PMID: 31596411

Title: Effect of infant stimulation on the <P 0> adaptation to birth </>: a randomized trial.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: Revista latino-americana de enfermagem

Journal ID: 9420934

Publication date: ['2019/10/10 06:00']

OBJECTIVE: to measure the effect of an infant stimulation therapy (auditory, tactile, visual and vestibular) on the <P 0> adaptation to postnatal life </> of the mother-child dyad. METHOD: an experimental and blind study composed of 120 dyads of first-time mothers and full-term newborns, who practiced breastfeeding. The follow-up was conducted during the first five weeks of life and the evaluation was carried at two different times. RESULTS: the <P 0> adaptive capacity </> was measured in two modes. The <P 0> physiological adaptive mode </> ( <P 25> activity </> and <P 25> exercise </> and <P 25> neonatal nutrition </>) and the <P 26> interdependence adaptive mode </> (appropriate <P 26> affection </> and proper <P 25> development </>); and statistically significant differences were found in favor of the experimental group. Regression models that show the collaborative relationship between mother and child, and their reciprocity in the process of adaptation were proposed. CONCLUSION: the early stimulation is a therapy with bidirectional effect, because it has favorable effects on the person who administers it; promotes health and prevents illness in the process of adaptation to birth; especially in contexts of vulnerability. It is recommended its teaching to mothers and its application in the home environment. This study was registered in the Australian New Zealand Clinical Trial Registry (ANZCTR) under protocol number: ACTRN12617000449336.

PMID: 31596415

Title: Menthol chewing gum on preoperative <P 0> thirst </> management: randomized clinical trial.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: Revista latino-americana de enfermagem

Journal ID: 9420934

Publication date: ['2019/10/10 06:00']

OBJECTIVE: to evaluate the effectiveness of menthol chewing gum, in the relief of the <P 0>(E2) intensity and <P 0> discomfort of {the surgical patient's} thirst </> in the preoperative period. METHOD: a randomized controlled trial, with 102 patients in the preoperative period, randomized in a control group, with usual care, and an experimental group, which received menthol gum, which was the study treatment variable. The primary clinical outcome was the variation in <P 0> thirst intensity </>, evaluated by the [T Numeral Verbal Scale], and the secondary, the variation of the <P 0> discomfort of thirst </>, evaluated by the [T Perioperative <P 0> Thirst Discomfort </> Scale]. Mann-Whitney test was used to compare measures between groups. The significance level adopted was of 0.05. RESULTS: menthol chewing gum significantly reduced the intensity (p <0.001), with Cohen's medium-effect d, and <P 0> thirst discomfort </> (p <0.001), with a large-effect Cohen's d. CONCLUSION: menthol chewing gum was effective in reducing the <P 0>(E3) intensity and <P 0> discomfort of preoperative thirst </>. The strategy proved to be an innovative, <P 32> feasible </> and safe option in the use for the surgical patient, in the management of the preoperative thirst, in elective surgeries. NCT: 03200197.

PMID: 31597020

Title: Controlled Trial of Two Incremental Milk-Feeding Rates in Preterm Infants.

Publication Type: Comparative Study, Journal Article, Multicenter Study, Randomized Controlled Trial, Research Support, Non-U.S. Gov't,

Journal-Name: The New England journal of medicine

Journal ID: 0255562

Publication date: ['2019/10/10 06:00']

BACKGROUND: Observational data have shown that slow advancement of enteral feeding volumes in preterm infants is associated with a reduced risk of necrotizing enterocolitis but an increased risk of late-onset sepsis. However, data from randomized trials are limited. METHODS: We randomly assigned very preterm or very-low-birth-weight infants to daily milk increments of 30 ml per kilogram of body weight (faster increment) or 18 ml per kilogram (slower increment) until reaching full feeding volumes. The primary outcome was <P 1> survival </> without moderate or severe <P 29> neurodevelopmental disability </> at 24 months. Secondary outcomes included components of the primary outcome, confirmed or suspected late-onset <P 0> sepsis </>, <P 0> necrotizing enterocolitis </>, and <P 0> cerebral palsy </>. RESULTS: Among 2804 infants who underwent randomization, the primary outcome could be assessed in 1224 (87.4%) assigned to the faster increment and 1246 (88.7%) assigned to the slower increment. <P 1> Survival </> without moderate or severe <P 29> neurodevelopmental disability </> at 24 months occurred in 802 of 1224 infants (65.5%) assigned to the faster increment and 848 of 1246 (68.1%) assigned to the slower increment (adjusted risk ratio, 0.96; 95% confidence interval [CI], 0.92 to 1.01; P = 0.16). Late-onset <P 0> sepsis </> occurred in 414 of 1389 infants (29.8%) in the faster-increment group and 434 of 1397 (31.1%) in the slower-increment group (adjusted risk ratio, 0.96; 95% CI, 0.86 to 1.07). <P 0> Necrotizing enterocolitis </> occurred in 70 of 1394 infants (5.0%) in the faster-increment group and 78 of 1399 (5.6%) in the slower-increment group (adjusted risk ratio, 0.88; 95% CI, 0.68 to 1.16). CONCLUSIONS: There was no significant difference in <P 1> survival </> without moderate or severe <P 29> neurodevelopmental disability </> at 24 months in very preterm or very-low-birth-weight infants with a strategy of advancing milk feeding volumes in daily increments of 30 ml per kilogram as compared with 18 ml per kilogram. (Funded by the Health Technology Assessment Programme of the National Institute for Health Research; SIFT Current Controlled Trials number, ISRCTN76463425.).

*PMID: 31597637*

*Title: National quality improvement programmes need time and resources to have an impact.*

*Publication Type: Journal Article, Randomized Controlled Trial, Research Support, Non-U.S. Gov't,*

*Journal-Name: BMJ (Clinical research ed.)*

*Journal ID: 8900488*

*Publication date: ['2019/10/11 06:00']*

*The studyPeden CJ, Stephens T, Martin G et al. Effectiveness of a national quality improvement programme to improve survival after emergency abdominal surgery (EPOCH): a stepped-wedge cluster-randomised trial. Lancet 2019;393:2213-21.This project was funded by the NIHR Health Services and Delivery Research Programme (project number 12/5005/10).To read the full NIHR Signal, go to https://discover.dc.nihr.ac.uk/content/signal-000789/national-quality-improvement -programmes-need-time-and-resources-to-have-impact.*

PMID: 31597806

Title: Efficacy of Curcumin as an Adjunct to Scaling and Root Planing in Chronic Periodontitis Patients: A Randomized Controlled Clinical Trial.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: The journal of contemporary dental practice

Journal ID: 101090552

Publication date: ['2019/10/11 06:00']

AIM: The aim of the present study is to evaluate the efficacy of curcumin gel as local drug delivery post-scaling and root planing and its effect on clinical parameters like <P 0> plaque </>, <P 0> gingival </> scores, <P 0> pocket depth </>, and <P 0> clinical attachment level (CAL) </>. MATERIALS AND METHODS: Ten patients with two sites in the contralateral quadrants having probing pocket depths (PPDs) of >/=5 mm were selected. Full-mouth scaling and root planing (SRP) was performed followed by the application of curcumin gel on a single side. Assessment of [T <P 0> plaque </> index (PI)], [T <P 0> gingival </> index (GI)], <P 0> probing pocket depth </>, and <P 0> clinical attachment levels (CAL) </> were done at the baseline and at the 4th week. RESULTS: The results revealed that there was a statistically significant reduction in [T <P 0> plaque </> index (PI)] and <P 0> probing depth </> in the test group when compared with the control group. <P 0> Clinical attachment level </> was improved but the results were not statically significant. CONCLUSION: The local application of curcumin gel when used in conjunction with SRP showed a significant improvement in periodontal parameters and has a beneficial effect in patients with chronic periodontitis. CLINICAL SIGNIFICANCE: Curcumin gel as an adjunct to SRP showed a marked improvement in restoring <P 0> gingival health </> by an improvement in clinical parameters. It has proven properties like anti-inflammatory, antioxidant, antimicrobial, hepatoprotective, immunostimulant, antiseptic, antimutagenic, and it also accelerates wound healing. It may be a more acceptable and viable option for the common man. Curcumin can be used as an effective alternative local drug delivery agent.

PMID: 31609293

Title: Contrast Material Injection Protocol With the Dose Determined According to Lean Body Weight at Hepatic Dynamic Computed Tomography: Comparison Among Patients With Different Body Mass Indices.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: Journal of computer assisted tomography

Journal ID: 7703942

Publication date: ['2019/10/15 06:00']

OBJECTIVE: The objective of this study was to compare <P 32> enhancement </> of the aorta and liver on hepatic dynamic computed tomography scans acquired with contrast material doses based on the lean body weight (LBW) or the total body weight (TBW). METHODS: We randomly divided 529 patients (279 men, 250 women; median age, 66 years) scheduled for hepatic dynamic computed tomography into 2 groups. The LBW patients (n = 278) were injected with 679 mg iodine/kg (men) or 762 mg iodine/kg (women). The TBW group (n = 251) was injected with 600 mg iodine/kg TBW. Each group was subdivided into the 3 classes based on the body mass index (BMI; low, normal, high). Aortic <P 32> enhancement </> during the hepatic arterial phase and hepatic enhancement during the portal venous phase was compared. The aortic and hepatic equivalence margins were 100 and 20 Hounsfield units, respectively. RESULTS: Comparison of the median iodine <P 32> dose </> in patients with a normal or high BMI showed that it was significantly lower under the LBW protocol than the TBW protocol (558.2 and 507.0 mg iodine/kg, P < 0.001, respectively). However, in patients with a low BMI, the LBW protocol delivered a significantly higher <P 32> dose </> than the TBW protocol (620.7 vs 600.0 mg iodine/kg, P < 0.001). The 95% confidence interval for the difference in aortic and hepatic <P 32> enhancement </> between the 2 protocols was within the range of the predetermined equivalence margins in all BMI subgroups. CONCLUSIONS: <P 32> Contrast enhancement </> was equivalent under both protocols. The LBW protocol can avoid iodine <P 32> overdosing </>, especially in patients with a high BMI.

PMID: 31613346

Title: Effect of a Nutritional and Behavioral Intervention on Energy-Reduced Mediterranean Diet <P 32> Adherence </> Among Patients With Metabolic Syndrome: Interim Analysis of the PREDIMED-Plus Randomized Clinical Trial.

Publication Type: Comparative Study, Journal Article, Multicenter Study, Randomized Controlled Trial, Research Support, Non-U.S. Gov't,

Journal-Name: JAMA

Journal ID: 7501160

Publication date: ['2019/10/16 06:00']

Importance: High-quality dietary patterns may help prevent chronic disease, but limited data exist from randomized trials about the effects of nutritional and behavioral interventions on dietary changes. Objective: To assess the effect of a nutritional and physical activity education program on <P 25> dietary quality </>. Design, Setting, and Participants: Preliminary exploratory interim analysis of an ongoing randomized trial. In 23 research centers in Spain, 6874 men and women aged 55 to 75 years with metabolic syndrome and no cardiovascular disease were enrolled in the trial between September 2013 and December 2016, with final data collection in March 2019. Interventions: Participants were randomized to an intervention group that encouraged an energy-reduced Mediterranean diet, promoted physical activity, and provided behavioral support (n = 3406) or to a control group that encouraged an energy-unrestricted Mediterranean diet (n = 3468). All participants received allotments of extra-virgin olive oil (1 L/mo) and nuts (125 g/mo) for free. Main Outcomes and Measures: The primary outcome was 12-month change in <P 32> adherence </> based on the energy-reduced Mediterranean diet (er-MedDiet) score (range, 0-17; higher scores indicate greater adherence; minimal clinically important difference, 1 point). Results: Among 6874 randomized participants (mean [SD] age, 65.0 [4.9] years; 3406 [52%] men), 6583 (96%) completed the 12-month follow-up and were included in the main analysis. The mean (SD) er-MedDiet score was 8.5 (2.6) at baseline and 13.2 (2.7) at 12 months in the intervention group (increase, 4.7 [95% CI, 4.6-4.8]) and 8.6 (2.7) at baseline and 11.1 (2.8) at 12 months in the control group (increase, 2.5 [95% CI, 2.3-2.6]) (between-group difference, 2.2 [95% CI, 2.1-2.4]; P < .001). Conclusions and Relevance: In this preliminary analysis of an ongoing trial, an intervention that encouraged an energy-reduced Mediterranean diet and physical activity, compared with advice to follow an energy-unrestricted Mediterranean diet, resulted in a significantly greater increase in diet <P 32> adherence </> after 12 months. Further evaluation of long-term cardiovascular effects is needed. Trial Registration: isrctn.com Identifier: ISRCTN89898870.

PMID: 31613945

Title: Effectiveness of Adjunctive Use of Low-Level Laser Therapy and Photodynamic Therapy After Scaling and Root Planing in Patients with Chronic Periodontitis.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: The International journal of periodontics & restorative dentistry

Journal ID: 8200894

Publication date: ['2019/10/16 06:00']

The aim of this split-mouth, randomized controlled clinical trial was to evaluate the efficacy of low-level laser therapy (LLLT) and photodynamic therapy (PDT) as an adjunct to scaling and root planing (SRP) in treatment of chronic periodontitis. Each quadrant was categorized into control group (SRP alone; two quadrants per patient), test group 1 (SRP + PDT), and test group 2 (SRP + LLLT. The test groups showed significantly higher reductions in [T <P 0> Gingival </> Index], <P 0> probing depth </>, and <P 0> clinical attachment level </> as well as reductions in <P 0> Porphyromonas gingivalis </> and <P 0> Aggregatibacter actinomycetemcomitans </> counts at 1-, 3-, 6-, and 9-month follow-ups when compared with the control group.

PMID: 31615781

Title: Effectiveness of routine third trimester ultrasonography to reduce <P 38> adverse perinatal outcomes </> in low risk pregnancy (the IRIS study): nationwide, pragmatic, multicentre, stepped wedge cluster randomised trial.

Publication Type: Journal Article, Multicenter Study, Pragmatic Clinical Trial, Randomized Controlled Trial, Research Support, Non-U.S. Gov't,

Journal-Name: BMJ (Clinical research ed.)

Journal ID: 8900488

Publication date: ['2019/10/17 06:00']

OBJECTIVES: To investigate the effectiveness of routine ultrasonography in the third trimester in reducing <P 0, 1> adverse perinatal </> outcomes in low risk pregnancies compared with usual care and the effect of this policy on <P 0> maternal </> outcomes and <P 36> obstetric interventions </>. DESIGN: Pragmatic, multicentre, stepped wedge cluster randomised trial. SETTING: 60 midwifery practices in the Netherlands. PARTICIPANTS: 13 046 women aged 16 years or older with a low risk singleton pregnancy. INTERVENTIONS: 60 midwifery practices offered usual care (serial fundal height measurements with clinically indicated ultrasonography). After 3, 7, and 10 months, a third of the practices were randomised to the intervention strategy. As well as receiving usual care, women in the intervention strategy were offered two routine biometry scans at 28-30 and 34-36 weeks' gestation. The same multidisciplinary protocol for detecting and managing fetal growth restriction was used in both strategies. MAIN OUTCOME MEASURES: The primary outcome measure was a composite of <P 38> severe adverse perinatal outcomes </>: <P 1> perinatal death </>, <P 0> Apgar score </> <4, <P 0> impaired consciousness </>, <P 0> asphyxia </>, <P 0> seizures </>, <P 0> assisted ventilation </>, <P 0> septicaemia </>, <P 0> meningitis </>, <P 0> bronchopulmonary dysplasia </>, <P 0> intraventricular haemorrhage </>, <P 0> periventricular leukomalacia </>, or <P 0> necrotising enterocolitis </>. Secondary outcomes were two composite measures of <P 0> severe maternal morbidity </>, and <P 0> spontaneous labour and birth </>. RESULTS: Between 1 February 2015 and 29 February 2016, 60 midwifery practices enrolled 13 520 women in mid-pregnancy (mean 22.8 (SD 2.4) weeks' gestation). 13 046 women (intervention n=7067, usual care n=5979) with data based on the national Dutch perinatal registry or hospital records were included in the analyses. <P 0> Small for gestational age at birth </> was significantly more often detected in the intervention group than in the usual care group (179 of 556 (32%) v 78 of 407 (19%), P<0.001). The incidence of <P 38> severe adverse perinatal outcomes </> was 1.7% (n=118) for the intervention strategy and 1.8% (n=106) for usual care. After adjustment for confounders, the difference between the groups was not significant (odds ratio 0.88, 95% confidence interval 0.70 to 1.20). The intervention strategy showed a higher incidence of <P 36> induction of labour </> (1.16, 1.04 to 1.30) and a lower incidence of <P 36> augmentation of labour </> (0.78, 0.71 to 0.85). <P 0> Maternal </> outcomes and other <P 36> obstetric interventions </> did not differ between the strategies. CONCLUSION: In low risk pregnancies, routine ultrasonography in the third trimester along with clinically indicated ultrasonography was associated with higher antenatal detection of <P 0> small for gestational age fetuses </> but not with a reduced incidence of <P 38> severe adverse perinatal outcomes </> compared with usual care alone. The findings do not support routine ultrasonography in the third trimester for low risk pregnancies. TRIAL REGISTRATION: Netherlands Trial Register NTR4367.

PMID: 31618286

Title: Traditional chest drainage versus drainage by thoracotomy: a prospective randomized study.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: Einstein (Sao Paulo, Brazil)

Journal ID: 101281800

Publication date: ['2019/10/17 06:00']

OBJECTIVE: To compare the chest tube drainage by the same thoracotomy intercostal space with the traditional approach in patients undergoing muscle-sparing thoracotomy. METHODS: We evaluated 40 patients aged >/=18 years who underwent elective muscle sparing thoracotomies. Patients were divided into two groups of 20 patients. One group underwent thoracic drainage by the same intercostal space of thoracotomy and the other by traditional chest drainage approach. RESULTS: The mean <P 35> length of hospital stay </> for the intercostal drainage group in the intensive care unit was 1.5 day (1.0 to 2.0 days) and 2.0 days (25.1 to 3.0 days) for the traditional chest drainage group (p=0.060). The intercostal drainage group had mean <P 35> length of hospital stay </> (p=0.527) and drainage (p=0.547) of 4 days, and the traditional chest drainage group and 2 and 5.5 days, respectively. Dipirona and tramadol doses did not differ between groups (p=0.201 and p=0.341). The mean <P 0> pain </> scale values on first postoperative was 4.24 in the drainage by the same intercostal group and 3.95 in the traditional chest drainage (p=0.733). In third postoperative day, mean was 3.18 for the first group and 3.11 for the traditional group (p=0.937). In the 15th day after surgery, drainage by the incision was 1.53 and the traditional chest drainage was 2.11 (p=0.440), 30th days after drainage by incision was 0.71 and traditional chest drainage was 0.84 (p=0.787). <P 38> Complications </>, for both groups were similar with 30% in proposed drainage and 25% in traditional approach (p=0.723). CONCLUSION: Drainage by the same thoracotomy intercostal space was feasible and results 30 days after surgery were not inferior to those of the traditional chest drainage approach.

PMID: 31618328

Title: Therapeutic effects of dimethyldiguanide combined with clomifene citrate in the treatment of polycystic ovary syndrome.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: Revista da Associacao Medica Brasileira (1992)

Journal ID: 9308586

Publication date: ['2019/10/17 06:00']

OBJECTIVE: In view of the high incidence of polycystic ovary syndrome (PCOS) and the unsatisfactory therapeutic effects of dimethyldiguanide or clomifene citrate alone, our study aimed to investigate the therapeutic effects of dimethyldiguanide combined with clomifene citrate in the treatment of PCOS. METHODS: A total of 79 patients with POCS and 35 healthy females were included, and endometrial biopsies were obtained. The <P 0> sterol regulatory element-binding protein-1 (SREBP1) expression </> in endometrial tissues was detected by qRT-PCR. POC patients were randomly divided into group A (n=40) and group B (n=39). Patients in group A were treated with dimethyldiguanide combined with clomifene citrate, while patients in group B were treated with clomifene citrate alone. The number of <P 0> mature follicles </> and [T <P 0> cervical mucus </> score], <P 0> follicular development </> rate and <P 0> single follicle ovulation </> rate, <P 0> cycle pregnancy </> rate, <P 1> early miscarriage </> rate, <P 0> ovulation </> rate, <P 0> endometrial thickness </>, positive rate of <P 0> three lines sign </>, <P 0> follicle stimulating hormone </> level and <P 0> luteinizing hormone </> level were compared between the two groups. RESULTS: The expression level of <P 0> sterol regulatory element-binding protein-1 </> was higher in PCOS patients than that in the healthy control. <P 0> Sterol regulatory element-binding protein-1 expression </> was inhibited after treatment, while the inhibitory effects of combined treatment were stronger than those of clomifene citrate alone. Compared with clomifene citrate alone, the combined treatment improved <P 0> cervical mucus </> score, <P 0> follicle development </> rate, <P 0> single follicle ovulation </> rate, <P 0> endometrial thickness </>, positive rate of <P 0> three lines sign </>, and <P 0> follicle-stimulating hormone </> level. CONCLUSION: The therapeutic effect of combined treatment is better than clomifene citrate alone in the treatment of PCOS.

PMID: 31618331

Title: Bilevel positive airway pressure in two moments after bariatric surgery.

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: Revista da Associacao Medica Brasileira (1992)

Journal ID: 9308586

Publication date: ['2019/10/17 06:00']

OBJECTIVE: To investigate the use of Bilevel Positive Airway Pressure (BiPAP) in morbidly obese individuals in two moments following bariatric surgery (Roux-en-Y gastric bypass): post-anesthetic recovery (PAR) and first postoperative day (1PO). DESIGN: Randomized and blinded clinical trial. METHODS: We studied 40 morbidly obese individuals aged between 25 and 55 years who underwent pulmonary function test and chest X-ray preoperatively, and on the day of discharge (2nd day after surgery). They were randomly allocated into two groups: PAR-G (BiPAP in PAR for one hour), and 1PO-G (BIPAP for one hour on the 1PO). RESULTS: In the PAR-G and 1PO-G, respectively there were significant reductions in <P 0> slow vital capacity (SVC) </> (p=0.0007 vs. p<0.0001), <P 0> inspiratory reserve volume (IRV) </> (p=0.0016 vs. p=0.0026), and <P 0> forced vital capacity (FVC) </> (p=0.0013 vs. p<0.0001) and <P 0> expiratory reserve volume (ERV) </> was maintained only for the PAR-G (p=0.4446 vs. p=0.0191). Comparing the groups, the <P 0> slow vital capacity </> (p=0.0027) and <P 0> forced vital capacity </> (p=0.0028) showed a significant difference between the treatments, while the PAR-G showed smaller declines in these capacities. The prevalence of atelectasis was 10% for the PAR-G and 30% for the 1PO-G (p=0.0027). CONCLUSION: Thus, the use of BiPAP in PAR can promote restoration of <P 0> expiratory reserve volume </> and contribute to the reduction of atelectasis.

PMID: 31618539

Title: Randomized Trial of Medical versus Surgical Treatment for Refractory Heartburn.

Publication Type: Comparative Study, Journal Article, Multicenter Study, Randomized Controlled Trial, Research Support, U.S. Gov't, Non-P.H.S.,

Journal-Name: The New England journal of medicine

Journal ID: 0255562

Publication date: ['2019/10/17 06:00']

BACKGROUND: Heartburn that persists despite proton-pump inhibitor (PPI) treatment is a frequent clinical problem with multiple potential causes. Treatments for PPI-refractory heartburn are of unproven efficacy and focus on controlling gastroesophageal reflux with reflux-reducing medication (e.g., baclofen) or antireflux surgery or on dampening visceral hypersensitivity with neuromodulators (e.g., desipramine). METHODS: Patients who were referred to Veterans Affairs (VA) gastroenterology clinics for PPI-refractory heartburn received 20 mg of omeprazole twice daily for 2 weeks, and those with persistent heartburn underwent endoscopy, esophageal biopsy, esophageal manometry, and multichannel intraluminal impedance-pH monitoring. If patients were found to have reflux-related heartburn, we randomly assigned them to receive surgical treatment (laparoscopic Nissen fundoplication), active medical treatment (omeprazole plus baclofen, with desipramine added depending on symptoms), or control medical treatment (omeprazole plus placebo). The primary outcome was <P 0> treatment success </>, defined as a decrease of 50% or more in the [T Gastroesophageal Reflux Disease (GERD)-Health Related <P 30> Quality of Life </> score] (range, 0 to 50, with higher scores indicating worse symptoms) at 1 year. RESULTS: A total of 366 patients (mean age, 48.5 years; 280 men) were enrolled. Prerandomization procedures excluded 288 patients: 42 had relief of their heartburn during the 2-week omeprazole trial, 70 did not complete trial procedures, 54 were excluded for other reasons, 23 had non-GERD esophageal disorders, and 99 had functional heartburn (not due to GERD or other histopathologic, motility, or structural abnormality). The remaining 78 patients underwent randomization. The incidence of <P 0> treatment success </> with surgery (18 of 27 patients, 67%) was significantly superior to that with active medical treatment (7 of 25 patients, 28%; P = 0.007) or control medical treatment (3 of 26 patients, 12%; P<0.001). The difference in the incidence of treatment success between the active medical group and the control medical group was 16 percentage points (95% confidence interval, -5 to 38; P = 0.17). CONCLUSIONS: Among patients referred to VA gastroenterology clinics for PPI-refractory heartburn, systematic workup revealed truly PPI-refractory and reflux-related heartburn in a minority of patients. For that highly selected subgroup, surgery was superior to medical treatment. (Funded by the Department of Veterans Affairs Cooperative Studies Program; ClinicalTrials.gov number, NCT01265550.).

PMID: 31619437

Title: Efficacy of antibiotic treatment in patients with chronic low back pain and Modic changes (the AIM study): double blind, randomised, placebo controlled, multicentre trial.

Publication Type: Journal Article, Multicenter Study, Randomized Controlled Trial, Research Support, Non-U.S. Gov't,

Journal-Name: BMJ (Clinical research ed.)

Journal ID: 8900488

Publication date: ['2019/10/18 06:00']

OBJECTIVE: To assess the efficacy of three months of antibiotic treatment compared with placebo in patients with chronic low back pain, previous disc herniation, and vertebral endplate changes (Modic changes). DESIGN: Double blind, parallel group, placebo controlled, multicentre trial. SETTING: Hospital outpatient clinics at six hospitals in Norway. PARTICIPANTS: 180 patients with chronic low back pain, previous disc herniation, and type 1 (n=118) or type 2 (n=62) Modic changes enrolled from June 2015 to September 2017. INTERVENTIONS: Patients were randomised to three months of oral treatment with either 750 mg amoxicillin or placebo three times daily. The allocation sequence was concealed by using a computer generated number on the prescription. MAIN OUTCOME MEASURES: The primary outcome was the [T Roland-Morris <P 25> Disability </> Questionnaire (RMDQ)] score (range 0-24) at one year follow-up in the intention to treat population. The minimal clinically important between group difference in mean [T Roland-Morris <P 25> Disability </> Questionnaire (RMDQ)] score was predefined as 4. RESULTS: In the primary analysis of the total cohort at one year, the difference in the mean [T Roland-Morris <P 25> Disability </> Questionnaire (RMDQ)] score between the amoxicillin group and the placebo group was -1.6 (95% confidence interval -3.1 to 0.0, P=0.04). In the secondary analysis, the difference in the mean [T Roland-Morris <P 25> Disability </> Questionnaire (RMDQ)] score between the groups was -2.3 (-4.2 to-0.4, P=0.02) for patients with type 1 Modic changes and -0.1 (-2.7 to 2.6, P=0.95) for patients with type 2 Modic changes. Fifty patients (56%) in the amoxicillin group experienced at least one drug related <P 38> adverse event </> compared with 31 (34%) in the placebo group. CONCLUSIONS: In this study on patients with chronic low back pain and Modic changes at the level of a previous disc herniation, three months of treatment with amoxicillin did not provide a clinically important benefit compared with placebo. Secondary analyses and sensitivity analyses supported this finding. Therefore, our results do not support the use of antibiotic treatment for chronic low back pain and Modic changes. TRIAL REGISTRATION: ClinicalTrials.gov NCT02323412.

PMID: 31623042

Title: [Effects of rhodiola rosea on <P 0> oxidative stress </> and <P 0> negative emotional states </> in patients with obstructive sleep apnea].

Publication Type: Journal Article, Randomized Controlled Trial,

Journal-Name: Lin chuang er bi yan hou tou jing wai ke za zhi = Journal of clinical otorhinolaryngology, head, and neck surgery

Journal ID: 101303164

Publication date: ['2019/10/18 06:00']

Objective:The aim of this study is to investigate the effects of rhodiola rosea on <P 0> oxidative stress </>, <P 0, 28> anxiety </> and <P 0, 28> depression </> in patients with OSA. Method:Ninety patients with moderate and severe OSA patients with negative emotions diagnosed by PSG, [T self-rating depression scale (SDS)] and [T self-rating anxiety scale SAS] were selected from the respiratory department of our hospital from February 2015 to February 2018. According to the random number table method, the patients were randomly divided into non-invasive ventilator group, rhodiola rosea+non-invasive ventilator group and rhodiola rosea group, with 30 cases in each group. Patients in the non-invasive ventilator group were treated with continuous positive airway pressure CPAP for 3 months, and those in the rhodiola rosea+non-invasive ventilator group were treated with oral rhodiola capsules for 3 months on the basis of CPAP, and those in the rhodiola rosea treatment group were treated with pure oral rhodiola capsules for 3 months. The changes of [T Self-rating <P 0, 28> depression </> scale (SDS)] and [T self-rating <P 0, 28> anxiety </> scale SAS] before and after the three groups were compared, and the changes of serum SOD and MDA were detected by immunoenzyme-linked adsorption for comparative analysis. Result:There were no significant differences in SDS and SAS scores between the three groups P>0.05. [T Self-rating <P 0, 28> depression </> scale (SDS)] and [T self-rating <P 0, 28> anxiety </> scale SAS] scores of patients in the rhodiola rosea+non-invasive ventilator group decreased after treatment P<0.05 compared with those in the non-invasive ventilator group. [T Self-rating <P 0, 28> depression </> scale (SDS)] and [T self-rating <P 0, 28> anxiety </> scale SAS] scores of patients in the rhodiola treatment group increased after treatment P<0.05. Compared with those in the rhodiola treatment group, [T Self-rating <P 0, 28> depression </> scale (SDS)] and [T self-rating <P 0, 28> anxiety </> scale SAS] scores of patients in the rhodiola+non-invasive breathing group decreased after treatment P<0.05. Three group patients were no significant difference in serum <P 0> SOD </> and <P 0> malondialdehyde (MDA) </> before treatment P>0.05. Compared with before treatment, serum <P 0> SOD </> level were all increased and <P 0> malondialdehyde (MDA) </> level were all decreased in the three groups after treatment P<0.05. Compared with noninvasive breathing unit after treatment, rhodiola+noninvasive breathing unit after treatment in patients with elevated levels of serum <P 0> SOD </>, <P 0> malondialdehyde (MDA) </> level decreased P<0.05, and for the treatment group after treatment in patients with serum <P 0> SOD </> levels drop, the <P 0> malondialdehyde (MDA) </> levels P<0.05, and the after rhodiola rosea treatment group compared, rhodiola+noninvasive breathing unit after treatment in patients with elevated levels of serum <P 0> SOD </>, <P 0> malondialdehyde (MDA) </> level decreased P<0.05. Conclusion:Rhodiola may improve the <P 28> negative emotions </> such as <P 0, 28> anxiety </> and <P 0, 28> depression </> by inhibiting <P 0> oxygen free radicals </> and <P 0> lipid peroxidation </> in patients with OSA.

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Title: [Clinical observation of LOP chemotherapy combined with radiotherapy in the treatment of early nasal NK/T cell lymphoma].

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Objective:To investigate the efficacy and safety of LOPasparaginase + vincristine + dexamethasone chemotherapy combined with radiotherapy in patients with nasal NK/T cell lymphoma. Method:Sixty patients with nasal NK/T cell lymphoma admitted to our hospital from February 2012 to February 2016 were selected as the study subject. They were randomly divided into group A and group B, 30 cases in each group. All patients were treated with combined chemotherapy and IMRTintensity modulated conformal radiotherapy. The LOP regimen was used in group A and the CHOPcyclophosphamide + pirarubicin + vincristine + dexamethasone regimen was used in group B. The short-term efficacy, long-term efficacy and <P 38> adverse reactions </> of the two groups were compared. Result:The clinical manifestations of 60 patients mainly included <P 0> nasal obstruction </> 81.67%, accompanied by <P 0> fever </>, <P 0> headache </>, <P 0> nosebleed </> and <P 0> runny nose </>. Forty-one patients68.33% had only one site of <P 0> lesion </>, and 21 patients35.00% had multiple sites of <P 0> lesions </>. In terms of total <P 0> remission </> rate, it was significantly higher in group A than that in group B93.33% vs. 66.67%, P<0.05. In terms of <P 38> adverse reactions </>, the incidence of <P 0> bone marrow suppression </>, <P 0> gastrointestinal reaction </> and <P 0> low-protein reaction </> was significantly lower in group A than that in group BP<0.05. Three patients <P 1> died </> in group A and 11 patients <P 1> died </> in group B during the 3-year follow-up. The 3-year <P 1> survival </> rate of group A was higher than that of group BP<0.05. Conclusion:Compared with CHOP+IMRT regimen, the LOP+IMRT regimen for nasal NK/T-cell lymphoma patients resulted in higher overall <P 0> remission </> rate, <P 1> survival </> rate and lower <P 38> adverse reactions </>, so it is worth in clinical promotion.