30732192\_PD.txt

Title: Comparison the cost-efficacy of furazolidone-based versus clarithromycin-based quadruple therapy in initial treatment of Helicobacter pylori infection in a variable clarithromycin drug-resistant region, a single-center, prospective, randomized, open-label study.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

Helicobacter pylori (Hp) drug resistant rate to clarithromycin (CLA) has increased to 20% to 50%, which cause concerns regarding its effectiveness in eradicating Hp, we aim to evaluate the cost-effectiveness of CLA-based versus furazolidone (FZD)-based quadruple therapy, and assess factors that affect anti-Hp efficacy.One hundred eighty-five patients were enrolled in this single-center, prospective, randomized, open-label study. In FZD group, 92 patients were treated with FZD plus esomeprazole, bismuth potassium citrate, and amoxicillin for 14 days. In CLA group, 93 patients were treated with the same regimen except FZD was replaced by CLA. Patients were tested 4 weeks post-treatment to confirm eradication.Of the 185 enrolled patients, 180 completed the study. On intention-to-treat analysis, <P 0> Hp eradication </> rates in FZD and CLA groups were 90.22% and 86.02% (P = .378); in per-protocol analysis, their <P 0> eradication </> rates were 93.26% and 87.91%, respectively (P = .220). Overall incidence of total <P 38> side effects </> in FZD and CLA groups was 19.57% and 13.98%, and their <P 38> severe side effects </> were 3.26% and 2.15%, respectively (P > .05). Cost-effectiveness ratios of FZD and CLA groups were 0.75 and 1.02, and incremental cost-effectiveness ratio of FZD group over CLA group was -3.62. <P 0> Eradication </> failures were not associated with factors including gender, age, body mass index, smoking, alcohol consumption, educational level, and urban-rural distribution in this observation (P > .05).Despite increasing <P 0> drug resistance </> to CLA, <P 0> Hp eradication </> rates in FZD and CLA groups have no significant difference at present; as FZD-based quadruple therapy is more cost-effective, we recommend this regimen be a first-line choice for Hp eradication.

30732198\_PD.txt

Title: Effect of Kinesio taping on electromyographic activity of leg muscles during gait in children with developmental coordination disorder: A randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

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

OBJECTIVE: This study aimed to evaluate the effectiveness of Kinesio tape (KT) on lower limb <P 0> muscle activation </> pattern in children with developmental coordination disorder (DCD) during walking. DESIGN: A parallel-group randomized controlled trial. SETTING: University laboratory setting. PARTICIPANTS: Twenty-five children with DCD were randomly allocated to the KT group (mean age = 7.97 years) and 24 to the control group (mean age = 8.04 years). INTERVENTION: KT group received KT application to the quadriceps and gastrocnemius muscles whereas the control group received no intervention. MEASUREMENTS: <P 0> Peak muscle activation </> (in percentage of maximal voluntary isometric contraction [%MVIC]) in the lower limbs during gait was measured by means of surface electromyography, electrogoniometry, and foot contact switches. RESULTS: <P 0> Gastrocnemius medialis activation </> during mid stance (23.46%MVIC, 95% CI = -32.53, -14.39) and late stance phases (3.25%MVIC, 95% CI = -5.67, -0.81) of gait increased after the application of KT in the KT group compared to baseline values. The KT group demonstrated 26.87%MVIC (95% CI = 26.87, 7.11) higher gastrocnemius medialis muscle peak activation during mid stance phase at post-test when compared with the control group. Moreover, <P 0>(E3) gastrocnemius medialis and <P 0> biceps femoris muscle peak activation </> during loading response decreased by 8.36%MVIC (95% CI = 2.71, 14.02) and 3.54%MVIC (95% CI = 1.08, 6.01), respectively, in the control group overtime. CONCLUSIONS: The application of KT on children with DCD had an increased <P 0> gastrocnemius medialis muscle activation </> during stance phase. KT could be incorporated into gait re-education programmes to facilitate muscle contraction in these children.

30734702\_PD.txt

Title: [Effects of early enteral nutrition in patients with mild acute pancreatitis.]

Publication Type: Randomized Controlled Trial

Journal-Name:Revista de la Facultad de Ciencias Medicas (Cordoba, Argentina)

Journal ID: 8303003

Publication date: 2019/02/09 06:00 [entrez]

Introduction: Acute pancreatitis (AP) is an inflammatory disease of the pancreas that spans a wide range ranging from mild to critical forms. Contrary to the progress in the management of severe AP, the MAP has not presented significant changes in recent years. There are also no studies that establish a clear relationship between EEN in MAP and levels of albuminemia and CRP. Material and methods: A randomized, longitudinal and prospective clinical study was conducted. Patients were divided into 2 groups. The experimental group (G1) was indicated from the entrance a diet hyperproteic low in colecistokinetics diet, and to the control group (G2) nothing by mouth. Results: 19 patients were randomly distributed in 57.89% in the G2 and 42.11% in the G1. The G1 presented a higher average <P 35> hospital stay </> in relation to the G2, such differences were not significant (p> 0.05). The G1 presented higher values of <P 0> CRP </> in relation to the G2 significantly (p ?0.05). There was a decrease in <P 0> albumin </> levels in both groups (p ?0.05). It was observed in both groups that, as <P 0> CRP </> levels increased, <P 0> albumin </> levels decreased significantly (p <0.01). Conclusions: <P 0> Albuminemia </> levels decreased significantly in both groups, and this decrease was more marked in the EEN group. The decrease in <P 0> albuminemia </> had a direct correlation with CRP levels, which were higher in the G1.

30744621\_PD.txt

Title: Effect of diet with or without exercise on abdominal fat </> in postmenopausal women - a randomised trial.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC public health

Journal ID: 100968562

Publication date: 2019/02/13 06:00 [entrez]

BACKGROUND: We assessed the effect of equivalent weight loss with or without exercise on (intra-) <P 0> abdominal fat </> in postmenopausal women in the SHAPE-2 study. METHODS: The SHAPE-2 study is a three-armed randomised controlled trial conducted in 2012-2013 in the Netherlands. Postmenopausal overweight women were randomized to a diet (n = 97), exercise plus diet (n = 98) or control group (n = 48). Both intervention groups aimed for equivalent weight loss (6-7%) following a calorie-restricted diet (diet group) or a partly supervised intensive exercise programme (4 h per week) combined with a small caloric restriction (exercise plus diet group). Outcomes after 16 weeks are amount and <P 0>(E2) distribution of <P 0> abdominal fat </>, measured by magnetic resonance imaging (MRI) with the use of the three-point IDEAL Dixon method. RESULTS: The diet and exercise plus diet group lost 6.1 and 6.9% <P 0> body weight </>, respectively. Compared to controls, <P 0>(E1) subcutaneous and <P 0> intra-abdominal fat </> reduced significantly with both diet (- 12.5% and - 12.0%) and exercise plus diet (- 16.0% and - 14.6%). Direct comparison between both interventions revealed that the reduction in <P 0> subcutaneous fat </> was statistically significantly larger in the group that combined exercise with diet: an additional 10.6 cm(2) (95%CI -18.7; - 2.4) was lost compared to the diet-only group. <P 0> Intra-abdominal fat </> loss was not significantly larger in the exercise plus diet group (- 3.8 cm(2), 95%CI -9.0; 1.3). CONCLUSIONS: We conclude that <P 0> weight </> loss of 6-7% with diet or with exercise plus diet reduced both <P 0>(E1) subcutaneous and <P 0> intra-abdominal fat </>. Only <P 0> subcutaneous fat </> statistically significantly reduced to a larger extent when exercise is combined with a small caloric restriction. TRIAL REGISTER: NCT01511276 (clinicaltrials.gov), prospectively registered.

30744654\_PD.txt

Title: <P 0> Rehydrating </> efficacy of maple water after exercise-induced dehydration.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of the International Society of Sports Nutrition

Journal ID: 101234168

Publication date: 2019/02/13 06:00 [entrez]

Dehydration impairs physiological function and physical performance, thus understanding effective rehydration strategies is paramount. Despite growing interest in natural rehydrating beverages, no study has examined maple water (MW). PURPOSE: To investigate the <P 0> rehydrating </> efficacy of MW after exercise-induced dehydration. METHODS: Using a single-blind, counterbalanced, crossover design, we compared the <P 0> rehydrating </> efficacy of MW vs. maple-flavored bottled water (control) in 26 young healthy (22 +/- 4 yrs., 24 +/- 4 kg/m(2)) males (n = 13) and females (n = 13) after exercise-induced dehydration (~ 2.0%DeltaBody Weight [BW]) in the heat (30 degrees C, 50% relative humidity [RH]). <P 0> Hydration </> indicators ( <P 0> body weight (BW) </>, <P 0>(E1) salivary and <P 0> urine osmolality </> [SOsm/UOsm], <P 0> urine specific gravity [USG] </>, <P 0> urine volume [UV] </>, <P 0> urine color [UC] </>), <P 0> thirst </>, <P 0> fatigue </>, and <P 0> recovery </> ( <P 0> heart rate [HR) </>], and <P 0> HR variability [HRV] </>) were taken at baseline, post-exercise, 0.5, 1, and 2 h post-consumption of 1 L of MW or control. RESULTS: Following similar dehydration (~ 2%DeltaBW), MW had no differential (p > 0.05) impact on any measure of rehydration. Likely due to greater beverage osmolality (81 +/- 1.4 vs. 11 +/- 0.7 mOsmol/kg), <P 0> thirst sensation </> remained 12% higher with MW (p < 0.05). When sex was considered, females had lower <P 0> urine volume [UV] </>, elevated <P 0> urine osmolality (UOsm) </> (p < 0.05), trends for higher Delta <P 0> Body Weight [BW] </>), <P 0> urine specific gravity [USG] </>, but similar <P 0> salivary osmolality (SOsm) </>. Analysis of beverages and urine for <P 0> antioxidant potential (AP) </> revealed a four-fold greater <P 0> antioxidant potential (AP) </> in MW, which increased peak urine <P 0> antioxidant potential (AP) </> (9.4 +/- 0.7 vs. 7.6 +/- 1.0 mmol, MW vs. control, p < 0.05). CONCLUSION: Electrolyte-containing MW, was similar in effectiveness to water, but has <P 0> antioxidant </> properties. Furthermore, trends for sex differences were discovered in urinary, but not salivary, <P 0> hydration </> markers, with discrepancies in kinetics between fluid compartments both warranting further study.

30747964\_PD.txt

Title: Effect of Combination of Paracetamol (Acetaminophen) and Ibuprofen vs Either Alone on Patient-Controlled <P 36> Morphine Consumption </> in the First 24 Hours After Total Hip Arthroplasty: The PANSAID Randomized Clinical Trial.

Publication Type: Multicenter Study

Journal-Name:JAMA

Journal ID: 7501160

Publication date: 2019/03/05 06:00 [medline]

Importance: Multimodal postoperative analgesia is widely used but lacks evidence of benefit. Objective: Investigate beneficial and harmful effects of 4 nonopioid analgesics regimens. Design, Setting, and Participants: Randomized, blinded, placebo-controlled, 4-group trial in 6 Danish hospitals with 90-day follow-up that included 556 patients undergoing total hip arthroplasty (THA) from December 2015 to October 2017. Final date of follow-up was January 1, 2018. Interventions: Participants were randomized to receive paracetamol (acetaminophen) 1000 mg plus ibuprofen 400 mg (n = 136; PCM + IBU), paracetamol 1000 mg plus matched placebo (n = 142; PCM), ibuprofen 400 mg plus matched placebo (n = 141; IBU), or half-strength paracetamol 500 mg plus ibuprofen 200 mg (n = 140; HS-PCM + IBU) orally every 6 hours for 24 hours postoperatively, starting 1 hour before surgery. Main Outcomes and Measures: Two co-primary outcomes: 24-hour <P 36> morphine consumption </> using patient-controlled analgesia in pairwise comparisons between the 4 groups (multiplicity-adjusted thresholds for statistical significance, P < .0042; minimal clinically important difference, 10 mg), and proportion of patients with 1 or more <P 38> serious adverse events (SAEs) </> within 90 days (multiplicity-adjusted thresholds for statistical significance, P < .025). Results: Among 559 randomized participants (mean age, 67 years; 277 [50%] women), 556 (99.5%) completed the trial and were included in the analysis. Median 24-hour <P 36> morphine consumption </> was 20 mg (99.6% CI, 0-148) in the PCM + IBU group, 36 mg (99.6% CI, 0-166) for PCM alone, 26 mg (99.6% CI, 2-139) for IBU alone, and 28 mg (99.6% CI, 2-145) for HS-PCM + IBU. The median difference in <P 36> morphine consumption </> between the PCM + IBU group vs PCM alone was 16 mg (99.6% CI, 6.5 to 24; P < .001); for the PCM-alone group vs HS-PCM + IBU, 8 mg (99.6% CI, -1 to 14; P = .001); and for the PCM + IBU group vs IBU alone, 6 mg (99.6% CI, -2 to 16; P = .002). The difference in <P 36> morphine consumption </> was not statistically significant for the PCM + IBU group vs HS-PCM + IBU (8 mg [99.6% CI, -2 to 16]; P = .005) or for the PCM-alone group vs IBU alone (10 mg [99.6% CI, -2 to 16]; P = .004) after adjustment for multiple comparisons and 2 co-primary outcomes. There was no significant difference between the IBU-alone group vs HS-PCM + IBU (2 mg [99.6% CI, -10 to 7]; P = .81). The proportion of patients with <P 38> SAEs </> in groups receiving IBU was 15%, and in the PCM-alone group, was 11%. The relative risk of <P 38> SAE </> was 1.44 (97.5% CI, 0.79 to 2.64; P = .18). Conclusions and Relevance: Among patients undergoing THA, paracetamol plus ibuprofen significantly reduced <P 36> morphine consumption </> compared with paracetamol alone in the first 24 hours after surgery; there was no statistically significant increase in <P 38> SAEs </> in the pooled groups receiving ibuprofen alone vs with paracetamol alone. However, the combination did not result in a clinically important improvement over ibuprofen alone, suggesting that ibuprofen alone may be a reasonable option for early postoperative oral analgesia. Trial Registration: ClinicalTrials.gov Identifier: NCT02571361.

30755154\_PD.txt

Title: Moderate-intensity aerobic and resistance exercise is safe and favorably influences <P 0> body composition </> in patients with quiescent Inflammatory Bowel Disease: a randomized controlled cross-over trial.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC gastroenterology

Journal ID: 100968547

Publication date: 2019/02/14 06:00 [entrez]

BACKGROUND: Overweight and metabolic problems now add to the burden of illness in patients with Inflammatory Bowel Disease. We aimed to determine if a program of aerobic and resistance exercise could safely achieve <P 0> body composition </> changes in patients with Inflammatory Bowel Disease. METHODS: A randomized, cross-over trial of eight weeks combined aerobic and resistance training on <P 0> body composition </> assessed by Dual Energy X-ray Absorptiometry was performed. Patients in clinical remission and physically inactive with a mean age of 25 +/- 6.5 years and Body Mass Index of 28.9 +/- 3.8 were recruited from a dedicated Inflammatory Bowel Disease clinic. Serum cytokines were quantified, and microbiota assessed using metagenomic sequencing. RESULTS: Improved <P 0> physical fitness </> was demonstrated in the exercise group by increases in median estimated VO2max (Baseline: 43.41mls/kg/min; post-intervention: 46.01mls/kg/min; p = 0.03). Improvement in <P 0> body composition </> was achieved by the intervention group (n = 13) with a median decrease of 2.1% body fat compared with a non-exercising group (n = 7) (0.1% increase; p = 0.022). <P 0> Lean tissue mass </> increased by a median of 1.59 kg and <P 0> fat mass </> decreased by a median of 1.52 kg in the exercising group. No patients experienced a deterioration in <P 0> disease activity </> scores during the exercise intervention. No clinically significant alterations in the <P 0>(E4) alpha- and <P 0> beta- diversity of gut microbiota </> and associated metabolic pathways were evident. CONCLUSIONS: Moderate-intensity combined aerobic and resistance training is safe in physically unfit patients with quiescent Inflammatory Bowel Disease and can quickly achieve favourable <P 0> body compositional </> changes without <P 38> adverse effects </>. TRIAL REGISTRATION: The study was registered at ClinicalTrials.gov; Trial number: NCT02463916 .

30755234\_PD.txt

Title: Chocolate Milk versus carbohydrate supplements in adolescent athletes: a field based study.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of the International Society of Sports Nutrition

Journal ID: 101234168

Publication date: 2019/02/14 06:00 [entrez]

PURPOSE: The purpose of this study is to translate laboratory-based research on beverage-based supplements to a naturalistic, field setting in adolescent athletes. To this end, we tested the effects of two commercially-available drinks on strength in a field-based setting with both male and female high school athletes completing a summer training program. METHODS: One hundred and three high school athletes completed the study (M age = 15.3, SD = 1.2; 70.9% male; 37.9% Afr. Amer.). Measures included a composite <P 25> strength </> score (bench press + squat). Participants completed 1 week of pre- and post-testing, and 4 days per week of strength and conditioning training for 5 weeks. Participants were randomly-assigned to receive either CM or CHO immediately post-exercise. RESULTS: A 2 (group) x 2 (time) repeated measures ANOVA showed there was a significant main effect on time for increase in the composite <P 25> strength </> score (p = .002, engp2 = .18). There was a significant interaction of composite <P 25> strength </> score between groups, (p = .04, engp2 = .08). The CM group (12.3% increase) had significantly greater improvements in composite <P 25> strength </> from pre- to post-test than CHO (2.7% increase). There were no differences in these results based on demographic variables. CONCLUSION: This is the first study comparing the impact of CM and CHO on athletic outcomes in an adolescent population in a field-based environment. CM had a more positive effect on <P 25> strength </> development and should be considered an appropriate post-exercise recovery supplement for adolescents. Future research will benefit from longer study durations with larger numbers of participants.

30758402\_PD.txt

Title: Iodoform Vs Calcium Hydroxide/Zinc Oxide based pastes: 12-month findings of a Randomized Controlled Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Brazilian oral research

Journal ID: 101307187

Publication date: 2019/02/14 06:00 [entrez]

This study evaluated clinical and radiographic twelve-month outcomes of root canal treatments (CT) with smear layer removal, performed in primary teeth, using two different root canal filling materials. Pulpectomy was performed on 27 primary teeth with necrosis or irreversible pulpitis, caused by dental caries or trauma, in 23 children (2-7 years old). A single trained operator performed the CT in a single visit in cases without periapical or interradicular radiolucency (PIR) or in multiple visits in cases with PIR. Participants were selected based on specific inclusion and exclusion criteria, and randomly allocated into two groups: Group 1 (G1) - iodoform paste (iodoform + camphorated parachlorophenol + ointment comprising prednisolone acetate 5.0 mg and rifamycin 1.5 mg); Group 2 (G2) - Calen(R)/ZO paste. Treated teeth were restored with composite resin immediately after the root canal filling. The outcomes were evaluated clinically and radiographically according to specific criteria. Two blinded and standardized evaluators assessed the radiographic outcomes. We used descriptive analyses due to the small sample size. CTs were performed due to caries lesions in 70.4% of the cases and due to trauma in 29.6%. Only one tooth of G1 was <P 0> unsuccessful </>; hence, <P 0> pulpectomy performance </> in both groups was not influenced by the filling material, nor by any other analyzed variable. The <P 0> level of the root canal filling </> was better in the Calen(R)/ZO group. The clinical and radiographic twelve-month outcomes indicated <P 0> successful treatment </>, independently of the root filling material used.

30758406\_PD.txt

Title: The effect of enamel matrix derivatives on <P 0> root coverage </>: a 12-month follow-up of a randomized clinical trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Brazilian oral research

Journal ID: 101307187

Publication date: 2019/02/14 06:00 [entrez]

Subepithelial connective tissue grafts (SCTGs) with a coronally advanced flap (CAF) are accepted as the gold standard for covering denuded root surfaces. In recent years, enamel matrix derivatives (EMDs) have been used for their regenerative potential in periodontics. The aim of this split-mouth and randomized controlled study was to assess the clinical and aesthetical impacts of EMD application in combination with SCTG+CAF in patients with Miller's Class I and II gingival recessions in contralateral canines of the maxilla. Participants who underwent SCTG+CAF+EMD application were identified as the test group (n = 19) and those who underwent SCTG+CAF as control group (n = 19). The outcome parameters were <P 0>(S1) recession depth <P 0> {/} width </>, <P 0> root coverage </> percentage, and <P 0> root coverage aesthetic </> score (RES). RES was evaluated by two calibrated blind periodontists one year after the treatment. Statistically significant <P 0> root coverage </> percentage was observed at one year post-treatment for both groups (p < 0.05). However, significant differences between the groups were not observed in terms of total RES and complete <P 0> root coverage </> rate (p > 0.05). The test group had significantly better results than the control according to the <P 0> soft tissue texture </> and <P 0> mucogingival junction alignment </> results (p < 0.05). These results indicate that EMDs contribute to the <P 0> healing </> of soft tissue without scarring. As a result of better wound <P 0> healing </>, the EMD-added group exhibited better results in terms of the <P 0> harmony of the mucogingival junction between adjacent teeth </>. This paper is the first split-mouth study in which SCTG+CAF and SCTG+CAF+EMD were compared using RES in bilateral canines.