30608390\_PD.txt

Title: A Pilot Randomized Controlled Trial of Transcutaneous Electrical Nerve Stimulation for Patients With Acute Tinnitus.

Publication Type: Multicenter Study

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/12 06:00 [medline]

BACKGROUND: This pilot study aimed to evaluate the <P 32> feasibility </> effectiveness and safety of transcutaneous electrical nerve stimulation (TENS) for patients with acute tinnitus. METHODS: A total of 46 eligible patients with acute tinnitus were entered and included in this randomized controlled trial. All the included patients were equally and randomly divided into a verum TENS group and a sham TENS group, each group 23 participants. All patients received parenteral intramuscular therapy of 1 ml Vitamin B12 weekly for a total of 4 weeks. In addition, they also underwent verum or sham TENS 30 min daily, 3 times weekly for 4 weeks. The primary efficacy endpoint was measured by the [T <P 0> Tinnitus Severity </> Scale (TSS)] and [T <P 0> Tinnitus </> Questionnaire (TQ)] sum score. The secondary efficacy endpoints were assessed by the [T <P 0> Tinnitus Handicap </> Inventory (THI)], [T 12-Item Short Form <P 0> Health </> Survey (SF-12) questionnaire], and <P 38> adverse events </>. All outcome efficacy endpoints were measured at baseline and after 4 weeks of treatment. RESULTS: After 4-week treatment, the patients undergoing verum TENS showed statistically efficacy of <P 0> symptoms </> relief, as measured by the scales of [T <P 0> Tinnitus Severity </> Scale (TSS)] (P < .01), [T <P 0> Tinnitus </> Questionnaire (TQ)] (P < .01), and [T <P 0> Tinnitus Handicap </> Inventory (THI)], (P < .01), and improvement of <P 30> quality of life </> , as assessed by the SF-12 (P < .01), compared with patients receiving sham TENS. In addition, no <P 38> adverse events </> related to the treatment were recorded in either group. CONCLUSIONS: The results of this study showed that verum TENS may benefit patients with acute tinnitus after 4 weeks of treatment.

30608419\_PD.txt

Title: A randomized controlled trial of ultrasound-guided pulsed radiofrequency for patients with frozen shoulder.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/29 06:00 [medline]

BACKGROUND: This study assessed the effectiveness and safety of ultrasound-guided pulsed radiofrequency (UGPRF) for patients with frozen shoulder (FS). METHODS: This study was designed as a randomized, double-blind, sham control trial. A total of 136 patients with FS were recruited and then were equally randomly allocated into a treatment group (n = 68) and a sham group (n = 68). The patients in the treatment group received UGPRF, while the subjects in the sham group underwent sham UGPRF. Patients in both groups were treated for a total of 12 weeks. The primary outcome was the <P 0> pain intensity </>, measured by the visual analog scale (VAS). The secondary outcomes consisted of <P 0> shoulder disorder </>, measured by the score of [T <P 0> shoulder pain </> and <P 25> disability </> index (SPADI)]; <P 30> quality of life </>, assessed by the [T Short Form-36 questionnaire (SF-36)]; and any <P 38> adverse events (AEs) </> during the treatment period. All outcomes were measured at baseline, at the end of 6-week, and 12-week treatment. RESULTS: At the end of 6 weeks, and 12 weeks, UGPRF showed more promising outcome results in <P 0> pain relief </>, as measured by VAS (P <.01), improvement of <P 0> shoulder disorder </>, as assessed by [T <P 0> shoulder pain </> and <P 25> disability </> index (SPADI)] score (<P 0> pain </>, P <.01; <P 25> disability </>, P <.01; total, P <.01), and enhancement of <P 30> quality of life </>, as measured by the [T Short Form-36 questionnaire (SF-36)] scale (PCS, P <.01; MCS, P <.01), compared with sham UGPRF in this study. CONCLUSION: The findings of this study showed that UGPRF may benefit for patients with FS after 12 weeks treatment.

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Title: Action of antimicrobial photodynamic therapy with red leds in microorganisms related to halitose: Controlled and randomized clinical trial.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/17 06:00 [medline]

INTRODUCTION: Halitosis is the term used to describe any unpleasant odor relative to expired air regardless of its source. The prevalence of halitosis in the population is approximately 30%, of which 80 to 90% of the cases originate in the oral cavity resulting from proteolytic degradation by gram negative anaerobic bacteria. Antimicrobial photodynamic therapy (aPDT) has been widely used with very satisfactory results in the health sciences. It involves the use of a non-toxic dye, called photosensitizer (FS), and a light source of a specific wavelength in the presence of the environmental oxygen. This interaction is capable of creating toxic species that generate cell death. The objective of this controlled clinical study is to verify the effect of aPDT in the treatment of halitosis by evaluating the formation of volatile sulphur compounds with gas chromatography and microbiological analysis before and after treatment. MATERIALS AND METHODS: Young adults in the age group between 18 and 25 years with diagnosis of halitosis will be included in this research. The selected subjects will be divided into 3 groups: G1: aPDT; G2: scraper, and G3: aPDT and scraper. All subjects will be submitted to microbiological analysis and evaluation with Oral ChromaTM before, immediately after treatment, 7, 14, and 30 days after treatment. For the evaluation of the association of the categorical variables the Chi-square test and Fisher's Exact Test will be used. To compare the means the student t test and analysis of variance (ANOVA) will be used and to analyse the correlation between the continuous variables the correlation test by Pearson will be applied. In the analyses of the experimental differences in each group the Wilcoxon test will be used. For all analyses a level of significance of 95% (P < .05) will be considered. DISCUSSION: Halitosis treatment is a topic that still needs attention. The results of this trial could support decision-making by clinicians regarding aPDT using aPDT for treating halitosis.

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Title: Comparison of the long-term efficacy of tenofovir and entecavir in nucleos(t)ide analogue-naive HBeAg-positive patients with chronic hepatitis B: A large, multicentre, randomized controlled trials.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/17 06:00 [medline]

OBJECTIVE: We conducted this study to compare the efficacy and safety of entecavir and tenofovir in the treatment of treatment-naive HBV e antigen (HBeAg)-positive patients with chronic hepatitis B (CHB) for 144 weeks. METHODS: A total of 320 treatment-naive HBeAg-positive CHB patients who received randomly a single regimen of either entecavir capsule (ETV) (n = 160) or tenofovir disoproxil fumarate capsule (TDF) (n = 160) for 144 weeks were consecutively enrolled from 14 tertiary hospitals or university hospitals in China between January 2012 and December 2014. RESULTS: Two groups showed no difference in baseline characteristics. After 144 weeks of treatment, <P 0> HBV DNA </> levels were similarly suppressed in both groups (ETV vs TDF; -6.6485 vs -6.692 log10IU/mL, P = .807). At the same time, both groups showed no difference in terms of the serologic and biochemical <P 0> response </>. Of all patients, 2 dropped out due to <P 38> adverse events </> and 5 experienced <P 38> serious adverse reactions </>. CONCLUSION: Both capsules (ETV or TDF) were equally effective in nucleos(t)ide-naive CHB patients with a comparable <P 38> side-effect </> profile even in a long-term of 144 weeks.

30608444\_PD.txt

Title: The analgesic efficacy of oblique subcostal transversus abdominis plane block after laparoscopic hysterectomy: A randomized, controlled, observer-blinded study.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/17 06:00 [medline]

BACKGROUND: We aimed to assess whether an ultrasound (US)-guided oblique subcostal transversus abdominis plane (OSTAP) block would improve the postoperative <P 0> pain </> scores and decrease the <P 36> tramadol </> consumption after a laparoscopic hysterectomy. METHODS: Sixty-six female patients with American Society of Anesthesiologists I, II, or III, aged 18 to 65 years who were scheduled for laparoscopic hysterectomy for benign gynecologic pathologies were recruited in this randomized, controlled, observer-blinded trial. Sixty patients completed the study. Patients were randomized into 2 groups. In the OSTAP group, the patients received a bilateral OSTAP block with 40 mL of 0.375% bupivacaine and in the Sham group received an US-guided bilateral OSTAP with 40 mL of 0.9% saline. All patients received tramadol patient-controlled analgesia for the first 24th hour. Patients in the Sham group received an US-guided bilateral OSTAP with 40 mL of 0.9% saline. The primary outcome was the 24th hour <P 36> tramadol </> consumption. The secondary outcomes included visual analog scale (VAS) scores during movement, the <P 36> tramadol </> consumption at the 1st, 4th, and 12th postoperative hours, and <P 0> nausea </> scores at the 24th hour postoperatively. RESULTS: At all time points, <P 36> tramadol </> consumption of the OSTAP group remained significantly lower when compared with Sham group. The OSTAP group showed a statistically significant reduction at the postoperative 24th hour <P 36> tramadol </> consumption (mean difference 22 mg, 95% confidence interval -38.4 to -5.6 mL; P = .009). Compared with the Sham group, OSTAP block reduced the VAS scores at all time points during movement. <P 0> Nausea </> scores at the 24th postoperative hour were significantly lower in the OSTAP group compared with the Sham group CONCLUSION:: We concluded that bilateral US-guided OSTAP blocks reduced 24th hour <P 36> tramadol </> requirements and VAS scores after laparoscopic hysterectomy. The OSTAP block is a promising technique for producing effective and prolonged postoperative analgesia in patients undergoing laparoscopic hysterectomy surgeries.

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Title: Randomized phase II/III trial of neoadjuvant chemotherapy with gemcitabine and S-1 versus upfront surgery for resectable pancreatic cancer (Prep-02/JSAP05).

Publication Type: Clinical Trial, Phase III

Journal-Name:Japanese journal of clinical oncology

Journal ID: 0313225

Publication date: 2019/01/05 06:00 [pubmed]

A randomized, controlled trial has begun to compare neoadjuvant chemotherapy using gemcitabine and S-1 with upfront surgery for patients planned resection of pancreatic cancer. Patients were enrolled after the diagnosis of resectable or borderline resectable by portal vein involvement pancreatic cancer with histological confirmation. They were randomly assigned to either neoadjuvant chemotherapy or upfront surgery. Adjuvant chemotherapy using S-1 was administered for 6 months to patients with curative resection who fully recovered within 10 weeks after surgery in both arms. The primary endpoint is <P 1> overall survival </>; secondary endpoints include <P 38> adverse events </>, <P 32> resection </> rate, <P 0, 1> recurrence-free survival </>, <P 0> residual tumor status </>, <P 0> nodal metastases </> and <P 0> tumor marker kinetics </>. The target sample size was required to be at least 163 (alpha-error 0.05; power 0.8) in both arms. A total of 360 patients were required after considering ineligible cases. This trial began in January 2013 and was registered with the UMIN Clinical Trials Registry (UMIN000009634).

30610771\_PD.txt

Title: Impact of pharmacotherapeutic education on medication <P 32> adherence </> and <P 38> adverse outcomes </> in patients with type 2 diabetes mellitus: a prospective, randomized study.

Publication Type: Randomized Controlled Trial

Journal-Name:Croatian medical journal

Journal ID: 9424324

Publication date: 2019/02/12 06:00 [medline]

AIM: To evaluate the impact of pharmacotherapeutic education on 30-day post-discharge medication <P 32> adherence </> and <P 38> adverse outcomes </> in patients with type 2 diabetes mellitus (T2DM). METHODS: The prospective, randomized, single-center study was conducted at the Medical Department of University Hospital Dubrava, Zagreb, between April and June 2018. One hundred and thirty adult patients with T2DM who were discharged to the community were randomly assigned to either the intervention or the control group. Both groups during the hospital stay received the usual diabetes education. The intervention group received additional individual pre-discharge pharmacotherapeutic education about the discharge prescriptions. Medication <P 32> adherence </> and occurrence of <P 38> adverse outcomes </> ( <P 38> adverse drug reactions </>, <P 35> readmission </>, <P 35> emergency department visits </>, and <P 1> death </>) were assessed at the follow-up visit, 30 days after discharge. RESULTS: The number of <P 32> adherent </> patients was significantly higher in the intervention group (57/64 [89.9%] vs 41/61 [67.2%]; chi2 test, P=0.003]. There was no significant difference between the groups in the number of patients who experienced <P 38> adverse outcomes </> (31/64 [48.4%] vs 36/61 [59.0%]; chi2 test, P=0.236). However, higher frequencies of all <P 38> adverse outcomes </> were consistently observed in the control group. CONCLUSION: Pharmacotherapeutic education of patients with T2DM can significantly improve 30-day post-discharge medication <P 32> adherence </>, without a significant reduction in <P 38> adverse clinical outcomes </>. ClinicalTrial.gov identification number: NCT03438162.

*30612549\_PD.txt*

*Title: Why people engage in a weight loss intervention at their workplace - a stratified case study.*

*Publication Type: Randomized Controlled Trial*

*Journal-Name:BMC public health*

*Journal ID: 100968562*

*Publication date: 2019/01/08 06:00 [entrez]*

*BACKGROUND: The prevalence of obesity has increased significantly worldwide within the last decade. As obesity is recognised as a contributing factor when developing various health threatening chronic diseases, prevention initiatives focusing on weight loss are becoming more important. Because of the time spent at the workplace, workplaces can be optimal arenas for weight loss programs and these programs have been effective to decrease body weight. Thus, reasons for engaging in weight loss interventions needs exploring, in order to engage more workplaces in weight loss interventions. Such information provides important knowledge that may help to inform decisions of municipalities, employers and other public health decision makers, when and if implementing weight loss interventions. The aim of this study was therefore to explore reasons for employee engagement in weight loss projects at the workplace and the incentives a municipality, a manager at a home-care centre, and a project manager have to launch such project. METHODS: A stratified case study was conducted. A representative from the municipality, the manager at a home-care centre, the project manager of the weight loss intervention and six health-care workers were interviewed at the end of a one-year weight loss intervention at the workplace. Data were analysed using Systematic Text Condensation. RESULTS: Analysis identified different views and considerations for engaging in a weight loss intervention at the workplace. For the representative of the municipality the possible economical gain of the project was in focus. The project manager and the manager of the home-care centre both reflected mainly on improvement of the healthcare workers health. For the project manager, achieving good scientific results was highlighted as well. However, the employees were influenced by several factors, such as their own health and weight loss, the pressure from the environment and their struggle for recognition. CONCLUSIONS: This study concluded that if targeting the increasing worldwide obesity problem through workplace initiated weight loss programs, the sales pitch to managements and employers have to be tailored in order to increase the participation and the motivation for the initiative. TRIAL REGISTRATION: ClinicalTrial.gov : NCT01015716 , registration data 14.12.2010 (Prospectively registered).*

30612559\_PD.txt

Title: Cardiac events after macrolides or fluoroquinolones in patients hospitalized for community-acquired pneumonia: post-hoc analysis of a cluster-randomized trial.

Publication Type: Multicenter Study

Journal-Name:BMC infectious diseases

Journal ID: 100968551

Publication date: 2019/01/08 06:00 [entrez]

BACKGROUND: Guidelines recommend macrolides and fluoroquinolones in patients hospitalized with community-acquired pneumonia (CAP), but their use has been associated with cardiac events. We quantified associations between <P 32> macrolide </> and <P 32> fluoroquinolone </> use and <P 0> cardiac events </> in patients hospitalized with CAP in non-ICU wards. METHODS: This was a post-hoc analysis of a cluster-randomized trial as a cohort study; including patients with a working diagnosis of CAP admitted to non-ICU wards without a cardiac event on admission. We calculated cause-specific hazard ratio's (HR's) for effects of time-dependent <P 32> macrolide </> and <P 32> fluoroquinolone </> exposure as compared to beta-lactam monotherapy on <P 0> cardiac events </>, defined as new or worsening <P 0>(E2) heart failure, <P 0> arrhythmia, or <P 0> myocardial ischemia during hospitalization </>. RESULTS: <P 0> Cardiac events </> occurred in 146 (6.9%) of 2107 patients, including <P 0> heart failure </> (n = 101, 4.8%), <P 0> arrhythmia </> (n = 53, 2.5%), and <P 0> myocardial ischemia </> (n = 14, 0.7%). These occurred in 11 of 207 (5.3%), 18 of 250 (7.2%), and 31 of 277 (11.2%) patients exposed to azithromycin, clarithromycin, and erythromycin for at least one day, and in 9 of 234 (3.8%), 5 of 194 (2.6%), and 23 of 566 (4.1%) exposed to ciprofloxacin, levofloxacin, and moxifloxacin, respectively. HR's for erythromycin, compared to beta-lactam monotherapy, on any <P 0> cardiac event </> and <P 0> heart failure </> were 1.60 (95% CI 1.09;2.36) and 1.89 (95% CI 1.22;2.91), respectively. HR's for levofloxacin and moxifloxacin, compared to beta-lactam monotherapy, on any <P 0> cardiac event </> were 0.40 (95% CI 0.18;0.87)and 0.56 (95% CI 0.36;0.87), respectively. Findings remained consistent after adjustment for confounders and/or in a sensitivity analysis of radiologically confirmed CAP (n = 1604, 76.1%). CONCLUSIONS: Among patients with CAP hospitalized to non-ICU wards, erythromycin use was associated with a 68% increased risk of hospital-acquired <P 0> cardiac events </>, mainly <P 0> heart failure </>. <P 32> Levofloxacin </> and <P 32> moxifloxacin </> were associated with a lower risk of <P 0> heart failure </>. Although our study does not fully exclude confounding bias, findings remained largely unchanged in crude, adjusted, and sensitivity analyses. These findings may caution the use of erythromycin as empirical therapy in these patients. TRIAL REGISTRATION: The original trial was retrospectively registered under ClinicalTrials.gov Identifier NCT01660204 on August 8th, 2012.

30613009\_PD.txt

Title: [Effect of Ronghuang Granule on serum <P 0> FGF23 </>, <P 0> FGFRs </> and <P 0> Klotho </> in non-dialysis patients with CKD-MBD and kidney deficiency and damp-heat syndrome].

Publication Type: Randomized Controlled Trial

Journal-Name:Nan fang yi ke da xue xue bao = Journal of Southern Medical University

Journal ID: 101266132

Publication date: 2019/02/23 06:00 [medline]

OBJECTIVE: To observe the effect of Ronghuang granule on serum <P 0> fibroblast growth factor 23 (FGF23) </>, <P 0> fibroblast growth factor receptor (FGFRs) </> and <P 0> Klotho protein </> levels in non-dialysis patients with chronic kidney disease-mineral and bone disorder (CKD-MBD) and kidney deficiency and damp heat syndrome. METHODS: Seventy non-dialysis CKD-MBD patients with kidney deficiency and dampness-heat syndrome were randomized into control group (n=35) and treatment group (n=35). All the patients were given routine treatment combined with traditional Chinese medicine retention enema, and the patients in the treatment group received additional Ronghuang granule treatment (3 times a day). After the 12-week treatments, the patients were examined for changes of TCM syndromes. Serum levels of <P 0> Ca </>, <P 0> P </>, <P 0> parathyroid hormone (iPTH) </>, <P 0> fibroblast growth factor 23 (FGF23) </>, <P 0> fibroblast growth factor receptor (FGFRs) </> and <P 0> Klotho proteins </> were detected before and after treatment. These parameters were also examined in 20 healthy volunteers. RESULTS: Sixty-five patients completed the study, including 33 in the control group and 32 in the treatment group. The patients in the treatment group showed significantly better <P 0> treatment responses </> than those in the control group (P &lt; 0.05 or 0.01). At 4, 8, and 12 weeks of treatment, the patients in the treatment group had significantly lowered scores of <P 0> TCM syndromes </> compared with the score before treatment (P &lt; 0.05 or 0.01), while in the control group, significant reduction of the scores occurred only at 12 weeks (P &lt; 0.05); at each of the time points, the treatment group had significantly greater reductions in the score than the control group (P &lt; 0.01). Significant improvements in serum <P 0> Ca </>, <P 0> P </> and <P 0> iPTH </> levels were observed at 4, 8, and 12 weeks in the treatment group (P &lt; 0.05) but only at 12 weeks in the control group (P &lt; 0.05). The patients in the control and treatment groups all showed elevated serum levels of <P 0> fibroblast growth factor 23 (FGF23) </>, <P 0> fibroblast growth factor receptor (FGFRs) </> and <P 0> Klotho protein </> compared with the normal subjects (P &lt; 0.01); <P 0> fibroblast growth factor 23 (FGF23) </>, <P 0> fibroblast growth factor receptor (FGFRs) </> and <P 0> Klotho </> levels were significantly reduced in the treatment group (P &lt; 0.05) but remained unchanged in the control group (P&gt;0.05), showing significant differences between the two groups. CONCLUSIONS: Ronghuang granule improves the clinical <P 0> symptoms </> of non-dialysis CKD-MBD patients with kidney deficiency and dampness heat syndrome by reducing serum levels of <P 0> fibroblast growth factor 23 (FGF23) </>, <P 0> fibroblast growth factor receptor (FGFRs) </> and <P 0> Klotho </>, improving <P 0> calcium and phosphorus metabolism disorder </>, and inhibiting <P 0> secondary hyperparathyroidism </>.