30701736\_PD.txt

Title: The periprocedural <P 0> myocardial damage </> prevention during elective percutaneous coronary intervention as a result of pharmacological preconditioning with an oral form of nicorandil in patients with stable coronary artery disease. Pilot study.

Publication Type: Randomized Controlled Trial

Journal-Name:Terapevticheskii arkhiv

Journal ID: 2984818R

Publication date: 2019/03/01 06:00 [medline]

AIM: The purpose of the study is to prove the effectiveness of pharmacological preconditioning caused by nicorandil in patients with stable coronary heart disease (CHD) during the elective percutaneous coronary intervention (PCI). MATERIALS AND METHODS: We included 88 patients with a stable form of CHD, who were going to pass the elective PCI, in the study. As the method of blind randomization envelope method was used. There were formed two groups or patients: the first group involved 45 patients - were treated with nicorandil (Cordinic, PIQ-FHARMA LLC) (the main group) the other group included 43 patients who were treated by the standard therapy (the comparison group). The basic antianginal therapy was allowed to use in both groups: beta-blockers, calcium antagonists, ATE inhibitors / angiotensin II receptor blockers, statins, acetylsalicylic acid, blockers of P2Y12 receptor platelets. The admission of prolonged form of nitrates before the PCI was allowed in the second group. Patients from the 1st group were to take nicorandil 2 days and 1 day before the PCI at the 30 mg/day dose, then 20 mg orally 2 hours just before PCI, and one more time 6 hours after the PCI - 10 mg nicorandil. <P 0> Highly sensitive troponin (HS-Tp) </> as a biomarker of irreversible damage to the myocardium was evaluated before PCI and after PCI in 24 hours. Were used <P 0> highly sensitive troponin (HF-Tr) </> and <P 0> creatine phosphokinase-MB </> as an irreversible myocardial damage biomarkers. The analysis of which was conducted before PCI and 24 hours after the surgery. RESULTS: The obtained data shows the significant differences of an increase in <P 0> highly sensitive troponin (HS-Tp) </> in 24 hours after PCI in patients with no admission of nicorandil (117 ng/l) as compared with the nicorandil group (73 ng/l), p = 0.04. There were significant differences in the 24 hours increment in <P 0> highly sensitive troponin (HS-Tp) </> in the control group, it was higher (112 ng/l) than in the nicorandil group (67 ng/l), p = 0.03. There was also a significant -decrease in <P 0> creatine phosphokinase-MB </> after 24 hours in the nicorandil group (2.7 ng/L) compared to the control group (2.0 ng/L), p = 0.008. Also the frequency of the <P 0> troponin </> increase above the UNL(upper normal level) in the nicorandal group, was significantly (p = 0.03) lower (in 62% of cases compared to 85% of the control group). CONCLUSION: The prevention of the complications during the percutaneous myocardial revascularization should be considered with the position of the most suitable pharmacological support. The appointment of the oral form of nicorandil (Cordinic, PIQ-FHARMA LLC) for 2 days and 1 day before PCI 30 mg/day, then 20 mg 2 hours before the PCI and 10 mg after 6 hours after the surgery reduces the risk of intraoperative <P 0> myocardial damage </>. The obtained data give an opportunity to extend the indications for nicorandil's appointment in the drug support during PCI in patients with stable coronary artery disease.

30702630\_PD.txt

Title: A randomized controlled trial comparing methohexital and propofol for induction in patients receiving angiotensin axis blockade.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

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

BACKGROUND: Pharmacologic angiotensin axis blockade (AAB) has been associated with profound hypotension following anesthetic induction with propofol. To combat this problem, investigators have attempted to withhold angiotensin-converting enzyme inhibitors (ACEi) and angiotensin receptor blockers (ARB) preoperatively, or evaluated the effects of different induction agents in conferring greater hemodynamic stability. To date, methohexital has not been compared with the most commonly used induction agent, propofol. Hence, the primary objective was to study the hypothesis that methohexital confers a better <P 0> hemodynamic </> profile than propofol for anesthetic induction, in patients receiving AAB. The secondary objective was to investigate the postinduction levels of serum <P 0> neurohormones </> in an attempt to explain the mechanisms involved. METHODS: Forty-five adult, hypertensive patients taking ACEi or ARB and scheduled for elective, noncardiac surgery completed the study. Patients were randomized to receive equi-anesthetic doses of either propofol or methohexital for anesthetic induction. <P 0> Hemodynamic </> variables were measured and blood samples were drawn before induction and for 15 minutes afterwards. RESULTS: Methohexital resulted in less <P 0> hypotension </> compared with propofol (P = .01), although the degree of <P 0> refractory hypotension </> was similar (P = .37). The postinduction <P 0> systolic blood pressure </> (P = .03), <P 0> diastolic blood pressure </> (P < .001) and <P 0> heart rate </> (P = .03) were significantly higher in the methohexital group. A nonsignificant elevation of serum <P 0> norepinephrine </> and <P 0> epinephrine </> levels was observed in the methohexital group, while serum <P 0> arginine vasopressin </> and <P 0> angiotensin II </> levels did not differ between groups. CONCLUSION: While methohexital was shown to confer greater <P 0> hemodynamic </> stability in patients taking ACEi/ARB, the measured <P 0> hormone </> levels could not explain the mechanism for this effect.

30709437\_PD.txt

Title: Acute GVHD prophylaxis plus ATLG after myeloablative allogeneic haemopoietic peripheral blood stem-cell transplantation from HLA-identical siblings in patients with acute myeloid leukaemia in remission: final results of <P 30> quality of life </> and long-term outcome analysis of a phase 3 randomised study.

Publication Type: Journal Article

Journal-Name:The Lancet. Haematology

Journal ID: 101643584

Publication date: 2018/11/19 00:00 [accepted]

BACKGROUND: We previously showed that human anti-T-lymphocyte globulin (ATLG) plus ciclosporin and methotrexate given to patients with acute leukaemia in remission, having allogeneic haemopoietic stem-cell transplantation with peripheral blood stem cells from an HLA-identical sibling donor after myeloablative conditioning, significantly reduced 2-year <P 0>(S4) chronic graft-versus-host disease (cGVHD) <P 0> {incidence and} severity </>, without increasing <P 0> disease relapse </> and infections </>, and improves cGVHD-free and relapse-free survival (cGRFS) </>. The aim of an extended follow-up study was the assessment of long-term outcomes, which are, in this context, scarcely reported in the literature. We report unpublished data on <P 30> quality of life (QoL) </> from the original study and the results of a follow-up extension. METHODS: In the original open-label study, patients with acute myeloid and lymphoblastic leukaemia in first or subsequent remission, having sibling HLA-identical allogeneic peripheral blood stem-cell transplantation, were randomly assigned (1:1) to receive ATLG plus standard GVHD prophylaxis with ciclosporin and short-term methotrexate (ATLG group) or standard GVHD prophylaxis without ATLG (non-ATLG group). Conditioning regimens were cyclophosphamide 120 mg/kg with either total body irradiation (12 Gy) or busulfan (12.8 mg/kg intravenously or 16 mg/kg orally), with or without etoposide (30-60 mg/kg). Randomisation was stratified according to centre and disease risk. The primary endpoint was cumulative incidence of <P 0> chronic graft-versus-host disease (cGVHD) </> at 2 years. The primary and secondary endpoints, excluding <P 30> quality of life (QoL) </>, have been published. <P 30> Quality of life (QoL) </>, assessed using European Organisation for Research and Treatment of Cancer QLQ-C30 and QLQ-HDC29 questionnaires, was an unpublished secondary endpoint, which we now report here. A follow-up extension was then done, with the primary endpoint cumulative incidence of <P 0> chronic graft-versus-host disease (cGVHD) </>. Enrolment has been completed for both studies. The original trial (number, NCT00678275) and follow-up extension (number, NCT03042676) are registered at ClinicalTrials.gov. FINDINGS: In the original study, from Dec 14, 2006, to Feb 2, 2012, 161 patients were enrolled and 155 were randomly assigned to either the ATLG group (n=83) or to the non-ATLG group (n=72). In the follow-up study, which started on Feb 7, 2017, and was completed on June 30, 2017, 61 patients were included in the ATLG group and 53 were included in the non-ATLG group. <P 0> Global health </> status showed a more favourable time course in the ATLG group compared with the non-ATLG group (p=0.02; treatment by visit interaction). ATLG was descriptively superior to non-ATLG at 24 months for <P 25> physical function </> (points estimate -14.8 [95% CI -26.4 to -3.1]; p=0.014) and <P 26> social function </> (-19.1 [-38.0 to -0.2]; p=0.047), <P 0> gastrointestinal side-effects </> (8.8 [2.5-15.1]; p=0.008) and effect on family (13.5 [1.2-25.8]; p=0.032). Extended follow-up (median 5.9 years [IQR 1.7-7.9]) confirmed a lower 5-year <P 0> chronic graft-versus-host disease (cGVHD) </> incidence (30.0% [95% CI 21.4-41.9] vs 69.1% [59.1-80.1]; analysis for entire follow-up, p<0.001), no increase in <P 0> relapses </> (35.4% [26.4-47.5] vs 22.5% [14.6-34.7]; p=0.09), improved <P 0, 1> cGVHD-free and relapse-free survival (cGRFS) </> (34.3% [24.2-44.5] vs 13.9% [7.1-22.9]; p=0.005), and fewer patients still in <P 0> immunosuppression </> (9.6% vs 28.3%; p=0.017) in the ATLG group compared with the non-ATLG group. 5-year <P 1> overall survival </>, <P 0, 1> relapse-free survival </>, and <P 0, 1> non-relapse mortality </> did not differ significantly between groups. INTERPRETATION: The addition of ATLG to standard GVHD prophylaxis improves the probability of <P 1> surviving </> without <P 0> disease relapse </> and <P 0> cGVHD </> after myeloablative peripheral blood stem-cell transplantation from an HLA-identical sibling donor for patients with acute leukaemia in remission. Further additional benefits are better <P 30> quality of life (QoL) </> and shorter <P 36> immunosuppressive treatment </> compared with standard GVHD prophylaxis without ATLG. Therefore, in this setting, ATLG plus standard GVHD prophylaxis should be preferred over the standard GVHD prophylaxis alone. FUNDING: Neovii Biotech.

30712687\_PD.txt

Title: Effectiveness of part-time vs full-time wear protocols of Twin-block appliance on <P 0> dental </> and <P 0> skeletal </> changes: A randomized controlled trial.

Publication Type: Journal Article

Journal-Name:American journal of orthodontics and dentofacial orthopedics : official publication of the American Association of Orthodontists, its constituent societies, and the American Board of Orthodontics

Journal ID: 8610224

Publication date: 2018/07/01 00:00 [accepted]

INTRODUCTION: The aim of this 2-arm parallel study was to compare the <P 0> dentoalveolar </> and <P 0> skeletal </> changes achieved with Twin-block appliance therapy prescribed on either a part- or full-time basis for 12 months. METHODS: Sixty-two 10- to 14-year-old patients were randomly allocated to either full-time (FT, 22 hours daily) or part-time (PT, 12 hours daily) wear of a modified Twin-block appliance. Participants were recruited from the Institute of Dentistry, Barts and the London School of Medicine and Dentistry, London, United Kingdom, and recalled at 6- to 8-week intervals. Electronic randomization was undertaken, with group allocation concealed using opaque, sealed envelopes. The outcome assessor was blinded; however, it was not feasible to blind either operator or patients. Study models and cephalograms were taken at baseline and after 12 months of treatment. RESULTS: Data from 55 of the 62 participants were analyzed. <P 0> Overjets </> were reduced by 7 mm (SD, 2.92) in the PT group and 6.5 mm (SD, 2.62) in the FT group, with no statistical difference between the groups (P = 0.587; 95% CI, -1.01, 1.78). Similarly, no clinical or statistical differences were noted for <P 0> skeletal </> changes: <P 0> ANB angle </> (PT, -1.51 degrees ; FT, -1.25 degrees ; P = 0.828; 95% CI, -0.68, 0.849), <P 0> pogonion-sella vertical </> (PT, 3.25 mm; FT, 3.35 mm) or <P 0> A-sella vertical </> (PT, 1.28 mm; FT, 1.06 mm). Mean <P 32> wear durations </> were 8.78 hours a day in the PT group and 12.38 hours in the FT group. CONCLUSIONS: There was no difference in either <P 0> dental </> or <P 0> skeletal </> changes achieved with PT or FT wear of a Twin-block appliance over 12 months. Less onerous PT wear regimens may therefore be a viable alternative to FT wear of removable functional appliances. REGISTRATION: NCT02190630. PROTOCOL: The protocol was not published before trial commencement.

30712716\_PD.txt

Title: Green tea as an adjunctive therapy for treatment of acute uncomplicated cystitis in women: A randomized clinical trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/10/28 00:00 [accepted]

BACKGROUND: and purpose: Different in vitro studies have reported the antimicrobial effects of green tea catechins and also their synergistic effects with trimethoprim-sulfamethoxazole against E. coli. The aim of the present study was to evaluate the efficacy of green tea as an adjunctive therapy to standard antimicrobial treatment in women with acute uncomplicated cystitis. MATERIALS AND METHODS: In this blinded randomized trial, 70 patients were assigned to receive four 500mg capsules of green tea or starch as placebo daily for three days along with trimethoprim-sulfamethoxazole. The presence of acute uncomplicated cystitis symptoms was recorded and urinalysis was performed. RESULTS: Women in the green tea group showed a statistically significant decrease in the prevalence of <P 0> cystitis symptoms </> and a statistically significant improvement in the <P 0> urinalysis </> results except for hematuria after 3 days of treatment. CONCLUSION: Green tea was an effective adjunct to trimethoprim-sulfamethoxazole to treat acute uncomplicated cystitis in women.

30712718\_PD.txt

Title: The effectiveness of Mindfulness-Based Cognitive Therapy on the <P 31> illness perception </> and <P 28> Psychological Symptoms </> in patients with Rheumatoid Arthritis.

Publication Type: Randomized Controlled Trial

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/11/21 00:00 [accepted]

This study was conducted to evaluate the Effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on the <P 31> Illness Perception (IP) </> and <P 28> Psychological Symptoms (PS) </> for Patients in primary care with an active symptom of Rheumatoid Arthritis (RA). The present design is a clinical trial that uses the pre-test and post-test design with a control group. MBCT as an evidence-based psychotherapeutic intervention and Mindfulness-Based Intervention (MBI), is an 8-week course developed for patients with relapsing depression that integrates mindfulness meditation practices and cognitive therapy. This semi-experimental study was conducted using a pretest-posttest and control group. Diagnostic criteria for the diagnosis of patients with RA were all patients with RA who visited the clinic of Jam Rheumatology Centers and met other inclusion criteria in Mashhad in the spring of 2018. Therefore, 28 patients were randomly selected from the diagnostic group. They were randomly assigned to an experimental group and a control group (14 individuals in each group) and then were post-tested after two months. The data were collected using the revised <P 31> Illness Perception </> Questionnaire (IPQ-R) and [T <P 0, 28> Depression </> <P 0, 28> Anxiety </> <P 28> Stress </> Scales (DASS-21 scores)] which were completed by the participants. The data were analyzed using repeated measures MANOVA. The results showed that there was a significant difference between the mean scores of pre-test (before MBI) and post-test (after MBI) in the experimental group compared to the control group, and MBCT had a significant effect on the <P 31> perception of the disease </> and the <P 28> psychological syndrome </> in the experimental group compared to the control group. Therefore, it can be concluded that MBCT is effective on <P 31> illness perceptions </> and <P 28> psychological syndrome </> and can be used as an MBI method to reduce the <P 31> illness perceptions </> in people with RA. The future researches with longer pursuing period's efficacy continuation are suggested.

30712743\_PD.txt

Title: Pilates exercises and <P 30> quality of life </> of patients with chronic kidney disease.

Publication Type: Randomized Controlled Trial

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/10/28 00:00 [accepted]

BACKGROUND AND PURPOSE: There is a need to investigate the effects of pilates exercises on the <P 30> quality of life (QOL) </> of patients with chronic kidney diseases (CKD). The purpose of this study was to determine the effect of pilates exercises on the <P 30> quality of life (QOL) </> of CKD patients. MATERIALS AND METHODS: For this randomized controlled clinical trial, we enrolled 50 CKD patients. The participants were randomly assigned to experimental (n=25) and control (n=25) groups. Modified classical pilates exercises were performed by the experimental group three times a week over a 12-week period. The [T <P 30> Quality of Life </> Short Form (KDQOL-SF)] questionnaire was completed by all participants at the beginning of the trial and two months after completion of the intervention. Data analysis was conducted using Chi-square, independent t-test, and paired t-test. RESULTS: There were significant increases in the scores of <P 30> quality of life (QOL) </> dimensions in the experimental group after the intervention (p</=0.05). Comparison of the mean differences at the beginning and two months after the study in the two groups showed that the scores related to <P 30> quality of life (QOL) </> dimensions in the experimental group were significantly greater than the control group (p</=0.05). CONCLUSION: The findings indicated the pilates exercises can be valuable for improvement of CKD patients' <P 30> quality of life (QOL) </>.

30712745\_PD.txt

Title: Effect of lavender aromatherapy through inhalation on <P 30> quality of life </> among postmenopausal women covered by a governmental health center in Isfahan, Iran: A single-blind clinical trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/11/04 00:00 [accepted]

BACKGROUND: Various studies indicate the negative effects of menopausal symptoms and complications on the quality of life (QOL) of women. The tendency to use different methods of complementary medicine to control menopausal symptoms is increasing. In addition, lavender essential oil has been shown to have positive effects on some symptoms associated with menopause. Thus, the present study was conducted with the aim to determine the effect of lavender aromatherapy on the <P 30> quality of life (QOL) </> of postmenopausal women. MATERIALS AND METHODS: A randomized, controlled, clinical trial was conducted on 62 postmenopausal women referred to health centers of Isfahan, Iran. The subjects were divided into two groups of control and intervention. The intervention group inhaled 2% lavender essential oil every night before bedtime for 20 minutes during one month. The control group received the placebo (distilled water) in the same manner as the intervention group. The data collection tools were the [T Menopause-Specific <P 30> Quality of Life </> Questionnaire (MENQOL)] and a demographic characteristics questionnaire. The results were analyzed using descriptive and inferential statistical tests in SPSS software. RESULTS: The independent t-test showed a significant difference in the mean total score of <P 30> quality of life (QOL) </> and its various dimensions ( <P 0> vasomotor </>, <P 26, 28> psychosocial </>, <P 0> physical </>, and <P 0> sexual </> dimensions) after the intervention between the aromatherapy and placebo groups (P<0.001). CONCLUSIONS: Inhalation aromatherapy using lavender essential oil can improve the <P 30> quality of life (QOL) </> of postmenopausal women with a reduction in the severity of <P 38> complications </> and <P 0, 28> physical-psychological symptoms </>.

30712747\_PD.txt

Title: Gua Sha therapy for chronic low back pain: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/11/04 00:00 [accepted]

OBJECTIVE: To test the efficacy of Gua Sha therapy in patients with chronic low back pain. METHODS: 50 patients with chronic low back pain (78% female, 49.7+/-10.0 years) were randomized to two Gua Sha treatments (n=25) or waitlist control (n=25). Primary outcome was current <P 0> pain intensity </> (100-mm visual analog scale); secondary outcome measures included <P 25> function </> ([T Oswestry <P 25> Disability </> Index]), <P 0> pain </> on movement ( <P 0> Pain </> on Movement Questionnaire), <P 31> perceived {change in} health status </>, <P 0> pressure pain </> threshold, <P 0> mechanical detection </> threshold, and <P 0> vibration detection </> threshold. RESULTS: After treatment, patients in the Gua Sha group reported lower <P 0> pain intensity </> (p<0.001) and better overall <P 0> health </> status (p=0.002) compared to the waitlist group. No further group differences were found. No <P 38> serious adverse events </> occurred. CONCLUSIONS: Gua Sha appears to be an <P 32> acceptable </>, safe, and effective treatment for patients with chronic low back pain. Further rigorous studies are needed to confirm and extend these results.

30712748\_PD.txt

Title: The effect of progressive muscle relaxation on cancer patients' <P 28> self-efficacy </>.

Publication Type: Randomized Controlled Trial

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/10/25 00:00 [accepted]

BACKGROUND AND PURPOSE: Self-efficacy is considered as one of the influential parameters affecting the health of patients. This study aimed to investigate the effect of relaxation techniques on <P 28> self-efficacy </> of patients suffering from cancer. MATERIALS AND METHODS: This study was a clinical trial in which 80 patients suffering from cancer were randomly assigned to two groups of experimental and control. Data collection instruments consisted of demographic information and Strategies Used by People to Promote Health questionnaires. In the experimental group, the patients performed relaxation techniques once a day for 30min over two months. In the control group, the patients received the routine care. RESULTS: A statistically significant difference was observed between the mean <P 28> self-efficacy </> indices in the experimental group (p=0.001). There was no significant difference in the control group (p=0.3). CONCLUSION: Muscle relaxation can enhance <P 28> self-efficacy </> of cancer patients. Therefore, it can be used as an alternative method for patients who are willing to use this technique.