30760337\_PD.txt

Title: Effect of Negative Pressure Wound Therapy on <P 0> Wound Complications </> Post-Pancreatectomy.

Publication Type: Journal Article

Journal-Name:The American surgeon

Journal ID: 0370522

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

Surgical site infection (SSI) and incisional hernia are common complications after major pancreatectomy. We investigated the effects of negative pressure wound therapy (NPWT) on short- and long-term wound outcomes in patients undergoing pancreatectomy. A randomized controlled trial comparing the effect of NPWT with standard surgical dressing (SSD) on wounds was performed in 265 patients undergoing open gastrointestinal resections from 2012 to 2016. We performed a subset analysis of 73 patients who underwent pancreatectomy. <P 0> Wound complications </> in the first 30 days and <P 0> incisional hernia </> rates were assessed. There were 33 (45%) female patients in the study and the average BMI was 27.6. The <P 0> pancreaticoduodectomy </> rate was 68 per cent, whereas 27 per cent of patients underwent <P 0> distal or subtotal pancreatectomy </>, and 4 per cent total <P 0> pancreatectomy </>. <P 0> Incisional hernia </> rates were 32 per cent and 14 per cent between the SSD and NPWT groups, respectively (P = 0.067). In the SSD (n = 37) and NPWT (n = 36) cohorts, the superficial <P 0> surgical site infection (SSI) </>, <P 0> deep surgical site infection (SSI) </>, <P 0> seroma </>, and <P 0> dehiscence </> rates were 16 per cent and 14 per cent (P > 0.99), 5 per cent and 8 per cent (P = 0.67), 16 per cent and 11 per cent (P = 0.74), and 5 per cent and 3 per cent (P >/= 0.99), respectively. After adjusting for pancreatic fistula and delayed gastric emptying, no statistically significant differences in the primary outcomes were observed. These findings were true irrespective of the type of resection performed. Short- and long-term <P 0> wound complications </> were not improved with NPWT. We observed a trend toward decreased <P 0> incisional hernia </> rates in patients treated with NPWT. Owing to the multifactorial nature of wound complications, it is yet to be determined which cohorts of pancreatectomy patients will benefit from NPWT.

30762754\_PD.txt

Title: Effect of segmental muscle vibration on <P 25> upper extremity functional ability </> poststroke: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Upper extremity functional impairments are common consequences of stroke. Therefore, continuous investigation of effective interventions for upper extremity functions after stroke is a necessity. Segmental muscle vibration (SMV) is one of the interventions that incorporate sensory stimulation to improve motor cortical excitability. The aim of this study was to investigate the influence of 5-minute SMV application along with supervised physical therapy (SPT) on improving <P 25> activities of daily living </> and <P 0> motor recovery </> on the hemiparetic upper extremity in patients with stroke. METHODS: A sample of 37 patients poststroke (29 males) was randomly allocated to either SPT control group (n = 18) or SPT and SMV (SPT-SMV) experimental group (n = 19). All patients received 3 sessions per week of SPT for 8 weeks. The SPT-SMV experimental group received SMV at the end of each SPT session. Outcome measures used were [T Barthel index (BI)], [T modified Ashworth scale], manual muscle testing, and goniometry for <P 0> range of motion (ROM) </> assessment. RESULTS: Thirty-four patients completed the study. Patients in both groups improved significantly after treatment in [T Barthel index (BI)], <P 0> elbow range of motion (ROM) </>, and <P 25> elbow muscles strength </>. However, <P 0> muscle tone </> in elbow joint of the hemiplegic upper extremity improved significantly after SMV only in the experimental group (SPT-SMV). CONCLUSION: The SPT intervention can improve functional outcomes of upper extremity in people after stroke. However, using SMV may have superior effect on improving <P 0> muscle tone </> after stroke.

*30762756\_PD.txt*

*Title: Body posture and physical activity in children diagnosed with asthma and allergies symptoms: A report from randomized observational studies.*

*Publication Type: Observational Study*

*Journal-Name:Medicine*

*Journal ID: 2985248R*

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

*Asthma and body posture abnormalities in children and young people are major epidemiological problems worldwide. Asthma among children and adolescents, its relations with physical activity (PA) and PA relations with body posture were and are still being investigated.The aim of this study was to investigate how body posture is shaped in children diagnosed with asthma symptoms and whether body posture is associated with PA. The study involved 192 children. The main group consisted of 90 children diagnosed with asthma and allergies symptoms age 9 to 12 years old (x = 10.75 +/- 1.08). The control group included 102 healthy children at the similar age (x = 10.64 +/- 1.1). The level of activity has been assessed on the basis of a questionnaire and body posture assessments were done using a plumb line, pediscoliometer, digital inclinometer.Comparison of percentage of respondents fitting into body posture norms clearly indicates higher value in the group classified as active. In the group of participants diagnosed with asthma, percentage differences of participants with good body posture (without postural defects) were statistically significant. Among healthy children, percentages of the participants were higher in active children than in inactive children.Body posture is directly related to PA and the lack of activity affects disturbances within posturometric parameters. Prevention of body posture abnormalities is worth promoting in groups of children, also with various diseases including asthma and allergies symptoms.*

30762760\_PD.txt

Title: Combined intravenous and intra-articular tranexamic acid administration in total knee arthroplasty for preventing <P 0> blood loss </> and <P 0> hyperfibrinolysis </>: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Total knee arthroplasty (TKA) is a surgical procedure to replace the weight-bearing surfaces of the knee joint to relieve pain and disability. However, blood loss and fibrinolytic activity, accounting for a poor prognosis following TKA operation, were relieved by fibrinolytic inhibitor tranexamic acid (TXA). For a better application of TXA function, we explored the effect of intravenous injection (IV) of TXA combined with intra-articular injection (IA) of TXA in patients after TKA. METHODS: Patients admitted from Weifang People's Hospital from January 2015 to December 2016 who received TKA were injected with 20 mg/kg TXA by IV before TKA (n = 50), 3.0 g TXA by IA after TKA (n = 50), or combination of 20 mg/kg TXA by IV before TKA and 3.0 g TXA by IA after TKA (n = 50). <P 25> Knee function </> was assessed using HSS, KSS, NASS, and ROM. In addition, the total <P 0> blood loss </> (TBL), <P 0> hidden blood loss (HBL) </>, maximum <P 0> hemoglobin (Hb) </> drop, <P 0> fibrinolytic </> activity, as well as incidence of <P 0> thromboembolism </> were measured. The patients were followed up for 6 months. The deadline for follow-up was June 2017 and the incidence of <P 0> thromboembolism </> events within 6 months after operation was counted. RESULTS: HSS, KSS, NASS scores, and ROM were elevated after patients receiving TKA. Patients received IV plus IA TXA has decreased total <P 0> blood loss </> (TBL), <P 0> hidden blood loss (HBL) </>, and maximum <P 0> hemoglobin (Hb) </> drop than those received IV TXA-alone and IA TXA-alone, with reductions in <P 0> FDP </> and <P 0> D-dimer </>, indicating that IV plus IA TXA injection is superior to prevent <P 0> blood loss </> and <P 0> hyperfibrinolysis </> during TKA. Age, sex, type of femoral prosthesis, and the injection method of TXA were risk factors for HBL of patients after receiving TKA. CONCLUSIONS: The aforementioned results demonstrate that TKA is an effective surgery, and IV plus IA TXA injection functions more effectively in reducing <P 0> blood loss </> and <P 0> fibrinolytic </> activity in patients, which is a clinical factor of occult hemorrhage.

30763195\_PD.txt

Title: Decolonization to Reduce Postdischarge <P 0> Infection </> Risk among MRSA Carriers.

Publication Type: Multicenter Study

Journal-Name:The New England journal of medicine

Journal ID: 0255562

Publication date: 2019/03/02 06:00 [medline]

BACKGROUND: Hospitalized patients who are colonized with methicillin-resistant Staphylococcus aureus (MRSA) are at high risk for infection after discharge. METHODS: We conducted a multicenter, randomized, controlled trial of postdischarge hygiene education, as compared with education plus decolonization, in patients colonized with MRSA (carriers). Decolonization involved chlorhexidine mouthwash, baths or showers with chlorhexidine, and nasal mupirocin for 5 days twice per month for 6 months. Participants were followed for 1 year. The primary outcome was <P 0> MRSA infection </> as defined according to Centers for Disease Control and Prevention (CDC) criteria. Secondary outcomes included <P 0> MRSA infection </> determined on the basis of clinical judgment, infection from any cause, and infection-related hospitalization. All analyses were performed with the use of proportional-hazards models in the per-protocol population (all participants who underwent randomization, met the inclusion criteria, and survived beyond the recruitment hospitalization) and as-treated population (participants stratified according to adherence). RESULTS: In the per-protocol population, <P 0> MRSA infection </> occurred in 98 of 1063 participants (9.2%) in the education group and in 67 of 1058 (6.3%) in the decolonization group; 84.8% of the <P 0> MRSA infections </> led to <P 35> hospitalization </>. <P 0> Infection </> from any cause occurred in 23.7% of the participants in the education group and 19.6% of those in the decolonization group; 85.8% of the <P 0> infections </> led to <P 35> hospitalization </>. The hazard of <P 0> MRSA infection </> was significantly lower in the decolonization group than in the education group (hazard ratio, 0.70; 95% confidence interval [CI], 0.52 to 0.96; P=0.03; number needed to treat to prevent one <P 0> infection </>, 30; 95% CI, 18 to 230); this lower hazard led to a lower risk of <P 35> hospitalization due to MRSA infection </> (hazard ratio, 0.71; 95% CI, 0.51 to 0.99). The decolonization group had lower likelihoods of clinically judged <P 0> infection </> from any cause (hazard ratio, 0.83; 95% CI, 0.70 to 0.99) and <P 35> infection-related hospitalization </> (hazard ratio, 0.76; 95% CI, 0.62 to 0.93); treatment effects for secondary outcomes should be interpreted with caution owing to a lack of prespecified adjustment for multiple comparisons. In as-treated analyses, participants in the decolonization group who adhered fully to the regimen had 44% fewer <P 0> MRSA infections </> than the education group (hazard ratio, 0.56; 95% CI, 0.36 to 0.86) and had 40% fewer <P 0> infections </> from any cause (hazard ratio, 0.60; 95% CI, 0.46 to 0.78). <P 38> Side effects </> (all mild) occurred in 4.2% of the participants. CONCLUSIONS: Postdischarge MRSA decolonization with chlorhexidine and mupirocin led to a 30% lower risk of <P 0> MRSA infection </> than education alone. (Funded by the AHRQ Healthcare-Associated Infections Program and others; ClinicalTrials.gov number, NCT01209234 .).

30770536\_PD.txt

Title: Live Music Therapy During Rehabilitation After Total Knee Arthroplasty: A Randomized Controlled Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of music therapy

Journal ID: 0014162

Publication date: 2019/02/27 06:00 [medline]

Total knee arthroplasty (TKA) is a common orthopedic surgery known to be very painful. Emphasis has been placed on TKA pain management for postoperative care and during rehabilitation. Music therapy is used as a nonpharmacologic intervention for pain management and to promote rehabilitation exercise adherence. The objective of this study was to explore the effects of music therapy/physical therapy co-treatment using live music-supported exercise on <P 0> pain </> and exercise <P 32> adherence </> during a lower extremity pedaling exercise to facilitate <P 0> range of motion (ROM) </>. The researcher randomized 32 TKA inpatient rehabilitation participants to an intervention or control group. Following baseline measures, two study intervals occurred with the intervention group receiving live music for the first interval followed by no music during the second interval; the control group received no music during both intervals. Self-reported <P 0> pain </> measures, observed <P 0> pain </> measures, and observed measures of pedaling <P 32> adherence </> were collected for each participant. A mixed analysis of variance (ANOVA) with repeated measures showed no significant effects for self-reported <P 0> pain </> perception. For observed <P 0> pain </>, ANOVA results did show a significant interaction (p < .05) between group and study interval. There were no statistically significant effects for pedaling <P 32> adherence </>. Conclusions show an important role for live music therapy intervention on observed <P 0> pain </> while engaged in co-treatment during this lower extremity ROM exercise. Additional implications and limitations are discussed.

30770758\_PD.txt

Title: The effect of L-theanine supplementation on the immune system of athletes exposed to strenuous physical exercise.

Publication Type: Randomized Controlled Trial

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

Journal ID: 101234168

Publication date: 2019/02/17 06:00 [entrez]

BACKGROUND: The aim of this study was to analyze the response of selected components of the immune system in rowers to maximal physical exercise, and to verify if this response could be modulated by supplementation with L-theanine. METHOD: The double-blind study included 20 members of the Polish Rowing Team. The subjects were randomly assigned to the supplemented group (n = 10), receiving 150 mg of L-theanine extract for 6 weeks, or to the placebo group (n = 10). The participants performed a 2000-m test on a rowing ergometer at the beginning (1st examination) and at the end of the supplementation period (2nd examination). Blood samples were obtained from the antecubital vein before each exercise test, 1 min after completing the test, and after a 24-h recovery. Subpopulations of <P 0> T regulatory lymphocytes (Tregs) </> ( <P 0> CD4+ </> / <P 0> CD25+ </>/ <P 0> CD127- </>), <P 0> cytotoxic lymphocytes (CTLs) </> ( <P 0> CD8+ </> / <P 0> TCRalphabeta+ </>), <P 0> natural killer (NK) cells </> ( <P 0> CD3- </> / <P 0> CD16+ </> / <P 0> CD56+ </>) and <P 0> TCRdeltagamma-positive (Tdeltagamma) cells </> were determined by means of flow cytometry. The levels of <P 0> interleukin 2 (IL-2) </>, <P 0> interleukin 4 (IL-4) </>, <P 0> interleukin 10 (IL-10) </>, <P 0> interferon gamma (INF-) </> and total <P 0> antioxidant </> capacity (TAC) were determined with commercially available diagnostic kits. RESULTS: Supplementation with L-theanine contributed to a significant post-exercise decrease in <P 0> IL-10 </> concentration, which was reflected by higher values of <P 0>(E1) IL-2 to IL-10 and <P 0> IFN-gamma to IL-10 ratio{s} </>. Moreover, a significant post-recovery decrease in <P 0> cytotoxic lymphocyte (CTL) </> count, <P 0>(E1) T regulatory lymphocyte (Treg) to natural killer (NK) and <P 0> T regulatory lymphocyte (Treg) to cytotoxic lymphocyte (CTL) ratio{s} </> was observed in the supplemented group. CONCLUSION: Despite the decrease in the number of some <P 0> cytotoxic cells (CTLs) </> and an increase in the proportion of <P 0> T regulatory lymphocytes (Tregs) to cytotoxic lymphocytes (CTLs) </>, supplementation with LTE seems to exert a beneficial effect on a disrupted Th1/Th2 balance in elite athletes, as shown by the decrease in <P 0> interleukin 10 (IL-10) </> concentration.

30772908\_PD.txt

Title: Effect of a Resuscitation Strategy Targeting Peripheral Perfusion Status vs Serum Lactate Levels on 28-Day <P 1> Mortality </> Among Patients With Septic Shock: The ANDROMEDA-SHOCK Randomized Clinical Trial.

Publication Type: Journal Article

Journal-Name:JAMA

Journal ID: 7501160

Publication date: 2019/02/18 06:00 [entrez]

Importance: Abnormal peripheral perfusion after septic shock resuscitation has been associated with organ dysfunction and mortality. The potential role of the clinical assessment of peripheral perfusion as a target during resuscitation in early septic shock has not been established. Objective: To determine if a peripheral perfusion-targeted resuscitation during early septic shock in adults is more effective than a lactate level-targeted resuscitation for reducing <P 1> mortality </>. Design, Setting, and Participants: Multicenter, randomized trial conducted at 28 intensive care units in 5 countries. Four-hundred twenty-four patients with septic shock were included between March 2017 and March 2018. The last date of follow-up was June 12, 2018. Interventions: Patients were randomized to a step-by-step resuscitation protocol aimed at either normalizing capillary refill time (n = 212) or normalizing or decreasing lactate levels at rates greater than 20% per 2 hours (n = 212), during an 8-hour intervention period. Main Outcomes and Measures: The primary outcome was <P 1> all-cause mortality </> at 28 days. Secondary outcomes were <P 0> organ dysfunction </> at 72 hours after randomization, as assessed by [T Sequential <P 0> Organ Failure </> Assessment (SOFA)] score (range, 0 [best] to 24 [worst]); <P 1> death </> within 90 days; <P 36>(E2) mechanical ventilation-, <P 36> renal replacement therapy-, and <P 36> vasopressor- free days </> within 28 days; <P 35> intensive care unit and hospital length of stay </>. Results: Among 424 patients randomized (mean age, 63 years; 226 [53%] women), 416 (98%) completed the trial. By day 28, 74 patients (34.9%) in the peripheral perfusion group and 92 patients (43.4%) in the lactate group had <P 1> died </> (hazard ratio, 0.75 [95% CI, 0.55 to 1.02]; P = .06; risk difference, -8.5% [95% CI, -18.2% to 1.2%]). Peripheral perfusion-targeted resuscitation was associated with less <P 0> organ dysfunction </> at 72 hours (mean SOFA score, 5.6 [SD, 4.3] vs 6.6 [SD, 4.7]; mean difference, -1.00 [95% CI, -1.97 to -0.02]; P = .045). There were no significant differences in the other 6 secondary outcomes. No protocol-related <P 38> serious adverse reactions </> were confirmed. Conclusions and Relevance: Among patients with septic shock, a resuscitation strategy targeting normalization of capillary refill time, compared with a strategy targeting serum lactate levels, did not reduce all-cause 28-day <P 1> mortality </>. Trial Registration: ClinicalTrials.gov Identifier: NCT03078712.

30776295\_PD.txt

Title: Effect of a Nurse-Led Preventive Psychological Intervention on Symptoms of <P 0, 28> Posttraumatic Stress </> Disorder Among Critically Ill Patients: A Randomized Clinical Trial.

Publication Type: Multicenter Study

Journal-Name:JAMA

Journal ID: 7501160

Publication date: 2019/02/19 06:00 [entrez]

Importance: A meta-analysis of outcomes during the 6 months after intensive care unit (ICU) discharge indicate a prevalence for clinically important posttraumatic stress disorder (PTSD) symptoms of 25%. Objective: To determine whether a nurse-led preventive, complex psychological intervention, initiated in the ICU, reduces patient-reported <P 0, 28> posttraumatic stress disorder (PTSD) symptom severity </> at 6 months. Design, Setting, and Participants: A multicenter, parallel-group, cluster-randomized clinical trial with integrated economic and process evaluations conducted in 24 ICUs in the United Kingdom. Participants were critically ill patients who regained mental capacity following receipt of level 3 (intensive) care. A total of 2961 eligible patients were identified from September 2015 to January 2017. A total of 2048 were approached for participation in the ICU, of which 1458 provided informed consent. Follow-up was completed December 2017. Interventions: Twenty four ICUs were randomized 1:1 to the intervention or control group. Intervention ICUs (n = 12; 669 participants) delivered usual care during a baseline period followed by an intervention period. The preventive, complex psychological intervention comprised promotion of a therapeutic ICU environment plus 3 stress support sessions and a relaxation and recovery program delivered by trained ICU nurses to high-risk (acutely stressed) patients. Control ICUs (n = 12; 789 participants) delivered usual care in both baseline and intervention periods. Main Outcomes and Measures: The primary clinical outcome was <P 0, 28> posttraumatic stress disorder (PTSD) symptom severity </> among survivors at 6 months measured using the <P 0, 28> posttraumatic stress disorder (PTSD) symptom severity </> Scale-Self-Report questionnaire (score range, 0-51, with higher scores indicating greater symptom severity; the minimal clinically important difference was considered to be 4.2 points). Results: Among 1458 enrolled patients (mean [SD] age, 58 [16] years; 599 women [41%]), 1353 (93%) completed the study and were included in the final analysis. At 6 months, the mean [T <P 0, 28> Posttraumatic Stress Disorder (PTSD) Symptom </> Scale]-Self-Report questionnaire score in intervention ICUs was 11.8 (baseline period) compared with 11.5 (intervention period) (difference, -0.40 [95% CI, -2.46 to 1.67]) and in control ICUs, 10.1 (baseline period) compared with 10.2 (intervention period) (difference, 0.06 [95% CI, -1.74 to 1.85]) between periods. There was no significant difference in <P 0, 28> posttraumatic stress disorder (PTSD) symptom severity </> at 6 months (treatment effect estimate [difference in differences] of -0.03 [95% CI, -2.58 to 2.52]; P = .98). Conclusions and Relevance: Among critically ill patients in the ICU, a nurse-led preventive, complex psychological intervention did not significantly reduce patient-reported <P 0, 28> posttraumatic stress disorder (PTSD) symptom severity </> at 6 months. These findings do not support the use of this psychological intervention. Trial Registration: ISRCTN53448131.

30777094\_PD.txt

Title: The acute effects of caffeine intake on <P 0> time under tension </> and <P 0> power </> generated during the bench press movement.

Publication Type: Randomized Controlled Trial

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

Journal ID: 101234168

Publication date: 2019/02/20 06:00 [entrez]

BACKGROUND: The ability to generate high levels of power is one of the key factors determining success in many sport disciplines. Although there are studies confirming ergogenic effects of caffeine (CAF) on different physical and mental abilities, much controversy remains about its influence on power. The main goal of this study was to assess the effects of caffeine supplementation on <P 0> time under tension (TUT) </> and the number of performed <P 0> repetitions (REP) </>. The second objective was to determine the effects of CAF supplementation on <P 0> power (P) </> and <P 0> movement velocity (V) </> during the bench press movement. Additionally the authors evaluated whether CAF has a significant effect on <P 0> velocity </> of the bar in the eccentric (ECC) phase (VEMEAN) of the bench press movement. METHODS: The study included 20 men (20-31 yrs., 87.3 +/- 7.7 kg) with at least 2 years of experience in resistance training. The study participants were divided randomly into two groups: the supplemented group ingested caffeine before exercise (GCAF), while the control group was given a placebo (GCON). The exercise protocol consisted of performing the bench press movement with a load equal to 70%1RM with maximal possible velocity (X/0/X/0). The experimental sets were performed to momentary muscular failure. RESULTS: The repeated measures ANOVA between the GCAF and GCON groups revealed statistically significant differences in 2 variables. Post-hoc tests demonstrated statistically significant differences in <P 0> time under tension (TUT) </> when comparing the group supplemented with caffeine (13.689 s GCAF) to the one ingesting a placebo (15.332 s GCON) at p = 0.002. Significant differences were also observed in mean velocity during the eccentric phase of movement (0.690 m/s in the GCAF to 0.609 in GCON with p = 0.002). There were no significant differences in generated <P 0> power </> and <P 0> velocity </> in the CON phase of the movement between the GCAF and GCON. CONCLUSIONS: The main finding of the study is that CAF ingestion increases <P 0> movement velocity </> of the bar in the eccentric phase of the movement, what results in shortening of the <P 0> time under tension (TUT) </> needed for performing a specific number of repetitions, without decreasing <P 0> power </> and <P 0> velocity </> in the CON phase of the movement.