

11210885.txt

Subject: cardiovascular diseases / cancer / autism / other

Alternative voice after laryngectomy using a sound-producing voice prosthesis.

OBJECTIVE To improve the voice quality of female laryngectomees and/or laryngectomees with a hypotonic pharyngoesophageal (PE) segment by means of a pneumatic artificial source of voice incorporated in a regular tracheoesophageal (TE) shunt valve.

STUDY DESIGN Experimental, randomized, crossover trial.

METHODS The new sound source consists of a single silicone lip, which performs an oscillatory movement driven by expired pulmonary air flowing along the outward-striking lip through the TE shunt valve. A prototype of this pneumatic sound source is evaluated in vitro and in six laryngectomees. In vivo evaluation includes speech, rate, maximal phonation time, perceptual voice evaluation of read-aloud prose by a panel listener, speech intelligibility measurements with 12 listeners, and self-assessment by the patients. Moreover, extensive acoustical and aerodynamic in vivo registrations are performed using a newly developed data acquisition system.

RESULTS The current prototype seems beneficial in female laryngectomees with a hypotonic PE segment only. For them the sound-producing voice improves voice quality and increases the average pitch of voice, without decreasing intelligibility or necessitating other physical and airflow rates than regular TE shunt speech. Pitch regulation of this prosthetic voice is possible, yet limited.

CONCLUSIONS The mechanism is feasible and does not result in unacceptable airflow resistance. For this new mechanism of alaryngeal voice to become an established technique for postlaryngectomy voice restoration, a voice suitably pitched for male laryngectomees has to be generated and a large part of the melodic and dynamic range of the sound source has to be attainable within physiological airflow rates.

10148879.txt

Subject: cardiovascular diseases / cancer / autism / other

Comparison of patient-controlled I: Educational and nurse-administered analgesia using intravenous I: Drug fentanyl I: Drug during labor P: Condition .

Preliminary observations have shown that fentanyl I: Drug citrate I: Drug , a potent narcotic, is helpful during labor without undue O: Adverse effects side O: Adverse effects effects O: Adverse effects .

This randomized prospective investigation compared the patient-controlled administration of fentanyl I: Drug with that of administration by nurse on request. Eighty P: Sample size healthy P: Condition

women P: Sex beginning at labor P: Condition (cervical dilation 4 cm) at term were assigned to receive fentanyl I: Drug intravenously by either patient-controlled administration (n=37) or nurse administration on demand (n=43). Pain O: Pain intensity O: Pain measurements O: Pain during early analgesia revealed the degree of analgesia to be the same in both groups. The delay in setting up

the infusion system and the short time between requesting analgesia and vaginal delivery were limitations with self-administration. Maternal O: Adverse effects oversedation O: Adverse effects and O: Adverse

effects vomiting O: Adverse effects did not occur. Neonatal I: Drug naloxone I: Drug therapy was used infrequently, umbilical O: Physical serum O: Physical levels O: Physical of O: Physical

fentanyl O: Physical were the same in both groups, and postnatal neuroadaptive testing revealed comparable results in both groups. Despite the usefulness of fentanyl I: Drug during labor, administration by

the patient had no advantages over administration by the nurse in significantly reducing drug O: Mental use, improving O: Pain pain O: Pain relief O: Pain , or avoiding O: Adverse effects

drowsiness O: Adverse effects .

10755175.txt

Subject: cardiovascular diseases / cancer / **autism** / other

Auditory I: Educational integration I: Educational training I: Educational for children P: Age with autism P: Condition : no behavioral benefits detected.

Auditory I: Educational integration I: Physical training I: Physical and a control I: Control treatment were provided for 16 P: Sample size children P: Age with autism P: Condition in a crossover experimental design. Measures, blind to treatment order, included parent O: Mental and teacher O: Mental ratings O: Mental of O: Mental behavior O: Mental , direct O: Mental observational O: Mental recordings O: Mental , IQ O: Mental , O: Mental language O: Mental , O: Mental and O: Mental social/adaptive O: Mental tests O: Mental . Significant differences tended to show that the control condition was superior on parent-rated O: Mental measures O: Mental hyperactivity O: Mental and on direct observational measures of hyperactivity O: Mental . No differences were detected on teacher-rated measures. Children O: Mental 's O: Mental IQs O: Mental and O: Mental language O: Mental comprehension O: Mental did not increase, but adaptive/social O: Mental behavior O: Mental scores O: Mental and O: Mental expressive O: Mental language O: Mental quotients O: Mental decreased. The majority of parents (56%) were unable to report in retrospect when their child had received auditory I: Educational integration I: Educational training I: Educational . No individual child was identified as benefiting clinically or educationally from the treatment.



11550726.txt

Subject: cardiovascular diseases / cancer / autism / other

Is psychotherapy more effective when therapists disclose information about themselves?

Theorists have long debated the wisdom of therapists disclosing personal information during psychotherapy. Some observers have argued that such therapist self-disclosure impedes treatment, whereas others have suggested that it enhances the effectiveness of therapy. To test these competing positions, therapists at a university counseling center were instructed to increase the number of self-disclosures they made during treatment of one client and refrain from making self-disclosures during treatment of another client. Analyses revealed that clients receiving psychotherapy under conditions of heightened therapist disclosure not only reported lower levels of symptom and distress but also liked their therapist more. Such findings suggest that self-disclosure by the therapist may improve both the quality of the therapeutic relationship and the outcome of treatment.

11828556.txt

Subject: cardiovascular diseases / cancer / autism / other

Carpal tunnel release by limited I: Surgical palmar I: Surgical incision I: Surgical vs traditional I: Surgical open I: Surgical technique: randomized controlled trial.

AIM To compare a limited I: Surgical palmar I: Surgical incision I: Surgical for carpal tunnel release (CTR I: Physical) with a traditional I: Physical open I: Physical technique I: Physical, which is still considered the gold standard.

METHODS Seventy-two P: Sample size patients with a carpal P: Condition tunnel P: Condition syndrome P: Condition were individually randomized into the trial (limited incision CTR (n=36) and control group (traditional I: Physical technique I: Physical CTR I: Physical) (n=36). In the trial group, skin incision parallel to the thenar crease was made up to 2.5 cm in length, under an operating microscope and endoscopic I: Surgical transillumination I: Surgical. Skin I: Physical incision in the control group began at the distal border of the carpal ligament, followed the longitudinal crease of the palm, and crossed the base of the palm in a zigzag fashion. Three months after surgery, the patients were asked about symptomatic relief and intervals between the operation and return to daily activities and were examined for scar O: Physical tenderness O: Physical and esthetic O: Physical outcome. Distal O: Physical motor O: Physical latency O: Physical, conduction O: Physical velocity O: Physical, scar O: Physical length O: Physical, scar O: Physical width O: Physical, and operation O: Other time O: Other were measured.

RESULTS There were no differences between the two groups in symptomatic O: Physical relief O: Physical and electrophysiological parameters. Intervals between the operation and return to daily activities (median 5 days, range 2-15) were shorter in the trial group than in the control group (median 10 days, range 2-21;  $p < 0.001$ ), as well as the intervals between the operation and return to work O: Other (median 15 days, range 5-45 vs median 30 days, range 10-60;  $p < 0.001$ ). Scar/pillar O: Physical tenderness O: Physical scar O: Physical length O: Physical and width O: Physical, esthetic O: Other outcome O: Other, and operation O: Other time O: Other were significantly better in the trial group.

CONCLUSION Limited palmar incision CTR I: Physical is as effective O: Other and safe O: Other as traditional CTR technique, but with better postoperative recovery and cosmetic results.

11450818.txt

Subject: cardiovascular diseases / cancer / **autism** / other

Children's **attitudes** **O: Mental** and behavioral intentions toward a peer with autistic behaviors: does a **brief** **I: Educational** **educational** **I: Educational** **intervention** **I: Educational** have an effect?

This study examined children's **ratings** **O: Mental** of **O: Mental** **attitudes** **O: Mental** and **O: Mental** **behavioral** **O: Mental** **intentions** **O: Mental** toward a **peer** **I: Educational** presented with or without autistic behaviors. The impact of information about autism on these ratings was investigated as well as age and gender effects. Third- and sixth-grade **children** **P: Age** (N = **233** **P: Sample size**) were randomly assigned to view a video of the same boy in one of three conditions: **No Autism** **O: Mental**, **Autism** **O: Mental**, or **Autism** **O: Mental** information. Children in the third grade level showed less **positive** **O: Mental** **attitudes** **O: Mental** toward **O: Mental** the child in the two autism conditions. In rating their own behavioral intentions, children showed no differences between conditions. However, in attributing intentions to their classmates, **older** **P: Age** **children** **P: Age** and **girls** **P: Sex** gave lower ratings to the child in the autism conditions. Information about autism did not affect ratings of either **attitudes** **O: Mental** or **O: Mental** **behavioral** **O: Mental** **intentions** **O: Mental** as ascribed to self or others.



11322670.txt

Subject: cardiovascular diseases / cancer / autism / **other**

A **pharmacy discharge plan** for **hospitalized P: Age** **elderly P: Age** patients--a randomized controlled trial.

OBJECTIVES to investigate the effectiveness of a **pharmacy discharge plan** in **elderly P: Age** **hospitalized P: Age** patients.

DESIGN randomized controlled trial.

SUBJECTS AND SETTINGS we randomized patients **aged P: Age** **75 P: Age** **years P: Age** **and P: Age** **older P: Age** **on four or more medicines** who had been discharged from three acute general and one long stay hospital to a **pharmacy I: Educational** **intervention I: Educational** **or I: Educational** **usual I: Control** **care I: Control**.

INTERVENTIONS the hospital pharmacist developed **discharge plans** which gave details of medication and support required by the patient. A copy was given to the patient and to all relevant professionals and carers.

This was followed by a **domiciliary I: Physical** **assessment I: Physical** by a community pharmacist. In the control group, patients were discharged from hospital following standard procedures that included a **discharge I: Educational** **letter I: Educational** **to I: Educational** the general practitioner listing current medications.

OUTCOMES the primary outcome was re-admission to hospital within 6 months. Secondary outcomes included the **number O: Mortality** **of O: Mortality** **deaths O: Mortality**, attendance at hospital outpatient clinic and general practice and proportion of days spent in hospital over the follow-up period, together with patients' general well-being, **satisfaction O: Other** with the service and knowledge of and **adherence O: Other** to prescribed medication.

RESULTS we recruited **362 P: Sample size** patients, of whom **181 P: Sample size** were randomized to each group. We collected hospital and general practice data on at least 91 and 72% of patients respectively at each follow-up point and interviewed between 43 and 90% of the study subjects. There were no significant differences between the groups in the proportion of patients re-admitted to hospital between baseline and 3 months or 3 and 6 months. There were no significant differences in any of the secondary outcomes.

CONCLUSIONS we found no evidence to suggest that the co-ordinated hospital and community pharmacy care **discharge plan** in **elderly P: Age** patients in this study influence outcomes.

12017793.txt

Subject: cardiovascular diseases / cancer / autism / other

Effect of four intermediate layer treatments on microleakage of Class II composite restorations.

This in vitro study examines the marginal sealing ability of four different intermediate materials applied before placement of a condensable composite. Class II preparations were made with gingival margins placed 1.0 mm apical to the cemento-enamel junction of 60 extracted teeth randomly assigned to five groups of 12. Following restoration, teeth were thermocycled, soaked in 0.5% basic fuchsin, and sectioned longitudinally. The resin-modified glass ionomer cement demonstrated significantly less microleakage than the use of a dentin bonding agent alone or in combination with a flowable composite (p < 0.05, Dunn's test). This study supports the use of the glass ionomer or resin-modified glass ionomer cements in deep Class II composite restorations.














10693733.txt




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











**Sun I: Educational** **protection I: Educational** **counseling I: Educational** for **children P: Age** : primary care practice patterns and effect of an intervention on clinicians.









**OBJECTIVES** To describe current primary care **sun I: Educational** **protection I: Educational** **advice I: Educational** for children and assess the effect on clinicians of an intervention to enhance their sun protection advocacy.    

**SETTING** Primary care practices caring for **children P: Age** in New Hampshire with special attention to clinicians serving **10 P: Sample size** towns that were involved in a randomized controlled trial of the **multicomponent I: Physical** **SunSafe I: Physical** **intervention I: Physical** involving schools, recreation areas, and primary care practices. 

**DESIGN/INTERVENTION** A statewide survey of all primary care clinicians serving **children P: Age** addressed their self-reported sun protection advocacy practices. Clinicians in **10 P: Sample size** systematically selected rural towns were involved in the subsequent intervention study. The primary care intervention provided assistance to practices in establishing an office system that promoted sun protection advice to **children P: Age**          

**MAIN OUTCOME MEASURES** **Sun O: Other** **protection O: Other** **promotion O: Other** activities of primary care clinicians as determined by their self report, research assistant observation, and parent interviews.   

**RESULTS** Of **261 P: Sample size** eligible clinicians responding to the statewide survey, about half provided sun protection counseling "most of the time" or "almost always" during summer well care visits. Pediatricians do so more often than family physicians. Clinicians involved in the intervention increased their use of handouts, **waiting I: Educational** **room I: Educational** **educational I: Educational** **materials I: Educational**                 

**CONCLUSIONS** The **SunSafe I: Physical** primary care **intervention I: Educational** increased sun protection counseling activities of participating clinicians. A single-focus preventive service office system is feasible to include in community interventions to promote sun protection.        

10207709.txt

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Couple-responsible therapy process: positive proximal outcomes.

Therapist-couple struggle vs. cooperation is linked to clinical outcome. This research conceptualizes and investigates treatment process as it relates to the occurrence of struggle versus cooperation. Models of couple-responsible and therapist-responsible process in couple therapy were developed. Couple-responsible process consists of enablers, accommodation, and inductive process. Therapist-responsible process consists of primary therapist-couple interaction, therapist interpretation, and direct instruction. In counterbalanced order, 25 couples were exposed to couple-responsible and therapist-responsible episodes during one therapy session. Couples reviewed videotapes of the episodes and completed measures of responsibility, struggle, and cooperation. Perceived responsibility was higher and struggle was lower during couple-responsible episodes. No difference in cooperation was found. Presence or absence of a contrast condition, where couples reported on one therapist process after already experiencing its opposite, led to main effects for responsibility and struggle, and mediated effects of struggle and cooperation. Generally, responsibility was even higher during couple-responsible episodes and even lower during therapist-responsible episodes when contrast was present. Similarly, struggle was even lower during couple-responsible episodes and even higher during therapist-responsible episodes when contrast was present. For both couple-responsible and therapist-responsible episodes, cooperation was negatively affected by a shift from the prior, opposite therapist process. Significant proportions of the variance in responsibility, struggle, and cooperation, however, were not accounted for by therapist process alone.