30558607\_PD.txt

Title: Optimising the antibiotic treatment of uncomplicated acute appendicitis: a protocol for a multicentre randomised clinical trial (APPAC II trial).

Publication Type: Journal Article

Journal-Name:BMC surgery

Journal ID: 100968567

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

BACKGROUND: Based on epidemiological and clinical data acute appendicitis can present either as uncomplicated (70-80%) or complicated (20-30%) disease. Recent studies have shown that antibiotic therapy is both safe and cost-effective for a CT-scan confirmed uncomplicated acute appendicitis. However, based on the study protocols to ensure patient safety, these randomised studies used mainly broad-spectrum intravenous antibiotics requiring additional hospital resources and prolonged hospital stay. As we now know that antibiotic therapy for uncomplicated acute appendicitis is feasible and safe, further studies evaluating optimisation of the antibiotic treatment regarding both antibiotic spectrum and shorter hospital stay are needed to evaluate antibiotics as the first-line treatment for uncomplicated acute appendicitis. METHODS: APPAC II trial is a multicentre, open-label, non-inferiority randomised controlled trial comparing per oral (p.o.) antibiotic monotherapy with intravenous (i.v.) antibiotic therapy followed by p.o. antibiotics in the treatment of CT-scan confirmed uncomplicated acute appendicitis. Adult patients with CT-scan diagnosed uncomplicated acute appendicitis will be enrolled in nine Finnish hospitals. The intended sample size is 552 patients. Primary endpoint is the <P 0> success </> of the randomised treatment, defined as <P 0> resolution of acute appendicitis </> resulting in <P 35> discharge from the hospital </> without the need for <P 36> surgical intervention </> and no <P 0> recurrent appendicitis </> during one-year follow-up. Secondary endpoints include post-intervention <P 38> complications </>, late <P 0> recurrence </> of acute appendicitis after one year, <P 35> duration of hospital stay </>, <P 0> pain </>, <P 30> quality of life </>, <P 27> sick leave </> and <P 34> treatment costs </>. Primary endpoint will be evaluated in two stages: point estimates with 95% confidence interval (CI) will be calculated for both groups and proportion difference between groups with 95% CI will be calculated and evaluated based on 6 percentage point non-inferiority margin. DISCUSSION: To our knowledge, APPAC II trial is the first randomised controlled trial comparing per oral antibiotic monotherapy with intravenous antibiotic therapy continued by per oral antibiotics in the treatment of uncomplicated acute appendicitis. The APPAC II trial aims to add clinical evidence on the debated role of antibiotics as the first-line treatment for a CT-confirmed uncomplicated acute appendicitis as well as to optimise the non-operative treatment for uncomplicated acute appendicitis. TRIAL REGISTRATION: Clinicaltrials.gov , NCT03236961, retrospectively registered on the 2nd of August 2017.

*30559838\_PD.txt*

*Title: Foot and ankle characteristics and dynamic knee valgus in individuals with patellofemoral osteoarthritis.*

*Publication Type: Comparative Study*

*Journal-Name:Journal of foot and ankle research*

*Journal ID: 101471610*

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

*Study design: Controlled laboratory study; cross-sectional design. Background: Foot and ankle characteristics and dynamic knee valgus differ in people with and without patellofemoral (PF) pain. However, it is unknown if these characteristics are evident in people with PF osteoarthritis (OA), compared to pain-free older adults. Objectives: To compare foot and ankle mobility, foot posture, and dynamic knee valgus, measured as the frontal plane projection angle (FPPA) during single-leg squatting, between individuals with and without PFOA. Methods: Fifty-one participants with PFOA (66% women, mean +/- SD age 57 +/- 10 years, body mass index (BMI) 27 +/- 6 kg/m(2)), and 23 controls (56% women, age 56 +/- 9 years, BMI 24 +/- 4 kg/m(2)) had ankle dorsiflexion measured using the knee-to-wall test, foot mobility, calculated as the difference in midfoot height or width between non-weightbearing and weightbearing, and static foot posture characterized utilizing the Foot Posture Index. Peak FPPA was determined from video recordings while participants performed 5 single-leg squats. Linear regressions examined between-groups relationships for foot and ankle characteristics and the FPPA. Results: The PFOA group had less ankle dorsiflexion (odds ratio 6.7, 95% confidence interval 2.46-18.2), greater midfoot height mobility (5.2, 1.78-15.14) and width mobility (4.3, 1.33-14.39, and greater foot mobility magnitude (8.4, 2.32-30.69) than controls. There was no difference in FPPA (knee valgus angle) between groups (15, 0.63-377.99). Conclusion: Foot and ankle characteristics were different in individuals with PFOA compared to control participants, however there was no difference in dynamic knee valgus during single leg squat. Clinical interventions to address greater foot mobility may be relevant for PFOA.*

30560818\_PD.txt

Title: Resin infiltration technique and fluoride varnish on white spot lesions in children: Preliminary findings of a randomized clinical trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Nigerian journal of clinical practice

Journal ID: 101150032

Publication date: 2019/01/22 06:00 [medline]

Aim: To clinically assess the efficacy of resin infiltration versus fluoride varnish for arresting <P 0> white spot lesions (WSLs) </> on permanent teeth in children. Subjects and Methods: Among the children referred to the our University, Faculty of Dentistry, Department of Pediatric Dentistry, 23 aged between 8-14 with 81 anterior <P 0> white spot lesions </> were included in the study. The participants were randomly assigned to either the resin infiltration group or the fluoride varnish group. <P 0> white spot lesions </> were assessed using a laser fluorescence device ([T DIAGNOdent pen], Kavo, Germany) and were characterized at baseline, immediately following resin infiltration application and at a 6-month follow-up. For the statistical analyses, the IBM SPSS Statistics 22 (IBM SPSS, Turkey) program was used to assess the findings of the study. Results: Participant retention was 100% at 6 months. There was no significant difference between the two groups when baseline ([T DIAGNOdent pen (DD)] values were compared (P > 0.05). The reduction in 6-month follow-up ([T DIAGNOdent pen] values were statistically significant in both groups relative to baseline values. The 6-month values of the resin infiltration group were statistically lower than those of the fluoride varnish group (P = 0.028, P < 0.05). Conclusions: Resin infiltration and fluoride varnish are clinically <P 32> feasible </> and efficacious methods for the treatment of anterior <P 0> white spot lesions </>. The inhibition of caries progression by resin infiltration should now be considered an alternative to fluoride treatment.

30562274\_PD.txt

Title: A Randomized Trial to Evaluate the Effect of Toric Versus Spherical Contact Lenses on <P 0> Vision </> and <P 0> Eyestrain </>.

Publication Type: Randomized Controlled Trial

Journal-Name:Eye & contact lens

Journal ID: 101160941

Publication date: 2019/01/18 06:00 [medline]

OBJECTIVES: To compare the effect of toric versus spherical soft contact lenses on objective measures of <P 0> visual </> performance using visual acuity and electromyography of the orbicularis oculi muscle. METHODS: Current soft contact lens wearers with -0.75 to -1.75 D astigmatism in each eye were binocularly fitted with toric (1-Day ACUVUE MOIST for astigmatism) and spherical (1-Day ACUVUE MOIST) contact lenses in random order. After each fitting and at 1-week follow-up, high- and low-contrast <P 0> visual acuities </> were measured. Electromyography was used to objectively evaluate <P 0> eyestrain </>. Linear mixed models were used to assess differences between toric and spherical contact lenses. RESULTS: The mean age (+/-SD) of the 60 participants was 27.5+/-5.0 years, spherical refractive error was -3.68+/-2.01 D, and cylinder was -1.28+/-0.36 D. High- and low-contrast <P 0> visual acuities </> with toric lenses were better than with spherical lenses at both fitting (toric high-contrast: -0.065+/-0.078 and low-contrast: 0.133+/-0.103 vs. spherical high-contrast: 0.001+/-0.104 and low-contrast: 0.224+/-0.107) and follow-up (toric high-contrast: -0.083+/-0.087 and low-contrast: 0.108+/-0.107 vs. spherical high-contrast: -0.015+/-0.095 and low-contrast: 0.211+/-0.104) (all P<0.0001). Electromyography-measured <P 0> eyestrain </> was less with toric versus spherical contact lenses at fitting (least-square ratio of toric over spherical=0.72; P=0.0019) but not at follow-up (ratio=0.86; P=0.11). CONCLUSION: These results suggest that toric contact lenses provided improved objective measures of <P 0> vision </> in a low-to-moderate astigmatic population.

30562305\_PD.txt

Title: Changes in Unilateral <P 25> Upper Limb Muscular Strength </> and <P 0> Electromyographic </> Activity After a 16-Week Strength Training Intervention in Survivors of Breast Cancer.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of strength and conditioning research

Journal ID: 9415084

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

Hagstrom, AD, Shorter, KA, and Marshall, PWM. Changes in unilateral <P 25> upper limb muscular strength </> and <P 0> Electromyographic Activity </> after a 16-week strength training intervention in survivors of breast cancer. J Strength Cond Res 33(1): 225-233, 2019-Upper limb strength deficits are frequently observed following breast cancer (BC) and its treatments. It is currently unknown whether these unilateral deficits can be corrected by a standard bilateral strength training intervention. Twenty-three survivors of BC were included in this analysis. Fourteen performed a 16-week resistance training (RT) intervention, 9 were assigned to a usual care waitlist control group. Electromyographic analysis of the pectoralis major and triceps brachii were monitored during 3 maximal isometric contractions and a fatiguing endurance task. <P 25> Muscular strength </> was significantly different between limbs at the start of the intervention (p = 0.02). <P 0>(S1) Electromyographic amplitude <P 0> and {median} frequency </> did not differ between limbs at the start of the intervention. <P 25> Muscular strength </> was significantly different between limbs in the RT group at the end of the intervention (p = 0.01). <P 0> Electromyographic amplitude </> did not differ between limbs or groups at the end of the intervention. Bilateral strength training did not correct the unilateral <P 25> strength deficit </> observed in this group of survivors of breast cancer. Periods of unilateral strength training should be implemented into periodized RT programs in this cohort.

30562785\_PD.txt

Title: [Effects of intranasal dexmedetomidine for children undergoing dental rehabilitation under general anesthesia: a double-blinded randomized controlled trial].

Publication Type: Randomized Controlled Trial

Journal-Name:Beijing da xue xue bao. Yi xue ban = Journal of Peking University. Health sciences

Journal ID: 101125284

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

OBJECTIVE: To observe the preoperative <P 0> sedation </>, the <P 28> status of separation from parents </>, <P 32> compliance </> with the mask, <P 0> hemodynamic </> parameters and postoperative <P 28> agitation </> of intranasal dexmedetomidine (DEX) premedication on children undergoing dental rehabilitation under general anesthesia. METHODS: In the study, 60 children of American Society of Anesthesiology classification (ASA I-II), aged 2-9 years, were randomly assigned to one of two equal groups. Thirty minutes before operation, control group received intranasal placebo (0.9% saline) 0.02 mL/kg, and DEX group received intranasal DEX 2 mug/kg. The preoperative <P 0> sedation </> score, the <P 28> status of separation from parents </>, <P 32> compliance </> with the mask and <P 0> hemodynamic </> parameters were recorded by an anesthesiologists until anesthesia induction. <P 0, 25> Recovery conditions </>, postoperative <P 28> agitation </> were also recorded. RESULTS: There was no significant difference between the two groups in patient characteristics, <P 32> operation time </>, <P 32> extubation time </> and <P 32> recovery time </>. Compared with the children in control group, those in DEX group were significantly more <P 0> sedated </> when they were separated from their parents (56.7% vs. 26.7%, P<0.05). Satisfactory <P 32> compliance </> with mask application was 40% in control group vs. 73.3% in DEX group (P<0.05). There was no significant difference between the two groups regarding the incidences of postoperative <P 28> agitation </> and <P 0> oxygen saturation (SpO2) </>. Compared with control group, the <P 0> heart rate (HR) </> of DEX group was decreased after 20 minutes of drug administration [(97.13+/-12.93) beats/min vs.(104.53+/-11.97) beats/min, P<0.05]. The changes of the <P 0> heart rate (HR) </> and <P 0> oxygen saturation (SpO2) </> in the two groups were within the normal range. There were no incidences of <P 0> bradycardia </> and <P 0> hypoxemia </> in either of the groups during study observation. CONCLUSION: Premedication with intranasal DEX 2 mug/kg for children undergoing dental rehabilitation under general anesthesia produces good preoperative <P 0> sedation </>. The levels of <P 0> sedation </>, scores of <P 28> parental separation </> and <P 32> compliance </> with the mask were satisfied. The children have good <P 0, 25> recovery conditions </>, and no obvious postoperative <P 28> agitation </> and <P 0> respiratory depression </> after DEX administration. Intranasal DEX 2 mug/kg is an effective and safe alternative for premedication in children.

30563215\_PD.txt

Title: Vitamin D Daily versus Monthly Administration: <P 0> Bone Turnover </> and <P 0> Adipose Tissue </> Influences.

Publication Type: Journal Article

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/12/03 00:00 [accepted]

Vitamin D is involved in bone metabolism and in many various extra-skeletal diseases such as malabsorption syndromes, cardiovascular and metabolic diseases, cancer, and autoimmune and neurological diseases. However, data on the optimal route of administration are not consistent. The aims of our study were to analyze not only the influence of daily vs. monthly administration of vitamin D on <P 0> bone metabolism </> and <P 0> bone turnover </>, but also the effects of different routes of administration on <P 0> fat mass </> in a cohort of adults with low levels of 25(OH) vitamin D3 at baseline. We analyzed 44 patients with hypovitaminosis at baseline and after six months of two different regimens of administration: seven drops (1750 IU)/day vs. 50,000 IU/month. We found that the two regimens were equivalent; 36 out of 44 patients reached the normal range of vitamin D after six months of treatment. Interestingly, the main determinant of vitamin D at baseline was the waist circumference. In addition, 22 patients treated by monthly regimen were evaluated after 18 months of treatment. At the end of follow-up, patients showed normal levels of vitamin D, with increased <P 0> calcium levels </> and decreased <P 0> bone turnover </>. <P 0> Waist circumference </> also decreased. Our results support the efficacy of vitamin D3 given monthly both for correcting <P 0> hypovitaminosis </> and for maintaining vitamin D levels. The relationship between serum 25(OH)vitamin D3 concentration and <P 0> waist circumference </> supports vitamin D having a protective role in the current setting, since waist size is directly associated with the risk of cardiovascular and metabolic diseases.

*30563306\_PD.txt*

*Title: The effect of probiotics on glycemic index.*

*Publication Type: Randomized Controlled Trial*

*Journal-Name:Panminerva medica*

*Journal ID: 0421110*

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

*Department of Pharmacy Practice, Sri Adichunchanagiri College of Pharmacy, B. G. Nagara, Karnataka, India - rajesh.venkyresearch01@gmail.com. Department of Pharmacy Practice, Sri Adichunchanagiri College of Pharmacy, B. G. Nagara, Karnataka, India. Department of Pharmacy Practice, Sri Adichunchanagiri College of Pharmacy, B. G. Nagara, Karnataka, India.*

30563481\_PD.txt

Title: Pathways leading to success and non-success: a process evaluation of a cluster randomized physical activity health promotion program applying fuzzy-set qualitative comparative analysis.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC public health

Journal ID: 100968562

Publication date: 2018/12/20 06:00 [entrez]

BACKGROUND: Health promotion programs can only lead to improvements in health outcomes if they are effectively implemented. However, most studies assessing implementation success focus on only one condition, although more conditions influence this process. Therefore, evidence is scarce on what conditions play a role in successful implementation and how they interact. Hence, we aimed to identify which combinations of teacher and implementation process characteristics affected the <P 26, 27, 28> emotional and social school experience (SCE) </> of pupils participating in a school-based health promotion program. METHODS: This study was part of an effectiveness and process evaluation including 24 intervention and 27 control classes. We used fuzzy-set qualitative comparative analysis (fsQCA) to identify combinations of conditions that were associated with either an increase or no increase in the outcome <P 26, 27, 28> emotional and social school experience (SCE) </> in comparison to the control group at 20 months post intervention. We deductively selected five conditions based on the Consolidated Framework for Implementation Research: teachers' perceived <P 28> self-efficacy </>, teachers' <P 29> expectations </> of the benefits of the intervention, teachers' previous <P 29> knowledge </> about the intervention, <P 32> dosage of physical activity breaks </>, and <P 32> quality of the implementation </>. RESULTS: We identified five different pathways that led to no increase in the pupils' outcome (parameters of fit: consistency 94%, coverage 66%). The combination of an unsatisfying <P 32> quality of implementing the intervention </> and a low previous <P 29> knowledge </> about the intervention showed the highest empirical relevance. Similarly, fewer <P 32> physical activity breaks </> in combination with other conditions impeded the program's success. Furthermore, we identified two different pathways characterizing ways to success (consistency: 81%, coverage: 52%). The most relevant combination was good quality implementation of <P 32> physical activity breaks </>, implemented by teachers with a high <P 28> self-efficacy </>, and a good previous <P 29> knowledge </> about the intervention. CONCLUSIONS: QCA has potential for an in-depth analysis of complex interventions as it can rely on small to medium sample sizes and analyze pathways to success and non-success separately. The investigated program can be improved by considering the following suggestions: The quality of the implementation process should be monitored during the implementation phase, and regular feedback loops and learning opportunities for teachers should accompany a program. Clear recommendations regarding the dosage should be established. TRIAL REGISTRATION: German register of clinical studies: DRKS00000622 . Retrospectively registered: December 3, 2010, ( http://www.drks.de/drks\_web/setLocale\_EN.do ). Approved by the Ethics Committee of Lower Austria (GS4-EK-4/107-2010).

30563488\_PD.txt

Title: Process evaluation of a pilot multi-component physical activity intervention - active schools: Skelmersdale.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC public health

Journal ID: 100968562

Publication date: 2018/12/20 06:00 [entrez]

BACKGROUND: Schools have been identified as key environments to promote child physical activity (PA). Implementation of multi-component PA interventions within schools is advocated but research has showed that they may not always be effective at increasing child PA. Results of the Active Schools: Skelmersdale (AS:Sk) multi-component pilot intervention indicated no significant positive change to child PA levels. Process evaluations can provide information on which aspects of an intervention were delivered and how. Therefore, the purpose of this study was to use a combination of methods to elicit child and teacher perceptions regarding the <P 32> feasibility </> and <P 32> acceptability </> of the AS:Sk intervention, alongside systematic researcher observations. The overarching study aim was to understand how schools <P 32> implemented </> the AS:Sk intervention, with a specific focus on the frequency of <P 32> intervention component implementation </>, and how the components were <P 32> incorporated </> into the school day. METHODS: The study generated five data sets. Data elicited from 18 participating children via a write draw, show and tell task included, frequency counts of most enjoyable intervention components, drawings, and verbatim data. Teacher verbatim data was collected from 3 interviews, and 18 researcher observations were recorded using field notes. The data sources were pooled to produce the themes presented in the results section. RESULTS: The combination of data sources revealed four themes and 16 sub-themes. Implementation methods: how and when the components were <P 32> implemented </> in schools. Child engagement: enjoyment and positive behaviour. Facilitators: peer influence, teacher influence, staggered implementation, incentives, rewards, challenges and competition, flexibility and adaptability, child ownership, routine. Barriers: time within an intense curriculum, space, sustaining child interest, parental support, school policies. CONCLUSIONS: This study revealed that teachers believed classroom based activities were most <P 32> feasible </> and <P 32> acceptable </> due to the reduced implementation barriers of sufficient time and space. In contrast, children reported that the activities outside of the classroom were <P 32> preferred </>. Future school-based PA interventions should aim to achieve a balance between routine PA at a set time and PA that is flexible and adaptable. Further process evaluations of multi-component school-based PA interventions are warranted to develop the limited evidence base.