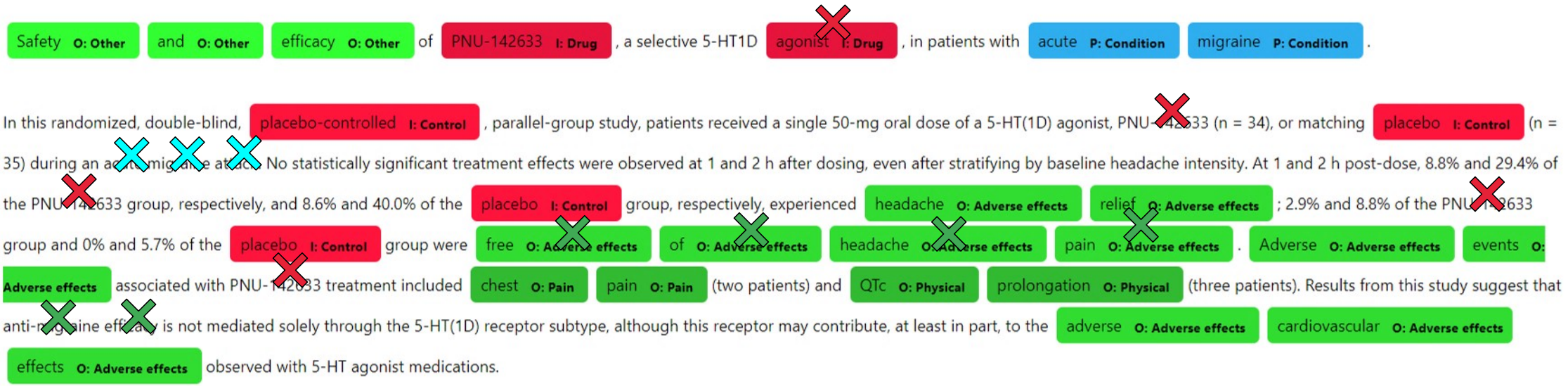
Subject: Other Main intervention: Drug filename: 11595000.txt



Subject: Cardiovascular diseases Main intervention: Drug filename: 10685722.txt

Efficacy O: Other and O: Other safety O: Other of a fixed low-dose perindopril/indapamide I: Drug combination I: Drug in essential P: Condition hypertension P: Condition . A randomised controlled study.

This multicenter, double-blind, parallel-group study was designed to assess the efficacy O: Other and the safety O: Other of fixed low dose combination perindopril I: Drug 2 mg/indapamide I: Drug 0.625 mg I: Drug (I: Drug Per/Ind) I: Drug versus atenolol I: Drug 50 I: Drug mg I: Drug (I: Drug Ate I: Drug) I: Drug . After a 4-week placebo I: Control run-in, 446 P: Sample size hypertensive P: Condition patients (mean P: Age age P: Age : P: Age 5 11.0 P: Age years P: Age) were randomised to receive Per/Ind or Ate I: Drug for 12 weeks. The primary outcome measures were the changes in trough O: Physical supine O: Physical systolic O: Physical and O: Physical diastolic O: Physical blood O: Physical pressure O: Physical (O: Physical sSBP O: Physical , O: Physical sDBP O: Physical) O: Physical between baseline and the last observation. Equivalence was assessed in an intention-to-treat analysis using a two one-sided tests procedure. Per/Ind and Ate decreased sSBP by -20.5 mmHg and -20.1 mmHg, respectively; the 90% confidence interval [-2.3; 1.5] of the intertreatment difference (-0.4 mmHg) fell within the predefined equivalence interval [-8; +8 mmHg]. Similarly, the sDBP O: Physical decreased by -15.1 mmHg (Per/Ind) and -16.2 mmHg (Ate) with an intertreatment difference of 1.1 mmHg whose 90% confidence interval [-0.1; 2.2 mmHg] fell within the predefined equivalence interval [-4; +4 mmHg]; thus antihypertensive O: Other efficacy O: Other of Per/Ind and Ate were equivalent (P <0.001). In patients older P: Age than 65 P: Age , Per/Ind induces a statistically greater decrease in sSBP O: Physical than Ate (P <0.05). Per/Ind was well tolerated O: Other . Further controlled studies are needed to confirm these results on a long-term period.

Subject: Cardiovascular diseases Main intervention: Physical filename: 11835021.txt

The Low Energy Safety Study (LESS): rationale, design, patient characteristics, and device utilization.

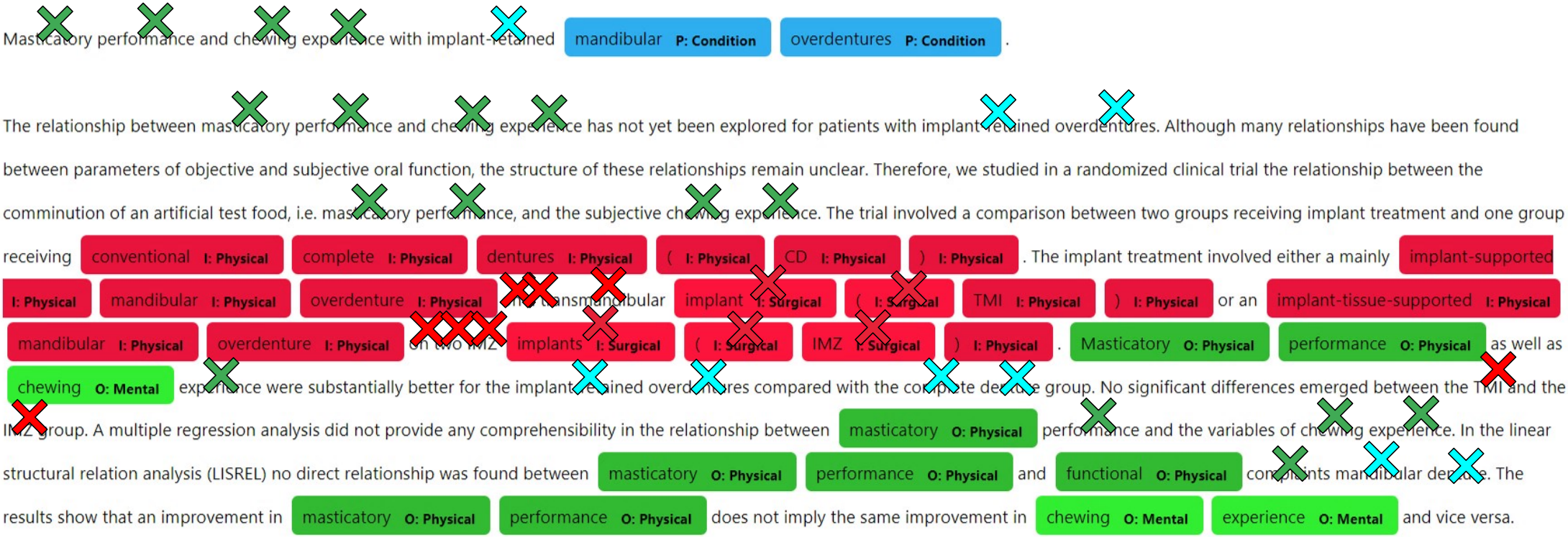
BACKGROUND A 10-J energy safety margin has traditionally been used in programming implantable I: Physical cardioverter I: Surgical defibrillators I: Surgical (I: Surgical ICDs I: Surgical). The Low Energy O: Other Safety O: Other Study (LESS) tests the hypothesis that programming shocks to lower energy margins is safe O: Other and effective.

METHODS Patients with standard ICD I: Surgical indications I: Surgical undergo defibrillation I: Physical threshold I: Physical testing I: Physical (I: Physical DFT I: Physical) at the time of ICD implant, with reconfirmation of lowest successful energy I: Physical twice I: Physical (I: Physical DFT++ I: Physical) I: Drug . Patients are randomized to 2 groups: the first has the initial 2 shocks for ventricular fibrillation conversion programmed at 2 energy steps above DFT++ (typically 4-6 J, maximum 10 J) with subsequent shocks at maximum energy, and the second has all shocks programmed at maximum energy. Patients are followed up every 3 months for 2 years to assess shock conversion efficacy of spontaneous arrhythmias. In a subgroup of patients, there is a second randomization to energy levels of 0, 1, 2, 3, or 4 steps above implant DFT++ for conversion testing of 3 induced ventricular O: Physical fibrillation O: Physical episodes O: Physical at prehospital discharge, 3 months, and 12 months after implant.

RESULTS Enrollment is complete (722 patients), but follow-up results are pending. There were no significant variations in implant indications and baseline antiarrhythmic drug use over the 3-year enrollment period, although an increase in the percentage of O: Physical dual-chamber O: Physical ICDs O: Physical implanted occurred, with the majority (65%) of implanted ICDs being dual-chamber devices by the end of the enrollment period.

CONCLUSION The results of LESS should facilitate the development of algorithms for programming ICD energy safety margins.

Subject: Other Main intervention: Physical filename: 10080319.txt



Subject: Cancer Main intervention: Educational filename: 12096292.txt

Pain O: Pain and fatigue management: results of a nursing randomized clinical trial.

PURPOSE/OBJECTIVES Through a randomized clinical trial, to compare patients undergoing an initial course of chemotherapy who report pain O: Pain and fatigue O: Pain at baseline and who are receiving conventional care alone with those receiving conventional I: Educational care I: Educational plus I: Educational a I: Educational nursing I: Educational intervention I: Educational on outcomes reported at 20 weeks.

SETTING Chemotherapy clinics of two comprehensive and two P: Sample size community cancer centers.

METHODS Interviews were conducted at baseline and 10 and 20 weeks. An 18-week, 10-contact I: Educational nursing I: Educational intervention I: Educational utilizing problem-solving I: Educational approaches I: Educational to symptom I: Educational management and improving physical O: Mental functioning O: Mental and emotional O: Mental health O: Mental was implemented.

SAMPLE The sample consisted of 53 P: Sample size patients in the experimental arm and 60 in the control arm who reported pain O: Pain and fatigue O: Pain at baseline.

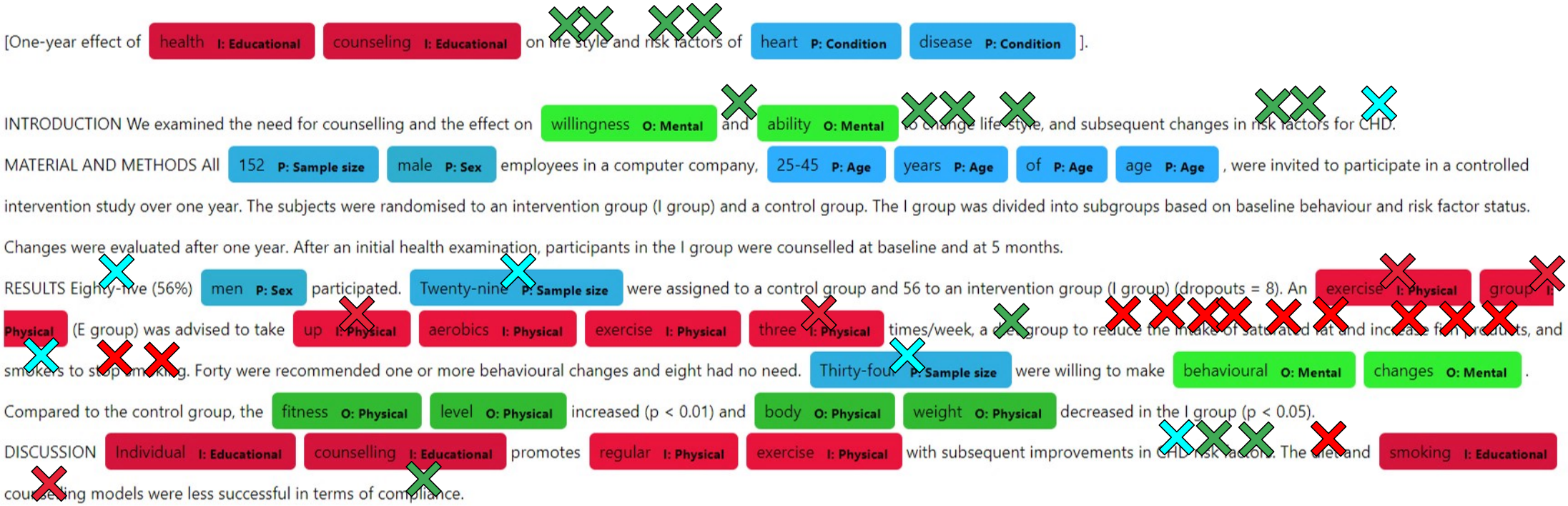
VARIABLES Pain O: Pain and fatigue O: Adverse effects , numbers of O: Physical other symptoms O: Physical , and physical role [illegible] and social-functioning O: Mental subscales O: Mental from the Medical Outcomes Study 36 Short Form.

FINDINGS Patients who received the intervention reported a significant reduction in the number O: Physical of O: Physical symptoms O: Physical experienced and improved physical O: Mental and O: Mental social O: Mental functioning O: Mental . Fewer patients in the experimental arm reported both pain O: Pain and fatigue O: Adverse effects at 20 weeks.

CONCLUSIONS Behavioral I: Educational interventions targeted to patients with pain P: Condition and fatigue can reduce symptom O: Physical burden O: Physical , improve the quality O: Other of O: Other the O: Other daily O: Other life O: Other of patients, and demonstrate the "value-added" role of nursing care for patients undergoing chemotherapy P: Condition .

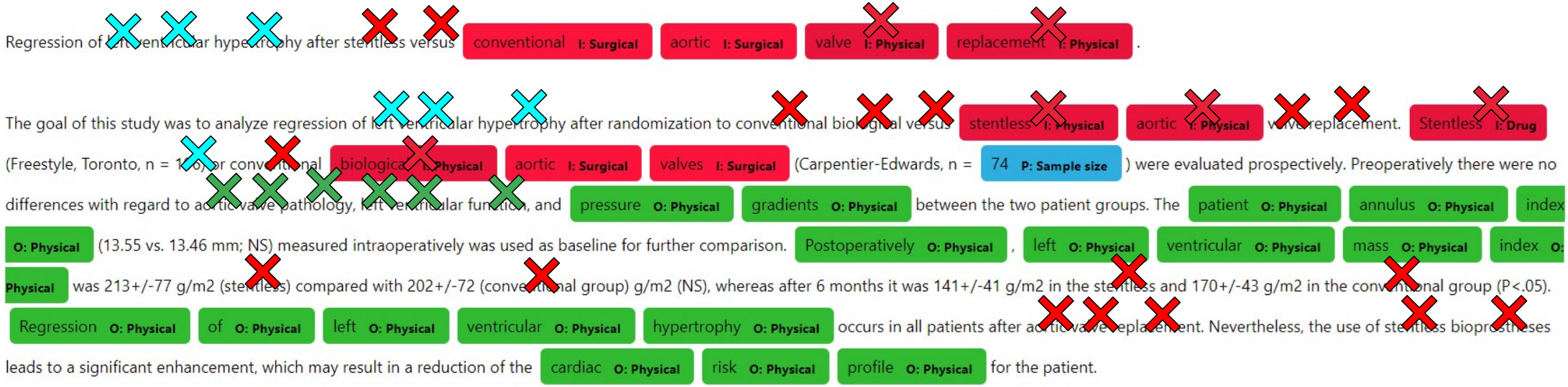
IMPLICATIONS FOR NURSING These data support the "value-added" role of nursing interventions I: Educational for symptom management and improved quality O: Other of O: Other life O: Other during the course of cancer treatment.

Subject: Cardiovascular Diseases Main intervention: Educational filename: 11957440.txt

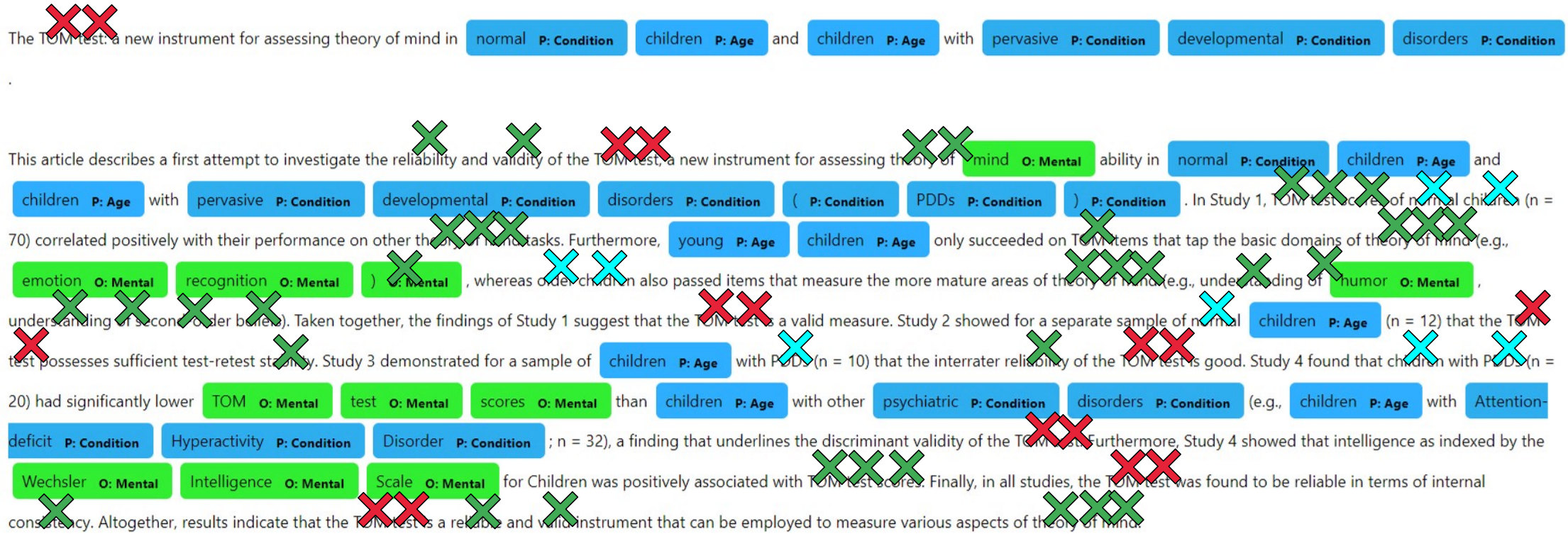


Subject: Cardiovascular diseases Main intervention: Surgical filename: 11022066.txt

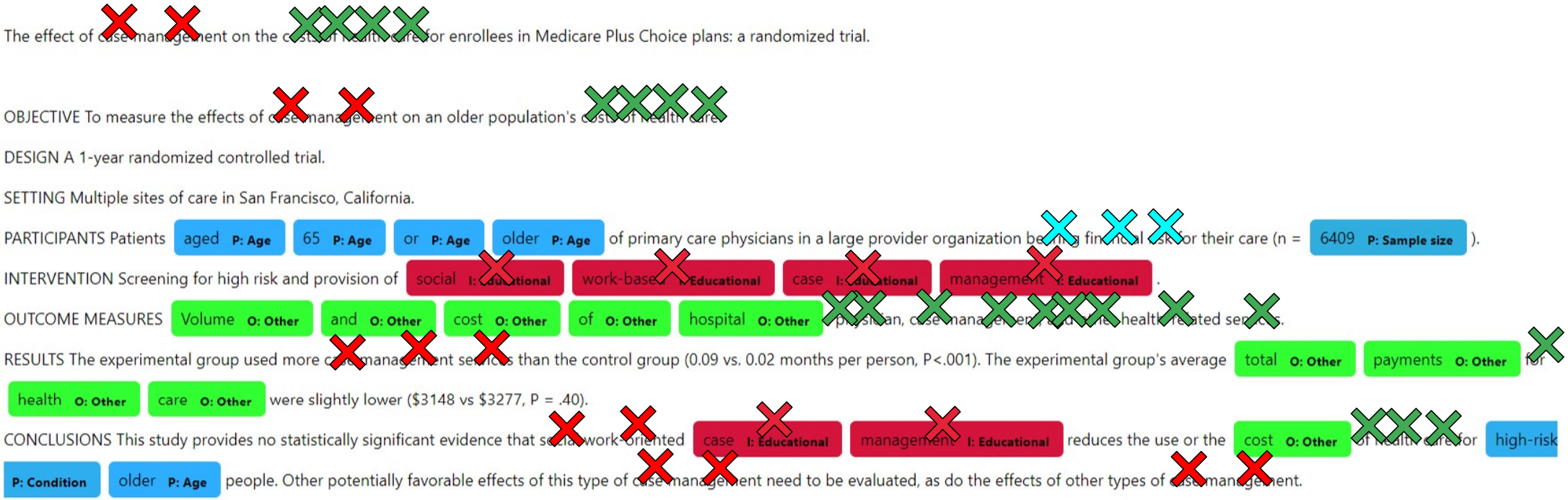
Subject: Cardiovascular diseases Main intervention: Surgical filename: 10660161.txt



Subject: Autism Main intervention: Other filename: 10097996.txt



Subject: Other Main intervention: Other filename: 10968308.txt



The effect of case management on the costs of health care for enrollees in Medicare Plus Choice plans: a randomized trial.

OBJECTIVE To measure the effects of case management on an older population's costs of health care.

DESIGN A 1-year randomized controlled trial.

SETTING Multiple sites of care in San Francisco, California.

PARTICIPANTS Patients aged P: Age 65 P: Age or P: Age older P: Age of primary care physicians in a large provider organization bearing financial risk for their care (n = 6409 P: Sample size).

INTERVENTION Screening for high risk and provision of social I: Educational work-based I: Educational case I: Educational management I: Educational .

OUTCOME MEASURES Volume O: Other and O: Other cost O: Other of O: Other hospital O: Other physician, case management, and other health-related services.

RESULTS The experimental group used more case management services than the control group (0.09 vs. 0.02 months per person, P<.001). The experimental group's average total O: Other payments O: Other for health O: Other care O: Other were slightly lower ($3148 vs $3277, P = .40).

CONCLUSIONS This study provides no statistically significant evidence that social work-oriented case I: Educational management I: Educational reduces the use or the cost O: Other of health care for high-risk P: Condition older P: Age people. Other potentially favorable effects of this type of case management need to be evaluated, as do the effects of other types of case management.

Subject: Other Main intervention: Other filename: 10201101.txt

Reduction of stimulus overselectivity with nonverbal differential observing responses.

Three P: Sample size individuals with mental P: Condition retardation P: Condition exhibited stimulus overselectivity in a delayed matching-to-sample task in which two sample stimuli were displayed on each trial. Intermediate O: Other accuracy O: Other scores O: Other indicated that participants could match one of the samples but not both of them. Accuracy in a baseline condition was compared to accuracy with a differential observing response procedure. This procedure prompted participants to make simultaneous identity-matching responses that required observation and discrimination of both sample stimuli. These observing responses were never followed by differential consequences. When observing responses were prompted, participants' accuracy O: Other scores O: Other improved. In a return to the baseline condition, when differential observing responses were no longer prompted, accuracy O: Other returned to intermediate levels. The results show that stimulus overselectivity can be greatly reduced by a behavioral intervention that controls observing behavior O: Mental and verifies O: Mental discrimination O: Mental, but that exposure to such procedures alone may be insufficient for lasting benefits.

Subject: Cardiovascular diseases Main intervention: Psychological filename: 10719133.txt