30595323\_PD.txt

Title: Randomized controlled trial comparing the efficacy of daily and every other day atorvastatin therapy and its correlation with serum <P 0> hydroxymethylglutaryl-CoA reductase enzyme </> levels in naive dyslipidemic patients.

Publication Type: Randomized Controlled Trial

Journal-Name:Indian heart journal

Journal ID: 0374675

Publication date: 2018/05/09 00:00 [accepted]

OBJECTIVE: Data regarding efficacy comparison of daily regimen (DR) versus every other day regimen (EODR) atorvastatin therapy is not validated by estimation of serum hydroxymethylglutaryl-CoA reductase (HMGCR) levels and HMGCR correlation with lipid indices. METHODS: In this randomized controlled trial, we compared the efficacy of DR versus EODR by measuring <P 0> lipid </> indices and serum <P 0> HMGCR </> levels at baseline and after 12 weeks of 10mg atorvastatin therapy. Primary endpoint was comparison of mean change in serum <P 0> hydroxymethylglutaryl-CoA reductase enzyme (HMGCR) </> levels and lipid indices of both groups and their correlation with each other. Secondary endpoints were assessed by estimating serum <P 0> aspartate aminotransferase (AST) </>, <P 0> alanine aminotransferase (ALT) </> and <P 0> creatine kinase MM (CK-MM) </> levels and <P 38> adverse drug reactions (ADRs) </>. RESULTS: A total of 61 patients were enrolled of which 46 completed the study (24 in DR vs 22 in EODR group). The mean reduction in <P 0> total cholesterol (TC) </>, <P 0> low density lipoprotein-cholesterol (LDL-C) </> and <P 0> non-high density lipoprotein-cholesterol (HDL-C) </> was significantly higher in DR group, whereas mean reduction in <P 0> triglycerides (TG) </> and increase in <P 0> non-high density lipoprotein-cholesterol (HDL-C) </> was similar in both the groups. Reduction in serum <P 0> hydroxymethylglutaryl-CoA reductase enzyme (HMGCR) </> levels was comparable in both the groups (31.17% vs 28.19%). Change in serum <P 0> hydroxymethylglutaryl-CoA reductase enzyme (HMGCR) </> levels correlated more with change in <P 0> lipid </> indices of DR group. Also, safety parameters were similar between the two groups. CONCLUSION: Both the regimens achieved therapeutic goals, however DR was found to be superior as it achieved greater reduction in total <P 0> cholesterol </> (TC) and <P 0> low density lipoprotein-cholesterol (LDL-C) </>. Further, these findings are substantiated by correlation of <P 0> lipid </> indices with serum <P 0> hydroxymethylglutaryl-CoA reductase enzyme (HMGCR) </> levels.

30595325\_PD.txt

Title: School-based surveillance for detection of children with <P 0> acute pharyngitis </>, <P 0> rheumatic fever/rheumatic heart disease </> in Shimla district, Himachal Pradesh, India-A cluster randomized controlled trial.

Publication Type: Multicenter Study

Journal-Name:Indian heart journal

Journal ID: 0374675

Publication date: 2018/05/26 00:00 [accepted]

BACKGROUND: The lack of surveillance system is a major barrier in prevention and control of rheumatic fever/rheumatic heart disease (RF/RHD). Efficacy of school-based surveillance was evaluated for detection of <P 0> acute pharyngitis </> and <P 0> rheumatic fever/rheumatic heart disease (RF/RHD) </> in Shimla district, HP. METHODS: The schools in district Shimla were randomly assigned to intervention and controlled arm (442 vs. 441 schools). The trained nodal teachers reported children with symptoms of acute pharyngitis and or RF/RHD in intervention arm and children taken to hospitals by parents for symptoms of acute pharyngitis and or RF/RHD under control arm through mobile phone to coordinating centre. Final outcome for presence of <P 0> rheumatic fever/rheumatic heart disease (RF/RHD) </> or other <P 0> heart Diseases </> was recorded after examination at nearest primary health centers and/or at Indira Gandhi Medical College Hospital, Shimla. Difference in detection rate between intervention arm and control arm was compared using Z test. RESULTS: The number of school children reported from intervention group was significantly higher than in control due to suspected symptoms of <P 0> acute pharyngitis </> and or <P 0> rheumatic fever/rheumatic heart disease (RF/RHD) </> were 65 (2.84/1000) and 15 (0.60/1000), respectively (p<0.01). Only 4 children in each arm were found to have <P 0> heart diseases </>, with prevalence of (0.17/1000 and 0.16/1000), respectively, after clinical and echocardiography evaluation. In intervention arm, one child had <P 0> rheumatic heart disease (RHD) </> while three had <P 0> congenital heart disease </>; in control arm, one child had <P 0> congenital heart disease </> and three had <P 0> rheumatic heart disease (RHD) </>. CONCLUSIONS: School based surveillance had higher rate of suspecting children with <P 0> acute pharyngitis </> and or <P 0> rheumatic fever/rheumatic heart disease (RF/RHD) </> although with low specificity. There is a need of future studies to demonstrate the effectiveness of the proposed intervention in endemic regions of the state.

30595326\_PD.txt

Title: To study the effect of high dose Atorvastatin 40mg versus 80mg in patients with dyslipidemia.

Publication Type: Randomized Controlled Trial

Journal-Name:Indian heart journal

Journal ID: 0374675

Publication date: 2018/01/25 00:00 [accepted]

OBJECTIVE: Primary objective was to compare the effects of atorvastatin 40mg vs 80mg on <P 0> LDL-C </> in Indian patients with atherosclerotic dyslipidemia. Secondary objectives were to compare the effects of atorvastatin 40mg vs 80mg on <P 0> HDL-C </> and <P 0> triglycerides </> and also comparing of <P 38> side effects </> (<P 0> myopathy </>, <P 0> hepatotoxicity </> and <P 0> new onset diabetes mellitus </>) of both doses. METHOD: This Study is A Prospective, randomized, open-label, comparative study. This study was conducted on 240 patients of dyslipidemia (as per ACC/AHA 2013 lipid guidelines) attending the OPD/wards/CCU of department of cardiology, Sir Ganga Ram Hospital. They were randomly divided into 2 groups of 120 each. Group A consisted patients who received Atorvastatin 40mg daily and Group B Atorvastatin 80mg daily. The follow up period was 6 months. RESULTS: At 3 and 6 month follow up, Atorvastatin 40mg leads to mean <P 0> LDL cholesterol </> reduction of 47.18+/-20.81 & 50.03+/-18.06 respectively. While Atorvastatin 80mg results in <P 0> LDL </> reduction as 50.11+/-15.85 & 52.30+/-13.72. The comparison between two doses revealed a non-significant difference (p=.118 & p=.149 respectively). At 6 months of follow up, few patients reported <P 0> myalgia </> (2 in group A and 7 in Group B). The difference between groups was significant (p=.045). Although none of our patient had significant elevation of <P 0> CPK </>. CONCLUSION: This study concluded that both doses of atorvastatin (40 & 80mg) are equally efficacious in improving <P 0> dyslipidemia </> but higher dose leads to more incidence of <P 0> myalgia </>.

30595329\_PD.txt

Title: Prophylactic use of carvedilol to prevent <P 0> ventricular dysfunction </> in patients with cancer treated with doxorubicin.

Publication Type: Randomized Controlled Trial

Journal-Name:Indian heart journal

Journal ID: 0374675

Publication date: 2018/06/14 00:00 [accepted]

OBJECTIVE: Deterioration in ventricular function is often observed in patients treated with anthracyclines for cancer. There is a paucity of evidence on interventions that might provide cardio-protection. We investigated whether prophylactic use of carvedilol can prevent doxorubicin-induced <P 0> cardiotoxicity </> and whether any observed effect is dose related. METHODS: A prospective, randomized, double-blind study in patients treated with doxorubicin, comparing placebo (n=38) with different doses of carvedilol [6.25mg/day (n=41), 12.5mg/day (n=38) or 25mg/day (n=37)]. The primary endpoint was the measured change in <P 0> left ventricular ejection fraction (LVEF) </> from baseline to 6 months. RESULTS: <P 0> left ventricular ejection fraction (LVEF) </> decreased from 62+/-5% at baseline to 58+/-7% at 6-months (p=0.002) in patients assigned to placebo but no statistically significant changes were observed in any of the 3 carvedilol groups. At 6 months, only one of 116 patients (1%) assigned to carvedilol had an <P 0> left ventricular ejection fraction (LVEF) </> <50% compared to four of the 38 assigned to placebo (11%), (p=0.013). No significant differences were noted between carvedilol and placebo in terms of the development of <P 0> diastolic dysfunction </>, <P 0> clinically overt heart failure </> or <P 1> death </>. CONCLUSIONS: Carvedilol might prevent deterioration in <P 0> left ventricular ejection fraction (LVEF) </> in cancer patients treated with doxorubicin. This effect may not be dose related within the studied range.

30601058\_PD.txt

Title: Cost-effectiveness analysis of a placebo-controlled randomized trial evaluating the effectiveness of arthroscopic subacromial decompression in patients with subacromial shoulder pain.

Publication Type: Journal Article

Journal-Name:The bone & joint journal

Journal ID: 101599229

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

AIMS: The aims of this study were to compare the <P 34> use of resources </>, <P 34> costs </>, and <P 30> quality of life </> outcomes associated with subacromial decompression, arthroscopy only (placebo surgery), and no treatment for subacromial pain in the United Kingdom National Health Service (NHS), and to estimate their cost-effectiveness. PATIENTS AND METHODS: The <P 34> use of resources </>, <P 34> costs </>, and quality-adjusted life-years (QALYs) were assessed in the trial at six months and one year. Results were extrapolated to two years after randomization. Differences between treatment arms, based on the intention-to-treat principle, were adjusted for covariates and missing data were handled using multiple imputation. Incremental cost-effectiveness ratios were calculated, with uncertainty around the values estimated using bootstrapping. RESULTS: Cumulative mean QALYs/mean <P 34> costs of health care service use and surgery </> per patient from baseline to 12 months were estimated as 0.640 (standard error (se) 0.024)/ pound3147 (se 166) in the decompression arm, 0.656 (se 0.020)/ pound2830 (se 183) in the arthroscopy only arm and 0.522 (se 0.029)/ pound1451 (se 151) in the no treatment arm. Statistically significant differences in cumulative QALYs and <P 34> costs </> were found at six and 12 months for the decompression versus no treatment comparison only. The probabilities of decompression being cost-effective compared with no treatment at a willingness-to-pay threshold of pound20 000 per QALY were close to 0% at six months and approximately 50% at one year, with this probability potentially increasing for the extrapolation to two years. DISCUSSION: The evidence for cost-effectiveness at 12 months was inconclusive. Decompression could be cost-effective in the longer-term, but results of this analysis are sensitive to the assumptions made about how costs and QALYs are extrapolated beyond the follow-up of the trial.

30602688\_PD.txt

Title: A High Adherence to Six Food Targets of the Mediterranean Diet in the Late First Trimester is Associated with a Reduction in the Risk of Materno-Foetal Outcomes: The St. Carlos Gestational Diabetes Mellitus Prevention Study.

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/12/27 00:00 [accepted]

A prenatal diet affects materno-foetal outcomes. This is a post hoc analysis of the St. Carlos gestational diabetes mellitus (GDM) Prevention Study. It aims to evaluate the effect of a late first-trimester (>12 gestational weeks) degree of adherence to a MedDiet pattern-based on six food targets-on a composite of materno-foetal outcomes (CMFCs). The CMFCs were defined as having <P 36> emergency C-section </>, <P 0> perineal trauma </>, <P 0> pregnancy-induced hypertension and preeclampsia </>, <P 0> prematurity </>, <P 0> large-for-gestational-age </>, and/or <P 0> small-for-gestational-age </>. A total of 874 women were stratified into three groups according to late first-trimester compliance with six food targets: >12 servings/week of vegetables, >12 servings/week of fruits, <2 servings/week of juice, >3 servings/week of nuts, >6 days/week consumption of extra virgin olive oil (EVOO), and >/=40 mL/day of EVOO. High adherence was defined as complying with 5(-)6 targets; moderate adherence 2(-)4 targets; low adherence 0(-)1 targets. There was a linear association between high, moderate, and low adherence, and a lower risk of <P 0> gestational diabetes mellitus (GDM) </>, <P 36> emergency C-section </>, <P 0> perineal trauma </>, <P 0> pregnancy-induced hypertension </> and <P 0> preeclampsia </>, <P 0> prematurity </>, <P 0> large-for-gestational-age </>, and/or <P 0> small-for-gestational-age </>, <P 0> urinary tract infections (UTI) </>, <P 0> prematurity </>, and <P 0> small-for-gestational-age (SGA) </> newborns (all p < 0.05). The odds ratios (95% CI) for <P 0> gestational diabetes mellitus (GDM) </> and CMFCs in women with a high adherence were 0.35((0.18(-)0.67), p = 0.002) and 0.23((0.11(-)0.48), p < 0.001), respectively. Late first-trimester high adherence to the predefined six food targets is associated with a reduction in the risk of <P 0> gestational diabetes mellitus (GDM) </>, <P 36> emergency C-section </>, <P 0> perineal trauma </>, <P 0> pregnancy-induced hypertension and preeclampsia </>, <P 0> prematurity </>, <P 0> large-for-gestational-age </>, and/or <P 0> small-for-gestational-age </>, <P 0> urinary tract infections (UTI) </>, <P 0> prematurity </>, and <P 0> small-for-gestational-age (SGA) </> newborns.

30605922\_PD.txt

Title: Suspension Training HIIT Improves <P 25> Gait Speed </>, <P 25> Strength </> and <P 30> Quality of Life </> in Older Adults.

Publication Type: Randomized Controlled Trial

Journal-Name:International journal of sports medicine

Journal ID: 8008349

Publication date: 2019/01/04 06:00 [entrez]

This study aimed to evaluate the effects of a 12-week high-intensity interval exercise (HIIT) training program involving suspension exercises (TRX) on the <P 25> muscle strength </>, <P 0> body composition </>, <P 25> gait speed </>, and <P 30> quality of life </> of older adults. A total of 82 older adults were randomly assigned to 3 groups: a HIIT group (n=28), a continuous intensity training group (MIIT group, n=27), or a control group (CG, n=27). Compared to MIIT and CG, participants of the HIIT group showed significant post-intervention improvements in <P 0> BMI </> (p=.002 and p<.001, respectively) and <P 25> gait speed </> (p<.001 for both). <P 25> Handgrip strength </> increase was also observed after HIIT (p=.002), but no differences were observed with MIIT and CG. Compared with MIIT and control groups, HIIT showed improvements in the SF-36 domains: <P 0> general health </> (p<.001 for both) <P 0> health </> changes (p<.001 for both), <P 0> vitality </> (p=.002 and p=.001 respectively) and <P 25> physical functioning </> (p=.036 and p<.001 respectively). Our results suggest that a HIIT training program with TRX have benefits in <P 0> BMI </>, <P 25> handgrip strength </>, <P 25> gait speed </>, and <P 30> quality of life </> in older adults.

30605952\_PD.txt

Title: [A comparison study of cognitive-behavioral therapy alone versus combination with tapered hypnotic agents in patients with chronic insomnia].

Publication Type: Randomized Controlled Trial

Journal-Name:Zhonghua nei ke za zhi

Journal ID: 16210490R

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

Objective: To investigate the efficacy of cognitive-behavioral therapy for insomnia (CBT-i) or combination with tapered hypnotic agents. Methods: Seventy-five patients were randomized into either CBT-i group (n=37) or combination group (n=38). The duration of treatment lasted for 8 weeks. The efficacy was evaluated by [T Pittsburgh <P 0> sleep quality </> index (PSQI)], [T Beck <P 0, 28> depression </> index (BDI)] , [T Beck <P 0, 28> anxiety </> inventory (BAI)] and <P 0> sleep </> diary variables at baseline, middle and end of treatment. Results: (1)Compared with the results at baseline, the total scores of [T Pittsburgh <P 0> sleep quality </> index (PSQI)], [T Beck <P 0, 28> depression </> index (BDI)] , [T Beck <P 0, 28> anxiety </> inventory (BAI)] in both groups significantly decreased at the end of treatment: CBT-i group, PSQI (4.7+/-2.5) vs. (12.9+/-3.5); BDI (3.2+/-4.4) vs. (9.7+/-6.4); BAI (4.2+/-5.6) vs. (10.7+/-8.1); and combination group, PSQI (5.8+/-2.8) vs. (13.9+/-3.1); BDI (4.5+/-4.8) vs. (13.8+/-8.7); BAI (4.4+/-4.0) vs. (14.1+/-6.3) (all P<0.01). (2) Compared with the results at baseline, subjective <P 0> sleep quality (SQ) </>, <P 0> sleep onset latency (SOL) </>, <P 0> sleep efficiency (SE) </>, <P 0> sleep disturbance (SD) </> and used <P 36> sleep medication </> (USM) in PSQI in combination group significantly decreased at week 4 and 8 (all P<0.05) . The total <P 0> sleep time </> (TST) and <P 25> daytime dysfunction (DF) </> in PSQI significantly decreased at week 8 (both P<0.05). (3) Compared with combination group, improvement of <P 0> sleep onset latency (SOL) </> and <P 0> sleep efficiency (SE) </> in CBT-i group was superior (both P=0.01). Conclusions: CBT-i for chronic insomnia is effective in both CBT-i alone and combination with tapered hypnotic agents. CBT-i group is superior in improving <P 0> sleep onset latency (SOL) </> and <P 0> sleep efficiency (SE) </>. Combination regimen in our study can significantly reduce the <P 36> doses </> of medication.

30606151\_PD.txt

Title: "We have to clean ourselves to ensure that our children are healthy and beautiful": findings from a qualitative assessment of a hand hygiene poster in rural Uganda.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC public health

Journal ID: 100968562

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

BACKGROUND: Neonatal sepsis is a major cause of mortality worldwide, with most deaths occurring in low-income countries. The World Health Organisation (WHO) '5 Moments for Hand Hygiene' poster has been used to reduce hospital-acquired infections, but there is no similar tool to prevent community-acquired newborn infections in low-resource settings. This assessment, part of the BabyGel Pilot study, evaluated the acceptability of the 'Newborn Moments for Hand Hygiene in the Home' poster. This was an educational tool which aimed to remind mothers in rural Uganda to clean their hands to prevent neonatal infection. METHODS: The BabyGel pilot was a cluster randomised trial that assessed the post-partum use of alcohol-based hand rub (ABHR) to prevent <P 0> neonatal infections </> in Mbale, Uganda. Fifty-five women in 5 village clusters received the ABHR and used it from birth to 3 months postnatally, with use guided by the new poster. Following the study, 5 focus group discussions (FGDs) were conducted consisting of 6-8 purposively sampled participants from intervention villages. FGDs were audio-recorded, transcribed then translated into English. Transcripts were inductively coded using ATLAS.ti(R) and qualitatively analysed using thematic content analysis. RESULTS: Most mothers reported that they <P 29> understood </> the message in the poster ("The picture shows me you must use these drugs to keep your baby healthy") and that they could <P 32> adhere </> to the moments from the poster. Some participants used the information from the poster to <P 32> encourage other caregivers </> to use the ABHR ("after explaining to them, they liked it"). Other potential moments for <P 25, 33> hand hygiene </> were introduced by participants, such as after tending to domestic animals and gardening. CONCLUSION: The poster was <P 32> well-received </>, and participants reported <P 32> compliance </> with the moments for hand hygiene (although the full body wipe of the baby has since been removed). The poster will be adapted into a sticker format on the ABHR bottle. More focus could be put into an education tool for other caregivers who wish to hold the baby. Overall, the study demonstrated the <P 32> acceptability </> of an adapted version of the WHO Moments for Hand Hygiene poster in the introduction of an intervention in the community. TRIAL REGISTRATION: ISRCTN67852437 , registered 02/03/2015. TRIAL FUNDING: Medical Research Council/ Wellcome Trust/ DfID (Global Health Trials Scheme).

30606161\_PD.txt

Title: Announcing the availability of oral HIV self-test kits via text message to increase HIV testing among hard-to-reach truckers in Kenya: a randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC public health

Journal ID: 100968562

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

BACKGROUND: Truckers in sub-Saharan Africa are at higher risk of contracting HIV than the general population. HIV self-testing may be a way to increase testing rates in this high-risk population. The objective of this randomized controlled trial was to assess whether informing truckers who do not test for HIV regularly about the availability of HIV self-testing kits at roadside wellness centers in Kenya using text messages would increase <P 32> HIV testing </> rates compared to the current program in which they are sent text messages about the availability of HIV testing in general. METHODS: A sample of 2262 male truckers registered in the North Star Alliance electronic health record system who, based on these records, were not testing for HIV regularly were randomized to one of three study groups in which they were sent text messages about the availability of (1) oral HIV self-test kits at all 8 North Star Alliance Kenya clinics that was sent three times (intervention), (2) HIV testing in general (not self-testing) at all North Star Alliance clinics sent three times (enhanced standard of care [SOC]), or (3) HIV testing in general (not self-testing) at all North Star Alliance clinics sent one time (SOC). We looked at <P 32> HIV testing </> over a 2-month study period following the first text. RESULTS: Truckers in the intervention group were significantly more likely to <P 32> test for HIV </> compared to those in the enhanced SOC (OR = 2.7, p = 0.009). There was no difference in <P 32> HIV testing </> between those in the enhanced SOC and the SOC groups. Of those in the intervention group who tested, 64.5% chose the <P 32> self-test </> and 35.5% chose the standard provider-administered blood-based <P 32> HIV test </>. Although the intervention more than doubled <P 32> HIV testing </> rates, because <P 32> HIV testing </> rates were so low in this population (by design as we selected irregular testers), even in the intervention group more than 96% of participants did not <P 32> test </>. CONCLUSIONS: Announcing the availability of HIV self-testing via text message increased <P 32> HIV testing </> rates among truckers who were not regularly accessing HIV testing. However, self-testing is only a partial solution to increasing <P 32> testing </> rates in this hard to reach population. TRIAL REGISTRATION: This trial was registered prior to enrollment at the Registry for International Impact Evaluations (RIDIE STUDY ID: 582a2462ae2ab): http://ridie.3ieimpact.org/index.php?r=search/detailView&id=492 . It was also registered after completion at ClinicalTrials.gov ( ClinicalTrials.gov Identifier: NCT03662165): https://clinicaltrials.gov/ct2/show/NCT03662165?term=NCT03662165&type=Intr&cond=H IV&rank=1