other previous genetic studies, such as karyotype, fragile-X, or MLPA/FISH (Multiplex Ligation dependent Probe Amplification/Fluorescence in situ hybridization) analysis. Our results demonstrate the high genetic and clinical heterogeneity of individuals with ASD and the current difficulty of molecular diagnosis. Our study also shows that an NGS-customized panel might be useful for diagnosing patients with essential/primary autism and that it is cost-effective for most genetic laboratories.Copyright © 2023 by the authors.",

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

"FTURL":"calcium binding protein / endogenous compound  
  
cyclic AMP responsive element binding protein / endogenous compound  
  
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"PM":"Sandoval-Talamantes, Ana Karen ORCID: https://orcid.org/0000-0002-2702-5625  
  
Tenorio-Castano, Jair Antonio ORCID: https://orcid.org/0000-0002-5308-2316  
  
Lapunzina, Pablo ORCID: https://orcid.org/0000-0002-6324-4825  
  
Nevado, Julian ORCID: https://orcid.org/0000-0001-5611-2659",

"DJ":"38003033 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38003033]",

"MV":"fluorescence in situ hybridization kit  
  
genetic analyzer  
  
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"DB":"Ovid MEDLINE(R)",

"UI":"37625246",

"TI":"As We Were and as We Should Be, Combined Exercise Training in Adults with Schizophrenia: CORTEX-SP Study Part I.",

"SO":"Medicine & Science in Sports & Exercise. 56(1):73-81, 2024 Jan 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Tous-Espelosin M  
  
Ruiz DE Azua S  
  
Iriarte-Yoller N  
  
Sanchez PM  
  
Elizagarate E  
  
Maldonado-Martin S",

"MH":"Tous-Espelosin, Mikel  
  
Ruiz DE Azua, Sonia  
  
Iriarte-Yoller, Nagore  
  
Sanchez, Pedro M  
  
Elizagarate, Edorta  
  
Maldonado-Martin, Sara",

"DU":"Ruiz DE Azua, Sonia. Department of Neuroscience, University of the Basque Country (UPV/EHU), Cibersam, Basque Country, SPAIN.",

"OD":"INTRODUCTION: Given the health benefits and the role of exercise as an anti-inflammatory adjuvant program, this study aimed to determine the effectiveness of a combined exercise program on cardiorespiratory fitness (CRF), body composition, and biochemical levels in adults with schizophrenia (SZ) characterized at baseline as metabolically unhealthy overweight with low CRF.  
  
METHODS: Participants diagnosed with SZ ( n = 112, 41.3 +/- 10.4 yr, 28.7% women) were randomly assigned into a treatment-as-usual control group ( n = 53) or a supervised exercise group ( n = 59, 3 d.wk -1 ). Each combined exercise session consisted of both a low-volume high-intensity interval training (<10 min of high-intensity time per session) and a resistance circuit-training program. All variables were assessed before and after the intervention (20 wk). For the assessment of CRF, a peak cardiopulmonary exercise test on a cycle ergometer was used.  
  
RESULTS: After the intervention, participants from the exercise group ( n = 51) showed increases in CRF ( P < 0.001) through peak oxygen uptake (L.min -1 DELTA = 17.6% mL.kg -1 .min -1 , DELTA = 19.6%) and the metabolic equivalent of task (DELTA = 19%), with no significant changes ( P > 0.05) in body composition and biochemical variables. However, the treatment-as-usual group ( n = 38) did not show any significant change in the study variables ( P > 0.05). Between-group significant differences ( P <= 0.05) were observed in CRF, first ventilatory threshold, and heart rate peak after the intervention period, favoring the exercise group.  
  
CONCLUSIONS: This study demonstrated that a supervised combined exercise program in people with SZ helps to maintain body composition values and improve CRF levels. This could lead to an important clinical change in the characterization from metabolically unhealthy overweight to a metabolically healthy overweight population. Hence, exercise should be considered a co-adjuvant program in the treatment of the SZ population. Copyright © 2023 by the American College of Sports Medicine.",

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

"FTURL":"2024",

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

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Schizophrenia/th [Therapy]  
  
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Exercise/ph [Physiology]  
  
Cardiorespiratory Fitness/ph [Physiology]  
  
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"DB":"Embase",

"UI":"642715226",

"TI":"Molecular and virulence characteristics of carbapenem-resistant Acinetobacter baumannii isolates: a prospective cohort study.",

"SO":"Scientific reports. 13(1) (pp 19536), 2023. Date of Publication: 09 Nov 2023.",

"AU":"Park S.M.  
  
Suh J.W.  
  
Ju Y.K.  
  
Kim J.Y.  
  
Kim S.B.  
  
Sohn J.W.  
  
Yoon Y.K.",

"AO":"nan",

"IN":"(Park, Ju, Sohn) Institute of Emerging Infectious Diseases, Korea University, Seoul, South Korea  
  
(Suh, Kim, Kim, Sohn) Division of Infectious Diseases, Department of Internal Medicine, Korea University Anam Hospital, Korea University College of Medicine, Seongbuk-gu, 73 Inchon-ro, Seoul 02841, South Korea  
  
(Yoon) Institute of Emerging Infectious Diseases, Korea University, Seoul, South Korea  
  
(Yoon) Division of Infectious Diseases, Department of Internal Medicine, Korea University Anam Hospital, Korea University College of Medicine, Seongbuk-gu, 73 Inchon-ro, Seoul 02841, South Korea",

"PB":"nan",

"MH":"\*Acinetobacter baumannii  
  
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virulence",

"AB":"This study aimed to characterize the molecular features and virulence profiles of carbapenem-resistant Acinetobacter baumannii (CRAB) isolates. Clinical CRAB isolates were obtained from blood cultures of adult patients with CRAB bacteremia, collected between July 2015 and July 2021 at a Korean hospital. Real-time polymerase chain reaction was used to detect 13 virulence genes, genotyping was conducted via multilocus sequence typing (MLST), and a Tenebrio molitor infection model was selected for survival analysis. Herein, 170 patients, from whom CRAB isolates were collected, showed the in-hospital mortality rate of 57.6%. All 170 clinical CRAB isolates harbored blaOXA-23 and blaOXA-51. MLST genotyping identified 11 CRAB sequence types (STs), of which ST191 was predominant (25.7%). Virulence genes were distributed as follows: basD, 58.9% espA, 15.9% bap, 92.4% and ompA, 77.1%. In the T. molitor model, ST195 showed a significantly higher mortality rate (73.3% vs. 66.7%, p=0.015) than the other groups. Our findings provide insights into the microbiological features of CRAB blood isolates associated with high mortality. We suggest a potential framework for using a T. molitor infection model to characterize CRAB virulence. Further research is warranted to elucidate the mechanisms by which virulence improves clinical outcomes.Copyright © 2023. The Author(s).",

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

"PM":"37945745 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37945745]",

"DJ":"nan",

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"Database":"Medline",

"ORN":"106",

"VN":"Ovid Technologies",

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

"UI":"36621752",

"TI":"Carbapenem-sparing beta-lactam/beta-lactamase inhibitors versus carbapenems for bloodstream infections caused by extended-spectrum beta-lactamase-producing Enterobacteriaceae: a systematic review and meta-analysis.",

"SO":"International Journal of Infectious Diseases. 128:194-204, 2023 Mar.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Zhang H  
  
Xu J  
  
Xiao Q  
  
Wang Y  
  
Wang J  
  
Zhu M  
  
Cai Y",

"MH":"nan",

"DU":"Zhang, Huan  
  
Xu, Juan  
  
Xiao, Qinyan  
  
Wang, Yuhang  
  
Wang, Jin  
  
Zhu, Man  
  
Cai, Yun",

"OD":"Zhang, Huan. Centre of Medicine Clinical Research, Department of Pharmacy, Medical Supplies Centre, Chinese PLA General Hospital, Beijing, China.  
  
Xu, Juan. Centre of Medicine Clinical Research, Department of Pharmacy, Medical Supplies Centre, Chinese PLA General Hospital, Beijing, China.  
  
Xiao, Qinyan. Centre of Medicine Clinical Research, Department of Pharmacy, Medical Supplies Centre, Chinese PLA General Hospital, Beijing, China.  
  
Wang, Yuhang. Centre of Medicine Clinical Research, Department of Pharmacy, Medical Supplies Centre, Chinese PLA General Hospital, Beijing, China.  
  
Wang, Jin. Centre of Medicine Clinical Research, Department of Pharmacy, Medical Supplies Centre, Chinese PLA General Hospital, Beijing, China.  
  
Zhu, Man. Centre of Medicine Clinical Research, Department of Pharmacy, Medical Supplies Centre, Chinese PLA General Hospital, Beijing, China.  
  
Cai, Yun. Centre of Medicine Clinical Research, Department of Pharmacy, Medical Supplies Centre, Chinese PLA General Hospital, Beijing, China. Electronic address: caicai\_hh@126.com.",

"AB":"BLBLIs Bloodstream infections Carbapenems ESBL",

"FTURL":"NOTNLM",

"PM":"OBJECTIVES: Bloodstream infections (BSIs) caused by extended-spectrum beta-lactamase-producing Enterobacteriaceae (ESBL-PE) have become a worldwide public health threat, and beta-lactam/beta-lactamase inhibitor combinations (BLBLIs) are considered as one reliable carbapenem-sparing antibiotic. However, it is still controversial whether BLBLIs are truly noninferior to carbapenems. Therefore, we conducted this meta-analysis to compare the efficacy of BLBLIs with carbapenems for ESBL-PE BSIs.  
  
METHODS: A systematic search of PubMed, Cochrane Library, and Embase was conducted until December 2021 to enroll studies comparing BLBLIs with carbapenems for ESBL-PE BSIs. A subgroup analysis was performed based on the choice of therapy (empirical, definitive, and mixed therapy). The protocol was registered in the International Prospective Register of Systematic Reviews (#CRD42022316011).  
  
RESULTS: A total of 2786 patients from one randomized clinical trial and 25 cohorts were included. There was no statistically significant difference between BLBLIs and carbapenems groups in therapeutical response (odds ratio [OR] = 1.19, P = 0.45) and mortality (OR = 1.06, P = 0.68). Furthermore, although the statistical difference was also not found in the subgroup analysis, BLBLIs performed better in definitive therapy than empirical therapy than carbapenems, with a numerically higher therapeutical response (OR = 1.42 vs 0.89) and a mildly lower mortality (OR = 0.85 vs 1.14).  
  
CONCLUSION: BLBLIs were noninferior to carbapenems for ESBL-PE BSIs, especially in definitive therapy. BLBLIs may be a valid alternative to spare the use of carbapenems. Copyright © 2023 The Author(s). Published by Elsevier Ltd.. All rights reserved.",

"DJ":"Meta-Analysis  
  
Systematic Review  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
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"Database":"Medline",

"ORN":"106",

"VN":"Ovid Technologies",

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

"UI":"37930237",

"TI":"Evaluation of acupuncture and auriculotherapy in the control of chemotherapy-induced nausea and vomiting: a Pilot Study.",

"SO":"Revista Da Escola de Enfermagem Da Usp. 57:e20230191, 2023.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Morais SFM  
  
Turrini RNT",

"MH":"Morais, Sabrina Ferreira Monteiro  
  
Turrini, Ruth Natalia Teresa",

"DU":"Morais, Sabrina Ferreira Monteiro. Universidade de Sao Paulo, Escola de Enfermagem, Departamento de Enfermagem Medico-Cirurgica, Sao Paulo, SP, Brazil.  
  
Turrini, Ruth Natalia Teresa. Universidade de Sao Paulo, Escola de Enfermagem, Departamento de Enfermagem Medico-Cirurgica, Sao Paulo, SP, Brazil.",

"OD":"nan",

"AB":"nan",

"FTURL":"OBJECTIVE: To evaluate the effectiveness of acupuncture and auriculotherapy protocol in relieving chemotherapy-induced nausea and vomiting in cancer patients compared to the antiemetic protocol.  
  
METHOD: Pilot study of a pragmatic two-arm clinical trial: an acupuncture group received systemic acupuncture, auriculotherapy, and antiemetic protocol a control group used antiemetic protocol. The sample consisted of 42 patients with cancer of the gastrointestinal system or multiple myeloma. The outcome was assessed using the Chemotherapy-Induced Nausea and Vomiting Assessment Tool and the patient's diary.  
  
RESULTS: There was no statistically significant difference between groups according to the assessment of the patient's diary and the Assessment Tool of chemotherapy-induced nausea and vomiting. The patients were 60 years old on average and the groups were homogeneous, except for marital status. In the diary, there was no statistical difference between groups and sessions for days of nausea (p = 0.873) and vomiting episodes (p = 0.993).  
  
CONCLUSION: The protocol of acupuncture and auriculotherapy as a complementary treatment of chemotherapy-induced nausea and vomiting was ineffective, considering the limitations of the study.",

"PM":"Journal Article",

"DJ":"2023",

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

"TN":"Morais, Sabrina Ferreira Monteiro ORCID: http://orcid.org/0000-0003-2711-334X  
  
Turrini, Ruth Natalia Teresa ORCID: http://orcid.org/0000-0002-4910-7672",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026514582",

"TI":"Improved efficiency of daratumumab treatment of multiple myeloma adopting the subcutaneous route: A micro-costing analysis in three Italian hematology centers.",

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

"AU":"Pradelli L.  
  
Massaia M.  
  
Todisco E.  
  
Gherlinzoni F.  
  
Furlan A.  
  
LaTargia M.  
  
Grande E.  
  
Tripoli I.E.  
  
Occhipinti F.  
  
Comello F.  
  
Iannello F.  
  
Bellucci S.",

"AO":"Pradelli, Lorenzo ORCID: https://orcid.org/0000-0002-7648-8917  
  
Furlan, Anna ORCID: https://orcid.org/0000-0001-6443-3241",

"IN":"(Pradelli) AdRes HE&OR, Torino, Italy  
  
(Massaia, Grande, Tripoli) S.C. Ematologia A.O. Santa Croce e Carle, Cuneo, Italy  
  
(Todisco, La Targia, Occhipinti) U.O. Ematologia ASST Valle Olona Busto Arsizio, Busto Arsizio, Italy  
  
(Gherlinzoni, Furlan, Comello) Divisione di Ematologia, Ospedale Ca Foncello di Treviso-ASL 2, Treviso, Italy  
  
(Iannello, Bellucci) Janssen-Cilag SpA, Cologno Monzese, Italy",

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

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"OD":"Background: Daratumumab is a humanized monoclonal antibody approved for the treatment of adult patients with newly diagnosed or relapsed/refractory multiple myeloma (RRMM). Subcutaneous (SC) formulation proved to be non-inferior in comparison with intravenous (IV) administration route. This study aimed at assessing the economic and time impact associated with the use of SC versus IV daratumumab in patients with RRMM from the perspective of the hematology center. Method(s): This was a 5-month multicenter time-and-motion cross-sectional micro-costing study conducted in three Italian hematology centers among adult patients diagnosed with RRMM with ongoing treatment with IV or SC daratumumab. Measurements were performed by an ad hoc App. Result(s): Nineteen (20%) IV and 76 (80%) SC administration procedures were measured. Patients spent a mean of 4.85 +/- 0.91 or 1.08 +/- 0.56 h in the hematology center to receive IV or SC daratumumab, respectively. Healthcare professionals (HCPs) spent a mean of 49.38 +/- 16.13 and 20.37 +/- 7.88 min of active working time to manage IV and SC administrations, respectively. The infusion chair was occupied for a mean of 4.85 +/- 0.91 and 0.99 +/- 0.55 h during IV or SC administration, respectively. On average, considering the costs due to HCP and chair time, materials, and overhead costs, every IV and SC administration costed 80.33 and 34.90, respectively. Conclusion(s): In conclusion, as compared with IV administration, SC daratumumab was associated with 78%, 59%, 80% savings in terms of patient time, HCP active working time, and infusion chair, respectively, and 56.6% budget savings.Copyright © 2023 The Authors. Cancer Medicine published by John Wiley & Sons Ltd.",

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

"FTURL":"\*daratumumab [m]",

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"Disease area":"Schizophrenia",

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"DB":"Embase",

"UI":"633389700",

"TI":"Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: A randomised controlled trial.",

"SO":"Epidemiology and Psychiatric Sciences. (no pagination), 2020. Article Number: e169. Date of Publication: 2020.",

"AU":"Tinland A.  
  
Loubiere S.  
  
Boucekine M.  
  
Boyer L.  
  
Fond G.  
  
Girard V.  
  
Auquier P.",

"AO":"Loubiere S. ORCID: https://orcid.org/0000-0001-6715-1223  
  
Fond G. ORCID: https://orcid.org/0000-0003-3249-2030",

"IN":"(Tinland, Loubiere, Boucekine, Boyer, Fond, Girard, Auquier) Aix-Marseille University, Sch. of Med.-La Timone Med. Camp., EA 3279: CEReSS-Hlth. Serv. Res. and Qual. of Life Ctr., F-13005, Marseille, France  
  
(Tinland) Department of Psychiatry, Sainte-Marguerite University Hospital, F-13009, Marseille, France  
  
(Loubiere, Boucekine, Boyer, Auquier) Dept. of Clin. Res. and Innov., Support U. for Clin. Res. and Economic Eval., Assit. Pub.-Hop. de Marseille, F-13385, Marseille, France  
  
(Fond) Academic Psychiatry Department, AP-HM, Marseille, France",

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"FTURL":"AimsMany people who are homeless with severe mental illnesses are high users of healthcare services and social services, without reducing widen health inequalities in this vulnerable population. This study aimed to determine whether independent housing with mental health support teams with a recovery-oriented approach (Housing First (HF) program) for people who are homeless with severe mental disorders improves hospital and emergency department use.MethodsWe did a randomised controlled trial in four French cities: Lille, Marseille, Paris and Toulouse. Participants were eligible if they were 18 years or older, being absolutely homeless or precariously housed, with a diagnosis of schizophrenia (SCZ) or bipolar disorder (BD) and were required to have a high level of needs (moderate-to-severe disability and past hospitalisations over the last 5 years or comorbid alcohol or substance use disorder). Participants were randomly assigned (1:1) to immediate access to independent housing and support from the Assertive Community Treatment team (social worker, nurse, doctor, psychiatrist and peer worker) (HF group) or treatment as usual (TAU group) namely pre-existing dedicated homeless-targeted programs and services. Participants and interviewers were unmasked to assignment. The primary outcomes were the number of emergency department (ED) visits, hospitalisation admissions and inpatient days at 24 months. Secondary outcomes were recovery (Recovery Assessment Scale), quality of life (SQOL and SF36), mental health symptoms, addiction issues, stably housed days and cost savings from a societal perspective. Intention-to-treat analysis was performed.ResultsEligible patients were randomly assigned to the HF group (n = 353) or TAU group (n = 350). No differences were found in the number of hospital admissions (relative risk (95% CI), 0.96 (0.76-1.21)) or ED visits (0.89 (0.66-1.21)). Significantly less inpatient days were found for HF v. TAU (0.62 (0.48-0.80)). The HF group exhibited higher housing stability (difference in slope, 116 (103-128)) and higher scores for sub-dimensions of S-QOL scale (psychological well-being and autonomy). No differences were found for physical composite score SF36, mental health symptoms and rates of alcohol or substance dependence. Mean difference in costs was -217 per patient over 24 months in favour of the HF group. HF was associated with cost savings in healthcare costs (RR 0.62(0.48-0.78)) and residential costs (0.07 (0.05-0.11)).ConclusionAn immediate access to independent housing and support from a mental health team resulted in decreased inpatient days, higher housing stability and cost savings in homeless persons with SCZ or BP disorders. Copyright © The Author(s), 2020. Published by Cambridge University Press.",

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

"DJ":"32996442 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32996442]",

"MV":"nan",

"TN":"nan",

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"Database":"Medline",

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

"UI":"37088503",

"TI":"Clinical Change Mechanisms in the Treatment of College Students With ADHD: Trajectories and Associations With Outcomes.",

"SO":"Behavior Therapy. 54(3):444-460, 2023 05.",

"AU":"1",

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

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"PB":"Langberg JM  
  
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"DU":"Langberg, Joshua M  
  
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Anastopoulos, Arthur D",

"OD":"Langberg, Joshua M. Rutgers University. Electronic address: jl3079@gsapp.rutgers.edu.  
  
Dvorsky, Melissa R. Children's National Hospital-George Washington University School of Medicine.  
  
Silvia, Paul. University of North Carolina Greensboro.  
  
Labban, Jeff. University of North Carolina Greensboro.  
  
Anastopoulos, Arthur D. University of North Carolina Greensboro.",

"AB":"Humans  
  
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\*Cognitive Behavioral Therapy  
  
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"PM":"NOTNLM",

"DJ":"The purpose of this study was to evaluate trajectories of response for the three theorized mechanisms of clinical change (knowledge, behavioral strategies, and adaptive thinking) associated with the Accessing Campus Connections and Empowering Student Success (ACCESS) intervention for college students with attention-deficit/hyperactivity disorder (ADHD) and their association with treatment outcomes. Participants included 250 college students comprehensively diagnosed with ADHD randomly assigned to ACCESS or to a delayed-treatment control who completed ratings at baseline, end of active treatment, and end of the maintenance phase of treatment (after two semesters). Growth mixture models (GMMs) were used to evaluate trajectories. Participants in ACCESS made significant gains in the use of behavioral strategies and trajectories were associated with large effect size improvements in measures of symptoms and functioning. Participants also made improvements in ADHD knowledge. However, only the knowledge trajectory with rapid improvement displayed significantly better outcomes. Only one trajectory group showed improvement in adaptive thinking with most ACCESS participants remaining stable across time. However, adaptive thinking trajectories were strongly related to both symptom and functional outcomes. ACCESS is associated with large gains in two of the three theorized clinical mechanisms of change, behavioral strategies and ADHD knowledge. Rapid improvement in behavioral strategies was associated with robust improvement in symptoms and functioning. Although improvements in the third mechanism, adaptive thinking, were small, they were strongly associated with outcomes demonstrating the importance of a cognitive-behavioral approach in treating college students with ADHD. Copyright © 2023. Published by Elsevier Ltd.",

"MV":"nan",

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

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"Database":"EMBASE",

"ORN":"106",

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"DB":"Embase",

"UI":"2026786198",

"TI":"NLS-3 (Levophacetoperane or (R,R) Phacetoperane): A Reverse Ester of Methylphenidate: A Literature Review.",

"SO":"Current Medicinal Chemistry. 31(9) (pp 1069-1081), 2024. Date of Publication: 2024.",

"AU":"Konofal E.  
  
Lecendreux M.  
  
Bizot J.-C.  
  
Lormier A.-T.  
  
Figadere B.",

"AO":"(Konofal, Lecendreux) Centre Pediatrique des Pathologies du Sommeil, APHP Hopital Robert Debre, 48 Boulevard Serurier, Paris 75019, France  
  
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"IN":"Bentham Science Publishers",

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"OD":"Background: NLS-3 or (R, R) enantiomer of phacetoperane (levophacetoper-ane) is the reverse ester of methylphenidate, a well-documented psychostimulant marketed for the treatment of attention-deficit/hyperactivity disorder (ADHD) since the end of 1950s. Launched in Canada and Europe by Specia Rhone-Poulenc and Rhodia, marketed as Lidepran (8228 R.P.), for the treatment of obesity and depression, phacetoperane be-came an increasingly popular psychiatric medication from 1959 to 1967. Previous data supported that the stimulant effect of phacetoperane differed from those of other medications acting on the catecholamine system (e.g., methylphenidate, amphetamine), with an advantage of benefit/risk balance. Method(s): The goal of this study is to characterize the binding profile of NLS-3 using in vitro and in vivo assays and hypothesize potential therapeutic uses considering all available data. Result(s): A complete binding profile assay confirmed the potential benefit of phacetoperane with a higher benefit/risk compared to other stimulants. NLS-3 synthesis resulted from phenylketone, which is also used for the synthesis of methylphenidate. It differs from that used by Rhone-Poulenc SA laborato-ries, allowing the possibility of individualizing several enantiomers not synthesized previ-ously. The present review also confirmed extensive clinical use of the compound in al-most one thousand children and adolescents in large dose ranges with fewer side effects versus comparative treatments. Furthermore, levophacetoperane was found to be general-ly well-tolerated by the subjects. Conclusion(s): NLS-3 could be a safer and more potent alternative to stimulants for patients with ADHD.Copyright © 2024 Bentham Science Publishers.",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"37016791",

"TI":"Antiviral treatment in schizophrenia: a randomized pilot PET study on the effects of valaciclovir on neuroinflammation.",

"SO":"Psychological Medicine. 53(15):7087-7095, 2023 Nov.",

"AU":"1",

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

"IN":"MEDLINE",

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Klein HC",

"MH":"Jonker, Iris  
  
Doorduin, Janine  
  
Knegtering, Henderikus  
  
Van't Hag, Erna  
  
Dierckx, Rudi A  
  
de Vries, Erik F J  
  
Schoevers, Robert A  
  
Klein, Hans C",

"DU":"Jonker, Iris. Department of Psychiatry, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.  
  
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Klein, Hans C. Department of Nuclear Medicine and Molecular Imaging, University of Groningen, University Medical Center Groningen, Groningen, the Netherlands.",

"OD":"BACKGROUND: Patients with schizophrenia experience cognitive impairment, which could be related to neuroinflammation in the hippocampus. The cause for such hippocampal inflammation is still unknown, but it has been suggested that herpes virus infection is involved. This study therefore aimed to determine whether add-on treatment of schizophrenic patients with the anti- viral drug valaciclovir would reduce hippocampal neuroinflammation and consequently improve cognitive symptoms.  
  
METHODS: We performed a double-blind monocenter study in 24 male and female patients with schizophrenia, experiencing active psychotic symptoms. Patients were orally treated with the anti-viral drug valaciclovir for seven consecutive days (8 g/day). Neuroinflammation was measured with Positron Emission Tomography using the translocator protein ligand [11C]-PK11195, pre-treatment and at seven days post-treatment, as were psychotic symptoms and cognition.  
  
RESULTS: Valaciclovir treatment resulted in reduced TSPO binding (39%) in the hippocampus, as well as in the brainstem, frontal lobe, temporal lobe, parahippocampal gyrus, amygdala, parietal lobe, occipital lobe, insula and cingulate gyri, nucleus accumbens and thalamus (31-40%) when using binding potential (BPND) as an outcome. With total distribution volume (VT) as outcome we found essentially the same results, but associations only approached statistical significance (p = 0.050 for hippocampus). Placebo treatment did not affect neuroinflammation. No effects of valaciclovir on psychotic symptoms or cognitive functioning were found.  
  
CONCLUSION: We found a decreased TSPO binding following antiviral treatment, which could suggest a viral underpinning of neuroinflammation in psychotic patients. Whether this reduced neuroinflammation by treatment with valaciclovir has clinical implications and is specific for schizophrenia warrants further research.",

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

"FTURL":"2023",

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

"DJ":"Cognition PK11195 herpes virus",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028338952",

"TI":"Association of Pseudomonas aeruginosa incident infections with adherence to cystic fibrosis foundation care guidelines.",

"SO":"Journal of Cystic Fibrosis. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Shah K.S.  
  
Saiman L.  
  
LiPuma J.J.  
  
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"AO":"Shah, Kushal S. ORCID: https://orcid.org/0000-0002-0982-4386  
  
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"IN":"(Shah, Kosorok) Department of Biostatistics, University of North Carolina, Chapel Hill, NC 27599, United States  
  
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(Muhlebach) Marisco Lung Institute, University of North Carolina, Chapel Hill, NC 27599, United States",

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"AB":"Background: Care guidelines for cystic fibrosis (CF) have been developed to enhance consistent care and to improve health outcomes. We determined if adherence to CF care guidelines predicted P. aeruginosa incidence rates (Pa-IR) at U.S. CF centers in 2018. Method(s): This cross-sectional CF Foundation Patient Registry study included 82 adult and 132 pediatric centers. Adherence to 12 guidelines was defined categorically (guideline met) or as a continuous measure (proportion of patients being treated/evaluated per guideline). Association of adherence to individual guidelines with Pa-IR, accounted for center and patient characteristics relevant to Pa-IR and were modeled using random forests and weighted-least-squares (WLS) analyses. Result(s): The mean Pa-IR was 0.2 cases/patient-years at risk (SE 0.0074) for all centers combined. Guideline adherence was lowest for >=4 bacterial cultures/year (54% of centers) and annual oral glucose tolerance test (OGTT) (48% of centers), and highest for annual non-tuberculous mycobacteria (NTM) sputum culture (98%). The mean number of guidelines met was 6.7 and higher for pediatric (7.3) than adult (5.6) centers, (p<0.001). The number of guidelines met correlated negatively with Pa-IR (beta=-0.007, p = 0.043). Macrolide prescription and annual OGTT per guideline were associated with lower and higher Pa-IR, respectively. Centers with lower center-wide lung function, higher proportion of pwCF with low body-mass index, and location in the Southwest had higher Pa-IR. Conclusion(s): Overall adherence to guidelines was high except for performing >=4 bacterial cultures/year and OGTT. Higher Pa-IR was associated with center characteristics and lower guideline adherence. The lower Pa-IR with greater adherence to guidelines suggests that focusing on quality care can positively impact Pa-IR.Copyright © 2023 European Cystic Fibrosis Society",

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

"PM":"37953182 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37953182]",

"DJ":"nan",

"MV":"nan",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"36736925",

"TI":"Activity of aztreonam in combination with novel beta-lactamase inhibitors against metallo-beta-lactamase-producing Enterobacterales from Spain.",

"SO":"International Journal of Antimicrobial Agents. 61(4):106738, 2023 Apr.",

"AU":"1",

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

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Cendon-Esteve, Arnau  
  
Outeda, Michelle  
  
Maceiras, Romina  
  
Pena-Escolano, Andrea  
  
Martinez-Guitian, Marta  
  
Arca-Suarez, Jorge  
  
Bou, German  
  
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"OD":"Vazquez-Ucha, Juan Carlos. Microbiology Department, University Hospital A Coruna, Institute of Biomedical Research of A Coruna, A Coruna, Spain CIBER de Enfermedades Infecciosas, Instituto de Salud Carlos III, Madrid, Spain. Electronic address: Juan.Carlos.Vazquez.Ucha@sergas.es.  
  
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Beceiro, Alejandro. Microbiology Department, University Hospital A Coruna, Institute of Biomedical Research of A Coruna, A Coruna, Spain CIBER de Enfermedades Infecciosas, Instituto de Salud Carlos III, Madrid, Spain.",

"AB":"Aztreonam CPE Enterobacterales Metallo-beta-lactamase WGS beta-lactamase inhibitors",

"FTURL":"NOTNLM",

"PM":"Metallo-beta-lactamase (MBL)-producing Enterobacterales are of particular concern because they are widely disseminated and difficult to treat, being resistant to almost all beta-lactam antibiotics. Aztreonam is not hydrolysed by MBLs but is labile to serine beta-lactamases (SBLs), which are usually co-produced by MBL-producing Enterobacterales. This study investigated the activity of aztreonam in combination with novel beta-lactamase inhibitors (BLIs) against a national multi-centre study collection of strains co-producing MBLs and SBLs. Fifty-five clinical isolates co-producing MBLs (41 VIM producers, 10 NDM producers and 4 IMP producers) and SBLs were selected, and whole-genome sequencing (WGS) was performed. The minimum inhibitory concentration (MIC) values of aztreonam, aztreonam/avibactam, aztreonam/relebactam, aztreonam/zidebactam, aztreonam/taniborbactam, aztreonam/vaborbactam and aztreonam/enmetazobactam were determined. beta-lactam/BLI resistance mechanisms were analysed by WGS. All BLIs decreased the MIC values of aztreonam for strains that were not susceptible to aztreonam. Aztreonam/zidebactam (MIC <=1 mg/L for 96.4% of isolates), aztreonam/avibactam (MIC <=1 mg/L for 92.7% of isolates) and aztreonam/taniborbactam (MIC <=1 mg/L for 87.3 % of isolates) were the most active combinations. For other aztreonam/BLI combinations, 50-70% of the isolates yielded MIC values <=1 mg/L. WGS data revealed that mutations in PBP3, defective OmpE35/OmpK35 porins, and the presence of extended-spectrum beta-lactamases and class C beta-lactamases were some of the resistance mechanisms involved in reduced susceptibility to aztreonam/BLIs. Combinations of aztreonam with new BLIs show promising activity against Enterobacterales co-producing MBLs and SBLs, particularly aztreonam/zidebactam, aztreonam/avibactam and aztreonam/taniborbactam. The present results show that these novel drugs may represent innovative therapeutic strategies by their use in yet-unexplored combinations as solutions for difficult-to-treat infections. Copyright © 2023. Published by Elsevier Ltd.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Aztreonam/pd [Pharmacology]  
  
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"UI":"37924016",

"TI":"Efficacy and safety of venetoclax in patients with relapsed/refractory multiple myeloma: a meta-analysis.",

"SO":"BMC Cancer. 23(1):1058, 2023 Nov 03.",

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Li, Yuan  
  
Zhang, Gang  
  
Sun, Fei",

"DU":"Gao, Xiaohui. Departments of Pediatrics, The Affiliated Hospital of Jiaxing University, Jiaxing, 314000, Zhejiang, China.  
  
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Sun, Fei. Departments of Pediatrics, The Affiliated Hospital of Jiaxing University, Jiaxing, 314000, Zhejiang, China. jxdyyysf@163.com.",

"OD":"Adverse events Efficacy Meta-analysis Multiple Myeloma Venetoclax",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: Venetoclax is clinically active in treating relapsed/refractory multiple myeloma (RRMM). This study evaluated the efficacy and safety of venetoclax or venetoclax with other agents in treating RRMM.  
  
METHODS: PubMed, Web of Science, Embase, and Cochrane Library were comprehensively searched. We included studies investigating the efficacy and safety of venetoclax or venetoclax with other agents in treating RRMM. Overall response rates (ORR), stringent complete response rates (sCR), complete response rates (CR), very good partial response rates (VGPR), partial response rates (PR), stable disease (SD), progressive disease (PD) and adverse events were synthesized using either a random-effects model or a fixed-effects model.  
  
RESULTS: A total of 7 clinical trials with 482 patients with RRMM were included. Concerning venetoclax with other agents, the pooled ORR, sCR, CR, VGPR, PR, SD, and PD were 0.76 (95% CIs: 0.62, 0.87), 0.11 (95% CIs: 0.04, 0.21), 0.18 (95% CIs: 0.11, 0.26), 0.16 (95% CIs: 0.12, 0.25), 0.29 (95% CIs: 0.25, 0.34), 0.07 (95% CIs: 0.05, 0.10), and 0.11 (95% CIs: 0.04, 0.23). The overall rate of adverse events >= Grade 3 was 0.84 (95% CIs: 0.77, 0.91). The most common non-hematologic adverse events were nausea, diarrhea, fatigue, back pain, and vomiting hematologic adverse events included thrombocytopenia, neutropenia, anemia, leukopenia, and lymphopenia.  
  
CONCLUSIONS: This study indicates that venetoclax alone or in combination with other agents reveals favorable treatment responses and acceptable adverse events in treating RRMM. Copyright © 2023. The Author(s).",

"PM":"Meta-Analysis  
  
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"DJ":"2023",

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

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Multiple Myeloma/dt [Drug Therapy]  
  
Multiple Myeloma/et [Etiology]  
  
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Dexamethasone/tu [Therapeutic Use]",

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"Database":"EMBASE",

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"UI":"2026514345",

"TI":"Vascular access for autologous peripheral blood stem cells collection by large volume leukapheresis: Single center experience.",

"SO":"Journal of Clinical Apheresis. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Bojanic I.  
  
Novosel G.  
  
Lukac Baricevic M.  
  
Skrnjug P.  
  
Horvat E.  
  
Mazic S.  
  
Batinic J.  
  
Kinda S.B.  
  
Cepulic B.G.",

"AO":"Bojanic, Ines ORCID: https://orcid.org/0000-0002-2985-7847  
  
Lukac Baricevic, Marijana ORCID: https://orcid.org/0009-0009-6472-5928",

"IN":"(Bojanic, Novosel, Lukac Baricevic, Skrnjug, Horvat, Mazic, Cepulic) Department of Transfusion Medicine and Transplantation Biology, University Hospital Center Zagreb, Zagreb, Croatia  
  
(Bojanic, Batinic, Cepulic) School of Medicine, University of Zagreb, Zagreb, Croatia  
  
(Bojanic, Novosel, Cepulic) University of Applied Health Sciences Zagreb, Zagreb, Croatia  
  
(Batinic, Kinda) Division of Hematology, Department of Internal Medicine, University Hospital Center Zagreb, Zagreb, Croatia",

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

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"OD":"Introduction: Peripheral blood stem cell (PBSC) harvesting requires reliable and safe vascular access. In our institution, a change of practice was implemented and the central venous catheter (CVC) placement for all autologous PBSC collections was abandoned in favor of a careful evaluation of peripheral venous access (PVA) for each individual patient. The aim of this prospective study was to evaluate the rate of patients with adequate peripheral veins for autologous PBSC collection and compare patient characteristics, collection efficacy, and complication rate between patients with PVA and CVC. Method(s): Peripheral veins were assessed by the apheresis nurse team in all patients referred between January 2020 and July 2021 to autologous PBSC collection. Only in case of difficult venous access, CVC was inserted. Large volume leukapheresis (LVL) procedures, which processed >=3 total blood volumes, were performed. Result(s): In 65 (57%) patients PVA was used, while 49 (43%) patients required placement of short-term CVC. Peripheral venous access was successfully used significantly more often in males (69.8%) (P = 0.010), and patients with multiple myeloma (71.0%) than in patients with non-Hodgkin's lymphoma (35.9%) and Hodgkin's lymphoma patients (33.3%) (P < 0.001). There was a significant difference in the type of prior administered chemotherapy in the patients who received cytostatics free chemotherapy, PVA was used more often (75.0%) (P = 0.007). In terms of the efficacy and safety of LVLs, there were no differences between procedures performed using PVA and CVCs. Conclusion(s): Peripheral venous access is feasible for autologous PBSC collection in more than a half of patients, in particular in those with multiple myeloma. Changes in the treatment of multiple myeloma, using new proteasome inhibitors-based and immunomodulatory agents that do not adversely affect peripheral veins, have enabled the use of PVA even at the high blood flow rates required by LVL. Peripheral venous access is not associated with safety issues or with a lesser collection efficiency, and it is cost-effective as well. Each patient referred to autologous PBSC collection needs to be evaluated individually by the experienced apheresis team for the most appropriate venous access.Copyright © 2023 Wiley Periodicals LLC.",

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"Database":"EMBASE",

"ORN":"107",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"632283661",

"TI":"Time to Clinical Response in the Treatment of Early Onset Schizophrenia Spectrum Disorders Study.",

"SO":"Journal of child and adolescent psychopharmacology. (no pagination), 2020. Date of Publication: 01 Jul 2020.",

"AU":"Taylor J.H.  
  
Appel S.  
  
Eli M.  
  
Alexander-Bloch A.  
  
Maayan L.  
  
Gur R.E.  
  
Bloch M.H.",

"AO":"nan",

"IN":"(Taylor, Eli, Alexander-Bloch, Maayan, Gur) Department of Child and Adolescent Psychiatry and Behavioral Sciences, Children's Hospital of Philadelphia, Philadelphia, PA, United States  
  
(Taylor, Eli, Alexander-Bloch, Gur) Department of Psychiatry, University of Pennsylvania, Philadelphia, PA, United States  
  
(Appel) Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania, Philadelphia, PA, United States  
  
(Bloch) Department of Psychiatry, Child Study Center, Yale University, New Haven, CT, United States",

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"FTURL":"Objectives: We investigated the time course of clinical response in the Treatment of Early Onset Schizophrenia Spectrum Disorders Study (TEOSS). Method(s): TEOSS randomized 119 predominantly outpatient youth ages 8-19 years with schizophrenia or schizoaffective disorder to 8 weeks of treatment with molindone, risperidone, or olanzapine. We used proportional hazards regression to determine whether these three antipsychotics differed in the time until clinical response, defined as the time from treatment initiation to the point of achieving a Clinical Global Impressions-Improvement (CGI-I) scale score of 1 (very much improved) or 2 (much improved) that was maintained until week 8. Result(s): Of the 116 youth who initiated treatment, 56 (48%) achieved clinical response. Among clinical responders, the median (+/-interquartile range) time until clinical response was 4.0 (+/-4.0) weeks for olanzapine, 4.5 (+/-4.0) weeks for risperidone, and 6.0 (+/-4.0) weeks for molindone. There were no significant differences in time course for clinical response between medications (p=0.84). Youth without symptom improvement (CGI-I >= 4) after 3 weeks were more likely to be clinical nonresponders at week 8 (relative risk ratio=1.98, 95% confidence interval 1.29-3.05), compared with youth with at-least-minimal symptom improvement after 3 weeks when looking at all antipsychotics combined. Conclusion(s): To our knowledge, our study is the first to investigate medication differences in treatment response timing in early onset schizophrenia spectrum disorders. Clinical response times for molindone, risperidone, and olanzapine were not significantly different. Furthermore, while lack of early improvement predicted clinical nonresponse, whether or not to continue antipsychotic treatment after 3 or more weeks without symptom improvement should be based on clinical judgment after weighing potential risks, benefits, and alternatives. ClinicalTrials.gov Identifier: NCT00053703.",

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"Database":"Medline",

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

"UI":"36201815",

"TI":"Dialogic reading with attention-deficit-hyperactivity disorder (ADHD) kindergarteners: Does reading with parents or siblings enhance their language development?.",

"SO":"Developmental Psychology. 59(5):862-873, 2023 May.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Dong Y  
  
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"MH":"Dong, Yang ORCID: https://orcid.org/0000-0002-6020-3251",

"DU":"Dong, Yang  
  
Chow, Bonnie Wing-Yin  
  
Mo, Jianhong  
  
Zheng, Hao-Yuan",

"OD":"Dong, Yang. Department of English, Hainan University.  
  
Chow, Bonnie Wing-Yin. Department of Language and Cognition, Division of Psychology and Language Sciences, University College London.  
  
Mo, Jianhong. Department of Psychology, Chinese University of Hong Kong.  
  
Zheng, Hao-Yuan. Department of Teacher Education, Guangzhou Huashang College.",

"AB":"Child  
  
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"DJ":"Dialogic reading (DR) is an interactive reading approach that enhances the language development of children. This study aims to extend DR to the shared reading context involving children with attention-deficit-hyperactivity disorder (ADHD) and their older siblings and to examine the effects of DR with parents/siblings on the language development of Chinese children with ADHD. This study included 850 Chinese kindergarteners with ADHD and their parents/older siblings. These children were pretested on their Chinese receptive vocabulary, expressive vocabulary, character reading, listening comprehension, and reading interest and were randomly assigned to four groups, namely, dialogic reading with parents (PR-DR), dialogic reading with siblings (SR-DR), parent reading control (PR-C), and sibling reading control (SR-C). After a 12-week intervention period, they were posttested on the same measures. Results show that both DR with parents and siblings effectively enhanced language skills and reading interest in children with ADHD. In addition, those children who read with their older siblings demonstrated greater improvements in their expressive vocabulary, character reading skills, morphological awareness, phonological awareness, and reading interest yet achieved a smaller growth in their listening comprehension compared with those who read with their parents. These findings showed the positive effects of DR on the language development of children with ADHD and highlight the importance of involving siblings in home literacy activities to facilitate the language development of these children. (PsycInfo Database Record (c) 2023 APA, all rights reserved).",

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"UI":"642836968",

"TI":"Promoting Medication Adherence in Children with Attention Deficit Hyperactivity Disorder: A Mixed-Methods Systematic Review with Meta-analysis and Qualitative Comparative Analysis.",

"SO":"Journal of attention disorders. (pp 10870547231211021), 2023. Date of Publication: 25 Nov 2023.",

"AU":"Thongseiratch T.  
  
Chalermphol K.  
  
Traipidok P.  
  
Charleowsak P.",

"AO":"(Thongseiratch, Chalermphol, Traipidok, Charleowsak) Child Development Unit, Department of Pediatrics, Faculty of Medicine, Prince of Songkla University, Thailand",

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therapy",

"OD":"OBJECTIVE: To evaluate the efficacy of ADHD medication adherence interventions and explore the pathways to effectiveness. METHOD(S): A systematic review was conducted using multiple databases to identify relevant randomized controlled trials (RCTs). Pooled effect sizes were calculated for medication adherence and ADHD symptom outcomes. Qualitative Comparative Analysis (QCA) was used to identify pathways to effectiveness. RESULT(S): Six RCTs were included. The interventions significantly improved medication adherence (OR=2.39, 95% CI [1.19, 4.79]) and ADHD symptoms (Hedges' g=-0.96, 95% CI [-1.38, -0.54]). Multi-regression analysis showed a positive relationship between medication adherence and ADHD symptom reduction. QCA revealed two paths for effectiveness: (1) Presence of ADHD drug education and absence of reminder and (2) Presence of tracking and absence of reminder. CONCLUSION(S): ADHD medication adherence interventions have a positive impact on both medication adherence and ADHD symptoms. Interventions should consider including ADHD drug education or tracking to maximize effectiveness.",

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

"FTURL":"nan",

"PM":"Thongseiratch, Therdpong ORCID: https://orcid.org/0000-0002-9907-6106",

"DJ":"38006238 [https://www.ncbi.nlm.nih.gov/pubmed/?term=38006238]",

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

"UI":"36961124",

"TI":"Lurasidone and risk of metabolic syndrome: results from short and long-term studies in patients with bipolar depression.",

"SO":"Cns Spectrums. 28(6):680-687, 2023 Dec.",

"AU":"1",

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"PB":"Tocco M  
  
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Mao Y  
  
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"MH":"Tocco, Michael  
  
Newcomer, John W  
  
Mao, Yongcai  
  
Pikalov, Andrei",

"DU":"Tocco, Michael. Sunovion Pharmaceuticals Inc., Fort Lee, NJ, USA.  
  
Tocco, Michael. Sunovion Pharmaceuticals Inc., Marlborough, MA, USA.  
  
Newcomer, John W. Thriving Mind South Florida, 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.  
  
Mao, Yongcai. Sunovion Pharmaceuticals Inc., Marlborough, MA, USA.  
  
Pikalov, Andrei. Sunovion Pharmaceuticals Inc., Fort Lee, NJ, USA.  
  
Pikalov, Andrei. Sunovion Pharmaceuticals Inc., Marlborough, MA, USA.",

"OD":"OBJECTIVE: The elevated prevalence of metabolic syndrome (MetS) in patients with depression has been associated with increased mortality. This post hoc analysis assessed the effect of treatment with lurasidone on risk of MetS in patients with bipolar depression.  
  
METHODS: Data used in the current analyses consisted of 3 double-blind (DB), placebo-controlled, 6-week studies in adults with bipolar I depression (N = 1192), consisting of 1 monotherapy, and 2 adjunctive trials (lithium or valproate). Also analyzed was a 6-month open-label (OL) extension study (monotherapy, N = 316 adjunctive therapy, N = 497) and a 5-month, OL, stabilization phase followed by randomization to a 28-week DB, placebo-controlled, adjunctive therapy study with lurasidone (N = 490). MetS was defined based on NCEP ATP III criteria (2005 revision).  
  
RESULTS: The proportion of patients with new-onset MetS was similar for lurasidone vs placebo in the short-term studies (monotherapy, 13.9% vs 15.3% adjunctive therapy, 13.6% vs 11.0%) and remained stable during both the 6-month extension phase study (monotherapy, 15.2% adjunctive therapy, 16.9%), and the 5-month stabilization study (adjunctive therapy, 12.2%). After 28 weeks of DB treatment (following 5-month treatment in the stabilization study), new onset MetS was observed at endpoint (OC) in 26.2% of the lurasidone group, and 30.8% of the placebo group.  
  
CONCLUSIONS: This post hoc analysis found that both short and long-term treatment with lurasidone was associated with a relatively low risk for the development of MetS in patients with bipolar I disorder. These findings are consistent with similar analyses in patients with schizophrenia.",

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

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"DJ":"Atypical antipsychotic bipolar disorder depressive disorder lurasidone metabolic syndrome",

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\*Metabolic Syndrome  
  
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"TI":"Real-world in vitro activity of newer antibiotics against Enterobacterales and Pseudomonas aeruginosa, including carbapenem-non-susceptible and multidrug-resistant isolates: a multicenter analysis.",

"SO":"Microbiology spectrum. (pp e0312923), 2023. Date of Publication: 08 Nov 2023.",

"AU":"Riccobene T.  
  
Ai C.  
  
Yu K.C.  
  
Gregory S.  
  
Kim B.  
  
Debabov D.  
  
Gupta V.",

"AO":"Riccobene, Todd ORCID: https://orcid.org/0000-0002-3702-1097  
  
Gupta, Vikas ORCID: https://orcid.org/0000-0001-5291-5446",

"IN":"(Riccobene, Kim) AbbVie ,Florham Park, NJ, United States  
  
(Ai, Yu, Gregory, Gupta) Becton, Dickinson and Company (BD), NJ, United States  
  
(Debabov) Clinical Microbiology, AbbVie, Irvine, CA, United States",

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"AB":"New antibiotics have been developed to combat antibiotic-resistant Gram-negative pathogens, which are difficult to treat and associated with poor clinical outcomes. We conducted a multicenter evaluation of real-world testing practices and susceptibility to newer antibiotics. Our study included 71 facilities in the BD Insights Research Database (2018-2022) and involved adult patients with a positive culture for Enterobacterales or Pseudomonas aeruginosa and facility-reported antibiotic susceptibility data for cefiderocol (FDC), ceftazidime-avibactam (CZA), ceftolozane-tazobactam (C/T), eravacycline (ERV), imipenem-relabactam (I-R), or meropenem-vaborbactam (MVB). A total of 27,531 susceptibility results were available, including 22,111 (80.3%) Enterobacterales and 5,420 (19.7%) P. aeruginosa. Escherichia coli (11,882 [43.2%]) was the most frequently tested potential pathogen, and CZA (13,567 [49.3%]) and C/T (13,299 [48.3%]) had the greatest numbers of susceptibility results. For the other four antibiotics, susceptibility data were available for fewer than 2% of isolates. Susceptibility comparisons should be considered with caution. Among isolates tested, CZA had the highest susceptibility rates for total Enterobacterales (98.7%) and multidrug-resistant (92.9%) and carbapenem-non-susceptible (85.0%) isolates. For P. aeruginosa, FDC had the highest susceptibility rates for total (95.6%) and carbapenem-non-susceptible (93.3%) isolates. The susceptibility of carbapenem-non-susceptible Enterobacterales to CZA and C/T decreased modestly from 2020 to 2022, but carbapenem-non-susceptible P. aeruginosa susceptibility rates increased. We conclude that Gram-negative pathogens have high real-world susceptibility rates to newer antibiotics but may show important differences across resistance profiles. Newer antibiotics are a valuable option for the management of resistant Enterobacterales and P. aeruginosa. Additional effort may be required to integrate these agents into routine clinical care.IMPORTANCENewer antibiotics against Gram-negative pathogens provide important treatment options, especially for antibiotic-resistant bacteria, but little is known about their use during routine clinical care. To use these agents appropriately, clinicians need to have access to timely susceptibility data. We evaluated 27,531 facility-reported susceptibility results from the BD Insights Research Database to gain a better understanding of real-world testing practices and susceptibility rates for six newer antibiotics. Escherichia coli was the most frequently tested potential pathogen, and ceftazidime-avibactam and ceftolozane-tazobactam had the greatest numbers of susceptibility results. For cefiderocol, eravacycline, imipenem-relabactam, and meropenem-vaborbactam, susceptibility data were available for fewer than 2% of isolates. Susceptibility comparisons should be considered with caution. Ceftazidime-avibactam had the highest susceptibility rates for Enterobacterales while cefiderocol had the highest susceptibility rates for Pseudomonas aeruginosa. New antibiotics have the potential to improve the management of Gram-negative infections, but their use may be hampered by the absence of susceptibility data.",

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"SO":"Journal of Antimicrobial Chemotherapy. 78(3):710-718, 2023 03 02.",

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"MH":"He, Xiao-Pu ORCID: https://orcid.org/0000-0002-3147-5688",

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"OD":"Chen, Liang. Department of Infectious Diseases, Nanjing Lishui People's Hospital, Zhongda Hospital Lishui Branch, Southeast University, Nanjing, China.  
  
Hua, Jie. Department of Gastroenterology, Liyang People's Hospital, Liyang Branch Hospital of Jiangsu Province Hospital, Nanjing, China.  
  
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He, Xiao-Pu. Department of Geriatric Gastroenterology, The First Affiliated Hospital of Nanjing Medical University, Nanjing, China.",

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"PM":"BACKGROUND: Treating complicated urinary tract infections (cUTIs) caused by ESBL-producing Enterobacterales represents a significant clinical challenge. The present study was thus developed to explore the relative efficacy of beta-lactam/beta-lactamase inhibitors (BLBLIs) and carbapenems for the treatment of hospitalized patients suffering from cUTIs caused by BLBLI-susceptible ceftriaxone-non-susceptible Enterobacterales.  
  
METHODS: Data from 557 patients from four Chinese teaching hospitals diagnosed with cUTIs caused by ceftriaxone-non-susceptible Enterobacterales from January 2017 to May 2022 were retrospectively assessed.  
  
RESULT: The 30 day rate of treatment failure, defined by unresolved symptoms or mortality, was 10.4% (58/557). Independent predictors of 30 day treatment failure included immunocompromised status, bacteraemia, septic shock, lack of infection source control and appropriate empirical treatment. When data were controlled for potential confounding variables, BLBLI treatment exhibited a comparable risk of 14 day (OR 1.61, 95% CI 0.86-3.00, P = 0.133) and 30 day treatment failure (OR 1.45, 95% CI 0.66-3.15, P = 0.354) relative to carbapenem treatment for the overall cohort of patients. In contrast, BLBLI treatment in immunocompromised patients was associated with an elevated risk of both 14 day (OR 3.18, 95% CI 1.43-7.10, P = 0.005) and 30 day treatment failure (OR 3.06, 95% CI 1.07-8.80, P = 0.038) relative to carbapenem treatment.  
  
CONCLUSIONS: These results suggested that carbapenem treatment may be superior to BLBLI treatment for immunocompromised patients suffering from cUTIs caused by ceftriaxone-non-susceptible Enterobacterales species. However, these results will need to be validated in appropriately constructed randomized controlled trials to ensure appropriate patient treatment. 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.",

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"SO":"The Lancet Haematology. 10(10):e813-e824, 2023 Oct.",

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"DU":"Dimopoulos, Meletios A. Department of Clinical Therapeutics, National and Kapodistrian University of Athens, School of Medicine, Alexandra General Hospital, Athens, Greece. Electronic address: mdimop@med.uoa.gr.  
  
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Kosh, Michele. Janssen Research & Development, Spring House, PA, USA.  
  
Tran, NamPhuong. Janssen Research & Development, Los Angeles, CA, USA.  
  
Carson, Robin. Janssen Research & Development, Spring House, PA, USA.  
  
Sonneveld, Pieter. Erasmus MC Cancer Institute, Rotterdam, Netherlands.",

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"FTURL":"BACKGROUND: The primary analysis of the APOLLO trial, done after a median follow-up of 16.9 months, showed that daratumumab plus pomalidomide and dexamethasone significantly improved progression-free survival versus pomalidomide and dexamethasone. Here, we report the final overall survival and updated safety results from APOLLO.  
  
METHODS: APOLLO was an open-label, randomised, phase 3 trial conducted at 48 academic centres and hospitals across 12 countries in Europe, that included adults aged 18 years or older with relapsed or refractory multiple myeloma who had an ECOG performance status score of 0-2, had received at least one previous line of therapy, including lenalidomide and a proteasome inhibitor, had a partial response or better to one or more previous lines of antimyeloma therapy, and were refractory to lenalidomide if they had received only one previous line of therapy. An interactive web-response system was used to randomly assign patients (1:1) to receive daratumumab plus pomalidomide and dexamethasone or pomalidomide and dexamethasone patients were stratified by the number of previous lines of therapy and International Staging System disease stage. Oral pomalidomide (4 mg once daily days 1-21) and dexamethasone (40 mg once daily days 1, 8, 15, and 22) were given in 28-day cycles until disease progression or unacceptable toxicity. Daratumumab (1800 mg subcutaneously or 16 mg/kg intravenously) was administered weekly (cycles 1-2), every 2 weeks (cycles 3-6), and every 4 weeks thereafter. The primary endpoint of progression-free survival, which has previously been reported, and the pre-planned secondary endpoint of overall survival were assessed in the intention-to-treat population. This trial is registered with ClinicalTrials.gov (NCT03180736) and is no longer enrolling patients.  
  
FINDINGS: Between June 22, 2017, and June 13, 2019, 304 patients were randomly assigned: 151 to the daratumumab plus pomalidomide and dexamethasone group and 153 to the pomalidomide and dexamethasone group. The median age was 67 years (IQR 60-72) 143 (47%) patients were female and 161 (53%) were male, and 272 (89%) were White. At a median follow-up of 39.6 months (IQR 37.1-43.7), median overall survival was 34.4 months (95% CI 23.7-40.3) in the daratumumab plus pomalidomide and dexamethasone group versus 23.7 months (19.6-29.4) in the pomalidomide and dexamethasone group (hazard ratio [HR] 0.82 [95% CI 0.61-1.11] p=0.20). The most common grade 3-4 treatment-emergent adverse events were neutropenia (103 [69%] of 149 with daratumumab plus pomalidomide and dexamethasone vs 76 [51%] of 150 with pomalidomide and dexamethasone), anaemia (27 [18%] vs 32 [21%]), and thrombocytopenia (27 [18%] vs 28 [19%]). Serious treatment-emergent adverse events occurred in 80 (54%) of 149 patients in the daratumumab plus pomalidomide and dexamethasone group and in 60 (40%) of 150 patients in the pomalidomide and dexamethasone group, the most common of which was pneumonia (23 [15%] of 149 vs 13 [9%] of 150). Treatment-emergent adverse events resulting in death occurred in 13 (9%) of 149 patients in the daratumumab plus pomalidomide and dexamethasone group and in 13 (9%) of 150 patients in the pomalidomide and dexamethasone group, with 4 (3%) of 151 adverse events leading to death within 30 days of the last treatment dose thought to be related to study treatment in the daratumumab plus pomalidomide and dexamethasone group (septic shock [n=1] sepsis [n=1] bone marrow failure, campylobacter infection, and liver disorder [n=1] and pneumonia [n=1]) and none in the pomalidomide and dexamethasone group.  
  
INTERPRETATION: Although the difference in overall survival observed between treatment groups was not significant, the safety profile results with long-term follow-up reported here continue to support the use of daratumumab plus pomalidomide and dexamethasone in patients with relapsed or refractory multiple myeloma.  
  
FUNDING: European Myeloma Network and Janssen Research & Development. Copyright © 2023 Elsevier Ltd. All rights reserved.",

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"TI":"The Leucine-Rich alpha2-Glycoprotein-1 Levels in Patients with Multiple Myeloma.",

"SO":"Oncology Research and Treatment. 46(10) (pp 415-423), 2023. Date of Publication: 01 Oct 2023.",

"AU":"Kacmaz M.  
  
Oguzman H.",

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"IN":"(Kacmaz) Department of Hematology, Faculty of Medicine, Hatay Mustafa Kemal University, Antakya, Turkey  
  
(Oguzman) Department of Medical Biochemistry, Faculty of Medicine, Hatay Mustafa Kemal University, Antakya, Turkey",

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"OD":"Introduction: Angiogenesis is considered important in the pathogenesis of multiple myeloma (MM), as well as in the targeted treatment of the disease. Leucine-rich alpha2-glycoprotein 1 (LRG1) is a protein that participates in angiogenesis and its effect on solid organ tumors has been investigated recently. This study aimed to investigate the relationship between MM and LRG1. Method(s): The MM patients who admitted to Hatay Mustafa Kemal University Hematology Clinic between September 2021 and October 2022 were included in the study. The study consists of a total of 4 groups: newly diagnosed MM (NDMM), relapsed refractory MM (RRMM), MM in remission (Rem-MM), and control group. Demographic data were retrieved from hospital records. Blood samples of our study groups were centrifuged at 1,500 x g for 10 min and serum was collected. LRG1, IL-6, IL-8, TGF-beta1, HIF-1alpha, FGF-2, and VEGF levels were analyzed in all groups by ELISA method, and statistical analysis was performed. Result(s): A total of 112 individuals, including NDMM (n: 27), RRMM (n: 18), Rem-MM (n: 42), and control group (n: 25), were enrolled in the study. Based on the analyses, the NDMM group exhibited significantly elevated levels of LRG1 (p < 0.001), TGF-1 (p < 0.001), and HIF-1alpha (p = 0.046, p < 0.001, and p = 0.003 compared to the RRMM, Rem-MM, and control groups, respectively) compared to the other groups. LRG1 levels were positively correlated with creatinine (r: 0.363, p = 0.001), calcium (r: 0.344, p = 0.001), total protein (r: 0.473, p < 0.001), erythrocyte sedimentation rate (r: 0.547, p < 0.001), lactate dehydrogenase (r: 0.321, p = 0.003), beta-2-microglobulin (r: 0.312, p = 0.017), IL-6 (r: 0.478, p < 0.001), IL-8 (r: 0.240, p = 0.03), TGF-beta1 (r: 0.521, p < 0.001), and HIF-1alpha (r: 0.321, p = 0.003) levels and were negatively correlated with hemoglobin (r:-0.512, p < 0.001) and albumin (r:-0.549, p < 0.001) levels. Receiver operating characteristics (ROC) analysis revealed the association of LRG1 with the highest AUC value of 0.959 (95% CI: 0.904-1, p < 0.001) and the optimal cut-off value of 534.95 ng/mL (sensitivity: 93% and specificity: 99%) in the NDMM group compared to the control group. Conclusion(s): In this study, providing data for the first time on LRG1 levels in the setting of MM. LRG1 levels were found to be significantly higher in NDMM patients and in our study discriminate this patient population from RRMM, Rem-MM, and normal controls. Therefore, LRG1 seems to a potential biomarker that should be evaluated in future studies addressing the diagnosis, staging, follow-up, prognosis, and treatment target of MM.Copyright © 2023 S. Karger AG. All rights reserved.",

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"SO":"Epidemiology and Psychiatric Sciences. (no pagination), 2020. Article Number: e137. Date of Publication: 2020.",

"AU":"Hamann J.  
  
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Heres S.",

"AO":"Hamann J. ORCID: https://orcid.org/0000-0002-3861-6017",

"IN":"(Hamann, Holzhuter, Becher) Klinik und Poliklinik fur Psychiatrie und Psychotherapie, Technische Universitat Munchen, Germany  
  
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(Schmaus) Bezirkskrankenhaus Augsburg, Germany",

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"FTURL":"AimsAlthough shared decision-making (SDM) has the potential to improve health outcomes, psychiatrists often exclude patients with more severe mental illnesses or more acute conditions from participation in treatment decisions. This study examines whether SDM is facilitated by an approach which is specifically adapted to the needs of acutely ill patients (SDM-PLUS).MethodsThe study is a multi-centre, cluster-randomised, non-blinded, controlled trial of SDM-PLUS in 12 acute psychiatric wards of five psychiatric hospitals addressing inpatients with schizophrenia or schizoaffective disorder. All patients fulfilling the inclusion criteria were consecutively recruited for the trial at the time of their admission to the ward. Treatment teams of intervention wards were trained in the SDM-PLUS approach through participation in two half-day workshops. Patients on intervention wards received group training in SDM. Staff (and patients) of the control wards acted under 'treatment as usual' conditions. The primary outcome parameter was the patients' perceived involvement in decision-making at 3 weeks after study enrolment, analysed using a random-effects linear regression model.ResultsIn total, 161 participants each were recruited in the intervention and control group. SDM-PLUS led to higher perceived involvement in decision-making (primary outcome, analysed patients n = 257, mean group difference 16.5, 95% CI 9.0-24.0, p = 0.002, adjusted for baseline differences: beta 17.3, 95% CI 10.8-23.6, p = 0.0004). In addition, intervention group patients exhibited better therapeutic alliance, treatment satisfaction and self-rated medication compliance during inpatient stay. There were, however, no significant improvements in adherence and rehospitalisation rates in the 6- and 12-month follow-up.ConclusionsDespite limitations in patient recruitment, the SDM-PLUS trial has shown that the adoption of behavioural approaches (e.g. motivational interviewing) for SDM may yield a successful application to mental health. The authors recommend strategies to ensure effects are not lost at the interface between in- and outpatient treatment.Trial registration: The trial was registered at Deutsches Register Klinischer Studien (DRKS00010880).Copyright © The Author(s), 2020. Published by Cambridge University Press.",

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

"DJ":"32539907 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32539907]",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

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"Unnamed: 24":"nan",

"Unnamed: 25":"nan",

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"UniqueID":"862",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"108",

"VN":"Ovid Technologies",

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

"UI":"35980108",

"TI":"Dissociable effects of positive feedback on the capture and inhibition of impulsive behavior in adolescents with ADHD versus typically developing adolescents.",

"SO":"Child Neuropsychology. 29(4):543-568, 2023 05.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Grandjean A  
  
Suarez I  
  
Da Fonseca D  
  
Casini L",

"MH":"Grandjean, Aurelie ORCID: https://orcid.org/0000-0002-1504-7827  
  
Suarez, Isabel ORCID: https://orcid.org/0000-0001-5579-0140  
  
Casini, Laurence ORCID: https://orcid.org/0000-0002-2266-9034",

"DU":"Grandjean, Aurelie  
  
Suarez, Isabel  
  
Da Fonseca, David  
  
Casini, Laurence",

"OD":"Grandjean, Aurelie. Laboratoire de Neurosciences Cognitives, Aix-Marseille Universite, CNRS, Marseille, France.  
  
Suarez, Isabel. Departamento de Psicologia, Universidad del Norte, Baranquilla, Colombia.  
  
Da Fonseca, David. Service de psychiatrie infanto-juvenile, Hopital Salvator, Marseille, France.  
  
Casini, Laurence. Laboratoire de Neurosciences Cognitives, Aix-Marseille Universite, CNRS, Marseille, France.",

"AB":"Adolescent  
  
Humans  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Impulsive Behavior/ph [Physiology]  
  
Inhibition, Psychological  
  
Motivation  
  
Reward",

"FTURL":"ADHD Simon task distributional analysis interference control motivation",

"PM":"NOTNLM",

"DJ":"The present study investigated how enhancing motivation by delivering positive feedback (a smiley) after a successful trial could affect interference control in adolescents with Attention Deficit Hyperactivity Disorder (ADHD) and in their typically developing (TD) peers. By using a Simon task within the theoretical framework of the activation-suppression model, we were able to separately investigate the expression and the inhibition of impulsive motor behavior. The experiment included 19 adolescents with ADHD and 20 TD adolescents in order to explore whether data found in adolescents with ADHD were similar to those found in TD adolescents. Participants performed the Simon task in two conditions: a condition with feedback delivered after each successful trial and a condition with no feedback. The main findings were that increasing motivation by delivering positive feedback increased impulsive response in both groups of adolescents. It also improved the efficiency of impulsive motor action inhibition in adolescents with ADHD but deteriorated it in TD adolescents. We suggest that 1/increased motivation could lead adolescents to favor fast responses even if incorrect, and 2/the differential effect of feedback on the selective suppression of impulsive motor action in both groups could be due to different baseline DA levels.",

"MV":"nan",

"TN":"Clinical Trial  
  
Journal Article",

"Unnamed: 22":"2023",

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

"Unnamed: 24":"nan",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026767031",

"TI":"Management Strategies for Borderline Personality Disorder and Bipolar Disorder Comorbidities in Adults with ADHD: A Narrative Review.",

"SO":"Brain Sciences. 13(11) (no pagination), 2023. Article Number: 1517. Date of Publication: November 2023.",

"AU":"MacDonald L.  
  
Sadek J.",

"AO":"(MacDonald) Faculty of Medicine, Dalhousie University, Halifax, NS B3H 4R2, Canada  
  
(Sadek) Department of Psychiatry, Dalhousie University, Halifax, NS B3H 4R2, Canada",

"IN":"Multidisciplinary Digital Publishing Institute (MDPI)",

"PB":"adult  
  
anxiety  
  
\*attention deficit hyperactivity disorder  
  
Barratt Impulsiveness Scale  
  
behavior therapy  
  
\*bipolar disorder/dt [Drug Therapy]  
  
\*borderline state/dt [Drug Therapy]  
  
cognitive behavioral therapy  
  
cognitive defect  
  
\*comorbidity  
  
depression  
  
DSM-5  
  
eating disorder  
  
emotionality  
  
gambling  
  
human  
  
hyperactivity  
  
lifestyle modification  
  
mental disease  
  
mental disease assessment  
  
mindfulness  
  
mood  
  
mood disorder  
  
personality  
  
\*personality disorder/dt [Drug Therapy]  
  
prevalence  
  
psychosis  
  
psychotherapy  
  
randomized controlled trial (topic)  
  
restlessness  
  
review  
  
review  
  
risk factor  
  
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sleep disorder  
  
Young Mania Rating Scale  
  
amfebutamone/dt [Drug Therapy]  
  
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aripiprazole/dt [Drug Therapy]  
  
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lamotrigine/dt [Drug Therapy]  
  
methylphenidate/dt [Drug Therapy]  
  
mood stabilizer/dt [Drug Therapy]  
  
neuroleptic agent/dt [Drug Therapy]  
  
olanzapine/dt [Drug Therapy]  
  
phenytoin/dt [Drug Therapy]  
  
psychostimulant agent/dt [Drug Therapy]  
  
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\*borderline state / \*drug therapy  
  
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mood disorder  
  
personality  
  
\*personality disorder / \*drug therapy  
  
prevalence  
  
psychosis  
  
psychotherapy  
  
randomized controlled trial (topic)  
  
restlessness  
  
review  
  
Review  
  
risk factor  
  
self esteem  
  
sexual behavior  
  
sleep disorder  
  
Young Mania Rating Scale",

"OD":"This narrative review examines two of the common comorbidities of attention-deficit/hyperactivity disorder, bipolar disorder (BD), and borderline personality disorder (BPD), which each share several common features with ADHD that can make assessment and diagnosis challenging. The review highlights some of the key symptomatic differences between adult ADHD and these disorders, allowing for more careful consideration before establishing a formal diagnosis. When the disorders are found to be comorbid, further complications may arise thus, the review will also help to provide evidence-based treatment recommendations as well as suggestions on how to minimize adverse events. Incorporating evidence from systematic reviews, journal articles, randomized controlled trials, and case reports, this review highlights that the diagnosis of ADHD and some of its common comorbidities is challenging and requires full, in-depth assessment and management. The management strategies of these comorbidities will also be addressed, with emphasis on achieving mood stabilization for BD prior to initiating appropriate ADHD pharmacotherapy. Medications, specifically mood stabilizers, antipsychotics, and antidepressants, are fundamental in treating symptoms seen in BD and some cases of BPD, alongside psychotherapy and lifestyle modifications when appropriate. The review highlights the effectiveness of specific medications, including psychostimulants, atomoxetine, and bupropion, as add-on therapies to mood-stabilizing treatments for addressing ADHD symptoms in patients with these comorbidities. Despite limited research, the review will address various pharmacological and psychotherapeutic approaches for managing comorbid ADHD and BPD, emphasizing the need for further investigations to better understand the unique needs of this patient population.Copyright © 2023 by the authors.",

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

"FTURL":"amfebutamone / drug therapy  
  
antidepressant agent / drug therapy  
  
aripiprazole / drug therapy  
  
atomoxetine / drug therapy  
  
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lamotrigine / drug therapy  
  
methylphenidate / drug therapy  
  
mood stabilizer / drug therapy  
  
neuroleptic agent / drug therapy  
  
olanzapine / drug therapy  
  
phenytoin / drug therapy  
  
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quetiapine / drug therapy  
  
topiramate / drug therapy  
  
valproate semisodium / drug therapy  
  
valproic acid / drug therapy",

"PM":"Sadek, Joseph ORCID: https://orcid.org/0000-0001-7234-1814",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"108",

"VN":"Ovid Technologies",

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

"UI":"36896797",

"TI":"Guided antipsychotic reduction to reach minimum effective dose (GARMED) in patients with remitted psychosis: a 2-year randomized controlled trial with a naturalistic cohort.",

"SO":"Psychological Medicine. 53(15):7078-7086, 2023 Nov.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Liu CC  
  
Hsieh MH  
  
Chien YL  
  
Liu CM  
  
Lin YT  
  
Hwang TJ  
  
Hwu HG",

"MH":"Liu, Chen-Chung  
  
Hsieh, Ming H  
  
Chien, Yi-Ling  
  
Liu, Chih-Min  
  
Lin, Yi-Ting  
  
Hwang, Tzung-Jeng  
  
Hwu, Hai-Gwo",

"DU":"Liu, Chen-Chung. Department of Psychiatry, National Taiwan University Hospital, Taipei, 10002, Taiwan.  
  
Liu, Chen-Chung. Department of Psychiatry, College of Medicine, National Taiwan University, Taipei, Taiwan.  
  
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Hwang, Tzung-Jeng. Department of Psychiatry, College of Medicine, National Taiwan University, Taipei, Taiwan.  
  
Hwu, Hai-Gwo. Department of Psychiatry, National Taiwan University Hospital, Taipei, 10002, Taiwan.  
  
Hwu, Hai-Gwo. Department of Psychiatry, College of Medicine, National Taiwan University, Taipei, Taiwan.",

"OD":"BACKGROUND: Patients with remitted psychosis face a dilemma between the wish to discontinue antipsychotics and the risk of relapse. We test if an operationalized guided-dose-reduction algorithm can help reach a lower effective dose without increased risks of relapse.  
  
METHODS: A 2-year open-label randomized prospective comparative cohort trial from Aug 2017 to Sep 2022. Patients with a history of schizophrenia-related psychotic disorders under stable medications and symptoms were eligible, randomized 2:1 into guided dose reduction group (GDR) v. maintenance treatment group (MT1), together with a group of naturalistic maintenance controls (MT2). We observed if the relapse rates would be different between 3 groups, to what extent the dose could be reduced, and if GDR patients could have improved functioning and quality of life.  
  
RESULTS: A total of 96 patients, comprised 51, 24, and 21 patients in GDR, MT1, and MT2 groups, respectively. During follow-up, 14 patients (14.6%) relapsed, including 6, 4, and 4 from GDR, MT1, and MT2, statistically no difference between groups. In total, 74.5% of GDR patients could stay well under a lower dose, including 18 patients (35.3%) conducting 4 consecutive dose-tapering and staying well after reducing 58.5% of their baseline dose. The GDR group exhibited improved clinical outcomes and endorsed better quality of life.  
  
CONCLUSIONS: GDR is a feasible approach as the majority of patients had a chance to taper antipsychotics to certain extents. Still, 25.5% of GDR patients could not successfully decrease any dose, including 11.8% experienced relapse, a risk comparable to their maintenance counterparts.",

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

"FTURL":"2023",

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

"DJ":"Antipsychotics functioning minimum effective dose remission tapering",

"MV":"NOTNLM",

"TN":"Liu, Chen-Chung ORCID: https://orcid.org/0000-0002-9290-110X",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

"Unnamed: 24":"nan",

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"Unnamed: 26":"Humans  
  
Antipsychotic Agents/tu [Therapeutic Use]  
  
\*Antipsychotic Agents  
  
Quality of Life  
  
Prospective Studies  
  
Psychotic Disorders/dt [Drug Therapy]  
  
Psychotic Disorders/di [Diagnosis]  
  
\*Psychotic Disorders  
  
Recurrence",

"Unnamed: 27":"0 (Antipsychotic Agents)",

"Unnamed: 28":"nan",

"If RCT or not":"Yes",

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"UniqueID":"865",

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

"Database":"EMBASE",

"ORN":"109",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026345956",

"TI":"Identification and antibiogram of Enterobacterales from direct urine samples using matrix assisted laser desorption/ionization-time of flight-mass spectrometry (MALDI-TOF-MS) technology and disk-plate diffusion technique.",

"SO":"Indian Journal of Medical Microbiology. 46(no pagination), 2023. Article Number: 100457. Date of Publication: 01 Nov 2023.",

"AU":"Jover-Garcia J.  
  
Lopez-Millan C.  
  
Gil-Tomas J.J.  
  
Callejon-Fernandez M.  
  
Lecuona-Fernandez M.",

"AO":"nan",

"IN":"(Jover-Garcia, Lopez-Millan, Callejon-Fernandez, Lecuona-Fernandez) Microbiology Service, Hospital Universitario de Canarias, Carretera Ofra s/n, 38320, La Cuesta, Santa Cruz de Tenerife, Canary Islands, Spain  
  
(Gil-Tomas) Laboratory Clinical Management Unit, Hospital La Inmaculada, Av. Dra. Ana Parra s/n, 04600, Huercal-Overa, Almeria, Spain",

"PB":"Indian Association of Medical Microbiologists",

"MH":"antibacterial activity  
  
antibiotic resistance  
  
\*antibiotic sensitivity  
  
article  
  
Bacilli  
  
bacterial growth  
  
bacterium identification  
  
Candida albicans  
  
Candida glabrata  
  
diagnostic accuracy  
  
disk diffusion  
  
\*Enterobacterales  
  
Enterococcus faecalis  
  
Escherichia coli  
  
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limit of detection  
  
mass spectrometry  
  
matrix assisted laser desorption ionization time of flight mass spectrometry  
  
minimum inhibitory concentration  
  
multiple sclerosis  
  
phenotype  
  
prospective study  
  
Proteus mirabilis  
  
Providencia stuartii  
  
Pseudomonas aeruginosa  
  
pyuria  
  
sensitivity and specificity  
  
Staphylococcus aureus  
  
Staphylococcus epidermidis  
  
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urinary tract infection  
  
urine culture  
  
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cefepime  
  
cefuroxime  
  
ciprofloxacin  
  
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"OD":"antibacterial activity  
  
antibiotic resistance  
  
\*antibiotic sensitivity  
  
Article  
  
Bacilli  
  
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Candida albicans  
  
Candida glabrata  
  
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Enterococcus faecalis  
  
Escherichia coli  
  
intermethod comparison  
  
limit of detection  
  
mass spectrometry  
  
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multiple sclerosis  
  
phenotype  
  
prospective study  
  
Proteus mirabilis  
  
Providencia stuartii  
  
Pseudomonas aeruginosa  
  
pyuria  
  
sensitivity and specificity  
  
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Staphylococcus epidermidis  
  
statistical analysis  
  
urinary tract infection  
  
urine culture  
  
\*urine sampling  
  
urosepsis",

"AB":"Identification and antibiogram of uropathogenic microorganisms from direct urine samples present a great clinical impact. Here, we present a combined procedure to determine identification (IDd) of bacteria through MALDI-TOF-MS technology and antibiogram (ATBd) using disk-plate diffusion technique, of UTI-producing Enterobacterales against the most used antibiotics. Ninety-four urine samples with presence of pyuria and Gram-negative bacilli were selected. The IDd showed a high success rate (90%). ATBd procedure showed a high correlation for tested antibiotics. This simplified, low cost and reduced work time two-step procedure significantly reduces results turnaround time and benefit the clinical management of patients with UTI.Copyright © 2023 Indian Association of Medical Microbiologists",

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

"PM":"37945131 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37945131]",

"DJ":"matrix assisted laser desorption ionization time of flight mass spectrometer [device term]",

"MV":"mass spectrometer",

"TN":"nan",

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"If RCT or not":"No",

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"UniqueID":"866",

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

"Database":"Medline",

"ORN":"109",

"VN":"Ovid Technologies",

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

"UI":"34961397",

"TI":"Discovery of phyto-compounds as novel inhibitors against NDM-1 and VIM-1 protein through virtual screening and molecular modelling.",

"SO":"Journal of Biomolecular Structure & Dynamics. 41(4):1267-1280, 2023 03.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Kar B  
  
Kundu CN  
  
Pati S  
  
Bhattacharya D",

"MH":"Pati, Sanghamitra ORCID: https://orcid.org/0000-0002-7717-5592  
  
Bhattacharya, Debdutta ORCID: https://orcid.org/0000-0001-5199-5288",

"DU":"Kar, Bipasa  
  
Kundu, Chanakya Nath  
  
Pati, Sanghamitra  
  
Bhattacharya, Debdutta",

"OD":"Kar, Bipasa. ICMR-Regional Medical Research Centre (Dept. of Health Research, Ministry of Health & Family Welfare, Govt. of India), Chandrasekharpur, Odisha, India.  
  
Kar, Bipasa. KIIT School of Biotechnology, Patia, Bhubaneswar, Odisha, India.  
  
Kundu, Chanakya Nath. KIIT School of Biotechnology, Patia, Bhubaneswar, Odisha, India.  
  
Pati, Sanghamitra. ICMR-Regional Medical Research Centre (Dept. of Health Research, Ministry of Health & Family Welfare, Govt. of India), Chandrasekharpur, Odisha, India.  
  
Bhattacharya, Debdutta. ICMR-Regional Medical Research Centre (Dept. of Health Research, Ministry of Health & Family Welfare, Govt. of India), Chandrasekharpur, Odisha, India.",

"AB":"MBL inhibitors Molecular docking antibiotic resistance phytocompounds virtual screening",

"FTURL":"NOTNLM",

"PM":"Amid the rise of multi-drug resistance among bacterial pathogens, the drying of the development pipeline of new antibiotics is worrisome. In search of new effective alternatives, phytocompounds can be considered a good one because of their immense antimicrobial property, low toxicity and huge structural diversity. In the present study, 200 phytocompounds were targeted against two Metallo beta-lactamase (MBL) enzymes (NDM-1 and VIM-1) through molecular docking and meropenem was used as a reference drug. The phytocompounds with docking score <=-8.0 kcal/mol were screened for their pharmacokinetic properties. The three best selected phytocompounds are Coriandrinonediol, Oleanderolide and Uzarigenin. Molecular docking helps to understand binding affinity. The selected phytocompounds showed better result than meropenem. Molecular interaction study reveals their competitive mechanism of inhibition against the target proteins. Coriandrinonediol has docking score -8.3 kcal/mol (NDM-1) and -8.9 kcal/mol (VIM-1), and oleanderolide has docking score -8.2 kcal/mol (NDM-1) and -9.3 kcal/mol (VIM-1). Uzarigenin has the highest binding affinity (-10.4 kcal/mol) among the three against VIM-1 and the lowest binding affinity (-8.1 kcal/mol) against NDM-1. Molecular dynamic (MD) simulation study also supports the stability and flexibility of the above phytocompounds during the MD run. Among the abovementioned three phytocompounds, oleanderolide has given the best result against both target proteins. These phytocompounds are first time reported as MBL inhibitors and their promising in silico results encourage to promote them for further investigation for in vitro and in vivo clinical trials.Communicated by Ramaswamy H. Sarma.",

"DJ":"Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Meropenem  
  
Molecular Docking Simulation  
  
\*Digitoxigenin  
  
\*Molecular Dynamics Simulation",

"Unnamed: 23":"EC 3-5-2-6 (beta-lactamase NDM-1)  
  
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"Database":"Medline",

"ORN":"109",

"VN":"Ovid Technologies",

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

"UI":"37824758",

"TI":"An Embarrassment of Riches: Three FDA-Approved Bispecific Antibodies for Relapsed Refractory Multiple Myeloma. [Review]",

"SO":"Blood Cancer Discovery. 4(6):433-436, 2023 Nov 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Firestone R  
  
Lesokhin AM  
  
Usmani SZ",

"MH":"Firestone, Ross  
  
Lesokhin, Alexander M  
  
Usmani, Saad Z",

"DU":"Firestone, Ross. Myeloma Service, Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, New York.  
  
Lesokhin, Alexander M. Myeloma Service, Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, New York.  
  
Usmani, Saad Z. Myeloma Service, Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, New York.",

"OD":"nan",

"AB":"nan",

"FTURL":"SUMMARY: In the past year, three new bispecific antibodies have received accelerated FDA approval for the treatment of relapsed/refractory multiple myeloma. In this article, we review the available data for these three agents, teclistamab, elranatamab, and talquetamab, and discuss practical considerations for their use in clinical settings while the medical community awaits randomized phase III clinical trial datasets comparing them to standard-of-care regimens. Copyright ©2023 American Association for Cancer Research.",

"PM":"Review  
  
Journal Article",

"DJ":"2023",

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

"TN":"Firestone, Ross ORCID: https://orcid.org/0000-0002-2945-9320  
  
Lesokhin, Alexander M ORCID: https://orcid.org/0000-0001-9321-702X  
  
Usmani, Saad Z ORCID: https://orcid.org/0000-0002-5484-8731",

"Unnamed: 22":"nan",

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"Unnamed: 24":"Humans  
  
Multiple Myeloma/dt [Drug Therapy]  
  
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\*Antibodies, Bispecific  
  
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Antineoplastic Agents/tu [Therapeutic Use]  
  
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Antineoplastic Combined Chemotherapy Protocols/tu [Therapeutic Use]",

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"TI":"Efficacy of Autologous Stem Cell Transplantation for Myeloma Patients with Suboptimal Response: A Multicenter Retrospective Analysis.",

"SO":"Transplantation and Cellular Therapy. 29(11) (pp 688.e1-688.e13), 2023. Date of Publication: November 2023.",

"AU":"Suzuki K.  
  
Shimazu Y.  
  
Minakata D.  
  
Ikeda T.  
  
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Tsukada N.  
  
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"AO":"Suzuki, Kazuhito ORCID: https://orcid.org/0000-0002-0300-378X  
  
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"IN":"(Suzuki, Nishiwaki, Yano) Division of Clinical Oncology/Hematology, Department of Internal Medicine, The Jikei University School of Medicine, Tokyo, Japan  
  
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"OD":"Autologous stem cell transplantation (ASCT) is the standard of care for myeloma patients who achieve partial response (PR) or better after induction therapy. However, its clinical significance in patients with suboptimal response (SR) before ASCT, including stable disease (SD) and progressive disease (PD), has not been established. Additionally, functional high-risk, including SR and early PD within 12 months, was a poor prognostic factor up to now. This study aimed to evaluate the efficacy of ASCT in myeloma patients with SR in the novel agent era. This multicenter retrospective study was conducted using the Transplant Registry Unified Management Program database of the Japanese Society of Transplantation and Cellular Therapy and included 3898 transplantation-eligible patients with newly diagnosed multiple myeloma who underwent ASCT between 2007 and 2020 and were followed up until 2021. The SR rate was 4.7%, including 1.7% with PD. In survival time analysis for overall cases, a significant difference in PFS between the very good partial response (VGPR) and PR groups was observed, whereas there was no significant difference in overall survival (OS) between the VGPR and PR groups. Additionally, there was no significant difference in OS or PFS between the PR and SD groups. Therefore, we focused on the PR, SD, and PD groups, as the purpose of this retrospective study was to investigate the clinical significance of ASCT in patients with SR compared with those with PR. The median patient age was 60 years (range, 30 to 77 years). In total, 1605 (97.4%) patients received bortezomib, 561 (38.2%) received an immunomodulatory drug (ImiD), and 512 (34.9%) received both bortezomib and an ImiD. A total of 558 patients (38.0%) received reinduction therapy. There were 229 patients (37.7%) with high-risk cytogenetics (HRCA). With a median follow-up of 31.7 months, there was a significant difference in 30-month OS rates among the PR, SD, and PD groups (86.3%, 78.5%, and 39.4%, respectively P <.001). OS was significantly shorter in the SD group compared to the PR group among the patients with HRCA (P < .001) and patients treated with reinduction therapy (P = .013). In the PD group, the 30-month OS and PFS rates were 39.4% and 17.9%, respectively. Finally, early PD within 12 months after ASCT was predictive of short OS, whereas OS without early PD even in the PD group was similar to that in the SD and PR groups. In conclusion, OS in the SR group was not always short, but SR in the HRCA and the reinduction therapy groups was predictive of short OS, so that therapeutic alternatives to ASCT are needed. OS in the PD group was significantly short, but ASCT improved clinical outcomes when early PD did not occur even in the PD group.Copyright © 2023 The American Society for Transplantation and Cellular Therapy",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"631789971",

"TI":"Synonymous polymorphism rs201256011 in Dopamine receptor type 2 gene is associated with schizophrenia and PANSS score in Pakistani population: A First Report.",

"SO":"International journal of clinical practice. (pp e13536), 2020. Date of Publication: 18 May 2020.",

"AU":"Amir Q.-U.-A.  
  
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"IN":"(Amir, Hanif, Washdev) Institute of Biomedical Sciences, Dow University of Health Sciences, OJHA Campus ,SUPARCO Road, Karachi 75270, Pakistan  
  
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"FTURL":"AIM: Variations of dopamine receptor type 2 (DRD2) are among the key factors involved in the pathology of schizophrenia. Presence of certain SNPs in DRD2 gene also amend patients' response to antipsychotics. Keeping in view the genetic diversity among populations and important role of DRD2 polymorphisms in schizophrenia we aimed to study two of its SNPs rs1801028 and rs6277 in patients with schizophrenia from Pakistan. METHOD(S): A total of 100 schizophrenia cases and 100 healthy controls were recruited. DNA was extracted from whole blood followed by PCR, Sanger sequencing and genotyping of two SNPs i.e. rs1801028 and rs6277. RESULT(S): No association of rs1801028 and rs6277 was found with schizophrenia in Pakistani population (P>0.05). Highlight of our study is the association of polymorphism rs201256011 with schizophrenia (P=0.001), which is being reported for the first time. Significant association of rs201256011 was also found with PANSS negative, cognitive and total score (P<0.05). CONCLUSION(S): In conclusion, genetic variants rs1801028 and rs6277 of DRD2 are not associated with schizophrenia in Pakistani population. While, previously unreported polymorphism rs201256011 have shown significant association with schizophrenia and its severity. A large scale multicenter replication study is required to confirm the association of this SNP with schizophrenia.Copyright This article is protected by copyright. All rights reserved.",

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"TI":"Exploring predictors and moderators of response to multimodal obesity treatment in children.",

"SO":"Archives of Disease in Childhood. 108(5):405-409, 2023 05.",

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"DU":"Aman-Braaksma, Simone  
  
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Viner, Russell M  
  
Nicholls, Dasha",

"OD":"Aman-Braaksma, Simone. Department of Brain Sciences, Imperial College London, London, UK.  
  
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Viner, Russell M. Population, Policy and Practice Research and Teaching Department, UCL Great Ormond Street Institute of Child Health Population Policy and Practice, London, UK.  
  
Nicholls, Dasha. Department of Brain Sciences, Imperial College London, London, UK d.nicholls@imperial.ac.uk.",

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\*Attention Deficit Disorder with Hyperactivity  
  
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"DJ":"OBJECTIVE: The aim of this study was to determine whether specific psychological factors influence intervention effects for children with severe obesity in a clinical setting.  
  
DESIGN: Secondary analyses of data about attention deficit/hyperactivity disorder (ADHD) characteristics, body satisfaction, social and emotional functioning, and the primary outcome, change in body mass index (BMI), were available for 41 out of 72 children and their families randomised to family-based behavioural treatment over 6 months or waiting list control. Regression analyses, with an interaction term for treatment condition, were performed to explore baseline factors and moderators of outcome.  
  
RESULTS: Parents reporting their child's emotional well-being as high and high maternal education significantly predicted less weight loss for the total sample, with no effect of ethnicity, age, sex or baseline BMI. Children's social functioning was a significant moderator of treatment effect children with high social function showed a decrease in BMI after 6 months of therapy (R2=0.08-0.13), whereas an increase in BMI was observed in children with high social function who waited for treatment. For children with poor social function, no treatment effect was observed-subjects lost weight in both conditions. No significant moderation effect was found for body (dis)satisfaction, emotional status, comorbid depression or ADHD, adjusting for baseline BMI, age, sex and ethnicity.  
  
CONCLUSIONS: These preliminary findings suggest directions for development of tailored obesity programmes. Professionals engaged in treatment of childhood obesity should consider a child's emotional and social functioning when considering group obesity intervention, as well as the risks of no intervention. Copyright © Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.",

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Randomized Controlled Trial",

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"UI":"2026760223",

"TI":"Prevalence and predictors of inappropriate prescribing in outpatients with severe mental illness.",

"SO":"Therapeutic Advances in Psychopharmacology. 13(no pagination), 2023. Date of Publication: January-December 2023.",

"AU":"Koomen L.  
  
van de Meent I.  
  
Elferink F.  
  
Wilting I.  
  
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"AO":"(Koomen) UMC Utrecht, Psychiatry, Heidelberglaan 100, Utrecht 3584CX, Netherlands  
  
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"OD":"Background: Potentially inappropriate prescribing (PIP) is frequent in geriatrics and results in an increased risk for adverse effects, morbidity, mortality and reduced quality of life. Research on PIP in psychiatry has mainly focused on elderly patients and inpatients. Objective(s): To determine the prevalence and the predictors of PIP of psychotropic medication in outpatients with severe mental illness. Design(s): This study is part of the Muva study, a pragmatic open Stepped Wedge Cluster Randomized Trial of a physical activity intervention for patients (age 16 years) with severe mental illness. Method(s): A structured medication interview, questionnaires on social functioning, quality of life and psychiatric symptoms, and BMI and waist circumference measurements were performed followed by a structured medication review. Patients were divided into groups: PIP versus no PIP. Between-group differences were calculated and a multivariate binary logistic regression was performed to examine predictors for PIP. A receiver operating characteristics analysis was performed to determine the area under the curve (AUC). Result(s): In 75 patients, an average of 5.2 medications of which 2.5 psychotropic medication was used. 35 (46.7%) patients were identified with PIP. Unindicated long-term benzodiazepine use was the most frequently occurring PIP (34.1%). Predictors of PIP were female gender [odds ratio (OR) = 4.88, confidence interval (CI) = 1.16-20.58, p = 0.03], number of medications (OR = 1.41, CI = 1.07-1.86, p = 0.02) and lower social functioning (OR = 1.42, CI = 1.01-2.00, p = 0.05). The AUC was 0.88 for the combined prediction model. Conclusion(s): The prevalence of PIP of psychotropic medication in outpatients with severe mental illness is high. It is therefore important to identify, and where possible, resolve PIP by frequently performing a medication review with specific attention to females, patients with a higher number of medications and patients with lower social functioning. Trial registration: This trial was registered in The Netherlands Trial Register (NTR) as NTR NL9163 on 20 December 2020 (https://trialsearch.who.int/Trial2.aspx?TrialID=NL9163).Copyright © The Author(s), 2023.",

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"TI":"Initial attitudes toward a drug predict medication adherence in first-episode patients with schizophrenia: a 1-year prospective study in China.",

"SO":"BMC Psychiatry. 23(1):907, 2023 Dec 05.",

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"DU":"Dai, Nan. Department of Psychiatry, First Affiliated Hospital of Kunming Medical University, 295 Xichang Road, Kunming, Yunnan, China.  
  
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Yu, Xin. Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China. yuxin@bjmu.edu.cn.",

"OD":"BACKGROUND: Patients' attitudes toward medication have been shown to be a predictor of nonadherence to antipsychotic treatment. However, most previous studies that explored this relationship used a cross-sectional design. It is important to explore the association of attitudes toward drugs with discontinuation at different time points during antipsychotic treatment. In this study, we investigated the association of attitudes toward drugs (measured by the Drug Attitude Inventory (DAI-10)) with adherence at seven time points (baseline, 4 weeks, 8 weeks, 12 weeks, 26 weeks, 39 weeks, and 52 weeks) during 1 year of treatment. Factors that were potentially associated with attitudes toward drugs at the time point of interest were also studied.  
  
METHODS: Demographic characteristics, psychopathology, social functioning, and attitudes toward drugs (measured by the DAI-10) were collected at baseline, 4 weeks, 8 weeks, 12 weeks, 26 weeks, 39 weeks and 52 weeks. The association of attitudes toward drugs (measured by DAI-10) with adherence at the seven time points was calculated using the Mann-Whitney U test. The optimal cutoff point for the DAI-10 was then determined using receiver operating characteristic (ROC) analysis. Cox regression analysis was conducted to further investigate the association of DAI-10 scores with discontinuation, controlling for potential confounding variables. We used multiple regression analysis to identify the factors associated with DAI-10 scores.  
  
RESULTS: Among the six time points, only baseline DAI-10 total scores were significantly different between the completed and discontinued groups (p = 0.004). Female sex and a baseline DAI-10 total score greater than - 1 were found to be independent protective factors against discontinuation of antipsychotic drug treatments during the 1-year follow-up. At baseline, the severity of the disease (CGI-s) and insight regarding the disease were shown to be associated with DAI-10 total scores.  
  
CONCLUSION: Attitudes toward antipsychotic drugs at baseline were shown to play a crucial role in predicting treatment discontinuation.  
  
TRIAL REGISTRATION: The data were collected from a clinical trial and the clinical trials.gov ID of the study is NCT01057849. Copyright © 2023. The Author(s).",

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"TI":"Presence of fimH and iss type 1, 2 and 3 genes in uropathogenic Escherichia coli isolates recovered from an apex medical institute in North India.",

"SO":"Indian Journal of Medical Microbiology. 46(no pagination), 2023. Article Number: 100417. Date of Publication: 01 Nov 2023.",

"AU":"Bali N.  
  
Borkakoty B.  
  
Ali A.  
  
Ahmed T.  
  
Roohi S.  
  
Wani S.  
  
Nisar Q.  
  
Hazarika R.",

"AO":"Bali, Nargis ORCID: https://orcid.org/0000-0002-5117-4639  
  
Ali, Aamir ORCID: https://orcid.org/0000-0002-8511-4861  
  
Ahmed, Tufail ORCID: https://orcid.org/0000-0002-8083-1116",

"IN":"(Bali, Ali, Ahmed, Roohi, Wani, Nisar) Department of Clinical Microbiology, Sher-I Kashmir Institute of Medical Sciences, Soura, Srinagar, Jammu & Kashmir, India  
  
(Borkakoty, Hazarika) Indian Council of Medical Research-Regional Medical Research Centre for NE Region, Bokel, Dibrugarh, Assam 786010, India",

"PB":"Indian Association of Medical Microbiologists",

"MH":"adolescent  
  
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\*uropathogenic Escherichia coli",

"AB":"Purpose: To detect the presence of fimH and iss type 1, 2 and 3 genes in uropathogenic Escherichia coli (UPEC) isolates recovered from patients coming to the out patient department (OPD) of our hospital. Method(s): E. coli isolates recovered from patients who had symptoms of urinary tract infection (UTI) were processed for the presence of fimH and iss genes. DNA was extracted using an in house method after which conventional PCR using forward and reverse primers targeting the four genes was carried out. The amplified products were electrophoresed and visualized in a gel documentation imager. Relevant demographic details of the patients were recorded on a pre-designed pro-forma and antimicrobial susceptibility testing of the isolates was done by disc diffusion method. Result(s): fimH was present in 87.5% of UPEC isolates whereas iss type 1 was seen in 7.3%, type 2 in 4.2% and iss type 3 in 71.9% isolates. Age of the patients ranged from 3 months to 82 yrs (mean 43.5 SD +/- 18.20). UTI was more common in females (60.2%) as compared to males patients (39.8%). Dysuria (66.7%) was the most common symptom in the studied subjects and diabetes mellitus (42.6%) the most common co-morbidity. A total of 56.5% patients gave a history of prior antibiotic intake. The UPEC isolates were resistant to most of the antibiotics tested. However all the isolates were sensitive to polymyxin B and colistin. Fosfomycin resistance was seen in 9.5% of the UPEC isolates harbouring fimH gene. Conclusion(s): This is the first study that highlights the presence of iss type 3 gene in UPEC isolates along with the fimH and iss type 1 and 2 genes. The results of this study can serve as a stepping stone for future in depth research into the significance of the iss genes in causing UTI.Copyright © 2023 Indian Association of Medical Microbiologists",

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\*type 3 fimbriae gene [other term]",

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"Database":"Medline",

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"VN":"Ovid Technologies",

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

"UI":"36750202",

"TI":"Safety of levofloxacin as an antibiotic prophylaxis in the induction phase of children newly diagnosed with acute lymphoblastic leukemia: an interim analysis of a randomized, open-label trial in Brazil.",

"SO":"Brazilian Journal of Infectious Diseases. 27(2):102745, 2023 Mar-Apr.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Dufrayer MC  
  
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Motta F  
  
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Monteiro, Yasmine Massaro Carneiro  
  
Carlesse, Fabianne Altruda de Moraes Costa  
  
Motta, Fabrizio  
  
Daudt, Liane Esteves  
  
Michalowski, Mariana Bohns",

"OD":"Dufrayer, Mauro Cesar. Hospital da Crianca Santo Antonio, Porto Alegre, RS, Brazil. Electronic address: mauro.dufrayer@santacasa.org.br.  
  
Rechenmacher, Ciliana. Universidade Federal do Rio Grande do Sul (UFRGS), Departamento de Pediatria, Porto Alegre, RS, Brazil Hospital de Clinicas de Porto Alegre (HCPA), Laboratorio de Pediatria Translacional, Servico de Pesquisa Experimental, Porto Alegre, RS, Brazil.  
  
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Monteiro, Yasmine Massaro Carneiro. Universidade Federal do Rio Grande do Sul (UFRGS), Departamento de Pediatria, Porto Alegre, RS, Brazil.  
  
Carlesse, Fabianne Altruda de Moraes Costa. Universidade Federal de Sao Paulo (UNIFESP), Instituto de Oncologia Pediatrica - GRAACC, Sao Paulo, SP, Brazil.  
  
Motta, Fabrizio. Hospital da Crianca Santo Antonio, Porto Alegre, RS, Brazil.  
  
Daudt, Liane Esteves. Hospital de Clinicas de Porto Alegre (HCPA), Servico de Oncologia Pediatrica, Porto Alegre, RS, Brazil Universidade Federal do Rio Grande do Sul (UFRGS), Departamento de Pediatria, Porto Alegre, RS, Brazil Hospital de Clinicas de Porto Alegre (HCPA), Laboratorio de Pediatria Translacional, Servico de Pesquisa Experimental, Porto Alegre, RS, Brazil.  
  
Michalowski, Mariana Bohns. Hospital de Clinicas de Porto Alegre (HCPA), Servico de Oncologia Pediatrica, Porto Alegre, RS, Brazil Universidade Federal do Rio Grande do Sul (UFRGS), Departamento de Pediatria, Porto Alegre, RS, Brazil Hospital de Clinicas de Porto Alegre (HCPA), Laboratorio de Pediatria Translacional, Servico de Pesquisa Experimental, Porto Alegre, RS, Brazil.",

"AB":"Acute lymphoblastic leukemia Febrile neutropenia Fluoroquinolone Induction Levofloxacin Pediatric Prophylaxis",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Despite high cure rates, treatment-related mortality in children with acute lymphoblastic leukemia (ALL) remains significant. About 4% of patients die during remission induction therapy and approximately two-thirds of treatment-related deaths are due to infectious complications.  
  
METHODS: From May 2021 to June 2022, children aged one through 18 years, with a recent diagnosis of ALL, admitted to three pediatric oncology centers in Brazil, were enrolled in this multicenter, open-label, randomized, phase 3 clinical trial. Eligible patients were randomly divided into two groups, based on a 1:1 allocation ratio, to receive, or not, levofloxacin as a prophylactic agent during the induction phase. All patients were treated according to the IC-BFM 2009 chemotherapy protocol. Primary endpoints were carbapenemase-producing Enterobacteriaceae (CPE) colonization, Clostridioides difficile diarrhea, and other adverse events related to the use of levofloxacin. The secondary endpoint was febrile neutropenia during induction. The median follow-up was 289 days.  
  
RESULTS: Twenty patients were included in this trial, 10 in each group (control and levofloxacin). Mild adverse reactions related to levofloxacin were observed in three patients (30%). Three patients had Clostridioides difficile diarrhea, two in the levofloxacin group and one in the control group (p > 0.99). Only one patient presented colonization by CPE. This patient belonged to the levofloxacin group (p > 0.99). Nine patients presented febrile neutropenia, five in the control group and four in the levofloxacin intervention group (p > 0.99), one patient died due to febrile neutropenia.  
  
CONCLUSION: The use of levofloxacin was shown to be safe in the induction phase in children with de novo ALL. The use of this medication did not increase the rate of colonization by CPE nor the rate of diarrhea by C. difficile. All adverse reactions were mild and remitted either spontaneously or after switching medicine administration from oral to intravenous route. Copyright © 2023 Sociedade Brasileira de Infectologia. Published by Elsevier Espana, S.L.U. All rights reserved.",

"DJ":"Randomized Controlled Trial  
  
Multicenter Study  
  
Clinical Trial, Phase III  
  
Journal Article",

"MV":"2023",

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

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Child  
  
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Levofloxacin/ae [Adverse Effects]  
  
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Anti-Bacterial Agents/ae [Adverse Effects]  
  
\*Clostridioides difficile  
  
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Febrile Neutropenia/dt [Drug Therapy]  
  
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Precursor Cell Lymphoblastic Leukemia-Lymphoma/dt [Drug Therapy]  
  
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"VN":"Ovid Technologies",

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

"UI":"37750384",

"TI":"Risk factors associated with overall survival in patients with multiple myeloma following carfilzomib treatment: A retrospective study from a large claims database in Japan.",

"SO":"Cancer Medicine. 12(19):19361-19371, 2023 10.",

"AU":"1",

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

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"PB":"Hagiwara H  
  
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Iida S",

"MH":"Hagiwara, Hiromi  
  
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Fukuta, Hidekatsu  
  
Kamiya, Takeshi  
  
Ikuta, Koichi  
  
Iida, Shinsuke",

"DU":"Hagiwara, Hiromi. Department of Medical Innovation, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan.  
  
Nakayama, Takafumi. Department of Cardiology, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan.  
  
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Fukuta, Hidekatsu. Department of Clinical Research Management Center, Nagoya City University Hospital, Nagoya, Japan.  
  
Kamiya, Takeshi. Department of Clinical Research Management Center, Nagoya City University Hospital, Nagoya, Japan.  
  
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Iida, Shinsuke. Department of Hematology and Oncology, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan.",

"OD":"carfilzomib large claims database lenalidomide multiple myeloma overall survival renal impairment",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: Carfilzomib is a selective proteasome inhibitor approved for treating relapsed or refractory multiple myeloma (RRMM). Carfilzomib improves overall survival (OS) and progression-free survival (PFS) however, treatment with carfilzomib results in a higher incidence of cardiovascular and renal toxicity. More than 70% of patients with RRMM in clinical practice do not meet the eligibility criteria for randomized clinical trials (RCT). OS and PFS are negatively influenced by complications, concomitant medications and prior treatments. Therefore, we assessed the risk factors influencing the OS and time to next treatment (TTNT) in the real world. TTNT has emerged as a relevant alternative clinical endpoint to PFS.  
  
METHODS: A retrospective analysis of a large claims database prepared during the post-marketing stages in Japan was performed. The patients treated with carfilzomib for the first time were identified. Multivariable Cox proportional hazards regression analysis was performed to evaluate the risk factors influencing OS and TTNT following carfilzomib treatment.  
  
RESULTS: A total of 732 patients with RRMM who received carfilzomib-containing chemotherapy between April 2014 and September 2021 were identified. Multivariable Cox regression analysis for OS and TTNT showed a significantly higher hazard ratio (HR) of 1.48 (95% confidence interval [Cl]: 1.10-2.00 p = 0.010) and 1.38 (95% Cl: 1.15-1.65 p < 0.001), respectively, for patients with renal impairment compared to those without renal impairment. Multivariable Cox regression analysis for OS and TTNT showed a significantly higher HR of 1.80 (95% Cl: 1.27-2.55 p = 0.0010) and 1.38 (95% Cl: 1.14-1.66 p < 0.001), respectively, for patients with prior lenalidomide treatment compared to those without prior lenalidomide treatment.  
  
CONCLUSION: Complication of renal impairment and prior lenalidomide treatment could be risk factors influencing OS and TTNT during carfilzomib treatment. Copyright © 2023 The Authors. Cancer Medicine published by John Wiley & Sons Ltd.",

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

"DJ":"2023",

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

"TN":"Hagiwara, Hiromi ORCID: https://orcid.org/0000-0003-0855-0210  
  
Hashimoto, Hiroya ORCID: https://orcid.org/0000-0003-1865-4953",

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"UI":"2027730658",

"TI":"The utility of serum amylase as a prognostic marker in multiple myeloma.",

"SO":"Journal of Cancer Research and Therapeutics. 19(5) (pp 1231-1235), 2023. Date of Publication: 2023.",

"AU":"Chetana Panthula S.V.  
  
Krishnan S.  
  
Jose W.M.",

"AO":"nan",

"IN":"(Chetana Panthula, Jose) Department of Medical Oncology, Amrita Institute of Medical Science, Kerala, Kochi, India  
  
(Krishnan) Department of Biochemistry, Amrita Institute of Medical Science, Kerala, Kochi, India  
  
(Jose) Department of Medical Oncology, Amrita Institute of Medical Science, AIMS, P.O., Kerala, Kochi 682 041, India",

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"OD":"Background: Ectopic production of amylase by tumor cells is known since 1951. Elevated amylase in multiple myeloma (MM) was first described in 1988. It has been postulated that translocation of chromosome 1, where amylase gene is situated, is responsible for ectopic production from the malignant plasma cells. Anecdotal reports have shown hyperamylasemia in MM to be associated with extensive bone disease, rapid progression, and shorter survival. Serum amylase estimation is a ubiquitous test. This prospective study was conducted to ascertain the degree of elevated amylase, its clinical utility, and implications in MM patients. Material(s) and Method(s): In an 18-month period, all consenting patients with newly diagnosed or relapsed MM were tested for serum amylase levels. The study excluded patients with elevated lipase, abnormal creatinine clearance, and evidence of intestinal obstruction or perforation. Patients with amylase value >100 U/L were designated to have 'elevated amylase level' for the purpose of this study. Result(s): We enrolled 58 patients with MM, of which 29.3% (n = 17) were found to have elevated serum amylase levels. The median age of patients with elevated amylase was 65 years. The male-to-female ratio was 1.9:1. There was no statistical association between age, gender, type of heavy chain class, light chain, or high-risk cytogenetics. Among patients with the International Staging System (ISS), Stages I, II, and III, 20.8% (n = 5), 31.3% (n = 5), and 41.2% (n = 7) were noted to have elevated amylase levels. A statistically significant association was noted between the presence of extramedullary disease (EMD) and elevated amylase level (P = 0.028). Higher mortality (29.4% versus 17%) and shorter mean survival of (30.2 +/- 3.3 months versus 51.7 + 4.9 months) were recorded in patients with elevated amylase levels in comparison to those with normal levels. Conclusion(s): Elevated serum amylase level in MM is indicative of advanced ISS stage, the presence of EMD, higher risk of mortality, and shorter survival. Serum amylase can be used as a cost-effective tool in myeloma management.Copyright © 2022 Journal of Cancer Research and Therapeutics.",

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

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"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, Eva ORCID: https://orcid.org/0000-0001-9786-5403",

"IN":"(Juselius Baghdassarian, Lewander) Department of Neuroscience, Psychiatry and Uppsala University Hospital, Uppsala University, Uppsala, Sweden",

"PB":"Cambridge University Press (E-mail: Journals\_subscriptions@cup.cam.ac.uk)",

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"FTURL":"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.",

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

"DJ":"32063251 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32063251]",

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"UI":"36853434",

"TI":"Animal Models of Childhood Exposure to Lead or Manganese: Evidence for Impaired Attention, Impulse Control, and Affect Regulation and Assessment of Potential Therapies. [Review]",

"SO":"Neurotherapeutics. 20(1):3-21, 2023 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Smith DR  
  
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"MH":"Smith, Donald R ORCID: https://orcid.org/0000-0002-4919-1042",

"DU":"Smith, Donald R  
  
Strupp, Barbara J",

"OD":"Smith, Donald R. Department of Microbiology and Environmental Toxicology, University of California, Santa Cruz, CA, 95060, USA. drsmith@ucsc.edu.  
  
Strupp, Barbara J. Division of Nutritional Sciences and Department of Psychology, Cornell University, Ithaca, NY, 14853, USA.",

"AB":"Animals  
  
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Succimer/tu [Therapeutic Use]  
  
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Models, Animal  
  
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"FTURL":"ADHD Animal model Attention deficit Lead Manganese Neurotoxicity",

"PM":"NOTNLM",

"DJ":"Behavioral disorders involving attention and impulse control dysfunction, such as ADHD, are among the most prevalent disorders in children and adolescents, with significant impact on their lives. The etiology of these disorders is not well understood, but is recognized to be multifactorial, with studies reporting associations with polygenic and environmental risk factors, including toxicant exposure. Environmental epidemiological studies, while good at establishing associations with a variety of environmental and genetic risk factors, cannot establish causality. Animal models of behavioral disorders, when properly designed, can play an essential role in establishing causal relationships between environmental risk factors and a disorder, as well as provide model systems for elucidating underlying neural mechanisms and testing therapies. Here, we review how animal model studies of developmental lead or manganese exposure have been pivotal in (1) establishing a causal relationship between developmental exposure and lasting dysfunction in the domains of attention, impulse control, and affect regulation, and (2) testing the efficacy of specific therapeutic approaches for alleviating the lasting deficits. The lead and manganese case studies illustrate how animal models can advance knowledge in ways that are not possible in human studies. For example, in contrast to the Treatment of Lead Poisoned Children (TLC) human clinical trial evaluating succimer chelation efficacy to improve cognitive functioning in lead-exposed children, our developmental lead exposure animal model showed that succimer chelation can produce lasting cognitive benefits if chelation sufficiently reduces brain lead levels. In addition, this study revealed that succimer treatment in the absence of lead exposure produces lasting cognitive dysfunction, highlighting potential risks of chelation in off-label uses, such as the treatment of autistic children without a history of lead exposure. Our animal model of developmental manganese exposure has demonstrated that manganese can cause lasting attentional and sensorimotor deficits, akin to an ADHD-inattentive behavioral phenotype, thereby providing insights into the role of environmental exposures as contributors to ADHD. These studies have also shown that oral methylphenidate (Ritalin) can fully alleviate the deficits produced by early developmental Mn exposure. Future work should continue to focus on the development and use of animal models that appropriately recapitulate the complex behavioral phenotypes of behavioral disorders, in order to determine the mechanistic basis for the behavioral deficits caused by developmental exposure to environmental toxicants, and the efficacy of existing and emerging therapies. Copyright © 2023. The Author(s).",

"MV":"2P299V784P (Lead)  
  
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207ZZ9QZ49 (Methylphenidate)",

"TN":"Journal Article  
  
Review  
  
Research Support, N.I.H., Extramural",

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"TI":"Understanding Perinatal Depression Care Gaps by Examining Care Access and Barriers in Perinatal Individuals With and Without Psychiatric History.",

"SO":"Journal of Women's Health. 32(10) (pp 1111-1119), 2023. Date of Publication: 01 Oct 2023.",

"AU":"McNicholas E.  
  
Boama-Nyarko E.  
  
Julce C.  
  
Nunes A.P.  
  
Flahive J.  
  
Byatt N.  
  
Moore Simas T.A.",

"AO":"(McNicholas, Boama-Nyarko, Julce, Nunes, Flahive, Byatt, Moore Simas) Department of Obstetrics and Gynecology, T.H. Chan School of Medicine, University of Massachusetts Chan Medical School, Worcester, MA, United States  
  
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"IN":"Mary Ann Liebert Inc.",

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anorexia  
  
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\*perinatal depression/th [Therapy]  
  
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major clinical study  
  
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secondary analysis",

"OD":"Background: Depression affects one in seven perinatal individuals and remains underdiagnosed and undertreated. Individuals with a psychiatric history are at an even greater risk of perinatal depression, but it is unclear how their experiences with the depression care pathway may differ from individuals without a psychiatric history. Method(s): We conducted a secondary analysis evaluating care access and barriers to care in perinatal individuals who screened positive for depression using the Edinburgh Postnatal Depression Scale (N = 280). Data were analyzed from the PRogram in Support of Moms (PRISM) study, a cluster randomized controlled trial of two interventions for perinatal depression. Result(s): Individuals with no prepregnancy psychiatric history (N = 113), compared with those with a history (N = 167), were less likely to be screened for perinatal depression, and less likely to be offered a therapy referral, although equally likely to attend if referred. When examining how these differences affected outcomes, those without a psychiatric history had 46% lower odds of attending therapy (95% confidence interval [CI]: 0.19-1.55), 79% lower odds of taking medication (95% CI: 0.08-0.54), and 80% lower odds of receiving any depression care (95% CI: 0.08-0.47). Barriers were similar across groups, except for concerns regarding available treatments and beliefs about self-resolution of symptoms, which were more prevalent in individuals without a psychiatric history. Conclusion(s): Perinatal individuals without a prepregnancy psychiatric history were less likely to be screened, referred, and treated for depression. Differences in screening and referrals resulted in missed opportunities for care, reinforcing the urgent need for universal mental health screening and psychoeducation during the perinatal period.Copyright © Mary Ann Liebert, Inc.",

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

"FTURL":"antidepressant agent / drug therapy / special situation for pharmacovigilance",

"PM":"nan",

"DJ":"37582274 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37582274]",

"MV":"nan",

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

"UI":"37116866",

"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):1579-1590, 2023 11 29.",

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"PB":"Brand BA  
  
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Luykx JJ  
  
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"MH":"Brand, Bodyl A  
  
de Boer, Janna N  
  
Marcelis, Machteld C  
  
Grootens, Koen P  
  
Luykx, Jurjen J  
  
Sommer, Iris E",

"DU":"Brand, Bodyl A. Department of Psychiatry, UMC Utrecht Brain Center, University Medical Center Utrecht (UMCU), Utrecht University, Utrecht, The Netherlands.  
  
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Sommer, Iris E. Department of Biomedical Sciences and Systems, Cognitive Neurosciences, University of Groningen, University Medical Center Groningen (UMCG), Groningen, The Netherlands.",

"OD":"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.  
  
CONCLUSIONS: 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 © The Author(s) 2023. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center.",

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

"FTURL":"2023",

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

"DJ":"RCT SERM antipsychotic medication estrogen raloxifene schizophrenia sex differences",

"MV":"NOTNLM",

"TN":"Brand, Bodyl A ORCID: https://orcid.org/0000-0003-2383-0851  
  
de Boer, Janna N ORCID: https://orcid.org/0000-0003-1231-2733",

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

"Database":"EMBASE",

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"UI":"2025817731",

"TI":"Antimicrobial, antioxidant, and cytotoxic properties of endophytic fungi isolated from Thysanolaena maxima Roxb., Dracaena spicata Roxb. and Aglaonema hookerianum Schott.",

"SO":"BMC Complementary Medicine and Therapies. 23(1) (no pagination), 2023. Article Number: 347. Date of Publication: December 2023.",

"AU":"Hoque N.  
  
Khan Z.R.  
  
Rashid P.T.  
  
Begum M.N.  
  
Sharmin S.  
  
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"AO":"nan",

"IN":"(Hoque, Rashid) Department of Pharmacy, East West University, Aftabnagar, Dhaka 1212, Bangladesh  
  
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(Hossain) Department of Pharmacy, State University of Bangladesh, 77 Satmasjid Road, Dhanmondi, Dhaka 1205, Bangladesh",

"PB":"BioMed Central Ltd",

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"DU":"acetic acid ethyl ester  
  
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zone of inhibition",

"AB":"Background: Endophytic fungi have recently been recognized as an impressive source of natural biomolecules. The primary objective of the research was to isolate fungal endophytes from Thysanolaena maxima Roxb., Dracaena spicata Roxb. and Aglaonema hookerianum Schott. of Bangladesh and assess their pharmacological potentialities focusing on antimicrobial, antioxidant, and cytotoxic properties. Method(s): The fungal isolates were identified up to the genus level by analyzing their macroscopic and microscopic characteristics. Ethyl acetate extracts of all the fungal isolates were screened for different bioactivities, including antimicrobial (disc diffusion method), antioxidant (DPPH scavenging assay), and cytotoxic (brine shrimp lethality bioassay) activities. Result(s): Among the thirteen isolates, Fusarium sp. was the most recognized genus, while the others belonged to Colletotrichum sp. and Pestalotia sp. Comparing the bioactivity of all the extracts, Fusarium sp. was shown to be the most effective endophyte, followed by Colletotrichum sp. and Pestalotia sp. In the antimicrobial study, two isolates of Fusarium sp. (internal strain nos. DSLE-1 and AHPE-4) showed inhibitory activity against all the tested bacteria and the highest zone of inhibition (15.5 +/- 0.4 mm) was exerted by AHPE-4 against Bacillus subtillis. All the fungal isolates produced mild to moderate free radical scavenging activity, where the highest antioxidant activity was revealed by one isolate of Fusarium sp. (internal strain no. AHPE-3) with an IC50 value of 84.94 +/- 0.41 microg/mL. The majority of Fusarium sp. isolates exhibited notable cytotoxic activity, where AHPE-4 exhibited the highest cytotoxicity, having the LC50 value of 14.33 +/- 4.5 microg/mL. Conclusion(s): The findings of the study endorsed that the fungal endophytes isolated from T. maxima, D. spicata, and A. hookerianum hold potential as valuable origins of bioactive substances. Nevertheless, more comprehensive research is warranted, which could develop novel natural compounds from these endophytes to treat various infectious and cancerous diseases.Copyright © 2023, BioMed Central Ltd., part of Springer Nature.",

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"DJ":"Aglaonema hookerianum schott [other term]  
  
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"If RCT or not":"No",

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

"Database":"Medline",

"ORN":"111",

"VN":"Ovid Technologies",

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

"UI":"36820511",

"TI":"Polymyxin combination therapy for multidrug-resistant, extensively-drug resistant, and difficult-to-treat drug-resistant gram-negative infections: is it superior to polymyxin monotherapy?. [Review]",

"SO":"Expert Review of Antiinfective Therapy. 21(4):387-429, 2023 04.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Ardebili A  
  
Izanloo A  
  
Rastegar M",

"MH":"nan",

"DU":"Ardebili, Abdollah  
  
Izanloo, Ahdieh  
  
Rastegar, Mostafa",

"OD":"Ardebili, Abdollah. Infectious Diseases Research Center, Golestan University of Medical Sciences, Gorgan, Iran.  
  
Ardebili, Abdollah. Department of Microbiology, Faculty of Medicine, Golestan University of Medical Sciences, Gorgan, Iran.  
  
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Rastegar, Mostafa. Department of Microbiology, Faculty of Medicine, Golestan University of Medical Sciences, Gorgan, Iran.",

"AB":"Colistin MDR/XDR/DTR gram-negative bacilli combinations monotherapy polymyxin B",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: The increasing prevalence of infections with multidrug-resistant (MDR), extensively-drug resistant (XDR) or difficult-to-treat drug resistant (DTR) Gram-negative bacilli (GNB), including Pseudomonas aeruginosa, Acinetobacter baumannii, Klebsiella pneumoniae, Enterobacter species, and Escherichia coli poses a severe challenge.  
  
AREAS COVERED: The rapid growing of multi-resistant GNB as well as the considerable deceleration in development of new anti-infective agents have made polymyxins (e.g. polymyxin B and colistin) a mainstay in clinical practices as either monotherapy or combination therapy. However, whether the polymyxin-based combinations lead to better outcomes remains unknown. This review mainly focuses on the effect of polymyxin combination therapy versus monotherapy on treating GNB-related infections. We also provide several factors in designing studies and their impact on optimizing polymyxin combinations.  
  
EXPERT OPINION: An abundance of recent in vitro and preclinical in vivo data suggest clinical benefit for polymyxin-drug combination therapies, especially colistin plus meropenem and colistin plus rifampicin, with synergistic killing against MDR, XDR, and DTR P. aeruginosa, K. pneumoniae and A. baumannii. The beneficial effects of polymyxin-drug combinations (e.g. colistin or polymyxin B + carbapenem against carbapenem-resistant K. pneumoniae and carbapenem-resistant A. baumannii, polymyxin B + carbapenem + rifampin against carbapenem-resistant K. pneumoniae, and colistin + ceftolozan/tazobactam + rifampin against PDR-P. aeruginosa) have often been shown in clinical setting by retrospective studies. However, high-certainty evidence from large randomized controlled trials is necessary. These clinical trials should incorporate careful attention to patient's sample size, characteristics of patient's groups, PK/PD relationships and dosing, rapid detection of resistance, MIC determinations, and therapeutic drug monitoring.",

"DJ":"Review  
  
Journal Article",

"MV":"2023",

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

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Colistin/pd [Pharmacology]  
  
Colistin/tu [Therapeutic Use]  
  
Rifampin/pd [Pharmacology]  
  
Retrospective Studies  
  
Gram-Negative Bacterial Infections/dt [Drug Therapy]  
  
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"ORN":"111",

"VN":"Ovid Technologies",

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

"UI":"37708798",

"TI":"Technologies of targeting histone deacetylase in drug discovery: Current progress and emerging prospects. [Review]",

"SO":"European Journal of Medicinal Chemistry. 261:115800, 2023 Dec 05.",

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Zhang, Jifa",

"DU":"Ru, Jinxiao. Department of Neurology, Joint Research Institution of Altitude Health and National Clinical Research Center for Geriatrics, West China Hospital, Sichuan University, Chengdu, 610041, Sichuan, China.  
  
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"OD":"Cancer Drug discovery Histone deacetylases Novel technologies",

"AB":"NOTNLM",

"FTURL":"Histone deacetylases (HDACs) catalyze the hydrolysis of acetyl-l-lysine side chains in histones and non-histones, which are key to epigenetic regulation in humans. Targeting HDACs has emerged as a promising strategy for treating various types of cancer, including myeloma and hematologic malignancies. At present, numerous small molecule inhibitors targeting HDACs are actively being investigated in clinical trials. Despite their potential efficacy in cancer treatment, HDAC inhibitors suffer from multi-directional selectivity and preclinical resistance issues. Hence, developing novel inhibitors based on cutting-edge medicinal chemistry techniques is essential to overcome these limitations and improve clinical outcomes. This manuscript presents an extensive overview of the properties and biological functions of HDACs in cancer, provides an overview of the current state of development and limitations of clinical HDAC inhibitors, and analyzes a range of innovative medicinal chemistry techniques that are applied. These techniques include selective inhibitors, dual-target inhibitors, proteolysis targeting chimeras, and protein-protein interaction inhibitors. Copyright © 2023 Elsevier Masson SAS. All rights reserved.",

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"TI":"Diarrheal woes in transplantation from real world settings with special focus on clostridium difficile infection.",

"SO":"Medical Journal Armed Forces India. 79(6) (pp 679-683), 2023. Date of Publication: 01 Nov 2023.",

"AU":"Yanamandra U.  
  
Khadwal A.  
  
Gupta S.  
  
Thomas T.  
  
Lad D.  
  
Taneja N.  
  
Prakash G.  
  
Varma N.  
  
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"PB":"Elsevier B.V.",

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"OD":"Background: Diarrhea is the major cause of discomfort and morbidity of patients undergoing hematopoietic stem cell transplant (HSCT). The cause of diarrhea may be infective or non-infective. Method(s): This is a prospective single center observational study from North India conducted over a period of approximately 4 years among 105 patients who underwent HSCT (autologous-72, allogeneic-33). The objective of the study was to identify the overall incidence and characteristics of diarrhea in HSCT in the real world, to evaluate any differences among allogeneic or autologous transplants, incidence of C Difficile among diarrheal patients, and antimicrobial usage among these patients. Result(s): Diarrhea was present in 89 of 105 patients (84.7%). The mean diarrheal duration was of 8.39+/-4.57 days (range: 1-24 days). There was non statistical difference between the incidence of diarrhea amongst allogeneic and autologous transplants (78.9% Vs 87.5%). Out of 89 patients with diarrhea, 13 were CDTA positive. We could isolate Clostridium difficile in culture in only 7.6% of patients with CDTA positivity. Metronidazole was the antibiotic of choice for diarrhea in our post-transplant settings. Metronidazole was prescribed for a median duration of 8 days (Range: 3-18 days). Seventeen patients received oral vancomycin with a median duration of 8 days (Range: 5-14 days). Conclusion(s): We conclude by saying that diarrhea was a common post-transplant morbidity. Clostridium difficile is not common in patients with the diarrhea post hematopoietic stem cell transplant. All cases of diarrhea need not be infective particularly in allogeneic settings.Copyright © 2023",

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

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"TI":"Post-hoc analysis of a randomized, placebo-controlled, active-reference 6-week study of brexpiprazole in acute schizophrenia.",

"SO":"Acta Neuropsychiatrica. (no pagination), 2020. Date of Publication: 2020.",

"AU":"Marder S.R.  
  
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(Hobart) Otsuka Pharmaceutical Development and Commercialization, Inc., Princeton, NJ, United States",

"PB":"Cambridge University Press (E-mail: Journals\_subscriptions@cup.cam.ac.uk)",

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"FTURL":"Objective:We provide a closer look at the result of a randomized, placebo-controlled, active-reference (quetiapine XR), flexible-dose, 6-week study of brexpiprazole in schizophrenia that didn't meet its primary endpoint - change from baseline in 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. Method(s):Pre-specified sensitivity analyses of the primary endpoint were performed using ANCOVA LOFC and OC. Post-hoc analyses of change from baseline in PANSS total score were performed using the MMRM approach with treatment groups split by having typical adverse events with potential for functional unblinding, e.g. somnolence, weight increased, dizziness, dry mouth and sedation. Result(s):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, whereas those who did not had a 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(s):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.Copyright © Scandinavian College of Neuropsychopharmacology 2020.",

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

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

"UI":"37055205",

"TI":"Sleep IntervEntion as Symptom Treatment for ADHD (SIESTA)-Blended CBT sleep intervention to improve sleep, ADHD symptoms and related problems in adolescents with ADHD: Protocol for a randomised controlled trial.",

"SO":"BMJ Open. 13(4):e065355, 2023 04 13.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Keuppens L  
  
Marten F  
  
Baeyens D  
  
Boyer B  
  
Danckaerts M  
  
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"MH":"Keuppens, Lena ORCID: https://orcid.org/0000-0002-4425-776X",

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Marten, Finja  
  
Baeyens, Dieter  
  
Boyer, Bianca  
  
Danckaerts, Marina  
  
van der Oord, Saskia",

"OD":"Keuppens, Lena. Clinical Psychology, KU Leuven, Leuven, Belgium.  
  
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Boyer, Bianca. Developmental and Educational Psychology, University of Leiden, Leiden, The Netherlands.  
  
Danckaerts, Marina. Developmental Psychiatry, UPC KU Leuven, Leuven, Belgium.  
  
van der Oord, Saskia. Clinical Psychology, KU Leuven, Leuven, Belgium saskia.vanderoord@kuleuven.be.",

"AB":"Humans  
  
Adolescent  
  
Attention Deficit Disorder with Hyperactivity/co [Complications]  
  
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Randomized Controlled Trials as Topic",

"FTURL":"child & adolescent psychiatry clinical trials sleep medicine",

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"DJ":"INTRODUCTION: Adolescents with attention deficit hyperactivity disorder (ADHD) experience a more disrupted sleep and more sleep problems compared with typically developing adolescents. This is particularly concerning, because disrupted sleep is related to worsened clinical, neurocognitive and functional outcomes and leads to increased ADHD symptom impairment. Due to the specific difficulties adolescents with ADHD experience, a tailored sleep treatment is needed. Therefore, our lab developed a cognitive behavioural treatment-Sleep IntervEntion as Sympom Treatment for ADHD (SIESTA)-that integrates sleep training with motivational interviewing, and planning/organisational skills training with the aim of improving sleep problems in adolescents with ADHD.  
  
METHODS AND ANALYSIS: A randomised, controlled, investigator-blinded monocentre trial is used to test whether SIESTA in combination with treatment as usual (TAU) for ADHD results in greater improvement in sleep problems than TAU only. Adolescents (aged 13-17 years) with ADHD and sleep problems are included. They complete measurements before treatment (pre-test), approximately 7 weeks after the pre-test (post-test), and approximately 3 months after the post-test (follow-up). The assessment includes questionnaires filled out by adolescents, parents and teachers. Additionally, sleep is assessed by actigraphy and sleep diaries at all time-points. Primary outcomes include objectively and subjectively measured sleep architecture (specified as total sleep time, sleep onset latency, sleep efficiency and number of awakenings), subjectively measured sleep problems and sleep hygiene. Secondary outcomes include ADHD symptoms, comorbidities and functional outcomes. To analyse the data, a linear mixed effects model will be used with an intent-to-treat approach.  
  
ETHICS AND DISSEMINATION: The study activities, informed consent and assent forms have been approved by the Ethical Committee Research UZ/KU Leuven (study ID S64197). If proven effective, the intervention will be implemented throughout Flanders. Therefore, an advisory board consisting of societal partners in healthcare is appointed at the start of the project, giving advice throughout the project and assistance with implementation afterwards.  
  
TRIAL REGISTRATION NUMBER: NCT04723719. 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 Protocol  
  
Journal Article",

"Unnamed: 22":"2023",

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"UI":"2022410871",

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

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

"AU":"Raible H.  
  
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"AO":"(Raible, D'Souza) The Raabe College of Pharmacy, Ohio Northern University, Ada, OH, United States  
  
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"IN":"SAGE Publications Inc.",

"PB":"adolescent  
  
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"OD":"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(s): Viloxazine ER is a useful addition to other nonstimulant medications available to treat patients with ADHD.Copyright © The Author(s) 2023.",

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

"FTURL":"\*viloxazine / \*adverse drug reaction / \*drug therapy / \*oral drug administration / \*pharmaceutics / \*special situation for pharmacovigilance",

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

"DJ":"37021356 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37021356]",

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"UI":"36600620",

"TI":"The Role of Total White Blood Cell Count in Antipsychotic Treatment for Patients with Schizophrenia.",

"SO":"Current Neuropharmacology. 22(1):159-167, 2024.",

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Deng, Wei. NHC and CAMS Key Laboratory of Medical Neurobiology, Zhejiang University, Hangzhou, China.  
  
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"OD":"BACKGROUND: Total white blood cell count (TWBCc), an index of chronic and low-grade inflammation, is associated with clinical symptoms and metabolic alterations in patients with schizophrenia. The effect of antipsychotics on TWBCc, predictive values of TWBCc for drug response, and role of metabolic alterations require further study.  
  
METHODS: Patients with schizophrenia were randomized to monotherapy with risperidone, olanzapine, quetiapine, aripiprazole, ziprasidone, perphenazine or haloperidol in a 6-week pharmacological trial. We repeatedly measured clinical symptoms, TWBCc, and metabolic measures (body mass index, blood pressure, waist circumference, fasting blood lipids and glucose). We used mixed-effect linear regression models to test whether TWBCc can predict drug response. Mediation analysis to investigate metabolic alteration effects on drug response.  
  
RESULTS: At baseline, TWBCc was higher among patients previously medicated. After treatment with risperidone, olanzapine, quetiapine, perphenazine, and haloperidol, TWBCc decreased significantly (p < 0.05). Lower baseline TWBCc predicted greater reductions in Positive and Negative Syndrome Scale (PANSS) total and negative scores over time (p < 0.05). We found significant mediation of TWBCc for effects of waist circumference, fasting low-density lipoprotein cholesterol, and glucose on reductions in PANSS total scores and PANSS negative subscale scores (p < 0.05).  
  
CONCLUSION: TWBCc is affected by certain antipsychotics among patients with schizophrenia, with decreases observed following short-term, but increases following long-term treatment. TWBCc is predictive of drug response, with lower TWBCc predicting better responses to antipsychotics. It also mediates the effects of certain metabolic measures on improvement of negative symptoms. This indicates that the metabolic state may affect clinical manifestations through inflammation. Copyright© Bentham Science Publishers For any queries, please email at epub@benthamscience.net.",

"AB":"Randomized Controlled Trial  
  
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"FTURL":"2024",

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

"DJ":"Schizophrenia antipsychotics drug response inflammation metabolic alterations. white blood cell",

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"TI":"Antibiotic Resistance Patterns Among Uropathogens in Female Outpatients Affected by Uncomplicated Cystitis: Focus on Fosfomycin Trometamol.",

"SO":"International Journal of Antimicrobial Agents. 62(5) (no pagination), 2023. Article Number: 106974. Date of Publication: November 2023.",

"AU":"Cai T.  
  
Verze P.  
  
Arcaniolo D.  
  
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Caciagli P.  
  
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"MH":"\*antibiotic resistance  
  
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"AB":"Objectives: To report the resistance rate against fosfomycin trometamol among outpatient women with symptoms related to urinary tract infections over a 6-year period in a multicentre, cross-sectional study. Method(s): Urinary samples were collected from three high-volume laboratories from January 2015 to December 2020. The pattern of resistance to fosfomycin was analysed by using the Vitek II automated system. Result(s): A total of 7289 urinary samples were collected and 8321 strains were analysed during the study period. The most commonly isolated uropathogen was Escherichia coli (n = 6583, 79.1%). The mean resistance rate against fosfomycin was 9.7% (range 7.1-11.3). No statistically significant difference was found between the three laboratories (P = 0.53). There was no significant increase in resistance rate during the study period. The mean resistance rate against fosfomycin was higher among extended-spectrum beta-lactamase (ESBL)-producing bacteria when compared with non-ESBL-producing strains (10.8% vs. 7.9% P < 0.001). Conclusion(s): Uropathogens isolated from women affected by cystitis remained highly susceptible to fosfomycin. These findings confirm recommendations in international guidelines that advocate fosfomycin trometamol for empirical treatment of uncomplicated cystitis in women.Copyright © 2023 Elsevier Ltd and International Society of Antimicrobial Chemotherapy",

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"TI":"Pseudomonas aeruginosa isolation is an important predictor for recurrent hemoptysis after bronchial artery embolization in patients with idiopathic bronchiectasis: a multicenter cohort study.",

"SO":"Respiratory Research. 24(1):84, 2023 Mar 18.",

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Xu, Jin-Fu. Institute of Respiratory Medicine, School of Medicine, Tongji University, Shanghai, China. jfxu@tongji.edu.cn.",

"AB":"nan",

"FTURL":"nan",

"PM":"BACKGROUND: Nearly half of bronchiectasis patients receiving bronchial artery embolization (BAE) still have recurrent hemoptysis, which may be life-threatening. Worse still, the underlying risk factors of recurrence remain unknown.  
  
METHODS: A retrospective cohort was conducted of patients with idiopathic bronchiectasis who received BAE from 2015 to 2019 at eight centers. Patients were followed up for at least 24 months post BAE. Based on the outcomes of recurrent hemoptysis and recurrent severe hemoptysis, a Cox regression model was used to identify risk factors for recurrence.  
  
RESULTS: A total of 588 individuals were included. The median follow-up period was 34.0 months (interquartile range: 24.3-53.3 months). The 1-month, 1-year, 2-year, and 5-year cumulative recurrent hemoptysis-free rates were 87.2%, 67.5%, 57.6%, and 49.4%, respectively. The following factors were relative to recurrent hemoptysis: 24-h sputum volume (hazard ratio [HR] = 1.99 [95% confidence interval [95% CI]: 1.25-3.15, p = 0.015]), isolation of Pseudomonas aeruginosa (HR = 1.50 [95% CI: 1.13-2.00, p = 0.003]), extensive bronchiectasis (HR = 2.00 [95% CI: 1.29-3.09, p = 0.002]), and aberrant bronchial arteries (AbBAs) (HR = 1.45 [95% CI: 1.09-1.93, p = 0.014]). The area under the receiver operating characteristic curve of the nomogram was 0.728 [95% CI: 0.688-0.769].  
  
CONCLUSIONS: Isolation of Pseudomonas aeruginosa is an important independent predictor of recurrent hemoptysis. The clearance of Pseudomonas aeruginosa might effectively reduce the hemoptysis recurrence rate. Copyright © 2023. The Author(s).",

"DJ":"Multicenter Study  
  
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"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Bronchial Arteries  
  
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"VN":"Ovid Technologies",

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"UI":"37574125",

"TI":"Efficacy of Autologous Stem Cell Transplantation for Myeloma Patients with Suboptimal Response: A Multicenter Retrospective Analysis.",

"SO":"Transplantation and Cellular Therapy. 29(11):688.e1-688.e13, 2023 Nov.",

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"DU":"Suzuki, Kazuhito. Division of Clinical Oncology/Hematology, Department of Internal Medicine, The Jikei University School of Medicine, Tokyo, Japan Division of Clinical Oncology/Hematology, Department of Internal Medicine, The Jikei University Kashiwa Hospital, Chiba, Japan. Electronic address: kaz-suzuki@jikei.ac.jp.  
  
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"OD":"Autologous stem cell transplantation Early progressive disease Multiple myeloma Suboptimal response",

"AB":"NOTNLM",

"FTURL":"Autologous stem cell transplantation (ASCT) is the standard of care for myeloma patients who achieve partial response (PR) or better after induction therapy. However, its clinical significance in patients with suboptimal response (SR) before ASCT, including stable disease (SD) and progressive disease (PD), has not been established. Additionally, functional high-risk, including SR and early PD within 12 months, was a poor prognostic factor up to now. This study aimed to evaluate the efficacy of ASCT in myeloma patients with SR in the novel agent era. This multicenter retrospective study was conducted using the Transplant Registry Unified Management Program database of the Japanese Society of Transplantation and Cellular Therapy and included 3898 transplantation-eligible patients with newly diagnosed multiple myeloma who underwent ASCT between 2007 and 2020 and were followed up until 2021. The SR rate was 4.7%, including 1.7% with PD. In survival time analysis for overall cases, a significant difference in PFS between the very good partial response (VGPR) and PR groups was observed, whereas there was no significant difference in overall survival (OS) between the VGPR and PR groups. Additionally, there was no significant difference in OS or PFS between the PR and SD groups. Therefore, we focused on the PR, SD, and PD groups, as the purpose of this retrospective study was to investigate the clinical significance of ASCT in patients with SR compared with those with PR. The median patient age was 60 years (range, 30 to 77 years). In total, 1605 (97.4%) patients received bortezomib, 561 (38.2%) received an immunomodulatory drug (ImiD), and 512 (34.9%) received both bortezomib and an ImiD. A total of 558 patients (38.0%) received reinduction therapy. There were 229 patients (37.7%) with high-risk cytogenetics (HRCA). With a median follow-up of 31.7 months, there was a significant difference in 30-month OS rates among the PR, SD, and PD groups (86.3%, 78.5%, and 39.4%, respectively P <.001). OS was significantly shorter in the SD group compared to the PR group among the patients with HRCA (P < .001) and patients treated with reinduction therapy (P = .013). In the PD group, the 30-month OS and PFS rates were 39.4% and 17.9%, respectively. Finally, early PD within 12 months after ASCT was predictive of short OS, whereas OS without early PD even in the PD group was similar to that in the SD and PR groups. In conclusion, OS in the SR group was not always short, but SR in the HRCA and the reinduction therapy groups was predictive of short OS, so that therapeutic alternatives to ASCT are needed. OS in the PD group was significantly short, but ASCT improved clinical outcomes when early PD did not occur even in the PD group. Copyright © 2023 The American Society for Transplantation and Cellular Therapy. Published by Elsevier Inc. All rights reserved.",

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Journal Article",

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Transplantation, Autologous",

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"TI":"A German-Wide Systematic Study on Mobilization and Collection of Hematopoietic Stem Cells in Poor Mobilizer Patients with Multiple Myeloma prior to Autologous Stem Cell Transplantation.",

"SO":"Transfusion Medicine and Hemotherapy. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Bittrich M.  
  
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"IN":"(Bittrich) Department of Internal Medicine II, University Hospital Wurzburg, Wurzburg, Germany  
  
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(Stoltefus) Klinik fur Innere Medizin II, Evangelisches Krankenhaus Hamm, Hamm, Germany  
  
(Kiani) Department of Hematology and Oncology, Klinikum Bayreuth, Bayreuth, Germany  
  
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(Brand, Ehmer) Sanofi-Aventis Deutschland GmbH, Berlin, Germany  
  
(Kroger) Interdisziplinare Klinik und Poliklinik fur Stammzelltransplantation, University Hospital Hamburg-Eppendorf, Hamburg, Germany",

"PB":"S. Karger AG",

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"OD":"Introduction: In patients with a clinical indication for autologous hematopoietic stem cell transplantation (ASCT), sufficient mobilization of CD34+ precursor cells into peripheral blood is essential to ensure adequate hematopoietic stem cell (HSC) collection prior to intensive therapy. However, with standard granulocyte-colony stimulating factor (G-CSF)-based mobilization schemes, an important minority of patients fail to mobilize sufficient (e.g., >10/muL) CD34+ cell counts into the peripheral blood and are considered as poor mobilizers (PM). Because failure to achieve sufficient CD34+ cell mobilization can negatively affect important clinical treatment endpoints, the use of plerixafor (PLX) was approved to increase CD34+ mobilization in PM patients. Method(s): The German non-interventional, multicenter, open-label, prospective OPTIMOB study evaluated HSC mobilization strategies prior to planned ASCT in adult patients with hematologic malignancies (lymphomas or multiple myeloma [MM]) focusing on PM patients. PM patients were defined as follows: (1) never achieving >=20 CD34+ cells/muL before 1st apheresis, (2) receiving PLX at any timepoint of mobilization, (3) their initially planned stem cell yield had to be reduced, or (4) they had not received apheresis due to low CD34+ count in peripheral blood. Result(s): 168 of 475 MM patients (35%) participating in the OPTIMOB study were classified as PM, and 155 of them (92%) received PLX (PM+PLX) during the study. PM patients were 40-78 years old, slightly more often male (n = 97, 58%), mostly newly diagnosed (n = 146, 87%) and received highly individualized previous treatments. Ninety-four of the PMs underwent chemotherapy mobilization (65%), and 51 patients (35%) received steady-state mobilization with G-CSF only during 1st mobilization attempt. 92% of the total PM population (n = 155) underwent apheresis, 78% of them (n = 117) achieved >2.0 x 106 CD34+ cells/kg body weight on the 1st day of apheresis. PM+PLX had a higher median total collection result than those PM patients without PLX support (7.2 vs. 5.7 x 106 CD34+ cells/kg body weight). In total, ASCT was performed in 136 PM+PLX (88%) versus 8 PM-PLX patients (62%). Conclusion(s): The OPTIMOB study showed that a considerable proportion of adult MM patients in Germany are PMs. Even though most of PMs were supported with PLX in the OPTIMOB study, PM-PLX also successfully mobilized HSCs, allowing ASCT in majority of all PMs. However, further analyses are required for treatment optimization in PMs.Copyright © 2023 The Author(s). Published by S. Karger AG, Basel. This article is licensed under the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC). Usage and distribution for commercial purposes requires written permission.",

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"UI":"633924791",

"TI":"Switching to paliperidone extended release in patients with schizophrenia dissatisfied with previous olanzapine treatment: Post hoc analysis of an open-label, prospective study.",

"SO":"Medicine (United States). 98(3) (no pagination), 2019. Article Number: e13688. Date of Publication: 2019.",

"AU":"Si T.M.  
  
Cai S.L.  
  
Zhuo J.M.  
  
Zhang L.L.",

"AO":"nan",

"IN":"(Si) National Clinical Research Center for Mental Disorders, Key Laboratory of Mental Health, Ministry of Health, Peking University, Beijing, China  
  
(Si) Peking University Institute of Mental Health, Sixth Hospital, Beijing, China  
  
(Cai, Zhang) Xian Janssen Pharmaceutical Co Ltd, Beijing, China  
  
(Zhuo) Janssen Research and Development Center, Johnson and Johnson Investment Ltd, Shanghai, China",

"PB":"Lippincott Williams and Wilkins",

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"FTURL":"Objective: This post hoc analysis of an open-label, single-arm, multicenter study was designed to assess the efficacy, safety, and tolerability of paliperidone extended release (ER) in Chinese patients with non-acute schizophrenia, after switching from olanzapine. Method(s): Patients with schizophrenia who were dissatisfied with prior olanzapine treatment switched to flexible paliperidone ER (3-12 mg/day) based on clinical judgment. Change from baseline to week 12 in Positive and Negative Syndrome Scale (PANSS) total scores (primary endpoint), PANSS subscale scores, response rate, Clinical Global Impression-Severity (CGI-S) score, personal and social performance (PSP) scores, patient satisfaction with treatment score, change in sleep quality, level of daytime sleepiness and safety were evaluated. Result(s): Out of 118 enrolled patients, 95 (81%) completed the study. Mean duration of study was 76.9 (23.85) days. The primary endpoint, mean (SD) PANSS total score changed significantly from baseline to endpoint (-19.6 [18.71], P <.0001). Secondary endpoints including PANSS subscale score, PSP, patient satisfaction and daytime drowsiness also significantly improved (P <.001). Most commonly reported (>=1%) treatment-emergent adverse events were akathisia (n = 14 [12%]) and insomnia (n = 9 [8%]). Conclusion(s): Switching to flexible-dosed paliperidone ER in patients dissatisfied with prior olanzapine treatment achieved good efficacy and tolerability consistently over 12 weeks.Copyright © 2019 the Author(s). Published by Wolters Kluwer Health, Inc.",

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"TI":"Response of peer relations and social activities to treatment with viloxazine extended-release capsules (Qelbree R ): A post hoc analysis of four randomized clinical trials of children and adolescents with attention-deficit/hyperactivity disorder.",

"SO":"Brain and Behavior. 13(4):e2910, 2023 04.",

"AU":"1",

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

"IN":"MEDLINE",

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Busse, Gregory D  
  
Lujan, Brendan  
  
Rubin, Jonathan  
  
Nasser, Azmi",

"OD":"Faraone, Stephen V. Departments of Psychiatry and of Neuroscience and Physiology, SUNY Upstate Medical University, Syracuse, New York, USA.  
  
Gomeni, Roberto. Pharmacometrica, Lieu-dit Longcol, La Fouillade, France.  
  
Hull, Joseph T. Supernus Pharmaceuticals, Inc., Rockville, Maryland, USA.  
  
Busse, Gregory D. Supernus Pharmaceuticals, Inc., Rockville, Maryland, USA.  
  
Lujan, Brendan. Supernus Pharmaceuticals, Inc., Rockville, Maryland, USA.  
  
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Nasser, Azmi. Supernus Pharmaceuticals, Inc., Rockville, Maryland, USA.",

"AB":"Humans  
  
Child  
  
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Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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"FTURL":"Qelbree R (viloxazine extended-release capsules) attention-deficit/hyperactivity disorder (ADHD) peer relations social activities",

"PM":"NOTNLM",

"DJ":"INTRODUCTION: Attention-deficit/hyperactivity disorder (ADHD) is associated with impairments related to peer relations (PR) and social activities (SA). The objective of this post hoc analysis was to assess the degree to which viloxazine extended-release (viloxazine ER viloxazine extended-release capsules Qelbree R ) improves clinical assessments of PR and SA in children and adolescents with ADHD.  
  
METHODS: Data were used from four Phase III placebo-controlled trials of 100 to 600 mg/day of viloxazine ER (N = 1354 6-17 years of age). PR and SA were measured with the Peer Relations content scale of the Conners 3rd Edition Parent Short Form's Peer Relation content scale (C3PS-PR) and the Social Activities domain of the Weiss Functional Impairment Rating Scale-Parent Report's (WFIRS-P-SA) at baseline and end of study. ADHD symptoms were assessed weekly with the ADHD Rating Scale, 5th Edition. The analyses relied on the general linear mixed model with the subject as a random effect.  
  
RESULTS: Improvement in C3PS-PR (p = .0035) and WFIRS-P-SA (p = .0029) scores were significantly greater in subjects treated with viloxazine ER compared with placebo. When using measures of clinically meaningful response, the C3PS-PR responder rate was significantly higher for viloxazine ER (19.2%) compared with placebo (14.1%) and the difference was statistically significant (p = .0311) the Number Needed to Treat (NNT) was 19.6. The WFIRS-P-SA responder rate was significantly higher for viloxazine ER (43.2%) compared with placebo (28.5%) and the difference was statistically significant (p < .0001) the NNT was 6.8. The standardized mean difference effect size for both PR and SA was 0.09.  
  
CONCLUSIONS: Viloxazine ER significantly reduces the impairment of PR and SA in children and adolescents with ADHD. Although its effects on PR and SA are modest, many ADHD patients can be expected to achieve clinically meaningful improvements in PR and SA with viloxazine ER treatment for longer than 6 weeks. Copyright © 2023 The Authors. Brain and Behavior published by Wiley Periodicals LLC.",

"MV":"5I5Y2789ZF (Viloxazine)  
  
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"TN":"Journal Article",

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"TI":"Recent Advances in Clinical Applications of P300 and MMN.",

"SO":"Neuromethods. 206(pp 1-21), 2024. Date of Publication: 2024.",

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"AO":"(Falkenstein) ALA Institute, Bochum, Germany",

"IN":"Humana Press Inc.",

"PB":"alcoholism  
  
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"OD":"Event-related potentials (ERP), in particular P300 and MMN, have been used for decades in clinical research, but hardly in clinical practice. This chapter provides an overview of recent clinical ERP studies with P300 and MMN as primary components. Due to the (non-)availability of recent studies, this review is restricted to traumatic brain injury, Parkinson's disease, attention deficit/hyperactivity disorder, borderline personality disorder, schizophrenia, depression, alcohol use disorder, and, in particular, dementia/mild cognitive impairment. The main findings are summarized at the end of each chapter. In the general discussion, possibilities for the clinical application of ERPs as derived from the current research are summarized, and strategies to promote the use of ERPs in clinical practice are suggested.Copyright © The Author(s), under exclusive license to Springer Science+Business Media, LLC, part of Springer Nature 2024.",

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"TI":"Initial attitudes toward a drug predict medication adherence in first-episode patients with schizophrenia: a 1-year prospective study in China.",

"SO":"BMC Psychiatry. 23(1):907, 2023 Dec 05.",

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Huang, Bingjie  
  
Gao, Tianqi  
  
Zheng, Yue  
  
Shi, Chuan  
  
Pu, Chengcheng  
  
Yu, Xin",

"DU":"Dai, Nan. Department of Psychiatry, First Affiliated Hospital of Kunming Medical University, 295 Xichang Road, Kunming, Yunnan, China.  
  
Huang, Bingjie. Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China.  
  
Gao, Tianqi. Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China.  
  
Zheng, Yue. Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China.  
  
Shi, Chuan. Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China.  
  
Pu, Chengcheng. Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China. puchengcheng@bjmu.edu.cn.  
  
Yu, Xin. Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), 51 Huayuan North Road, Beijing, China. yuxin@bjmu.edu.cn.",

"OD":"BACKGROUND: Patients' attitudes toward medication have been shown to be a predictor of nonadherence to antipsychotic treatment. However, most previous studies that explored this relationship used a cross-sectional design. It is important to explore the association of attitudes toward drugs with discontinuation at different time points during antipsychotic treatment. In this study, we investigated the association of attitudes toward drugs (measured by the Drug Attitude Inventory (DAI-10)) with adherence at seven time points (baseline, 4 weeks, 8 weeks, 12 weeks, 26 weeks, 39 weeks, and 52 weeks) during 1 year of treatment. Factors that were potentially associated with attitudes toward drugs at the time point of interest were also studied.  
  
METHODS: Demographic characteristics, psychopathology, social functioning, and attitudes toward drugs (measured by the DAI-10) were collected at baseline, 4 weeks, 8 weeks, 12 weeks, 26 weeks, 39 weeks and 52 weeks. The association of attitudes toward drugs (measured by DAI-10) with adherence at the seven time points was calculated using the Mann-Whitney U test. The optimal cutoff point for the DAI-10 was then determined using receiver operating characteristic (ROC) analysis. Cox regression analysis was conducted to further investigate the association of DAI-10 scores with discontinuation, controlling for potential confounding variables. We used multiple regression analysis to identify the factors associated with DAI-10 scores.  
  
RESULTS: Among the six time points, only baseline DAI-10 total scores were significantly different between the completed and discontinued groups (p = 0.004). Female sex and a baseline DAI-10 total score greater than - 1 were found to be independent protective factors against discontinuation of antipsychotic drug treatments during the 1-year follow-up. At baseline, the severity of the disease (CGI-s) and insight regarding the disease were shown to be associated with DAI-10 total scores.  
  
CONCLUSION: Attitudes toward antipsychotic drugs at baseline were shown to play a crucial role in predicting treatment discontinuation.  
  
TRIAL REGISTRATION: The data were collected from a clinical trial and the clinical trials.gov ID of the study is NCT01057849. Copyright © 2023. The Author(s).",

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"FTURL":"2023",

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

"DJ":"Patients compliance Schizophrenia The Drug Attitude Inventory",

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"TI":"Efficacy of honey dressing in chronic wounds with biofilm.",

"SO":"Journal of Cardiovascular Disease Research. 14(9) (pp 1557-1562), 2023. Date of Publication: 2023.",

"AU":"Abhishek T.  
  
Gurram L.  
  
Konatham S.K.",

"AO":"nan",

"IN":"(Abhishek, Gurram, Konatham) Department of General Surgery, Mamata Medical College, Telangana, Khammam, India",

"PB":"EManuscript Technologies",

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wound assessment",

"AB":"Background: Very few studies are available for the use of honey in the treatment of chronic wounds with biofilm. Honey dressing is one of the surgical advances in recent times avoiding the mechanical debridement and reducing postoperative pain and cost effective. Method(s): It is a prospective comparative study of effectiveness of honey dressing versus mechanical debridement in wounds with biofilm for a period of one and half year in patients who met inclusion criteria Results: Majority of patients in honey group are in the mean age of 49.8+/-19 and in debridement group are in the mean age of 53.4+/-17.5. Granulation tissue appeared in 14 days in honey group compared to debridement group which appeared in 20 days. Conclusion(s): Honey dressing in chronic wounds with biofilm is a useful measure as it reduces postoperative pain and hospital stay and cost effective.Copyright © 2023 EManuscript Technologies. All rights reserved.",

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

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"TI":"Epidemiological characteristics and molecular features of carbapenem-resistant Enterobacter strains in China: a multicenter genomic study.",

"SO":"Emerging Microbes & Infections. 12(1):2148562, 2023 Dec.",

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"IN":"MEDLINE",

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"OD":"Zhu, Zhichen. Department of Clinical Laboratory, The Second Affiliated Hospital of Soochow University, Suzhou, People's Republic of China.  
  
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Du, Hong. Department of Clinical Laboratory, The Second Affiliated Hospital of Soochow University, Suzhou, People's Republic of China.",

"AB":"Enterobacter blaNDM IncX3 ST116 ST171 carbapenemase",

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"PM":"Epidemiological characteristics and molecular features of carbapenem-resistant Enterobacter (CR-Ent) species remain unclear in China. In this study, we performed a genomic study on 92 isolates from Enterobacter-caused infections from a multicenter study in China. Whole genome sequencing (WGS) was used to determine the genome sequence of 92 non-duplicated CR-Ent strains collected from multiple tertiary health centres. The precise species of Enterobacter strains were identified by average nucleotide identity (ANI) and in silico DNA-DNA hybridization (isDDH). Molecular features of high-risk CR-Ent sequence type (ST) lineages and carbapenemase-encoding plasmids were determined. The result revealed that the most common human-source CR-Ent species in China was E. xiangfangensis (66/92, 71.93%), and the proportion of carbapenemase-producing Enterobacter (CP-Ent) in CR-Ent was high (72/92, 78.26%) in comparison to other global regions. Furthermore, ST171 and ST116 E. xiangfangensis were the major lineages of CP-Ent strains, and ST171 E. xiangfangensis was more likely to cause infections in older patients. Genomic analysis also highlighted the likelihood of intra-hospital/inter-hospital clonal transmission of ST171 and ST116 E. xiangfangensis. In addition, the blaNDM-harbouring IncX3-type plasmid was identified as the prevalent carbapenemase-encoding plasmid carried by CR-Ent strains, and was experimentally confirmed to be able to self-transfer with high frequency. This study detailed the genomic and clinical characteristics of CR-Ent in China in the form of multicenter for the first time. The high risk of carbapenemase-producing ST171 and ST116 E. xiangfangensis, and the blaNDM-harbouring IncX3-type plasmid were detected and emphasized.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

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Plasmids/ge [Genetics]",

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"TI":"Isatuximab Plus Carfilzomib and Dexamethasone in East Asian Patients With Relapsed Multiple Myeloma: Updated IKEMA Subgroup Analysis.",

"SO":"Clinical lymphoma, myeloma & leukemia. 23(10):e360-e367, 2023 10.",

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"IN":"MEDLINE",

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"OD":"Relapsed MM, Minimal residual disease, Overall response, Cytogenetic risk",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: The Phase 3 IKEMA study (NCT03275285) demonstrated isatuximab (Isa) in combination with carfilzomib (K) and dexamethasone (d) significantly improved progression-free survival (PFS) in patients with relapsed multiple myeloma (MM) compared with Kd. A post-hoc analysis of East Asian patients in IKEMA evaluated the efficacy and safety of Isa-Kd versus Kd in this population and was previously published.  
  
PATIENTS AND METHODS: Patients with relapsed MM who had received 1 to 3 prior lines of therapy were randomized 3:2 to receive Isa-Kd or Kd. The primary endpoint was PFS, and key secondary endpoints included rate of very good partial response or better (>=VGPR), complete response (CR) rate, and minimal residual disease (MRD) negativity. Of the IKEMA overall population, 46 patients were of East Asian descent. This is an updated analysis of the efficacy and safety of Isa-Kd in East Asian patients, including data through 14 January 2022.  
  
RESULTS: Isa-Kd continued to demonstrate improved efficacy and safety versus Kd in East Asian patients with relapsed MM, with improved PFS, rate of >=VGPR, CR rate, and MRD negativity, that was consistent with the overall IKEMA population. The rate of Grade >=3 treatment-emergent adverse events was also consistent with the prior analysis and overall IKEMA population.  
  
CONCLUSION: Based on the results of this analysis, Isa-Kd is a novel treatment option for East Asian patients with relapsed MM. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.",

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

"DJ":"2023",

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"TN":"nan",

"Unnamed: 22":"nan",

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"UI":"2027744631",

"TI":"Mobilization and Hematopoietic Stem Cell Collection in Poor Mobilizing Patients with Lymphoma: Final Results of the German OPTIMOB Study.",

"SO":"Transfusion Medicine and Hemotherapy. 50(5) (pp 403-416), 2023. Date of Publication: 21 Oct 2023.",

"AU":"Kriegsmann K.  
  
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"PB":"S. Karger AG",

"MH":"abdominal pain/si [Side Effect]  
  
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treatment failure",

"OD":"Introduction: Successful mobilization and collection of peripheral hematopoietic stem cells (HSCs) are necessary for lymphoma patients eligible for myeloablative chemotherapy with subsequent autologous stem cell transplantation (ASCT). Albeit G-CSF alone or combined with chemotherapy is well-established methods for HSC mobilization, up to 40% of the patients fail to mobilize (poor mobilizer, PM). Plerixafor (PLX) is commonly used in PM patients resulting in increased migration of HSCs into peripheral blood and thus improves the collection outcome. Method(s): The prospective, multicenter, open-label, non-interventional OPTIMOB study assessed mobilization and collection parameter of patients with lymphoma or multiple myeloma to get deep insights in the treatment of those patients in clinical routine focusing on PM patients. PM was defined as follows: (1) no achievement of >=20 CD34+ progenitor cells/muL before first apheresis, (2) PLX administration at any time point during the observational period, (3) reduction of the initially planned CD34+ progenitor cell yield as necessity due to failed mobilization or HSC collection, and (4) no performance of apheresis due to low CD34+ progenitor level. Primary objective of the study was to assess mobilization success by the proportion of PM patients achieving >2 x 106 CD34+ progenitor cells/kg body weight on the first day of apheresis. Here, the data of the lymphoma cohort are presented. Result(s): Out of 238 patients with lymphoma documented in the study, 32% were classified as PM. 87% of them received PLX. Demographic data revealed no obvious differences between PM and good mobilizing (GM) patients. All patients were treated highly individualized prior to mobilization. Majority of all PM patients were able to undergo apheresis (95%) and reached their individual requested CD34+ progenitor cell target (72%). 57% of the PM patients achieved >2.0 x 106 CD34+ progenitor cells/kg body weight on day 1 of apheresis and nearby 70% of them underwent ASCT. Median time to engraftment was similar in PM and GM patients of the lymphoma cohort. Conclusion(s): Majority of PM patients with lymphoma were successfully mobilized and underwent ASCT. Most of them received PLX during the study.Copyright © 2023 S. Karger AG. All rights reserved.",

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

"FTURL":"bleomycin / drug combination / special situation for pharmacovigilance  
  
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CD34 antigen / endogenous compound  
  
cisplatin / drug combination / drug therapy / special situation for pharmacovigilance  
  
cyclophosphamide / drug combination / drug therapy / special situation for pharmacovigilance  
  
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"SO":"Journal of Consulting and Clinical Psychology. (no pagination), 2019. Date of Publication: 2019.",

"AU":"Salas-Sender M.  
  
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"FTURL":"Introduction: The study aimed to assess gender differences in the efficacy of metacognitive training (MCT) in people with first-episode psychosis in terms of symptoms and cognitive insight as a primary outcome and other metacognitive and social cognition measures as a secondary outcome. Method(s): A multicenter, controlled, randomized clinical trial was performed including 122 patients with first-episode psychosis. A total of 8 weekly group sessions of MCT or a psychoeducational intervention were performed. Patients were assessed at baseline, posttreatment, and follow-up. Symptoms were assessed with the Positive and Negative Syndrome Scale and cognitive insight with the Beck Cognitive Insight Scale. A battery of questionnaires on metacognition and social cognition variables was included to assess secondary outcomes. A regression model for repeated measures was performed by gender. Result(s): Women of the MCT group improved more in general symptoms (p = .046), self-certainty (p = .010), and a composite index of the cognitive insight (p = .031). Moreover, women in the MCT group showed a reduction in personalizing bias (p = .021) and irrational beliefs related to dependence (p = .024), while men in the MCT group showed an improvement in intolerance to frustration (p = .017). In the Jumping to Conclusions task, men in the MCT group improved in the affective task (p = .021) while no differences were found in women. Conclusion(s): Our results suggest that MCT is more effective in reducing symptoms and improving cognitive insight for women than men. Moreover, different irrational beliefs and cognitive biases were reduced differently considering gender. MCT could be a gendersensitive intervention.Copyright © 2019 American Psychological Association.",

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"TI":"The role of single trial variability in event related potentials in children with attention deficit hyperactivity disorder.",

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"OD":"Arnett, Anne B. Division of Developmental Medicine, Boston Children's Hospital, Boston, MA, USA Pediatrics, Harvard Medical School, Boston, MA, USA. Electronic address: anne.arnett@childrens.harvard.edu.  
  
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Peisch, Virginia. Division of Developmental Medicine, Boston Children's Hospital, Boston, MA, USA.  
  
Spaulding, Katherine. Division of Developmental Medicine, Boston Children's Hospital, Boston, MA, USA.  
  
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Li, Vivian. Division of Developmental Medicine, Boston Children's Hospital, Boston, MA, USA.",

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"FTURL":"Attention deficit hyperactivity disorder EEG Etiology Evoked potentials Single trial variability",

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"DJ":"OBJECTIVE: Children with attention deficit hyperactivity disorder (ADHD) show attenuated mean P3 component amplitudes compared to typically developing (TD) children. This finding may be the result of individual differences in P3 amplitudes, P3 latencies, and/or greater single trial variability (STV) in amplitude or latency, suggesting neural noise.  
  
METHODS: Event related potentials (ERPs) from 75 children with ADHD and 29 TD children were recorded with electroencephalography (EEG). Caregivers provided ratings on child ADHD symptoms. Single-trial ERP amplitudes and latencies were extracted from the P3 component time window during a visual oddball task. Additionally, we computed individual-centered and trial-centered P3 amplitudes to account for inter-individual and inter-trial variability in the timing of the P3 peak.  
  
RESULTS: In line with prior research, greater ADHD symptom severity was associated with reduced mean P3 amplitude. This correlation was no longer significant after correcting for inter-trial differences in P3 latency. In contrast, greater ADHD symptom severity was associated with reduced STV in P3 amplitude.  
  
CONCLUSIONS: Our results suggest that attenuated average P3 amplitude in ADHD samples is due to a consistent reduction in strength of the neurophysiological signal at the single trial level, as well as increased inter-trial variability in the timing of P3 peak amplitudes. The traditional method of extracting P3 amplitudes based on a single time window for all trials may not adequately capture variability in P3 latencies associated with ADHD.  
  
SIGNIFICANCE: Inter- and intra-individual differences in brain signatures should be considered in models of neurobiological differences in neurodevelopmental samples. Copyright © 2023 International Federation of Clinical Neurophysiology. Published by Elsevier B.V. All rights reserved.",

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"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) (no pagination), 2023. Article Number: 22r14772. Date of Publication: September 2023.",

"AU":"Liu T.-H.  
  
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Lai C.-C.  
  
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Lin C.-H.  
  
Su K.-P.",

"AO":"(Liu, Lin) Department of Psychiatry, Chi Mei Medical Center, Tainan, Taiwan (Republic of China)  
  
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"OD":"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. Result(s): 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. Conclusion(s): 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.",

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"SO":"JAMA Psychiatry. 80(12):1246-1257, 2023 Dec 01.",

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"DU":"Chopra, Sidhant. Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Clayton, Victoria, Australia.  
  
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Bellgrove, Mark. Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Clayton, Victoria, Australia.  
  
McGorry, Patrick D. Orygen, Parkville, Victoria, Australia.  
  
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Fornito, Alex. Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Clayton, Victoria, Australia.  
  
Fornito, Alex. Monash Biomedical Imaging, Monash University, Clayton, Victoria, Australia.",

"OD":"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: 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.  
  
Results: 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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"TI":"Construction and validation of infection risk model for patients with external ventricular drainage: a multicenter retrospective study.",

"SO":"Acta Neurochirurgica. 165(11) (pp 3255-3266), 2023. Date of Publication: November 2023.",

"AU":"Wang P.  
  
Luo S.  
  
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Gong M.  
  
Zhang J.  
  
Liang R.  
  
Ma W.  
  
Li Y.  
  
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"AO":"nan",

"IN":"(Wang, Liu) Department of Neurosurgery, West China Hospital, Sichuan University, Sichuan, Chengdu, China  
  
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"AB":"Purpose: External ventricular drainage (EVD) is a life-saving neurosurgical procedure, of which the most concerning complication is EVD-related infection (ERI). We aimed to construct and validate an ERI risk model and establish a monographic chart. Method(s): We retrospectively analyzed the adult EVD patients in four medical centers and split the data into a training and a validation set. We selected features via single-factor logistic regression and trained the ERI risk model using multi-factor logistic regression. We further evaluated the model discrimination, calibration, and clinical usefulness, with internal and external validation to assess the reproducibility and generalizability. We finally visualized the model as a nomogram and created an online calculator (dynamic nomogram). Result(s): Our research enrolled 439 EVD patients and found 75 cases (17.1%) had ERI. Diabetes, drainage duration, site leakage, and other infections were independent risk factors that we used to fit the ERI risk model. The area under the receiver operating characteristic curve (AUC) and the Brier score of the model were 0.758 and 0.118, and these indicators' values were similar when internally validated. In external validation, the model discrimination had a moderate decline, of which the AUC was 0.720. However, the Brier score was 0.114, suggesting no degradation in overall performance. Spiegelhalter's Z-test indicated that the model had adequate calibration when validated internally or externally (P = 0.464 vs. P = 0.612). The model was transformed into a nomogram with an online calculator built, which is available through the website: https://wang-cdutcm.shinyapps.io/DynNomapp/ . Conclusion(s): The present study developed an infection risk model for EVD patients, which is freely accessible and may serve as a simple decision tool in the clinic. Graphical abstract: [Figure not available: see fulltext.]Copyright © 2023, The Author(s), under exclusive licence to Springer-Verlag GmbH Austria, part of Springer Nature.",

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"TI":"Oral and Rectal Colonization by Antimicrobial-Resistant Gram-Negative Bacteria and Their Association with Death among Residents of Long-Term Care Facilities: A Prospective, Multicenter, Observational, Cohort Study.",

"SO":"Gerontology. 69(3):261-272, 2023.",

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"OD":"Kajihara, Toshiki. Antimicrobial Resistance Research Center, National Institute of Infectious Diseases, Tokyo, Japan.  
  
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Ohge, Hiroki. Department of Infectious Diseases, Hiroshima University Hospital, Hiroshima, Japan.  
  
Sugai, Motoyuki. Antimicrobial Resistance Research Center, National Institute of Infectious Diseases, Tokyo, Japan.  
  
Sugai, Motoyuki. Project Research Center for Nosocomial Infectious Diseases, Hiroshima University, Hiroshima, Japan.",

"AB":"Antimicrobial resistance Disease burden Elderly people Epidemiology Long-term care facility",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: The prevalence of antimicrobial-resistant bacteria (ARB) in long-term care facilities (LTCFs) remains unclear. Furthermore, the effect of ARB colonization on the clinical outcomes of LTCF residents has not been explored.  
  
METHODS: We conducted a prospective multicenter cohort study and investigated the residents (N = 178) of six Japanese LTCFs (three Welfare Facilities for the Elderly Requiring Long-term Care and three Geriatric Health Service Facilities) for oral and rectal carriage of ARB. The clinical outcomes of the residents were evaluated based on isolating bacterial strains and subjecting them to whole-genome sequencing.  
  
RESULTS: Of the 178 participants, 32 belonging to Geriatric Health Service Facilities with no information on their clinical outcome were excluded, and the remaining 146 were followed up for at most 21 months. Extended-spectrum beta-lactamases (ESBL)-producing Enterobacterales and Pseudomonas aeruginosa were detected in 42.7% (n = 76) and 2.8% (n = 5) of the rectal swabs and 5.6% (n = 10) and 3.4% (n = 6) of the oral swabs, respectively. Detection of ARB in the oral and rectal cavities showed remarkable association with enteral nutrition. Further, P. aeruginosa was significantly associated with an increase in mortality of the residents, but there were not significant association between ESBL-producing Enterobacterales and mortality. Core-genome phylogeny of P. aeruginosa revealed a wide-spread distribution of the isolated strains across the phylogeny, which included a cluster of ST235 strains with substantially higher biofilm formation ability than the other isolated P. aeruginosa strains.  
  
DISCUSSION/CONCLUSION: This study is the first to investigate the carriage of both oral and rectal ARB, genomic relatedness and determinants of antimicrobial resistance in isolated strains, and clinical outcomes of LTCF residents. Our study provides the first direct evidence for the burden of antimicrobial resistance in LTCFs. Copyright © 2022 The Author(s). Published by S. Karger AG, Basel.",

"DJ":"Observational Study  
  
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Research Support, Non-U.S. Gov't",

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"TI":"The effect of exercise interventions on quality of life in patients with multiple myeloma: a systematic review and meta-analysis of randomised controlled trials. [Review]",

"SO":"Clinical & Experimental Medicine. 23(7):3217-3230, 2023 Nov.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Goodhew RE  
  
Edwards BA",

"MH":"Goodhew, Rebecca E  
  
Edwards, Ben A",

"DU":"Goodhew, Rebecca E. East and North Hertfordshire NHS Trust, Hertfordshire, UK. rg717@cam.ac.uk.  
  
Goodhew, Rebecca E. University of Cambridge, Cambridge, UK. rg717@cam.ac.uk.  
  
Edwards, Ben A. University Hospital Southampton, Southampton, UK.",

"OD":"Exercise Meta-analysis Multiple myeloma Physical activity Quality of life Systematic review",

"AB":"NOTNLM",

"FTURL":"PURPOSE: To determine the effect of exercise interventions on quality of life in adults with multiple myeloma.  
  
METHODS: A literature search of 10 sources was performed in June 2022 to identify eligible studies for synthesis.  
  
INCLUSION CRITERIA: randomised controlled trials comparing the effect of exercise interventions with usual care in adults with a diagnosis of multiple myeloma. The risk of bias was assessed using the Revised Cochrane risk-of-bias tool for randomized trials. Meta-analysis was performed using a random-effects model with inverse variance and 95% confidence intervals. Forest plots were constructed to present pooled data.  
  
RESULTS: Five RCTs, which included a total of 519 participants, were selected for inclusion. Four of the five studies were included in the meta-analysis. The mean participant age ranged from 55 to 67 years old. All studies included an aerobic exercise component. Intervention length ranged from 6 to 30 weeks. Meta-analysis of 118 participants showed that exercise interventions had no impact on global quality of life (MD = 2.15, 95% CI: - 4.67, 8.97, p = 0.54, I2 = 0%). Exercise interventions negatively impacted participant grip strength (MD: - 3.69, 95% CI: - 7.12, -0.26, p = 0.03, I2 = 0%) according to pooled data from 186 participants.  
  
CONCLUSION: Exercise interventions have no positive impact on the quality of life of patients with multiple myeloma. The analysis is limited by a high risk of bias across included studies and low certainty evidence. Further high-quality trials are needed to assess the role of exercise in patients with multiple myeloma. Copyright © 2023. The Author(s), under exclusive licence to Springer Nature Switzerland AG.",

"PM":"Meta-Analysis  
  
Systematic Review  
  
Journal Article  
  
Review",

"DJ":"2023",

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"TN":"Goodhew, Rebecca E ORCID: http://orcid.org/0000-0002-6355-9501  
  
Edwards, Ben A ORCID: http://orcid.org/0000-0003-1603-5534",

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"TI":"Hematopoietic stem cell mobilization for allogeneic stem cell transplantation by motixafortide, a novel CXCR4 inhibitor.",

"SO":"Blood Advances. 7(18) (pp 5210-5214), 2023. Date of Publication: 26 Sep 2023.",

"AU":"Crees Z.D.  
  
Rettig M.P.  
  
Bashey A.  
  
Devine S.M.  
  
Jaglowski S.  
  
Wan F.  
  
Zhou A.  
  
Harding M.  
  
Vainstein-Haras A.  
  
Sorani E.  
  
Gliko-Kabir I.  
  
Grossman B.J.  
  
Westervelt P.  
  
DiPersio J.F.  
  
Uy G.L.",

"AO":"Crees, Zachary D. ORCID: https://orcid.org/0000-0003-3215-8454  
  
Wan, Fei ORCID: https://orcid.org/0000-0002-8311-5553  
  
Uy, Geoffrey L. ORCID: https://orcid.org/0000-0002-7809-0996  
  
Jaglowski, Samantha ORCID: https://orcid.org/0000-0002-4335-2554  
  
Grossman, Brenda J. ORCID: https://orcid.org/0000-0002-1500-8211",

"IN":"(Crees, Rettig, Wan, Zhou, Harding, Westervelt, DiPersio, Uy) Division of Oncology, Washington University School of Medicine, St. Louis, MO, United States  
  
(Bashey) Blood and Marrow Transplant Program, Northside Hospital, Atlanta, GA, United States  
  
(Devine) Center for International Blood and Marrow Transplant Research, National Marrow Donor Program, Minneapolis, MN, United States  
  
(Jaglowski) Division of Hematology, The Ohio State University, Comprehensive Cancer Center, Columbus, OH, United States  
  
(Vainstein-Haras, Sorani, Gliko-Kabir) BioLineRx Ltd, Modi'in, Israel  
  
(Grossman) Department of Pathology and Immunology, Washington University School of Medicine, St. Louis, MO, United States",

"PB":"American Society of Hematology",

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CD8+ T lymphocyte  
  
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"OD":"Granulocyte colony-stimulating factor (G-CSF) is the most common agent used for mobilizing peripheral blood (PB) hematopoietic stem and progenitor cells (HSPCs) for allogeneic hematopoietic cell transplantation (allo-HCT). However, G-CSF mobilization often requires multiple leukapheresis procedures (LPs) and injections.1,2 G-CSF is also associated with bone pain, rare but life-threatening splenic rupture, and vaso-occlusive complications in patients with sickle-cell disease.1,3-5 CXCR4 and SDF-1/CXCL12 interactions are crucial for HSPC retention within the bone marrow niche.6-8 Plerixafor (AMD3100), is a low-affinity (Ki: 652 nM), short-acting CXCR4 inhibitor (CXCR4i) previously shown to mobilize PB HSPCs for HCT.9-11 In these studies, up to 34% of allogeneic donors (allo-donors) mobilized with single-agent plerixafor failed to collect >2 x 106 CD34+ cells per kg with 1 injection and 1 LP whereas 10% required >=3 injections, >=3 LPs, and G-CSF rescue.11-14 Therefore, development of rapid and reliable HSPC mobilization regimens remains an unmet need. Motixafortide (BL-8040) is a novel 14-residue, cyclic, synthetic peptide CXCR4i with high affinity (Ki 0.32 nM) and slow receptor dissociation rate, previously shown to induce rapid (onset, 0.5-2 hours) and sustained (duration, >48 hours) HSPC mobilization.15 To our knowledge, the authors report the first trial evaluating motixafortide mobilization of allo-donors for HCT. A multicenter, open-label, single-arm, 2-part, phase 2 study (NCT02639559) was conducted with institutional review board approval and written informed consent from all participants. Donors were aged between 18 and 70 years, with an Eastern Cooperative Oncology Group performance status from 0 to 1. Recipients were aged between 18 and 75 years, with and Eastern Cooperative Oncology Group performance status from 0 to 2, undergoing allo-HCT for hematologic malignancy (Table 1). Part-1 included HLA-identical (5/6 or 6/6 HLA-matched) sibling donors. Part-2 included HLA-matched sibling or haploidentical donors. Motixafortide was administered via subcutaneous injection at 1.0 mg/kg in part-1 and 1.25 mg/kg in part-2. The rationale for motixafortide dosing strategy in this study was based on data from 3 prior clinical trials (NCT01010880, NCT02073019, and NCT01838395), in which motixafortide alone or in combination with other mobilizing agents (chemotherapy +/- G-CSF) was administered at doses of 0.5 or 1.5 mg/kg in healthy volunteers, patients with multiple myeloma, and patients with acute myeloid leukemia with an acceptable toxicity profile and a dose-dependent increase in CD34+ cell mobilization at the 1.0 and 1.25 mg/kg dose range. The primary end point was efficacy of 1 motixafortide injection to mobilize >=2 x 106 CD34+ cells per kg (recipient weight) in <=2 LPs. First LP (>=3 blood volumes) began from 180 to 270 minutes after motixafortide administration. Second LP (if needed) began 24 hours after motixafortide administration. If >=2.0 x 106 CD34+ cells per kg were collected within 2 LPs, mobilization was complete (supplemental Figure 1). Myeloablative and reducedCopyright © 2023 by The American Society of Hematology.",

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

"FTURL":"busulfan / drug therapy  
  
cyclophosphamide / drug therapy  
  
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"TI":"Schizotypal traits are linked to dopamine-induced striato-cortical decoupling: A randomized double-blind placebo-controlled study.",

"SO":"Schizophrenia Bulletin. 45(3) (pp 680-688), 2019. Date of Publication: May 2019.",

"AU":"Rossler J.  
  
Unterassner L.  
  
Wyss T.  
  
Haker H.  
  
Brugger P.  
  
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Wotruba D.",

"AO":"nan",

"IN":"(Rossler, Unterassner, Wyss, Rossler, Wotruba) Collegium Helveticum, University of Zurich, Institute of Anaesthesiology, University Hospital Zurich, Raemistrasse 100, Zurich 8091, Switzerland  
  
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(Brugger) Department of Neurology, University Hospital Zurich, Zurich, Switzerland  
  
(Rossler) Psychiatric University Hospital, Zurich University, Zurich, Switzerland  
  
(Rossler) Laboratory of Neuroscience (LIM 27), Institute of Psychiatry, University of Sao Paulo, Sao Paulo, Brazil  
  
(Rossler) Department of Psychiatry and Psychotherapy, Charite - Universitatsmedizin Berlin, Campus Charite Mitte, Berlin, Germany",

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"FTURL":"The dopamine hypothesis of schizophrenia implies that alterations in the dopamine system cause functional abnormalities in the brain that may converge to aberrant salience attribution and eventually lead to psychosis. Indeed, widespread brain disconnectivity across the psychotic spectrum has been revealed by resting-state functional magnetic resonance imaging (rs-fMRI). However, the dopaminergic involvement in intrinsic functional connectivity (iFC) and its putative relationship to the development of psychotic spectrum disorders remains partly unclear-in particular at the low-end of the psychosis continuum. Therefore, we investigated dopamine-induced changes in striatal iFC and their modulation by psychometrically assessed schizotypy. Our randomized, double-blind placebo-controlled study design included 54 healthy, right-handed male participants. Each participant was assessed with the Schizotypal Personality Questionnaire (SPQ) and underwent 10 minutes of rs-fMRI scanning. Participants then received either a placebo or 200 mg of L-DOPA, a dopamine precursor. We analyzed iFC of 6 striatal seeds that are known to evoke modulation of dopamine-related networks. The main effect of L-DOPA was a significant functional decoupling from the right ventral caudate to both occipital fusiform gyri. This dopamine-induced decoupling emerged primarily in participants with low SPQ scores, while participants with high positive SPQ scores showed decoupling indifferently of the L-DOPA challenge. Taken together, these findings demonstrate that schizotypal traits may be the result of dopamine-induced striato-occipital decoupling.Copyright © The Author(s) 2018. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center. All rights reserved.",

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

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

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"Disease area":"ADHD",

"Database":"Medline",

"ORN":"114",

"VN":"Ovid Technologies",

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

"UI":"37033046",

"TI":"Comparative effectiveness of various physical exercise interventions on executive functions and related symptoms in children and adolescents with attention deficit hyperactivity disorder: A systematic review and network meta-analysis.",

"SO":"Frontiers in Public Health. 11:1133727, 2023.",

"AU":"1",

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

"IN":"MEDLINE",

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Bi X  
  
Kuang D  
  
Liu B  
  
Zhou J  
  
Yang Y  
  
Ren Y",

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Liu, Boya  
  
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Yang, Yiming  
  
Ren, Yuanchun",

"OD":"Zhu, Feilong. College of Physical Education and Sports, Beijing Normal University, Beijing, China.  
  
Zhu, Xiaotong. College of Physical Education and Sports, Beijing Normal University, Beijing, China.  
  
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Yang, Yiming. College of Physical Education and Sports, Beijing Normal University, Beijing, China.  
  
Ren, Yuanchun. College of Physical Education and Sports, Beijing Normal University, Beijing, China.",

"AB":"Adolescent  
  
Child  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Executive Function  
  
Exercise  
  
Exercise Therapy  
  
Network Meta-Analysis",

"FTURL":"attention-deficit/hyperactivity disorder children and adolescents network meta-analysis physical exercise public health",

"PM":"NOTNLM",

"DJ":"Background: Physical exercise has been recommended as an important nonpharmacological therapeutic strategy for managing attention deficit hyperactivity disorder (ADHD). We conducted a network meta-analysis (NMA) to assess the comparative impact of different physical exercise modalities on enhancing executive functions (EFs) and alleviating symptoms in children and adolescents with ADHD.  
  
Methods: We searched Web of Science, PubMed, Embase, Cochrane Central Register of Controlled Trials, SPORTDiscus, PsycINFO, CNKI, and clinical trials databases from inception to October 20, 2022. Randomized controlled trials (RCTs) and quasi-experimental studies investigating physical exercise for ADHD-related symptoms of hyperactivity/impulsivity and inattention, and executive functions were included. The frequentist random-effect NMA method was applied to pool the results.  
  
Results: A total of 59 studies (including 39 RCTs, 5 quasi-RCTs, and 15 self-controlled trials) published between 1983 and 2022 were incorporated into the systematic review, of which 44 studies with 1757 participants were eligible for meta-analysis. All types of physical exercise were effective in improving EFs (SMD = 1.15, 95% CI: 0.83 to 1.46), and open-skill activities which require participants to react in a dynamically changing and externally paced environment induced the most incredible benefits for executive functions (SUCRA = 98.0%, SMD = 1.96, and 95% CI: 1.15 to 2.77). Subgroup analyses for EFs revealed varied findings that open-skill activities were the most promising physical exercise type for improving inhibitory control (SUCRA = 99.1%, SMD = 1.94, and 95% CI: 1.24 to 2.64), and closed-skill activities dominated by aerobic exercises had a slightly higher probability of being the most promising physical exercise intervention for working memory (SUCRA = 75.9%, SMD = 1.21, and 95% CI: -0.22 to 2.65), and multicomponent physical exercise tended to be the most effective in cognitive flexibility (SUCRA = 70.3%, SMD = 1.44, and 95% CI: -0.19 to 3.07). Regarding ADHD-related symptoms, closed-skill activities dominated by aerobic exercises might be more advantageous for hyperactivity/impulsivity (SUCRA = 72.5%, SMD = -1.60, and 95% CI: -3.02 to -0.19) and inattention (SUCRA = 96.3%, SMD = -1.51, and 95% CI: -2.33 to -0.69) improvement.  
  
Conclusion: Physical exercise can significantly help to alleviate the symptoms of ADHD and improve executive functions in children and adolescents with ADHD. Most of all, to promote adherence to treatment, they should be encouraged to perform the physical exercises that they enjoy most. Copyright © 2023 Zhu, Zhu, Bi, Kuang, Liu, Zhou, Yang and Ren.",

"MV":"nan",

"TN":"Journal Article  
  
Meta-Analysis  
  
Research Support, Non-U.S. Gov't  
  
Systematic Review",

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"DB":"Embase",

"UI":"2026732919",

"TI":"QbTest for Monitoring Medication Treatment Response in ADHD: A Systematic Review.",

"SO":"Clinical Practice and Epidemiology in Mental Health. 19(no pagination), 2023. Article Number: e17450179276630. Date of Publication: 2023.",

"AU":"Gustafsson U.  
  
Hansen M.",

"AO":"(Gustafsson, Hansen) Qbtech AB, Medical Department, Cardellgatan 1, Stockholm 11436, Sweden",

"IN":"Bentham Science Publishers",

"PB":"\*attention deficit hyperactivity disorder  
  
clinical assessment  
  
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"OD":"Introduction: Attention deficit hyperactivity disorder (ADHD) is considered one of the most common neurodevelopmental disorders in childhood and adolescence. Pharmacological treatment plays an important part in the therapy of the disorder and verifying the effectiveness of ADHD medication is essential throughout the course of treatment. QbTest is a computerized test, for which intended use is to provide healthcare professionals with objective measurements of hyperactivity, impulsivity, and inattention to aid in the clinical assessment of ADHD and the evaluation of treatment interventions. Method(s): A systematic review of relevant articles was conducted for which QbTest was used for monitoring medication treatment response in ADHD. Literature published between 2004 and 2023 was appraised. Result(s): A total of 15 studies were included in the review. Thirteen articles involved subjects diagnosed with ADHD and two studies that were related to the disorder, which evaluated QbTest in medication treatment response. Changes in QbTest data such as Q-scores, effect size, or improvement/deterioration of QbTest variables were evaluated. A clinically relevant decrease in QbTest Q-scores was found in the majority of the studies when treated with any type of ADHD medication in therapeutic doses, both in comparison to placebo and when compared from baseline to endpoint treatment. Conclusion(s): QbTest can distinguish pharmacological treatment effects within hours of pharmacological titration and can be used for monitoring of long-term treatment of ADHD. A need for optimization and individualization of medication treatment response could be addressed with access to objective measures in ADHD management.Copyright © 2023 The Author(s).",

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"VN":"Ovid Technologies",

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

"UI":"37992513",

"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. 330:115600, 2023 Dec.",

"AU":"1",

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

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"PB":"Hu Q  
  
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"DU":"Hu, Qiang. Department of Psychiatry, Zhenjiang Mental Health Center, Jiangsu 212000, China.  
  
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Wang, Jijun. Shanghai Key Laboratory of Psychotic Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200030, China CAS Center for Excellence in Brain Science and Intelligence Technology (CEBSIT), Chinese Academy of Science, Shanghai 200031, China Institute of Psychology and Behavioral Science, Shanghai Jiao Tong University, Shanghai, China. Electronic address: jijunwang27@163.com.",

"OD":"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. Published by Elsevier B.V.",

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

"FTURL":"2023",

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

"DJ":"First-episode schizophrenia Low-frequency Orbitofrontal cortex Randomized controlled trial Repetitive transcranial magnetic stimulation",

"MV":"NOTNLM",

"TN":"nan",

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Transcranial Magnetic Stimulation/mt [Methods]  
  
Treatment Outcome  
  
Prefrontal Cortex  
  
\*Cognitive Dysfunction  
  
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"UI":"2028288505",

"TI":"Difference between days of therapy and days of antibiotic spectrum coverage in an inpatient antimicrobial stewardship program: Vector autoregressive models for time-series analysis.",

"SO":"Infection Control and Hospital Epidemiology. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Murakami S.  
  
Akazawa M.  
  
Honda H.",

"AO":"Murakami, Shutaro ORCID: https://orcid.org/0000-0003-0261-3874  
  
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"IN":"(Murakami) Department of Pharmacy, Tokyo Metropolitan Tama Medical Center, Tokyo, Japan  
  
(Murakami, Akazawa) Department of Public Health and Epidemiology, Meiji Pharmaceutical University, Tokyo, Japan  
  
(Honda) Department of Infectious Diseases, Fujita Health University, School of Medicine, Aichi, Japan",

"PB":"Cambridge University Press",

"MH":"adult  
  
antibiotic resistance  
  
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tertiary care center [m]  
  
\*time series analysis [m]",

"AB":"Objective: The days of therapy (DOT) metric, used to estimate antimicrobial consumption, has some limitations. Days of antibiotic spectrum coverage (DASC), a novel metric, overcomes these limitations. We examined the difference between these 2 metrics of inpatient intravenous antimicrobial consumption in assessing antimicrobial stewardship efficacy and antimicrobial resistance using vector autoregressive (VAR) models with time-series analysis. Method(s): Differences between DOT and DASC were investigated at a tertiary-care center over 8 years using VAR models with 3 variables in the following order: (1) the monthly proportion of prospective audit and feedback (PAF) acceptance as an index of antimicrobial stewardship efficacy (2) monthly DOT and DASC adjusted by 1,000 days present as indices of antimicrobial consumption and (3) the monthly incidence of 5 organisms as an index of antimicrobial resistance. Result(s): The Granger causality test, which evaluates whether incorporating lagged variables can help predict other variables, showed that PAF activity contributed to DOT and DASC, which, in turn, contributed to the incidence of drug-resistant P. aeruginosa. Notably, only DASC helped predict the incidence of drug-resistant Enterobacterales. Another VAR analysis demonstrated that a high proportion of PAF acceptance was accompanied by decreased DASC in a given month, whereas increased DASC was accompanied by an increased incidence of drug-resistant Enterobacterales, unlike with DOT. Conclusion(s): The VAR models of PAF activity, antimicrobial consumption, and antimicrobial resistance suggested that DASC may more accurately reflect the impact of PAF on antimicrobial consumption and be superior to DOT for predicting the incidence of drug-resistant Enterobacterales. Copyright © The Author(s), 2023. Published by Cambridge University Press on behalf of The Society for Healthcare Epidemiology of America.",

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

"PM":"37937440 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37937440]",

"DJ":"nan",

"MV":"nan",

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"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"914",

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

"Database":"Medline",

"ORN":"115",

"VN":"Ovid Technologies",

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

"UI":"36879210",

"TI":"Extended-spectrum beta-lactamase-producing Enterobacteriaceae related urinary tract infection in adult cancer patients: a multicenter retrospective study, 2015-2019.",

"SO":"BMC Infectious Diseases. 23(1):129, 2023 Mar 06.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Wang G  
  
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Huang, Shengkai  
  
Qin, Shengling  
  
Liu, Xuan  
  
Chen, Bing  
  
Cui, Wei",

"OD":"Wang, Guojing. Department of Clinical Laboratory, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, 100021, China.  
  
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Huang, Shengkai. Department of Clinical Laboratory, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, 100021, China.  
  
Qin, Shengling. Department of Comprehensive Oncology, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, 100021, China.  
  
Liu, Xuan. Department of Clinical Laboratory, Beijing Chaoyang Sanhuan Cancer Hospital, Beijing, 100023, China.  
  
Chen, Bing. Department of Clinical Laboratory, Cancer Hospital of Huanxing Chaoyang District Beijing, Beijing, 100005, China.  
  
Cui, Wei. Department of Clinical Laboratory, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, 100021, China. cui123@cicams.ac.cn.",

"AB":"Adult Cancer patients Extended-spectrum beta-lactamase Risk factors Urinary tract infection",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: The aim of this study was to investigate the prevalence and risk factors of extended-spectrum beta-lactamase (ESBL)-producing Enterobacteriaceae related urinary tract infections (UTI) in adult cancer patients.  
  
METHODS: We conducted a retrospective study of three cancer hospitals centered on Cancer Hospital of Chinese Academy of Medical Sciences from 2015 to 2019. The clinical characters, risk factors and antimicrobial susceptibility of ESBL-producing Enterobacteriaceae UTI in adult cancer patients were described and analyzed.  
  
RESULTS: A total of 4967 specimens of UTI were evaluated, of which 909 were positive. After excluding multiple infection bacteria, non-conforming strains, inconsistent pathological information, no drug sensitivity test or medical records, 358 episodes remained. Among them, 160 episodes belonged to ESBL-producing Enterobacteriaceae, while 198 were classified into non-ESBL group. The prevalence of ESBL UTI circled around 39.73 to 53.03% for 5 years. Subgroup analysis by tumor type revealed that 62.5% of isolates from patients with urological tumors were ESBL positive. Multivariate analysis showed that tumor metastasis (OR 3.41, 95%CI 1.84-6.30), urological cancer (OR 2.96, 95%CI 1.34-6.53), indwelling catheter (OR 2.08, 95%CI 1.22-3.55) and surgery or invasive manipulation (OR 1.98, 95%CI 1.13-3.50) were the independent risk factors. According to antimicrobial sensitivity, meropenem, imipenem and piperacillin/tazobactam were the most commonly used antibiotics for ESBL-producing Enterobacteriaceae UTI.  
  
CONCLUSIONS: In view of the high prevalence, clinicians should be alert to the occurrence of ESBL UTI, especially for patients with urological cancer or metastatic tumors. Regular replacement of urinary catheters, reduction of unnecessary invasive operations and selection of appropriate antibiotics are the necessary conditions to deal with the occurrence of ESBL UTI in adult cancer patients. Copyright © 2023. The Author(s).",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
Adult  
  
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"Database":"Medline",

"ORN":"115",

"VN":"Ovid Technologies",

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

"UI":"37895038",

"TI":"The Effect of a Six-Week Nordic Walking Training Cycle on Oxidative Damage of Macromolecules and Iron Metabolism in Older Patients with Multiple Myeloma in Remission-Randomized Clinical Trial.",

"SO":"International Journal of Molecular Sciences. 24(20), 2023 Oct 19.",

"AU":"1",

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Zychowska, Malgorzata",

"DU":"Czerwinska-Ledwig, Olga. Department of Chemistry and Biochemistry, Institute of Basics Sciences, Faculty of Physiotherapy, University of Physical Education, 31-571 Krakow, Poland.  
  
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"OD":"iron metabolism multiple myeloma oxidative damage physical activity walking with poles",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) is an incurable hematologic malignancy originating from clonal plasma cell proliferation within the bone marrow, predominantly affecting older individuals. While anemia serves as a diagnostic criterion for MM, it often ameliorates upon achieving disease remission. Iron metabolism parameters have emerged as potential prognostic indicators in MM. Notably, physical exercise has been established to influence iron metabolism. This study aimed to assess alterations in serum iron, ferritin, and transferrin concentrations, as well as leukocyte gene expression, in MM patients undergoing a six-week cycle of Nordic walking training. Thirty patients divided into an exercise group (NW, n = 15, mean age 63.1 +/- 8.4 years) and a control group (CG, n = 15, mean age: 63.5 +/- 3.6 years) completed the study protocol. Blood samples were collected at baseline, after three and six weeks of training, and after nine weeks. Serum ferritin, transferrin, and iron concentrations were measured, along with the leukocyte expression of genes. Additionally, serum oxidative damage marker levels were determined. Following the Nordic walking training cycle, a declining trend in serum ferritin concentrations was observed. Intracellular mRNA levels of genes associated with iron metabolism were positively influenced by the training regimen, indicating the potential impact of this physical activity on gene expression and ferritin concentrations. Although positive trends were noted, extended training periods might be requisite for significant changes. To conclude, moderate-intensity exercise induces favorable shifts in the analyzed parameters among MM patients, potentially influencing disease progression. Consequently, Nordic walking training is a safe recommendation for MM patients, though sustained training beyond six weeks could be necessary for notable effects on iron metabolism factors.",

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

"DJ":"2023",

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

"TN":"Czerwinska-Ledwig, Olga ORCID: https://orcid.org/0000-0003-1855-1276  
  
Jurczyszyn, Artur ORCID: https://orcid.org/0000-0001-9796-8365  
  
Piotrowska, Anna ORCID: https://orcid.org/0000-0002-9535-173X  
  
Antosiewicz, Jedrzej ORCID: https://orcid.org/0000-0002-7871-6469  
  
Zychowska, Malgorzata ORCID: https://orcid.org/0000-0002-9475-0448",

"Unnamed: 22":"nan",

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"Unnamed: 24":"Humans  
  
Aged  
  
Middle Aged  
  
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Nordic Walking  
  
Multiple Myeloma/th [Therapy]  
  
\*Multiple Myeloma  
  
Iron/me [Metabolism]  
  
Ferritins/me [Metabolism]  
  
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Biomarkers/me [Metabolism]  
  
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"Database":"EMBASE",

"ORN":"115",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026401086",

"TI":"Low cholesterol levels are associated with increasing risk of plasma cell neoplasm: A UK biobank cohort study.",

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

"AU":"Li L.  
  
Yu Z.  
  
Ren J.  
  
Niu T.",

"AO":"Li, Linfeng ORCID: https://orcid.org/0009-0005-2975-3713",

"IN":"(Li, Yu, Niu) Department of Hematology, Institute of Hematology, West China Hospital, Sichuan University, Chengdu, China  
  
(Ren) Department of Otolaryngology-Head and Neck Surgery, West China Hospital, West China Medical School, Sichuan University, Chengdu, China",

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

"MH":"aged  
  
article  
  
\*biobank  
  
\*cholesterol blood level  
  
\*cohort analysis  
  
controlled study  
  
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human tissue  
  
lipid fingerprinting  
  
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risk assessment [m]  
  
risk factor [m]",

"OD":"Background: Plasma cell neoplasms are a group of hematologic neoplasms that often develop in the elderly population. The relationship between cholesterol levels and hematologic malignancy has been identified in population studies. However, it is still unclear if there is a relationship between cholesterol levels and plasma cell neoplasm in European ancestry. Method(s): Prospective cohorts included 502,507 individuals from the UK Biobank who were followed up to 2019 and assessed total cholesterol(TC) levels, low-density lipoprotein (LDL) levels, high-density lipoprotein (HDL) levels, apolipoprotein A (ApoA) and apolipoprotein B (ApoB) as risk factors for plasma cell neoplasms with Cox proportional hazard regression and restricted cubic spline model. We also used two-sample Mendelian randomization to determine if the cholesterol level has a causal effect on developing plasma cell neoplasms. Result(s): We observed 1819 plasma cell neoplasm cases during 14.2 years of follow-up in the UK Biobank. We found higher blood serum cholesterol levels at baseline were associated with a lower risk of plasma cell neoplasm in our study. All lipid profiles we analyzed in this study were inversely associated with plasma cell neoplasm risk (all ptrend <0.005) but triglycerides did not have such association. However, there was no suggestive association of genetically predicted serum LDL, HDL, and total cholesterol levels with multiple myeloma. Conclusion(s): Low serum total cholesterol, LDL, HDL, ApoA, and ApoB levels were all associated with increasing the risk of plasma cell neoplasm.Copyright © 2023 The Authors. Cancer Medicine published by John Wiley & Sons Ltd.",

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

"FTURL":"\*apolipoprotein B [m]  
  
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"PM":"nan",

"DJ":"nan",

"MV":"37908181 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37908181]",

"TN":"nan",

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"UniqueID":"917",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"115",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"628176868",

"TI":"Are patients with schizophrenia spectrum disorders more prone to manifest nocebo-like-effects? A meta-analysis of adverse events in placebo groups of double-blind antipsychotic trials.",

"SO":"Frontiers in Pharmacology. 10(no pagination), 2019. Article Number: 502. Date of Publication: 2019.",

"AU":"Palermo S.  
  
Giovannelli F.  
  
Bartoli M.  
  
Amanzio M.",

"AO":"nan",

"IN":"(Palermo, Bartoli, Amanzio) Department of Psychology, University of Turin, Turin, Italy  
  
(Palermo, Amanzio) European Innovation Partnership On Active and Healthy Ageing, Brussels, Belgium  
  
(Giovannelli) Section of Psychology, Department of Neuroscience, Psychology, Drug Research, Child Health, University of Florence, Florence, Italy",

"PB":"Frontiers Media S.A. (E-mail: info@frontiersin.org)",

"MH":"adult  
  
adverse drug reaction  
  
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male  
  
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\*negative syndrome  
  
nervous system  
  
\*nocebo effect  
  
Positive and Negative Syndrome Scale  
  
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review [m]  
  
symptomatology [m]  
  
systematic review [m]",

"FTURL":"Background: Antipsychotic clinical trials use to present adverse events (AEs) for the drug under evaluation to treat schizophrenia. Interestingly, patients who receive the placebo during antipsychotic trials often report several AEs, but little is known about the essence of these negative effects in patients with schizophrenia spectrum disorders (SCD). In the present meta-analysis, we evaluated the relationship between the level of psychiatric symptomatology expressed as Positive and Negative Syndrome Scale (PANSS) scores and the rates of AEs reported in the placebo arms of double-blind clinical trials, for commonly prescribed atypical antipsychotic medications. Method(s): We selected 58 clinical trials describing AEs in SCD placebo groups, which compared atypical antipsychotic medications with placebo. A total of 6,301 placebo-treated patients were considered. AE profiles of the class were clusterized using MedDRA classification and analysed using a meta-regression approach. Result(s): In the placebo arms the proportions of patients with any AE was 66.3% (95% CI: 62.7-69.8%). The proportion of withdrawal of patients treated with placebo because of AEs was 7.2%(95%CI: 5.9-8.4%). Interestingly, the AEs in the placebo arms corresponded to those of the antipsychotic-atypical-medication-class against which the placebo was compared. Namely, usingmeta-regression analysis we found an association between the level of psychiatric symptomatology measured with PANSS scores and higher AEs reported as nervous system (p = 0.020) and gastrintestinal disorders (p = 0.004). Moreover, the level of a higher psychiatric symptomatology expressed with PANSS scores was also related with higher AEs associated with psychiatric symptoms (p = 0.017). Conclusion(s): These findings emphasise that the AEs in placebo arms of clinical trials of antipsychotic medications were substantial. Importantly, a higher level of psychiatric symptomatology makes SCD patients more prone to express AEs, thus contributing to possible drop-outs and to a lower adherence to treatments. These results are consistent with the expectation theory of placebo and nocebo effects.Copyright © 2019 Palermo, Giovannelli, Bartoli and Amanzio.",

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

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"nan",

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"If RCT or not":"No",

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"UniqueID":"918",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"115",

"VN":"Ovid Technologies",

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

"UI":"36520318",

"TI":"Early Morning ADHD Symptoms and Functional Impairment: Impact on Patients and Caregivers, and Pharmacological Approaches to Management. [Review]",

"SO":"CNS Drugs. 37(1):31-44, 2023 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Childress AC  
  
Yu KR  
  
Cuthbertson L",

"MH":"Childress, Ann C ORCID: https://orcid.org/0000-0001-5782-7891  
  
Cuthbertson, Lewis ORCID: https://orcid.org/0000-0001-6077-5615",

"DU":"Childress, Ann C  
  
Yu, Kenisha R  
  
Cuthbertson, Lewis",

"OD":"Childress, Ann C. Center for Psychiatry and Behavioral Medicine, Inc., 7351 Prairie Falcon Road, Suite 160, Las Vegas, NV, 89128, USA. drann87@aol.com.  
  
Yu, Kenisha R. Southern Hills Hospital & Medical Center, Las Vegas, NV, USA.  
  
Cuthbertson, Lewis. Ironshore Pharmaceuticals, Toronto, ON, Canada.",

"AB":"Child  
  
Adolescent  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Caregivers  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
\*Central Nervous System Stimulants",

"FTURL":"nan",

"PM":"nan",

"DJ":"Attention-deficit/hyperactivity disorder (ADHD) is a common and impairing mental disorder. Individuals with ADHD typically experience symptoms from awakening throughout the entire day, contributing to impaired function at home, at school, and in the workplace. Treatment is available to address the symptoms of ADHD however, the extent to which treatments afford improved function remains less clear. Impaired function in children and adolescents, particularly in the early morning where multiple tasks must be completed, from getting out of bed, and having breakfast to leaving for school on time, is common even among stimulant-treated children, and can increase stress upon caregivers and family members. Herein, we present a narrative review on early morning functioning impairment in children and adolescents with ADHD, its impact on caregivers, the rating scales available for clinicians to identify the degree of early morning functioning impairment, and the efficacy of currently available treatments in providing functional improvements to patients with ADHD during the early morning, identifying that only treatments that are available upon awakening have been shown to statistically separate from placebo for early morning functioning improvement. Copyright © 2022. The Author(s), under exclusive licence to Springer Nature Switzerland AG.",

"MV":"0 (Central Nervous System Stimulants)",

"TN":"Journal Article  
  
Review  
  
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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"Unnamed: 26":"nan",

"Unnamed: 27":"nan",

"Unnamed: 28":"nan",

"If RCT or not":"No",

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"UniqueID":"919",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"115",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026170506",

"TI":"A narrative review to guide treatment and care for children with Tourette syndrome.",

"SO":"Brain Disorders. 11(no pagination), 2023. Article Number: 100088. Date of Publication: September 2023.",

"AU":"Manbeck C.  
  
Johnson T.  
  
Sharp G.",

"AO":"(Manbeck, Johnson, Sharp) Arkansas Children's Hospital and University of Arkansas Medical Sciences, United States",

"IN":"Elsevier B.V.",

"PB":"aggression  
  
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autism  
  
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comorbidity  
  
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decision making  
  
depression  
  
disease exacerbation  
  
disease severity  
  
\*Gilles de la Tourette syndrome  
  
human  
  
intervention study  
  
learning disorder  
  
mood disorder  
  
review  
  
aripiprazole  
  
atomoxetine  
  
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fluphenazine  
  
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patient education  
  
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prognosis  
  
prospective study  
  
psychoeducation  
  
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\*Gilles de la Tourette syndrome  
  
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Review",

"OD":"Tourette syndrome is a spectrum disorder. It is primarily a disorder of childhood. Within this spectrum, we find a range of neuropsychiatric comorbidities of varying degrees, all of which are intertwined. Before we consider treatment, we must address education, which includes the individual, the family, the school, and the public. Our approach to treatment focuses on the dominant comorbidities: ADHD, mood disorders, anger/aggression, refractory tics, and finally tics only. We select medications and therapies designed to target the driving issues.Copyright © 2023",

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

"FTURL":"aripiprazole  
  
atomoxetine  
  
baclofen  
  
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"PM":"Manbeck, Christopher ORCID: https://orcid.org/0000-0001-5377-6214",

"DJ":"nan",

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"Database":"Medline",

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

"UI":"37988817",

"TI":"Comprehensive dissection of prevalence rates, sex differences, and blood level-dependencies of clozapine-associated adverse drug reactions.",

"SO":"Psychiatry Research. 330:115539, 2023 Dec.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"van der Horst MZ  
  
Meijer Y  
  
de Boer N  
  
Guloksuz S  
  
Hasan A  
  
Siskind D  
  
Wagner E  
  
Okhuijsen-Pfeifer C  
  
Luykx JJ",

"MH":"van der Horst, Marte Z  
  
Meijer, Yoeki  
  
de Boer, Nini  
  
Guloksuz, Sinan  
  
Hasan, Alkomiet  
  
Siskind, Dan  
  
Wagner, Elias  
  
Okhuijsen-Pfeifer, Cynthia  
  
Luykx, Jurjen J",

"DU":"van der Horst, Marte Z. Department of Psychiatry, University Medical Center Utrecht, Utrecht, the Netherlands Department of Translational Neuroscience, University Medical Center Utrecht, Utrecht, the Netherlands, GGNet, Warnsveld, the Netherlands. Electronic address: m.z.vanderhorst-10@umcutrecht.nl.  
  
Meijer, Yoeki. Department of Psychiatry, University Medical Center Utrecht, Utrecht, the Netherlands.  
  
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Hasan, Alkomiet. Department of Psychiatry, Psychotherapy and Psychosomatics, Medical Faculty, University of Augsburg, Augsburg, Germany.  
  
Siskind, Dan. Metro South Addiction and Mental Health Service, Brisbane, Australia Faculty of Medicine, University of Queensland, Brisbane, Australia.  
  
Wagner, Elias. Department of Psychiatry, Psychotherapy and Psychosomatics, Medical Faculty, University of Augsburg, Augsburg, Germany Evidence-based Psychiatry and Psychotherapy, Faculty of Medicine, University of Augsburg, Augsburg, Germany.  
  
Okhuijsen-Pfeifer, Cynthia. Department of Psychiatry, University Medical Center Utrecht, Utrecht, the Netherlands.  
  
Luykx, Jurjen J. Department of Psychiatry, University Medical Center Utrecht, Utrecht, the Netherlands Department of Translational Neuroscience, University Medical Center Utrecht, Utrecht, the Netherlands, GGNet, Warnsveld, the Netherlands Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience, Maastricht University Medical Centre, Maastricht, the Netherlands.",

"OD":"Clozapine is often underused due to concerns about adverse drug reactions (ADRs) but studies into their prevalences are inconclusive. We therefore comprehensively examined prevalences of clozapine-associated ADRs in individuals with schizophrenia and demographic and clinical factors associated with their occurrence. Data from a multi-center study (n = 698 participants) were collected. The mean number of ADRs during clozapine treatment was 4.8, with 2.4 % of participants reporting no ADRs. The most common ADRs were hypersalivation (74.6 %), weight gain (69.3 %), and increased sleep necessity (65.9 %), all of which were more common in younger participants. Participants with lower BMI prior to treatment were more likely to experience significant weight gain (>10 %). Constipation occurred more frequently with higher clozapine blood levels and doses. There were no differences in ADR prevalence rates between participants receiving clozapine monotherapy and polytherapy. These findings emphasize the high prevalence of clozapine-associated ADRs and highlight several demographic and clinical factors contributing to their occurrence. By understanding these factors, clinicians can better anticipate and manage clozapine-associated ADRs, leading to improved treatment outcomes and patient well-being. Copyright © 2023 The Authors. Published by Elsevier B.V. All rights reserved.",

"AB":"Multicenter Study  
  
Journal Article",

"FTURL":"2023",

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

"DJ":"Antipsychotics Schizophrenia Side-effects Treatment-resistant schizophrenia",

"MV":"NOTNLM",

"TN":"nan",

"Unnamed: 22":"nan",

"Unnamed: 23":"CLOZIN consortium",

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"Unnamed: 25":"nan",

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Antipsychotic Agents/ae [Adverse Effects]  
  
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Sex Characteristics  
  
Drug-Related Side Effects and Adverse Reactions/ep [Epidemiology]  
  
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"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"116",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028158793",

"TI":"A dual-process of targeted and unbiased Nanopore sequencing enables accurate and rapid diagnosis of lower respiratory infections.",

"SO":"eBioMedicine. 98(no pagination), 2023. Article Number: 104858. Date of Publication: December 2023.",

"AU":"Guo Y.  
  
Li Z.  
  
Li L.  
  
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Sun L.  
  
Yang X.  
  
Dai Y.  
  
Gu J.  
  
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Chen H.  
  
Liu M.  
  
Xu H.  
  
Liu R.  
  
Ren Y.  
  
Guo H.  
  
Wang H.",

"AO":"Wang, Hui ORCID: https://orcid.org/0000-0001-9220-0357  
  
Dai, Yan ORCID: https://orcid.org/0000-0002-5347-5136  
  
Liu, Manjiao ORCID: https://orcid.org/0000-0002-2651-1154",

"IN":"(Guo, Sun, Yin, Sun, Jing, Chen, Wang) Department of Clinical Laboratory, Peking University People's Hospital, Beijing, China  
  
(Guo, Wang) Institute of Medical Technology, Peking University Health Science Center, Beijing, China  
  
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(Li, Li, Yang, Dai, Gu, Yang, Liu, Liu, Xu, Liu, Ren, Guo) Nanjing Simcere Medical Laboratory Science Co., Ltd., Nanjing, China  
  
(Li, Lu, Han, Chang) Department of Pulmonary and Critical Care Medicine, Laboratory of Clinical Microbiology and Infectious Diseases, National Center for Clinical Research on Respiratory Diseases, China-Japan Friendship Hospital, Beijing, China  
  
(Gu) Department of Infectious Diseases and Clinical Microbiology, Beijing Institute of Respiratory Medicine and Beijing Chao Yang Hospital, Capital Medical University, Beijing, China",

"PB":"Elsevier B.V.",

"MH":"Acinetobacter baumannii  
  
adult  
  
aged  
  
algorithm  
  
antibiotic resistance  
  
antibiotic sensitivity  
  
area under the curve  
  
article  
  
artificial ventilation  
  
Aspergillus  
  
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Candida albicans  
  
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controlled study  
  
Corynebacterium striatum  
  
Cytomegalovirus  
  
diagnostic accuracy  
  
diagnostic test accuracy study  
  
DNA extraction  
  
DNA virus  
  
dyspnea  
  
Enterococcus faecalis  
  
Enterococcus faecium  
  
enzyme linked immunosorbent assay  
  
Epstein Barr virus  
  
female  
  
fever  
  
gene  
  
gene identification  
  
hemoptysis  
  
histology  
  
hospitalization  
  
human  
  
Human alphaherpesvirus 1  
  
Human cytomegalovirus  
  
intensive care unit  
  
Klebsiella pneumoniae  
  
leukocyte count  
  
limit of detection  
  
\*lower respiratory tract infection  
  
lung lavage  
  
lymphocyte count  
  
machine learning  
  
major clinical study  
  
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metagenomics  
  
\*microorganism detection  
  
Mycobacterium tuberculosis  
  
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C reactive protein/ec [Endogenous Compound]  
  
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Tropheryma whipplei",

"AB":"Background: Nanopore metagenomics has been used for infectious disease diagnosis for bacterial pathogens. However, this technology currently lacks comprehensive performance studies in clinical settings for simultaneous detection of bacteria, fungi, and viruses. Method(s): We developed a dual-process of Nanopore sequencing for one sample, with unbiased metagenomics in Meta process and target enrichment in Panel process (Nanopore Meta-Panel process, NanoMP) and prospectively enrolled 450 respiratory specimens from multiple centers. The filter system of pathogen detection was established with machine learning and receiver operator characteristic (ROC) curve to optimize the detection accuracy based on orthogonal test of 21 species. Antimicrobial resistance (AMR) genes were identified based on the Comprehensive Antibiotic Resistance Database (CARD) and single-nucleotide polymorphism matrix. Finding(s): Our approach showed high sensitivity in Meta process, with 82.9%, 88.7%, and 75.0% for bacteria, fungi (except Aspergillus), and Mycobacterium tuberculosis groups, respectively. Moreover, target amplification improved the sensitivity of virus (>80.0% vs. 39.4%) and Aspergillus (81.8% vs. 42.3%) groups in Panel process compared with Meta process. Overall, NanoMP achieved 80.2% sensitivity and 98.8% specificity compared with the composite reference standard, and we were able to accurately detect AMR genes including blaKPC-2, blaOXA-23 and mecA and distinguish their parent organisms in patients with mixed infections. Interpretation(s): We combined metagenomic and enriched Nanopore sequencing for one sample in parallel. Our NanoMP approach simultaneously covered bacteria, viruses and fungi in respiratory specimens and demonstrated good diagnostic performance in real clinical settings. Funding(s):National Key Research and Development Program of China andNational Natural Science Foundation of China.Copyright © 2023 The Authors",

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"PM":"37925777 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37925777]",

"DJ":"XGBoost [other term]",

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"SO":"Intensive Care Medicine. 49(2):178-190, 2023 02.",

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"OD":"Tabah, Alexis. Intensive Care Unit, Redcliffe Hospital, Brisbane, Australia. a.tabah@uq.edu.au.  
  
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Timsit, Jean-Francois. Medical and Infectious Diseases Intensive Care Unit, AP-HP, Bichat-Claude Bernard University Hospital, 46 Omdurman maternity hospitalrue Henri Huchard, 75877, Paris Cedex, France.",

"AB":"antibiotic resistance bacteremia bloodstream infection hospital-acquired",

"FTURL":"NOTNLM",

"PM":"PURPOSE: In the critically ill, hospital-acquired bloodstream infections (HA-BSI) are associated with significant mortality. Granular data are required for optimizing management, and developing guidelines and clinical trials.  
  
METHODS: We carried out a prospective international cohort study of adult patients (>= 18 years of age) with HA-BSI treated in intensive care units (ICUs) between June 2019 and February 2021.  
  
RESULTS: 2600 patients from 333 ICUs in 52 countries were included. 78% HA-BSI were ICU-acquired. Median Sequential Organ Failure Assessment (SOFA) score was 8 [IQR 5 11] at HA-BSI diagnosis. Most frequent sources of infection included pneumonia (26.7%) and intravascular catheters (26.4%). Most frequent pathogens were Gram-negative bacteria (59.0%), predominantly Klebsiella spp. (27.9%), Acinetobacter spp. (20.3%), Escherichia coli (15.8%), and Pseudomonas spp. (14.3%). Carbapenem resistance was present in 37.8%, 84.6%, 7.4%, and 33.2%, respectively. Difficult-to-treat resistance (DTR) was present in 23.5% and pan-drug resistance in 1.5%. Antimicrobial therapy was deemed adequate within 24 h for 51.5%. Antimicrobial resistance was associated with longer delays to adequate antimicrobial therapy. Source control was needed in 52.5% but not achieved in 18.2%. Mortality was 37.1%, and only 16.1% had been discharged alive from hospital by day-28.  
  
CONCLUSIONS: HA-BSI was frequently caused by Gram-negative, carbapenem-resistant and DTR pathogens. Antimicrobial resistance led to delays in adequate antimicrobial therapy. Mortality was high, and at day-28 only a minority of the patients were discharged alive from the hospital. Prevention of antimicrobial resistance and focusing on adequate antimicrobial therapy and source control are important to optimize patient management and outcomes. Copyright © 2023. Springer-Verlag GmbH Germany, part of Springer Nature.",

"DJ":"Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Adult  
  
Humans  
  
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Prospective Studies  
  
Bacteremia/dt [Drug Therapy]  
  
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"Unnamed: 24":"EUROBACT-2 Study Group, ESICM, ESCMID ESGCIP and the OUTCOMEREA Network",

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"SO":"PLoS ONE [Electronic Resource]. 18(10):e0287863, 2023.",

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"DU":"Sukhtankar, Devki D. GPCR Therapeutics USA, Inc., Redwood City, California, United States of America.  
  
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"FTURL":"Autologous Stem Cell Transplant (ASCT) is increasingly used to treat hematological malignancies. A key requisite for ASCT is mobilization of hematopoietic stem cells into peripheral blood, where they are collected by apheresis and stored for later transplantation. However, success is often hindered by poor mobilization due to factors including prior treatments. The combination of G-CSF and GPC-100, a small molecule antagonist of CXCR4, showed potential in a multiple myeloma clinical trial for sufficient and rapid collection of CD34+ stem cells, compared to the historical results from the standards of care, G-CSF alone or G-CSF with plerixafor, also a CXCR4 antagonist. In the present study, we show that GPC-100 has high affinity towards the chemokine receptor CXCR4, and it potently inhibits beta-arrestin recruitment, calcium flux and cell migration mediated by its ligand CXCL12. Proximity Ligation Assay revealed that in native cell systems with endogenous receptor expression, CXCR4 co-localizes with the beta-2 adrenergic receptor (beta2AR). Co-treatment with CXCL12 and the beta2AR agonist epinephrine synergistically increases beta-arrestin recruitment to CXCR4 and calcium flux. This increase is blocked by the co-treatment with GPC-100 and propranolol, a non-selective beta-adrenergic blocker, indicating a functional synergy. In mice, GPC-100 mobilized more white blood cells into peripheral blood compared to plerixafor. GPC-100 induced mobilization was further amplified by propranolol pretreatment and was comparable to mobilization by G-CSF. Addition of propranolol to the G-CSF and GPC-100 combination resulted in greater stem cell mobilization than the G-CSF and plerixafor combination. Together, our studies suggest that the combination of GPC-100 and propranolol is a novel strategy for stem cell mobilization and support the current clinical trial in multiple myeloma registered as NCT05561751 at www.clinicaltrials.gov. Copyright: © 2023 Sukhtankar 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.",

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

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

"TN":"Sukhtankar, Devki D ORCID: https://orcid.org/0000-0002-3883-2385  
  
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"TI":"Mezigdomide plus Dexamethasone in Relapsed and Refractory Multiple Myeloma.",

"SO":"New England Journal of Medicine. 389(11) (pp 1009-1022), 2023. Date of Publication: 2023.",

"AU":"Richardson P.G.  
  
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"IN":"(Richardson) Dana-Farber Cancer Institute, Boston, United States  
  
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(Kim) Sungkyunkwan University, Samsung Medical Center, Seoul, South Korea  
  
(Berdeja) Sarah Cannon Research Institute, Nashville, United States  
  
(Spirli, Peluso) Celgene International, A Bristol-Myers Squibb Company, Boudry, Switzerland  
  
(Poon, Li, Gong, Wong, Lamba, Pierce, Amatangelo, MacIag, Katz, Pourdehnad) Bristol Myers Squibb, Princeton, NJ, United States",

"PB":"Massachussetts Medical Society",

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treatment response",

"OD":"Background Despite recent progress, multiple myeloma remains incurable. Mezigdomide is a novel cereblon E3 ubiquitin ligase modulator with potent antiproliferative and tumoricidal activity in preclinical models of multiple myeloma, including those resistant to lenalidomide and pomalidomide. Methods In this phase 1-2 study, we administered oral mezigdomide in combination with dexamethasone to patients with relapsed and refractory myeloma. The primary objectives of phase 1 (dose-escalation cohort) were to assess safety and pharmacokinetics and to identify the dose and schedule for phase 2. In phase 2 (dose-expansion cohort), objectives included the assessment of the overall response (partial response or better), safety, and efficacy of mezigdomide plus dexamethasone at the dose and schedule determined in phase 1. Results In phase 1, a total of 77 patients were enrolled in the study. The most common dose-limiting toxic effects were neutropenia and febrile neutropenia. On the basis of the phase 1 findings, investigators determined the recommended phase 2 dose of mezigdomide to be 1.0 mg, given once daily in combination with dexamethasone for 21 days, followed by 7 days off, in each 28-day cycle. In phase 2, a total of 101 patients received the dose identified in phase 1 in the same schedule. All patients in the dose-expansion cohort had triple-class-refractory multiple myeloma, 30 patients (30%) had received previous anti-B-cell maturation antigen (anti-BCMA) therapy, and 40 (40%) had plasmacytomas. The most common adverse events, almost all of which proved to be reversible, included neutropenia (in 77% of the patients) and infection (in 65% grade 3, 29% grade 4, 6%). No unexpected toxic effects were encountered. An overall response occurred in 41% of the patients (95% confidence interval [CI], 31 to 51), the median duration of response was 7.6 months (95% CI, 5.4 to 9.5 data not mature), and the median progression-free survival was 4.4 months (95% CI, 3.0 to 5.5), with a median follow-up of 7.5 months (range, 0.5 to 21.9). Conclusions The all-oral combination of mezigdomide plus dexamethasone showed promising efficacy in patients with heavily pretreated multiple myeloma, with treatment-related adverse events consisting mainly of myelotoxic effects. (Funded by Celgene, a Bristol-Myers Squibb Company CC-92480-MM-001 ClinicalTrials.gov number, NCT03374085 EudraCT number, 2017-001236-19.)Copyright © 2023 Massachusetts Medical Society.",

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

"FTURL":"B cell maturation antigen / endogenous compound  
  
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"UniqueID":"925",

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"UI":"630033476",

"TI":"Blonanserin vs risperidone in Japanese patients with schizophrenia: A post hoc analysis of a phase 3, 8-week, multicenter, double-blind, randomized controlled study.",

"SO":"Neuropsychopharmacology reports. (no pagination), 2019. Date of Publication: 01 Dec 2019.",

"AU":"Harvey P.D.  
  
Nakamura H.  
  
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"AO":"Harvey, Philip D. ORCID: https://orcid.org/0000-0002-9501-9366  
  
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"IN":"(Harvey) Leonard M. Miller Professor of Psychiatry and Behavioral Sciences, University of Miami, Miller School of Medicine, FL, Miami, United States  
  
(Nakamura) Medical Affairs, Sumitomo Dainippon Pharma Co., Ltd, Tokyo, Japan  
  
(Miura) Kitasato University School of Medicine, Kanagawa, Japan",

"PB":"NLM (Medline)",

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"FTURL":"OBJECTIVE: To report the efficacy and safety of blonanserin in patients with schizophrenia compared with risperidone in a Japanese multicenter, randomized, double-blind study based on post hoc sensitivity analysis in addition to the previous results reported by Miura and discuss the current approaches for schizophrenia treatment. METHOD(S): Of 302 patients randomized, 156 received blonanserin (8-24 mg/d) and 145 received risperidone (2-6 mg/d) for 8 weeks. Efficacy variables included the Positive and Negative Syndrome Scale (PANSS) total score for the primary outcome, PANSS subscale, Brief Psychiatric Rating Scale (BPRS), and Clinical Global Impression-Improvement (CGI-I) for secondary outcomes. Safety variables included treatment-emergent adverse events, Drug Induced Extrapyramidal Symptoms Scale scores, laboratory data, vital signs, electrocardiogram, etc RESULTS: Blonanserin was not inferior to risperidone in the change in PANSS total score at a non-inferior margin of -7 (intergroup difference, -0.46 95% CI, -4.40 to 3.48). Post hoc analyses wholly supported the primary result. No major difference was found in the changes in BPRS scores and the improvement rate on CGI-I between the drugs. The incidence of adverse events was similar in the two drugs. Blonanserin was associated with a lower risk of prolactin increase, weight gain, and orthostatic hypotension compared with risperidone. However, blonanserin was associated with a higher incidence of akathisia and excitability compared with risperidone. Most of the adverse events were mild to moderate in severity with no specific events of predominant high severity in the both drugs. CONCLUSION(S): Blonanserin exerted the similar efficacy to risperidone in both positive and negative symptoms in schizophrenia with a lower risk of prolactin increase, weight gain, and orthostatic hypotension compared with risperidone. Blonanserin will serve as a favorable treatment option for schizophrenia in daily clinical practice.Copyright © 2019 The Authors. Neuropsychopharmacology Reports published by John Wiley & Sons Australia, Ltd on behalf of the Japanese Society of NeuropsychoPharmacology.",

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

"DJ":"31788985 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31788985]",

"MV":"nan",

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"VN":"Ovid Technologies",

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

"UI":"36638883",

"TI":"Editorial: Neurofeedback in Attention-Deficit/Hyperactivity Disorder: Still No Evidence of Specific Effects.",

"SO":"Journal of the American Academy of Child & Adolescent Psychiatry. 62(4):396-397, 2023 04.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Purper-Ouakil D",

"MH":"nan",

"DU":"Purper-Ouakil, Diane",

"OD":"Purper-Ouakil, Diane. Saint Eloi Hospital, University of Montpellier, Montpellier, Herault, France. Electronic address: d-purper\_ouakil@chu-montpellier.fr.",

"AB":"Child  
  
Humans  
  
Neurofeedback/mt [Methods]  
  
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Treatment Outcome  
  
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Follow-Up Studies",

"FTURL":"nan",

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"DJ":"The Neurofeedback Collaborative Group presents the results from a 25-month follow-up, randomized controlled study of theta/beta ratio (TBR) down-training electroencephalography neurofeedback (EEG-NF). 1 NF is a computer-based training with real-time brain activity- contingent feedback in the form of a game with audio-visual rewards. These rewards aim to reinforce learning of neural activity patterns related to attention or behavioral control. The down-training of the TBR is considered a standard protocol of EEG-NF. The same group has previously published their findings about effects at the end of treatment and 13-month follow-up without evidence of specific NF effects on the primary outcome, a composite score of parent and teacher ratings of inattention. However, participants in the NF group had less need for medication than those in the control group.2 This randomized controlled trial has several strengths, including a sophisticated sham NF, excellent blinding of parents and investigators, fidelity procedures, and the use of a standard protocol in a population with elevated TBR. The control group was designed to overcome some of the downsides of previous sham-NF protocols by matching the patient's artifacts on the control electroencephalogram. In their current publication, the Neurofeedback Collaborative Group focuses on the possibility of delayed therapeutic NF effects that are thought to be due to the progressive learning of brain activity control.3 These putative delayed effects and lasting benefits are essential issues in determining the utility of NF in ADHD, because previous studies with blinded or probably-blinded assessments showed no short-term differences between NF and control conditions. 4 Results confirm the pre-post effect sizes of previous studies, without significant group differences at the 25-month assessment, indicated that there are no specific effects of the NF training paradigm. This is in line with another recent randomized sham-controlled trial with functional magnetic resonance imaging-NF showing no group differences either on the clinical primary outcome or on cognitive functioning in children with attention-deficit/hyperactivity disorder (ADHD). 5. Copyright © 2023 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.",

"MV":"nan",

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"UI":"2025114845",

"TI":"Efficacy of Ketamine with and without Lamotrigine in Treatment-Resistant Depression: A Preliminary Report.",

"SO":"Pharmaceuticals. 16(8) (no pagination), 2023. Article Number: 1164. Date of Publication: August 2023.",

"AU":"Joseph B.  
  
Nunez N.A.  
  
Kung S.  
  
Vande Voort J.L.  
  
Pazdernik V.K.  
  
Schak K.M.  
  
Boehm S.M.  
  
Carpenter B.  
  
Johnson E.K.  
  
Malyshev G.  
  
Smits N.  
  
Adewunmi D.O.  
  
Brown S.K.  
  
Singh B.",

"AO":"(Joseph, Nunez, Kung, Vande Voort, Schak, Boehm, Carpenter, Johnson, Malyshev, Smits, Adewunmi, Brown, Singh) Department of Psychiatry & Psychology, Mayo Clinic, Rochester, MN 55905, United States  
  
(Joseph) Department of Neurology, Mayo Clinic, Rochester, MN 55905, United States  
  
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"IN":"Multidisciplinary Digital Publishing Institute (MDPI)",

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"OD":"Intravenous (IV) ketamine and FDA-approved intranasal (IN) esketamine are increasingly used for treatment-resistant depression (TRD). Preliminary studies have suggested a synergistic effect of ketamine and lamotrigine, although the data are inconclusive. Herein, we report the response to serial ketamine/esketamine treatment among patients with TRD with or without lamotrigine therapy. In this historical cohort study, we included adult patients with TRD who received serial IV racemic ketamine (0.5 mg/kg over 40-100 min) or IN esketamine (56/84 mg) treatments. A change in depressive symptoms was assessed using the 16-item Quick Inventory of Depressive Symptomatology self-report (QIDS-SR) scale. There were no significant differences in response or remission rates among the patients on or not on lamotrigine during the ketamine/esketamine treatments. For a percent change in the QIDS-SR from baseline, no interaction was found between the lamotrigine groups and treatment number (p = 0.70), nor the overall effect of the group (p = 0.38). There was a trend towards lower dissociation (based on the CADSS score) among current lamotrigine users, especially in patients who received IV ketamine. A major limitation is the limited number of patients taking lamotrigine (n = 13). This preliminary study provides insufficient evidence that continuing lamotrigine therapy attenuates the antidepressant effect of repeated ketamine/esketamine however, there seems to be a signal toward attenuating dissociation with lamotrigine in patients receiving serial ketamine treatments. Further observational studies or randomized controlled trials are needed to replicate these findings.Copyright © 2023 by the authors.",

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mirtazapine / drug therapy  
  
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serotonin noradrenalin reuptake inhibitor / drug therapy  
  
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vilazodone / drug therapy",

"PM":"Joseph, Boney ORCID: https://orcid.org/0000-0002-1576-9344  
  
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"UI":"37979316",

"TI":"Mindfulness, psychological flexibility and their relationship with psychopathology in persons with schizophrenia-spectrum-disorders and healthy controls - A multicenter cross-sectional study.",

"SO":"Psychiatry Research. 330:115591, 2023 Dec.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Boge K  
  
Hallford DJ  
  
Pillny M",

"MH":"Boge, Kerem  
  
Hallford, David J  
  
Pillny, Matthias",

"DU":"Boge, Kerem. Department of Psychiatry and Neurosciences, Charite - Universitatsmedizin, Campus Benjamin Franklin, corporate member of Freie Universitat Berlin, Humboldt-Universitat zu Berlin, and Berlin Institute of Health, Berlin, Germany. Electronic address: kerem.boege@charite.de.  
  
Hallford, David J. School of Psychology, Deakin University, 1 Gheringhap Street, Geelong, Victoria, 3220, Australia.  
  
Pillny, Matthias. Clinical Psychology and Psychotherapy, Institute of Psychology, Faculty of Psychology and Human Movement Science, Universitat Hamburg, Hamburg, Germany.",

"OD":"The precise nature of the relationship between mindfulness, psychological flexibility (PF) and psychopathology in schizophrenia spectrum disorders (SSD) remains largely unclear and warrants further investigation. We recruited 43 persons with SSD and 43 controls. Our findings revealed that SSD showed lower mindfulness and PF than controls. Mindfulness was associated with higher PS, anticipatory pleasure, behavioral activation, and lower depressive and negative symptoms. PS was associated with lower depressive and negative symptoms and higher anticipatory pleasure and behavioral activation. The outcomes imply that targeting mindfulness and PF may prove beneficial in alleviating the amotivational psychopathology exhibited in SSD. Copyright © 2023 Elsevier B.V. All rights reserved.",

"AB":"Multicenter Study  
  
Journal Article",

"FTURL":"2023",

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

"DJ":"Mindfulness Psychopathology Schizophrenia spectrum disorders",

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"TI":"Bloodstream infections in neonates with central venous catheters in three tertiary neonatal intensive care units in Pune, India.",

"SO":"Journal of Neonatal-Perinatal Medicine. 16(3) (pp 507-516), 2023. Date of Publication: 11 Oct 2023.",

"AU":"Kartikeswar G.A.P.  
  
Parikh T.B.  
  
Randive B.  
  
Kinikar A.  
  
Rajput U.C.  
  
Valvi C.  
  
Vaidya U.  
  
Malwade S.  
  
Agarkhedkar S.  
  
Kadam A.  
  
Smith R.M.  
  
Westercamp M.  
  
Schumacher C.  
  
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Robinson M.L.  
  
Gupta A.  
  
Milstone A.M.  
  
Manabe Y.C.  
  
Johnson J.",

"AO":"nan",

"IN":"(Kartikeswar, Parikh, Vaidya) Division of Neonatology, Department of Pediatrics, King Edward Memorial Hospital, Pune, India  
  
(Randive, Kadam, Mave) Byramjee-Jeejeebhoy Government Medical College, Johns Hopkins University Clinical Research Site, Pune, India  
  
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(Malwade, Agarkhedkar) Department of Pediatrics, Dr. D.Y. Patil Medical College, Pune, India  
  
(Smith, Westercamp) Centers for Disease Control and Prevention, Atlanta, GA, United States  
  
(Schumacher) Center for Child and Community Health Research, Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD, United States  
  
(Mave, Robinson, Gupta, Manabe) Division of Infectious Diseases, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, United States  
  
(Milstone) Division of Pediatric Infectious Diseases, Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD, United States  
  
(Johnson) Division of Neonatology, Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD, United States  
  
(Johnson) Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States",

"PB":"IOS Press BV",

"MH":"Acinetobacter  
  
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length of stay  
  
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"AB":"BACKGROUND: Neonates admitted to the neonatal intensive care unit (NICU) are at risk for healthcare-associated infections, including central line-associated bloodstream infections. We aimed to characterize the epidemiology of bloodstream infections among neonates with central venous catheters admitted to three Indian NICUs. METHOD(S): We conducted a prospective cohort study in three tertiary NICUs, from May 1, 2017 until July 31, 2019. All neonates admitted to the NICU were enrolled and followed until discharge, transfer, or death. Cases were defined as positive blood cultures in neonates with a central venous catheter in place for greater than 2 days or within 2 days of catheter removal. RESULT(S): During the study period, 140 bloodstream infections were identified in 131 neonates with a central venous catheter. The bloodstream infection rate was 11.9 per 1000 central line-days. Gram-negative organisms predominated, with 38.6% of cases caused by Klebsiella spp. and 14.9% by Acinetobacter spp. Antimicrobial resistance was prevalent among Gram-negative isolates, with 86.9% resistant to third- or fourth-generation cephalosporins, 63.1% to aminoglycosides, 61.9% to fluoroquinolones, and 42.0% to carbapenems. Mortality and length of stay were greater in neonates with bloodstream infection than in neonates without bloodstream infection (unadjusted analysis, p < 0.001). CONCLUSION(S): We report a high bloodstream infection rate among neonates with central venous catheters admitted to three tertiary care NICUs in India. Action to improve infection prevention and control practices in the NICU is needed to reduce the morbidity and mortality associated with BSI in this high-risk population.Copyright © 2023 - IOS Press. All rights reserved.",

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"PM":"37718859 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37718859]",

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"UI":"36565933",

"TI":"Nosocomial transmission of multi-drug-resistant organisms in Ukrainian hospitals: results of a multi-centre study (2019-2021).",

"SO":"Journal of Hospital Infection. 132:104-115, 2023 Feb.",

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

"IN":"MEDLINE",

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Shuba, V  
  
Loskutov, O",

"OD":"Salmanov, A. Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine. Electronic address: mozsago@gmail.com.  
  
Shchehlov, D. Scientific-practical Centre of Endovascular Neuroradiology and Surgery of National Academy of Medical Sciences of Ukraine, Kyiv, Ukraine.  
  
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Korniyenko, S. Odessa National Medical University, Odessa, Ukraine.  
  
Rud, V. National Pirogov Memorial Medical University, Vinnytsia, Ukraine.  
  
Gudym, M. Scientific-practical Centre of Endovascular Neuroradiology and Surgery of National Academy of Medical Sciences of Ukraine, Kyiv, Ukraine.  
  
Shuba, V. Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine.  
  
Loskutov, O. Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine.",

"AB":"Antimicrobial resistance Environmental contamination Healthcare-associated infections Multi-drug-resistant organisms Nosocomial transmission Ukraine",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: The increasing emergence and spread of multi-drug-resistant organisms (MDROs) in hospitals is a public health problem and continues to challenge infection control and hospital epidemiology practice worldwide.  
  
AIM: The aim of this study was to characterize the epidemiology of transmission of MDROs via healthcare workers (HCWs) and the environment in the hospital wards/patient rooms.  
  
METHODS: A multi-centre prospective observational study was conducted in 17 hospitals in Ukraine. Species identification was performed with standard microbial methods. beta-Lactamase genes were investigated by polymerase chain reaction. Pulsed-field gel electrophoresis (PFGE) was used to determine the genetic similarity between isolates.  
  
FINDINGS: Among 51,656 isolates, 19.5% were MDROs. The proportions of MDROs among isolates from patients with healthcare-associated infections, environmental surfaces and HCWs (hands, gown/gloves) were 29.2%, 16.3% and 24.2%, respectively. In 51.9% of the tested isolates, identical MDROs were found in clinical isolates, environmental samples and HCWs' hands. Meticillin resistance was found in 32.4% of Staphylococcus aureus (MRSA) isolates, and vancomycin resistance was found in 28.9% of enterococci (VRE). Resistance to third-generation cephalosporins was detected in 48.4% of Enterobacterales, and carbapenem resistance in 19.1%. Overall, 37.4% of MDROs had broad-spectrum beta-lactamase genes, including extended-spectrum beta-lactamase (35.8%), OXA-type (29.7%), AmpC-type (25.1%), KPC-type (25.7%) and metallo-beta-lactamases, including IMP-type (5.7%), VIM-type (31.7%) and NDM-1 (21.3%).  
  
CONCLUSIONS: In Ukrainian hospitals the prevalence of healthcare-associated infections caused by MDROs continues to increase, while infection control gaps in healthcare settings facilitate their transmission between patients. Copyright © 2022 The Healthcare Infection Society. Published by Elsevier Ltd. All rights reserved.",

"DJ":"Observational Study  
  
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Journal Article",

"MV":"2023",

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

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Anti-Bacterial Agents/tu [Therapeutic Use]  
  
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"UI":"36534147",

"TI":"Enriching single-arm clinical trials with external controls: possibilities and pitfalls.",

"SO":"Blood Advances. 7(19):5680-5690, 2023 10 10.",

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Porcher, Raphael  
  
Thiebaut, Rodolphe  
  
Zohar, Sarah  
  
Chevret, Sylvie",

"DU":"Lambert, Jerome. Biostatistical Department, Hopital Saint-Louis, Assistance Publique-Hopitaux de Paris, Paris, France.  
  
Lambert, Jerome. Epidemiology and Clinical Statistics for Tumor, Respiratory, and Resuscitation Assessments (ECSTRRA) Team, UMR1153, INSERM, Universite Paris Cite, Paris, France.  
  
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Chevret, Sylvie. Biostatistical Department, Hopital Saint-Louis, Assistance Publique-Hopitaux de Paris, Paris, France.  
  
Chevret, Sylvie. Epidemiology and Clinical Statistics for Tumor, Respiratory, and Resuscitation Assessments (ECSTRRA) Team, UMR1153, INSERM, Universite Paris Cite, Paris, France.",

"OD":"nan",

"AB":"nan",

"FTURL":"For the past decade, it has become commonplace to provide rapid answers and early patient access to innovative treatments in the absence of randomized clinical trials (RCT), with benefits estimated from single-arm trials. This trend is important in oncology, notably when assessing new targeted therapies. Some of those uncontrolled trials further include an external/synthetic control group as an innovative way to provide an indirect comparison with a pertinent control group. We aimed to provide some guidelines as a comprehensive tool for (1) the critical appraisal of those comparisons or (2) for performing a single-arm trial. We used the example of ciltacabtagene autoleucel for the treatment of adult patients with relapsed or refractory multiple myeloma after 3 or more treatment lines as an illustrative example. We propose a 3-step guidance. The first step includes the definition of an estimand, which encompasses the treatment effect and the targeted population (whole population or restricted to single-arm trial or external controls), reflecting a clinical question. The second step relies on the adequate selection of external controls from previous RCTs or real-world data from patient cohorts, registries, or electronic patient files. The third step consists of choosing the statistical approach targeting the treatment effect defined above and depends on the available data (individual-level data or aggregated external data). The validity of the treatment effect derived from indirect comparisons heavily depends on careful methodological considerations included in the proposed 3-step procedure. Because the level of evidence of a well-conducted RCT cannot be guaranteed, the evaluation is more important than in standard settings. 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",

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

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Lengline, Etienne ORCID: https://orcid.org/0000-0003-0965-6615  
  
Porcher, Raphael ORCID: https://orcid.org/0000-0002-5277-4679  
  
Thiebaut, Rodolphe ORCID: https://orcid.org/0000-0002-5235-3962  
  
Zohar, Sarah ORCID: https://orcid.org/0000-0002-8429-2340  
  
Chevret, Sylvie ORCID: https://orcid.org/0000-0001-6449-4730",

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"UI":"2026101224",

"TI":"Impact of Photon-Counting Detector Computed Tomography on Image Quality and Radiation Dose in Patients With Multiple Myeloma.",

"SO":"Korean Journal of Radiology. 24(10) (pp 1006-1016), 2023. Date of Publication: Oct 2023.",

"AU":"Rau A.  
  
Neubauer J.  
  
Taleb L.  
  
Stein T.  
  
Schuermann T.  
  
Rau S.  
  
Faby S.  
  
Wenger S.  
  
Engelhardt M.  
  
Bamberg F.  
  
Weiss J.",

"AO":"Rau, Alexander ORCID: https://orcid.org/0000-0001-5881-6043  
  
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"IN":"(Rau, Neubauer, Taleb, Stein, Schuermann, Rau, Bamberg, Weiss) Department of Diagnostic and Interventional Radiology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Freiburg, Germany  
  
(Faby) Siemens Healthcare GmbH, Forchheim, Germany  
  
(Wenger, Engelhardt) Department of Hematology and Oncology, Interdisciplinary Cancer Center, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Freiburg, Germany",

"PB":"Korean Radiological Society",

"MH":"adult  
  
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\*photon counting computed tomography  
  
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"OD":"Objective: Computed tomography (CT) is an established method for the diagnosis, staging, and treatment of multiple myeloma. Here, we investigated the potential of photon-counting detector computed tomography (PCD-CT) in terms of image quality, diagnostic confidence, and radiation dose compared with energy-integrating detector CT (EID-CT). Material(s) and Method(s): In this prospective study, patients with known multiple myeloma underwent clinically indicated whole-body PCD-CT. The image quality of PCD-CT was assessed qualitatively by three independent radiologists for overall image quality, edge sharpness, image noise, lesion conspicuity, and diagnostic confidence using a 5-point Likert scale (5 = excellent), and quantitatively for signal homogeneity using the coefficient of variation (CV) of Hounsfield Units (HU) values and modulation transfer function (MTF) via the full width at half maximum (FWHM) in the frequency space. The results were compared with those of the current clinical standard EID-CT protocols as controls. Additionally, the radiation dose (CTDIvol) was determined. Result(s): We enrolled 35 patients with multiple myeloma (mean age 69.8 +/- 9.1 years 18 [51%] males). Qualitative image analysis revealed superior scores (median [interquartile range]) for PCD-CT regarding overall image quality (4.0 [4.0-5.0] vs. 4.0 [3.0-4.0]), edge sharpness (4.0 [4.0-5.0] vs. 4.0 [3.0-4.0]), image noise (4.0 [4.0-4.0] vs. 3.0 [3.0-4.0]), lesion conspicuity (4.0 [4.0-5.0] vs. 4.0 [3.0-4.0]), and diagnostic confidence (4.0 [4.0-5.0] vs. 4.0 [3.0-4.0]) compared with EID-CT (P <= 0.004). In quantitative image analyses, PCD-CT compared with EID-CT revealed a substantially lower FWHM (2.89 vs. 25.68 cy/pixel) and a significantly more homogeneous signal (mean CV +/- standard deviation [SD], 0.99 +/- 0.65 vs. 1.66 +/- 0.5 P < 0.001) at a significantly lower radiation dose (mean CTDIvol +/- SD, 3.33 +/- 0.82 vs. 7.19 +/- 3.57 mGy P < 0.001). Conclusion(s): Whole-body PCD-CT provides significantly higher subjective and objective image quality at significantly reduced radiation doses than the current clinical standard EID-CT protocols, along with readily available multi-spectral data, facilitating the potential for further advanced post-processing.Copyright © 2023 The Korean Society of Radiology.",

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NAEOTOM Alpha [device term]  
  
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"DB":"Embase",

"UI":"636411350",

"TI":"Why Do People With Schizophrenia Exercise? A Mixed Methods Analysis Among Community Dwelling Regular Exercisers.",

"SO":"Frontiers in Psychiatry. 9(no pagination), 2018. Article Number: 596. Date of Publication: 13 Nov 2018.",

"AU":"Ho P.A.  
  
Dahle D.N.  
  
Noordsy D.L.",

"AO":"nan",

"IN":"(Ho) Department of Psychiatry, Geisel School of Medicine Dartmouth, Hanover, NH, United States  
  
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(Noordsy) Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford University, Stanford, CA, United States",

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"FTURL":"Individuals with schizophrenia have reduced rates of physical activity, yet substantial proportions do engage in independent and regular exercise. Previous studies have shown improvement in symptoms and cognitive function in response to supervised exercise programs in people with schizophrenia. There is little data on motivations of individuals who exercise independently, or their chosen type, duration, or setting of exercise. This study explores motivational parameters and subjective experiences associated with sustained, independent exercise in outpatients with a diagnosis of schizophrenia or schizoaffective disorder. Participants completed a semi-structured interview and then were given a prospective survey containing visual analog scales of symptom severity and the Subjective Exercise Experiences Scales to complete immediately before and after three sessions of exercise. Results from the semi-structured interview were analyzed by modified content analysis. The most important reason for exercise was self-image, followed closely by psychological and physical health. Among psychological effects, participants reported exercise was most helpful for mood and cognitive symptoms. The prospective ratings demonstrated 10-15% average improvements in global well-being, energy, and negative, cognitive and mood symptoms, with almost no change in psychosis, after individual exercise sessions. This suggests that non-psychotic parameters are more susceptible to inter-session decay of exercise effects, which may reinforce continued exercise participation.Copyright © 2018 Ho, Dahle and Noordsy.",

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

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

"UI":"36521694",

"TI":"Neurofeedback for Attention-Deficit/Hyperactivity Disorder: 25-Month Follow-up of Double-Blind Randomized Controlled Trial.",

"SO":"Journal of the American Academy of Child & Adolescent Psychiatry. 62(4):435-446, 2023 04.",

"AU":"1",

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

"IN":"MEDLINE",

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Treatment Outcome",

"FTURL":"ADHD EEG biofeedback double-blind randomized clinical trial long-term follow-up neurofeedback",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: To examine delayed effects of theta-beta ratio (TBR) neurofeedback (NF) for attention-deficit/hyperactivity disorder (ADHD) 25 months after baseline, ~21 months after end of treatment.  
  
METHOD: Children aged 7 to 10 years with rigorously diagnosed ADHD had been randomized to 38 sessions of TBR NF (n = 84) or control treatment (n = 58) of identical appearance, intensity/frequency, and duration, differing only in that reinforcement for controls was based on a pre-recorded electroencephalogram (EEG) of another child. Child, parent, and all site staff were blinded until after 25-month assessments, with only one-fourth able to guess the control treatment correctly. Baseline assessments were repeated off medication after 25 months.  
  
RESULTS: Of the 142 participants, 120 had 25-month follow-up (84.5% retention). Only 12 participants (6 controls) had NF after the study treatment, greatly retaining the randomization. The primary outcome, parent-rated inattention, was not significantly different between treatments despite large pre-post effect sizes (NF recipients, d = 1.63 controls, d = 1.42). Most secondary measures showed the same pattern. Response rates (Clinical Global Impression-Improvement <=2) were 58.6% of NF recipients and 66% of controls (not significant). Marginally more controls than NF recipients needed medication (57.1% vs 38.6%, p = .059) specifically, 7.1% of NF recipients and 4% of controls had reduced medication need, whereas 34.3% of NF recipients and 50% of controls needed more medication (p = 0.084).  
  
CONCLUSION: Most of the large within-group improvement from the NF treatment package reported by unblinded studies and replicated in this blinded study reflects nonspecific effects, not specific effects of deliberate down-training of EEG theta-beta power ratio. At 25-month follow-up, it appears comparable to the evidence-based Multimodal Treatment Study of ADHD (MTA) treatments, suggesting a psychotherapeutic/behavioral effect.  
  
CLINICAL TRIAL REGISTRATION INFORMATION: Double-Blind 2-Site Randomized Clinical Trial of Neurofeedback for ADHD http://clinicaltrials.gov/ NCT02251743.  
  
DIVERSITY & INCLUSION STATEMENT: We worked to ensure sex and gender balance in the recruitment of human participants. We worked to ensure race, ethnic, and/or other types of diversity in the recruitment of human participants. We worked to ensure that the study questionnaires were prepared in an inclusive way. One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented sexual and/or gender groups in science. We actively worked to promote sex and gender balance in our author group. Copyright © 2022 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.",

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"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't  
  
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"TI":"Sexuality among young Danes treated for mental health problems: Baseline findings in a nationwide cohort study.",

"SO":"Journal of Psychiatric Research. 168(pp 334-343), 2023. Date of Publication: December 2023.",

"AU":"Bahnsen M.K.  
  
Graugaard C.  
  
Boisen K.A.  
  
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Andersson M.  
  
Frisch M.",

"AO":"(Bahnsen, Andresen, Andersson, Frisch) Project SEXUS Group, Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark  
  
(Graugaard, Andresen, Frisch) Center for Sexology Research, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark  
  
(Boisen) Center of Adolescent Medicine, Department of Pediatric and Adolescent Medicine, Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark",

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"OD":"Mental health problems are common among adolescents and young adults (AYA), but although sexuality plays a central role in the transition from adolescence to adulthood, associations between such problems and sexuality have only been sparsely researched in AYA. The aim of this study was to investigate the association between mental health problems and various outcomes related to body and sexuality, romantic relationships, sexual functioning, and sexual risk behaviors among AYA. We used questionnaire data from 8696 Danish AYA aged 15-24 years who participated in the nationwide cohort study Project SEXUS at baseline in 2017-2018. Logistic regression analyses yielded demographically weighted, age-adjusted odds ratios for associations between mental health problems and sexual outcomes. Female AYA treated for mental health problems reported more active sex lives than other women. Treatment for mental health problems was associated with statistically significantly increased odds ratios for several sexual dysfunctions, and treated AYA significantly more often reported sexual debut before age 15 years, high sex partner numbers, sexual victimization, unsafe sex, sexually transmitted infections, induced abortions, discontentment with the appearance of body and genitalia, gender non-conformity, same-sex sexual experience, and non-heterosexual identity. Compared to healthy peers, AYA treated for mental health problems constitute a vulnerable group at increased risk of sexual adversities. Healthcare professionals should acknowledge these possible sexual challenges and offer relevant counselling to reduce the risk of adverse sexual outcomes in this group.Copyright © 2023 The Authors",

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Andersson, Mikael ORCID: https://orcid.org/0000-0002-0114-2057  
  
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"DJ":"37952403 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37952403]",

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"Database":"Medline",

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

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"TI":"Tryptophan challenge in individuals with schizophrenia and healthy controls: acute effects on circulating kynurenine and kynurenic acid, cognition and cerebral blood flow.",

"SO":"Neuropsychopharmacology. 48(11):1594-1601, 2023 10.",

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Sathyasaikumar, Korrapati V  
  
Notarangelo, Francesca M  
  
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Rowland, Laura M. Maryland Psychiatric Research Center, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD, 21201, USA.  
  
Buchanan, Robert W. Maryland Psychiatric Research Center, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD, 21201, USA.",

"OD":"Cognitive impairments predict poor functional outcomes in people with schizophrenia. These impairments may be causally related to increased levels of kynurenic acid (KYNA), a major metabolic product of tryptophan (TRYP). In the brain, KYNA acts as an antagonist of the of alpha7-nicotinic acetylcholine and NMDA receptors, both of which are involved in cognitive processes. To examine whether KYNA plays a role in the pathophysiology of schizophrenia, we compared the acute effects of a single oral dose of TRYP (6 g) in 32 healthy controls (HC) and 37 people with either schizophrenia (Sz), schizoaffective or schizophreniform disorder, in a placebo-controlled, randomized crossover study. We examined plasma levels of KYNA and its precursor kynurenine selected cognitive measures from the MATRICS Consensus Cognitive Battery and resting cerebral blood flow (CBF) using arterial spin labeling imaging. In both cohorts, the TRYP challenge produced significant, time-dependent elevations in plasma kynurenine and KYNA. The resting CBF signal (averaged across all gray matter) was affected differentially, such that TRYP was associated with higher CBF in HC, but not in participants with a Sz-related disorder. While TRYP did not significantly impair cognitive test performance, there was a trend for TRYP to worsen visuospatial memory task performance in HC. Our results demonstrate that oral TRYP challenge substantially increases plasma levels of kynurenine and KYNA in both groups, but exerts differential group effects on CBF. Future studies are required to investigate the mechanisms underlying these CBF findings, and to evaluate the impact of KYNA fluctuations on brain function and behavior. (Clinicaltrials.gov: NCT02067975). Copyright © 2023. The Author(s), under exclusive licence to American College of Neuropsychopharmacology.",

"AB":"Randomized Controlled Trial  
  
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Research Support, N.I.H., Extramural",

"FTURL":"2023",

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"TI":"ANTI-MICROBIAL SPECTRUM FOR BACTERIAL UROPATHOGENS IN ADULT PATIENTS ASSOCIATED WITH URINARY TRACT INFECTIONS AT GOVERNMENT TEACHING HOSPITAL.",

"SO":"International Journal of Current Pharmaceutical Research. 15(5) (pp 96-100), 2023. Date of Publication: 2023.",

"AU":"Ujjwala V.  
  
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Reddy R.M.",

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"IN":"(Ujjwala) Department of General Medicine, Rajiv Gandhi Institute of Medical Sciences, Andhra Pradesh, Kadapa 516001, India  
  
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"AB":"Objective: Urinary tract infection (UTI) is one of the most common bacterial infections, affecting 150 million people each year worldwide. UTI's are a significant cause of morbidity in females, infant boys and older men of all age groups. The most common causative agent for UTI is uropathogenic Escherichia coli. Patients suffering from symptomatic UTI are commonly treated with antibiotics. The present study was undertaken to find the etiology, risk factors, clinical pattern, isolated uropathogens and therapeutic profile of UTI. Method(s): It was a prospective, observational, descriptive, cross-sectional study conducted for a period of 6 mo from April 2022 to September 2022 at RIMS, Kadapa. A total of 35 UTI patients were recruited based on study criteria. The data was collected, analysed, summarised as averages. Graph pad prism software was applied for statistics by using Microsoft excel. Fig. represented through bar graphs, pie charts. Result(s): In a total of 35 patients suffering from UTI, we found that 7 were males and 28 were females, based on age groups 2 patients belong to 21-30 y and 18 patients belong to 31-40 y, 10 patients belong to 41-50 age group, 3 patients belong to 51-60 y. In a total of 82 risk factors 40% were diabetes mellitus, 20% were hypertension, 17% were renal calculi, 5% were cyanosis, 11% were BPH, 6% were ESRD. In a total of 95 clinical symptoms, we observed fever (32.5%) as a major symptom, followed by burning micturition (16.5%). Other signs like abdominal pain, urine urgency, hematuria were also reported. On assessing urine culture, uropathogens Escherichia coli (35%) was isolated in majority UTI cases followed by Staphylococcus aureus (17%), Pseudomonas aeruginosa (14%), Candida species (14%), Enterococcus faecium (11%), Proteus species (8%). Total drugs prescribed were 150. Fluoroquinolones (48 in number, 32%) were the most common prescribed antibiotic drug category, followed by Anti-mycobacterial (32 in number, 21%), Cephalosporins (25 in number, 17%), Penicillins (20 in number, 13%), Macrolides (14 in number, 10%), Combinational therapy (11 in number, 7%). Conclusion(s): The UTI prevalence was more in females at GGH-RIMS, Kadapa. E. coli was the most common species isolated in UTI patients. At research site, physicians frequently prescribed medications were Ciprofloxacin (fluoroquinolones) and Nitrofurantoin (anti-mycobacterial) for UTI patients.Copyright © 2023 The Authors.",

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"Database":"Medline",

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

"UI":"36762540",

"TI":"Molecular tracking of carbapenem-resistant Acinetobacter baumannii clinical isolates: a multicentre study over a 4-year period across eastern China.",

"SO":"Journal of Medical Microbiology. 72(2), 2023 Feb.",

"AU":"1",

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

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"PB":"Zhao Y  
  
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Zhang, Hui  
  
Zhang, Lingyan  
  
Li, Jiabin  
  
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"OD":"Zhao, Yayun. Department of Infectious Diseases, the First Affiliated Hospital of Auhui Medical University, Hefei, PR China.  
  
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Ye, Ying. Institute of Bacterium Resistance, Anhui Medical University, Hefei, PR China.  
  
Ye, Ying. Anhui Center for Surveillance of Bacterial Resistance, Hefei, PR China.",

"AB":"Acinetobacter baumannii Carbapenem-resistant Acinetobacter baumannii clonal complex (CC) multilocus sequence typing",

"FTURL":"NOTNLM",

"PM":"Introduction. Colonization by carbapenem-resistant Acinetobacter baumannii (CRAB) causes therapeutic and economic problems for critically ill patients. Gap Statement. The analysis of CRAB in China was limited to certain regions. Aims. To investigate the antibiotic susceptibility, molecular characterization and clonal relationship among CRAB isolates from multiple hospitals of eastern China. Methodology. Isolates from 29 tertiary hospitals from September 2015 to September 2018 were recovered. All strains were analysed using antimicrobial susceptibility testing to detect their tolerance. PCR was also used to detect multiple beta-lactamase genes. After multilocus sequence typing (MLST) of seven house-keeping genes. eBURST was used to assess clonal complexes and explore evolutionary relationships. Results. All isolates showed resistance to carbapenems, while remaining susceptible to colistin and tigecycline. All isolates were detected with bla OXA-51 gene by PCR, and 80.1 % harboured the bla OXA-23 gene. The prevalence of blaOXA-23 gene was remarkably increased from 50.7 % in 2015 to 90.5 % in 2018. Other genes such as bla OXA-24, bla OXA-58, bla IMP-2/4, bla VIM-2, bla SHV, bla AmpC and bla TEM were also obtained. While bla KPC, bla NDM-1, bla IMP-4 and bla SIM-1 were not found in these strains. MLST showed all isolates could be divided into 26 known sequence types (STs) and ten novel STs and 47.2 % isolates belong to ST195 and ST208. eBURST revealed clonal complex 92 as the major clonal complex (98.4 %), which includes 88.5 % (23/26) of known STs and 80 % (8/10) of unknown STs. Phylogenetic analysis also found that almost all CRAB isolates could cluster into one lineage, suggesting an epidemic of this CRAB lineage. This indicated severe nosocomial infections of CRAB in multiple hospitals of eastern China. Conclusion. An outbreak of ST195 and ST208 CRAB-resistant clones with bla OXA-23 gene might be happening in multiple hospitals in eastern China.",

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Journal Article",

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

"UI":"37818374",

"TI":"Extracellular vesicles derived from immortalized human natural killer cell line NK3.3 as a novel therapeutic for multiple myeloma.",

"SO":"Frontiers in Immunology. 14:1265101, 2023.",

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Kornbluth, Jacki. Department of Pathology, Saint Louis University School of Medicine, St. Louis, MO, United States.  
  
Kornbluth, Jacki. Research and Education Service, VA St. Louis Health Care System, St. Louis, MO, United States.",

"OD":"cytotoxicity drug resistance extracellular vesicles multiple myeloma natural killer cells",

"AB":"NOTNLM",

"FTURL":"Introduction: Over the last decade, there have been many advancements in the therapeutic treatment of multiple myeloma (MM), including the use of natural killer (NK) cells. However, despite promising results from clinical trials, there are concerns over the use of NK cell-based therapy. Cells often undergo growth arrest, limiting their experimental utility donor cells are extremely heterogeneous, resulting in content variability and patients receiving allogeneic cells are at risk for graft-versus-host disease and/or cytokine release syndrome. Extracellular vesicles (EVs) have emerged as a new natural therapeutic tool. EVs are known to carry cargo derived from the parent cell from which they originate. NK cells play an important role in the innate immune system, targeting and killing tumor cells. This has led many researchers to isolate EVs from NK cells for their cytotoxic potential.  
  
Methods: In this study, we isolated EVs from the NK cell line, NK3.3, which was derived from the peripheral blood of a healthy donor. Currently, it is the only normal human NK cell line reported with all the functional characteristics of healthy NK cells. To address the issue of growth arrest, we immortalized NK3.3 cells with lentivirus encoding the catalytic subunit of human telomerase htert (NK3.3-LTV). EVs from these cells were isolated using a modified polyethylene glycol (PEG)-acetate precipitation protocol to simplify processing and increase EV yield.  
  
Results and conclusions: We demonstrated that NK3.3-LTV EVs target both sensitive and drug-resistant MM cell lines as well as primary patient MM cells in vitro, decreasing proliferation and inducing apoptotic cell death as well as or better than EVs from non-immortalized cells with no toxicity towards normal cells. This study is the first step towards developing an immunotherapeutic product designed to treat patients with relapsed/refractory MM. Copyright © 2023 Matchett and Kornbluth.",

"PM":"Journal Article  
  
Research Support, U.S. Gov't, Non-P.H.S.  
  
Research Support, N.I.H., Extramural",

"DJ":"2023",

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

"TN":"nan",

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Multiple Myeloma/me [Metabolism]  
  
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Killer Cells, Natural  
  
Immunotherapy, Adoptive  
  
Extracellular Vesicles/me [Metabolism]  
  
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"DB":"Embase",

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"TI":"Direct oral anticoagulants versus aspirin for primary thromboprophylaxis in patients with multiple myeloma undergoing outpatient therapy: A systematic review and updated meta-analysis.",

"SO":"British Journal of Haematology. 203(3) (pp 395-403), 2023. Date of Publication: November 2023.",

"AU":"Costa T.A.  
  
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Costa B.A.  
  
Godoi A.  
  
Nogueira A.  
  
Rossi A.",

"AO":"Costa, Thomaz Alexandre ORCID: https://orcid.org/0000-0003-1789-6694  
  
Felix, Nicole ORCID: https://orcid.org/0000-0001-8174-3866  
  
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Nogueira, Alleh ORCID: https://orcid.org/0000-0001-5995-6179",

"IN":"(Costa) Federal University of Ceara, Fortaleza, Brazil  
  
(Felix) Federal University of Campina Grande, Campina Grande, Brazil  
  
(Costa) Mount Sinai Morningside and Mount Sinai West, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Godoi) Cardiff University School of Medicine, Cardiff, United Kingdom  
  
(Nogueira) Bahiana School of Medicine and Public Health, Salvador, Brazil  
  
(Rossi) Icahn School of Medicine at Mount Sinai, The Tisch Cancer Institute, New York, NY, United States",

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

"MH":"article  
  
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deep vein thrombosis/dt [Drug Therapy]  
  
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Preferred Reporting Items for Systematic Reviews and Meta-Analyses  
  
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Preferred Reporting Items for Systematic Reviews and Meta-Analyses  
  
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"OD":"Patients with multiple myeloma (MM) are at an elevated risk of venous thromboembolism (VTE), which is further increased for those undergoing anti-myeloma therapy. Current guidelines suggest low-dose direct oral anticoagulants (DOACs) as an alternative to aspirin for primary thromboprophylaxis in this population, but data comparing these two therapies are limited. We performed a systematic review and meta-analysis to compare DOACs with aspirin for primary thromboprophylaxis in individuals undergoing outpatient anti-myeloma therapy. Studies were selected when comparing DOACs versus aspirin for thrombotic and haemorrhagic outcomes. We included 10 randomised controlled trials and observational studies comprising 1026 patients with MM who received primary thromboprophylaxis with DOACs (n = 337) or aspirin (n = 689). DOAC thromboprophylaxis was associated with a significantly lower incidence of VTE compared with aspirin (OR 0.33 95% CI 0.16-0.68 p < 0.001). Major, clinically relevant non-major and minor bleeding event rates did not differ significantly between groups. Overall, our meta-analysis suggests that DOACs may be a preferable option to aspirin for the prevention of MM-related thrombosis. However, these results should be interpreted in the context of heterogeneous baseline population characteristics and potential bias from including observational studies. Further research is needed to evaluate the optimal thromboprophylaxis strategy, particularly in high-risk individuals.Copyright © 2023 British Society for Haematology and John Wiley & Sons Ltd.",

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

"FTURL":"acetylsalicylic acid / drug comparison / drug therapy  
  
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"TN":"velcade",

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"TI":"Cognitive and Functional Assessment of Psychosis Stratification Study (CoFAPSS): Rationale, Design, and Characteristics.",

"SO":"Frontiers in Psychiatry. 9(no pagination), 2018. Article Number: 662. Date of Publication: 03 Dec 2018.",

"AU":"Clark S.R.  
  
Schubert K.O.  
  
Olagunju A.T.  
  
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Baune B.T.",

"AO":"nan",

"IN":"(Clark, Schubert, Olagunju, Lyrtzis, Baune) Discipline of Psychiatry, School of Medicine, The University of Adelaide, Adelaide, SA, Australia  
  
(Olagunju) Department of Psychiatry, University of Lagos, Lagos, Nigeria  
  
(Baune) Department of Psychiatry, Melbourne Medical School, The University of Melbourne, Melbourne, VIC, Australia",

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

"MH":"adult  
  
article  
  
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"FTURL":"Prediction of treatment response and illness trajectory in psychotic disorders including schizophrenia, bipolar affective disorder, schizoaffective disorder, and psychotic depression is difficult due to heterogeneity in presentation and outcome. Consequently, patients may receive prolonged ineffective treatments leading to functional decline, illness chronicity, and iatrogenic physical illness. One approach to addressing these problems is to stratify patients based on historical, clinical, and biological signatures. Such an approach has the potential to improve categorization resulting in better understanding of underlying mechanisms and earlier evidence-based treatment with reduced side effect burden. To investigate these multimodal signatures we developed the Cognitive and Functional Assessment of Psychosis Stratification Study (CoFAPSS) employing a prospective study design and a healthy control group comparison. The main aim of this study is to investigate cognitive, and biological genomics markers of psychotic illnesses that can be integrated with clinical data to improve prediction of risk and define functional trajectories. We also aim to identify biological genomic signatures underpinning variation in treatment response and adverse medical outcomes. The study commenced in June 2016, including patients with primary diagnosis of psychotic disorders including schizophrenia, bipolar affective disorder, schizoaffective disorder, and psychotic depression according to DSM-5 criteria. The assessment covers a wide range of participant history (life stressors, trauma, and family history), cognitive dimensions (social perception, memory and learning, attention, executive function, and general cognition), measures to assess psychosocial function and quality of life, psychotic symptom severity, clinical course of illness, and parameters for adverse medical outcome. Blood is collected for comprehensive genomic discovery analyses of biological (genomic, transcriptomic, proteomic, and cell-biologic) markers. The CoFAPSS is a novel approach that integrates clinical, cognitive and biological genomic markers to clarify clinico-pathological basis of risk, functional trajectories, disease stratification, treatment response, and adverse medical outcome. The CoFAPSS team welcomes collaborations with both national and international investigators.© Copyright © 2018 Clark, Schubert, Olagunju, Lyrtzis and Baune.",

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

"UI":"35963559",

"TI":"Electrophysiological and Clinical Predictors of Methylphenidate, Guanfacine, and Combined Treatment Outcomes in Children With Attention-Deficit/Hyperactivity Disorder.",

"SO":"Journal of the American Academy of Child & Adolescent Psychiatry. 62(4):415-426, 2023 04.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Michelini G  
  
Lenartowicz A  
  
Vera JD  
  
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McGough JJ  
  
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"MH":"nan",

"DU":"Michelini, Giorgia  
  
Lenartowicz, Agatha  
  
Vera, Juan Diego  
  
Bilder, Robert M  
  
McGough, James J  
  
McCracken, James T  
  
Loo, Sandra K",

"OD":"Michelini, Giorgia. Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine, University of California Los Angeles, United Kingdom School of Biological & Behavioural Sciences, Queen Mary University of London, United Kingdom. Electronic address: g.michelini@qmul.ac.uk.  
  
Lenartowicz, Agatha. Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine, University of California Los Angeles, United Kingdom.  
  
Vera, Juan Diego. Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine, University of California Los Angeles, United Kingdom.  
  
Bilder, Robert M. Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine, University of California Los Angeles, United Kingdom.  
  
McGough, James J. Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine, University of California Los Angeles, United Kingdom.  
  
McCracken, James T. Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine, University of California Los Angeles, United Kingdom.  
  
Loo, Sandra K. Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine, University of California Los Angeles, United Kingdom. Electronic address: sloo@mednet.ucla.edu.",

"AB":"Male  
  
Child  
  
Humans  
  
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Guanfacine/pd [Pharmacology]  
  
Guanfacine/tu [Therapeutic Use]  
  
Methylphenidate/tu [Therapeutic Use]  
  
\*Methylphenidate  
  
Adrenergic alpha-2 Receptor Agonists/pd [Pharmacology]  
  
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Treatment Outcome  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
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Double-Blind Method",

"FTURL":"attention-deficit/hyperactivity disorder electroencephalography guanfacine methylphenidate predictor",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: The combination of d-methylphenidate and guanfacine (an alpha-2A agonist) has emerged as a potential alternative to either monotherapy in children with attention-deficit/hyperactivity disorder (ADHD), but it is unclear what predicts response to these treatments. This study is the first to investigate pretreatment clinical and electroencephalography (EEG) profiles as predictors of treatment outcome in children randomized to these different medications.  
  
METHOD: A total of 181 children with ADHD (aged 7-14 years 123 boys) completed an 8-week randomized, double-blind, comparative study with d-methylphenidate, guanfacine, or combined treatments. Pretreatment assessments included ratings on ADHD, anxiety, and oppositional behavior. EEG activity from cortical sources localized within midfrontal and midoccipital regions was measured during a spatial working memory task with encoding, maintenance, and retrieval phases. Analyses tested whether pretreatment clinical and EEG measures predicted treatment-related change in ADHD severity.  
  
RESULTS: Higher pretreatment hyperactivity-impulsivity and oppositional symptoms and lower anxiety predicted greater ADHD improvements across all medication groups. Pretreatment event-related midfrontal beta power predicted treatment outcome with combined and monotherapy treatments, albeit in different directions. Weaker beta modulations predicted improvements with combined treatment, whereas stronger modulation during encoding and retrieval predicted improvements with d-methylphenidate and guanfacine, respectively. A multivariate model including EEG and clinical measures explained twice as much variance in ADHD improvement with guanfacine and combined treatment (R2= 0.34-0.41) as clinical measures alone (R2 = 0.14-.21).  
  
CONCLUSION: We identified treatment-specific and shared predictors of response to different pharmacotherapies in children with ADHD. If replicated, these findings would suggest that aggregating information from clinical and brain measures may aid personalized treatment decisions in ADHD.  
  
CLINICAL TRIAL REGISTRATION INFORMATION: Single Versus Combination Medication Treatment for Children With Attention Deficit Hyperactivity Disorder https://clinicaltrials.gov NCT00429273. Copyright © 2022 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.",

"MV":"30OMY4G3MK (Guanfacine)  
  
207ZZ9QZ49 (Methylphenidate)  
  
0 (Adrenergic alpha-2 Receptor Agonists)  
  
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"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, N.I.H., Extramural  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028184265",

"TI":"Effect of 25 hydroxyvitamin D on attention deficit and hyperactivity in school-age children with ADHD.",

"SO":"Medicine (United States). 102(43) (pp E35728), 2023. Date of Publication: 27 Oct 2023.",

"AU":"Yang J.  
  
Yuan H.  
  
Qiu R.  
  
Fu X.",

"AO":"(Yang, Qiu, Fu) Department of Rehabilitation Medicine, Ganzhou People's Hospital, Ganzhou, China  
  
(Yuan) Department of Breast Surgery, Ganzhou People's Hospital, Ganzhou, China",

"IN":"Lippincott Williams and Wilkins",

"PB":"article  
  
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\*hyperactivity/dt [Drug Therapy]  
  
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"OD":"Background: To observe the serum levels of 25 hydroxyvitamin D [25 (OH) D] in healthy school-age children and children with attention deficit hyperactivity disorder (ADHD) and to analyze the effects of serum 25 (OH) D on the symptoms of attention deficit and hyperactivity in school-age children with ADHD. Method(s): According to the Diagnostic and Statistical Manual of Mental Disorders DSM-IV diagnostic criteria for ADHD in children, 80 healthy children aged 6 years or less than 10 years old and children diagnosed with ADHD in the Department of Rehabilitation Medicine, Department of Pediatrics and Department of Physical Examination of our hospital were randomly selected as research subjects. The serum 25 (OH) D level, attention deficit hyperactivity (Swanson, Nolan, and Pelham, version IV [SNAP-IV] parental version) score and Conners child behavior (PSQ) index were observed and compared between the 2 groups. In addition, the children with ADHD whose serum 25 (OH) D was lower than normal were treated with supplemental VitD3, and the changes in serum 25 (OH) D, SNAP-IV parental score and PSQ index of ADHD children were observed and compared. Result(s): Serum 25(OH)D was insufficient or deficient in 26 healthy children, but the SNAP-IV score and PSQ index were normal. Serum 25(OH)D was lower than normal in 69 patients in the ADHD group, which was negatively correlated with SNAP-IV score (r = -0.3479, P =.0034) and negatively correlated with PSQ index (r = -0.3566, P =.0026). After vitamin D3 (VitD3) supplementation in 69 children with serum 25(OH)D levels lower than the normal ADHD group, it was found that the SNAP-IV score (r = -0.4654, P =.0037) and PSQ index (r = -0.5680, P =.0002) of 34 children with ADHD were negatively correlated with the increase in serum 25(OH)D. The SNAP-IV score and PSQ index of the other 35 children with ADHD showed no correlation with the increase in serum 25 (OH) D (P >.05). Conclusion subsections: Serum 25(OH)D levels lower than normal are more common in school-age children, and levels lower than normal are not the key pathogenic factor of ADHD in school-age children, but serum 25(OH)D levels lower than normal may be the upregulation factor of attention deficit and hyperactivity disorder expression in some school-age children with ADHD. The lower level of serum 25(OH)D may be closely related to the severity of ADHD symptoms in some children.Copyright © 2023 Lippincott Williams and Wilkins. All rights reserved.",

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

"FTURL":"\*25 hydroxyvitamin D / \*drug therapy / \*special situation for pharmacovigilance",

"PM":"Yang, Juan ORCID: https://orcid.org/0000-0003-4632-4257  
  
Yuan, Huozhong ORCID: https://orcid.org/0000-0001-6717-5671",

"DJ":"37904452 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37904452]",

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

"UI":"37965711",

"TI":"Characteristics of drug-involved black women under community supervision implications for retention in HIV clinical trials and healthcare.",

"SO":"Social Work in Health Care. 63(1):35-52, 2024 Jan-Jun.",

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"DU":"Goddard-Eckrich, Dawn. The Social Intervention Group, Columbia University, New York, USA.  
  
Gatanaga, Ohshue S. The Social Intervention Group, Columbia University, New York, USA.  
  
Thomas, Brittany V. The Social Intervention Group, Columbia University, New York, USA.  
  
Liu, Yang. The Social Intervention Group, Columbia University, New York, USA.  
  
Downey, Dget Lynn. The Social Intervention Group, Columbia University, New York, USA.  
  
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Wu, Elwin. The Social Intervention Group, Columbia University, New York, USA.  
  
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Black, Chermaine. The Social Intervention Group, Columbia University, New York, USA.  
  
Brown, Mary. The Social Intervention Group, Columbia University, New York, USA.  
  
Hall, Jennifer. The Social Intervention Group, Columbia University, New York, USA.  
  
El-Bassel, Nabila. The Social Intervention Group, Columbia University, New York, USA.  
  
Gilbert, Louisa. The Social Intervention Group, Columbia University, New York, USA.",

"OD":"This study examined retention and its relationship to mental health, substance use, and social determinants of health in a randomized clinical trial of a behavioral HIV/sexually transmitted infection prevention intervention with drug-involved Black women (N = 348) under community supervision programs in New York City. Using secondary analysis, we used logistic models to test the association between factors related to mental health, substance use, and social determinants of health and follow-up assessment completion (three, six, and 12 months). Participants who were diagnosed with schizophrenia had lower odds of retention. Participants who misused prescription opiates during their lifetime or food insecure in the past 90 days had higher odds of retention throughout the intervention.",

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

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"DJ":"HIV Retention black women community supervision programs criminal justice health equity intervention randomized clinical trial sociodemographic characteristics substance use",

"MV":"NOTNLM",

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Downey, Dget Lynn ORCID: https://orcid.org/0009-0008-6612-7035  
  
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Medley, Bethany ORCID: https://orcid.org/0000-0002-5085-1191  
  
Hunt, Timothy ORCID: https://orcid.org/0000-0002-5418-3979  
  
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Johnson, Karen ORCID: https://orcid.org/0000-0003-4437-228X  
  
Black, Chermaine ORCID: https://orcid.org/0000-0003-0975-6827  
  
Brown, Mary ORCID: https://orcid.org/0000-0003-0577-1579  
  
Hall, Jennifer ORCID: https://orcid.org/0000-0001-7701-226X  
  
El-Bassel, Nabila ORCID: https://orcid.org/0000-0002-0049-5686  
  
Gilbert, Louisa ORCID: https://orcid.org/0000-0003-2715-8310",

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"TI":"Bacteriological Profile of Surgical Site Infections - A Prospective Study in a Tertiary Care Centre.",

"SO":"Journal of Cardiovascular Disease Research. 14(10) (pp 957-962), 2023. Date of Publication: 2023.",

"AU":"Swain R.R.  
  
Pradhan S.K.  
  
Kanhar M.B.  
  
Mohapatra A.",

"AO":"nan",

"IN":"(Swain, Pradhan) Department of General Surgery, Bhima Bhoi Medical College, Odisha, Balangir 767001, India  
  
(Kanhar) Department of General Surgery, S.C.B.Medical College, Odisha, Cuttack 753007, India  
  
(Mohapatra) Department of General Surgery, VIMSAR, Burla, Odisha, Sambalpur 768017, India",

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\*tertiary care center  
  
wound infection",

"AB":"Background - Surgical site infections (SSI), one of the most common causes of healthcare associated infections are a common complication associated with surgery. The importance of wound infections, in both economic and human terms, should not be underestimated. Materials and Method - This study aims to find out common bacterial isolate and their antibiotic resistance pattern, the incidence of ESBL producers and MRSA in wound infections. Wound swabs from 578 patients were analyzed in the study. Discussion and Results - The predominant isolate was found to be Gram positive bacteria than Gram negative bacteria.However Staphylococcus aureus was seen as the most common bacterial pathogen followed by Klebsiella pneumoniae and Pseudomonas aeruginosa. Conclusion - By employing standard microbiological techniques meticulously the causative agents can be isolated and antimicrobial sensitivity can be assessed for proper management of wound infection.Copyright © 2023 EManuscript Technologies. All rights reserved.",

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"TI":"A Double-Blind Randomized Placebo-Controlled Phase 3 Trial of Tobramycin Inhalation Solution in Adults With Bronchiectasis With Pseudomonas aeruginosa Infection.",

"SO":"Chest. 163(1):64-76, 2023 01.",

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Zhao, Hui  
  
Chen, Ping-Yan  
  
Qu, Jie-Ming  
  
Zhong, Nan-Shan",

"OD":"Guan, Wei-Jie. State Key Laboratory of Respiratory Disease, National Clinical Research Center for Respiratory Disease, Guangzhou Institute of Respiratory Disease, First Affiliated Hospital of Guangzhou Medical University, Guangzhou, Guangdong, China Department of Thoracic Surgery, Guangzhou Institute of Respiratory Disease, First Affiliated Hospital of Guangzhou Medical University, Guangzhou, Guangdong, China. Electronic address: battery203@163.com.  
  
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Zhong, Nan-Shan. State Key Laboratory of Respiratory Disease, National Clinical Research Center for Respiratory Disease, Guangzhou Institute of Respiratory Disease, First Affiliated Hospital of Guangzhou Medical University, Guangzhou, Guangdong, China. Electronic address: nanshan@vip.163.com.",

"AB":"Pseudomonas aeruginosa bacterial density bronchiectasis quality of life tobramycin inhalation solution",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Few large-scale studies have 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 P aeruginosa density and improve the bronchiectasis-specific quality of life in patients with bronchiectasis with P aeruginosa infection?  
  
STUDY DESIGN AND METHODS: This was a phase 3, 16-week, multicenter, randomized, double-blind, placebo-controlled trial. Eligible adults with bronchiectasis were recruited from October 2018 to July 2021. On the basis of 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, each consisting of 28 days on-treatment and 28 days off-treatment. The coprimary end points included changes from baseline in P aeruginosa density and Quality-of-Life Bronchiectasis Respiratory Symptoms score on day 29.  
  
RESULTS: The modified intention-to-treat population consisted of 167 patients in the tobramycin group and 172 patients in the 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% CI, 1.12-2.35 P < .001) and greater improvement in Quality-of-Life Bronchiectasis Respiratory Symptoms score (adjusted mean difference, 7.91 95% CI, 5.72-10.11 P < .001) on day 29. Similar findings were observed on day 85. TIS resulted in a significant reduction in 24-h sputum volume and sputum purulence score on days 29, 57, and 85. More patients became culture negative for P aeruginosa in the tobramycin group than in the placebo group on 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 patients with bronchiectasis with P aeruginosa infection.  
  
TRIAL REGISTRATION: ClinicalTrials.gov No. NCT03715322 URL: www.  
  
CLINICALTRIALS: gov. Copyright © 2022 American College of Chest Physicians. Published by Elsevier Inc. All rights reserved.",

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

"MV":"2023",

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"Database":"Medline",

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

"UI":"37744361",

"TI":"Molecular and immunological mechanisms of clonal evolution in multiple myeloma. [Review]",

"SO":"Frontiers in Immunology. 14:1243997, 2023.",

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"DU":"Forster, Stefan. Tumor Immunology, Department for BioMedical Research (DBMR), University of Bern, Bern, Switzerland.  
  
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Ochsenbein, Adrian F. Tumor Immunology, Department for BioMedical Research (DBMR), University of Bern, Bern, Switzerland.  
  
Ochsenbein, Adrian F. Department of Medical Oncology, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland.",

"OD":"TME clonal evolution drug resistance immunotherapy malignant plasma cell multiple myeloma tumor microenvironment",

"AB":"NOTNLM",

"FTURL":"Multiple myeloma (MM) is a hematologic malignancy characterized by the proliferation of clonal plasma cells in the bone marrow (BM). It is known that early genetic mutations in post-germinal center B/plasma cells are the cause of myelomagenesis. The acquisition of additional chromosomal abnormalities and distinct mutations further promote the outgrowth of malignant plasma cell populations that are resistant to conventional treatments, finally resulting in relapsed and therapy-refractory terminal stages of MM. In addition, myeloma cells are supported by autocrine signaling pathways and the tumor microenvironment (TME), which consists of diverse cell types such as stromal cells, immune cells, and components of the extracellular matrix. The TME provides essential signals and stimuli that induce proliferation and/or prevent apoptosis. In particular, the molecular pathways by which MM cells interact with the TME are crucial for the development of MM. To generate successful therapies and prevent MM recurrence, a thorough understanding of the molecular mechanisms that drive MM progression and therapy resistance is essential. In this review, we summarize key mechanisms that promote myelomagenesis and drive the clonal expansion in the course of MM progression such as autocrine signaling cascades, as well as direct and indirect interactions between the TME and malignant plasma cells. In addition, we highlight drug-resistance mechanisms and emerging therapies that are currently tested in clinical trials to overcome therapy-refractory MM stages. Copyright © 2023 Forster, Radpour and Ochsenbein.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

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

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Multiple Myeloma/dt [Drug Therapy]  
  
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Tumor Microenvironment/ge [Genetics]",

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"Database":"EMBASE",

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"DB":"Embase",

"UI":"2026408886",

"TI":"Myocardial Injury in Multiple Myeloma Patients With Preserved Left Ventricular Ejection Fraction: Noninvasive Left Ventricular Pressure-Strain Myocardial Work.",

"SO":"Frontiers in Cardiovascular Medicine. 8(no pagination), 2021. Article Number: 782580. Date of Publication: 2021.",

"AU":"Liu Z.  
  
Zhang L.  
  
Liu M.  
  
Wang F.  
  
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Li Q.  
  
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Huang H.",

"AO":"nan",

"IN":"(Liu, Liu, Wang, Tang, Li, Liang, Huang) Department of Cardiology, West China Hospital, Sichuan University, Chengdu, China  
  
(Zhang, Xiong, Niu) Department of Hematology, West China Hospital, Sichuan University, Chengdu, China  
  
(Lu) Department of Ultrasound, Mianyang Central Hospital, Mianyang, China",

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"OD":"Introduction: Over one-half of patients with multiple myeloma (MM) die of heart failure or arrhythmia. Left ventricular ejection fraction (LVEF) is used to describe left ventricular systolic function. However, depressed LVEF means advanced stage of left ventricular dysfunction in patients with MM. Left ventricular pressure-strain-derived myocardial work (LVMW) is a novel and noninvasive method for evaluating LV function related to LV dynamic pressure load. MW is assessed by LV MW index (LVMWI), constructive work, wasted work, and LV MW efficiency (LVMWE). In this study, we aimed to investigate the value of LVMW in cardiac function assessment and clinical prognosis of MM patients with preserved LVEF. Method(s): A total of 72 subjects, including 40 untreated MM patients with preserved EF (including the thick wall and normal wall groups) and 32 non-MM patients, were enrolled in this study. Laboratory data and clinical history of all the patients were collected. All the patients underwent comprehensive echocardiographic examinations and then LVMWI and LVMWE were calculated. Moreover, cardiac adverse events (CAEs) were observed in MM patients treated with bortezomib-based therapy after 6 months and the prognostic value of MW was assessed. Result(s): (1) LV myocardial global work index (GWI), myocardial global work efficiency (GWE), and global longitudinal strain (GLS) were lower in the thick wall group of patients with MM compared with the normal wall group and controls. Cardiac segmental analysis of LVMWI in patients with MM showed an apical sparing pattern (2) The area under the curve (AUC) of GWE for judging the disease severity based on the Revised International Staging System (R-ISS) was 0.835 (95% CI: 0.684-0.933, p < 0.05) (3) GWE, LgdFLC, and arrhythmia were independent risk factors of CAEs. The AUC of GWE for predicting CAEs in MM patients treated with bortezomib-based therapy for 6 months follow-up was 0.896 (95% CI: 0.758-0.970, p < 0.05). Conclusion(s): MM Patients with preserved EF had subclinical LV systolic dysfunction, which was worse in the thick wall group. LVMWI was presented as apical sparing in patients with MM. A lower LVGWE may have a predictive value for CAEs in patients with MM after 6 months of follow-up.Copyright © 2022 Liu, Zhang, Liu, Wang, Xiong, Tang, Li, Lu, Liang, Niu and Huang.",

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"TI":"A Randomized Controlled Trial on Mutual Support Group Intervention for Families of People With Recent-Onset Psychosis: A Four-Year Follow-Up.",

"SO":"Frontiers in Psychiatry. 9(no pagination), 2018. Article Number: 710. Date of Publication: 18 Dec 2018.",

"AU":"Chien W.T.  
  
Bressington D.  
  
Chan S.W.C.",

"AO":"nan",

"IN":"(Chien) The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(Bressington) School of Nursing, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University, Kowloon, Hong Kong  
  
(Chan) School of Nursing and Midwifery, University of Newcastle, Callaghan, NSW, Australia",

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"FTURL":"Introduction: Recent research in Western countries has indicated that family interventions in schizophrenia and other psychotic disorders can reduce patient relapse and improve medication compliance. Few studies have addressed Chinese and Asian populations. This study tested the long-term effects of a 9-month family-led mutual support group for Chinese people with schizophrenia in Hong Kong, compared with psycho-education and standard psychiatric care. Method(s): A randomized controlled trial of Chinese families of patients with recent-onset psychosis (<=5 years of illness) was conducted between August 2012 and January 2017, with a 4-year follow-up. Two hundred and one Chinese families of adult outpatients with recent-onset psychosis were randomly selected from the computerized patient lists and randomly assigned to either mutual support, psycho-education, or standard care group (n = 70 per group). Family caregivers were mainly the parent, spouse, or child of the patients. Mutual support and psycho-education group consisted of 16 two-hour group sessions and patients participated in three sessions. The standard care group and the two treatment groups received the routine psychiatric outpatient care. Result(s): Patients and families in the mutual support group reported consistently greater improvements in overall functioning [family functioning, F(2, 203) = 8.13, p = 0.003 patient functioning, F(2, 203) = 6.01, p = 0.008] and reductions in duration of hospitalizations [F(2, 203) = 6.51, p = 0.005] over the 4-year follow-up. There were not any significant increases of medication dosages or service use by both the family support and psycho-education groups over time. Conclusion(s): The peer-led family support group can be an effective psychosocial intervention in early psychosis indicating long-term benefits on both patient and family functioning and re-hospitalizations. Clinical Trial Registration: NCT00940394: https://register.clinicaltrials.gov.© Copyright © 2018 Chien, Bressington and Chan.",

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

"UI":"36944092",

"TI":"Guanfacine for the Treatment of Attention-Deficit Hyperactivity Disorder: An Updated Systematic Review and Meta-Analysis. [Review]",

"SO":"Journal of Child & Adolescent Psychopharmacology. 33(2):40-50, 2023 03.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Yu S  
  
Shen S  
  
Tao M",

"MH":"Yu, Sijie ORCID: https://orcid.org/0000-0002-4587-8461",

"DU":"Yu, Sijie  
  
Shen, Sihao  
  
Tao, Ming",

"OD":"Yu, Sijie. The Second Clinical Medical College, Zhejiang Chinese Medicine University, Hangzhou, China.  
  
Yu, Sijie. The Second Affiliated Hospital, Zhejiang Chinese Medicine University, Hangzhou, China.  
  
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Tao, Ming. The Second Clinical Medical College, Zhejiang Chinese Medicine University, Hangzhou, China.  
  
Tao, Ming. The Second Affiliated Hospital, Zhejiang Chinese Medicine University, Hangzhou, China.",

"AB":"Child  
  
Adult  
  
Humans  
  
Guanfacine/ae [Adverse Effects]  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
\*Central Nervous System Stimulants  
  
Treatment Outcome  
  
Duration of Therapy",

"FTURL":"ADHD adult ADHD guanfacine meta-analysis non-stimulant treatment",

"PM":"NOTNLM",

"DJ":"Background: Non-stimulant guanfacine is a common second-line medication for attention-deficit hyperactivity disorder (ADHD). Numerous randomized controlled trials (RCTs) have explored the efficacy of guanfacine in ADHD treatment. This meta-analysis combined data from selected RCTs to analyze the efficacy and safety of guanfacine in treating ADHD. Methods: RCTs were identified from published sources through searches in PubMed, Cochrane Library, Web of Science, and Embase (up to February 2022), defining the Clinical Global Impression of Improvement (CGI-I) treatment response score of <=2 as the primary outcome. Subgroup analysis was performed with a bound treatment duration of 10 weeks. Safety was defined by treatment-emergent adverse events (TEAEs). Results: Twelve out of 332 studies with 2653 participants were included. All studies compared guanfacine with placebos. Guanfacine was significantly more effective in treating ADHD (Risk Ratio [RR] 1.78, 95% CI: 1.59-2.01). In the <10 weeks subgroup, the efficacy in the guanfacine group compared with the placebo group was 58.5% versus 29.4%, respectively (RR 1.97, 95% CI: 1.71-2.26). In the >10 weeks subgroup, the efficacy in the guanfacine group compared with the placebo group was 63.6% versus 39.7%, respectively (RR 1.57, 95% CI: 1.37-1.79). Both subgroups lacked heterogeneity (I2 = 0), and a funnel plot showed a low publication bias risk. Around 80% of participants in the guanfacine group experienced at least one TEAE, compared with 66.5% in the placebo group (RR 1.23, 95% CI: 1.14-1.32), with low heterogeneity (I2 = 46, p = 0.05). The most common TEAEs in the guanfacine group were somnolence (38.6%), headaches (20.5%), and fatigue (15.2%). Conclusions: Guanfacine is safe and effective for treating ADHD, with no serious adverse events. Guanfacine should be considered as an effective treatment option where effectiveness or tolerability of the central nervous system stimulant is of concern. There is stronger evidence of efficacy for children more clinical studies are needed for adults.",

"MV":"30OMY4G3MK (Guanfacine)  
  
0 (Central Nervous System Stimulants)",

"TN":"Meta-Analysis  
  
Systematic Review  
  
Journal Article  
  
Review",

"Unnamed: 22":"2023",

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"Unnamed: 28":"nan",

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"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"119",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028317200",

"TI":"Maternal inflammation during pregnancy is associated with risk of ADHD in children at age 10.",

"SO":"Brain, Behavior, and Immunity. 115(pp 450-457), 2024. Date of Publication: January 2024.",

"AU":"Rosenberg J.B.  
  
Richardt Mollegaard Jepsen J.  
  
Mohammadzadeh P.  
  
Sevelsted A.  
  
Vinding R.  
  
Sorensen M.E.  
  
Horner D.  
  
Aagaard K.  
  
Fagerlund B.  
  
Brix S.  
  
Folsgaard N.  
  
Schoos A.-M.M.  
  
Stokholm J.  
  
Chawes B.  
  
Pantelis C.  
  
Dalsgaard S.  
  
Glenthoj B.Y.  
  
Bilenberg N.  
  
Bonnelykke K.  
  
Ebdrup B.H.",

"AO":"(Rosenberg, Richardt Mollegaard Jepsen, Mohammadzadeh, Sorensen, Fagerlund, Glenthoj, Ebdrup) Center for Neuropsychiatric Schizophrenia Research (CNSR) & Centre for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark  
  
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(Stokholm) Department of Food Science, University of Copenhagen, Denmark",

"IN":"Academic Press Inc.",

"PB":"article  
  
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behavior disorder assessment  
  
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cohort analysis  
  
controlled study  
  
double blind procedure  
  
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\*inflammation  
  
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major clinical study  
  
male  
  
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Schedule for Affective Disorders and Schizophrenia  
  
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"MH":"ADHD Rating Scale [other term]  
  
Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version [other term]",

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genetic risk score  
  
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Schedule for Affective Disorders and Schizophrenia  
  
second trimester pregnancy  
  
social status",

"OD":"Introduction: Maternal inflammation during pregnancy may affect early neurodevelopment in offspring as suggested by preclinical and register data. However, clinical evidence for risk of aberrant neurodevelopment later in childhood is scarce. In the population-based COPSAC2010 mother-child cohort, we investigated associations between maternal inflammation levels during pregnancy and the risk of a diagnosis of ADHD as well as the load of ADHD symptoms in the children at age 10. Method(s): The COPSAC2010 cohort consists of 700 mother-child pairs followed prospectively since pregnancy week 24. Maternal high-sensitivity C-Reactive Protein (hs-CRP) level at week 24 of gestation was investigated in relation to child neurodevelopment by age 10 using logistic and linear regression models with extensive confounder adjustment, including socioeconomic status and maternal polygenic risk of ADHD. The children completed a comprehensive examination of neurodevelopment including categorical (i.e., diagnostic) and dimensional (i.e., symptom load) psychopathology using the Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version (K-SADS-PL) and parental rated ADHD-Rating Scale (ADHD-RS). Result(s): A total of 604 (86 %) of the 700 children in the COPSAC2010 cohort participated in the COPSYCH visit at age 10. Sixty-five (10.8 %) fulfilled a research diagnosis of ADHD (16 girls and 49 boys). Higher maternal hs-CRP level in pregnancy at week 24 (median 5.4 mg/L) was significantly associated with increased risk for a diagnosis of ADHD, adjusted OR 1.40, 95 %CI (1.16-1.70), p = 0.001. Additionally, higher maternal hs-CRP was associated with increased ADHD symptom load in the entire cohort, reflected by ADHD-RS raw scores. Discussion(s): These clinical data demonstrated a robust association of prenatal maternal inflammation assessed by hs-CRP with a diagnosis of ADHD by age 10. Moreover, maternal inflammation was associated with ADHD symptom load in the complete cohort. Identifying inflammation as an important marker will provide a potential target for future increased awareness and prevention during pregnancy thereby ultimately improving neurodevelopmental outcomes in children.Copyright © 2023 Elsevier Inc.",

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

"FTURL":"C reactive protein / endogenous compound",

"PM":"Rosenberg, Julie B. ORCID: https://orcid.org/0000-0002-1320-3582",

"DJ":"37914103 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37914103]",

"MV":"nan",

"TN":"nan",

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"ORN":"119",

"VN":"Ovid Technologies",

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

"UI":"38010818",

"TI":"Eye movement desensitisation and reprocessing (EMDR) therapy in prison and forensic services: a qualitative study of lived experience.",

"SO":"European Journal of Psychotraumatology. 14(2):2282029, 2023.",

"AU":"1",

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

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"PB":"Every-Palmer S  
  
Ross B  
  
Flewett T  
  
Rutledge E  
  
Hansby O  
  
Bell E",

"MH":"Every-Palmer, Susanna  
  
Ross, Brigit  
  
Flewett, Tom  
  
Rutledge, Eoghan  
  
Hansby, Oliver  
  
Bell, Elliot",

"DU":"Every-Palmer, Susanna. Department of Psychological Medicine, University of Otago, Wellington, New Zealand.  
  
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Rutledge, Eoghan. Mental Health, Addiction and Intellectual Disability Services, Te Whatu Ora Health New Zealand, Capital, Coast and Hutt Valley, Wellington, New Zealand.  
  
Hansby, Oliver. Department of Psychological Medicine, University of Otago, Wellington, New Zealand.  
  
Hansby, Oliver. Mental Health, Addiction and Intellectual Disability Services, Te Whatu Ora Health New Zealand, Capital, Coast and Hutt Valley, Wellington, New Zealand.  
  
Bell, Elliot. Department of Psychological Medicine, University of Otago, Wellington, New Zealand.",

"OD":"Background: Posttraumatic stress disorder (PTSD) is common in people with serious mental illness who come into contact with the criminal justice system. Little evidence exists on EMDR treatment in forensic mental health, with no prior qualitative research exploring lived experience perspectives. Objective: This qualitative study recruited adult forensic mental health patients with PTSD and psychotic disorders, predominantly schizophrenia, who had received EMDR as part of a clinical trial, either in prison or in hospital. We sought to understand their experiences of EMDR therapy while receiving forensic care. Method: Ten in-depth, semi-structured qualitative interviews were undertaken and analysed using thematic analysis. We used an inductive, realist approach, reporting the experiences, meanings, and reality of the participants. Results: Five overarching themes were identified. First, severe trauma was ubiquitous and participants felt Seriously Messed Up by their traumatic experiences, with debilitating and enduring PTSD symptoms contributing to offending and psychosis ('giving the voices something to feed on'). Second, EMDR was regarded with Early Scepticism. Third, the therapy itself was initially emotionally taxing and Not Easy but participants generally felt safe and persevered. Fourth, they were often surprised and delighted by results (And it Worked!), describing significant symptom reduction and personal transformation. Lastly, EMDR Fits the Forensic Setting, bringing empowerment in a place perceived as disempowering. People reported changes that increased their hope in a violence-free future. Conclusions: The limited research on EMDR in forensic mental health is unfortunate given how common PTSD is in mentally unwell offenders and its potential to impede recovery and contribute to further offending. This first qualitative study found participants experienced positive transformative change, extending beyond symptom reduction. Themes support previously published quantitative outcomes showing EMDR to be safe and effective in this cohort. EMDR was well suited to a forensic setting and was seen as an empowering therapy. Trial registration: Australian New Zealand Clinical Trials Registry identifier: ACTRN12618000683235. Study registration: The study was registered on the Australia and New Zealand Clinical Trials Network, registration number ACTRN12618000683235 (registered prospectively, 24 April 2018), https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id = 374682.",

"AB":"Journal Article",

"FTURL":"2023",

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"DJ":"Atencion segura Esquizofrenia Investigacion cualitativa Prision Psicologia forense Psicosis Psiquiatria forense Salud mental Schizophrenia Trastorno de estres postraumatico forensic psychiatry forensic psychology mental health post-traumatic stress disorder prison psychosis qualitative research secure care trauma ",

"MV":"NOTNLM",

"TN":"Every-Palmer, Susanna ORCID: https://orcid.org/0000-0001-6455-9741  
  
Rutledge, Eoghan ORCID: https://orcid.org/0000-0001-6027-7405  
  
Bell, Elliot ORCID: https://orcid.org/0000-0002-5324-6042",

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"Unnamed: 27":"nan",

"Unnamed: 28":"plain-language-summary This study canvases the lived experiences of forensic patients receiving EMDR for PTSD - people whose views are seldom captured. They described being profoundly impacted by trauma, developing debilitating and enduring PTSD symptoms which variably contribute to offending and psychosis.Participants did not have favourable first impressions when they first heard about EMDR, thinking it 'quackery'. However, they were surprised and delighted by results, with the majority describing marked symptom reduction and personal transformation. Having targeted some of the underlying drivers of maladaptive behaviour, people reported hope for a better future.EMDR was well suited to a forensic setting and was seen as an empowering therapy. Language: English",

"If RCT or not":"No",

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"UniqueID":"953",

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

"Database":"EMBASE",

"ORN":"120",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028060932",

"TI":"A surveillance program for long-term central venous access-associated infections in outpatient chemotherapy services.",

"SO":"Infection Control and Hospital Epidemiology. 44(10) (pp 1555-1561), 2023. Date of Publication: 11 Oct 2023.",

"AU":"Freire M.P.  
  
Assis D.B.  
  
Carlesse F.  
  
Belizario J.D.C.  
  
Germano P.C.P.  
  
Virolli J.M.  
  
Turdo A.C.  
  
Rodrigues B.Q.  
  
Maciel A.L.P.  
  
Goncalves P.  
  
Boszczowski I.  
  
Abdala E.  
  
Levin A.S.",

"AO":"Levin, Anna S. ORCID: https://orcid.org/0000-0003-2427-8368  
  
Freire, Maristela P. ORCID: https://orcid.org/0000-0002-9691-192X  
  
Carlesse, Fabianne ORCID: https://orcid.org/0000-0001-7037-3425  
  
Turdo, Anna Claudia ORCID: https://orcid.org/0000-0001-6249-4315  
  
Maciel, Amanda Luiz Pires ORCID: https://orcid.org/0000-0002-8771-0026",

"IN":"(Freire, Boszczowski, Abdala, Levin) Department of Infectious Diseases, Universidade de Sao Paulo, School of Medicine Hospital das Clinicas, Sao Paulo, Brazil  
  
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"PB":"Cambridge University Press",

"MH":"adolescent  
  
adult  
  
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bacterium isolation  
  
\*bloodstream infection/co [Complication]  
  
cancer center  
  
\*cancer chemotherapy  
  
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central vein  
  
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controlled study  
  
\*device infection / \*complication  
  
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outpatient care  
  
patient referral  
  
personal experience  
  
Poisson regression  
  
preschool child  
  
prospective study  
  
Pseudomonas aeruginosa  
  
Staphylococcus aureus  
  
Staphylococcus epidermidis  
  
\*vascular access",

"AB":"Objective: In this study, we described the first results of a surveillance system for infections associated with long-term central venous catheters (LT-CVC) in patients under outpatient chemotherapy. Design(s): This was a multicentric, prospective study. Setting(s): Outpatient chemotherapy services. Participant(s): The study included 8 referral cancer centers in the State of Sao Paulo. Intervention(s): These services were invited to participate in a newly created surveillance program for patients under chemotherapy. Several meetings were convened to share previous experiences on LT-CVC infection surveillance and to define the surveillance method. Once the program was implemented, all bloodstream infection (LT-CVC BSIs), tunnel infection, and exit-site infections associated with LT-CVC were reported. Data from January to May 2021 were analyzed. The median monthly number of chemotherapy sessions per clinic was 925 (IQR, 270-5,855). We used Poisson regression to analyze the association of rates with the characteristics of the services. Result(s): In total, 107 LT-CVC infections were reported, of which 95% were BSIs, mostly associated with totally implantable devices (76%). Infections occurred a median of 4 days after the last catheter manipulation and 116 after the LT-CVC insertion. Also, 102 microorganisms were isolated from LT-CVC BSIs the most common pathogen was Staphylococcus epidermidis, at 22%. Moreover, 44 infections (44%) fulfilled the criteria for CVC-related LT-CVC BSI and 27 infections (27%) met the criteria for mucosal barrier injury. The 1-year cumulative LT-CVC BSI rate was 1.94 per 1,000 CVC days of use. The rates were higher in public hospitals (IRR, 6.00 P <.001) and in hospitals that already had in place surveillance for LT-CVC infections (IRR, 2.01 P <.01). Conclusion(s): Our study describes an applicable surveillance method for infections in cancer outpatients using LT-CVC.Copyright © The Author(s), 2023. Published by Cambridge University Press on behalf of The Society for Healthcare Epidemiology of America.",

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

"PM":"37039458 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37039458]",

"DJ":"\*central venous catheter infection / \*complication [other term]  
  
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"Database":"Medline",

"ORN":"120",

"VN":"Ovid Technologies",

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

"UI":"36599842",

"TI":"The prevalence, presentation and outcome of colistin susceptible-only Acinetobacter Baumannii-associated pneumonia in intensive care unit: a multicenter observational study.",

"SO":"Scientific Reports. 13(1):140, 2023 01 04.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Wang SH  
  
Yang KY  
  
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Chen, Chia-Min  
  
Chen, Chih-Yu  
  
Zheng, Zhe-Rong  
  
Chou, Yu-Ching  
  
Peng, Chung-Kan",

"OD":"Wang, Sheng-Huei. Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, No. 325, Section 2, Cheng-Gong Rd, Neihu 114, Taipei, Taiwan.  
  
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Lin, Yu-Chao. School of Medicine, China Medical University, Taichung, Taiwan.  
  
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"DJ":"Multicenter Study  
  
Observational Study  
  
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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Anti-Bacterial Agents/pd [Pharmacology]  
  
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Carbapenems/tu [Therapeutic Use]  
  
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Acinetobacter Infections/dt [Drug Therapy]  
  
Acinetobacter Infections/ep [Epidemiology]  
  
Acinetobacter Infections/mi [Microbiology]  
  
\*Acinetobacter Infections  
  
Renal Dialysis  
  
Disease Susceptibility  
  
Pneumonia, Ventilator-Associated/dt [Drug Therapy]  
  
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"DB":"Ovid MEDLINE(R)",

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"TI":"Application of an artificial intelligence-based tool in [18F]FDG PET/CT for the assessment of bone marrow involvement in multiple myeloma.",

"SO":"European Journal of Nuclear Medicine & Molecular Imaging. 50(12):3697-3708, 2023 Oct.",

"AU":"1",

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

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Sauer, Sandra  
  
Goldschmidt, Hartmut  
  
Edenbrandt, Lars  
  
Dimitrakopoulou-Strauss, Antonia",

"DU":"Sachpekidis, Christos. Clinical Cooperation Unit Nuclear Medicine, German Cancer Research Center (DKFZ), Im Neuenheimer Feld 280, 69210, Heidelberg, Germany. c.sachpekidis@dkfz-heidelberg.de.  
  
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Edenbrandt, Lars. Department of Molecular and Clinical Medicine, Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden.  
  
Dimitrakopoulou-Strauss, Antonia. Clinical Cooperation Unit Nuclear Medicine, German Cancer Research Center (DKFZ), Im Neuenheimer Feld 280, 69210, Heidelberg, Germany.",

"OD":"Artificial intelligence Deep learning Metabolic tumor volume (MTV) Multiple myeloma Objective quantification Total lesion glycolysis (TLG) [18F]FDG PET/CT",

"AB":"NOTNLM",

"FTURL":"PURPOSE: [18F]FDG PET/CT is an imaging modality of high performance in multiple myeloma (MM). Nevertheless, the inter-observer reproducibility in PET/CT scan interpretation may be hampered by the different patterns of bone marrow (BM) infiltration in the disease. Although many approaches have been recently developed to address the issue of standardization, none can yet be considered a standard method in the interpretation of PET/CT. We herein aim to validate a novel three-dimensional deep learning-based tool on PET/CT images for automated assessment of the intensity of BM metabolism in MM patients.  
  
MATERIALS AND METHODS: Whole-body [18F]FDG PET/CT scans of 35 consecutive, previously untreated MM patients were studied. All patients were investigated in the context of an open-label, multicenter, randomized, active-controlled, phase 3 trial (GMMG-HD7). Qualitative (visual) analysis classified the PET/CT scans into three groups based on the presence and number of focal [18F]FDG-avid lesions as well as the degree of diffuse [18F]FDG uptake in the BM. The proposed automated method for BM metabolism assessment is based on an initial CT-based segmentation of the skeleton, its transfer to the SUV PET images, the subsequent application of different SUV thresholds, and refinement of the resulting regions using postprocessing. In the present analysis, six different SUV thresholds (Approaches 1-6) were applied for the definition of pathological tracer uptake in the skeleton [Approach 1: liver SUVmedian x 1.1 (axial skeleton), gluteal muscles SUVmedian x 4 (extremities). Approach 2: liver SUVmedian x 1.5 (axial skeleton), gluteal muscles SUVmedian x 4 (extremities). Approach 3: liver SUVmedian x 2 (axial skeleton), gluteal muscles SUVmedian x 4 (extremities). Approach 4: >= 2.5. Approach 5: >= 2.5 (axial skeleton), >= 2.0 (extremities). Approach 6: SUVmax liver]. Using the resulting masks, subsequent calculations of the whole-body metabolic tumor volume (MTV) and total lesion glycolysis (TLG) in each patient were performed. A correlation analysis was performed between the automated PET values and the results of the visual PET/CT analysis as well as the histopathological, cytogenetical, and clinical data of the patients.  
  
RESULTS: BM segmentation and calculation of MTV and TLG after the application of the deep learning tool were feasible in all patients. A significant positive correlation (p < 0.05) was observed between the results of the visual analysis of the PET/CT scans for the three patient groups and the MTV and TLG values after the employment of all six [18F]FDG uptake thresholds. In addition, there were significant differences between the three patient groups with regard to their MTV and TLG values for all applied thresholds of pathological tracer uptake. Furthermore, we could demonstrate a significant, moderate, positive correlation of BM plasma cell infiltration and plasma levels of beta2-microglobulin with the automated quantitative PET/CT parameters MTV and TLG after utilization of Approaches 1, 2, 4, and 5.  
  
CONCLUSIONS: The automated, volumetric, whole-body PET/CT assessment of the BM metabolic activity in MM is feasible with the herein applied method and correlates with clinically relevant parameters in the disease. This methodology offers a potentially reliable tool in the direction of optimization and standardization of PET/CT interpretation in MM. Based on the present promising findings, the deep learning-based approach will be further evaluated in future prospective studies with larger patient cohorts. Copyright © 2023. The Author(s).",

"PM":"Clinical Trial, Phase III  
  
Journal Article  
  
Multicenter Study  
  
Randomized Controlled Trial",

"DJ":"2023",

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

"TN":"Sachpekidis, Christos ORCID: http://orcid.org/0000-0001-8739-8741",

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"TI":"Comprehensive Single-Cell Immune Profiling Defines the Patient Multiple Myeloma Microenvironment Following Oncolytic Virus Therapy in a Phase 1b Trial.",

"SO":"Clinical cancer research : an official journal of the American Association for Cancer Research. (no pagination), 2023. Date of Publication: 09 Oct 2023.",

"AU":"Nawrocki S.T.  
  
Olea J.  
  
Villa Celi C.  
  
Dadrastoussi H.  
  
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"AO":"Nawrocki, Steffan T. ORCID: https://orcid.org/0000-0001-8767-3969  
  
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"IN":"(Nawrocki) University of Arizona Cancer Center, Tucson, AZ, United States  
  
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(Colombo) Cedars-Sinai Medical Center, Los Angeles, CA, United States  
  
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(Fernandez Hernandez) USC Norris Cancer Hospital, Los Angeles, CA, United States  
  
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(Nuovo) Ohio State University, Columbus, OH, United States  
  
(Carew) University of Arizona Cancer Center, Tucson, AZ, United States  
  
(Fields) Adaptive Biotechnologies (United States), Seattle, WA, United States  
  
(Siddiqi) University of Southern California Keck School of Mdicine, Los Angeles, CA, United States  
  
(Merchant) Cedars-Sinai Medical Center, Los Angeles, United States",

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"OD":"BACKGROUND: Our preclinical studies showed that the oncolytic reovirus formulation pelareorep (PELA) has significant immunomodulatory antimyeloma activity. We conducted an investigator-initiated clinical trial to evaluate PELA in combination with dexamethasone (Dex) and bortezomib (BZ) and define the tumor immune microenvironment (TiME) in multiple myeloma (MM) patients treated with this regimen. METHOD(S): Patients with relapsed/refractory MM (n=14) were enrolled in a phase 1b clinical trial (ClinicalTrials.gov: NCT02514382) of three escalating PELA doses administered on Days 1, 2, 8, 9, 15, and 16. Patients received 40 mg Dex and 1.5 mg/m2 BZ on Days 1, 8, and 15. Cycles were repeated every 28 days. Pre- and post-treatment bone marrow specimens (immunohistochemistry, n=9 imaging mass cytometry, n=6) and peripheral blood samples were collected for analysis (flow cytometry, n=5 T-cell receptor clonality, n=7 cytokine assay n=7). RESULT(S): PELA/BZ/Dex was well-tolerated in all patients. Treatment-emergent toxicities were transient, and no dose-limiting toxicities occurred. Six (55%) of 11 response-evaluable patients showed decreased paraprotein. Treatment increased T and NK cell activation, inflammatory cytokine release, and programmed death-ligand 1 (PD-L1) expression in bone marrow. Compared with non-responders, responders had higher reovirus protein levels, increased cytotoxic T cell infiltration post-treatment, cytotoxic T cells in significantly closer proximity to MM cells, and larger populations of a novel immune-primed MM phenotype (CD138+ IDO1+HLA-ABCHigh), indicating immunomodulation. CONCLUSION(S): PELA/BZ/Dex is well-tolerated and associated with anti-MM activity in a subset of responding patients, characterized by immune reprogramming and TiME changes, warranting further investigation of PELA as an immunomodulator.",

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"DB":"Embase",

"UI":"633311538",

"TI":"Janssen in China and insights in treating schizophrenia.",

"SO":"BJPsych Advances. 24(6) (pp 361-365), 2018. Date of Publication: November 2018.",

"AU":"Cookson J.",

"AO":"nan",

"IN":"(Cookson) Tower Hamlets Centre for Mental Health, Mile End Hospital, Bancroft Road, London E1 4DG, United Kingdom",

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"FTURL":"SUMMARY This Cochrane review supports existing recommendations for risperidone and advances understanding of the use of valproate in patients with schizophrenia who are agitated or aggressive. DECLARATION OF INTEREST J.C. conducted clinical trials of antipsychotics sponsored by Janssen Pharmaceuticals between 1978 and 1998 and met Dr Paul Janssen.Copyright © The Royal College of Psychiatrists 2018",

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"VN":"Ovid Technologies",

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

"UI":"36809150",

"TI":"Safety and Tolerability of Serdexmethylphenidate/Dexmethylphenidate Capsules in Children with Attention-Deficit/Hyperactivity Disorder: A 12-Month, Open-Label Safety Study.",

"SO":"Journal of Child & Adolescent Psychopharmacology. 33(2):51-58, 2023 03.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Childress AC  
  
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Cutler, Andrew J ORCID: https://orcid.org/0000-0001-5800-0378",

"DU":"Childress, Ann C  
  
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Oh, Charles  
  
Brams, Matthew N",

"OD":"Childress, Ann C. Center for Psychiatry and Behavioral Medicine, Las Vegas, Nevada, USA.  
  
Marraffino, Andrea. Accel Research Sites Network, Maitland, Florida, USA.  
  
Cutler, Andrew J. SUNY Upstate Medical University, Syracuse, New York, USA.  
  
Cutler, Andrew J. Neuroscience Education Institute, Lakewood Ranch, Florida, USA.  
  
Oh, Charles. Corium, LLC, Boston, Massachusetts, USA.  
  
Brams, Matthew N. Bayou City Research, Houston, Texas, USA.",

"AB":"Humans  
  
Child  
  
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Dose-Response Relationship, Drug",

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"PM":"NOTNLM",

"DJ":"Objective: Serdexmethylphenidate/dexmethylphenidate (SDX/d-MPH) is approved for the treatment of patients aged >=6 years with attention-deficit/hyperactivity disorder (ADHD). A pivotal double-blind (DB) study of children aged 6-12 years with ADHD demonstrated efficacy for ADHD with good tolerability. In this study, we assessed the safety and tolerability of daily oral SDX/d-MPH for up to 1 year in children with ADHD. Methods: This was a dose-optimized, open-label safety study with SDX/d-MPH in children aged 6-12 years with ADHD that included subjects who successfully completed the DB study (rollover) and new subjects. The study consisted of a 30-day screening phase, a dose optimization phase for new subjects only, a 360-day treatment phase, and follow-up. Adverse events (AEs) were assessed from the first day of SDX/d-MPH administration to the end of the study. During the treatment phase, ADHD Rating Scale-5 (ADHD-RS-5) and Clinical Global Impressions-Severity (CGI-S) scale assessments were used to evaluate ADHD severity. Results: Of the 282 subjects enrolled (70 rollover 212 new), 28 discontinued treatment in the dose optimization phase and 254 entered the treatment phase. By study completion, 127 had discontinued and 155 had completed the study. The treatment-phase safety population included all enrolled subjects who received >=1 dose of study drug and had >=1 postdose safety assessment. Of 238 subjects assessed in the treatment-phase safety population, 143 (60.1%) had >=1 treatment-emergent adverse events (TEAEs), and 36 (15.1%), 95 (39.9%), and 12 (5.0%) had mild, moderate, or severe TEAEs, respectively. The most common TEAEs were decreased appetite (18.5%), upper respiratory tract infection (9.7%), nasopharyngitis (8.0%), decreased weight (7.6%), and irritability (6.7%). There were no clinically meaningful trends in electrocardiograms, cardiac events, or blood pressure events, and none led to discontinuation. Two subjects had eight serious AEs that were unrelated to treatment. There were overall reductions in ADHD symptoms and severity as assessed by ADHD-RS-5 and CGI-S during the treatment phase. Conclusions: In this 1-year study, SDX/d-MPH was found to be safe and well tolerated and comparable with other methylphenidate products, with no unexpected safety findings. SDX/d-MPH also showed sustained efficacy during the 1-year treatment period. ClinicalTrials.gov identifier: NCT03460652.",

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

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"DB":"Embase",

"UI":"2026621541",

"TI":"A retrospective analysis of complications associated with postpartum hemorrhage up to 1 year postpartum in mothers with and without a pre-existing mental health diagnosis.",

"SO":"Women's Health. 19(no pagination), 2023. Date of Publication: January-December 2023.",

"AU":"Endres K.  
  
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Krawiec C.  
  
Jasani S.",

"AO":"(Endres, Razavi) Penn State College of Medicine, Pennsylvania State University, Hershey, PA, United States  
  
(Tian, Zhou) Division of Biostatistics and Bioinformatics, Department of Public Health Sciences, Penn State College of Medicine, Pennsylvania State University, Hershey, PA, United States  
  
(Krawiec) Pediatric Critical Care Medicine, Department of Pediatrics, Penn State Hershey Children's Hospital, Hershey, PA, United States  
  
(Jasani) Division of Obstetric Specialties and Midwifery, Department of Obstetrics, Gynecology & Reproductive Sciences, Yale School of Medicine, New Haven, CT, United States",

"IN":"SAGE Publications Ltd",

"PB":"acute kidney failure  
  
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anxiety disorder  
  
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attention deficit hyperactivity disorder  
  
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cesarean section  
  
cohort analysis  
  
demographics  
  
depression  
  
eclampsia  
  
electronic health record  
  
ethnicity  
  
female  
  
heart failure  
  
heart infarction  
  
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hysterectomy  
  
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vaginal delivery",

"OD":"Background/objectives: There is limited research on the associated immediate and long-term outcomes of postpartum hemorrhage. Mothers with a pre-existing psychiatric disease prior to delivery may be especially vulnerable to postpartum hemorrhage outcomes but little is known on this topic. Barriers to studying this population exist and add to knowledge gaps. The goal of this study is to determine the clinical characteristics and frequency of complications within 1 year of a postpartum hemorrhage diagnosis and the psychiatric sequelae within 7 days of a postpartum hemorrhage diagnosis in mothers with a pre-existing mental health diagnosis prior to delivery versus those without. Methods/design: This is a multicenter retrospective observational cohort study using TriNetX, a de-identified electronic health record database. The following electronic health record data were collected and evaluated in postpartum females who were billed for either a vaginal or cesarean delivery: age, race, ethnicity, diagnostic codes, medication codes, and number of deaths. Result(s): We included 10,649 subjects (6994 (65.7%) no mental health diagnosis and 3655 (34.3%) pre-existing mental health diagnosis). Haloperidol administration (118 (3.2%) versus 129 (1.8%), p < 0.001) was more prevalent in subjects with a pre-existing mental health diagnosis. Adjusting for demographics, pre-existing mental health diagnoses were associated with complications within 1 year after postpartum hemorrhage diagnosis (OR = 1.39, 95% CI: 1.26-1.52, p < 0.001). Conclusion(s): Having a mental health disorder history is associated with a higher odds of developing subsequent complications within 1 year of postpartum hemorrhage diagnosis. Mothers with a pre-existing mental health disorder have a significantly higher frequency of certain severe postpartum hemorrhage sequelae, including acute respiratory distress syndrome, retained placenta, sickle cell crisis, and need for mechanical ventilation/tracheostomy up to 1 year after delivery. Medications such as haloperidol were ordered more frequently within 7 days of a postpartum hemorrhage diagnosis in these mothers as well. Further research is needed to understand and manage the unique consequences of postpartum hemorrhage in this vulnerable maternal population.Copyright © The Author(s) 2023.",

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

"FTURL":"haloperidol / special situation for pharmacovigilance  
  
psychedelic agent / special situation for pharmacovigilance",

"PM":"Endres, Kodi ORCID: https://orcid.org/0000-0001-6110-4266",

"DJ":"37966026 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37966026]",

"MV":"nan",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"120",

"VN":"Ovid Technologies",

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

"UI":"37633655",

"TI":"The Effect of a Physical Activity Intervention on Burden and Depressive Symptoms in Depressed Family Caregivers of Patients With Schizophrenia: A Randomized Controlled Trial.",

"SO":"Journal of Physical Activity & Health. 20(12):1109-1115, 2023 Dec 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Bademli K  
  
Lok N  
  
Lok S",

"MH":"Bademli, Kerime  
  
Lok, Neslihan  
  
Lok, Sefa",

"DU":"Bademli, Kerime. Psychiatric Nursing Department, Faculty of Nursing, Akdeniz University, Antalya, Turkey.  
  
Lok, Neslihan. Psychiatric Nursing Department, Faculty of Nursing, Selcuk University, Konya, Turkey.  
  
Lok, Sefa. Department of Coaching Education, Faculty of Sports Science, Selcuk University, Konya, Turkey.",

"OD":"BACKGROUND: The study aimed to investigate the efficacy of a 12-week physical activity intervention for caregivers of patients with schizophrenia.  
  
METHOD: Family caregivers of patients with schizophrenia were recruited and randomized into either a physical activity group (n = 31) or a control group (n = 31). The 12-week Physical Activity Program consisted of 10 minutes of warm-up activities as the initial segment, 20 minutes of rhythmic exercises as the activity segment, 10 minutes of cool-down exercises as the final segment, and 40 minutes of free walking. The physical activity program was designed to accommodate the ergonomics and physiological structure of the caregiver. The program consisted of 12 sessions. The Zarit Caregiver Burden Scale and the Beck Depression Inventory were used to the physical activity and control groups before the program's implementation.  
  
RESULTS: A total of 62 caregivers were randomized to the intervention (n = 31) or control group (n = 31). Postintervention measurement was completed by 61 caregivers, and all the caregivers completed the intervention. Mean scores of Zarit Caregiver Burden Scale score and Beck Depression Inventory score in the physical activity group of caregivers at postintervention, significantly reduced at <.05 level than their mean baseline scores.  
  
CONCLUSIONS: Engagement in a 12-week physical activity intervention can improve the perceived burden of caregiving and symptoms of depression. Future research should examine with larger sample groups, carry out interventions, and apply the physical activity intervention by targeting caregivers, along with different interventions.",

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

"FTURL":"2023",

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"MV":"NOTNLM",

"TN":"Bademli, Kerime ORCID: https://orcid.org/0000-0002-3969-9010  
  
Lok, Neslihan ORCID: https://orcid.org/0000-0003-1568-9659",

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"Unnamed: 25":"nan",

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Stress, Psychological  
  
Schizophrenia/th [Therapy]  
  
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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027601536",

"TI":"Bacterial isolates and their antimicrobial susceptibility profile of superficial and deep-seated skin and soft tissue infections.",

"SO":"Asian Biomedicine. 17(2) (pp 55-63), 2023. Date of Publication: 01 Apr 2023.",

"AU":"Abid Khan R.M.  
  
Dodani S.K.  
  
Nadeem A.  
  
Jamil S.  
  
Zafar M.N.",

"AO":"nan",

"IN":"(Abid Khan, Nadeem, Jamil) Department of Microbiology, Sindh Institute of Urology and Transplantation, Karachi 74200, Pakistan  
  
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(Zafar) Department of Biochemistry, Sindh Institute of Urology and Transplantation, Karachi 74200, Pakistan",

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\*soft tissue infection  
  
Staphylococcus aureus  
  
Streptococcus  
  
wound",

"AB":"Background: Skin and soft tissue infections (SSTIs) are caused by microbial invasion of healthy or damaged skin. SSTIs are difficult to manage and contribute to chronicity and emergence of antimicrobial resistance. Objective(s): To ascertain the prevalence of bacteria causing SSTIs and their antimicrobial susceptibility patterns. Method(s): A prospective study between November 2020 and May 2021. A total of 447 samples from SSTIs were analyzed. Result(s): A total of 347 samples revealed mono-bacterial growth, of which 67% were male. SSTIs are common among patients aged 21-50 years with the dominance (78%) of gram-negative rods (GNRs). Escherichia coli (36%), Klebsiella spp. (22%), Staphylococcus aureus (16%), and Pseudomonas aeruginosa (11%) were predominant organisms. GNRs were highly resistant (>65%) to ciprofloxacin and trimethoprim-sulfamethoxazole. For injectable antibiotics, the highest resistance was determined against ceftriaxone, and the least resistance was determined against amikacin. Resistance against carbapenem was the highest among P. aeruginosa (53%) and Klebsiella spp. (32%). S. aureus showed the highest resistance against ciprofloxacin, and the least resistance was determined against clindamycin. Of 57 S. aureus isolates, 86% isolates were methicillin-resistant Staphylococcus aureus (MRSA). All isolates of P. aeruginosa and S. aureus were sensitive to polymyxin B and vancomycin, respectively. The prevalence of multidrug-resistant E. coli and Klebsiella spp. was higher among deep-seated SSTIs (dSSTIs). Conclusion(s): The predominant etiology of SSTIs is GNR. Currently, there is very high resistance against oral antibiotics. Antimicrobial resistance against carbapenem has also increased. Moreover, there is a high frequency of MRSA. MDR E. coli and Klebsiella spp. isolates are frequently involved in dSSTIs.Copyright © 2023 Rao Muhammad Abid Khan et al., published by Sciendo.",

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"VN":"Ovid Technologies",

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"TI":"Risk factors for colonization by carbapenemase-producing bacteria in Spanish long-term care facilities: a multicentre point-prevalence study.",

"SO":"Antimicrobial Resistance & Infection Control. 11(1):163, 2022 12 20.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Callejon Fernandez M  
  
Madueno Alonso A  
  
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Pedroso-Fernandez Y  
  
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"MH":"nan",

"DU":"Callejon Fernandez, Manuel  
  
Madueno Alonso, Ana  
  
Abreu Rodriguez, Rossana  
  
Aguirre-Jaime, Armando  
  
Castro Hernandez, Maria Beatriz  
  
Ramos-Real, Maria Jose  
  
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Lecuona Fernandez, Maria",

"OD":"Callejon Fernandez, Manuel. Microbiology and Infection Control Service, Hospital Universitario de Canarias, La Laguna, Tenerife, Spain. macafer4@gmail.com.  
  
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Aguirre-Jaime, Armando. Institute of Care Research, Nurses Association of Santa Cruz de Tenerife, Tenerife, Spain.  
  
Castro Hernandez, Maria Beatriz. Microbiology and Infection Control Service, Hospital Universitario de Canarias, La Laguna, Tenerife, Spain.  
  
Ramos-Real, Maria Jose. Microbiology and Infection Control Service, Hospital Universitario de Canarias, La Laguna, Tenerife, Spain.  
  
Pedroso-Fernandez, Yanet. Microbiology and Infection Control Service, Hospital Universitario de Canarias, La Laguna, Tenerife, Spain.  
  
Lecuona Fernandez, Maria. Microbiology and Infection Control Service, Hospital Universitario de Canarias, La Laguna, Tenerife, Spain.",

"AB":"Carbapenemase Colonization Long term care facilities Multidrug-resistant organism Prevalence Risk factors",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: The emergence of carbapenemase-producing bacteria (CPB) has become a major public health concern. Long-term care facilities (LTCF) are potential reservoirs for multidrug-resistant micro-organisms (MDRO). However, data on CPB is limited. The study aims to determine the prevalence of MDRO and risk factors for CPB colonization among residents of LTCFs.  
  
METHODS: A point-prevalence study was conducted at 14 LTCFs in Tenerife (Spain) between October 2020 and May 2021. Nasal and rectal swabs were cultured for methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), carbapenemase-producing Enterobacterales, MDR Acinetobacter baumannii (MDR-Ab) and MDR Pseudomonas aeruginosa. Antimicrobial susceptibility testing and molecular detection of resistance genes were performed. Risk factors for colonization by carbapenemase-producing bacteria (CPB) were determined by univariate and multivariate analysis.  
  
RESULTS: A total of 760 LTCF residents were recruited. The prevalence of colonization by CPB was 9.3% (n = 71) with the following distribution: 35 (49.3%) K. pneumoniae, 26 (36.6%) MDR-Ab, 17 (23.9%) E. coli, and 1 (1.4%) C. koseri. In addition, the prevalence of colonization by MRSA was 28.1% (n = 215) and only one case of VRE was isolated. Multivariate analysis identified male sex (odds ratio [OR], 1.86 95% confidence interval [CI], 1.86-3.11 P = 0.01), having a high health requirement (OR, 6.32 95% CI, 1.91-20.92 P = 0.003) and previous hospitalization (OR, 3.60 95% CI, 1.59-8.15 P = 0.002) as independent risk factors for CPB rectal carriage.  
  
CONCLUSIONS: LTCFs are an important reservoir for MDRO, including CPB. We have identified some predictors of colonization by CPB, which enable a more targeted management of high-risk residents. Antimicrobial stewardship programmes and infection control preventive measures are needed to stop acquisition and transmission of MDRO. Copyright © 2022. The Author(s).",

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

"MV":"2022",

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

"Unnamed: 22":"Humans  
  
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Cross-Sectional Studies  
  
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"Database":"Medline",

"ORN":"121",

"VN":"Ovid Technologies",

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

"UI":"37358555",

"TI":"Clinical development of chimeric antigen receptor-T cell therapy for hematological malignancies. [Review]",

"SO":"Chinese Medical Journal. 136(19):2285-2296, 2023 Oct 05.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Yang Z  
  
Wang Y",

"MH":"Yang, Zhihuan  
  
Wang, Ying",

"DU":"Yang, Zhihuan. State Key Laboratory of Experimental Hematology, National Clinical Research Center for Blood Diseases, Haihe Laboratory of Cell Ecosystem, Institute of Hematology and Blood Diseases Hospital, Tianjin Key Laboratory of Cell Therapy for Blood Disease, Chinese Academy of Medical Sciences and Peking Union Medical College, Tianjin 300020, China.",

"OD":"nan",

"AB":"nan",

"FTURL":"ABSTRACT: Cellular therapies have revolutionized the treatment of hematological malignancies since their conception and rapid development. Chimeric antigen receptor (CAR)-T cell therapy is the most widely applied cellular therapy. Since the Food and Drug Administration approved two CD19-CAR-T products for clinical treatment of relapsed/refractory acute lymphoblastic leukemia and diffuse large B cell lymphoma in 2017, five more CAR-T cell products were subsequently approved for treating multiple myeloma or B cell malignancies. Moreover, clinical trials of CAR-T cell therapy for treating other hematological malignancies are ongoing. Both China and the United States have contributed significantly to the development of clinical trials. However, CAR-T cell therapy has many limitations such as a high relapse rate, adverse side effects, and restricted availability. Various methods are being implemented in clinical trials to address these issues, some of which have demonstrated promising breakthroughs. This review summarizes developments in CAR-T cell trials and advances in CAR-T cell therapy. Copyright © 2023 The Chinese Medical Association, produced by Wolters Kluwer, Inc. under the CC-BY-NC-ND license.",

"PM":"Review  
  
Journal Article",

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"UI":"642453778",

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

"SO":"Future oncology (London, England). (no pagination), 2023. Date of Publication: 09 Oct 2023.",

"AU":"Rifkin R.M.  
  
Costello C.L.  
  
Birhiray R.E.  
  
Kambhampati S.  
  
Richter J.  
  
Abonour R.  
  
Lee H.C.  
  
Stokes M.  
  
Ren K.  
  
Stull D.M.  
  
Cherepanov D.  
  
Bogard K.  
  
Noga S.J.  
  
Girnius S.",

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

"IN":"(Rifkin) Rocky Mountain Cancer Centers/US Oncology Research, Denver, United States  
  
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(Kambhampati) Kansas City Veterans Affairs Medical Center, Kansas City, United States  
  
(Richter) Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, NY, United States  
  
(Abonour) Indiana University School of Medicine, Indianapolis, United States  
  
(Lee) M.D. Anderson Cancer Center, Houston, United States  
  
(Stokes) Evidera, Data Analytics, QC H4T 1V6, Canada  
  
(Ren, Cherepanov) Takeda Development Center Americas, Inc. (TDCA), Lexington, United States  
  
(Stull, Bogard, Noga) Takeda Pharmaceuticals U.S.A., Inc., Lexington, United States  
  
(Girnius) CincinnatiUnited States",

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"OD":"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). Result(s): 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(s): 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).",

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"Database":"EMBASE",

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"UI":"2007865686",

"TI":"Myocarditis in a Patient on Clozapine: What did it?.",

"SO":"Clinical Schizophrenia and Related Psychoses. 12(3) (pp 89-91), 2018. Date of Publication: September 2018.",

"AU":"Munjal S.  
  
Ferrando S.",

"AO":"nan",

"IN":"(Munjal) Consultation-Liaison Psychiatry, Yale New Haven Hospital, 20 York Street, Fitkin 616, New Haven, CT 06510, United States  
  
(Munjal) Yale New Haven Hospital, New Haven, CT, United States  
  
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"PB":"Walsh Medical Media, LLC",

"MH":"adult  
  
article  
  
case report  
  
clinical article  
  
clinical trial  
  
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follow up  
  
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"FTURL":"We are presenting the case of a 37-year-old male with schizoaffective disorder who developed myocarditis within three weeks of starting on clozapine for his treatment-resistant psychosis. The patient also had a positive titer for Influenza A, which makes it a diagnostic dilemma regarding the cause of his myocarditis. It may be possible that the myocarditis was caused by the Influenza A virus or synergistically exacerbated the clozapine's propensity to cause it. Currently, there are no studies establishing the link between the two etiologies. As clozapine can be the only option for patients resistant to treatment of their psychiatric illness, and there being some evidence for successful rechallenge of clozapine, we consider that this patient could have benefited from a trial of a rechallenge however, he was lost to follow-up.Copyright © 2018 Walsh Medical Media, LLC. All rights reserved.",

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

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"Database":"Medline",

"ORN":"121",

"VN":"Ovid Technologies",

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

"UI":"36990469",

"TI":"Differential neural processing of value during decision-making in adults with attention-deficit/hyperactivity disorder and healthy controls.",

"SO":"Journal of Psychiatry & Neuroscience. 48(2):E115-E124, 2023 Mar-Apr.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Lee CY  
  
Goh JOS  
  
Gau SS",

"MH":"nan",

"DU":"Lee, Chun-Yi  
  
Goh, Joshua Oon Soo  
  
Gau, Susan Shur-Fen",

"OD":"Lee, Chun-Yi. From the Graduate Institute of Brain and Mind Sciences, National Taiwan University, Taipei, Taiwan (Lee, Goh, Gau) the Department of Psychology, National Taiwan University, Taipei, Taiwan (Goh, Gau) the Neurobiological and Cognitive Science Center, National Taiwan University, Taipei, Taiwan (Goh, Gau) the Artificial Intelligence and Robotics Center, National Taiwan University, Taipei, Taiwan (Goh) the Department of Psychiatry, National Taiwan University Hospital and College of Medicine, Taipei, Taiwan (Gau).  
  
Goh, Joshua Oon Soo. From the Graduate Institute of Brain and Mind Sciences, National Taiwan University, Taipei, Taiwan (Lee, Goh, Gau) the Department of Psychology, National Taiwan University, Taipei, Taiwan (Goh, Gau) the Neurobiological and Cognitive Science Center, National Taiwan University, Taipei, Taiwan (Goh, Gau) the Artificial Intelligence and Robotics Center, National Taiwan University, Taipei, Taiwan (Goh) the Department of Psychiatry, National Taiwan University Hospital and College of Medicine, Taipei, Taiwan (Gau) joshuagoh@ntu.edu.tw gaushufe@ntu.edu.tw.  
  
Gau, Susan Shur-Fen. From the Graduate Institute of Brain and Mind Sciences, National Taiwan University, Taipei, Taiwan (Lee, Goh, Gau) the Department of Psychology, National Taiwan University, Taipei, Taiwan (Goh, Gau) the Neurobiological and Cognitive Science Center, National Taiwan University, Taipei, Taiwan (Goh, Gau) the Artificial Intelligence and Robotics Center, National Taiwan University, Taipei, Taiwan (Goh) the Department of Psychiatry, National Taiwan University Hospital and College of Medicine, Taipei, Taiwan (Gau) joshuagoh@ntu.edu.tw gaushufe@ntu.edu.tw.",

"AB":"Humans  
  
Attention Deficit Disorder with Hyperactivity/dg [Diagnostic Imaging]  
  
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Prefrontal Cortex/dg [Diagnostic Imaging]  
  
Reward  
  
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"FTURL":"nan",

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"DJ":"BACKGROUND: Risk-taking behaviours are observed among adults with attention-deficit/hyperactivity disorder (ADHD). We sought to evaluate altered neural processing of stimuli values associated with risk-taking decision behaviour, distinct from learning requirements, among adults with ADHD.  
  
METHODS: Overall, 32 adults with ADHD and 32 healthy controls without ADHD underwent a lottery choice task in a functional magnetic resonance imaging (fMRI) experiment. Participants accepted or rejected stakes with explicit information about variable probabilities of winning or losing points at different magnitudes. Outcomes were independent across trials, circumventing reward learning. Data analysis explored group differences in neurobehavioural responses to stimuli values during choice decision-making processing and outcome feedback.  
  
RESULTS: Compared with healthy controls, adults with ADHD had slower response times and tended to accept more stakes with a middle-to-low probability of winning. Adults with ADHD had evidence of lower dorsolateral prefrontal cortex (DLPFC) activity and reduced sensitivity in the ventromedial prefrontal cortex (VMPFC) region of interest in response to linear changes in probability, compared with healthy controls. Lower DLPFC responses were associated with lower VMPFC probability sensitivity and greater risk-taking among healthy controls but not adults with ADHD. Compared with health controls, adults with ADHD showed higher responses to loss outcomes in the putamen and hippocampus.  
  
LIMITATIONS: Assessments of real-life decision behaviours are required to further validate the experimental findings.  
  
CONCLUSIONS: Our findings explore tonic and phasic neural processing of value-related information that modulates risk-taking behaviours among adults with ADHD. Dysregulated neural computation of the values of behavioural actions and outcomes in the frontostriatal circuits may underlie decision processing distinct from reward learning differences among adults with ADHD.  
  
CLINICAL TRIAL REGISTRATION: NCT02642068. Copyright © 2023 CMA Impact Inc. or its licensors.",

"MV":"nan",

"TN":"Journal Article  
  
Research Support, N.I.H., Extramural  
  
Research Support, Non-U.S. Gov't",

"Unnamed: 22":"2023",

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"UI":"2025948509",

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

"SO":"Experimental Brain Research. 241(11-12) (pp 2693-2703), 2023. Date of Publication: December 2023.",

"AU":"Jostrup E.  
  
Nystrom M.  
  
Claesdotter-Knutsson E.  
  
Tallberg P.  
  
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"AO":"(Jostrup, Nystrom, Claesdotter-Knutsson, Tallberg, Gustafsson) Child and Adolescent Psychiatry, Department of Clinical Sciences, Lund University, Lund, Sweden  
  
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"IN":"Springer Science and Business Media Deutschland GmbH",

"PB":"adolescent  
  
article  
  
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\*vestibular stimulation  
  
white noise",

"OD":"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).",

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

"FTURL":"nan",

"PM":"Jostrup, Erica ORCID: https://orcid.org/0009-0001-0173-3535  
  
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"DJ":"37812230 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37812230]",

"MV":"nan",

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"Database":"Medline",

"ORN":"121",

"VN":"Ovid Technologies",

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

"UI":"37116866",

"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):1579-1590, 2023 Nov 29.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Brand BA  
  
de Boer JN  
  
Marcelis MC  
  
Grootens KP  
  
Luykx JJ  
  
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"MH":"Brand, Bodyl A  
  
de Boer, Janna N  
  
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Sommer, Iris E. Department of Biomedical Sciences and Systems, Cognitive Neurosciences, University of Groningen, University Medical Center Groningen (UMCG), Groningen, The Netherlands.",

"OD":"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.  
  
CONCLUSIONS: 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 © The Author(s) 2023. Published by Oxford University Press on behalf of the Maryland Psychiatric Research Center.",

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

"FTURL":"2023",

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

"DJ":"RCT SERM antipsychotic medication estrogen raloxifene schizophrenia sex differences",

"MV":"NOTNLM",

"TN":"Brand, Bodyl A ORCID: https://orcid.org/0000-0003-2383-0851  
  
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Raloxifene Hydrochloride/ae [Adverse Effects]  
  
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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027125046",

"TI":"Efficiency of dosing software using Bayesian forecasting in achieving target antibiotic exposures in critically ill patients, a prospective cohort study.",

"SO":"Anaesthesia Critical Care and Pain Medicine. 42(6) (no pagination), 2023. Article Number: 101296. Date of Publication: December 2023.",

"AU":"Chai M.G.  
  
Roberts J.A.  
  
Kelly C.F.  
  
Ungerer J.P.J.  
  
McWhinney B.C.  
  
Lipman J.  
  
Farkas A.  
  
Cotta M.O.",

"AO":"Chai, Ming G. ORCID: https://orcid.org/0000-0002-2927-0851  
  
Lipman, Jeffrey ORCID: https://orcid.org/0000-0002-5965-9876  
  
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"IN":"(Chai, Roberts, Lipman, Cotta) Centre for Clinical Research, Faculty of Medicine, The University of Queensland, Brisbane, QLD, Australia  
  
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(Ungerer) Institute for Molecular Bioscience, The University of Queensland, Brisbane, Australia  
  
(Farkas) Optimum Dosing Strategies, Bloomingdale, NJ, United States",

"PB":"Elsevier Masson s.r.l.",

"MH":"abdominal infection/dt [Drug Therapy]  
  
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"AB":"Introduction: Broad-spectrum antibiotics such as beta-lactams and vancomycin are frequently used to treat critically ill patients, however, a significant number do not achieve target exposures. Therapeutic drug monitoring (TDM) combined with Bayesian forecasting dosing software may improve target attainment in these patients. This study aims to describe the efficiency of dosing software for achieving target exposures of selected beta-lactam antibiotics and vancomycin in critically ill patients. Method(s): A prospective cohort study was undertaken in an adult intensive care unit (ICU). Patients prescribed vancomycin, piperacillin-tazobactam and meropenem were included if they exhibited a subtherapeutic or supratherapeutic exposure informed by TDM. The dosing software, ID-ODSTM, was used to generate dosing recommendations which could be either accepted or rejected by the treating team. Repeat antibiotic TDM were requested to determine if target exposures were achieved. Result(s): Between March 2020 and December 2021, 70 were included in the analysis. Software recommendations were accepted for 56 patients (80%) with 50 having repeated antibiotic measurements. Forty-three of the 50 patients (86%) achieved target exposures after one software recommendation, with 3 of the remaining 7 patients achieving target exposures after 2. Forty-seven patients out of the 50 patients (94%) achieved the secondary outcome of clinical cure. There were no antibiotic exposure-related adverse events reported. Conclusion(s): The use of TDM combined with Bayesian forecasting dosing software increases the efficiency for achieving target antibiotic exposures in the ICU. Clinical trials comparing this approach with other dosing strategies are required to further validate these findings.Copyright © 2023 The Authors",

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

"PM":"37579945 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37579945]",

"DJ":"Enterococcus raffinosus [other term]  
  
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"MV":"\*pharmaceutical management software",

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"VN":"Ovid Technologies",

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

"UI":"36376121",

"TI":"Bacterial Patterns and Empiric Antibiotic Use in COPD Patients With Community-Acquired Pneumonia.",

"SO":"Archivos de Bronconeumologia. 59(2):90-100, 2023 Feb.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Pascual-Guardia S  
  
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Rodriguez, Alejandro  
  
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Sotgiu, Giovanni  
  
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Milenkovic, Branislava  
  
Meyer, Christian N  
  
Kolditz, Martin  
  
Anzueto, Antonio R  
  
Restrepo, Marcos I",

"OD":"Pascual-Guardia, Sergi. Respiratory Department, Hospital del Mar-IMIM, CEXS, UPF, CIBERES, BRN, Barcelona, Spain Division of Pulmonary Diseases & Critical Care Medicine, University of Texas Health San Antonio, San Antonio, TX, USA.  
  
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Soni, Nilam J. Division of Pulmonary Diseases & Critical Care Medicine, University of Texas Health San Antonio, San Antonio, TX, USA Section of Pulmonary & Critical Care Medicine, South Texas Veterans Health Care System, USA.  
  
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Sibila, Oriol. Respiratory Department, Hospital Clinic, CIBERES, BRN, Barcelona, Spain.  
  
Sanz, Francisco. Pulmonology Department, Consorci Hospital General Universitari de Valencia, Valencia, Spain.  
  
Sotgiu, Giovanni. Clinical Epidemiology and Medical Statistics Unit, Department of Medical, Surgical and Experimental Sciences, University of Sassari, Sassari, Italy.  
  
Marcos, Pedro J. Servicio de Neumologia, Instituto de Investigacion Biomedica de A Coruna (INIBIC), Complejo Hospitalario Universitario de A Coruna (CHUAC) Sergas Universidade da Coruna (UDC), A Coruna, Spain.  
  
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Milenkovic, Branislava. Clinic for Pulmonary Diseases, Clinical Centre of Serbia, Faculty of Medicine, University of Belgrade, Belgrade, Serbia.  
  
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Kolditz, Martin. Division of Pulmonology, Medical Department I, University Hospital Carl Gustav Carus, Technische Universitat Dresden, Germany.  
  
Anzueto, Antonio R. Division of Pulmonary Diseases & Critical Care Medicine, University of Texas Health San Antonio, San Antonio, TX, USA Section of Pulmonary & Critical Care Medicine, South Texas Veterans Health Care System, USA.  
  
Restrepo, Marcos I. Division of Pulmonary Diseases & Critical Care Medicine, University of Texas Health San Antonio, San Antonio, TX, USA Section of Pulmonary & Critical Care Medicine, South Texas Veterans Health Care System, USA. Electronic address: restrepom@uthscsa.edu.",

"AB":"Anti-bacterial agents Antibiotics COPD Pseudomonas Risk factors",

"FTURL":"NOTNLM",

"PM":"INTRODUCTION: Chronic obstructive pulmonary disease (COPD) is strongly associated with the development of community-acquired pneumonia (CAP). Limited data are available on risk factors for difficult to manage bacteria such as Pseudomonas aeruginosa in COPD patients with CAP. Our objective was to assess the microbiological patterns associated with risk factors that determine empiric antibiotic therapy in hospitalized COPD patients with CAP.  
  
METHODS: We performed a secondary data analysis of an international, multicenter, observational, point-prevalence study involving hospitalized COPD patients with CAP from March to June 2015. After identifying the risk factors associated with different microorganisms, we developed a scoring system to guide decision-making about empiric anti-pseudomonal antibiotic therapy in this population.  
  
RESULTS: We enrolled 689 hospitalized COPD patients with CAP with documented microbiological testing. The most frequent microorganisms isolated were Streptococcus pneumoniae (8%) and Gram-negative bacteria (8%), P. aeruginosa (7%) and Haemophilus influenzae (3%). We developed a scoring system incorporating the variables independently associated with P. aeruginosa that include a previous P. aeruginosa isolation or infection (OR 14.2 [95%CI 5.7-35.2]), hospitalization in the past 12 months (OR 3.7 [1.5-9.2]), and bronchiectasis (OR 3.2 [1.4-7.2]). Empiric anti-pseudomonal antibiotics were overutilized in COPD patients with CAP. The new scoring system has the potential to reduce empiric anti-pseudomonal antibiotic use from 54.1% to 6.2%.  
  
CONCLUSIONS: COPD patients with CAP present different microbiological profiles associated with unique risk factors. Anti-pseudomonal treatment is a critical decision when selecting empiric antibiotic therapy. We developed a COPD scoring system to guide decision-making about empiric anti-pseudomonal antibiotic therapy. Copyright Published by Elsevier Espana, S.L.U.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

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

"Unnamed: 22":"Humans  
  
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\*Pulmonary Disease, Chronic Obstructive  
  
Community-Acquired Infections/dt [Drug Therapy]  
  
Community-Acquired Infections/ep [Epidemiology]  
  
\*Community-Acquired Infections  
  
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Pseudomonas aeruginosa",

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"VN":"Ovid Technologies",

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

"UI":"37655402",

"TI":"MRD and Plasma Cell Dynamics after CAR T-cell Therapy in Myeloma.",

"SO":"Blood Cancer Discovery. 4(5):346-348, 2023 09 01.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Landgren O  
  
Kazandjian D",

"MH":"Landgren, Ola  
  
Kazandjian, Dickran",

"DU":"Landgren, Ola. Myeloma Division, Sylvester Comprehensive Cancer Center, University of Miami, Miami, Florida.  
  
Kazandjian, Dickran. Myeloma Division, Sylvester Comprehensive Cancer Center, University of Miami, Miami, Florida.",

"OD":"nan",

"AB":"nan",

"FTURL":"SUMMARY: In this issue, Paiva and colleagues characterize the dynamics of minimal residual disease (MRD) and clinical responses during chimeric antigen receptor (CAR) T-cell therapy of relapsed/refractory multiple myeloma. Although both correlate with prolonged progression-free survival, MRD is reached faster in the bone marrow than complete response in peripheral blood consequently, the study addresses the need for future guidelines to explore new MRD-negative definitions that are independent of the monoclonal (M) protein to overcome this limitation, particularly in clinical trials using early depth of response as an endpoint. See related article by Paiva et al., p. 365 (1). Copyright ©2023 American Association for Cancer Research.",

"PM":"Editorial  
  
Research Support, N.I.H., Extramural  
  
Research Support, Non-U.S. Gov't  
  
Comment",

"DJ":"2023",

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

"TN":"Landgren, Ola ORCID: https://orcid.org/0000-0001-6485-4839  
  
Kazandjian, Dickran ORCID: https://orcid.org/0000-0002-6593-0917",

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"TI":"Associations of physical frailty with incidence and mortality of overall and site-specific cancers: A prospective cohort study from UK biobank.",

"SO":"Preventive Medicine. 177(no pagination), 2023. Article Number: 107742. Date of Publication: December 2023.",

"AU":"Liu F.  
  
Peng Y.  
  
Wang P.  
  
Qiao Y.  
  
Si C.  
  
Wang X.  
  
Zhang M.  
  
Chen L.  
  
Song F.",

"AO":"nan",

"IN":"(Liu, Peng, Wang, Qiao, Si, Wang, Song) Department of Epidemiology and Biostatistics, Key Laboratory of Molecular Cancer Epidemiology, Key Laboratory of Prevention and Control of Major Diseases in the Population, Ministry of Education, National Clinical Research Center for Cancer, Tianjin Medical University, Cancer Institute and Hospital, Tianjin 300060, China  
  
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"PB":"Academic Press Inc.",

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walking speed",

"OD":"Objective: Evidence regarding the role of physical frailty in cancer-related outcomes is limited. We aimed to examine the association of frailty with cancer incidence and mortality risk. Method(s): This prospective study included 348,144 participants free of cancer at baseline from the UK Biobank. Frailty phenotypes (non-frail, pre-frail, and frail) were constructed from 5 components: weight loss, exhaustion, low physical activity, slow gait speed, and low grip strength. The outcome was incidence and mortality of overall and cite-specific cancers. Cox proportional hazard regression was used to estimate the association of frailty phenotypes with cancer incidence and mortality risk. Result(s): A total of 43,304 incident cancer cases and 10,152 cancer deaths were documented during a median of 12.0 years of follow-up. For overall cancer, compared with non-frailty, the incidence risk increased by 4% for pre-frailty and 11% for frailty, and the mortality risk increased by 11% for pre-frailty and 39% for frailty. Frailty phenotypes were also dose-dependently associated with a higher risk of incidence and mortality of some site-specific cancers (including liver and lung), with significant sex differences. We observed a synergetic association of frailty phenotypes and smoking with overall cancer incidence and mortality risk. Conclusion(s): Frailty phenotypes contributed significantly to a higher risk of overall and some site-specific cancers incidence and mortality in a stepwise manner or within individual categories. Future studies are warranted to emphasize the identification, management and prevention of frailty in the whole population and complements of lifestyle-targeted interventions such as quitting smoking.Copyright © 2023",

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

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"MV":"37866694 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37866694]",

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"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"633015366",

"TI":"The Representativeness of Participants With Severe Mental Illness in a Psychosocial Clinical Trial.",

"SO":"Frontiers in Psychiatry. 9(no pagination), 2018. Article Number: 654. Date of Publication: 04 Dec 2018.",

"AU":"Lally J.  
  
Watkins R.  
  
Nash S.  
  
Shetty H.  
  
Gardner-Sood P.  
  
Smith S.  
  
Murray R.M.  
  
Gaughran F.",

"AO":"nan",

"IN":"(Lally, Watkins, Nash, Gardner-Sood, Murray, Gaughran) Department of Psychosis Studies, Institute of Psychiatry, Psychology Neuroscience, King's College London, London, United Kingdom  
  
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"PB":"Frontiers Media S.A. (c/o Michael Kenyon, ch. de la Pecholettaz 6, Epalinges 1066, Switzerland. E-mail: info@frontiersin.org)",

"MH":"adult  
  
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retrospective study [m]",

"FTURL":"Introduction: Cardiovascular morbidity and mortality are increased in severe mental illnesses (SMI). Trials of psychosocial health interventions to improve physical health in SMI, including in treatment-resistant schizophrenia, have shown some benefit. However, the representativeness of participants in such trials has not been determined. Method(s): We utilized an anonymised case register to determine if participants in a randomized controlled trial (RCT) of a novel psychosocial health intervention aiming to improve physical health in SMI had similar severity of illness to eligible non-participants. A retrospective database analysis was performed, using Health of the Nation Outcome Scale (HoNOS) data from the sample of patients participating in the IMPaCT (Improving Physical health and reducing substance use in Psychosis) RCT (n = 293) compared to all eligible participants with a psychotic illness (n = 774). Result(s): The mean total HoNOS score in the eligible comparator population (Mean = 9.09, SD = 5.8, range = 0-30) was significantly greater than that of the IMPaCT RCT participants (Mean = 7.16, SD = 4.7, range = 0-26), (t = 3.810, p = 0.006), as was the degree of overall illness severity and functional impairment, as measured by HoNOS. Conclusion(s): This study shows for the first time that the patient population participating in an RCT of a lifestyle intervention for those with SMI had a better mental health status at entry to the trial, than the total eligible population, although there was no difference in physical health needs. This has relevance to the applicability of RCTs of lifestyle interventions in service planning and suggests that when people are more unwell, greater effort may be needed to include them in psychosocial interventions. A more careful and focused recruitment approach should be followed to improve the participation of the more severely ill patients in psychosocial interventions in order to enhance the external validity of such studies.© Copyright © 2018 Lally, Watkins, Nash, Shetty, Gardner-Sood, Smith, Murray and Gaughran.",

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"Database":"Medline",

"ORN":"122",

"VN":"Ovid Technologies",

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

"UI":"36794817",

"TI":"Efficacy and Safety of PRC-063 for Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-analysis From Randomized Controlled Trials.",

"SO":"Journal of Attention Disorders. 27(5):470-487, 2023 03.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Zhu S  
  
Wang T  
  
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"MH":"Zhu, Shixin ORCID: https://orcid.org/0000-0001-7013-1119  
  
Gao, Heng ORCID: https://orcid.org/0000-0002-0758-1907",

"DU":"Zhu, Shixin  
  
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Gao, Heng  
  
Chen, Gang",

"OD":"Zhu, Shixin. The First Affiliated Hospital of Soochow University, Suzhou, Jiangsu Province, China.  
  
Wang, Tianyi. The First Affiliated Hospital of Soochow University, Suzhou, Jiangsu Province, China.  
  
Wang, Jiahe. The First Affiliated Hospital of Soochow University, Suzhou, Jiangsu Province, China.  
  
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Yu, Zhengquan. The First Affiliated Hospital of Soochow University, Suzhou, Jiangsu Province, China.  
  
Gao, Heng. Southeast University, Jiangyin, Jiangsu Province, China.  
  
Chen, Gang. The First Affiliated Hospital of Soochow University, Suzhou, Jiangsu Province, China.",

"AB":"Child  
  
Adult  
  
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Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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Dose-Response Relationship, Drug",

"FTURL":"PRC-063 attention-deficit/hyperactivity disorder meta-analysis methylphenidate",

"PM":"NOTNLM",

"DJ":"OBJECTIVE: A new formulation of extended-release methylphenidate (PRC-063) was approved to treat ADHD. This meta-analysis was conducted to study the efficacy and safety of PRC-063 for ADHD.  
  
METHOD: We searched for published trials to October 2022 in several databases.  
  
RESULTS: A total of 1,215 patients from 5 RCTs were included. We observed significant improvement for PRC-063 in ADHD Rating Scale (ADHD-RS MD = -6.73, 95% CI [-10.34, -3.12]) compared with placebo. The effect of PRC-063 on the sleep problems due to ADHD was not statistically different from placebo. Six subscales of Pittsburg Sleep Quality Index (PSQI) showed no statistical significance between PRC-063 and placebo. The result showed no significant difference comparing PRC-063 with placebo in serious treatment-emergent adverse events (TEAEs) (RR = 0.80, 95% CI [0.03, 19.34]). In subgroup analysis according to age, PRC-063 was more efficacious in minors compare to adults.  
  
CONCLUSION: PRC-063 is an efficacious and safe treatment for ADHD, especially in children and adolescents.",

"MV":"0 (Central Nervous System Stimulants)  
  
207ZZ9QZ49 (Methylphenidate)",

"TN":"Meta-Analysis  
  
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Journal Article",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026688556",

"TI":"Efficacy and Safety of Methylphenidate and Atomoxetine in Medication-Naive Children with Attention-Deficit Hyperactivity Disorder in a Real-World Setting.",

"SO":"Drugs in R and D. (no pagination), 2023. Date of Publication: 2023.",

"AU":"Zhang Y.  
  
Yin L.  
  
You C.  
  
Liu C.  
  
Dong P.  
  
Xu X.  
  
Zhang K.",

"AO":"(Zhang, Liu, Dong, Xu, Zhang) Department of Child Healthcare, Children's Hospital of Fudan University, National Children's Medical Center, Shanghai, China  
  
(Yin) Department of Pediatrics, Taixing People's Hospital, Taizhou, China  
  
(You) Department of Pediatrics, Fudan University Minhang Hospital, Shanghai, China",

"IN":"Adis",

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"OD":"Background and Objective: Methylphenidate (MPH) and atomoxetine (ATX) are the most common medications used to treat attention-deficit hyperactivity disorder (ADHD) in China however, despite this, there is still a paucity of studies comparing their efficacy and safety, particularly for different characteristics. To address the lack of research, a real-world prospective cohort study was conducted to examine these properties of MPH and ATX, and to analyze correlations associated with age, sex, and different ADHD presentation. Method(s): Children with ADHD meeting the eligibility criteria were recruited from January 2016 to July 2021. Study participants were treated with either MPH or ATX prescribed in the real-world setting, and were followed up for 26 weeks. Clinical efficacy response and adverse events (AEs) were recorded and measured. Subgroup analysis was performed to examine the efficacy response and AEs associated with age, sex, and different ADHD presentation. Result(s): A total of 1050 children were recruited and 29 children were lost to follow-up. Of the 1021 children remaining, 533 were treated with MPH and 488 were treated with ATX. No significant differences were found in intelligence quotient, age, sex, or ADHD presentation between the MPH- and ATX-treated groups (p > 0.05). The response rates were 84.6% in the MPH-treated group and 63.3% in the ATX-treated group. Subgroup analysis of response rate demonstrated that the treatment effect of MPH over ATX was consistent across subgroups except in the girls (odds ratio [OR] 2.09, 95% confidence interval [CI] 0.97-4.7) and the hyperactive/impulsive presentation group (OR 2.88, 95% CI 0.77-12.76). A total of 47.8% of children experienced AEs during MPH treatment, significantly lower than the rate of 56.8% during ATX treatment (p < 0.05). The incidence of AEs in the MPH-treated group was higher in young children (<8 years: 56.8% 8-10 years: 47.2%) and lower in children over 10 years of age (29.0%). Conclusion(s): Overall, MPH was more effective and better tolerated than ATX. The incidence of AEs in children treated with MPH varied with age, and was higher in young children and lower in children over 10 years of age.Copyright © 2023, The Author(s).",

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"TI":"Cognitive Remediation in Bipolar (CRiB2): study protocol for a randomised controlled trial assessing efficacy and mechanisms of cognitive remediation therapy compared to treatment as usual.",

"SO":"BMC Psychiatry. 23(1):842, 2023 11 15.",

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Cousins, David  
  
Barton, Stephen  
  
Wykes, Til  
  
Young, Allan H",

"DU":"Tsapekos, Dimosthenis. Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, 103 Denmark Hill, London, SE5 8AZ, UK. dimosthenis.tsapekos@kcl.ac.uk.  
  
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Young, Allan H. Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, 103 Denmark Hill, London, SE5 8AZ, UK.  
  
Young, Allan H. South London and Maudsley NHS Foundation Trust, Bethlem Royal Hospital, Beckenham, UK.",

"OD":"BACKGROUND: A substantial proportion of people with bipolar disorder (BD) experience persistent cognitive difficulties associated with impairments in psychosocial functioning and a poorer disorder course. Emerging evidence suggests that cognitive remediation (CR), a psychological intervention with established efficacy in people with schizophrenia, can also benefit people with BD. Following a proof-of-concept trial showing that CR is feasible and potentially beneficial for people with BD, we are conducting an adequately powered trial in euthymic people with BD to 1) determine whether an individual, therapist-supported, computerised CR can reduce cognitive difficulties and improve functional outcomes and 2) explore how CR exerts its effects.  
  
METHODS: CRiB2 is a two-arm, assessor-blind, multi-site, randomised controlled trial (RCT) comparing CR to treatment-as-usual (TAU). Participants are people with a diagnosis of BD, aged between 18 and 65, with no neurological or current substance use disorder, and currently euthymic. 250 participants will be recruited through primary, secondary, tertiary care, and the community. Participants will be block-randomised (1:1 ratio, stratified by site) to continue with their usual care (TAU) or receive a 12-week course of therapy and usual care (CR + TAU). The intervention comprises one-on-one CR sessions with a therapist supplemented with independent cognitive training for 30-40 h in total. Outcomes will be assessed at 13- and 25-weeks post-randomisation. Efficacy will be examined by intention-to-treat analyses estimating between-group differences in primary (i.e., psychosocial functioning at week 25 measured with the Functional Assessment Short Test) and secondary outcomes (i.e., measures of cognition, mood, patient-defined goals, and quality of life). Global cognition, metacognitive skills, affect fluctuation, and salivary cortisol levels will be evaluated as putative mechanisms of CR through mediation models.  
  
DISCUSSION: This study will provide a robust evaluation of efficacy of CR in people with BD and examine the putative mechanisms by which this therapy works. The findings will contribute to determining the clinical utility of CR and potential mechanisms of action.  
  
TRIAL REGISTRATION: Cognitive Remediation in Bipolar 2 (CRiB2): ISRCTN registry: https://www.isrctn.com/ISRCTN10362331 . Registered 04 May 2022. Overall trial status: Ongoing Recruitment status: Recruiting. Copyright © 2023. The Author(s).",

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

"FTURL":"2023",

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

"DJ":"Bipolar disorder (BD) Cognitive remediation (CR) Efficacy Mechanisms Randomised controlled trial (RCT) Trial protocol",

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"TI":"Comparing the Frequency of Culture-Positive Late Onset Sepsis With the Use of Ceftazidime Versus Cefotaxime in the NICU.",

"SO":"Journal of Pediatric Pharmacology and Therapeutics. 28(6) (pp 553-558), 2023. Date of Publication: 2023.",

"AU":"Salter J.  
  
Tran V.  
  
Bastawrous D.  
  
Nuibe A.",

"AO":"nan",

"IN":"(Salter, Tran) Department of Pharmacy, Inova L.J. Murphy Children's Hospital, Falls Church, VA, United States  
  
(Bastawrous, Nuibe) Department of Pediatrics, Inova L.J. Murphy Children's Hospital, Falls Church, VA, United States  
  
(Nuibe) Pediatric Infectious Diseases, Pediatric Specialists of Virginia, Falls Church, VA, United States",

"PB":"Pediatric Pharmacy Advocacy Group, Inc.",

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"AB":"OBJECTIVE As broader spectrum antibiotics have been associated with adverse effects, our study evaluated whether the frequency of culture-positive late-onset sepsis (LOS) and multidrug resistant (MDR) infections were increased with the use of ceftazidime as compared with cefotaxime in the neonatal intensive care unit (NICU). METHODS This was a multihospital, retrospective chart review of patients who received at least 24 hours of ceftazidime or cefotaxime in the NICU between December 1, 2012 and August 31, 2021. Patients were excluded from analysis if they expired during the admission, had an incomplete history, positive cultures for an MDR infection prior to receiving either antibiotic, or received the alternate antibiotic within the same treatment course. RESULTS A total of 334 patients were included for analysis (ceftazidime, n = 147 cefotaxime, n = 187). The average birth weight was lower in the ceftazidime cohort compared with the cefotaxime cohort [1.46 kg (95% CI, 1.29-1.63 kg) versus 1.93 kg (95% CI, 1.75-2.11 kg), p = 0.0002] with a corresponding lower gestational age [28.9 weeks (95% CI, 28.0-29.9 weeks) versus 31.7 weeks (95% CI, 30.8-32.6 weeks), p = 0.0001]. Adjusting for baseline differences showed a protective effect for ceftazidime (OR = 0.32 95% CI, 0.16-0.62 p = 0.0009). There was no statistically significant difference in the frequency of MDR infections between the cohorts (OR = 0.25 95% CI, 0.053-1.14 p = 0.07), however this study was underpowered to detect the difference noted. CONCLUSIONS Ceftazidime appears to be a safe and effective alternative treatment option compared with cefotaxime in the NICU with no increase in the risk of culture-positive LOS or MDR infections.Copyright © Pediatric Pharmacy Association. All rights reserved.",

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

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"TI":"Sulopenem for the Treatment of Complicated Urinary Tract Infections Including Pyelonephritis: A Phase 3, Randomized Trial.",

"SO":"Clinical Infectious Diseases. 76(1):78-88, 2023 01 06.",

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

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"PB":"Dunne MW  
  
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"MH":"Dunne, Michael W ORCID: https://orcid.org/0000-0001-6186-5196",

"DU":"Dunne, Michael W  
  
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Akinapelli, Karthik  
  
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Zelasky, Michael T  
  
Puttagunta, Sailaja",

"OD":"Dunne, Michael W. Iterum Therapeutics, Old Saybrook, Connecticut, USA.  
  
Aronin, Steven I. Iterum Therapeutics, Old Saybrook, Connecticut, USA.  
  
Das, Anita F. Das Statistical Consulting, Guerneville, California, USA.  
  
Akinapelli, Karthik. Takeda Pharmaceuticals, Cambridge, MA, USA.  
  
Breen, Jeanne. Iterum Therapeutics, Old Saybrook, Connecticut, USA.  
  
Zelasky, Michael T. Johnson & Johnson, Cambridge, Massachusetts, USA.  
  
Puttagunta, Sailaja. Iterum Therapeutics, Old Saybrook, Connecticut, USA.",

"AB":"acute pyelonephritis complicated urinary tract infection sulopenem",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Sulopenem is a thiopenem antibiotic being developed for the treatment of multidrug-resistant infections. The availability of both intravenous (IV) and oral formulations will facilitate earlier hospital discharge.  
  
METHODS: Hospitalized adults with pyuria, bacteriuria, and signs and symptoms of complicated urinary tract infection (cUTI) were randomized to 5 days of IV sulopenem followed by oral sulopenem etzadroxil/probenecid or 5 days of IV ertapenem followed by oral ciprofloxacin or amoxicillin-clavulanate, depending on uropathogen susceptibility. The primary end point was overall combined clinical and microbiologic response at the test-of-cure visit (day 21).  
  
RESULTS: Of 1392 treated patients, 444 and 440 treated with sulopenem and ertapenem, respectively, had a positive baseline urine culture and were eligible for the primary efficacy analyses. Extended-spectrum beta-lactamase-producing organisms were identified in 26.6% of patients and fluoroquinolone-nonsusceptible pathogens in 38.6%. For the primary end point, noninferiority of sulopenem to the comparator regimen was not demonstrated, 67.8% vs 73.9% (difference, -6.1% 95% confidence interval, -12.0 to -.1%). The difference was driven by a lower rate of asymptomatic bacteriuria in the subgroup of ertapenem-treated patients who stepped down to ciprofloxacin. No substantial difference in overall response was observed at any other time point. Both IV and oral formulations of sulopenem were well-tolerated and compared favorably to the comparator.  
  
CONCLUSIONS: Sulopenem followed by oral sulopenem-etzadroxil/probenecid was not noninferior to ertapenem followed by oral step-down therapy for the treatment of cUTIs, driven by a lower rate of asymptomatic bacteriuria in those who received ciprofloxacin. Both formulations of sulopenem were well-tolerated.  
  
CLINICAL TRIAL REGISTRATION: NCT03357614. Copyright © The Author(s) 2022. Published by Oxford University Press on behalf of Infectious Diseases Society of America.",

"DJ":"Randomized Controlled Trial  
  
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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Humans  
  
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Pyelonephritis/dt [Drug Therapy]  
  
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"VN":"Ovid Technologies",

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

"UI":"37467036",

"TI":"Infections following bispecific antibodies in myeloma: a systematic review and meta-analysis.",

"SO":"Blood Advances. 7(19):5898-5903, 2023 10 10.",

"AU":"1",

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

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Kesselheim, Aaron S  
  
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"DU":"Reynolds, Gemma. National Centre for Infections in Cancer, Peter MacCallum Cancer Centre, Melbourne, VIC, Australia.  
  
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Teh, Benjamin W. National Centre for Infections in Cancer, Peter MacCallum Cancer Centre, Melbourne, VIC, Australia.  
  
Teh, Benjamin W. Sir Peter MacCallum Department of Oncology, The University of Melbourne, Melbourne, VIC, Australia.",

"OD":"nan",

"AB":"nan",

"FTURL":"Bispecific antibodies, a novel immunotherapy with promising efficacy against multiple myeloma, form immune synapses between T-cell surface marker CD3 and malignant cell markers, including B-cell maturation antigen (BCMA), FcRH5, and G protein-coupled receptor GPRC5D. These bispecific antibodies so effectively deplete plasma cells (and to some extent T-cells) that patients are at increased risk of developing infections. A systematic review and meta-analysis of infections in published studies of patients with myeloma treated with bispecific antibodies was conducted to better characterize the infection risks. A literature search used MEDLINE, EMBASE, and Cochrane to identify relevant studies between inception and February 10, 2023, including major conference presentations. Phase 1b-3 clinical trials and observational studies were included. Sixteen clinical trials comprising 1666 patients were included. Median follow-up was 7.6 months and 38% of the cohort had penta-drug refractory disease. Pooled prevalence of all-grade infections was 56%, whereas the prevalence of grade >=3 infections was 24%. Patients who were treated with BCMA-targeted bispecifics had significantly higher rates of grade >=3 infections than non-BCMA bispecifics (25% vs 20%). Similarly, patients treated with bispecifics in combination with other agents had significantly higher rate of all-grade infection than those receiving monotherapy (71% vs 52%). In observational studies (n = 293), excluded from the primary analysis to ensure no overlap with patients in clinical trials, several infections classically associated with T-cell depletion were identified. This systematic review identifies BCMA-targeted bispecifics and bispecific combination therapy as having higher infection risk, requiring vigilant infection screening and prophylaxis strategies. 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":"Meta-Analysis  
  
Systematic Review  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"DJ":"2023",

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

"TN":"Reynolds, Gemma ORCID: https://orcid.org/0000-0002-9561-3592  
  
Cliff, Edward R Scheffer ORCID: https://orcid.org/0000-0001-5977-907X  
  
Mohyuddin, Ghulam Rehman ORCID: https://orcid.org/0000-0001-6464-783X  
  
Harrison, Simon J ORCID: https://orcid.org/0000-0003-4555-6582  
  
Kesselheim, Aaron S ORCID: https://orcid.org/0000-0002-8867-2666  
  
Teh, Benjamin W ORCID: https://orcid.org/0000-0003-0213-5470",

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"TI":"Minimal residual disease response-adapted therapy in newly diagnosed multiple myeloma (MASTER): final report of the multicentre, single-arm, phase 2 trial.",

"SO":"The Lancet Haematology. 10(11) (pp e890-e901), 2023. Date of Publication: November 2023.",

"AU":"Costa L.J.  
  
Chhabra S.  
  
Medvedova E.  
  
Dholaria B.R.  
  
Schmidt T.M.  
  
Godby K.N.  
  
Silbermann R.  
  
Dhakal B.  
  
Bal S.  
  
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D'Souza A.  
  
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Hardwick P.  
  
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Callander N.S.",

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"IN":"(Costa, Godby, Bal, Giri) Division of Hematology and Oncology, Department of Medicine, University of Alabama at Birmingham, Birmingham, AL, United States  
  
(Costa, Godby, Bal, Giri, Hardwick) O'Neal Comprehensive Cancer Center, University of Alabama at Birmingham, Birmingham, AL, United States  
  
(Chhabra, Dhakal, D'Souza, Hari) Division of Hematology and Oncology, Department of Medicine, Medical College of Wisconsin, Milwaukee, WI, United States  
  
(Medvedova, Silbermann) Division of Hematology and Medical Oncology, Department of Medicine, Oregon Health and Science University, Portland, OR, United States  
  
(Dholaria, Cornell) Division of Hematology and Oncology, Department of Medicine, Vanderbilt University Medical Center, Nashville, TN, United States  
  
(Schmidt, Hall, Callander) Division of Hematology, Oncology and Palliative Care, Department of Medicine, University of Wisc onsin, Madison, WI, United States  
  
(Omel) Academic Consortium to Overcome Multiple Myeloma through Innovative Trials (COMMIT), Omaha, NE, United States",

"PB":"Elsevier Ltd",

"MH":"abdominal pain/si [Side Effect]  
  
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drug dose reduction  
  
drug withdrawal  
  
dysgeusia  
  
dyspnea  
  
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heart failure  
  
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outcome assessment  
  
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sensory neuropathy / side effect  
  
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thromboembolism / side effect  
  
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virus infection  
  
Waldenstroem macroglobulinemia",

"OD":"Background: For patients with newly diagnosed multiple myeloma, reaching minimal residual disease (MRD) negativity after treatment is associated with improved outcomes however, the use of MRD to modulate therapy remains elusive. We present the final analysis of the MASTER trial of daratumumab, carfilzomib, lenalidomide, and dexamethasone (Dara-KRd) therapy in patients with newly diagnosed multiple myeloma, in which MRD status is used to modulate treatment duration and cessation. Method(s): MASTER was a multicentre, single-arm, phase 2 trial conducted in five academic medical centres in the USA. Eligible participants were 18 years or older with newly diagnosed multiple myeloma (measurable by serum or urine protein electrophoresis or serum free light chains), a life expectancy of at least 12 months, and an Eastern Cooperative Oncology Group performance status of 0-2, and had received no previous treatment for multiple myeloma except up to one cycle of therapy containing bortezomib, cyclophosphamide, and dexamethasone. The study was enriched for participants with high-risk chromosome abnormalities (HRCAs). During the induction phase, participants received four 28-day cycles of Dara-KRd, each comprising daratumumab (16 mg/kg intravenously on days 1, 8, 15, and 22), carfilzomib (56 mg/m2 intravenously on days 1, 8, and 15), lenalidomide (25 mg orally on days 1-21), and dexamethasone (40 mg orally or intravenously on days 1, 8, 15, and 22) induction was followed by autologous haematopoietic stem-cell transplantation and up to two phases of consolidation with Dara-KRd. We assessed MRD by next-generation sequencing after or during each phase. The primary endpoint was reaching MRD negativity (<10-5). Participants who reached MRD negativity after or during two consecutive phases stopped treatment and began observation with MRD surveillance (MRD-SURE) participants who did not reach two consecutive MRD-negative results received maintenance lenalidomide. Secondary endpoints included progression-free survival and cumulative incidence of progression. All analyses were conducted in the intention-to-treat population. This trial is registered with ClinicalTrials.gov, NCT03224507, and is complete. Finding(s): Between Mar 21, 2018, and Oct 23, 2020, 123 participants were recruited to the study, of whom 70 (57%) were men, 53 (43%) were women, 94 (76%) were non-Hispanic White, 25 (20%) were non-Hispanic Black, and four (3%) were of another race or ethnicity. The median age of participants was 61 years (IQR 55-68), and 24 (20%) were aged 70 years or older. The median duration of follow up was 42.2 months (IQR 34.5-46.0). Of the 123 participants, 53 (43%) had no HRCAs, 46 (37%) had one HRCA, and 24 (20%) had two or more HRCAs. For 118 (96%) of 123 participants, MRD was evaluable by next-generation sequencing the remaining five had an absence of sufficiently unique clonogenic sequences to enable tracking by the assay. Of these 118 participants, 96 (81%, 95% CI 73-88) reached MRD of less than 10-5 (comprising 39 [78%, 64-88] of 50 participants with no HRCAs, 38 [86%, 73-95] of 44 participants with one HRCA, and 19 [79%, 58-93] of 24 participants with two or more HRCAs) and 84 (71%, 62-79) reached MRD-SURE and treatment cessation. 36-month progression-free survival among all 123 participants was 88% (95% CI 78-95) for participants with no HRCAs, 79% (67-88) for those with one HRCA, and 50% (30-70) for those with two or more HRCAs. For the 84 participants reaching MRD-SURE, the 24-month cumulative incidence of progression from cessation of therapy was 9% (95% CI 1-19) for participants with no HRCAs, 9% (1-18) for those with one HRCA, and 47% (23-72) for those with two or more HRCAs. 61 participants (comprising 52% of 118 MRD-evaluable participants and 73% of 84 participants who reached MRD-SURE) remain free of therapy and MRD-negative as of Feb 7, 2023. The most common grade 3-4 adverse events were neutropenia (43 patients, 35%), lymphopenia (28 patients, 23%), and hypertension (13 patients, 11%). Three treatment-emergent deaths were recorded: two sudden deaths and one due to viral infection, none of which were judged to be treatment-related. Interpretation(s): This approach provided positive outcomes and a pathway for treatment cessation in most patients with newly diagnosed multiple myeloma. Outcomes for patients with ultra-high-risk multiple myeloma, defined as those with two or more HRCAs, remain unsatisfactory, and these patients should be prioritised for trials with early introduction of therapies with novel mechanisms of action. Funding(s): Amgen and Janssen Pharmaceuticals.Copyright © 2023 Elsevier Ltd",

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

"FTURL":"bortezomib  
  
carfilzomib / adverse drug reaction / intravenous drug administration  
  
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dexamethasone / intravenous drug administration / oral drug administration  
  
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"Database":"EMBASE",

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"DB":"Embase",

"UI":"631687742",

"TI":"An Exploratory Study of Exercise-related Effects on Memory and Hippocampal Connectivity in Schizophrenia.",

"SO":"Clinical schizophrenia & related psychoses. (no pagination), 2018. Date of Publication: 26 Jun 2018.",

"AU":"Schwartz B.  
  
Teslovich T.  
  
You X.  
  
Cho J.  
  
Schooler N.  
  
Kokkinos P.  
  
Vaidya C.",

"AO":"nan",

"IN":"(Schwartz, Teslovich, Cho) Mental Health Service, Washington DC Veterans Affairs Medical Center  
  
(Schwartz) Cardiology Division, Washington DC Veterans Affairs Medical Center  
  
(Teslovich, Cho) Current affiliation: Dr. Theresa Teslovich's current address is the National Intrepid Center of Excellence, Walter Reed National Military Medical Center, Bethesda, MD, Mr. Jae Cho's current address is Department of Psychology, George Mason University, Fairfax, VA  
  
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(You) Psychology, Georgetown University, DC, WA  
  
(Schooler) Center for Neuroscience, National Children's Medical Center, Washington DC  
  
(Kokkinos) Department of Psychiatry and Behavioral Sciences, SUNY Downstate Medical Center, NY",

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"FTURL":"Memory impairment in schizophrenia has been linked to abnormal functioning of fronto-temporal networks. In this pilot study, we investigated whether 12-weeks of exercise improved hippocampal-dependent memory functions and resting-state functional connectivity in middle-aged adults with schizophrenia. The exercise regimen was feasible, well-attended, and safe. There was a pre- to post-intervention increase in spatial memory accuracy that was correlated to an increase in hippocampal-prefrontal cortex connectivity. No increase was found in pattern separation performance or hippocampal volume. A controlled trial is needed to replicate these findings and elucidate the functional brain networks underlying exercise-induced cognitive improvement in schizophrenia.",

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"UI":"36982345",

"TI":"Epilepsy and Attention Deficit Hyperactivity Disorder: Connection, Chance, and Challenges. [Review]",

"SO":"International Journal of Molecular Sciences. 24(6), 2023 Mar 09.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Fan HC  
  
Chiang KL  
  
Chang KH  
  
Chen CM  
  
Tsai JD",

"MH":"Fan, Hueng-Chuen ORCID: https://orcid.org/0000-0003-3485-7558  
  
Chiang, Kuo-Liang ORCID: https://orcid.org/0000-0002-9309-0118  
  
Chang, Kuang-Hsi ORCID: https://orcid.org/0000-0002-4453-0068  
  
Chen, Chuan-Mu ORCID: https://orcid.org/0000-0003-2461-9150",

"DU":"Fan, Hueng-Chuen  
  
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Chang, Kuang-Hsi  
  
Chen, Chuan-Mu  
  
Tsai, Jeng-Dau",

"OD":"Fan, Hueng-Chuen. Department of Pediatrics, Tungs' Taichung Metroharbor Hospital, Wuchi, Taichung 435, Taiwan.  
  
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Chiang, Kuo-Liang. Department of Nutrition, Hungkuang University, Taichung 433, Taiwan.  
  
Chang, Kuang-Hsi. Department of Medical Research, Tungs' Taichung Metroharbor Hospital, Wuchi, Taichung 435, Taiwan.  
  
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Chen, Chuan-Mu. The iEGG and Animal Biotechnology Center, and Rong Hsing Research Center for Translational Medicine, National Chung Hsing University, Taichung 402, Taiwan.  
  
Tsai, Jeng-Dau. School of Medicine, Chung Shan Medical University, Taichung 402, Taiwan.  
  
Tsai, Jeng-Dau. Department of Pediatrics, Chung Shan Medical University Hospital, Taichung 402, Taiwan.",

"AB":"Child  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/co [Complications]  
  
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Central Nervous System Stimulants/ae [Adverse Effects]  
  
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"PM":"NOTNLM",

"DJ":"Comorbidities are common in children with epilepsy, with nearly half of the patients having at least one comorbidity. Attention deficit hyperactivity disorder (ADHD) is a psychiatric disorder characterized by hyperactivity and inattentiveness level disproportional to the child's developmental stage. The burden of ADHD in children with epilepsy is high and can adversely affect the patients' clinical outcomes, psychosocial aspects, and quality of life. Several hypotheses were proposed to explain the high burden of ADHD in childhood epilepsy the well-established bidirectional connection and shared genetic/non-genetic factors between epilepsy and comorbid ADHD largely rule out the possibility of a chance in this association. Stimulants are effective in children with comorbid ADHD, and the current body of evidence supports their safety within the approved dose. Nonetheless, safety data should be further studied in randomized, double-blinded, placebo-controlled trials. Comorbid ADHD is still under-recognized in clinical practice. Early identification and management of comorbid ADHD are crucial to optimize the prognosis and reduce the risk of adverse long-term neurodevelopmental outcomes. The identification of the shared genetic background of epilepsy and ADHD can open the gate for tailoring treatment options for these patients through precision medicine.",

"MV":"0 (Central Nervous System Stimulants)",

"TN":"Journal Article  
  
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"TI":"Chronic Mental Disorders: Limitations and Perspectives of Prediction, Prevention, Diagnosis, and Personalized Treatment in Psychiatry.",

"SO":"Advances in Predictive, Preventive and Personalised Medicine. 17(pp 261-282), 2023. Date of Publication: 2023.",

"AU":"Rymaszewska J.  
  
Fila-Pawlowska K.  
  
Szczesniak D.",

"AO":"(Rymaszewska) Department of Clinical Neuroscience, Wroclaw University of Science and Technology, Wroclaw, Poland  
  
(Fila-Pawlowska, Szczesniak) Department of Psychiatry, Wroclaw Medical University, Wroclaw, Poland",

"IN":"Springer Science and Business Media B.V.",

"PB":"alpha rhythm  
  
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\*personalized medicine  
  
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\*treatment resistant depression",

"OD":"Mental health is as essential to human functioning as a healthy heart or kidneys, but still not fully understood and appreciated. More and more people are affected by mental disorders, which make it difficult and sometimes impossible to lead a fully satisfying life. The causes and mechanisms of most mental disorders are so poorly understood that the design of preventive measures is still significantly limited. We are still in the exploratory stage of predicting the onset as well as the course of mental disorders. The purpose of this chapter is to discuss current position and trends in research on diagnosis and treatment of mental disorders. Psychiatric diagnosis is nowadays based almost exclusively on phenomenology. Interdisciplinary research groups are looking for etiology and pathomachanisms based on neuroscience, molecular biology, biochemistry, and neuroengineering. Increasingly sophisticated functional neuroimaging techniques has allowed to better define the level and severity of dysfunction in neuronal circuits in the brain that are responsible for the development of particular psychopathological symptoms and syndromes. Today, research in psychiatry is at a fascinating juncture, when from bedside to bench trying to figure out the causes and structural and functional errors at a very subtle and complex level of the formation of mental disorders. Research on biomarkers is being intensively conducted, possibly helpful not only in diagnosing or predicting the treatment progress, but also in implementing measures to prevent the onset of disorders. Nevertheless, it has not yet entered everyday clinical practice and are not included in international classifications of diseases. Therapy in psychiatry is currently based on pharmacotherapy and psychotherapy with relatively high efficacy in improvement or remission of symptoms. Having been enthralled by the era of drugs, we are realizing their limitations, burdens on the body and have the impression of acting somewhat blindly in many cases. Due to the scarcity of objective markers for the drug selection, psychopharmacotherapy is not personalized but supported on generalizations or the intuition and experience of the clinician. New, attractive treatment methods (transcranial magnetic or deep brain stimulation) are emerging, directly influencing neural network activity without affecting the whole organism. However, in order to fully realize the potential of neuromodulatory methods in the prevention and personalized treatment, close cooperation between researchers in the clinical and basic sciences is essential. Artificial intelligence methods will incorporate genetic variants contributing to mental disorders, drug response, gene-environment interactions, biomarkers, neuropsychological tests, and data from e-health records, even lifestyle, nutrition, and sport activity. Social networking, virtual reality, digitally-delivered psychological therapies, chatbots, and other new technological advancements are already reshaping mental health services in unexpected ways. Efforts should be directed toward the necessity for stronger evidence base of digital health technologies for security rules and for its efficacy in RCT studies toward proper validation and clinical implementation. Despite progress in neuroscience, there is still a long way to go before there is a clear biological basis underlying mental disorders and appropriate treatment choices. Further evidence of neuroscience will allow personalized therapy to be applied to accurately diagnosed mental problems, and enable more effective prediction of their occurrence and implementation of effective prevention.Copyright © The Author(s), under exclusive license to Springer Nature Switzerland AG 2023.",

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"FTURL":"\*antidepressant agent  
  
biological marker / endogenous compound  
  
brain derived neurotrophic factor / endogenous compound  
  
creatinine / endogenous compound  
  
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fluoxetine / drug therapy  
  
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"VN":"Ovid Technologies",

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

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"TI":"Effectiveness of enhancing cognitive reserve in children, adolescents and young adults at genetic risk for psychosis: Study protocol for a randomized controlled trial.",

"SO":"Spanish Journal of Psychiatry and Mental Health. 16(3):184-191, 2023 Jul-Sep.",

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"MH":"de la Serna, Elena  
  
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"DU":"de la Serna, Elena. Centro de Investigacion Biomedica en Red de Salud Mental (CIBERSAM), Spain Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona 2017SGR881, Institut Clinic de Neurociencies, IDIBAPS, CIBERSAM, University of Barcelona, Barcelona, Spain.  
  
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Torrent, Carla. Centro de Investigacion Biomedica en Red de Salud Mental (CIBERSAM), Spain Barcelona Bipolar and Depressive Unit, Hospital Clinic of Barcelona, Institute of Neurosciences, University of Barcelona, IDIBAPS, Barcelona, Spain.",

"OD":"BACKGROUND: Offspring of patients diagnosed with bipolar disorder and schizophrenia (Off-BDSZ) have a high genetic risk of developing a mental illness. The aim of this project is to develop and investigate the efficacy of an intervention aimed at this population, based on the concept of cognitive reserve.  
  
METHODS: This is a multicenter randomized trial with an experimental test-retest design study with control group. Two groups will be included: a community comparison group (CC) and a Off-BDSZ group. A total of 108 Off-BDSZ and 65 CC aged between 6 and 25 years will be recruited. Off-BDSZ participants will be randomized to receive either Cognitive Reserve EnhAncement ThErapy (CREATE) (n=54), or a supportive approach (n=54). The CC group will be assessed at baseline. The duration of the intervention will be 3 months, with 12 weekly group sessions. The primary outcome will be the improvement in CR measured according to change in the Cognitive Reserve Assessment Scale in Health (CRASH) and Cognitive Reserve scale for Adolescents (CORE-A). All participants will be blindly evaluated using clinical, cognitive and neuroimaging measures at baseline, at three months (after the psychological intervention), and at twelve-month follow-up after treatment completion.  
  
DISCUSSION: The results will provide insight into whether the CREATE-Offspring version may enhance cognitive reserve (CR) in child, adolescent and young adult Off-BDSZ as well as advance knowledge about changes in clinical manifestations, neuropsychological performance and brain structure and function associated with improving CR. This novel and cost-effective intervention represents an advance in the framework of preventive interventions in mental health.  
  
TRIAL REGISTRATION: Clinicaltrials.gov, NCT03722082. Registered on 26 October 2018. Copyright © 2021 Sociedad Espanola de Psiquiatria y Salud Mental (SEPSM). Published by Elsevier Espana S.L.U. All rights reserved.",

"AB":"Clinical Trial Protocol  
  
Journal Article",

"FTURL":"2023",

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"DJ":"Bipolar disorder Cognitive reserve Offspring Schizophrenia",

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"SO":"Nutrition in Clinical Practice. 38(6) (pp 1343-1353), 2023. Date of Publication: December 2023.",

"AU":"Akcay K.  
  
Ayhan H.  
  
Sezer Ceren R.E.  
  
Simsek C.  
  
Abbasoglu O.",

"AO":"Akcay, Kezban ORCID: https://orcid.org/0000-0003-2848-3449  
  
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"IN":"(Akcay) Department of Clinical Nutrition, Faculty of Medicine, Hacettepe University, Ankara, Turkey  
  
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"AB":"Background: This study's aim was to compare the efficacy of normal saline (NS) with that of antiseptic solution in early peristomal skin care after percutaneous endoscopic gastrostomy placement in terms of peristomal infection incidence. Method(s): This was a randomized controlled double-blind study conducted at a university hospital between December 2019 and April 2021. All patients who underwent percutaneous endoscopic gastrostomy and met the inclusion and exclusion criteria were included in the study. The study population consisted of 64 patients randomized to group 1: NS (n = 31) and group 2: 0.1% polyhexamethylene biguanide and 0.1% betaine (PHMB-B n = 33). Daily peristomal skin care was performed for 7 days, starting 24 h after insertion. Peristomal skin was evaluated by two blinded investigators before each dressing, and findings were recorded. Data analysis was performed with descriptive statistics chi-square analysis and exact, Shapiro-Wilk, Mann-Whitney U, and Cochran Q tests. Result(s): There was no statistically significant difference between the groups in terms of peristomal infection rates (group 1: 12.9%, group 2: 9.07% P > 0.05). Redness increased from day 4 in group 1 and day 5 in group 2, and exudate increased from day 5 in both groups. There is a statistical difference in the number of patients between the days when redness and exudate appear and increase. Conclusion(s): Both NS and PHMB-B solutions can be preferred in peristomal care. However, NS may be the first choice for early peristomal care that does not show signs of infection, because it is not irritating and allergic and is cost-effective.Copyright © 2023 American Society for Parenteral and Enteral Nutrition.",

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"PM":"37475525 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37475525]",

"DJ":"\*peristomal infection [other term]  
  
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"MV":"\*percutaneous endoscopic gastrostomy tube",

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"UI":"36590586",

"TI":"A multicenter investigation of 2,773 cases of bloodstream infections based on China antimicrobial surveillance network (CHINET).",

"SO":"Frontiers in Cellular & Infection Microbiology. 12:1075185, 2022.",

"AU":"1",

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

"IN":"MEDLINE",

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Zhang, Yingyuan. Key Laboratory of Clinical Pharmacology of Antibiotics, National Health Commission, Shanghai, China.",

"AB":"antimicrobial susceptibility testing bloodstream infection community-acquired hospital-acquired multicenter investigation",

"FTURL":"NOTNLM",

"PM":"Background: Bloodstream infections (BSIs), especially hospital-acquired BSIs, are a major cause of morbidity and mortality. However, the details about the pathogens and antimicrobial resistance profile of BSIs across China are still lacking.  
  
Methods: An investigation was conducted in 10 large teaching hospitals from seven geographic regions across China in 2016 based on China Antimicrobial Surveillance Network (CHINET) to profile the clinical and etiological features of BSIs.  
  
Results: A total of 2,773 cases of BSIs were identified, a majority (97.3%) of which were monomicrobial. Overall, 38.4% (1,065/2,773) were community-acquired BSIs (CABSIs), and 61.6% (1,708/2,773) were hospital-acquired BSIs (HABSIs). Of the 2,861 pathogenic BSI isolates, 67.5% were Gram-negative bacteria, 29.6% were Gram-positive bacteria, and 2.9% were fungi. The top BSI pathogens were Escherichia coli, Klebsiella pneumoniae, coagulase-negative Staphylococci (CNS), Staphylococcus aureus, Enterococci, and Acinetobacter baumannii. Escherichia coli and K. pneumoniae isolates showed low susceptibility to penicillins, cephalosporins (except ceftazidime and cefepime), and ampicillin-sulbactam (13.1%-43.4% susceptible) moderate susceptibility (about 60% susceptible) to ceftazidime, cefepime, and aztreonam and high susceptibility (>90%) to beta-lactam/beta-lactamase inhibitor combinations other than ampicillin-sulbactam, except K. pneumoniae strains to piperacillin-tazobactam (59.2% susceptible). HABSIs were associated with significantly higher prevalence of carbapenem-resistant and extended-spectrum beta-lactamases-producing K. pneumoniae, methicillin-resistant S. aureus, methicillin-resistant CNS, and ampicillin-resistant Enterococci than CABSIs. Overall, 42.0% of the BSI due to S. aureus strains were resistant to methicillin.  
  
Conclusions: The findings about BSIs in teaching hospitals across China add more scientific evidence to inform the appropriate management of the disease. Copyright © 2022 Hu, Yuan, Yang, Xu, Huang, Hu, Ai, Zhuo, Su, Shan, Du, Yu, Lin, Sun, Chen, Xu, Zhang, Wang, He, Ni, Zhang, Lin, Zhu and Zhang.",

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

"MV":"2022",

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"Unnamed: 22":"Humans  
  
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"UI":"36763537",

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"SO":"Blood Advances. 7(19):5703-5712, 2023 10 10.",

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"DU":"Derman, Benjamin A. Section of Hematology/Oncology, University of Chicago, Chicago, IL.  
  
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Jasielec, Jagoda. Janssen Pharmaceuticals, Titusville, NJ.  
  
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"FTURL":"We conducted a phase 1/2 study of carfilzomib, pomalidomide, and dexamethasone (KPd) and KPd with daratumumab (Dara-KPd) in relapsed/refractory multiple myeloma. The primary end points were identification of a maximum tolerated dose (MTD) of KPd for phase 1, and rates of overall response (ORR) and near complete response (nCR) after 4 cycles of KPd and Dara-KPd, respectively, for phase 2. The MTD for KPd was carfilzomib 20/27 mg/m2 on days 1, 2, 8, 9, 15, and 16 (cycles 1-8) and days 1, 2, 15, and 16 for cycles 9 and beyond oral pomalidomide 4 mg on days 1 to 21 and oral dexamethasone 40 mg weekly in 28-day cycles. Sixty-six patients received KPd, including 34 at the MTD. The ORR after 4 cycles of KPd at the MTD was 27/34 (79% 95% confidence interval [CI], 62%-91%), meeting the statistical threshold for efficacy. At a median follow-up of 44 months, the median progression-free survival (PFS) was 13 months and overall survival (OS) 44 months. Twenty-eight patients received Dara-KPd. The rate of nCR or better after 4 cycles was 11/28 (39% 95% CI, 22%-59%), meeting the statistical threshold for efficacy. As the best response to Dara-KPd, the ORR was 25/28 (89%) and the rate of measurable residual disease negativity by flow cytometry (10-5) was 17/26 (65%). At a median follow-up of 26 months, the median PFS and OS for Dara-KPd were not reached. Dara-KPd induced deeper and more durable responses than KPd without compromising safety in a predominantly high-risk, lenalidomide-refractory population, warranting further evaluation of this quadruplet. This trial is registered at www.clinicaltrials.gov as #NCT01665794. 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":"Clinical Trial, Phase II  
  
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Journal Article  
  
Research Support, Non-U.S. Gov't",

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Stefka, Andrew T ORCID: https://orcid.org/0000-0002-7651-3430  
  
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"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"124",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027652034",

"TI":"Development of a Semiquantitative Whole-Body MRI Scoring System for Multiple Myeloma.",

"SO":"Radiology. 308(3) (no pagination), 2023. Article Number: e230667. Date of Publication: September 2023.",

"AU":"Kim D.K.  
  
Jung J.-Y.  
  
Kim H.  
  
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Park S.-S.  
  
Min C.-K.",

"AO":"nan",

"IN":"(Kim, Jung, Kim, Lee, Lee, Lee) Departments of Radiology, Seoul St Mary's Hospital, College of Medicine, The Catholic University of Korea, 222 Banpo-daero, Seocho-gu, Seoul 06591, South Korea  
  
(Park, Min) Departments of Hematology, Seoul St Mary's Hospital, College of Medicine, The Catholic University of Korea, 222 Banpo-daero, Seocho-gu, Seoul 06591, South Korea",

"PB":"Radiological Society of North America Inc.",

"MH":"adult  
  
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prospective study  
  
radiation dose distribution  
  
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scoring system  
  
tumor burden  
  
\*whole body MRI",

"OD":"Background: In patients with multiple myeloma (MM), the serum marker beta2-microglobulin does not always accurately reflect tumor load. In contrast, whole-body (WB) MRI has shown high sensitivity for detecting bone lesions. Purpose(s): To develop and validate a semiquantitative WB MRI scoring system for newly diagnosed MM and to compare it with the International Staging System (ISS) and Revised ISS (R-ISS). Material(s) and Method(s): This study included two retrospective groups (group 1, July 2015 to September 2021 group 2, February 2020 to September 2021) and one prospective group (group 3, October 2021 to February 2022) of patients with newly diagnosed MM. A new scoring system for MM was developed using spine MRI scans in group 1 and WB MRI scans in group 2 that integrated three features: (a) background marrow pattern, (b) number of focal bone lesions, and (c) presence of extramedullary or paramedullary lesions. The summed total score ranged from zero to nine. The interobserver agreement for each feature was assessed using Fleiss or Cohen weighted kappa. WB MRI total scores in group 3 were compared across ISS and R-ISS stages using two-way analysis of variance. Result(s): Groups 1, 2, and 3 included 103 patients (mean age, 62.1 years +/- 9.1 [SD] 60 men), 36 patients (mean age 65.4 years +/- 11.3 [SD] 19 women), and 39 participants (mean age, 62.0 years +/- 11.7 [SD] 20 men), respectively. The interobserver agreements for the three features composing the scoring system were substantial (kappa range, 0.69-0.80). WB MRI total score increased with increasing ISS stage (mean score for ISS 1, 2, and 3 was 2.2, 4.2, and 5.8, respectively P = .009) and R-ISS stage (mean score for R-ISS 1, 2, and 3 was 2.1, 3.8, and 5.9, respectively P = .005). Conclusion(s): The developed WB MRI scoring system for MM demonstrated substantial observer agreement and corresponded well with ISS and R-ISS stages.Copyright © RSNA, 2023.",

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

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"621866982",

"TI":"Differential efficacy of methylcobalamin and alpha-lipoic acid treatment on symptoms of diabetic peripheral neuropathy.",

"SO":"Minerva Endocrinologica. 43(1) (pp 11-18), 2018. Date of Publication: March 2018.",

"AU":"Han Y.  
  
Wang M.  
  
Shen J.  
  
Zhang Z.  
  
Zhao M.  
  
Huang J.  
  
Chen Y.  
  
Chen Z.  
  
Hu Y.  
  
Wang Y.",

"AO":"nan",

"IN":"(Han, Shen, Zhao, Chen, Hu) Department of Endocrinology and Metabolism, Third Affiliated Hospital, Southern Medical University, Guangzhou, China  
  
(Wang) Department of Endocrinology and Tuberculosis, Guangzhou Chest Hospital, Guangzhou, China  
  
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(Wang) Department of Thoracic Surgery, Third Affiliated Hospital, Southern Medical University, 183 Zhongshan Dadao, Guangzhou, Guangdong 510630, China",

"PB":"Edizioni Minerva Medica (E-mail: subscriptions.dept@minervamedica.it)",

"MH":"adult  
  
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"FTURL":"BACKGROUND: Diabetic hyperglycemia damages peripheral nerves by triggering ischemia, oxidative stress, and inflammation. Alpha-lipoic acid (ALA) and methylcobalamin (MC) are known to improve signs of diabetic peripheral neuropathy (DPN), possibly by enhancing neural and vascular endothelial cell metabolism and antioxidant capacity. We evaluated differences in efficacy following short-term MC or ALA treatment on DPN symptoms to guide clinical drug selection. METHOD(S): Forty DPN patients were randomly divided into MC and ALA treatment groups (both N.=20) and assessed by the Toronto Clinical Neuropathy Scoring System (TCSS), total symptom score (TSS), visual analog scale (VAS) of positive symptoms, and easy sensory test (EST) for negative symptoms before and after 2 weeks of treatment. Serum malondialdehyde (MDA) and superoxide dismutase (SOD) were also measured. RESULT(S): Neuropathy as measured by TCSS, TSS, and VAS scores was significantly reduced by both treatments (P<0.05) but magnitude varied by symptom. The VAS score reductions for burning and pain were significantly greater following ALA (P<0.01), while MC reduced numbness and paresthesia VAS scores to a slightly greater extent than ALA (P>0.05). Numbers of abnormal (low-response) points for pressure and pinprick sensation were reduced by MC but not by ALA, while both treatments induced a significant reduction in vibratory perception threshold (P<0.01). Neither MC nor ALA improved temperature sensation or tendon reflexes (P>0.05). Alpha-lipoic acid, increased SOD and reduced MDA (P<0.05), indicating enhanced antioxidant capacity, while MC had no effect. CONCLUSION(S): Due to differences in efficacy, MC or ALA should be chosen according to the symptoms of individual patients.Copyright © 2016 EDIZIONI MINERVA MEDICA.",

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"ORN":"124",

"VN":"Ovid Technologies",

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

"UI":"36787018",

"TI":"Effect of atomoxetine on ADHD-pain hypersensitization comorbidity in 6-OHDA lesioned mice.",

"SO":"Pharmacological Reports: PR. 75(2):342-357, 2023 Apr.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Sifeddine W  
  
Ba-M'hamed S  
  
Landry M  
  
Bennis M",

"MH":"Bennis, Mohamed ORCID: http://orcid.org/0000-0002-8563-9676",

"DU":"Sifeddine, Wahiba  
  
Ba-M'hamed, Saadia  
  
Landry, Marc  
  
Bennis, Mohamed",

"OD":"Sifeddine, Wahiba. Laboratory of Pharmacology, Neurobiology, Anthropobiology, and Environment, Faculty of Sciences, Cadi Ayyad University, Avenue Prince My Abdellah, B.P. 2390, 40000, Marrakesh, Morocco.  
  
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Landry, Marc. University of Bordeaux, CNRS, Institute of Neurodegenerative Diseases, UMR 5293, Bordeaux, France.  
  
Landry, Marc. University of Bordeaux, CNRS, INSERM, Bordeaux Imaging Center, UMS 3420, US 4, Bordeaux, France.  
  
Bennis, Mohamed. Laboratory of Pharmacology, Neurobiology, Anthropobiology, and Environment, Faculty of Sciences, Cadi Ayyad University, Avenue Prince My Abdellah, B.P. 2390, 40000, Marrakesh, Morocco. mbennis@uca.ac.ma.",

"AB":"Male  
  
Mice  
  
Animals  
  
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Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
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"FTURL":"ADHD Atomoxetine Dopaminergic receptors Pain alpha-Adrenergic receptors beta-Adrenergic receptors",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Methylphenidate and atomoxetine are used for the treatment of attention-deficit/hyperactivity disorder (ADHD). Our previous studies established the validity of the 6-hydroxydopamine (6-OHDA) mouse model of ADHD and demonstrated hypersensitivity to pain, in line with clinical reports in ADHD patients. Acute methylphenidate treatment reduces hyperactivity and increases attention, but does not affect pain behaviors in this mouse model. Whereas atomoxetine has been shown to be effective against some symptoms of ADHD, nothing is known about its possible action on comorbid pain hypersensitivity. The objectives of the present research are (1) to investigate the effects of acute and chronic treatment with atomoxetine on ADHD-like symptoms and nociceptive thresholds, and (2) to explore the catecholaminergic systems underlying these effects.  
  
METHODS: Sham and 6-OHDA cohorts of male mice were tested for hyperactivity (open field), attention and impulsivity (5-choice serial reaction time task test), and thermal (hot plate test) and mechanical (von Frey test) thresholds after acute or repeated treatment with vehicle or atomoxetine (1, 3 or 10 mg/kg).  
  
RESULTS: Acute administration of atomoxetine (10 mg/kg) reduced the hyperactivity and impulsivity displayed by 6-OHDA mice, without affecting attention or nociception. However, atomoxetine administered at 3 mg/kg/day for 7 days alleviated the ADHD-like core symptoms and attenuated the hyperalgesic responses. Furthermore, hyperlocomotion and anti-hyperalgesic activity were antagonized with phentolamine, propranolol, and sulpiride pre-treatments.  
  
CONCLUSION: These findings demonstrated that when administered chronically, atomoxetine has a significant effect on ADHD-associated pain hypersensitization, likely mediated by both alpha- and beta-adrenergic and D2/D3 dopaminergic receptors, and suggest new indications for atomoxetine that will need to be confirmed by well-designed clinical trials. Copyright © 2023. The Author(s) under exclusive licence to Maj Institute of Pharmacology Polish Academy of Sciences.",

"MV":"57WVB6I2W0 (Atomoxetine Hydrochloride)  
  
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0 (Propylamines)  
  
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"TN":"Journal Article",

"Unnamed: 22":"2023",

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"ORN":"124",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"642781492",

"TI":"Parenting Interventions That Promote Child Protection and Development for Preschool-Age Children with Developmental Disabilities: A Global Systematic Review and Meta-Analysis.",

"SO":"Trauma, violence & abuse. (pp 15248380231207965), 2023. Date of Publication: 18 Nov 2023.",

"AU":"Fang Z.  
  
Liu X.  
  
Zhang C.  
  
Lachman J.M.  
  
Qiao D.",

"AO":"(Fang, Liu, Qiao) Beijing Normal University, China  
  
(Zhang) University of Leeds, United Kingdom  
  
(Lachman) University of Oxford, United Kingdom  
  
(Lachman) University of Cape Town, South Africa",

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"OD":"Global guidelines emphasize the critical role of responsive caregiving in terms of reducing violence against children and promoting early childhood development. However, there is an absence of global evidence synthesis on the effects of early childhood parenting programs for children with developmental disabilities. This systematic review and meta-analysis aims to investigate the effectiveness of parenting interventions delivered for preschool-age children with developmental disabilities in reducing violence against children, altering violence-related factors, and promoting child development. We searched for randomized controlled trials with inactive control. Estimates were pooled using robust variance estimations. Meta-regressions were conducted to explore sources of heterogeneity. In all, 33 studies met the inclusion criteria. The results showed that parenting programs improved child behavior, parental mental health, parenting practices, parental self-efficacy, parent-child interaction, child language skills, and child social skills post-intervention. No studies provided data on the actual occurrence of violence against children. Effects might vary by diagnosis, delivery modality, and world region. The findings supported the delivery of parenting programs to alter factors associated with violence against children and promote child language and social skills for families of young children with developmental disabilities, especially attention deficit hyperactivity disorder, autism, intellectual disability, and language disorders. More research using rigorous methods, long-term follow-ups, and transparent reporting is needed, particularly within more low- and middle-income countries.",

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

"FTURL":"nan",

"PM":"Fang, Zuyi ORCID: https://orcid.org/0000-0002-8619-0137",

"DJ":"37978829 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37978829]",

"MV":"nan",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"124",

"VN":"Ovid Technologies",

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

"UI":"37967996",

"TI":"Health-related quality of life and associated factors among patients with schizophrenia at comprehensive specialised hospitals in the Northwest Ethiopia: a multicentre cross-sectional study.",

"SO":"BMJ Open. 13(11):e074112, 2023 Nov 15.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Tamene FB  
  
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Siyum, Tewodros Solomon  
  
Sendekie, Ashenafi Kibret",

"DU":"Tamene, Fasil Bayafers. Department of Pharmacy, Debre Markos University College of Health Science, Debre Markos, Ethiopia fasil.baya@gmail.com.  
  
Sema, Feser Dula. Department of Clinical Pharmacy, University of Gondar, Gondar, Ethiopia.  
  
Mihiretie, Endalamaw Aschale. Department of Pharmacy, Bahir Dar University College of Medical and Health Sciences, Bahir Dar, Ethiopia.  
  
Siyum, Tewodros Solomon. Department of Pharmacy, Wollo University, Dessie, Ethiopia.  
  
Sendekie, Ashenafi Kibret. Department of Clinical Pharmacy, University of Gondar, Gondar, Ethiopia.",

"OD":"OBJECTIVES: The aim of this study was to assess the health-related quality of life (HRQoL) and associated factors among patients with schizophrenia at comprehensive specialised hospitals in Northwest Ethiopia.  
  
DESIGN AND SETTING: A cross-sectional study was conducted among 422 patients with schizophrenia who were followed at comprehensive specialised hospitals in Northwest Ethiopia from 1 June to 30 August 2022.  
  
PARTICIPANTS: All adult patients with schizophrenia who had regular follow-up in the outpatient departments of the selected hospitals were study participants.  
  
MAIN OUTCOME MEASURES: The main outcome of this study was HRQoL which was measured using the WHO Quality of Life Scale-Bref Version. Data entry and analysis were done using Epi-data version 4.6.1 and SPSS version 24, respectively. Linear regression was used to assess the association between quality of life and independent variables. Variables with a p value <0.05 at a 95% CI were considered statistically significant.  
  
RESULTS: The mean score of the overall Quality of Life Scale-Brief Version was 22.42+/-3.60. No formal education (s=-1.53 95% CI: -2.80 to -0.27), duration of treatment (s = -3.08 95% CI: -4.71 to -1.45), comorbidity (s=-1.14 95% CI: -1.99 to -0.29), substance use (s=-0.89 95% CI: -1.56 to -0.23), extrapyramidal side effects (s=-2.02 95% CI: -2.90 to -1.14), non-adherence (s=-0.83 95% CI: -1.44 to -0.23), and antipsychotic polypharmacy (s=-1.77 CI: -2.57 to -0.96) were negatively associated with quality of life.  
  
CONCLUSION AND RECOMMENDATION: In this study, the social domain was recorded as having the lowest mean score, which may indicate that patients with schizophrenia could need better psychosocial support. Patients with a longer duration of treatment, who had comorbid illnesses, were substance users, developed EPS, were non-adherent to medications and were on antipsychotic polypharmacy, needs critical follow-up to improve HRQoL. 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.",

"AB":"Multicenter Study  
  
Journal Article",

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"DJ":"adult psychiatry observational study quality of life schizophrenia & psychotic disorders substance misuse",

"MV":"NOTNLM",

"TN":"Tamene, Fasil Bayafers ORCID: http://orcid.org/0009-0005-3026-6584  
  
Sendekie, Ashenafi Kibret ORCID: http://orcid.org/0000-0001-5982-853X",

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Schizophrenia/ep [Epidemiology]  
  
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"UI":"2024539742",

"TI":"Doxycycline post exposure prophylaxis could select for cross-resistance to other antimicrobials in various pathogens: An in silico analysis.",

"SO":"International Journal of STD and AIDS. 34(13) (pp 962-968), 2023. Date of Publication: November 2023.",

"AU":"Gestels Z.  
  
Manoharan-Basil S.S.  
  
Kenyon C.",

"AO":"Kenyon, Chris ORCID: https://orcid.org/0000-0002-2557-8998",

"IN":"(Gestels, Manoharan-Basil, Kenyon) STI Unit, Department of Clinical Sciences, Institute of Tropical Medicine, Antwerp, Belgium  
  
(Kenyon) Division of Infectious Diseases and HIV Medicine, University of Cape Town, Cape Town, South Africa",

"PB":"SAGE Publications Ltd",

"MH":"Acinetobacter baumannii  
  
aminoglycoside resistance  
  
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Streptococcus pyogenes  
  
\*tetracycline resistance",

"AB":"Background: A number of randomized controlled trials have found that doxycycline post exposure prophylaxis (PEP) can reduce the incidence of gonorrhoea, chlamydia and syphilis in men who have sex with men (MSM). If tetracycline resistance is associated with resistance to other antimicrobials in a range of bacterial species, then doxycycline PEP could have the unintended effect of selecting for resistance to other antimicrobials in these bacterial species. Method(s): Antimicrobial susceptibility data were retrieved from two sources: pubMLST (https://pubmlst.org/) and Pathogenwatch (https://pathogen.watch/) for the following bacterial pathogens: Klebsiella pneumoniae, Salmonella enterica subsp. Enterica serovar Typhi, Campylobacter jejuni, Staphylococcus aureus, Streptococcus pneumoniae and Streptococcus pyogenes. We assessed if tetracycline resistance was associated with resistance to six relevant antimicrobials. Result(s): We found evidence of cross resistance to various antimicrobials in all six bacterial species assessed. Cross resistance was found in 4 of 5 antimicrobials for K. pneumoniae, 1 of 2 for C. jejuni, 3 of 5 for S. enterica subsp. Enterica serovar Typhi, 5 of 5 for S. aureus, 5 of 6 for S. pneumoniae and 2 of 3 for S. pyogenes. These associations include a higher prevalence of methicillin resistance in tetracycline resistant S. aureus, penicillin resistance in S. pneumoniae, macrolide and clindamycin resistance in S. pyogenes, fluoroquinolone resistance in S. enterica subsp. Enterica serovar Typhi and third-generation cephalosporin resistance in K. pneumoniae. Conclusion(s): These results suggest that studies evaluating the effects of doxycycline PEP should include the effects of doxycycline on resistance not only to doxycycline but also to other antimicrobials and in a broader array of bacterial species than has been included in doxycycline PEP studies thus far.Copyright © The Author(s) 2023.",

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"SO":"PLoS ONE [Electronic Resource]. 17(12):e0277333, 2022.",

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"PM":"BACKGROUND: Research priorities in Antimicrobial Stewardship (AMS) have rapidly evolved in the last decade. The need for a more efficient use of antimicrobials have fueled plenty of studies to define the optimal duration for antibiotic treatments, and yet, there still are large areas of uncertainty in common clinical scenarios. Pseudomonas aeruginosa has been pointed as a priority for clinical research, but it has been unattended by most randomized trials tackling the effectiveness of short treatments. The study protocol of the SHORTEN-2 trial is presented as a practical example of new ways to approach common obstacles for clinical research in AMS.  
  
OBJECTIVE: To determine whether a 7-day course of antibiotics is superior to 14-day schemes for treating bloodstream infections by P. aeruginosa (BSI-PA).  
  
METHODS: A superiority, open-label, randomized controlled trial will be performed across 30 Spanish hospitals. Adult patients with uncomplicated BSI-PA will be randomized to receive a 7 versus 14-day course of any active antibiotic. The primary endpoint will be the probability for the 7-day group of achieving better outcomes than the control group, assessing altogether clinical effectiveness, severe adverse events, and antibiotic exposure through a DOOR/RADAR analysis. Main secondary endpoints include treatment failure, BSI-PA relapses, and mortality. A superiority design was set for the primary endpoint and non-inferiority for treatment failure, resulting in a sample size of 304 patients.  
  
CONCLUSIONS: SHORTEN-2 trial aligns with some of the priorities for clinical research in AMS. The implementation of several methodological innovations allowed overcoming common obstacles, like feasible sample sizes or measuring the clinical impact and unintended effects.  
  
TRIAL REGISTRATION: EudraCt: 2021-003847-10 ClinicalTrials.gov: NCT05210439. Copyright: © 2022 Molina 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.",

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

"MV":"2022",

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

"Unnamed: 22":"Adult  
  
Humans  
  
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"TI":"Intensifying treatment in PET-positive multiple myeloma patients after upfront autologous stem cell transplantation.",

"SO":"Leukemia. 37(10):2107-2114, 2023 10.",

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"MH":"Norgaard, Jakob Nordberg  
  
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"FTURL":"18F-Fluorodeoxyglucose positron emission tomography/computed tomography (PET) positivity after first-line treatment with autologous stem cell transplantation (ASCT) in multiple myeloma is strongly correlated with reduced progression-free and overall survival. However, PET-positive patients who achieve PET negativity after treatment seem to have comparable outcomes to patients who were PET negative at diagnosis. Hence, giving PET-positive patients additional treatment may improve their outcome. In this phase II study, we screened first-line patients with very good partial response (VGPR) or better after ASCT with PET. PET-positive patients received four 28-day cycles of carfilzomib-lenalidomide-dexamethasone (KRd). Flow cytometry-based minimal residual disease (MRD) analysis was performed before and after treatment for correlation with PET. Overall, 159 patients were screened with PET. A total of 53 patients (33%) were PET positive and 57% of PET-positive patients were MRD negative, demonstrating that these response assessments are complementary. KRd consolidation converted 33% of PET-positive patients into PET negativity. MRD-negative patients were more likely to convert than MRD-positive patients. In summary, PET after ASCT detected residual disease in a substantial proportion of patients in VGPR or better, even in patients who were MRD negative, and KRd consolidation treatment changed PET status in 33% of patients. Copyright © 2023. The Author(s), under exclusive licence to Springer Nature Limited.",

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

"DJ":"2023",

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

"TN":"Norgaard, Jakob Nordberg ORCID: http://orcid.org/0000-0002-8762-0530  
  
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Treatment Outcome  
  
Transplantation, Autologous  
  
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"SO":"BMC Cancer. 23(1) (no pagination), 2023. Article Number: 980. Date of Publication: December 2023.",

"AU":"Xia Z.  
  
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liver toxicity / side effect  
  
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"OD":"Background: Aponermin, a circularly permuted tumor necrosis factor-related apoptosis-inducing ligand, is a potential death receptor 4/5-targeted antitumour candidate. Previous phase 1/2 studies have demonstrated the efficacy of aponermin in patients with relapsed or refractory multiple myeloma (RRMM). To confirm the superiority of aponermin plus thalidomide and dexamethasone (aponermin group) over placebo plus thalidomide and dexamethasone (placebo group) in RRMM, a randomized, double-blinded, placebo controlled phase 3 trial was performed. Method(s): Four hundred seventeen patients with RRMM who had previously received at least two regimens were randomly assigned (2:1) to receive aponermin, thalidomide, and dexamethasone or placebo, thalidomide, and dexamethasone. The primary endpoint was progression-free survival (PFS). Key secondary endpoints included overall survival (OS) and overall response rate (ORR). Result(s): A total of 415 patients received at least one dose of trial treatment (276 vs. 139). The median PFS was 5.5 months in the aponermin group and 3.1 months in the placebo group (hazard ratio, 0.62 95% confidence interval [CI], 0.49-0.78 P < 0.001). The median OS was 22.4 months for the aponermin group and 16.4 months for the placebo group (hazard ratio, 0.70 95% CI, 0.55-0.89 P = 0.003). Significantly higher rates of ORR (30.4% vs. 13.7%, P < 0.001) and very good partial response or better (14.1% vs. 2.2%, P < 0.0001) were achieved in the aponermin group than in the placebo group. Treatment with aponermin caused hepatotoxicity in some patients, as indicated by the elevated alanine transaminase, aspartate transaminase, or lactate dehydrogenase levels (52.2% vs. 24.5%, 51.1% vs. 19.4% and 44.9% vs. 21.6%, respectively), mostly grade 1/2, transient and reversible. The main grade 3/4 adverse events included neutropenia, pneumonia and hyperglycemia. The incidence of serious adverse events was similar between the two groups (40.6% vs. 37.4%). There was no evidence that aponermin leads to hematological toxicity, nephrotoxicity, cardiotoxicity, or secondary tumors. Conclusion(s): Aponermin plus thalidomide and dexamethasone significantly improved PFS, OS and ORR with manageable side effects in RRMM patients who had received at least two prior therapies. These results support the use of aponermin, thalidomide, and dexamethasone as a treatment option for RRMM patients. Trial registration: The trial was registered at http://www.chictr.org.cn as ChiCTR-IPR-15006024, 17/11/2014.Copyright © 2023, BioMed Central Ltd., part of Springer Nature.",

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

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"DB":"Embase",

"UI":"620359478",

"TI":"Non-pharmacological treatment of psychiatric disorders in individuals with 22q11.2 deletion syndrome a systematic review.",

"SO":"American Journal of Medical Genetics, Part A. (no pagination), 2018. Date of Publication: 2018.",

"AU":"Buijs P.C.M.  
  
Bassett A.S.  
  
Boot E.",

"AO":"nan",

"IN":"(Buijs, Bassett, Boot) The Dalglish Family 22q Clinic for Adults with 22q11.2 Deletion SyndromeUniversity Health NetworkToronto, OntarioCanada  
  
(Buijs) Kenter JeugdhulpChild and Adolescent Mental Health CareSantpoort-NoordThe Netherlands  
  
(Bassett) Clinical Genetics Research Program and Campbell Family Mental Health Research InstituteCentre for Addiction and Mental HealthToronto, OntarioCanada  
  
(Bassett) Department of PsychiatryUniversity of TorontoToronto, OntarioCanada  
  
(Bassett) Department of PsychiatryUniversity Health NetworkToronto, OntarioCanada  
  
(Bassett) Institute of Medical ScienceUniversity of TorontoOntarioCanada  
  
(Bassett) Division of CardiologyDepartment of Medicine, and Toronto General Research InstituteUniversity Health NetworkUniversity Health NetworkToronto, OntarioCanada  
  
(Boot) De Hartekamp GroepCentre for People with Intellectual DisabilityHaarlemThe Netherlands",

"PB":"Wiley-Liss Inc. (E-mail: info@wiley.com)",

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feasibility study  
  
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"FTURL":"22q11.2 deletion syndrome (22q11.2DS) is associated with high rates of anxiety disorders, psychotic disorders, and other psychiatric conditions. In the general population, psychiatric disorders are treated with proven pharmacological and non-pharmacological therapies, such as cognitive behavioral therapy (CBT). To begin to assess the feasibility and efficacy of non-pharmacological therapies in 22q11.2DS, we performed a systematic search to identify literature on non-pharmacological interventions for psychiatric disorders in individuals with 22q11.2DS. Of 1,240 individual publications up to mid-2016 initially identified, 11 met inclusion criteria. There were five literature reviews, five publications reporting original research (two originating from a single study), and one publication not fitting either category that suggested adaptations to an intervention without providing scientific evidence. None of the original research involved direct study of the evidence-based non-pharmacological therapies available for psychiatric disorders. Rather, these four studies involved computer-based or group interventions aimed at improving neuropsychological deficits that may be associated with psychiatric disorders. Although the sample sizes were relatively small (maximum 28 participants in the intervention group), these reports documented the promising feasibility of these interventions, and improvements in domains of neuropsychological functioning, including working memory, attention, and social cognition. The results of this review underline the need for research into the feasibility and efficacy of non-pharmacological treatments of psychiatric disorders in individuals with 22q11.2DS to inform clinical care, using larger samples, and optimally, standard randomized, placebo-controlled, clinical trials methodology.Copyright © 2018 Wiley Periodicals, Inc.",

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"Database":"Medline",

"ORN":"125",

"VN":"Ovid Technologies",

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

"UI":"34581911",

"TI":"A post hoc analysis of the effect of viloxazine extended-release capsules on learning and school problems in children and adolescents with attention-deficit/hyperactivity disorder.",

"SO":"European Child & Adolescent Psychiatry. 32(3):491-499, 2023 Mar.",

"AU":"1",

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

"IN":"MEDLINE",

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Busse GD  
  
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Nasser A",

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"DU":"Faraone, Stephen V  
  
Gomeni, Roberto  
  
Hull, Joseph T  
  
Busse, Gregory D  
  
Melyan, Zare  
  
Rubin, Jonathan  
  
Nasser, Azmi",

"OD":"Faraone, Stephen V. Departments of Psychiatry and of Neuroscience and Physiology, SUNY Upstate Medical University, Syracuse, NY, USA.  
  
Gomeni, Roberto. Pharmacometrica, Lieu-dit Longcol, La Fouillade, France.  
  
Hull, Joseph T. Supernus Pharmaceuticals, Inc., 9715 Key West Ave, Rockville, MD, 20850, USA.  
  
Busse, Gregory D. Supernus Pharmaceuticals, Inc., 9715 Key West Ave, Rockville, MD, 20850, USA.  
  
Melyan, Zare. Supernus Pharmaceuticals, Inc., 9715 Key West Ave, Rockville, MD, 20850, USA.  
  
Rubin, Jonathan. Supernus Pharmaceuticals, Inc., 9715 Key West Ave, Rockville, MD, 20850, USA.  
  
Nasser, Azmi. Supernus Pharmaceuticals, Inc., 9715 Key West Ave, Rockville, MD, 20850, USA. anasser@supernus.com.",

"AB":"Adolescent  
  
Child  
  
Humans  
  
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\*Attention Deficit Disorder with Hyperactivity  
  
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\*Central Nervous System Stimulants  
  
Delayed-Action Preparations/tu [Therapeutic Use]  
  
Dose-Response Relationship, Drug  
  
Double-Blind Method  
  
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Viloxazine/tu [Therapeutic Use]  
  
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"FTURL":"ADHD Learning Qelbree SPN-812 School Viloxazine",

"PM":"NOTNLM",

"DJ":"Improvement in attention-deficit/hyperactivity disorder (ADHD) symptoms vs. placebo was reported in a series of pediatric clinical trials of viloxazine extended-release capsules (viloxazine ER Qelbree TM). This post hoc analysis of those studies evaluated the effect of viloxazine ER on learning and school problems (LSPs). We used data from four Phase 3 placebo-controlled trials of 100-600 mg/day viloxazine ER (N = 1354 6-17 years of age). LSPs were evaluated using the School domain of the Weiss Functional Impairment Rating Scale-Parent Report (WFIRS-P-S) and the Learning Problems content scale of the Conners 3rd Edition-Parent Short Form (C3PS-LP) at baseline and end of study (>= Week 6). ADHD symptoms were assessed weekly using the ADHD Rating Scale 5th Edition. The analyses were performed using the general linear mixed model with participant as a random effect. The responder analyses were performed using the Chi-square test. Viloxazine ER demonstrated significantly greater improvements in WFIRS-P-S (p < 0.0001) and C3PS-LP (p = 0.0113) scores vs. placebo. The response rate for the WFIRS-P-S was significantly greater for viloxazine ER vs. placebo (p = 0.001), and the number needed to treat (NNT) was 10.3 (effect size 0.7). Conversely, response rates for C3PS-LP did not differ between groups (p = 0.9069). In addition to ADHD symptoms improvement demonstrated in previous studies, viloxazine ER significantly reduced LSPs in pediatric subjects with ADHD. The responder analyses and NNT estimates indicate that a substantial number of children and adolescents with ADHD treated with viloxazine ER improved in clinically assessed LSPs. Copyright © 2021. The Author(s).",

"MV":"0 (Central Nervous System Stimulants)  
  
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"TN":"Clinical Trial, Phase II  
  
Journal Article",

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"Disease area":"ADHD",

"Database":"EMBASE",

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"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026676168",

"TI":"Impact of a patient education program, on the quality of life of children with ADHD and their parents.",

"SO":"Neuropsychiatrie de l'Enfance et de l'Adolescence. 71(7) (pp 356-363), 2023. Date of Publication: November 2023.",

"AU":"Le Lidec O.  
  
Michelon C.  
  
Vernhet C.  
  
Baghdadli A.",

"AO":"(Le Lidec, Michelon, Vernhet, Baghdadli) Centre d'excellence sur l'autisme et les troubles neurodeveloppementaux, CHU de Montpellier, 39, avenue Charles-Flahaut, Montpellier cedex 05 34295, France  
  
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(Baghdadli) Universite Paris-Saclay, UVSQ, Inserm, CESP, Team DevPsy, Villejuif 94807, France",

"IN":"Elsevier Masson s.r.l.",

"PB":"adolescent  
  
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sociodemographics  
  
WHOQOL-BREF",

"OD":"Objectives: Patient education is a holistic therapeutic approach that focuses on the needs of individuals with a chronic condition and aims to improve quality of life. The patient education program Living better with ADHD is aimed at children and adolescents with ADHD from 8 to 14 years old and their parents. It consists of 5 themed group sessions and 2 semi-structured individual interviews. The aim of this study was to investigate the change in quality of life of the children and their parents who benefited from the program. Patients and method: This is a prospective monocentric study of 35 families who participated in the Living better with ADHD program between February 2022 and July 2022 and completed the quality of life questionnaires KIDSCREEN-27 for children and WHOQOL-BREF for parents, pre-intervention and then 6 weeks later. Result(s): There was an improvement in the children's quality of life in the area of physical wellbeing and a trend towards an improvement in the quality of life in the school environment. This change was not correlated with any of the socio-demographic or clinical variables examined. On the other hand, there was no change in parental quality of life. Conclusion(s): These preliminary results suggest the value of therapeutic education for children with ADHD. Given the limitations of our method, randomized controlled trials should investigate the effects on quality of life for the long term.Copyright © 2023 Elsevier Masson SAS",

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"MV":"nan",

"TN":"nan",

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"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"125",

"VN":"Ovid Technologies",

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

"UI":"37527479",

"TI":"Predictors of Mortality Following a Schizophrenia Spectrum Diagnosis: Evidence From the 20-Year Follow-up of the OPUS Randomized Controlled Trial.",

"SO":"Schizophrenia Bulletin. 49(5):1256-1268, 2023 09 07.",

"AU":"1",

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

"IN":"MEDLINE",

"PB":"Starzer MSK  
  
Hansen HG  
  
Hjorthoj C  
  
Speyer H  
  
Albert N  
  
Nordentoft M",

"MH":"Starzer, Marie Stefanie Kejser  
  
Hansen, Helene Gjervig  
  
Hjorthoj, Carsten  
  
Speyer, Helene  
  
Albert, Nikolai  
  
Nordentoft, Merete",

"DU":"Starzer, Marie Stefanie Kejser. Copenhagen Research Center for Mental Health - CORE, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark.  
  
Starzer, Marie Stefanie Kejser. Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark.  
  
Hansen, Helene Gjervig. Copenhagen Research Center for Mental Health - CORE, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark.  
  
Hansen, Helene Gjervig. Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark.  
  
Hjorthoj, Carsten. Copenhagen Research Center for Mental Health - CORE, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark.  
  
Hjorthoj, Carsten. Department of Public Health, Section of Epidemiology, University of Copenhagen, Copenhagen, Denmark.  
  
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Albert, Nikolai. Mental Health Centre Amager, University Hospital of Copenhagen, Denmark.  
  
Nordentoft, Merete. Copenhagen Research Center for Mental Health - CORE, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark.  
  
Nordentoft, Merete. Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark.",

"OD":"BACKGROUND AND HYPOTHESIS: The life expectancy of patients diagnosed with schizophrenia is 10-12 years lower than in the general population and the mortality gap seems to be worsening. Many of these deaths might be avoidable. We aimed to determine mortality rates and causes of death after a first-episode psychosis, and to examine if clinical characteristics at baseline or during illness could predict mortality.  
  
STUDY DESIGN: The OPUS study was a randomized controlled trial of 578 patients first diagnosed with schizophrenia spectrum disorders. Patients were clinically assessed after 2, 5, 10, and 20 years. Information about time and cause of death was obtained from the Danish Cause of Death Register. Hazard ratios were used to assess predictors of death.  
  
STUDY RESULTS: In total, 82 (14.4%) participants died during 20 years of follow-up. The most common cause of death was suicide (27%). At baseline employment (HR 0.47 P = .049), psychotic disorder other than schizophrenia (HR 0.36, P = .017), and longer duration of untreated psychosis (HR 0.57 P = .042) predicted lower mortality while substance use predicted higher mortality (HR 2.56, P < .001). During follow-up, symptom remission without antipsychotic medication and recovery predicted lower mortality (HR 0.08 P = .013 and HR 0.21, P = .028) while substance use (HR 3.64 P < .001), and all chronic illnesses predicted increased risk.  
  
CONCLUSIONS: There is an increased risk of early mortality in schizophrenia compared to the background population, and there is an urgent need for new efforts to improve the disparities in health that lead to this increased mortality. 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":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"FTURL":"2023",

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

"DJ":"Schizophrenia spectrum cause of death longitudinal study mortality predictors risk factors",

"MV":"NOTNLM",

"TN":"Hjorthoj, Carsten ORCID: https://orcid.org/0000-0002-6943-4785  
  
Albert, Nikolai ORCID: https://orcid.org/0000-0002-0685-9647",

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Schizophrenia/ep [Epidemiology]  
  
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