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December 12, 2017

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unk) scores , grade of unk , frequency of treatment of esophageal unk , frequency of subsequent unk operations , qqq short form health survey (qqq) scores , satisfaction with unk therapy , survival , and incidence of esophageal adenocarcinoma , compared between the medical unk therapy group and the unk surgery group . information on cause of death was obtained from unk results , hospital records , and death unk . results : unk (qqq %) of qqq medical patients and qqq (qqq %) of qqq surgical patients reported that they used unk medications regularly (p < qqq) . during a qqq period after discontinuation of medication , mean (sd) unk symptom scores were significantly lower in the surgical treatment group (qqq [qqq] vs qqq [qqq] in the medical treatment group ; p qqq) . however , no significant differences between the groups were found in grade of unk , frequency of treatment of esophageal unk and subsequent unk operations , qqq standardized physical and mental component scale scores , and overall satisfaction with unk therapy . survival during a period of qqq months was decreased significantly in the surgical vs

the medical treatment group (relative risk of death in the medical group , qqq ; qqq % confidence interval , qqq ; p qqq) , largely because of excess deaths from heart disease . patients with unk unk at baseline developed esophageal unk at an annual rate of qqq % , whereas these cancers developed in patients without unk unk at an annual rate of only qqq % . there was no significant difference between groups in incidence of esophageal cancer . conclusion : this study suggests that unk surgery should not be advised with the unk that patients with unk will no longer need to take unk medications or that the procedure will prevent esophageal cancer among those with unk and unk unk .

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aims : the new unk oral hypoglycaemic agent unk has been shown to enhance insulin secretion in unk and in healthy human volunteers and thus offers a potential advance in the treatment of type qqq diabetes mellitus . this study examined whether unk can enhance insulin secretion , and particularly the first phase insulin response , in patients with type qqq diabetes . methods : a double-blind , placebo-controlled trial , unk the effects of a single oral dose of qqq mg unk , given qqq min prior to an intravenous glucose tolerance test (unk) , on insulin secretion in qqq otherwise healthy caucasian men with recently diagnosed type qqq diabetes (duration since diagnosis qqq months) . results : insulin secretion (both overall and first phase) was significantly increased by unk (p < qqq) , as were c-peptide (p < qqq) and unk (p < qqq) secretion . overall glucose concentrations following glucose challenge were lower after unk than after placebo (p = qqq) . conclusions : unk significantly increases insulin secretion in type qqq diabetic patients , in particular unk the first phase insulin response . further study is necessary to determine the effects of chronic administration on insulin secretion and blood glucose concentration .

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background : we studied qqq unk safety , with respect to cns , and clinical trial unk to determine its adverse effects and unk the results . methods and results : we employed clinical trials published between qqq , unk them according to several quality criterion to obtain reliable and unk conclusions . patients that use unk unk have less adverse effects (qqq %) , than those patients that use unk unk (qqq %) and similar to placebo (qqq %) . unk (qqq %) and unk (qqq %) are the unk with less adverse effects . sedation (qqq %) and fatigue (qqq %) are the adverse effects more frequently produced by unk . headache (qqq %) that is a frequent adverse

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double-blind trial . a randomization error lead to the exclusion of six subjects but the unk of the remaining randomization was confirmed . setting : large urban community . patients : women qqq years after menopause with a uterus and unk , and not currently using hormone replacement therapy . unk women completed the trial . interventions : after baseline measures of quality of life , subjects were randomly assigned to either continuous oral conjugated unk estrogen qqq mg daily or continuous transdermal qqq beta qqq mcg twice weekly , for four qqq cycles . medroxyprogesterone acetate qqq mg oral tablets was administered to both groups for the last qqq days of each cycle . outcomes measured : quality of life was determined using the unk quality of life questionnaire . tolerability was determined by a specifically designed list of adverse effects . both measures were recorded at unk and in unk during the second , third and fourth cycles of treatment . results : there were no statistically significant differences in any of the domains at baseline between the oral and transdermal treatment groups . in the unk unk for the oral and transdermal groups improved from baseline levels of qqq and qqq , respectively , to qqq and qqq ; physical domain scores improved from qqq and qqq to qqq and qqq ; psychosocial domain scores improved from qqq and qqq to qqq and qqq ; sexual domain scores improved from qqq and qqq to qqq and qqq there were no statistically significant group differences or unk interactions . both forms of therapy were equally well tolerated . conclusions : improvement in all domains , measured by the unk quality of life questionnaire , was observed in both the oral and transdermal groups . in the absence of a placebo control group , the improvements observed can not be attributed unk to the therapy . neither form of therapy offered an advantage over the other in respect to improvement in quality of life .

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, hip , hand , or spine . intervention : rofecoxib , qqq mg/d , or naproxen , qqq mg twice daily . use of routine medications , including aspirin , was permitted . measurements : discontinuation due to gi adverse events (primary end point) and use of concomitant medication to treat gi symptoms (secondary end point) . efficacy was determined by unk global assessment of disease status and the unk osteoarthritis hand index , as well as unk due to lack of efficacy . patients were evaluated at baseline and at weeks qqq and qqq results : rates of cumulative discontinuation due to gi adverse events were statistically significantly lower in the rofecoxib group than in the naproxen group (qqq % vs. qqq % ; relative risk , qqq [qqq % ci , qqq to qqq] ; p = qqq) , as were

rates of cumulative use of medication to treat gi symptoms (qqq % vs. qqq % ; relative risk , qqq [ci , qqq to qqq] ; p = qqq]) . subgroup analysis of patients who used low-dose aspirin (qqq %) and those who previously discontinued using arthritis medication because of gi symptoms (qqq %) demonstrated a relative risk similar to the overall sample for discontinuation due to gi adverse events (relative risk , qqq [ci , qqq to qqq] and qqq [ci , qqq to qqq] , respectively) . no statistically significant difference was observed between treatments for efficacy in treating osteoarthritis or for occurrence of other adverse events . conclusions : in patients with osteoarthritis treated for qqq weeks , rofecoxib , qqq mg/d , was as effective as naproxen , qqq mg twice daily , but had statistically significantly superior gi tolerability and led to less use of concomitant gi medications . benefits of rofecoxib in subgroup analyses were consistent with findings in the overall sample .

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the placebo-controlled trial has been the standard method to demonstrate efficacy and safety of

antipsychotic drugs . we reviewed the unk and unk advantages and unk of the placebo-controlled trial and an alternative method , the unk trial , focusing more specifically on the unk unk trial . recent unk indicate that a therapeutic dose of unk antipsychotic will very likely be statistically superior to placebo in an adequate trial , and that the average improvement of schizophrenia symptoms in a placebo arm will be small . these findings unk the unk and unk unk for the unk unk trial . new drugs in the pharmacotherapy for schizophrenia are often unk to differ from their unk unk in their safety profile rather than in antipsychotic efficacy . thus , in many cases , it appears sufficient to demonstrate unk unk (rather than superiority) of antipsychotic efficacy in comparison with a standard antipsychotic . the unk unk trial is suitable for such demonstration . sample size requirements for various equivalence unk in unk trials are provided . unk and unk unk should lead to a more frequent use of the unk unk trial design .

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. this large unk study evaluated the risk of idiopathic unk anaemia in users of calcium unk blockers compared with that of other antihypertensive drugs . methods : the study was based on information derived from the general practice research database . we conducted a follow-up study with a unk unk analysis of qqq qqq subjects who received antihypertensive drugs . cases were people who had a unk diagnosis of unk anaemia during january qqq , qqq through september qqq , qqq the risk estimate of unk anaemia was calculated for all antihypertensive drugs . for the unk unk analysis , six controls were matched to each case on age , sex and general practice attended . odds ratios compared the risk of idiopathic unk anaemia for all antihypertensive drugs relative to unk . results : there were qqq cases of newly diagnosed idiopathic unk anaemia . the estimated risk of unk anaemia per qqq qqq users was qqq (qqq % ci qqq , qqq) for calcium unk blockers , qqq (qqq % ci qqq , qqq) for unk blockers , qqq (qqq % ci qqq , qqq) for unk enzyme (ace) inhibitors and qqq (qqq % ci qqq , qqq) for users of other antihypertensive drugs . in the unk analysis of

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background : unk and unk have been shown to be safe and effective in the treatment of patients with chronic idiopathic unk . unk unk about clinical benefit more rapidly . objective : the purpose of this study was to compare the efficacy of single daily doses of unk and unk in relieving the symptoms of chronic idiopathic unk , with particular emphasis on the commencement of action . methods : patients with chronic idiopathic unk were randomly assigned to unk either qqq mg of

unk , qqq mg of unk , or placebo for qqq weeks in a multicenter double-blind trial . patients rated symptom severity each night , and investigators rated symptoms weekly . results : one hundred unk patients were enrolled in the trial ; qqq were included in the safety analysis and qqq were included in at least one efficacy analysis . both unk and unk were significantly superior to placebo in relieving symptoms of chronic idiopathic unk . both patients ' and investigators ' ratings indicated that unk unk more rapidly . both active treatments were well tolerated , and the incidence of somnolence did not differ statistically between unk (qqq %) and unk (qqq %) . conclusion : both unk and unk provide effective relief of the symptoms of chronic idiopathic unk with similar unk profiles . however , clinical benefit occurs significantly more rapidly with unk .

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determined the efficacy of unk (unk) in a clinical population of aggressive , urban children diagnosed with attention deficit unk disorder (adhd) . in previous studies of unk children with adhd , unk has been shown to be effective when compared with placebo . eighteen unk children (ages qqq to qqq years) , diagnosed with adhd and attending a unk treatment program for youth with unk behavior disorders , participated in a double-blind placebo trial with assessment data obtained from staff in the program and parents at home . based on staff ratings of the children 's behavior in the program and an academic classroom , the children displayed significant improvements in adhd symptoms and aggressive behavior with unk and high-dose unk conditions . at home , parents and unk reported few significant differences between placebo and unk on behavior ratings . in both settings , unk was well tolerated with few side effects found

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adverse events (qqq %) compared to diclofenac (qqq % ; p < qqq) . of the most common gi adverse events , there was significantly less unk (p < qqq) , nausea and vomiting (p < qqq) , abdominal pain (p < qqq) and diarrhoea (p < qqq) with unk compared to diclofenac . five patients on unk experienced a perforation , ulcer or unk vs seven on diclofenac (not significant) . no unk verified ulcer complication was detected in the unk group compared to four with diclofenac . there were five patient days of hospitalization in patients on unk compared to qqq with diclofenac . adverse events caused withdrawal from the study in qqq patients receiving unk (qqq %) compared to qqq (qqq %) on diclofenac (p < qqq) . these differences were attributable to differences in reported gi adverse events (qqq % on unk vs qqq % on diclofenac ; p < qqq) . differences in efficacy , as assessed by visual analogue scales , consistently unk diclofenac . in all unk , qqq % confidence intervals did not cross zero , suggesting a statistically significant effect . however , differences were small (qqq % difference) and did not reach unk levels of clinical significance . unk , significantly more patients discontinued unk because of lack of efficacy (qqq out of qqq vs qqq out of qqq ; p < qqq) . the unk trial confirms earlier studies suggesting that unk has a significantly improved gi tolerability profile in comparison with other nsaids , including diclofenac . these results may in part unk the unk qqq unk of unk , although the dose and other aspects of tolerability may be important . these results may provide support for the hypothesis that selective inhibition of qqq relative to qqq might be an effective approach towards improved nsaid therapy .

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background : previous studies on the prognosis after acute myocardial infarction (ami) have mainly focused on the first few years . in this study , we aimed to describe the mortality rate during qqq years of follow-up after development of ami in relation to clinical history and observations during the hospital stay . methods : we prospectively followed for qqq years all patients with suspected ami , enrolled between qqq and qqq , participating in an early intervention trial with metoprolol who fulfilled given criteria for ami . results : a total of qqq patients developed ami during the first qqq days in hospital , of whom qqq were randomly assigned to receive metoprolol and qqq to receive placebo . the overall qqq mortality rate , including initial in-hospital mortality , was qqq % . in a multivariate analysis considering age , sex , history of cardiovascular diseases , estimated infarct size , and the occurrence of various complications during initial hospitalization (i.e . congestive heart failure , severe ventricular arrhythmias , unk , hypotension , unk unk block and severity of pain) the following appeared as independent predictors of death : a history of diabetes mellitus (p < qqq) , congestive heart failure during hospitalization (p < qqq) , age (p < qqq) , and a history of previous myocardial infarction (p < qqq) . conclusion : independent

predictors of death during the first qqq years after ami were a history of diabetes mellitus , congestive heart failure during hospitalization , age , and previous myocardial infarction .

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background : immediately after the introduction of the unk pump inhibitor unk , a qqq follow-up study was started to evaluate patterns of use , safety and effectiveness of this drug in unk occurring groups of patients in the netherlands . medical data were recorded by participating physicians while medication unk were provided by pharmacists . methods : the study was designed according to the safety assessment of unk unk guidelines . the only inclusion criterion was the use of unk prior to entry into the study . results : a total of qqq unk users was included by qqq general practitioners and qqq unk . unk was mostly prescribed in patients with reflux unk (qqq %) , unk ' (qqq %) and duodenal ulcers (qqq %) , unk as part of a unk pylori eradication therapy (qqq %) . for their complaints most patients (qqq %) had previously used unk drugs . improvement or disappearance of complaints was achieved in qqq % and qqq % of patients after qqq and qqq weeks of treatment , respectively . diarrhoea (qqq %) , headache (qqq %) and nausea (qqq %) were the most frequently reported adverse events . conclusion : the patterns of use of unk in daily practice unk from the recommendations in the information leaflet . unk , unk was

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qqq is a potent , selective qqq receptor agonist which may be useful in treating acute migraine . we conducted a double-blind placebo-controlled inpatient study to assess the preliminary efficacy and safety of oral doses of qqq qqq mg (n = qqq) and qqq mg (n = qqq) vs placebo (n = qqq) , administered to qqq male and unk female migraine patients aged qqq with moderate or severe migraine headache . headache severity and functional disability were measured at qqq , qqq , qqq , and qqq h unk . the qqq mg dose was well tolerated and qqq patients obtained relief in headache severity at the qqq h time point . the qqq mg dose was well tolerated and was significantly (p < qqq) superior to placebo at the qqq and qqq h time points (with qqq or qqq % unk relief at qqq h compared to qqq or qqq % for placebo) . adverse events occurred in qqq % of patients on qqq mg qqq , qqq % of those on qqq mg qqq , and in qqq % of placebo-treated subjects . the most common adverse events associated with qqq were drowsiness (qqq mg qqq % ; qqq mg qqq % ; placebo qqq %) , dry mouth (qqq mg qqq % ; placebo qqq %) , and unk (qqq mg qqq % ; placebo qqq %) . based on these preliminary results , qqq appears unk of continued study for the treatment of acute migraine .

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, sex , and unk year . all qqq cases and qqq controls had unk treated hypertension . data collection included a review of the ambulatory medical record a brief telephone interview of unk survivors . antihypertensive therapy was assessed using the unk 's computerized pharmacy database . results : the first analysis included only the qqq cases and qqq controls initially free of cardiovascular disease . compared with users of diuretics alone , the adjusted risk ratio of myocardial infarction was increased by about qqq % among users of calcium unk blockers with or without diuretic (risk ratio = qqq % ; qqq % confidence interval [cl] , qqq to qqq ; p = qqq) . the second analysis was restricted to qqq cases and qqq controls who were taking either a calcium unk blocker or a unk . among these subjects , the use of calcium unk blockers compared with beta-blockers was associated with about a qqq % increase in the adjusted risk of myocardial infarction (risk ratio = qqq ; qqq % cl , qqq to qqq ; p < qqq) . while high doses of beta-blockers were associated with a decreased risk of myocardial infarction (trend p = qqq) , high doses of calcium unk blockers were associated with an increased risk (trend p < qqq) . conclusions : in this study of hypertensive patients , the use of short-acting calcium unk blockers , especially in high doses , was associated with an increased risk of myocardial infarction . ongoing unk clinical trials will assess the effect of various antihypertensive therapies , including calcium unk blockers , on several important cardiovascular end points . until these results are available , the findings of this study support the current guidelines from the joint national committee on the detection , evaluation and treatment of high blood pressure that recommend diuretics and beta-blockers as first-line agents unless unk , unk , or not tolerated .

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background : unk pump unk drugs strongly decrease gastric acid secretion and have proven more effective in the treatment of reflux unk than qqq antagonists . methods : in a double-blind randomized trial , qqq patients with unk grade ii (n = qqq) and iii (n = qqq) were treated for qqq weeks with either ranitidine qqq mg unk . (n = qqq) or unk qqq mg unk . (n = qqq) . before the trial and on the last day of medication , qqq unk ph and oesophageal ph profiles were performed . healing was assessed by endoscopy . results : unk increased median gastric ph from qqq to qqq unk no change in gastric ph was seen in the ranitidine group . unk reduced the fraction time of ph

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health-related quality of life (unk) assessment in the clinical setting have unk subjective perceptions (e.g. , well-being) , unk of the disease and functional capacity as three major components . the impact of short-term treatment for migraine attacks on these variables was evaluated in an open prospective qqq study at the unk migraine clinic . unk factors , subjective symptoms , and general unk of life were evaluated by self-administered questionnaires in qqq patients with migraine with or without aura in unk with the classification of the international headache society . short-term treatment comprising conventional therapy or subcutaneous sumatriptan reduced number of days per month with migraine and unk from work , unk symptoms , but did not significantly improve general well-being between attacks . future assessment of the patients ' unk in unk with this approach would unk us to unk all the advantages and unk of current therapies of particular interest in the field of migraine .

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methods : we assessed the long-term maintenance cost of simvastatin versus atorvastatin in terms of the cost of reducing low-density lipoprotein cholesterol (ldl-c) levels to the recommended goals based on a previously published clinical trial in patients with chd . the analysis focused on the patients in the original clinical trial who were randomized to treatment with simvastatin or atorvastatin . patients began therapy with qqq mg of simvastatin or atorvastatin ; the dose of study drug was titrated every qqq weeks up to qqq mg simvastatin or qqq mg atorvastatin , with the addition of up to qqq g/d of unk until a modified european unk society ldl-c goal (< qqq mmol/l) was reached . as there was no significant difference between the qqq groups in resource utilization for adverse events , only drug costs were included . the calculated average annual maintenance cost was based on the distribution of the final daily dosing regimens and the public drug unk for each regimen . individual country analyses were conducted using each local unk . results : there was no significant difference between groups in the percentage of patients reaching their ldl-c goal over the study period (qqq % for unk unk unk vs qqq % for unk patients , p = qqq) . however , the cost of maintaining a similar percentage of patients at their appropriate ldl-c levels was significantly lower in the simvastatin group compared with the atorvastatin group in qqq of the qqq countries assessed . in the remaining qqq countries , there was a cost advantage for simvastatin , but it did not reach statistical significance . conclusions : across europe there was a significant reduction in the cost of maintaining patients at their appropriate ldl-c levels with simvastatin versus atorvastatin . the results of this analysis , along with the proven clinical benefits of simvastatin , support the use of this drug as the treatment of choice in the secondary prevention of chd .

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qqq days of therapy qqq) unk qqq mg daily and clarithromycin qqq mg b.i.d . (pc) , qqq) unk qqq mg daily and clarithromycin qqq mg b.i.d . plus amoxicillin qqq g b.i.d . (pca) , or qqq) unk unk qqq mg unk , unk qqq mg unk , metronidazole qqq mg b.i.d . plus unk qqq mg (unk) . unk status was assessed on qqq tests at the inclusion (qqq rapid unk test , qqq histology , unk) and qqq tests (qqq rapid unk test , qqq histology) qqq weeks after the end of the treatment . results : the entry criteria was fulfilled in qqq patients , of whom qqq missed the control endoscopy . the

treatment had to be discontinued for adverse effects in qqq (qqq %) unk patients , and qqq (qqq %) pca patients . compliance was qqq % in the pc group . all ulcers were healed at the end of the study with one exception in the unk group . the best eradication rate of unk was shown by the pca group with qqq % (n = qqq) followed by the pc group with qqq % (n = qqq) and finally the unk with qqq % (n = qqq) unk : unk - p < qqq ; pc : unk < qqq ; pca : unk < qqq conclusion : this study showed that triple therapy using ppi unk combined with antibiotics clarithromycin and amoxicillin was very effective in the eradication of unk and treatment of duodenal ulcer with rare side effects . the dual unk and clarithromycin therapy had the highest rate of patient compliance , but is less effective than triple therapy . the combination of unk with unk based triple therapy had the highest number of adverse events and the lowest rate of unk eradication and therefore , should not be recommended .

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the efficacy of unk as prophylactic therapy for seasonal allergic rhinitis was evaluated in a randomized , double-blind , parallel group , placebo-controlled study . one hundred eighteen

subjects received either unk , qqq mg once daily , or placebo for qqq weeks . treatment was begun prior to the onset of grass pollen seasonal symptoms of allergic rhinitis . total symptom-free days occurred more frequently in subjects receiving unk . more unk than placebo subjects (qqq % versus qqq %) had no symptoms or mild rhinitis at the end of the study . in contrast , the differences between unk and placebo in symptom scores did not achieve significance . the incidence of sedation and anticholinergic effects were comparable between the groups . prophylactic unk therapy was effective in unk symptoms of seasonal allergic rhinitis and providing patients with symptom-free days throughout the pollen season .

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purpose : congestive heart failure is an important cause of patient morbidity and mortality . although several randomized clinical trials have compared beta-blockers with placebo for treatment of congestive heart failure , a meta-analysis unk the effect on mortality and morbidity has not been performed recently . data unk : the unk , unk , and unk of unk electronic unk were unk from qqq to july qqq unk were also identified from unk of unk unk . study selection : all randomized clinical trials of beta-blockers versus placebo in chronic stable congestive heart failure were included . data extraction : a specified protocol was followed to extract data on patient characteristics , unk used , overall mortality , hospitalizations for congestive heart failure , and study quality . data unk : a unk unk model was used to unk the results . a total of qqq trials involving qqq qqq patients were identified . there were qqq deaths among qqq patients randomly assigned to placebo and qqq deaths among qqq patients assigned to unk therapy . in these groups , qqq and qqq patients , respectively , required hospitalization for congestive heart failure . the probability that unk therapy reduced total mortality and hospitalizations for congestive heart failure was almost qqq % . the best estimates of these advantages are qqq unk unk and qqq fewer hospitalizations per qqq patients treated in the first year after therapy . the probability that these benefits are clinically significant (> qqq unk unk or > qqq fewer hospitalizations per qqq patients treated) is qqq % . both selective and unk agents produced these unk effects . the results are unk to any unk publication unk . conclusions : unk therapy is associated with clinically meaningful reductions in mortality and morbidity in patients with stable congestive heart failure and should

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objectives : this qqq follow-up analysis sought to assess whether the early reduction of mortality obtained with a qqq treatment course of unk or unk unk , or both , in unk patients with acute myocardial infarction unk therapy and is still present after qqq months . the primary outcome of the qqq follow-up was the combined end point of mortality and severe left ventricular dysfunction . background : the unk was that the early benefit on unk processes may be maintained over a longer period of time , even in the absence of treatment . methods : a total of qqq patients

with acute myocardial infarction were randomized within qqq h of onset of symptoms to a qqq treatment course of oral unk or open control and , according to a qqq x qqq factorial design , to unk unk or open control . randomized treatments were stopped after qqq weeks in the absence of specific indications , and the patients were followed up for qqq months . results : at qqq months , among patients randomized to unk , qqq % died or developed severe ventricular dysfunction versus qqq % of those randomized to no unk (qqq = qqq) . no difference was found between patients with and without unk unk therapy (qqq % vs. qqq % , qqq = qqq) . conclusions : although the systematic administration of unk unk started early and continued for qqq weeks after acute myocardial infarction does not unk evidence of benefit , early treatment with unk appears to improve prognosis . this effect seems to unk over the first qqq months from randomization , even after treatment withdrawal .

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aims : to assess maternal and neonatal complications in pregnancies of diabetic women treated with oral hypoglycaemic agents during pregnancy . methods : a cohort study including all unk

registered , orally treated pregnant diabetic patients set in a diabetic unk service at a university hospital : qqq women treated with metformin , qqq women treated with sulphonylurea during pregnancy and a reference group of qqq diabetic women treated with insulin during pregnancy . results : the prevalence of pre-eclampsia was significantly increased in the group of women treated with metformin compared to women treated with sulphonylurea or insulin (qqq vs. qqq vs. qqq % , p < qqq) . no difference in neonatal morbidity was observed between the orally treated and unk group ; no cases of severe hypoglycaemia or jaundice were seen in the orally treated groups . however , in the group of women treated with metformin in the third trimester , the perinatal mortality was significantly increased compared to women not treated with metformin (qqq vs. qqq % , p < qqq) . conclusion : treatment with metformin during pregnancy was associated with increased prevalence of pre-eclampsia and a high perinatal mortality .

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qqq completed the trial . interventions : patients were randomised to one month 's treatment with unk qqq mg twice daily or atenolol qqq mg once daily . treatment arms were then crossed over . patients underwent qqq hour unk monitoring before randomisation and repeat studies were carried out at the end of both treatment periods . symptom assessments were completed using linear analogue scales and the nottingham health profile . main outcome measure : frequency of unk atrial fibrillation ; secondary outcome measures included average and total duration of unk atrial fibrillation , total ectopic count , and symptom assessments . results : a reduction in the number and duration of episodes of unk atrial fibrillation was noted following treatment with unk and atenolol . there was no difference in frequency of unk atrial fibrillation during treatment with unk or atenolol (median difference qqq ; qqq % confidence interval (ci) qqq to qqq ; p = qqq

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pylori infection , and to assess the impact of primary resistance to metronidazole on treatment outcome . methods : a total of qqq patients with peptic ulcer and unk unk were randomly assigned to a qqq course of either : unk qqq mg twice a day , unk qqq g twice a day and unk qqq mg twice a day (fat group ; n = qqq) ; or omeprazole qqq mg twice a day , unk qqq g twice a day and unk qqq mg twice a day (unk group ; n = qqq) . upper endoscopy was performed prior to treatment and at least qqq weeks after completion of treatment and discontinuation of the unk therapy . h. pylori status was assessed by a biopsy unk test , histology and culture . results : in the intention-to-treat analysis , eradication of h. pylori was achieved in qqq of the qqq patients (qqq % ; qqq % confidence interval : qqq %) in the fat group , compared to qqq of the qqq patients (qqq % ; qqq % confidence interval : qqq %) in the unk group . in the per protocol analysis , eradication therapy was achieved in qqq out of qqq patients (qqq % ; qqq % confidence interval : qqq %) treated with fat and qqq out of qqq patients (qqq % ; qqq % confidence interval : qqq %) treated with unk (not significant) . the primary metronidazole resistance was present in qqq % of strains . overall , per protocol eradication rates in strains resistant and unk to metronidazole were qqq % and qqq % respectively (p > qqq) . conclusions : unk courses of either high-dose unk or omeprazole , both combined with unk and unk , are equally effective for eradication of h. pylori infection . in a qqq triple therapy , metronidazole resistance has no significant impact on eradication rates .

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a total of qqq men and women with mild to moderately severe chronic heart failure (new york heart association functional class ii [qqq %] or iii) and a mean (+/- sd) left ventricular ejection fraction of qqq +/- qqq % , entered a qqq , prospective , double-blind , placebo-controlled trial of qqq or qqq mg/day of unk , a unk acid unk enzyme inhibitor . patients received concomitant diuretic therapy but not unk . primary end points were mean change in maximal treadmill exercise time and occurrence of prospectively defined clinical events unk of worsening heart failure (most to least severe) : death , withdrawal for worsening heart failure , hospitalization for worsening heart failure , need for supplemental diuretic or emergency room visit for worsening heart failure , and no event . at study end point , treadmill exercise time had improved in the unk versus the placebo group (qqq vs qqq seconds , p = qqq) . new york heart association functional class had improved at end point more frequently (qqq % vs qqq %) and unk less frequently (qqq % vs qqq %) in the unk group (p = qqq) . more patients treated with unk (qqq % vs qqq %) remained free of clinical events unk of worsening heart failure , and unk patients had less severe clinical events (p = qqq) . dyspnea , fatigue , and unk nocturnal dyspnea improved more often and worsened less often in this group (p < or = qqq) , and edema showed a trend toward improvement (p = qqq) . these clinical benefits did not require concomitant unk therapy . unk was associated with an acceptable safety profile .

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objective : to compare the efficacy of different doses of qqq (qqq) for relief of unk symptoms in menopausal women . methods : this was a randomized , double-masked , placebo-controlled , qqq study in which qqq menopausal women with moderate or severe hot flushes were assigned to treatment with qqq mg , qqq mg , qqq mg , or qqq mg oral unk qqq , or placebo . the number and severity of hot flushes were recorded daily . results : there was a significant linear correlation between increased dosage of qqq and decreased moderate to severe hot flushes per week (p < qqq) . rapid reduction in moderate to severe hot flushes was only achieved with qqq and qqq mg , showing a significant difference from placebo at week qqq (p < qqq) . at week qqq , half the women on placebo had reduced moderate to severe hot flushes of at least qqq % ; the corresponding figures were qqq % , qqq % , qqq % , and qqq % for qqq , qqq , qqq , and qqq mg , respectively . at week qqq , all doses except qqq mg were significantly better than placebo for reducing moderate to severe hot flushes (p < qqq) . although there were no significant differences , twice as many women in the qqq group discontinued treatment due to adverse events , compared with the placebo group . conclusion : oral unk qqq showed a dose-response effect for reducing moderate and severe hot flushes in menopausal women . qqq qqq mg appeared to be the most useful initial dose .

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in our study , we examined the effectiveness of clozapine and compared it to the unk of medication unk unk used in the public unk . long-term patients in unk 's state hospitals who met food and drug administration criteria for clozapine use were invited to participate in this randomized open-label study . participants (n = qqq) were followed for qqq years . compared with usual care , clozapine was associated with significantly greater reductions in side effects , unk , and hospitalization , but was not more effective in reducing symptoms or improving quality of life . the groups did not differ in likelihood of being discharged ; however , once discharged , clozapine patients were less likely to be unk . the results of our study suggest that , compared with the flexible range of medication unk available , clozapine is an effective agent . however , at least with this patient population , clozapine did not produce the unk improvements is symptomatology or hospital utilization reported in clinical efficacy trials or suggested by unk studies .

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mg qqq for qqq days with qqq mg unk for the last qqq days followed by a placebo tablet for qqq days) (n = qqq) or with qqq (qqq mg qqq for qqq days with qqq mg mpa for the last qqq days) (n = qqq) . treatments were administered , using a double-blind , double-dummy technique for qqq cycles of qqq days . results : three hundred and seventeen women , qqq in the qqq and qqq in the qqq group , completed six treatment cycles . both treatments reduced menopausal symptoms rapidly and to a similar extent . hot flushes were present in qqq % of the women in both groups . after six treatment cycles , hot flushes were no longer present in qqq and qqq % of the women in the qqq and qqq group , respectively . unk decreased from qqq to qqq % in the qqq group and from qqq to qqq % in the qqq group . mood disturbances were present in qqq % of the women in the qqq at baseline , and in qqq % after six cycles . in the qqq group the corresponding figures were qqq and qqq % , respectively . the bleeding pattern was comparable in both treatment groups . regular withdrawal (expected) bleeding appeared in qqq % and in qqq % of the women in cycles qqq with qqq and qqq , respectively . unk bleeding (including spotting) occurred in qqq % of the women receiving qqq and in qqq % of the women treated with qqq in cycle qqq in both treatment groups there was a tendency of a slight decrease in blood pressure . adverse events were in less than qqq % in each group the reason to unk treatment . conclusions : both treatments effectively unk menopausal complaints and presented good cycle control . bleeding pattern and mood disturbances appeared to be more favorable influenced by qqq .

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