**30563538\_PD.txt**

Title: The effect of two beta-alanine dosing strategies on 30-minute <P 0> rowing performance </>: a randomized, controlled trial.

Publication Type: Randomized Controlled Trial

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

Journal ID: 101234168

Publication date: 2018/12/20 06:00 [entrez]

BACKGROUND: beta-alanine (betaA) supplementation has been shown to increase intramuscular carnosine content and subsequent high-intensity performance in events lasting < 4 minutes (min), which may be dependent on total, as opposed to daily, dose. The ergogenic effect of betaA has also been demonstrated for 2000-m rowing performance prompting interest in whether betaA may be beneficial for sustained aerobic exercise. This study therefore investigated the effect of two betaA dosing strategies on 30-min <P 0>(E1) rowing and <P 0> {subsequent} sprint performance </>. METHODS: Following University Ethics approval, twenty-seven healthy, male rowers (age: 24 +/- 2 years; body-height: 1.81 +/- 0.02 m; body-mass: 82.3 +/- 2.5 kg; body-fat: 14.2 +/- 1.0%) were randomised in a double-blind manner to 4 weeks of: i) betaA (2.4 g.d(- 1), betaA1); ii) matched total betaA (4.8 g on alternate days, betaA2); or iii) cornflour placebo (2.4 g.d(- 1), PL). Participants completed a laboratory 30-min rowing time-trial, followed by 3x30-seconds (s) maximal sprint efforts at days 0, 14 and 28 (T1-T3). Total <P 0> distance </> (m), average <P 0> power </> (W), relative average <P 0> power </> (W.kg(- 1)), <P 0> cardio-respiratory </> measures and <P 0> perceived exertion </> were assessed for each 10-min split. <P 0> Blood lactate </> ([La-]b mmol.L(- 1)) was monitored pre-post time-trial and following maximal sprint efforts. A 3-way repeated measures ANOVA was employed for main analyses, with Bonferonni post-hoc assessment (P </= 0.05). RESULTS: Total 30-min <P 0> time-trial distance </> significantly increased from T1-T3 within betaA1 only (7397 +/- 195 m to 7580 +/- 171 m, P = 0.002, np(2) = 0.196), including absolute average <P 0> power </> (194.8 +/- 18.3 W to 204.2 +/- 15.5 W, P = 0.04, np(2) = 0.115) and relative average <P 0> power output </> (2.28 +/- 0.15 W.kg(- 1) to 2.41 +/- 0.12 W.kg(- 1), P = 0.031, np(2) = 0.122). These findings were potentially explained by within-group significance for the same variables for the first 10 min split (P </= 0.01), and for distance covered (P = 0.01) in the second 10-min split. However, no condition x time interactions were observed. No significant effects were found for <P 0> sprint </> variables (P > 0.05) with comparable values at T3 for mean <P 0> distance </> (betaA1: 163.9 +/- 3.8 m; betaA2: 161.2 +/- 3.5 m; PL: 162.7 +/- 3.6 m), average <P 0> power </> (betaA1: 352.7 +/- 14.5 W; betaA2: 342.2 +/- 13.5 W; PL: 348.2 +/- 13.9 W) and <P 0> lactate </> (betaA1: 10.0 +/- 0.9 mmol.L(- 1); betaA2: 9.2 +/- 1.1 mmol.L(- 1); PL: 8.7 +/- 0.9 mmol.L(- 1)). CONCLUSIONS: Whilst daily betaA may confer individual benefits, these results demonstrate limited impact of betaA (irrespective of dosing strategy) on 30-min <P 0>(E1) rowing or <P 0> {subsequent} sprint performance </>. Further investigation of betaA dosage > 2.4 g.d(- 1) and/or chronic intervention periods (> 4-8 weeks) may be warranted based on within-group observations.

**30566416\_PD.txt**

Title: Does L-Methylfolate Supplement Methylphenidate Pharmacotherapy in Attention-Deficit/Hyperactivity Disorder?: Evidence of Lack of Benefit From a Double-Blind, Placebo-Controlled, Randomized Clinical Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of clinical psychopharmacology

Journal ID: 8109496

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

PURPOSE/BACKGROUND: Interventions for attention-deficit/hyperactivity disorder (ADHD) may be inadequate for some patients. There is evidence that supplementation with L-methylfolate augments antidepressant agent effects and thus might also augment ADHD treatment effects by a common catecholaminergic mechanism. METHODS: Forty-four adults with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition diagnosis of ADHD participated in a randomized, double-blind, placebo-controlled, 12-week trial of 15 mg of L-methylfolate in combination with osmotic-release oral system methylphenidate. Osmotic-release oral system methylphenidate was dose optimized over the first 6 weeks. We evaluated the effects on <P 26, 29> ADHD symptoms </>, self-report on the [T Behavior Rating Inventory of <P 29> Executive Function </>] of <P 29> executive function </>, <P 32> methylphenidate dosing </>, <P 28, 29> neuropsychological </> test measures, the [T Adult <P 26, 29> ADHD </> Self-report scale], <P 28> emotional dysregulation </>, <P 26> social adjustment </>, and <P 27> work productivity </>, as well as moderating effects of body mass index, autoantibodies to folate receptors, and select genetic polymorphisms. RESULTS: L-Methylfolate was well <P 32> tolerated </>, with no significant effect over placebo except improvement from abnormal measures on the mean adaptive dimension of the [T Adult <P 26, 29> ADHD </> Self-report scale] (chi = 4.36, P = 0.04). <P 32> Methylphenidate dosing </> was significantly higher in individuals on L-methylfolate over time (chi = 7.35, P = 0.007). Exploratory analyses suggested that variation in a guanosine triphosphate cyclohydrolase gene predicted association with higher <P 32> doses of methylphenidate </> (P < 0.001). CONCLUSIONS: L-Methylfolate was associated with no change in efficacy on measures relevant to <P 28, 29> neuropsychiatric function </> in adults with ADHD, other than suggestion of reduced efficacy of methylphenidate. Further investigation would be required to confirm this effect and its mechanism and the genotype prediction of effects on dosing.

**30567286\_PD.txt**

Title: Seafood Consumption, Omega-3 Fatty Acids Intake, and Life-Time Prevalence of <P 0, 28> Depression </> in the PREDIMED-Plus Trial.

Publication Type: Multicenter Study

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/11/20 00:00 [accepted]

BACKGROUND: The aim of this analysis was to ascertain the type of relationship between fish and seafood consumption, omega-3 polyunsaturated fatty acids (omega-3 PUFA) intake, and <P 0, 28> depression </> prevalence. METHODS: Cross-sectional analyses of the PREDIMED-Plus trial. Fish and seafood consumption and omega-3 PUFA intake were assessed through a validated food-frequency questionnaire. Self-reported life-time medical diagnosis of <P 0, 28> depression </> or <P 36> use of antidepressants </> was considered as outcome. <P 0, 28> Depressive symptoms </> were collected by the [T Beck Depression Inventory-II]. Logistic regression models were used to estimate the association between seafood products and omega-3 PUFA consumption and <P 0, 28> depression </>. Multiple linear regression models were fitted to assess the association between fish and long-chain (LC) omega-3 PUFA intake and <P 0, 28> depressive symptoms </>. RESULTS: Out of 6587 participants, there were 1367 cases of <P 0, 28> depression </>. Total seafood consumption was not associated with <P 0, 28> depression </>. The odds ratios (ORs) (95% confidence intervals (CIs)) for the 2nd, 3rd, and 4th quintiles of consumption of fatty fish were 0.77 (0.63(-)0.94), 0.71 (0.58(-)0.87), and 0.78 (0.64(-)0.96), respectively, and p for trend = 0.759. Moderate intake of total LC omega-3 PUFA (approximately 0.5(-)1 g/day) was significantly associated with a lower prevalence of <P 0, 28> depression </>. CONCLUSION: In our study, moderate fish and LC omega-3 PUFA intake, but not high intake, was associated with lower odds of <P 0, 28> depression </> suggesting a U-shaped relationship.

**30567400\_PD.txt**

Title: IQOS(TM) vs. e-Cigarette vs. Tobacco Cigarette: A Direct Comparison of Short-Term Effects after Overnight-Abstinence.

Publication Type: Journal Article

Journal-Name:International journal of environmental research and public health

Journal ID: 101238455

Publication date: 2018/12/14 00:00 [accepted]

Introduction: Research from Philip Morris International's science division on its Heat-not-Burn product IQOS(TM) focused on its chemical, toxicological, clinical, and behavioral aspects. Independent research on the experiences and behavioral aspects of using IQOS(TM), and how it compares to e-cigarettes, is largely lacking. The current randomized, cross-over behavioral trial tried to bridge the latter gaps. Methods: Participants (n = 30) came to the lab on three consecutive days after being overnight smoking abstinent. During each session, participants used one of three products (cigarette, e-cigarette, or IQOS(TM)) for five minutes. <P 0> Exhaled CO (eCO) </> measurements and questionnaires were repeatedly administered throughout the session. Results: Smoking a cigarette for five minutes resulted in a significant increase of <P 0> exhaled CO </>, whereas using an IQOS(TM) resulted in a small but reliable increase (0.3 ppm). Vaping did not affect <P 0> exhaled CO </>. <P 0> Cigarette craving </> reduced significantly after product use, with the decline being stronger for smoking than for e-cigarettes or IQOS(TM). <P 0, 28, 29> Withdrawal symptoms </> declined immediately after smoking or using IQOS(TM), and with some delay after vaping. IQOS(TM) scored higher in terms of subjective <P 28> reward/satisfaction </> and was slightly preferred to the e-cigarette. Discussion: Short-term use of IQOS(TM) has a minimal impact on <P 0> exhaled CO </>, is equally effective in reducing <P 0> cigarette craving </> and <P 0, 28, 29> withdrawal symptoms </> as an e-cigarette, and is slightly <P 32> preferred </>.

**30567595\_PD.txt**

Title: Right ventricular size and function under riociguat in pulmonary arterial hypertension and chronic thromboembolic pulmonary hypertension (the RIVER study).

Publication Type: Clinical Trial, Phase III

Journal-Name:Respiratory research

Journal ID: 101090633

Publication date: 2018/12/21 06:00 [entrez]

BACKGROUND: Riociguat is a soluble guanylate cyclase stimulator approved for pulmonary arterial hypertension (PAH) and chronic thromboembolic pulmonary hypertension (CTPEH). The objective of this study was to evaluate <P 0>(S2) right heart size and <P 0> function </> assessed by echocardiography during long term treatment with riociguat. METHODS: Patients who started riociguat treatment (1.0-2.5 mg tid) within the trials phase II, PATENT, PATENTplus, EAS, CHEST and continued treatment for 3-12 months were included in this study. Echocardiography was analysed off-line at baseline, after 3, 6 and 12 months by investigators who were blinded to clinical data. Last and baseline observation carried forward method (LOCF, BOCF) were performed as sensitivity analysis. RESULTS: Seventy-one patients (45% PAH, 55% CTEPH; 53.5% female; 60 +/- 13 years, mean pulmonary arterial pressure 46 +/- 10 mmHg, mean PVR 700 +/- 282dynes.sec.cm-5) were included. After 6 months, <P 0>(E1) RA and <P 0> RV area </>, <P 0> RV thickness tricuspid regurgitation velocity </> showed a significant reduction. After 12 months, patients receiving riociguat therapy showed a significant reduction in <P 0>(E1) right atrial {(- 2.6 +/- 4.4 cm2, 95% CI -3.84, - 1.33; p < 0.001, n = 49)} and <P 0> right ventricular (RV) area </> (- 3.5 +/- 5.2 cm2, 95% CI -5.1, - 1.9; p < 0.001; n = 44), <P 0> RV thickness </> (- 0.76 +/- 2.2 mm, 95% CI -1.55, 0.03; n = 32), and a significant increase in <P 0> TAPSE </> (2.95 +/- 4.78 mm, 95% CI 1.52, 4.39; n = 45) and <P 0> RV fractional area </> change (8.12 +/- 8.87 mm, 95% CI 4.61, 11.62; n = 27). Both LOCF and BOCF showed similar results but lower effect sizes. CONCLUSION: Patients under long-term treatment with riociguat show significantly reduced <P 0> right heart size </> and improved <P 0> RV function </> in PAH and CTEPH. Further controlled prospective studies are needed to confirm these results.

**30567598\_PD.txt**

Title: Music-instruction intervention for treatment of post-traumatic stress disorder: a randomized pilot study.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC psychology

Journal ID: 101627676

Publication date: 2018/12/21 06:00 [entrez]

BACKGROUND: Post-traumatic Stress Disorder (PTSD) is a common sequelae of severe combat-related emotional trauma that is often associated with significantly reduced quality of life in afflicted veterans. To date, no published study has examined the effect of an active, music-instruction intervention as a complementary strategy to improve the psychological well-being of veterans with PTSD. The purpose of this study was to examine the <P 32> feasibility </> and potential effectiveness of an active, music-instruction intervention in improving <P 28> psychological health </> and <P 26> social functioning </> among Veterans suffering from moderate to severe PTSD. METHODS: The study was designed as a prospective, delayed-entry randomized pilot trial. Regression-adjusted difference in means were used to examine the intervention's effectiveness with respect to <P 0, 28> PTSD symptomatology </> (primary outcome) as well as <P 0, 28> depression </>, <P 29> perceptions of cognitive failures </>, <P 26> social functioning </> and <P 26> isolation </>, and <P 30> health-related quality of life </> (secondary outcomes). RESULTS: Of the 68 Veterans who were self- or provider-referred to the program, 25 (36.7%) were ineligible due to (i) absence of a PTSD diagnosis (n = 3); participation in ongoing intense psychotherapy (n = 4) or inpatient substance abuse program (n = 2); current resident of the Domiciliary (n = 8) and inability to participate due to distance of residence from the VA (n = 8). Only 3 (4.4%) Veterans declined participation due to lack of interest. The mean age of enrolled subjects was 51 years old [range: 22 to 76]. The majority was male (90%). One-quarter were African American or Black. While 30% report working full or part time, 45% were retired due to disability. Slightly over one-quarter were veterans of the OEF/OIF wars. Estimates from regression-adjusted treatment effects indicate that the average <P 0, 28> PTSD severity </> score was reduced by 9.7 points (p = 0.01), or 14.3% from pre- to post-intervention. Similarly, adjusted <P 0, 28> depressive symptoms </> were reduced by 20.4% (- 6.3 points, p = 0.02). There were no statistically significant regression-adjusted effects on other outcomes, although the direction of change was consistent with improvements. CONCLUSIONS: Our findings suggest that the active, music-instruction program holds promise as a complementary means of ameliorating <P 0, 28> PTSD </> and <P 0, 28> depressive symptoms </> among this population. TRIAL REGISTRATION: Trial registered at ClinicalTrials.gov with protocol number Medical College of Wisconsin PRO00019269 on 11/29/2018 (Retrospectively registered).

**30569673\_PD.txt**

Title: [Randomized controlled trial of comparison between the SuperPATH and posterolateral approaches in total hip arthroplasty].

Publication Type: Randomized Controlled Trial

Journal-Name:Zhongguo xiu fu chong jian wai ke za zhi = Zhongguo xiufu chongjian waike zazhi = Chinese journal of reparative and reconstructive surgery

Journal ID: 9425194

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

Objective: To evaluate the effectiveness of SuperPATH approach in total hip arthroplasty (THA) compared with conventional posterolateral approach. Methods: Between March 2017 and May 2017, 24 patients who planned to have a unilateral THA were enrolled in the study and randomized into 2 groups. Twelve patients were treated with SuperPATH approach (SuperPATH group) and 12 patients with posterolateral approach (control group). There was no significant difference in gender, age, body mass index, the type of disease, complicating diseases, and American Society of Anesthesiologists grading between 2 groups ( P>0.05). The <P 32> operation time </>, <P 35> length of stay </>, <P 32> length of incision </>, and perioperative <P 38> complications </> related to operation were recorded. The <P 0> haemoglobin </> and <P 0> hematocrit </> were recorded; the total <P 0> blood loss </> and intraoperative <P 0> blood loss </> were calculated. The inflammatory response indicators (<P 0> C-reactive protein </>, <P 0> erythrocyte sedimentation rate </>) and <P 0> muscle damage </> index (<P 0> creatine kinase </>) were recorded in both groups. The <P 0> range of motion </>, <P 25> functional </> score ([T Harris score]), visual analogue scale (VAS) score, and <P 0> prosthesis position </> were recorded. Results: Patients in both groups were followed up 1 year. Compared with the control group, the <P 32> operation time </> of the SuperPATH group was longer ( t=4.470, P=0.000), and the <P 32> incision </> was shorter ( t=-2.168, P=0.041). There was no significant difference in <P 35> length of stay </> between 2 groups ( t=0.474, P=0.640). <P 0> Periprosthetic fracture </> occurred in 1 case of the SuperPATH group. No other <P 38> complications </>, such as <P 0> infection </> or <P 0> deep vein thrombosis </>, occurred in both groups. There was no significant difference in intraoperative <P 0> blood loss </>, total <P 0> blood loss </>, <P 0> hemoglobin </> and <P 0> hematocrit </> before operation and at 1 and 3 days after operation, and <P 0> C-reactive protein </> and <P 0> erythrocyte sedimentation rate </> before operation and at 1, 3, and 14 days between 2 groups ( P>0.05). For <P 0> creatine kinase </>, SuperPATH group at 1 and 3 days were lower than control group ( P<0.05), while no significant difference was found between 2 groups before operation and at 14 days after operation ( P>0.05). For <P 0> flexion </> and <P 0> abduction </> activity, SuperPATH group at 1 and 3 days after operation were better than the control group ( P<0.05), while no significant difference was found between 2 groups at 14 days, 3 months, 6 months, and 1 year after operation ( P>0.05). The [T Harris] and VAS scores of SuperPATH group at 1 and 3 days after operation were better than those of control group ( P<0.05). There was no significant difference in <P 0> anteversion </> and <P 0> abduction </> between 2 groups ( P>0.05) according to the X-ray film at 1 year. During the follow-up, no <P 0> loosening </> or <P 0> migration </> was observed. Conclusion: Compared with the posterolateral approach, the SuperPATH approach can reduce <P 0> muscle damage </>, relieve early <P 0> pain </>, promote <P 0> recovery </>, and obtain the similar short-term effectiveness.

**30569953\_PD.txt**

Title: When color helps.

Publication Type: Randomized Controlled Trial

Journal-Name:Einstein (Sao Paulo, Brazil)

Journal ID: 101281800

Publication date: 2018/12/21 06:00 [entrez]

OBJECTIVE: To reduce the inappropriate identification of eye drops, through the use of different colors. METHODS: A group of 34 healthy volunteers was presented to two groups of four eye drops each. All eye drops were placed in identical, unlabelled vials. In one group, all four eye drops were transparent. In the other group, each had a different color. A number was assigned to each eye drop, and the volunteer was asked to identify it by color. We measured the correct index in the <P 29> identification </> of the eye drops of the two groups. RESULTS: The volunteers had a level of education from incomplete junior school to complete graduate course, with 16 males (48%) and 18 females (52%), age range of 21 to 87 years. The <P 0> success </> rate in the group of colored eye drops was 88% and, in the group of transparent, 24%. CONCLUSION: The use of colorings in eye drops can help distinguishing the vials and preventing <P 29> misidentification </>.

**30569984\_PD.txt**

Title: Cobalt chromium-Titanium rods versus Titanium-Titanium rods for treatment of adolescent idiopathic scoliosis; which type of rod has better postoperative outcomes?

Publication Type: Journal Article

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

Journal ID: 9308586

Publication date: 2018/12/21 06:00 [entrez]

OBJECTIVE: Compare the outcome of <P 0> spinal deformity correction </> between Ti-Ti and CrCo-Ti rods for the treatment of spinal Adolescent Idiopathic Scoliosis (AIS) using rods mentioned with all pedicle screws and translation technique. METHOD: 59 patients operated for spinal deformity (Lenke 1 or 2) AIS. The patients were divided into two groups by random allocation using Ti-Ti rods (n = 29) and CrCo-Ti rods (n = 30) and the alone difference among them in the surgical procedure was rod material (Ti-Ti or CrCo-Ti rods) and finally, <P 0> radiological </> outcomes were compared preoperatively, postoperatively and at last follow-up for 12 months. RESULTS: Patients' <P 0> main curve correction </> after surgical procedure regardless type of rod was 48.95+/-11.04 (13-75) degree. Success rate of <P 0> spinal deformity correction </> following surgical procedure regardless of type of administered rod was 86.76 +/- 11.30 percent (62.5-100%). Mean of <P 0> deformity correction </> rate was 91.49+/-10.67% using CrCo-Ti rods versus 81.86+/-9.88% using Ti-Ti rods (P-value=0.01). <P 0> Angle change </> was 3.29+/-6.60 for kyphosis angle and 0.59+/-7.76 for lordosis angle. Rate of <P 0> main curve correction </> was not significantly different considering patients' gender (P-value0.657). <P 0> Main curve correction </> success rate was in association with patients' age and type of rod (P-value=0.054, r=-1.863 and P-value=0.001, r=8.865 respectively). CONCLUSION: CrCo-Ti rods have the ability to produce higher <P 0> correction </> rates in AIS compared to Ti-Ti rod of the same diameter. CrCo-Ti rods provide significant and stable <P 0> spinal correction </>, especially in <P 0> correction of main curve </>. This rate was associated with patients' age and type of rod administered but not gender.

**30572378\_PD.txt**

Title: [Evaluation of peer support education mode for <P 0> type 2 diabetes control </> in rural residents].

Publication Type: Randomized Controlled Trial

Journal-Name:Zhonghua liu xing bing xue za zhi = Zhonghua liuxingbingxue zazhi

Journal ID: 8208604

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

Objective: To evaluate the intervention effects of peer support education mode for <P 0> type 2 diabetes control </> in rural residents. Methods: A random cluster sampling method has been used, including 300 rural residents aged above 18 years old from three villages (184 in control group, 116 in intervention group), in order to proceed the physical check-up and health education programs. <P 0> Unchanged </> rate, <P 0> transfer </> rate of patients, rate of <P 0> impaired glucose tolerance </>, <P 0> turn normal </> rate and other biochemical indicators of patients and people with impaired glucose tolerance from control group and intervention group were analyzed, to evaluate the intervention effects of peer support education mode. Results: The <P 0> glycemic control </> rate of intervention group for patients and people with impaired glucose tolerance (72.2% and 71.4%) were higher than control group (43.6% and 26.7%), but the <P 0> unchanged </> rate of intervention group (13.9% and 0.0%) were lower than control group (42.3% and 73.3%). Patients with diabetes or glucose intolerance in the education group improved significantly in <P 0> waist-to-hip ratio </>, <P 0> uric acid </>, <P 0> total cholesterol </> and < P 0> HDL-C </>. <P 0> Glycemic hemoglobin </> level also improved significantly in diabetes patients of the education group. Conclusion: Peer support for education intervention seemed beneficial for <P 0> diabetic control </>. The combination of education and effect evaluation was important in the evaluation of <P 0>(S1) diabetes prevention and <P 0> control </></>. Peer support education also benefited the <P 0> blood glucose control </> in general population.