30712751\_PD.txt

Title: Yoga positively affected <P 0, 28> depression </> and <P 0> blood pressure </> in women with premenstrual syndrome in a randomized controlled clinical trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/11/06 00:00 [accepted]

Women with premenstrual syndrome (PMS) often complain about depression when their menstrual cycle begins. This study investigated the effects of yoga on women with PMS suffering from depression during menstrual cycle. METHODS: This randomized controlled clinical trial was conducted from April to October 2015 in Tabriz, Iran. All subjects (20-45 years old), who were frequently referred to the private obstetrics and gynecology clinics, were initially monitored for PMS and depression. Subjects completed the demographic and Beck Depression Inventory-II (BDI-II) questionnaires before and after intervention. In addition, subjects were monitored for eligible and ineligible criteria. In this study 62 subjects were randomly selected for the yoga group and control groups. Subjects practiced yoga over two months in three sessions, the duration of each session was 60min. RESULTS: The general score of the <P 0, 28> depression </> after yoga intervention was statistically significant compared to the control group (P<0.036) and yoga group before intervention (P<0.001). The <P 0> diastolic pressure </> decreased significantly after yoga intervention (P<0.029). Yoga decreased the state of <P 0, 28> depression </> and <P 0> diastolic pressure </> of the subjects with PMS complaining from depression. CONCLUSION: We conclude that yoga has strong effects on <P 0, 28> depression symptoms </> and <P 0> blood pressure </>, therefore it can be used as a complementary or alternative remedy for PMS patients.

30712752\_PD.txt

Title: Mindfulness mechanisms and <P 28> psychological </> effects for aMCI patients: A comparison with psychoeducation.

Publication Type: Journal Article

Journal-Name:Complementary therapies in clinical practice

Journal ID: 101225531

Publication date: 2018/11/06 00:00 [accepted]

Amnestic mild cognitive impairment (aMCI), an Alzheimer's disease prodrome, is characterized by cognitive and psychological symptoms, the latter aggravating prognosis. A mindfulness-based intervention (MBI) represents a promising non-pharmacological framework for Alzheimer's disease prevention. The Monitoring + Acceptance Theory (MAT) postulates that MBI improves cognition through monitoring, and psychological well-being, through acceptance. This single-blind preliminary randomized-controlled study investigated the effects of a MBI on <P 0, 28> anxio-depressive symptoms </>, <P 30> quality of life </>, and <P 29> memory </>, compared to a psychoeducation-based intervention in older adults with aMCI. The contribution of MAT components and of ruminations' reduction to intervention efficacy were examined. Participants assigned to both conditions experienced similar benefits regarding <P 0, 28> anxio-depressive symptoms </> and aging-related <P 30> quality of life </>. General <P 30> quality of life </> and <P 29> memory </> remained unchanged. A partial support of the MAT and of ruminations reduction to the MBI's efficacy was found. The findings provide new insights on the effects and mechanisms of a MBI on aMCI symptoms.

30712901\_PD.txt

Title: Physiological, hyaluronan-selected intracytoplasmic sperm injection for infertility treatment (HABSelect): a parallel, two-group, randomised trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Lancet (London, England)

Journal ID: 2985213R

Publication date: 2018/11/13 00:00 [accepted]

BACKGROUND: Sperm selection strategies aimed at improving success rates of intracytoplasmic sperm injection (ICSI) include binding to hyaluronic acid (herein termed hyaluronan). Hyaluronan-selected sperm have reduced levels of DNA damage and aneuploidy. Use of hyaluronan-based sperm selection for ICSI (so-called physiological ICSI [PICSI]) is reported to reduce the proportion of pregnancies that end in miscarriage. However, the effect of PICSI on livebirth rates is uncertain. We aimed to investigate the efficacy of PICSI versus standard ICSI for improving <P 1> livebirth </> rates among couples undergoing fertility treatment. METHODS: This parallel, two-group, randomised trial included couples undergoing an ICSI procedure with fresh embryo transfer at 16 assisted conception units in the UK. Eligible women (aged 18-43 years) had a body-mass index of 19-35 kg/m(2) and a follicle-stimulating hormone (FSH) concentration of 3.0-20.0 mIU/mL or, if no FSH measurement was available, an anti-mullerian hormone concentration of at least 1.5 pmol/L. Eligible men (aged 18-55 years) had not had a vasovasostomy or been treated for cancer in the 24 months before recruitment and were able, after at least 3 days of sexual abstinence, to produce freshly ejaculated sperm for the treatment cycle. Couples were randomly assigned (1:1) with an online system to receive either PICSI or a standard ICSI procedure. The primary outcome was <P 1> full-term {(>/=37 weeks' gestational age)} livebirth </>, which was assessed in all eligible couples who completed follow-up. This trial is registered, number ISRCTN99214271. FINDINGS: Between Feb 1, 2014, and Aug 31, 2016, 2772 couples were randomly assigned to receive PICSI (n=1387) or ICSI (n=1385), of whom 2752 (1381 in the PICSI group and 1371 in the ICSI group) were included in the primary analysis. The term <P 1> livebirth </> rate did not differ significantly between PICSI (27.4% [379/1381]) and ICSI (25.2% [346/1371]) groups (odds ratio 1.12, 95% CI 0.95-1.34; p=0.18). There were 56 <P 38> serious adverse events </> in total, including 31 in the PICSI group and 25 in the ICSI group; most were <P 0> congenital abnormalities </> and none were attributed to treatment. INTERPRETATION: Compared with ICSI, PICSI does not significantly improve term <P 1> livebirth </> rates. The wider use of PICSI, therefore, is not recommended at present. FUNDING: National Institute for Health Research Efficacy and Mechanism Evaluation Programme.

30717365\_PD.txt

Title: Are (All) Consumers <P 32> Averse to Bitter Taste </>?

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2019/01/31 00:00 [accepted]

The current study combined hedonic liking with non-hypothetical experimental auctions to measure consumer <P 32> preferences </> for bitter tasting food and identify individual socio-demographic and psychographic characteristics that influence <P 32> bitter aversion </>. Furthermore, the research analyzed whether consumer <P 32> preferences </> for bitter food were influenced by sensory and health-related information. Findings reveal that respondents (N = 205) are not <P 32> averse to bitter taste </>; while, socio-demographic traits influence <P 32> bitter acceptance </>, as higher education level and gender (female) positively affect <P 32> preferences </>, together with specific individual characteristics as high compensatory health beliefs. Moreover, results prove that participants positively <P 32> respond </> to health-related information, whereas information on bitterness-taste generates lower <P 32> preferences </>.

30717684\_PD.txt

Title: Endoscopic injection sclerotherapy versus N-Butyl-2 Cyanoacrylate injection in the management of actively bleeding esophageal varices: a randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC gastroenterology

Journal ID: 100968547

Publication date: 2019/02/06 06:00 [entrez]

BACKGROUND: The management of acute esophageal variceal bleeding remains a clinical challenge. Band ligation is the main therapeutic option, but it may be technically difficult to perform in active bleeders. This may necessitate an alternative therapy for this group of patients. This study was conducted to assess the safety and efficacy of sclerotherapy versus cyanoacrylate injection for management of actively bleeding esophageal varices in cirrhotic patients. METHODS: This prospective study included 113 cirrhotic patients with actively bleeding esophageal varices. They were randomly treated by endoscopic sclerotherapy or cyanoacrylate injection as banding was not suitable for those patients due to profuse bleeding making unclear endoscopic visual field. Primary outcome was incidence of active <P 0> bleeding control </> and secondary outcomes were incidence of six weeks <P 0> rebleeding </>, <P 38> complications </>, and <P 1> mortality </> among the studied patients. RESULTS: Initial <P 0> bleeding control </> was significantly higher in cyanoacrylate versus sclerotherapy groups (98.25, 83.93% respectively, P = 0.007). No significant differences between sclerotherapy and cyanoacrylate groups regarding <P 0> rebleeding </> (26.79, 19.30% respectively, P = 0.344), <P 38> complications </>, <P 35> hospital stay </> or <P 1> mortality </> rate were observed. CONCLUSIONS: Based on this single-center prospective study, both of these therapies appear to have relatively favorable outcomes, although cyanoacrylate injection may be superior to sclerotherapy for initial control of <P 0> active bleeding </>. TRIAL REGISTRATION: [ClinicalTrials.gov Identifier: NCT03388125 ]-Date of registration: January 2, 2018 "Retrospectively registered".

30721171\_PD.txt

Title: Comparison of Corneal Epithelial Remodeling Over 2 Years in LASIK Versus SMILE: A Contralateral Eye Study.

Publication Type: Randomized Controlled Trial

Journal-Name:Cornea

Journal ID: 8216186

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

PURPOSE: To evaluate 3-dimensional epithelial remodeling in patients undergoing myopic laser in situ keratomileusis (LASIK) versus small incision lenticule extraction (SMILE). METHODS: In a prospective randomized contralateral eye study of LASIK versus SMILE procedures, 21 consecutive patients (42 eyes) were evaluated with corneal epithelial mapping by anterior segment optical coherence tomography for up to 2 years. RESULTS: In the LASIK group, <P 0> central epithelial thickness </> increased from 52.38 +/- 2.57 mum to 57.00 +/- 4.23 mum and remained almost stable at this level for up to 24 months. In the SMILE eyes, it increased from 52.52 +/- 3.01 mum to 57.15 +/- 4.57 mum and also remained stable for up to 24 months. Both techniques created the same level of <P 0> epithelial thickness </> increase and variation, with a significantly higher <P 0> mid-peripheral epithelial thickness </> increase. The differences between the preoperative and postoperative changes were found statistically significant, but not different between the 2 techniques at any given time studied. CONCLUSIONS: Both LASIK and SMILE resulted in significant <P 0> epithelial thickening </>. This response seemed to be surprisingly quite similar between the 2 different techniques. This study suggests that epithelial remodeling may correlate with relative curvature changes resulting after both techniques, rather than the obvious difference of subepithelial corneal denervation changes.

30721294\_PD.txt

Title: Effect of Magnetic Resonance Imaging vs Conventional Treat-to-Target Strategies on <P 0> Disease Activity Remission </> and <P 0> Radiographic Progression </> in Rheumatoid Arthritis: The IMAGINE-RA Randomized Clinical Trial.

Publication Type: Journal Article

Journal-Name:JAMA

Journal ID: 7501160

Publication date: 2019/02/23 06:00 [medline]

Importance: Whether using magnetic resonance imaging (MRI) to guide treatment in patients with rheumatoid arthritis (RA) improves disease activity and slows joint damage progression is unknown. Objective: To determine whether an MRI-guided treat-to-target strategy vs a conventional clinical treat-to-target strategy improves outcomes in patients with RA in clinical remission. Design, Setting, and Participants: Two-year, randomized, multicenter trial conducted at 9 hospitals in Denmark. Two hundred patients with RA in clinical remission (disease activity score in 28 joints-C-reactive protein [DAS28-CRP] <3.2 and no swollen joints) were enrolled between April 2012 and June 2015. The final follow-up visit was April 2017. Interventions: Patients were randomly allocated (1:1) to an MRI-guided vs a conventional treat-to-target strategy. In the MRI-guided group, the treatment goal was <P 0> absence of MRI bone marrow edema combined with clinical remission </>, defined as DAS28-CRP of 3.2 or less and no swollen joints. In the conventional group, the treatment goal was <P 0> clinical remission </>. Main Outcomes and Measures: Co-primary outcomes were proportions of patients achieving <P 0> DAS28-CRP remission </> (DAS28-CRP <2.6) and with no <P 0> radiographic progression </> (no increase in total van der Heijde-modified Sharp score) at 24 months. Significance testing for the primary outcome was based on 1-sided testing. Secondary outcomes were clinical and MRI measures of <P 0> disease activity </>, <P 25> physical function </>, and <P 30> quality of life </>. Results: Of 200 patients randomized (133 women [67%]; mean [SD] age, 61.6 [10.5] years; median baseline DAS28-CRP, 1.9 [interquartile range, 1.7-2.2]; van der Heijde-modified Sharp score, 18.0 [interquartile range, 7.0-42.5]), 76 patients (76%) in the MRI-guided group and 95 (95%) in the conventional group completed the study. Of these, 64 (85%) vs 83 (88%), respectively, reached the primary clinical end point (risk difference, -4.8% [1-sided 95% CI, -13.6% to + infinity; 1-sided P = .19]) and 49 (66%) vs 58 (62%), respectively, reached the primary radiographic end point (risk difference, 4.7% [1-sided 95% CI, -7.0% to + infinity; 1-sided P = .25). Of 10 key secondary end points, 8 were null and 2 showed statistically significant benefit for the MRI treat-to-target group. Seventeen patients (17%) in the MRI-guided treat-to-target group and 6 patients (6%) in the conventional treat-to-target group experienced <P 38> serious adverse events </>. Conclusions and Relevance: Among patients with RA in clinical remission, an MRI-guided treat-to-target strategy compared with a conventional treat-to-target strategy did not result in improved <P 0> disease activity remission </> rates or reduce <P 0> radiographic progression </>. These findings do not support the use of an MRI-guided strategy for treating patients with RA. Trial Registration: ClinicalTrials.gov Identifier: NCT01656278.

30721296\_PD.txt

Title: Effect of Electroencephalography-Guided Anesthetic Administration on Postoperative <P 0, 29> Delirium </> Among Older Adults Undergoing Major Surgery: The ENGAGES Randomized Clinical Trial.

Publication Type: Journal Article

Journal-Name:JAMA

Journal ID: 7501160

Publication date: 2019/02/23 06:00 [medline]

Importance: Intraoperative electroencephalogram (EEG) waveform suppression, often suggesting excessive general anesthesia, has been associated with postoperative delirium. Objective: To assess whether EEG-guided anesthetic administration decreases the incidence of postoperative <P 0, 29> delirium </>. Design, Setting, and Participants: Randomized clinical trial of 1232 adults aged 60 years and older undergoing major surgery and receiving general anesthesia at Barnes-Jewish Hospital in St Louis. Recruitment was from January 2015 to May 2018, with follow-up until July 2018. Interventions: Patients were randomized 1:1 (stratified by cardiac vs noncardiac surgery and positive vs negative recent fall history) to receive EEG-guided anesthetic administration (n = 614) or usual anesthetic care (n = 618). Main Outcomes and Measures: The primary outcome was incident <P 0, 29> delirium </> during postoperative days 1 through 5. Intraoperative measures included <P 32> anesthetic </> concentration, <P 0> EEG suppression </>, and <P 0> hypotension </>. <P 38> Adverse events </> included <P 0> undesirable intraoperative movement </>, <P 0, 29> intraoperative awareness with recall </>, postoperative <P 0> nausea and vomiting </>, medical <P 38> complications </>, and <P 1> death </>. Results: Of the 1232 randomized patients (median age, 69 years [range, 60 to 95]; 563 women [45.7%]), 1213 (98.5%) were assessed for the primary outcome. <P 0, 29> Delirium </> during postoperative days 1 to 5 occurred in 157 of 604 patients (26.0%) in the guided group and 140 of 609 patients (23.0%) in the usual care group (difference, 3.0% [95% CI, -2.0% to 8.0%]; P = .22). Median end-tidal volatile <P 32> anesthetic </> concentration was significantly lower in the guided group than the usual care group (0.69 vs 0.80 minimum <P 0> alveolar </> concentration; difference, -0.11 [95% CI, -0.13 to -0.10), and median cumulative <P 0> time with EEG suppression </> was significantly less (7 vs 13 minutes; difference, -6.0 [95% CI, -9.9 to -2.1]). There was no significant difference between groups in the median cumulative time with mean arterial pressure below 60 mm Hg (7 vs 7 minutes; difference, 0.0 [95% CI, -1.7 to 1.7]). <P 0> Undesirable movement </> occurred in 137 patients (22.3%) in the guided and 95 (15.4%) in the usual care group. No patients reported <P 0, 29> intraoperative awareness </>. Postoperative <P 0> nausea and vomiting </> was reported in 48 patients (7.8%) in the guided and 55 patients (8.9%) in the usual care group. <P 38> Serious adverse events </> were reported in 124 patients (20.2%) in the guided and 130 (21.0%) in the usual care group. Within 30 days of surgery, 4 patients (0.65%) in the guided group and 19 (3.07%) in the usual care group died. Conclusions and Relevance: Among older adults undergoing major surgery, EEG-guided anesthetic administration, compared with usual care, did not decrease the incidence of postoperative <P 0, 29> delirium </>. This finding does not support the use of EEG-guided anesthetic administration for this indication. Trial Registration: ClinicalTrials.gov Identifier: NCT02241655.

30725015\_PD.txt

Title: [Effectiveness of a self-administered rehabilitation program for shoulder pain syndrome in primary health care].

Publication Type: Randomized Controlled Trial

Journal-Name:Revista medica de Chile

Journal ID: 0404312

Publication date: 2019/02/07 06:00 [entrez]

BACKGROUND: Shoulder pain syndrome (SPS) is frequent and management in primary care is precarious, with a high rate of referral without adequate treatment, overloading rehabilitation and orthopedic services. AIM: To assess the effectiveness of a self-administered rehabilitation program in adults with shoulder pain syndrome in primary care. PATIENTS AND METHODS: A randomized, single-blind clinical trial (evaluators) with an experimental group (self-administered rehabilitation) and a control group (standard physical therapy) was carried out in 271 adult patients aged 18 or older with unilateral shoulder pain lasting more than six weeks and less than three months. The primary outcome was the <P 0> recovery </> perceived by the patient. Constant score for <P 25> function </>, <P 30> quality of life </> using [T SF-36], [T simple shoulder test (SST)] and the [T <P 25>(S3) Disabilities of the Arm <P 25>, Shoulder <P 25>, and Hand </> (DASH)] score were also calculated at six, 12 and 24 weeks of follow-up. RESULTS: The self-administered rehabilitation program showed an adjusted effectiveness of 51% at the end of treatment compared to 54% of the standard physical therapy (p > 0.05). No differences in the evolution of the other scores assessed were observed between groups. CONCLUSIONS: A self-administered rehabilitation program for painful shoulder was non-inferior than usual physical therapy.

30726689\_PD.txt

Title: Omadacycline for Acute Bacterial Skin and Skin-Structure Infections.

Publication Type: Comparative Study

Journal-Name:The New England journal of medicine

Journal ID: 0255562

Publication date: 2019/02/26 06:00 [medline]

BACKGROUND: Acute bacterial skin and skin-structure infections are associated with substantial morbidity and health care costs. Omadacycline, an aminomethylcycline antibiotic that can be administered once daily either orally or intravenously, is active against pathogens that commonly cause such infections, including antibiotic-resistant strains. METHODS: In this double-blind trial, we randomly assigned adults with acute bacterial skin and skin-structure infections (in a 1:1 ratio) to receive omadacycline (100 mg given intravenously every 12 hours for two doses, then 100 mg given intravenously every 24 hours) or linezolid (600 mg given intravenously every 12 hours). A transition to oral omadacycline (300 mg every 24 hours) or oral linezolid (600 mg every 12 hours) was allowed after 3 days; the total treatment duration was 7 to 14 days. The primary end point was an early <P 0> clinical response </> at 48 to 72 hours, defined as <P 1> survival </> with a reduction in <P 0> lesion size </> of at least 20% without <P 36> rescue antibacterial therapy </>. A secondary end point was an investigator-assessed <P 0> clinical response </> at the post-treatment evaluation 7 to 14 days after the last dose, with clinical response defined as <P 1> survival </> with resolution or improvement in <P 0> signs or symptoms of infection </> to the extent that further antibacterial therapy was unnecessary. For both end points, the noninferiority margin was 10 percentage points. RESULTS: In the modified intention-to-treat population, omadacycline (316 patients) was noninferior to linezolid (311 patients) with respect to early clinical response (rate of response, 84.8% and 85.5%, respectively; difference, -0.7 percentage points; 95% confidence interval [CI], -6.3 to 4.9). Omadacycline also was noninferior to linezolid with respect to investigator-assessed <P 0> clinical response </> at the post-treatment evaluation in the modified intention-to-treat population (rate of response, 86.1% and 83.6%, respectively; difference, 2.5 percentage points; 95% CI, -3.2 to 8.2) and in the clinical per-protocol population (96.3% and 93.5%, respectively; difference, 2.8 percentage points; 95% CI, -1.0 to 6.9). In both groups, the efficacy of the trial drug was similar for methicillin-susceptible and methicillin-resistant <P 0> Staphylococcus aureus infections </>. <P 38> Adverse events </> were reported in 48.3% of the patients in the omadacycline group and in 45.7% of those in the linezolid group; the most frequent <P 38> adverse events </> in both groups were <P 0> gastrointestinal </> (in 18.0% and 15.8% of the patients in the respective groups). CONCLUSIONS: Omadacycline was noninferior to linezolid for the treatment of acute bacterial skin and skin-structure infections and had a similar safety profile. (Funded by Paratek Pharmaceuticals; OASIS-1 ClinicalTrials.gov number, NCT02378480 .).