30643081\_PD.txt

Title: Proton Pump Inhibitor Ameliorates <P 0> Taste Disturbance </> among Patients with Laryngopharyngeal Reflux: A Randomized Controlled Study.

Publication Type: Randomized Controlled Trial

Journal-Name:The Tohoku journal of experimental medicine

Journal ID: 0417355

Publication date: 2019/02/05 06:00 [medline]

Patients with laryngopharyngeal reflux (LPR) were reported to suffer from hypogeusia that affects quality of life. Proton pump inhibitor (PPI) is a useful drug in the treatment of LPR, but its effect on hypogeusia is not known. We therefore assessed the effects of PPI or a histamine H2 receptor antagonist (H2 blocker) on <P 0> hypogeusia </> among patients with LPR. Both PPI and H2 blocker could inhibit <P 0> acid reflux </>. LPR was diagnosed with reflux finding score and reflux symptom index. The visual analogue scale (VAS) of <P 0> taste disturbance symptoms </> and the <P 0> gustatory </> tests were assessed before and 8 weeks after treatment with esomeprazole, a PPI (20 patients, aged 50.0 +/- 1.7 years) or famotidine, a H2 blocker (20 patients, aged 47.1 +/- 1.8 years). There were no significant differences in VAS scores and recognition thresholds for four basic <P 0> tastes </> between the two groups before treatment. Only PPI therapy significantly decreased the VAS scores, suggesting the improvement of <P 0> taste perception </>. Moreover, PPI therapy significantly decreased recognition thresholds for <P 0> bitter taste </> in the anterior tongue (chorda tympani nerve area) and the thresholds in the posterior tongue (glossopharyngeal nerve area) for <P 0>(E1) salty, <P 0> sour, and <P 0> bitter tastes </>. By contrast, H2-blocker therapy caused no significant changes of thresholds in the anterior tongue, but improved the threshold {only} for <P 0> bitter </> in the posterior tongue, the value of which was however significantly higher than that in PPI group. In conclusion, PPI could ameliorate <P 0> hypogeusia </> by improving <P 0>(E1) bitter, <P 0> salty, and <P 0> sour tastes </> among patients with LPR.

30643596\_PD.txt

Title: Randomized Controlled Trial of Simulation vs. Standard Training for Teaching Medical Students High-quality Cardiopulmonary Resuscitation.

Publication Type: Randomized Controlled Trial

Journal-Name:The western journal of emergency medicine

Journal ID: 101476450

Publication date: 2018/11/14 00:00 [accepted]

Introduction: Most medical schools teach cardiopulmonary resuscitation (CPR) during the final year in course curriculum to prepare students to manage the first minutes of clinical emergencies. Little is known regarding the optimal method of instruction for this critical skill. Simulation has been shown in similar settings to enhance performance and knowledge. We evaluated the comparative effectiveness of high-fidelity simulation training vs. standard manikin training for teaching medical students the American Heart Association (AHA) guidelines for high-quality CPR. Methods: This was a prospective, randomized, parallel-arm study of 70 fourth-year medical students to either simulation (SIM) or standard training (STD) over an eight-month period. SIM group learned the AHA guidelines for high-quality CPR via an hour session that included a PowerPoint lecture with training on a high-fidelity simulator. STD group learned identical content using a low-fidelity Resusci Anne(R) CPR manikin. All students managed a simulated cardiac arrest scenario with primary outcome based on the AHA guidelines definition of high-quality CPR (specifies metrics for <P 0> compression {rate,} depth </>, <P 0> recoil </>, and <P 0> compression fraction </>). Secondary outcome was <P 36> time to emergency medical services (EMS) activation </>. We analyzed data via Kruskal-Wallis rank sum test. Outcomes were performed on a simulated cardiac arrest case adapted from the AHA Advanced Cardiac Life Support (ACLS) SimMan(R) Scenario manual. Results: Students in the SIM group performed CPR that more closely <P 32> adhered </> to the AHA guidelines of <P 0> compression depth </> and <P 0> compression fraction </>. Mean <P 0> compression depth </> was 4.57 centimeters (cm) (95% confidence interval [CI] [4.30-4.82]) for SIM and 3.89 cm (95% CI [3.50-4.27]) for STD, p=0.02. Mean <P 0> compression fraction </> was 0.724 (95% CI [0.699-0.751]) for SIM group and 0.679 (95% CI [0.655-0.702]) for STD, p=0.01. There was no difference for <P 0> compression </> rate or <P 0> recoil </> between groups. <P 36> Time to emergency medical services (EMS) activation </> was 24.7 seconds (s) (95% CI [15.7-40.8]) for SIM group and 79.5 s (95% CI [44.8-119.6]) for STD group, p=0.007. Conclusion: High-fidelity simulation training is superior to low-fidelity CPR manikin training for teaching fourth-year medical students implementation of high-quality CPR for <P 0> chest compression depth </> and <P 0> compression fraction </>.

30643620\_PD.txt

Title: Randomized Evaluation of Videoconference Meetings for Medical Students' Mid-clerkship Feedback Sessions.

Publication Type: Randomized Controlled Trial

Journal-Name:The western journal of emergency medicine

Journal ID: 101476450

Publication date: 2018/10/31 00:00 [accepted]

Introduction: Videoconferencing has been employed in numerous medical education settings ranging from remote supervision of medical trainees to conducting residency interviews. However, no studies have yet documented the utility of and student response to videoconference meetings for mid-clerkship feedback (MCF) sessions required by the Liaison Committee on Medical Education (LCME). Methods: From March 2017 to June 2018, third-year medical students rotating through the mandatory, four-week emergency medicine (EM) clerkship at a single medical school were randomly assigned either to a web-based videoconference meeting via Google Hangouts, or to a traditional in-person meeting for their MCF session. To compare students' MCF experiences we sent out an electronic survey afterward to assess the following using a 0-100 sliding scale: overall <P 32> satisfaction </> with the meeting; the effectiveness of <P 32> communication </>; the helpfulness of the meeting; their <P 28> stress </> levels, and the <P 32> convenience </> of their meeting location. The survey also collected data on these demographic variables: the name of the faculty member with whom the student met; student gender, age, and interest in EM; location prior to meeting; meeting-method preference; and number of EM shifts completed. Results: During the study period, 133 third-year medical students responded to the survey. When comparing survey responses between individuals who met online and in person, we did not detect a difference in demographics with the exception of preferred meeting method (p=0.0225). We found no significant differences in the overall experience, helpfulness of the meeting, or stress levels of the meeting between those who met via videoconference vs. in-person (p=0.9909; p=0.8420; p=0.2352, respectively). However, individuals who met in-person with a faculty member rated effectiveness of <P 32> communication </> higher than those who met via videoconference (p=0.0002), while those who met online rated <P 32> convenience </> higher than those who met in-person (p<0.0001). Both effects remained significant after controlling for preferred meeting method (p<0.0001 and p=0.0003, respectively) and among EM-bound students (p=.0423 and p<0.0110, respectively). Conclusion: Our results suggest that LCME-required MCF sessions can be successfully conducted via web-based programs such as Google Hangouts without jeopardizing overall meeting <P 32> experience </>. While the <P 32> convenience </> of the meetings was improved, it is also important for clerkship directors to note the perceived deficit in the effectiveness of <P 32> communication </> with videoconferencing.

30644260\_PD.txt

Title: [Surgical treatment strategy for the "shell" phenomenon after thoracolumbar fracture].

Publication Type: Randomized Controlled Trial

Journal-Name:Zhongguo xiu fu chong jian wai ke za zhi = Zhongguo xiufu chongjian waike zazhi = Chinese journal of reparative and reconstructive surgery

Journal ID: 9425194

Publication date: 2019/02/16 06:00 [medline]

Objective: To explore the surgical treatment strategy of the vertebral "shell" after thoracolumbar fracture, and provide clinical reference for the intervention and treatment of "shell". Methods: Between June 2015 and January 2017, 53 patients with high risk of vertebral "shell" after thoracolumbar fracture surgery were enrolled in a prospective study according to the selection criteria. All patients were randomly divided into two groups according to the order of treatment, 27 cases in the treatment group were treated with short-segment fixation combined with vertebral reconstruction, 26 cases in the control group were treated with short-segment fixation. There was no significant difference in gender, age, injury cause, Denis classification, fracture segment, the degree of injured vertebra compression, bone mineral density, and American Spinal Cord Injury Association (ASIA) classification between the two groups ( P>0.05). The degree of injured <P 0> vertebra compression </>, visual analogue scale (VAS) score, and [T Oswestry <P 25> disability </> index (ODI)] score at preoperation, immediate after operation, and last follow-up were calculated and compared between the two groups. The <P 0> "shell" phenomenon </> and surgery <P 38> complications </> were observed at the same time. Results: All patients were followed up 12-18 months with an average of 14.4 months. There were 5 cases of <P 0> "shell" phenomenon </> in the treatment group and 4 cases of <P 0> nonunion </> at last follow-up, 23 cases of <P 0> "shell" phenomenon </> in the control group and 19 cases of <P 0> nonunion </> at last follow-up; there was a significant difference between the two groups ( P<0.05). In the treatment group, 1 case had <P 0> incision fat liquefaction </> and 4 cases had <P 0> bone cement leakage </>; in the control group, 2 cases had <P 0> screw loosening </> and 1 case had unilateral connecting <P 0> rod rupture </>; there was no significant difference in the incidence of <P 38> complications </> between the two groups ( chi (2)=0.504, P=0.478). The degree of injured <P 0> vertebra compression </>, VAS score, and [T Oswestry <P 25> disability </> index (ODI)] score were significantly improved in both groups at immediate after operation and last follow-up ( P<0.05). There was no significant difference in the degree of injured <P 0> vertebra compression </> between the two groups at immediate after operation ( P>0.05), but which was significantly higher in the control group than that in the treatment group at last follow-up ( P<0.05). Except that the [T Oswestry <P 25> disability </> index (ODI)] score of the control group was significantly higher than that of the treatment group at last follow-up ( P<0.05), there was no significant difference in VAS score and [T Oswestry <P 25> disability </> index (ODI)] score between the two groups at the other time points ( P>0.05). Conclusion: The treatment of thoracolumbar fracture with short-segment fixation combined with injured vertebral reconstruction can effectively prevent the <P 0> "shell" phenomenon </>, which is conducive to maintaining the height of injured vertebral and improving the long-term function. The effectiveness is satisfactory.

30646500\_PD.txt

Title: Effectiveness of A Multifactorial Intervention in Increasing <P 32> Adherence </> to the Mediterranean Diet among Patients with Diabetes Mellitus Type 2: A Controlled and Randomized Study (EMID Study).

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2019/01/10 00:00 [accepted]

The Mediterranean diet (MD) is recognized as one of the healthiest dietary patterns and has benefits such as improving glycaemic control among patients with type 2 diabetes (T2DM). Our aim is to assess the effectiveness of a multifactorial intervention to improve adherence to the MD, diet quality and biomedical parameters. The EMID study is a randomized and controlled clinical trial with two parallel groups and a 12-month follow-up period. The study included 204 subjects between 25(-)70 years with T2DM. The participants were randomized into intervention group (IG) and control group (CG). Both groups received brief advice about healthy eating and physical activity. The IG participants additionally took part in a food workshop, five walks and received a smartphone application for three months. The population studied had a mean age of 60.6 years. At the 3-month follow-up visit, there were improvements in <P 32> adherence </> to the MD and <P 25> diet quality </> of 2.2 and 2.5 points, compared to the baseline visit, respectively, in favour of the IG. This tendency of the improvement was maintained, in favour of the IG, at the 12-month follow-up visit. In conclusion, the multifactorial intervention performed could improve <P 32> adherence </> to the MD and <P 25> diet quality </> among patients with T2DM.

30646532\_PD.txt

Title: White Sweet Potato as Meal Replacement for Overweight White-Collar Workers: A Randomized Controlled Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2019/01/11 00:00 [accepted]

Overweight and obesity are a global concern. Meal replacements (MRs) are portion- and calorie-controlled meals, which make the food environment part of an individual's weight loss regimen. White sweet potato (WSP; Ipomoea batatas L.), used in traditional medicine in Brazil, Japan, and Taiwan, is a healthy carbohydrate source. In this randomized controlled trial, we assessed the effects of a WSP formula on <P 0> body weight </> management in 58 white-collar workers through MR to elucidate the effects of this WSP-MR on factors leading to overweight. The participants consumed either two packs a day for a total of 132 g of WSP (WSP-MR group) or a normal diet daily (non-WSP group) for eight weeks. After eight weeks, <P 0> body weight </>, <P 0> body fat </>, <P 0> body mass index </>, <P 0> wrist circumference </>, <P 0> thigh circumference </>, <P 0> calf circumference </>, <P 0> mid-arm circumference </>, and <P 0> triceps skinfolds </> decreased significantly in both the groups. Moreover, the WSP-MR group demonstrated a 5% decrease in <P 0> body weight </>, <P 0> body fat </>, <P 0> body mass index </>, and <P 0> mid-arm circumference </> and a 3.5% decrease in <P 0> glycated hemoglobin </> levels (p < 0.05). The treatment was well <P 32> tolerated </>, without <P 38> side effects </> or <P 38> adverse events </>. Thus, our WSP formula as an MR can facilitate individual <P 0> weight </> loss and thus has commercial application in the food industry.

30646650\_PD.txt

Title: [Nursing intervention for respiratory function exercise in patients with silicosis complicated by stable chronic obstructive pulmonary disease].

Publication Type: Randomized Controlled Trial

Journal-Name:Zhonghua lao dong wei sheng zhi ye bing za zhi = Zhonghua laodong weisheng zhiyebing zazhi = Chinese journal of industrial hygiene and occupational diseases

Journal ID: 8410840

Publication date: 2019/03/05 06:00 [medline]

Objective: To investigate the clinical effect of nursing intervention for respiratory function exercise in patients with silicosis complicated by stable chronic obstructive pulmonary disease (COPD) . Methods: A total of 60 patients with silicosis complicated by stable COPD who were hospitalized in Department of Occupational Diseases, Laigang Hospital Affiliated to Taishan Medical College, from August 2017 to April 2018 were enrolled and randomly divided into control group and observation group, with 30 patients in each group. The patients in the control group were given routine treatment and respiratory function exercise, and those in the observation group were given nursing intervention in addition to the treatment in the control group. The two groups were compared in terms of <P 0> pulmonary function </>, <P 0> blood gas </> parameters, and six-minute <P 0> walk distance </> before intervention and after 2 months of intervention. Results: After intervention, the observation group had significantly higher <P 0> forced expiratory volume in 1 second (FEV(1) </>), <P 0> forced vital capacity (FVC) </>, <P 0> arterial partial pressure of oxygen (PaO(2) </>) , and six-minute <P 0> walk distance </> than the control group (P<0.05) , while there were no significant differences between the two groups in <P 0> FEV(1)/FVC </> and <P 0> partial pressure of carbon dioxide </> (P>0.05) . Conclusion: Nursing intervention can effectively improve <P 0> forced expiratory volume in 1 second (FEV(1) </>, <P 0> forced vital capacity (FVC) </>, <P 0> arterial partial pressure of oxygen (PaO(2) </>, and 6-minute <P 0> walking distance </> in patients with silicosis complicated by stable COPD.

30646926\_PD.txt

Title: Effect of a short-term low fermentable oligiosaccharide, disaccharide, monosaccharide and polyol (FODMAP) diet on exercise-related <P 0> gastrointestinal symptoms </>.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of the International Society of Sports Nutrition

Journal ID: 101234168

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

BACKGROUND: Research has demonstrated that low fermentable oligiosaccharide, disaccharide, monosaccharide and polyol (FODMAP) diets improve gastrointestinal (GI) symptoms in irritable bowel syndrome sufferers. Exercise-related GI issues are a common cause of underperformance, with current evidence focusing on the use of FODMAP approaches with recreationally competitive or highly trained athletes. However, there is a paucity of research exploring the potential benefit of FODMAP strategies to support healthy, recreational athletes who experience GI issues during training. This study therefore aimed to assess whether a short-term LOWFODMAP diet improved exercise-related <P 0> GI symptoms </> and the perceived <P 25> ability </> to exercise in recreational runners. METHODS: Sixteen healthy volunteers were randomly assigned in a crossover design manner to either a LOWFODMAP (16.06 +/- 1.79 g.d(- 1)) or HIGHFODMAP (38.65 +/- 6.66 g.d(- 1)) diet for 7 days, with a one week washout period followed by a further 7 days on the alternate diet. Participants rated their <P 0> gastrointestinal symptoms </> on an adapted version of the [T <P 0> Irritable Bowel Syndrome-Severity </> Scoring System (IBS-SSS)] questionnaire before and at the end of each dietary period. Perceived <P 25> ability </> to <P 0>(S1) exercise {(frequency,} intensity <P 0> and duration </>) in relation to each dietary period was also rated using a visual analogue scale. Resting blood samples were collected prior to and on completion of each diet to determine plasma <P 0> intestinal fatty acid binding protein (I-FABP) </> as a marker of <P 0> acute GI injury </>. RESULTS: Overall [T <P 0> Irritable Bowel Syndrome-Severity </> Scoring System (IBS-SSS)] score significantly reduced in the LOWFODMAP condition from 81.1 +/- 16.4 to 31.3 +/- 9.2 (arbitrary units; P = 0.004). Perceived <P 0> exercise {frequency (z = 2.309, P = 0.02) and} intensity </> (z = 2.687, P = 0.007) was significantly improved following a short-term LOWFODMAP approach compared to HIGHFODMAP. No significant differences were reported between dietary conditions for plasma <P 0> intestinal fatty acid binding protein (I-FABP) </> (P > 0.05). CONCLUSIONS: A short-term LOWFODMAP diet under free-living conditions reduced exercise-related <P 0> GI symptoms </> and improved the perceived <P 25> ability </> to exercise in otherwise healthy, recreational runners. These findings may be explained by a reduction in indigestible carbohydrates available for fermentation in the gut. The therapeutic benefits of LOWFODMAP diets in recreational and trained athletes during sustained training periods warrants further investigation.

30650322\_PD.txt

Title: Single-Dose Tafenoquine to Prevent <P 0> Relapse </> of Plasmodium vivax Malaria.

Publication Type: Clinical Trial, Phase III

Journal-Name:The New England journal of medicine

Journal ID: 0255562

Publication date: 2019/01/31 06:00 [medline]

BACKGROUND: Treatment of Plasmodium vivax malaria requires the clearing of asexual parasites, but relapse can be prevented only if dormant hypnozoites are cleared from the liver (a treatment termed "radical cure"). Tafenoquine is a single-dose 8-aminoquinoline that has recently been registered for the radical cure of P. vivax. METHODS: This multicenter, double-blind, double-dummy, parallel group, randomized, placebo-controlled trial was conducted in Ethiopia, Peru, Brazil, Cambodia, Thailand, and the Philippines. We enrolled 522 patients with microscopically confirmed P. vivax infection (>100 to <100,000 parasites per microliter) and normal glucose-6-phosphate dehydrogenase (G6PD) activity (with normal activity defined as >/=70% of the median value determined at each trial site among 36 healthy male volunteers who were otherwise not involved in the trial). All patients received a 3-day course of chloroquine (total dose of 1500 mg). In addition, patients were assigned to receive a single 300-mg dose of tafenoquine on day 1 or 2 (260 patients), placebo (133 patients), or a 15-mg dose of primaquine once daily for 14 days (129 patients). The primary outcome was the Kaplan-Meier estimated percentage of patients who were free from <P 0> recurrence </> at 6 months, defined as P. vivax clearance without recurrent parasitemia. RESULTS: In the intention-to-treat population, the percentage of patients who were free from <P 0> recurrence </> at 6 months was 62.4% in the tafenoquine group (95% confidence interval [CI], 54.9 to 69.0), 27.7% in the placebo group (95% CI, 19.6 to 36.6), and 69.6% in the primaquine group (95% CI, 60.2 to 77.1). The hazard ratio for the risk of <P 0> recurrence </> was 0.30 (95% CI, 0.22 to 0.40) with tafenoquine as compared with placebo (P<0.001) and 0.26 (95% CI, 0.18 to 0.39) with primaquine as compared with placebo (P<0.001). Tafenoquine was associated with asymptomatic declines in hemoglobin levels, which resolved without intervention. CONCLUSIONS: Single-dose tafenoquine resulted in a significantly lower risk of P. vivax recurrence than placebo in patients with phenotypically normal G6PD activity. (Funded by GlaxoSmithKline and Medicines for Malaria Venture; DETECTIVE ClinicalTrials.gov number, NCT01376167 .).

30650326\_PD.txt

Title: Tafenoquine versus Primaquine to Prevent <P 0> Relapse </> of Plasmodium vivax Malaria.

Publication Type: Comparative Study

Journal-Name:The New England journal of medicine

Journal ID: 0255562

Publication date: 2019/01/31 06:00 [medline]

BACKGROUND: Tafenoquine, a single-dose therapy for Plasmodium vivax malaria, has been associated with relapse prevention through the clearance of P. vivax parasitemia and hypnozoites, termed "radical cure." METHODS: We performed a phase 3, prospective, double-blind, double-dummy, randomized, controlled trial to compare tafenoquine with primaquine in terms of safety and efficacy. The trial was conducted at seven hospitals or clinics in Peru, Brazil, Colombia, Vietnam, and Thailand and involved patients with normal glucose-6-phosphate dehydrogenase (G6PD) enzyme activity and female patients with moderate G6PD enzyme deficiency; all patients had confirmed P. vivax parasitemia. The patients were randomly assigned, in a 2:1 ratio, to receive a single 300-mg dose of tafenoquine or 15 mg of primaquine once daily for 14 days (administered under supervision); all patients received a 3-day course of chloroquine and were followed for 180 days. The primary safety outcome was a protocol-defined decrease in the <P 0> hemoglobin </> level (>3.0 g per deciliter or >/=30% from baseline or to a level of <6.0 g per deciliter). Freedom from <P 0> recurrence </> of P. vivax parasitemia at 6 months was the primary efficacy outcome in a planned patient-level meta-analysis of the current trial and another phase 3 trial of tafenoquine and primaquine (per-protocol populations), and an odds ratio for <P 0> recurrence </> of 1.45 (tafenoquine vs. primaquine) was used as a noninferiority margin. RESULTS: A protocol-defined decrease in the <P 0> hemoglobin </> level occurred in 4 of 166 patients (2.4%; 95% confidence interval [CI], 0.9 to 6.0) in the tafenoquine group and in 1 of 85 patients (1.2%; 95% CI, 0.2 to 6.4) in the primaquine group, for a between-group difference of 1.2 percentage points (95% CI, -4.2 to 5.0). In the patient-level meta-analysis, the percentage of patients who were free from <P 0> recurrence </> at 6 months was 67.0% (95% CI, 61.0 to 72.3) among the 426 patients in the tafenoquine group and 72.8% (95% CI, 65.6 to 78.8) among the 214 patients in the primaquine group. The efficacy of tafenoquine was not shown to be noninferior to that of primaquine (odds ratio for recurrence, 1.81; 95% CI, 0.82 to 3.96). CONCLUSIONS: Among patients with normal G6PD enzyme activity, the decline in <P 0> hemoglobin </> level with tafenoquine did not differ significantly from that with primaquine. Tafenoquine showed efficacy for the radical <P 0> cure </> of P. vivax malaria, although tafenoquine was not shown to be noninferior to primaquine. (Funded by GlaxoSmithKline and Medicines for Malaria Venture; GATHER ClinicalTrials.gov number, NCT02216123 .).