30557965\_PD.txt

Title: Standard-dose versus low-dose multidetector computed tomography examinations in patients with uncontrolled chronic rhinosinusitis: A randomized, controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Multidetector computed tomography (MDCT) images for rhinosinusitis may have a risk of radiation hazards. Reduction in radiation dose may lead to a compromise in quality of MDCT images and have chances of postoperative complications. OBJECTIVE: The aim of the study was to test the <P 32> applicability </> of low-dose MDCT protocols for decision-making of sinus surgeries of patients with uncontrolled chronic rhinosinusitis. DESIGN: Randomized, double-blind (patients and evaluators blind), controlled, trial. SETTING: People's Hospital of Guanghan, China. PATIENTS: A total of 288 patients with clinically confirmed uncontrolled chronic rhinosinusitis were subjected to randomization (1:1 ratio). INTERVENTIONS: Patients were subjected to low-dose preoperative protocols of MDCT (n = 144; ldMDCT group) or standard-dose preoperative protocols of MDCT (n = 144; sdMDCT group). OUTCOME MEASURES: Image analysis was performed by the workstation. [T Lund-Mackay score], [T modified Lund-Mackay score], <P 32> estimated radiation exposure </>, and <P 38> surgical complications </> were evaluated for each patient. The chi independent test or 2-tailed paired t test were performed for statistical analysis. RESULTS: The preoperative MDCT images for standard-dose protocol had better <P 32> quality </> than low-dose protocol (P < .001, q = 4.57). The area of images that give confidence for sinus surgery at one time was higher for standard-dose MDCT protocol technique than low-dose MDCT protocol method. Patients of ldMDCT group with large growth of nasal polyps (P = .03, q = 5.35) and complete opacification of sinuses (P = .03, q = 7.94) had <P 38> complications </> after sinus surgeries. Either low-dose or standard-dose MDCT protocol was performed, the experience of otolaryngologist had decreased <P 38> complication </> after surgeries. CONCLUSION: Preoperative low-dose MDCT should be used for diagnosis of uncontrolled chronic rhinosinusitis for decision making of sinus surgeries. LEVEL OF EVIDENCE: III. TRIAL REGISTRATION: researchregistry4264 dated 1 March 2016 (www.researchregistry.com).

30558006\_PD.txt

Title: The influence of high-dose intraoperative remifentanil on <P 0> postoperative sore throat </>: a prospective randomized study: A CONSORT compliant article.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Endotracheal intubation for general anesthesia causes postoperative sore throat (POST). This study is designed to evaluate the effect of high-dose remifentanil on the incidence of <P 0> postoperative sore throat (POST) </> in patients after general anesthesia. METHODS: Ninety-two patients scheduled for orthopedic lower extremity surgery under general anesthesia were randomly assigned into 1 of 2 groups. In the high-dose remifentanil (HR) group (n = 46), remifentanil was infused at a rate of 0.25 mug/kg/min and subsequently increased or decreased by 0.05 mug/kg/min per clinical demand. In the low-dose remifentanil (LR) group (n = 46), remifentanil was infused at a rate of 0.05 mug/kg/min. The incidence of <P 0> postoperative sore throat </> was monitored at 0, 2, 4, and 24 hours postoperatively. <P 38> Complications </> regarding opioids were compared between groups. RESULTS: The overall incidence of <P 0> postoperative sore throat </> was higher in the HR group compared with that in the LR group [33 (72%) vs 18 (39%), P = .022]. The incidence of <P 0> postoperative sore throat </> at 0, 2, and 24 hours after surgery was higher in the HR group compared with that in the LR group (P < .001, P = .001, and P = .001, respectively). The incidence of postoperative <P 0> nausea </>, <P 0> vomiting </>, <P 0> drowsiness </>, and <P 0> headache </> was similar between the groups. The incidence of postoperative <P 0> shivering </> was higher in the HR group than in the LR group [10 (22%) vs 2 (4%), difference 17%, 95% CI 2%-33%, P = .027]. CONCLUSION: A relatively large dose of intraoperative remifentanil increased the incidence of <P 0> postoperative sore throat </> in patients for orthopedic surgery under general anesthesia. TRIAL REGISTRATION: Clinicaltrials.gov Identifier: NCT03173339.

30558034\_PD.txt

Title: Medial patellofemoral ligament reconstruction in children: A comparative randomized short-term study of fascia lata allograft and gracilis tendon autograft reconstruction.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Many surgical procedures have been described to treat recurrent patellar dislocation, but none of these techniques has been successful in all patients. The goal of the study was to evaluate the results of medial patellofemoral ligament reconstruction in children. Two operative procedures were evaluated; a fascia lata allograft and an autologous gracilis graft. METHODS: Forty-four children (27 girls and 17 boys) between 13 and 17 years of age with unilateral recurrent patellar dislocation underwent medial patellofemoral ligament (MPFL) reconstruction. Patients were operated in two orthopedic centers. The 1st group contained 22 patients and surgery was performed using a fascia lata allograft. In the 2nd group of patients which also contained 22 children and autologous gracilis graft was used. The mean age of the patients was 14.9 years and the mean follow-up was 24 months. Preoperatively, all patients were evaluated clinically ([T Kujala score questionnaire]) and radiologically. The same evaluation was used 18 to 30 months postoperatively to estimate the results of our treatment. RESULTS: In 1st group of children operated with cadaver allografts, the [T Kujala score] significantly improved from 73.91 points preoperatively to 94.50 points postoperatively (P < .001). The average <P 32> duration of operating procedure </> was 1 hour and 35 minutes. As shown by subjective <P 0> symptoms </>, the results in 95% of patients were rated as good or very good. All children returned to <P 25> full activity </>. Similar results were obtained in patients in 2nd group, where MPFL was reconstructed with ipsilateral gracilis tendon. [T Kujala score] increased from 70.77 points preoperatively to 94.32 postoperatively (P < .001). Our results were estimated as good or very good in 93% of patients. All patients that were operated returned to <P 25> full activity </>. However, median <P 32> duration of operation </> was longer and lasted 1 hour and 55 minutes. CONCLUSIONS: Both techniques were effective in the short-term (18-30 months) in treatment of recurrent patellar dislocation. The use of cadaver allograft spares the <P 0> hamstring muscles </> and reduces the <P 32> time of surgery </>. Therefore, such study appears to be useful because it provides valuable information that would help to guide treatment of this condition in children. Level of evidence II-2.

30558051\_PD.txt

Title: Increased <P 25> self-care </> activities and <P 0> glycemic control </> rate in relation to health education via Wechat among diabetes patients: A randomized clinical trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Health education has been considered as the effectiveness method to increase the self-care skills of diabetes patients. However, limited studies to investigate the association of health education via Wechat platform on increased the basic self-care skills and glycemic control rate in patients with type 2 diabetes. METHODS: A total number of 120 type 2 diabetes patients were randomized into intervention (health education by Wechat platform plus usual care) and the control group (usual care). Biochemical parameters including <P 0> fasting plasma glucose (FPG) </>, <P 0> 2-hour plasma glucose (2hPG) </>, <P 0> glycosylated hemoglobin A1c (HbA1c) </> were measured among the 2 groups at baseline 6-month and 12-month. [T Diabetes Management <P 28> Self-Efficacy </> Scale] was completed at baseline 6-month and 12-month. RESULTS: Significant difference of <P 0> HbA1c </> concentration and <P 28> Self-Efficacy </> were found between intervention and control groups at 6-month and 12-month (P <.05). The effect of groups and <P 32> health education duration </> times was found on reduced <P 0> HbA1c </> concentration and increased the total score of <P 28> Self-Efficacy </> (P <.05). No significant difference of <P 0> fasting plasma glucose </> and <P 0> 2-hour plasma glucose </> concentrations were found between intervention and control groups at 6 months and 12 months (P >.05). CONCLUSION: Health education of diabetic individuals via Wechat platform in conjunction with conventional diabetes treatment could improve <P 0> glycemic control </> and positively influence other aspects of diabetes <P 25> self-care </> skills.

30558053\_PD.txt

Title: Clinical efficacy and safety of apatinib in patients with advanced colorectal cancer as the late-line treatment.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

There is currently no standard therapeutic regimen available for patients with advanced colorectal cancer in whom the disease continues to progress after 2 or more lines of chemotherapy. The purpose of this study is to investigate the efficacy and safety of apatinib in patients with advanced colorectal cancer for whom at least two lines of prior chemotherapy had failed. Twenty seven patients with advanced colorectal cancer who had failed at least 2 lines chemotherapy were treated with apatinib (500 mg/day). As a comparison control, 26 advanced colorectal cancer patients with comparable clinical baseline characteristics including age, sex, Eastern Cooperative Oncology Group (ECOG) score, pathological type, carcinoembryonic antigen (CEA) level, tumor location, number and location(s) of metastasis, and previous chemotherapies were subject to observation. Survival analyses were performed via the Kaplan-Meier method. The <P 38> toxicity </> were evaluated in all patients this study according to the National Cancer Institute Common Toxicity Criteria 4 (NCI CTC version 4.0).A total of 53 well-matched patients with advanced colorectal cancer were retrospectively analyzed. The median follow-up time was 6.0 months (2.0-16.0 months). The median <P 0, 1> progression-free survival (PFS) </> was significantly longer for apatinib group than for observation group (2.0 vs. 1.1 months; HR = 3.88; 95% confidence interval [CI], 1.91-7.88; P < .001). However, there was no significant difference between the 2 groups for median <P 1> overall survival (OS) </> (5.0 vs. 4.0 months; HR = 1.03; 95% CI, 0.56-1.90; P = .914). The <P 0> disease control </> rate of the apatinib group was significantly better than that of the observation group (70.4% vs 26.9%, P = .002). There was no significant difference in the overall <P 0> remission </> rate between the 2 groups (3.7% vs 0%, P = .322). Advanced colorectal cancer patients with 2 or fewer metastatic sites experienced longer <P 0, 1> progression-free survival </> than those with more than 2 sites. High ECOG scores, cancer localization to the right side of colon and lymph node metastasis were associated with increased risk of <P 1> death </> and all remained independent factors affecting <P 1> overall survival </>. The most common grade 3/4 treatment-related <P 38> adverse events </> were <P 0> hypertension </> and <P 0> hand-foot skin syndrome </>. Apatinib treatment for patients with advanced colorectal cancer who had failed chemotherapy achieved better <P 0> disease control </> and prolonged <P 0, 1> progression-free survival </> relative to untreated controls. The <P 38> toxicity </> was manageable.

30558079\_PD.txt

Title: Clinical research on the efficacy and safety of Bosinji for low back pain with radiculopathy caused by herniated intervertebral disc of the lumbar spine: A protocol for a multicenter, randomized, controlled equivalence trial.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: A lumbar herniated intervertebral disc (LHIVD) is a common problem that usually causes low back pain and radiating pain. The effectiveness of Bosinji, one of the herbal medicines used for low back pain and radiating pain in patient with LHIVD, has been reported in several studies; however, little clinical evidence is available owing to the methodological limitations in previous studies. Hence, the present study aims to establish the clinical evidence regarding the efficacy and safety of Bosinji in improving <P 0> pain </>, <P 25> function </>, and <P 30> quality of life </> in LHIVD patients. METHOD/DESIGN: This is a multicenter, open-label, randomized, controlled, and equivalence trial with 2 parallel arms. A total of 74 patients who have low back pain and radiating pain due to LHIVD will be recruited and randomly allocated to the experimental group and control group. The patients in the experimental group and control group will take 2.5 g of Bosinji granule (1.523 g of Bosinji extract) or Loxonin tablet (60 mg of loxoprofen) 3 times a day for 6 weeks. Additionally, both groups will receive the same acupuncture treatment once a week for 6 weeks as a concurrent treatment. Changes in the 100-mm visual analogue scale (VAS) for <P 0> low back pain </> after 6 weeks from baseline will be assessed as the primary outcome. Furthermore, the 100-mm VAS for <P 0> radiating pain </>, [T Oswestry <P 25> disability </> index (ODI)], [T Roland-Morris <P 25> disability </> questionnaire (RMDQ)], [T EuroQol 5 Dimensions 5 Levels (EQ-5D-5L)], <P 0> global perceived </> effect (GPE), and [T <P 0> deficiency syndrome of kidney </> index (DSKI)] will be used to evaluate secondary outcomes. Outcomes will be assessed at baseline and at 3, 6, and 10 weeks after screening. For the safety evaluation, laboratory examinations including <P 0> complete blood count </>, <P 0> liver function </> test, <P 0> renal function </> test, <P 0> blood coagulation </> test, <P 0> inflammation </> test, and <P 0> urine analysis </> will be conducted before and after taking the medications. DISCUSSION: The results of this trial will be used to establish clinical evidence regarding the use of Bosinji with acupuncture treatment in the treatment of patients with LHIVD. TRIAL REGISTRATION NUMBER: NCT03386149 (clinicaltrials.gov) and KCT0002848 (Clinical Research Information Service of the Republic of Korea).

30558092\_PD.txt

Title: ED50 and ED95 of intrathecal hyperbaric ropivacaine for parturients undergoing cesarean section with prophylactic infusion of phenylephrine: A Prospective dose-finding Study.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Studies have reported that the ED50 of intrathecal ropivacaine was increased when using prophylactic infusion of phenylephrine to prevent spinal-induced hypotension. However, ED95 is more meaningful to clinical practice than ED50. Therefore, we conducted this study to determine the 95% effective <P 32> dose </> (ED95) of intrathecal hyperbaric ropivacaine for cesarean section in parturients receiving prophylactic infusion of phenylephrine to prevent spinal-induced hypotension. METHODS: A hundred of healthy parturients undergoing elective cesarean section under combined spinal-epidural anesthesia (CSEA) were enrolled in this randomized, double-blinded, dose-ranging study. Patients were randomly assigned to receive 7, 9, 11, 13 or 15 mg intrathecal hyperbaric ropivacaine respectively. The prophylactic phenylephrine infusion (50 mug/min) was initiated immediately at the same time of spinal injection. <P 32> Successful spinal anesthesia </> was defined as a T5 sensory level achieved within 10 min after intrathecal drug administration and no epidural supplement was required during the surgery. The 95% effective <P 32> dose </> was calculated with Probit analysis. RESULTS: The 95% effective <P 32> dose </> of intrathecal ropivacaine with 5 mug sufentanil for successful anesthesia was 15.2 mg (95%CI, 13.5-18.8 mg), when receiving prophylactic infusion of phenylephrine. CONCLUSION: Under the conditions of the present study, the 95% effective <P 32> dose </> of intrathecal hyperbaric ropivacaine for <P 32> successful spinal anesthesia </> for cesarean section in healthy parturient receiving prophylactic infusion of phenylephrine was 15.2 mg.

30558330\_PD.txt

Title: Acute Effect of Resistant Starch on <P 25> Food Intake </>, <P 0> Appetite </> and <P 0> Satiety </> in Overweight/Obese Males.

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/12/12 00:00 [accepted]

Several studies have linked increased intake of dietary fibre to improvement in the management of body weight. Dietary fibre from resistant starch (RS) has been shown to have an impact on food intake in normal weight individuals, but its role in obesity is unknown. The present study aimed to investigate the short-term effects of RS on <P 0> appetite </>, <P 0> satiety </> and postprandial <P 0> metabolism </> in overweight/obese subjects. In this single-blind randomized crossover study, overweight/obese healthy males consumed a test breakfast and lunch containing either 48 g RS or a placebo. Postprandial qualitative <P 0> appetite </>, <P 0> glucose </>, <P 0> insulin </>, and <P 0> GLP-1 </> were measured every 30 min for 7 h. <P 25> Energy intake </> values from an ad libitum dinner and for a 24-h period were assessed. Acute consumption of RS at breakfast/lunch significantly reduced the <P 25> energy intake </> at the ad libitum dinner (p = 0.017). No significant effect over 24 h or qualitative feelings of <P 0> satiety </> were observed. Significant treatment x time effects were found for postprandial <P 0> glucose </> (p = 0.004) for RS compared to placebo, with a trend for higher <P 0> C-peptide </> concentrations following RS. The postprandial <P 0> insulin </> and <P 0> GLP-1 </> responses were not significantly different. RS may indeed have short-term beneficial effects in obese individuals.

30558556\_PD.txt

Title: Efficacy of different interaction devices using non-immersive virtual tasks in individuals with Amyotrophic Lateral Sclerosis: a cross-sectional randomized trial.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC neurology

Journal ID: 100968555

Publication date: 2018/12/19 06:00 [entrez]

BACKGROUND: Amyotrophic Lateral Sclerosis (ALS) is a rapid progressive neurodegenerative disease, characterized by a selective loss of motor neurons, brain stem and spinal cord which leads to deterioration of motor abilities. Devices that promote interaction with tasks on computers can enhance performance and lead to greater independence and utilization of technology. OBJECTIVE: To evaluate <P 25> performance </> on a computer task in individuals with ALS using three different commonly used non-immersive devices. METHOD: Thirty individuals with ALS (18 men and 12 women, mean age 59 years, range 44-74 years) with a mean score of 26, (minimum score of 14 and maximum 41) on the Revised Amyotrophic Lateral Sclerosis Functional Rating Scale (ALSFRS-R) and 30 healthy controls matched for age and gender, participated. All participants were randomly divided into three groups, each using a different device system (motion tracking, finger motion control or touchscreen) to perform three task phases (<P 25> acquisition </>, <P 29> retention </> and <P 25> transfer </>). RESULTS: Both the ALS and control group (CG) showed better <P 25> performance </> on the computer task when using the touchscreen device, but there was limited <P 25> transfer </> of performance onto the task performed on the Finger Motion control or motion tracking. However, we found that using the motion tracking device led to <P 25> transfer </> of performance to the touchscreen. CONCLUSION: This study presents novel and important findings when selecting interaction devices for individuals with ALS to access technology by demonstrating immediate <P 25> performance </> benefits of using a touchscreen device, such as improvement of <P 0, 25> motor skills </>. There were possible transferable skills obtained when using virtual systems which may allow flexibility and enable individuals to maintain performance overtime. TRIAL REGISTRATION: Registration name: Virtual Task in Amyotrophic Lateral Sclerosis; Registration number: NCT03113630 ; retrospectively registered on 04/13/2017. Date of enrolment of the first participant to the trial: 02/02/2016.

30558592\_PD.txt

Title: Effectiveness and cost-effectiveness of neuromuscular exercise and back care counseling in female healthcare workers with recurrent non-specific low back pain: a blinded four-arm randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC public health

Journal ID: 100968562

Publication date: 2018/12/19 06:00 [entrez]

BACKGROUND: Registered healthcare workers worldwide have a high prevalence of work-related musculoskeletal disorders, particularly of the back. Multidisciplinary interventions among these workers have improved fear avoidance <P 29> beliefs </>, but not <P 0> low back pain (LBP) </> and related <P 27> sickness absences </>, cost-effectiveness studies are scarce. Our purpose was to investigate the effectiveness and cost-effectiveness of three intervention-arms (combined neuromuscular exercise and back care counselling or either alone) compared with non-treatment. METHODS: We randomly assigned female healthcare workers with recurrent non-specific LBP to one of four study-arms: Combined neuromuscular exercise and back care counseling; Exercise; Counseling; and no intervention Control. We assessed the effectiveness of the interventions on <P 0> intensity of low back pain </>, <P 0, 27> pain interfering with work </> and fear avoidance <P 29> beliefs </> against the Control, and calculated the incremental cost-effectiveness ratios for <P 27> sickness absence </> and QALY. RESULTS: We conducted three sub-studies in consecutive years of 2011, 2012, and 2013 to reach an adequate sample size. All together 219 women were randomized within each sub-study, of whom 74 and 68% had adequate questionnaire data at 6 and 12 months, respectively. No <P 38> adverse events </> occurred. <P 32> Compliance </> rates varied between intervention-arms. After 12 months, the Combined-arm showed reduced <P 0> intensity of low back pain </> (p = 0.006; effect size 0.70, confidence interval 0.23 to 1.17) and <P 0, 27> pain interfering with work </> (p = 0.011) compared with the Control-arm. <P 27, 28> Work-related fear of pain </> was reduced in both the Combined- (p = 0.003) and Exercise-arm (p = 0.002). <P 25, 28> Physical activity-related fear </> was reduced only in the Exercise-arm (p = 0.008). During the study period (0-12 months) mean total <P 34> costs </> were lowest in the Combined-arm (euro476 vs. euro1062-euro1992, p < 0.001) as were the mean number of <P 27> sickness absence </> days (0.15 vs. 2.29-4.17, p = 0.025). None of the intervention-arms was cost-effective for <P 27> sickness absence </>. There was 85% probability of exercise-arm being cost-effective if willing to pay euro3550 for QALY gained. CONCLUSIONS: Exercise once a week for 6 months combined with five sessions of back care counseling after working hours in real-life settings effectively reduced the <P 0> intensity of low back pain </>, <P 27> work interference </> due to LBP, and <P 28> fear of pain </>, but was not cost-effective. TRIAL REGISTRATION: ClinicalTrials.gov, NCT01465698 November 7, 2011 (prospective).