*30572418\_PD.txt*

*Title: Does Doctor Race Affect the Health of Black Men?*

*Publication Type: Randomized Controlled Trial*

*Journal-Name:National Bureau of Economic Research bulletin on aging and health*

*Journal ID: 101215702*

*Publication date: 2019/01/15 06:00 [medline]*

*['2018/12/21 06:00']*

30572426\_PD.txt

Title: Effect of hand washing and personal hygiene on <P 0> hand food mouth disease </>: A community intervention study.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

There are no specific treatment drugs and vaccine for Hand Foot and Mouth Disease (HFMD). Taking effective preventive measures is particularly important for control of HFMD infection. The objective of this study is to evaluate the effect of intervention of intensive education on hand hygiene on <P 0> hand food mouth disease (HFMD) </>. We randomized 64 villages into intervention and control groups in Handan, Hebei province, China. Parents and caregivers of children 6 to 40 months age group in intervention villages received intensive education on hand hygiene. Control group received general education. The intervention period was from April 1 to July 31, 2011 and April 1 to July 31, 2012. We measured and compare the <P 29>(E4) knowledge of and {incidences of} <P 0> hand food mouth disease </> between 2 groups. We collected 6484 questionnaires, including 3583 in the intervention group [response rate: 96% (3583/3726)] and 2901 in the control group [response rate: 90% (2901/3224)]. We observed that <P 25> hand washing habit </> of children and parent, <P 29> knowledge of hand food mouth disease </> of parents, children's daily <P 25> cleaning habits </> scores improved in the intervention group and higher than that in the control group at both the end of year 1 (April 1-July 31, 2011)and year 2 (April 1-July 31, 2012). The incidence of <P 0> hand food mouth disease </> (2.1%) in intervention group was significantly lower than that in control group (4.2%) at year 2 (chi = 22.138, P <.001). The positive percent of <P 0> coli-form </> on the hand swabs in intervention group (2.00%) were significantly lower than that in control group (9.45%) at the end of year 2.The intervention of intensive education on hand hygiene effectively improved the <P 25> personal hygiene </> both of children and parents, as well as reduced the incidence of <P 0> hand food mouth disease </>. We suggested expanding the intervention measures in community to prevent HFMD.

30572436\_PD.txt

Title: A comparative study on the prophylactic effects of paracetamol and dexmedetomidine for controlling <P 0> hemodynamics </> during surgery and postoperative <P 0> pain </> in patients with laparoscopic cholecystectomy.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Today, the ever-expanding technology is inevitably shadowing on all aspects of human life. This study was aimed to compare the prophylactic effects of paracetamol and dexmedetomidine for controlling <P 0> hemodynamics </> during surgery and postoperative <P 0> pain </>. METHODS: The study population consisted of 132 patients aged 18 to 70 years and from both genders, who were candidates for emergency cholecystectomy or elective surgery. Group A consisted of 66 patients who received dexmedetomidine, and Group B included 66 patients with paracetamol administration. The amount of postoperative <P 0> pain </> was measured on the basis of visual analog scale, <P 0> arterial blood pressure </>, as well as <P 0> heart rate </> at recovery and 4, 12, and 24 hours after surgery. RESULTS: The mean age in the 2 groups was similar and almost equal to 52 years; there was no difference in the sex ratios in both groups (P > .05). <P 0> Pain </> score in the paracetamol group was significantly lower than that in the dexmedetomidine group (P = .04); nevertheless, there were no group differences in the mean scores of <P 0> pain </> during these hours (P > .05). The median <P 36> opioid use </> in 24 hours after operation in the paracetamol group was lower when compared with that in the dexmedetomidine group, and the mean <P 36> duration of analgesia </> in the paracetamol group was higher when comparing with dexmedetomidine group. Furthermore, in both groups, <P 0> mean arterial pressure </> and preoperative <P 0> PR interval </> were similar at various times. CONCLUSION: The findings demonstrated that both regimens of drugs can control the <P 0> hemodynamic </> status of patients during laparoscopic cholecystectomy, which provides effective postoperative analgesia for <P 0> pain </> management.

30572458\_PD.txt

Title: Comparison of effective teaching methods to achieve <P 25> skill </> acquisition using a robotic virtual reality simulator: Expert proctoring versus an educational video versus independent training.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: To compare the superiority of teaching methods for acquiring a proficient level of surgical <P 25> skill </> in a robotic surgery-naive individual using a robotic virtual reality simulator. METHODS: This study employed a prospective, randomized study design to assess student's <P 29> learning </> curve. We divided 45 subjects into 3 groups: those with expert proctoring (group I), those who watched only an educational video (group II), and those with independent training (group III; n = 15 per group). The task used in this study was the Tube 2 and it imitates a vesicourethral anastomosis in robotic prostatectomy. The effects were analyzed by the <P 25> time to end the task </> after overcoming the learning curve which is determined by several <P 25> performance </> parameters. RESULTS: The number of <P 25> task repetitions </> required to reach the learning curve plateau was 45, 42, and 37 repetitions in groups I, II, and III, which means that there was continuous improvement in <P 25> performing the task </> after 40 repetitions only in groups I and II. The mean <P 25> time for completing the task </> during the stabilization period was significantly different between group I and group III and group II and group III, which means that the independent training method was inferior to the other methods (group I vs. group II vs. group III: 187.38 vs. 187.07 vs. 253.47 seconds, P < .001). CONCLUSIONS: This study's findings showed that an educational video can be as beneficial as expert proctoring, which implies that the development of a standardized educational video would be worthwhile.

30572473\_PD.txt

Title: Effect of nerve electrical stimulation for treating chemotherapy-induced <P 0> nausea </> and <P 0> vomiting </> in patients with advanced gastric cancer: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: This randomized controlled trial evaluated the effectiveness of nerve electrical stimulation (NES) for the treatment of chemotherapy-induced <P 0> nausea </> and <P 0> vomiting </> (CINV) in patients with advanced gastric cancer (AGC). METHODS: One hundred twenty-four eligible patients with AGC were included in this randomized controlled trial. They were equally divided the NES group and the sham group. The patients in the NES group received NES intervention, while the subjects in the sham group underwent sham NES. The primary outcome included <P 0> symptoms severity </> and <P 0> appetite </>. The secondary outcomes included <P 30> quality of life </>, as measured by the MD Anderson Symptom Inventory (MDASI) score, and <P 25> functional impairment </>, as evaluated by the Karnofsky score. Additionally, <P 38> adverse events </> were also documented during the period of the treatment. RESULTS: After treatment, NES showed greater effectiveness in reducing the severity of <P 0> nausea </> (P = .02), and <P 0> vomiting </> (P = .04), as well as the <P 0> appetite </> improvement (P = .02), compared with the sham NES. Furthermore, no <P 38> adverse events </> related to NES treatment were detected. CONCLUSION: The results of this study demonstrated that NES may help to relieve CINV in patients with AGC. Future studies are still needed to warrant these results.

30572482\_PD.txt

Title: The effect of Baduanjin qigong combined with CBT on <P 0> physical fitness </> and <P 28> psychological health </> of elderly housebound.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: To investigate the effectiveness of Baduanjin qigong combined with cognitive-behavior therapy (CBT) on the <P 0> physical fitness </> and <P 28> psychological health </> of elderly housebound. MATERIALS AND METHODS: The 120 elderly housebound were randomly divided into 3 intervention groups: Baduanjin training, Baduanjin training combined with CBT, and CBT. The interventions were conducted by means of home visits over 6 months. Spirometry, [T SF-36] health survey of <P 30> quality of life </>, and [T Lawton and Brody Instrumental <P 25> Activities of Daily Living </> Scale] (IADL) were used to collect <P 0, 25> physical health </> data, and self-evaluation of <P 0> overall health </> status, self-evaluation of <P 28> loneliness </>, and [T short-form geriatric <P 0, 28> depression </> scale (GDS-15)] were used to collect <P 0, 28> mental health </> data at baseline, 3 months, and 6 months after intervention. Data was analyzed by repeated measures analysis of variance (rANOVA) and chi-squared test (chi test). RESULTS: <P 0> Forced vital capacity (FVC) </>, <P 0> maximum voluntary ventilation (MVV) </>, <P 30> quality of life (QOL) </>, and self-reported <P 0> health </> status were significantly increased (P < .05) in the group receiving joint Baduanjin and CBT intervention at 3 months and 6 months, as compared to the Baduanjin only group or the CBT only group. <P 25> Activities of daily living (ADL) </>, self-evaluated <P 28> loneliness </>, and level of <P 0, 28> depression </> were significantly lowered (P < .05) in the group receiving joint Baduanjin and CBT intervention at 3 months and 6 months, as compared to the Baduanjin only group or the CBT only group. CONCLUSIONS: <P 0, 25> Physical </> and <P 28> psychological </> statuses of elderly housebound were significantly improved by Baduanjin training combined with CBT. The effect of the combined intervention exceeded that of CBT or Baduanjin alone.

30572485\_PD.txt

Title: Preoperative celecoxib analgesia is more efficient and equally <P 32> tolerated </> compared to postoperative celecoxib analgesia in knee osteoarthritis patients undergoing total knee arthroplasty: A randomized, controlled study.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

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

The aim of the present study was to evaluate the efficacy and safety of preoperative celecoxib administration in alleviating postoperative <P 0> pain </> in knee osteoarthritis (OA) patients undergoing total knee arthroplasty (TKA).A total of 226 knee OA patients underwent TKA were consecutively recruited and randomized into preoperative analgesia group and postoperative analgesia group as 1:1 ratio. Preoperative analgesia group received celecoxib before and post operation; postoperative analgesia group received celecoxib post operation, all patients received TKA and intravenous patient-controlled analgesia (PCA) post operation. <P 0> Pain </> visual analog scale (VAS), patient's <P 0> global assessment </> (PGA), <P 0> flexional angles </>, patient-controlled <P 36> analgesia consumption </>, percentage of patients receiving <P 36> pethidine </>, <P 36> pethidine consumption </>, and <P 38> adverse events </> were assessed. <P 0> Pain </> VAS scores at rest and at flexion were both lower in preoperative analgesia group compared to postoperative analgesia group at 2 hours, 6 hours, 12 hours, and 24 hours post operation. Preoperative analgesia group also exhibited decreased patient's <P 0> global assessment </> (PGA) score compared to postoperative analgesia group at 2 hours, 6 hours, 12 hours, 24 hours, and 48 hours post operation. Meanwhile, <P 0> active flexional angle </> and <P 0> passive flexional angle </> in preoperative analgesia group were larger than that in postoperative analgesia group at 72 hours post operation. More interestingly, preoperative analgesia group patients consumed less patient-controlled <P 36> analgesia </> compared to postoperative analgesia group patients at 72 hours post operation. No difference of <P 38> adverse event </> incidences between 2 groups was observed. Preoperative administration of celecoxib exhibits better efficacy and equal safety profiles compared to postoperative administration of celecoxib in knee OA patients undergoing TKA.

30572526\_PD.txt

Title: The efficacy of cervical spine phantoms for improving resident <P 25> proficiency </> in performing ultrasound-guided cervical medial branch block: A prospective, randomized, comparative study.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Few studies have been conducted on the utility of cervical spine phantoms for practicing cervical procedures. Here, we describe a simple method for creating a cervical spine phantom and investigate whether the use of a gelatin-based phantom is associated with improved <P 25> proficiency </> in performing ultrasound-guided cervical medial branch block. METHODS: A cervical spine phantom was prepared using a cervical spine model immersed in a mixture of gelatin and psyllium husk. In total, 27 participants, inexperienced in spinal ultrasonography, were enrolled and allocated to 1 of 2 groups (training group, n = 18; control group, n = 9). All participants were tested (test-1) following an introductory course of basic ultrasonography. Participants in the control group were tested again after 1 week (test-2). Those in the training group received a further individual 3-hour training session, and were tested again after 1 week (test-2). RESULTS: The mean <P 25> performance </> score in test-1 was 62.5 +/- 10.1 points in the training group and 62.3 +/- 4.1 points in the control group [95% confidence interval (95% CI) -5.5 to 5.8; P = .954]. In test-2, the mean score was 86.8 +/- 6.5 points and 59.9 +/- 4.4 points in the training and control groups, respectively (95% CI 21.9-31.8; P < .001). The mean <P 25> time required to complete test-1 </> was 84.6 +/- 26.6 seconds in training group and 90.7 +/- 43.9 seconds in the control group (95% CI -34.0 to 21.7; P = .653); in test-2, the <P 25> time </> required was 56.6 +/- 27.9 and 91.2 +/- 43.8 seconds (95% CI -63.0 to -6.2; P = .019), respectively. Interobserver reliability showed excellent agreement based on the intraclass correlation coefficient, and moderate to almost perfect agreement by kappa statistics. CONCLUSION: Training using a gelatin-based cervical spine phantom helps novices acquire the <P 25> skills </> necessary to perform ultrasound-guided cervical medial branch blocks.

30572528\_PD.txt

Title: Is the transdermal fentanyl patch an efficient way to achieve acute postoperative <P 0> pain control </> ?: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUPD: This study investigated the plasma fentanyl concentration and efficacy of transdermal fentanyl patch (TFP) (25 mug/h) in the management of acute postoperative <P 0> pain </>. METHODS: Patients undergoing laparoscopic cholecystectomy were randomly allocated to 2 groups. The TFP group (n = 30) received a single TFP 25 mug/ h to the anterior chest wall 14 h before operation. The IV group (n = 30) received a placebo patch. After the operation, intravenous fentanyl infusion (25 mug/h) was begun with loading dose 25 mug in the IV group and only normal saline in the TFP group. Plasma fentanyl levels were measured at admission, 1, 6, 12, 24, and 48 h postoperatively. <P 0> Pain severity </> and <P 38> adverse effects </> were evaluated too. RESULTS: The fentanyl level peaked 1 h after operation in the TFP group (3.27 +/- 0.34 ng/mL) and 24 h postoperatively in the IV group (2.9 +/- 0.42 ng/mL). <P 0> Pain </> scores and the <P 36> use of rescue analgesics </> were not significantly different between 2 groups. <P 0> Respiratory depression </> was not happened in both groups. CONCLUSIONS: The TFP (25 mug/h) affixed 14 h before surgery reached a higher <P 32> constant concentration </> than the same dose setting of a constant IV infusion of fentanyl after surgery. Although the <P 32> concentration of fentanyl </> was higher than those of previous researches, there was no <P 0> respiratory depression </>. But, there was no advantage of reducing <P 0> pain </> score and the <P 36> use of rescue analgesics </>. CLINICAL TRIAL REGISTRATION: (available at: http://cris.nih.go.kr, KCT0002221).

30572544\_PD.txt

Title: Effect of the soft-tissue techniques in the <P 30> quality of life </> in patients with Crohn's disease: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Crohn's disease (CD) is a highly prevalent inflammatory bowel disease (IBD), characterized by recurring flares altered by periods of inactive disease and remission, affecting physical and psychological aspects and quality of life (QoL). The aim of this study was to determine the therapeutic benefits of soft non-manipulative osteopathic techniques in patients with CD. METHODS: A single-blind randomized controlled trial was performed. 30 individuals with CD were divided into 2 groups: 16 in the experimental group (EG) and 14 in the control group (CG). The intervention period lasted 30 days (1 session every 10 days). <P 0> Pain </>, <P 30> global quality of life (GQoL) </> and <P 30> quality of life </> specific for CD (QoLCD) were assessed before and after the intervention. <P 0, 28> Anxiety </> and <P 0, 28> depression </> levels were measured at the beginning of the study. RESULTS: We observed a significant effect of the treatment in both the <P 25>(E3) physical and {task subscales of the} <P 30> global quality of life </> (GQoL) (P = .01 and P = .04, respectively) and also in the <P 30> quality of life </> specific for CD (P </=.0001) but not in <P 0> pain </> score (P = .28). When the intensity of <P 0> pain </> was taken into consideration in the analysis of the EG, there was a significantly greater increment in the <P 30> quality of life </> specific for CD after treatment in people without <P 0> pain </> than in those with <P 0> pain </> (P = .02) The improvements in <P 30> global quality of life (GQoL) </> were independent from the disease status (P = .16). CONCLUSIONS: Soft, non-manipulative osteopathic treatment is effective in improving <P 30>(E3) overall and <P 25> physical-related quality of life </> in CD patients, regardless of the phase of the disease. <P 0> Pain </> is an important factor that inversely correlates with the improvements in <P 30> quality of life </>.