30626354\_PD.txt

Title: Efficacy of an ocular bandage contact lens for the treatment of dry eye after phacoemulsification.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC ophthalmology

Journal ID: 100967802

Publication date: 2019/01/11 06:00 [entrez]

BACKGROUND: To evaluate the safety and efficacy of a bandage contact lens for alleviating <P 0> dry eye discomfort </> after phacoemulsification. METHODS: In this prospective, controlled study, 60 age-related cataract patients with mild Meibomian gland dysfunction (MGD) were randomized to treatment with an ocular bandage contact lens (BCL) (n = 30) or to an untreated control group (n = 30) after phacoemulsification and intraocular lens implantation. The [T <P 0> Ocular Surface Disease </> Index (OSDI)] questionnaire, evaluation of subjective <P 0> symptoms </> and evaluation of the <P 0> best-corrected visual acuity (BCVA) </> were conducted preoperatively and postoperatively on days 1, 7, 14, 30 and 90. The <P 0> tear breakup time (TBUT) </>, Schirmer test] with anesthesia, and <P 0> fluorescein staining </> scores were measured preoperatively and postoperatively on days 7, 14, 30 and 90. RESULTS: There were no significant differences with respect to the <P 0> best-corrected visual acuity (BCVA) </> between the groups at any time point. For the comparison of the [T <P 0> Ocular Surface Disease </> Index (OSDI)], subjective evaluation scores, <P 0> tear breakup time (TBUT) </> and <P 0> fluorescein staining </>, statistically significant improvements were noted in the BCL group, especially on days 7 and 14 (P < 0.001, P < 0.001; P = 0.031, P = 0.009; P = 0.021, P = 0.028; and P = 0.03, P = 0.032, respectively). The Schirmer test results did not significantly change postoperatively. CONCLUSIONS: A BCL can improve <P 0> tear film stability </> and lessen <P 0> dry eye discomfort </> immediately after phacoemulsification. TRIAL REGISTRATION: Current Controlled Trials ChiCTR-INR-16008863 (Date of registration: 20 July 2016).

30629770\_PD.txt

Title: Evaluation of the safety and efficacy of a new hemostatic powder using a quantitative <P 0> surface bleeding </> severity scale.

Publication Type: Multicenter Study

Journal-Name:Journal of cardiac surgery

Journal ID: 8908809

Publication date: 2019/01/11 06:00 [entrez]

AIMS OF THE STUDY: The safety and efficacy of a hemostatic powder (HP) versus a control agent, absorbable gelatin sponge and thrombin (G + T), were assessed, using a validated, quantitative <P 0> bleeding severity </> scale. METHODS: Subjects were randomized to receive HP (256 subjects) or G + T (132 subjects) for treatment of minimal, mild, or moderate <P 0> bleeding </> at 20 investigational sites. The primary efficacy endpoint was non-inferiority of HP relative to G + T for success at achieving <P 0> hemostasis </> within 6 minutes. Secondary endpoints in rank order included: superiority of HP relative to G + T in mean <P 32> preparation time </>; non-inferiority of HP relative to G + T for achieving <P 0> hemostasis </> within 3 min; superiority of HP relative to G + T for achieving <P 0> hemostasis </> within 6 min; and superiority of HP relative to G + T for success for achieving <P 0> hemostasis </> within 3 min. RESULTS: A total of 388 subjects were included in the primary efficacy analysis. At 6 min, <P 0> hemostasis </> was achieved in 93.0% (238/256) of the HP group compared to 77.3% (102/132) of the G + T group (non-inferiority P < 0.0001, superiority P < 0.0001). All secondary endpoints were met. <P 38> Complications </> were comparable between treatment groups. CONCLUSIONS: HP had superior rates of <P 0> hemostasis </>, shorter <P 32> preparation time </>, and a similar safety profile compared to G + T in this prospective, randomized trial using quantitative <P 0> bleeding severity </> criteria.

*30630455\_PD.txt*

*Title: Prevalence and correlates of psychological distress among 13-14 year old adolescent girls in North Karnataka, South India: a cross-sectional study.*

*Publication Type: Randomized Controlled Trial*

*Journal-Name:BMC public health*

*Journal ID: 100968562*

*Publication date: 2019/01/12 06:00 [entrez]*

*BACKGROUND: Mental health disorders among adolescents have emerged as a major public health issue in many low and middle-income countries, including India. There is a paucity of research on the determinants of psychological distress, particularly among the poorest girls in the poorest communities. The purpose of this study was to assess the prevalence and correlates of different indicators of psychological distress among 13-14 year old low caste girls in rural, south India. METHODS: Cross-sectional survey of 1191 low caste girls in two districts in north Karnataka, conducted as part of a cluster randomised-control trial. Bivariate and multivariate logistic regression analysis assessed correlates of different indicators of psychological distress. RESULTS: More than one third of girls (35.1%) reported having no hope for the future. 6.9% reported feeling down, depressed or hopeless in the past 2 weeks. 2.1% reported thinking they would be better off dead or of hurting themselves in some way in the past 2 weeks. 1.6% reported sexual abuse, 8.0% recent eve teasing and 6.3% having no parental emotional support. Suicidal ideation was independently associated with sexual abuse (AOR 11.9 (3.0-47.0)) and a lack of parental emotional support (AOR 0.2 (0.1-0.5)). Feeling down, depressed or hopeless was independently associated with recent eve-teasing (AOR 2.9 (1.6-5.4)), a harassing or abusive school environment (AOR 3.9 (1.8-8.2)), being frequently absent (AOR 2.8 (1.5-5.5)) or having dropped out of school (AOR 2.1 (1.0-4.3)), and living in Vijayapura district (AOR 2.5 (1.6-4.1)). Having no hope for the future was independently associated with a range of factors, including recent "eve-teasing" (AOR 1.5 (1.0-2.4)), being engaged (AOR 2.9 (0.9-9.7)), not participating in groups (AOR 0.5 (0.4-0.6)) and a lack of emotional support (AOR 0.6 (0.4-0.7)). CONCLUSIONS: Rather than being a time of optimism, a third of low caste girls in rural north, Karnataka have limited hope for the future, with some contemplating suicide. As well as having important development benefits, interventions that address the upstream structural and gender-norms based determinants of poor mental health, and provide adolescent services for girls who require treatment and support, should have important benefits for girls' psychological wellbeing. TRIAL REGISTRATION: Prospectively registered at ClinicalTrials.GovNCT01996241 . November 27, 2013.*

30630500\_PD.txt

Title: Long-term results of a phase II study of hypofractionated proton therapy for prostate cancer: moderate versus extreme hypofractionation.

Publication Type: Journal Article

Journal-Name:Radiation oncology (London, England)

Journal ID: 101265111

Publication date: 2019/01/12 06:00 [entrez]

BACKGROUND: We performed a prospective phase II study to compare acute <P 38> toxicity </> among five different hypofractionated schedules using proton therapy. This study was an exploratory analysis to investigate the secondary end-point of <P 0, 1> biochemical failure-free survival (BCFFS) </> of patients with long-term follow-up. METHODS: Eighty-two patients with T1-3bN0M0 prostate cancer who had not received androgen-deprivation therapy were randomized to one of five arms: Arm 1, 60 cobalt gray equivalent (CGE)/20 fractions/5 weeks; Arm 2, 54 CGE/15 fractions/5 weeks; Arm 3, 47 CGE/10 fractions/5 weeks; Arm 4, 35 CGE/5 fractions/2.5 weeks; and Arm 5, 35 CGE/5 fractions/4 weeks. In the current exploratory analysis, these ardms were categorized into the moderate hypofractionated (MHF) group (52 patients in Arms 1-3) and the extreme hypofractionated (EHF) group (30 patients in Arms 4-5). RESULTS: At a median follow-up of 7.5 years (range, 1.3-9.6 years), 7-year <P 0, 1> biochemical failure-free survival (BCFFS) </> was 76.2% for the MHF group and 46.2% for the EHF group (p = 0.005). The 7-year <P 0, 1> biochemical failure-free survival (BCFFS) </> of the MHF and EHF groups were 90.5 and 57.1% in the low-risk group (p = 0.154); 83.5 and 42.9% in the intermediate risk group (p = 0.018); and 41.7 and 40.0% in the high risk group (p = 0.786), respectively. <P 0> Biochemical failure </> tended to be a late event with a median time to occurrence of 5 years. Acute <P 0> GU Toxicities </> were more common in the MHF than the EHF group (85 vs. 57%, p = 0.009), but late <P 0>(E1) GI and <P 0> GU toxicities </> did not differ between groups. CONCLUSIONS: Our results suggest that the efficacy of EHF is potentially inferior to that of MHF and that further studies are warranted, therefore, to confirm these findings. TRIAL REGISTRATION: This study is registered at ClinicalTrials.gov, no. NCT01709253 ; registered October 18, 2012; retrospectively registered).

30632328\_PD.txt

Title: Comparison Of Simultaneous Versus Delayed Ventriculoperitoneal Shunting In Patients Undergoing Meningocoele Repair In Terms Of <P 0> Infection </>.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of Ayub Medical College, Abbottabad : JAMC

Journal ID: 8910750

Publication date: 2019/02/28 06:00 [medline]

BACKGROUND: Myelomeningocele is a congenital anomaly of Central Nervous System (CNS) leading to serious sequels related to various systems and organs of the affected patient. Hydrocephalus is a common condition associated with myelomeningocele. Hydrocephalus is seen in 11.8% of children with Myelomeningocele (MMC). This study was conducted to compare the simultaneous vs delayed ventriculoperitoneal shunting in children undergoing myelomeningocele in terms of <P 0> infection </>. METHODS: This Randomized Control Trial was conducted at department of Neurosurgery, Ayub Medical College, Abbottabad from 7th March to 7th June 2016. In this study a total of 98 patients with MMC and hydrocephalus were randomly divided into two equal groups. In group A simultaneous MMC repair and VP shunting was performed while in group B MMC repair was done in first and VP shunting was done two weeks postoperatively.. RESULTS: In this study mean age in Group A was 1 years with SD+/-2.77 while mean age in Group B was 1 years with SD+/-3.12. In Group A (12%) patients had <P 0> infection </> and (88%) whereas in Group B (20%) patients had <P 0> infection </> and (80%) patients didn't had <P 0> infection </>. CONCLUSIONS: Simultaneous VP shunting was more effective than delayed VP shunting in children undergoing myelomeningocele in terms of <P 0> infection </>.

30632329\_PD.txt

Title: Role Of 0.2% Bio-Adhesive Chlorhexidine Gel In Reducing Incidence Of <P 0> Alveolar Osteitis </>.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of Ayub Medical College, Abbottabad : JAMC

Journal ID: 8910750

Publication date: 2019/02/28 06:00 [medline]

BACKGROUND: Alveolar osteitis is a frequent postoperative complication of third molar surgery. A number of preventive methods have been tried. Chlorhexidine is most widely used antiseptic which is thought to be helpful to prevent alveolar osteitis. The objective of this study was to evaluate role of 0.2% bio-adhesive chlorhexidine gel in reducing incidence of <P 0> alveolar osteitis </> after surgical removal of mandibular third molars which causes extra monetary burden on the patients in the form of several follow up visits.. METHODS: A randomized clinical trial was performed in the Dental Section, Ayub Medical College, Abbottabad. Approval from ethical committee was obtained. Total 180 patients were randomly divided into Group A in which patients received 0.2% bio-adhesive chlorhexidine gel and Group B where patients received placebo gel in the extraction socket after removal of mandibular third molar. RESULTS: 0.2% bio-adhesive chlorhexidine gel used after mandibular third molar removal reduced incidence of <P 0> alveolar osteitis </> by 10% in comparison to control group with statistically significant difference, i.e., p=0.044.. CONCLUSIONS: 2.3 times reduction in the incidence of <P 0> alveolar osteitis </> was observed after use of 0.2% bio-adhesive chlorhexidine gel.

30633170\_PD.txt

Title: <P 25> Grip strength </> can be used to evaluate postoperative <P 0> residual neuromuscular block recovery </> in patients undergoing general anesthesia.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/29 06:00 [medline]

BACKGROUND: Residual postoperative neuromuscular blockade is an important clinical issue. Neuromuscular monitoring is usually used to evaluate neuromuscular recovery in patients undergoing general anesthesia. However, this procedure is inconvenient and not widely adopted. We aimed to examine the correlation between <P 25> grip strength </> and train-of-four ratio (TOFr) to examine whether assessing <P 25> grip strength </> can be used clinically to monitor <P 0> residual neuromuscular blockade </>. METHODS: One hundred twenty patients with ASA I or II scheduled for laparoscopic cholecystectomy under general anesthesia were enrolled in this study. All patients were randomly selected to receive standard anesthesia induction with either 0.6 mg.kg rocuronium or 0.2 mg.kg cisatracurium. <P 25> Grip strength </> was tested in all patients using an electronic device before anesthesia and when TOFr values of 0.7, 0.8, and 0.9, and an hour later of TOFr value of 0.25. The time required for a change in TOFr values from 0.25 to 0.75 and 0.9 was evaluated. Spearman rank correlation analysis was performed to determine correlations between <P 25> grip strength </> and TOFr. RESULTS: Spearman rank correlation analysis indicated that there was a significant correlation between <P 25> grip strength </> and TOFr during patient recovery from general anesthesia (correlation coefficient for grip strength recovery [rs] = 0.886). Subgroup analysis revealed that there were no differences in mean maximum grip value recovery between patients treated with rocuronium and those treated with cisatracurium when TOFr was 0.7, 0.8, and 0.9 or when the TOFr was 0.25 after 60 minutes (all P >.05). Recovery of TOFr from 0.25 to 0.75 and from 0.25 to 0.9 was longer in patients treated with rocuronium than in those treated with cisatracurium (both P <.001). CONCLUSION: There was a strong correlation between <P 25> grip strength </> and TOFr during recovery from general anesthesia. Evaluation of <P 25> grip strength </> can be used as an additional strategy to evaluate postoperative <P 0> residual neuromuscular blockade </>.

30633181\_PD.txt

Title: The influence of pelvis reposition exercises on <P 0> pelvic floor muscles asymmetry </>: A randomized prospective study.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/29 06:00 [medline]

OBJECTIVE: The assessment of pelvis reposition exercise efficacy in the treatment of pelvic floor muscles (PFM) asymmetry. The hypothesis was that PFM asymmetry may have a functional reason related to lumbopelvic complex misalignment. DESIGN: A parallel group trial with follow-up METHODS:: Thirty young women were divided into 2 groups: experimental (n = 15) and control (n = 15). In experimental group one, a 15-minute trial of pelvis reposition exercise was carried out. [T Ober test], the [T Thomas test], and transabdominal <P 0> pelvic floor muscles (PFM) </> ultrasound measurements were performed in both groups. RESULTS: In the experimental group both the Ober and Thomas tests were positive at baseline in most subjects. After the exercise, improvement was noted in Ober test (P = .005; d = 0.75 on the right side, P = .005; d = 0.78 on the left side) and in the Thomas test (P = .005; d = 0.66 on the right side, P = .005; d = 0.67 on the left side). At baseline, the ultrasonographic evaluation of <P 0> pelvic floor muscles (PFM) </> performed during resting and during voluntary pelvic muscles contraction showed the right-left length asymmetry. The return of <P 0> symmetrical pelvic floor muscles (PFM) </> work after pelvis reposition exercise was observed in the experimental group. There were no statistically significant changes in the control group. CONCLUSIONS:: We suggest that after reposition exercises, the pelvis was more symmetrically aligned in relation to body axis; therefore, the muscles of the pelvic floor have functional length and did not shorten or lengthen due to pelvis rotation. In this study, for the first time, it was presented that <P 0> pelvic floor muscles (PFM) asymmetry </> visible in ultrasonography may be corrected by this specific exercise. Further analysis of the causes of this asymmetry may lead to more accurate treatment of PFM dysfunctions.

30633202\_PD.txt

Title: Exercise training as an adjunctive therapy to montelukast in children with mild asthma: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/23 06:00 [medline]

BACKGROUND: This study investigated the effectiveness and safety of exercise training (ET) as an adjunctive therapy to montelukast for children with mild asthma (MA). METHODS: A total of 72 children, ages 4 to 12 years with MA were randomly assigned to a treatment group or a control group at a ratio of 1:1. The subjects in the treatment group received ET plus montelukast, while the participants in the control group received montelukast alone. The primary endpoint was <P 0> lung function </>, as measured by <P 0> forced expiratory volume in 1 second (FEV1) </> and <P 0> ratio between FEV1 and forced vital capacity (FEV1/FVC) </>. The secondary endpoints included the <P 0> symptom </> improvements, as measured by <P 0> clinical assessment </> score, and <P 30> quality of life (QoL) </>, as assessed with Paediatric <P 30> Allergic Disease Quality of Life </> Questionnaire (PADQLQ) scores. In addition, <P 38> adverse events </> were also assessed during the period of this study. All outcomes were measured at baseline, at the end of 6-week treatment and 2-week follow-up after the treatment. RESULTS: After 6-week treatment and 2-week follow-up, although ET plus montelukast did not show better effectiveness in improving <P 0> lung function </>, as evaluated by the <P 0> forced expiratory volume in 1 second (FEV1) </> (P > .05) and <P 0> FEV1/FVC </> (P > .05) than montelukast alone, significant relief in <P 0> clinical symptoms </> (P < .01), and improvement in <P 30> Quality of Life </> (P < .01) have achieved. Additionally, both groups had similar safety profile. CONCLUSION: The results of this study showed that ET as an adjunctive therapy to montelukast may benefit for children with MA. Further studies are still needed to warrant the results of this study.

30633218\_PD.txt

Title: Analgesic effect of trigger point injection and EMLA for <P 0> shoulder pain </> in patients undergoing total laparoscopic hysterectomy: A randomized controlled study.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUD: The purpose of this study was to evaluate the effects of trigger point injection (TPI) and eutectic mixture local anesthetics (EMLA) cream on the postoperative <P 0> shoulder pain </> in patients undergoing total laparoscopic hysterectomy. METHODS: In this randomized, single-blinded, and controlled study, total 75 patients were randomly allocated to TPI group (n = 25), EMLA group (n = 25), and control group (n = 25). TPI group received TPIs with 2 mL of 0.2% ropivacaine, and EMLA group received an occlusive dressing with EMLA cream 2 g on both shoulders. <P 0>(E1) Overall, <P 0> abdominal, and <P 0> shoulder pains </> were evaluated at rest and in motion on postoperative day 3. RESULTS: The incidence of <P 0> shoulder pain </> was significantly reduced in EMLA group (56%) compared to control (88%) or TPI (88%) groups (P = .025 in both); the severity of <P 0> shoulder pain </> was mitigated in EMLA and TPI groups compared to control group (P < .001, each). Consequently, the <P 0> overall pain </> decreased in EMLA group and TPI group (P = .023). The patients with exercise habit (n = 31) showed lower incidence of <P 0> pain </> than patients without exercise habit (n = 26) (P = .002, P = .005, and P = .037 in <P 0>(E1) overall, <P 0> abdominal, and <P 0> shoulder pain </>, respectively). TPI or EMLA treatments decreased shoulder pain irrespective of exercise habit (P = .001 and P < .001, respectively), but decreased <P 0> overall pain </> only in patients without exercise habit (P = .019). Lastly, EMLA lowered <P 0> overall pain </> score at the time of first analgesic request in ward compared to control group (P = .02). CONCLUSIONS: TPI and EMLA with occlusive dressing effectively reduced the <P 0> shoulder pain </> after total laparoscopic hysterectomy.