2018 EAU Chronic Pelvic Pain Guidelines Scoping Search

Database: Embase <1974 to 2017 May 26>, OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present, PsycINFO <1987 to May Week 4 2017>, EBM Reviews - Cochrane Central Register of Controlled Trials <April 2017>, EBM Reviews - Cochrane Database of Systematic Reviews <2005 to May 24, 2017>

Search Strategy:
-------------------------------------------------------------------------
1 exp pelvic pain/ (23624)
2 exp pelvis pain syndrome/ (11258)
3 exp pudendal neuralgia/ (207)
4 exp dysmenorrhea/ (14168)
5 ((pelvic or pelvis) adj3 (pain* or syndrome or neuralgia)).tw,kw. (24959)
6 ((pudendal adj3 (neuralgia* or pain*)) or pelipathia vegetative).tw,kw. (417)
7 ((prostatitis or levator ani or constipation) adj3 (neuralgia* or pain*)).tw,kw. (6324)
8 (prostatalgia or prostatodynia or orchialgia or proctalgia or dysmenorrhea* or dysmenorrhoea).tw,kw. (14403)
9 ((bladder or testicular or urethral or scrotal or genital or coccyx or anal or Fissure in Ano) adj3 pain*).tw,kw. (12439)
10 ((interstitial adj2 (cystitides or cystitis)) or ((suprapubic or abdominal or endometriosis) adj3 (neuralgia* or pain*)).tw,kw. (151041)
11 ((proctitis or defecation or hemorrhoid* or haemorrhoid*or diverticulitis or PID) adj3 (neuralgia* or pain*)).tw,kw. (2371)
12 ((voiding or prostat* or menstrual or menstruation or childbirth or vaginal or vulvar or cauda equina) adj3 (neuralgia* or pain*)).tw,kw. (12550)
13 or/1-12 (210528)
14 limit 13 to yr="2015 -Current" (35819)
15 conference abstract.pt. or Congresses as Topic/ (2663269)
16 note/ or editorial/ or letter/ or Comment/ or news/ (3884036)
17 case report/ or case reports/ or case report.ti. (4153735)
18 ((exp animals/ or exp animal/ or exp nonhuman/ or exp animal experiment/ or animal model/ or animal tissue/ or non human/) not (humans/ or human/) or ((rats or mice or mouse or cats or dogs or animal* or cell lines) not (human* or men or women))).ti. (11263655)
19 14 not (15 or 16 or 17 or 18) (17940)
20 (randomized controlled trial or controlled clinical trial).pt. (1058271)
21 random*.mp. (3283249)
(trial or groups or controlled).ab. (6492517)
clinical trial.mp. or clinical trial.pt. (2477954)
double-blind*.mp. or blind*.tw. (978655)
randomized controlled trial/ (914991)
placebo:.mp. (833413)
prospective*.tw. (1585923)
(Systematic review or meta-analysis).tw,kw. (407335)
Meta analysis/ or "systematic review"/ (296462)
(Medline or Pubmed or Embase or Cochrane or literature search or literature review).ab. (472503)
or/20-30 (10517192)
19 and 31 (8891)
(chronic or chronically or persistent or constant* or continuing or sustained or lasting).mp,af. (5529470)
exp chronic pain/ (66878)
(refractory or refractories).tw,kw. (279829)
or/33-35 (5743045)
32 and 36 (2562)
limit 37 to dd=20160527-20170525 use oemezd [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher,PsycINFO,CCTR,CDSR; records were retained] (343)
limit 37 to ed=20160527-20170525 use ppez [Limit not valid in Embase,PsycINFO,CCTR,CDSR; records were retained] (233)
2017*.dc. or 2017*.ep. (1244899)
37 and 40 (321)
limit 37 to yr="2016 -current" use cctr (321)
limit 37 to yr="2016 -current" use coch (142)
limit 37 to yr="2016 -current" use psyc12,psyc13 (38)
38 or 39 or 41 or 42 or 43 or 44 (1197)
remove duplicates from 45 (993)
limit 46 to english language [Limit not valid in CDSR; records were retained] (938)

******************
1. Botulinum toxin improves pain in chronic anal fissure.
Amorim H., Santoalha J., Cadilha R., Festas M.-J., Barbosa P., Gomes A.
Embase
[Article In Press]
AN: 616334590

Introduction: Chronic anal fissure is a common condition associated with intense pain. Local botulinum toxin injection is a valid option in its management. The purpose of this study was to evaluate the efficacy of botulinum toxin on pain relief in chronic anal fissure patients. Methods: We conducted a retrospective cohort study, involving 81 consecutive patients referred to a chronic pain management unit due to a chronic anal fissure for treatment with botulinum toxin, during a 4 year period. Data were collected from hospital records regarding pre-treatment and post-treatment pain (numeric rating scale), side effects, need for botulinum toxin reinjection and need for surgical treatment. We used standard statistical methods for inter (t-test and qui2) and intra-group (paired sample t-test) comparisons, according to variables distribution. Results: Pain intensity rest score significantly improved after BoNT injection [variation: -4.2. +/- 2.9 (p < 0.001)], as did pain post-defecation score [variation: -5.1. +/- 3.0 (p < 0.001)]. 8.6% needed botulinum toxin reinjection and 23.5% were submitted to surgery. Side effects were reported in 8.6%. Discussion: The efficacy of botulinum toxin use on pain reduction along with its non-permanent and minor side effects support its role in the resolution of chronic anal fissure. However, treatment failure in the long term is still significant. Conclusion: Botulinum toxin is effective on pain relief in patients with chronic anal fissure, which supports its inclusion in the management algorithm of this condition.

Copyright © 2017 PBJ-Associacao Porto Biomedical/Porto Biomedical Society.

Status
ARTICLE IN PRESS
Institution
(Amorim, Santoalha, Cadilha, Festas, Barbosa, Gomes) Centro Hospitalar de Sao Joao, Porto, Portugal
Country of Publication
Spain
Publisher
Elsevier Espana S.L.
Date Created

Chronic Prostate Inflammation Predicts Symptom Progression in Patients with Chronic Prostatitis/Chronic Pelvic Pain.
Nickel J.C., Freedland S.J., Castro-Santamaria R., Moreira D.M.
Embase
[Article In Press]
AN: 616333106
Purpose: We examined the 4-year longitudinal association between histological prostate inflammation and chronic prostatitis/chronic pelvic pain syndrome. We also studied the development of new and progressing existing chronic prostatitis/chronic pelvic pain syndrome in men randomized to placebo in the REDUCE (REduction by DUtasteride of prostate Cancer Events) population. Materials and Methods: At multiple time points during 4 years univariable and multivariable analyses were performed between acute and chronic inflammation detected on baseline biopsies and the incidence of chronic pelvic pain syndrome-like symptoms, defined as a positive response to CPSI (Chronic Prostatitis Symptom Index) question 1a-perineal pain and/or question 2b-ejaculatory pain and a total pain subscore of at least 4, and progression of chronic prostatitis/chronic pelvic pain syndrome, defined as a 4-point or greater increase from baseline in total CPSI score, in patients with a baseline categorization of chronic prostatitis/chronic pelvic pain syndrome. Results: Of the 4,109 men in the study acute and chronic inflammation was detected in 641 (15.6%) and 3,216 (78.3%), respectively. Chronic prostatitis/chronic pelvic pain syndrome symptom status was available for 2,816 at baseline. Chronic prostatitis/chronic pelvic pain syndrome-like symptoms developed in 317 of 2,150 men without the condition at baseline who had followup data. Acute and chronic inflammation was not associated with the incidence of the symptoms (p >0.1). At a median followup of 12.0 months 109 of 145 men with baseline chronic prostatitis/chronic pelvic pain syndrome and followup data showed symptomatic progression. Chronic but not acute inflammation was significantly associated with shorter time to progression on univariable and multivariable analyses (p = 0.029 and 0.018, respectively). Conclusions: Inflammation is not associated with an increased risk of chronic prostatitis/chronic
pelvic pain syndrome. However, chronic inflammation predicts the risk of symptomatic progression in men in whom chronic prostatitis/chronic pelvic pain syndrome symptoms have been identified.

3. A randomized controlled trial to compare a restrictive strategy to usual care for the effectiveness of cholecystectomy in patients with symptomatic gallstones (SECURE trial protocol).


Embase

BMC surgery. 16 (1) (pp 46), 2016. Date of Publication: 13 Jul 2016.

BACKGROUND: Five to 22 % of the adult Western population has gallstones. Among them, 13 to 22 % become symptomatic during their lifetime. Cholecystectomy is the preferred treatment for symptomatic cholecystolithiasis. Remarkably, cholecystectomy provides symptom relief in only
60-70% of patients. The objective of this trial is to compare the effectiveness of usual (operative) care with a restrictive strategy using a standardized work-up with stepwise selection for cholecystectomy in patients with gallstones and abdominal complaints. DESIGN AND METHODS: The SECURE-trial is designed as a multicenter, randomized, parallel-arm, non-inferiority trial in patients with abdominal symptoms and ultrasound proven gallstones or sludge. If patients meet the inclusion criteria they will be randomized to either usual care or the restrictive strategy. Patients in the usual care group will be treated according to the physician's knowledge and preference. Patients in the restrictive care group will be treated with interval evaluation and stepwise selection for laparoscopic cholecystectomy. In this stepwise selection, patients strictly meeting the preselected criteria for symptomatic cholecystolithiasis will be offered a cholecystectomy. Patients not meeting these criteria will be assessed for other diagnoses and re-evaluated at 3-monthly intervals. Follow-up consists of web-based questionnaires at 3, 6, 9 and 12 months. The main end point of this trial is defined as the proportion of patients being pain-free at 12 months follow-up. Pain will be assessed with the Izbicki Pain Score and Gallstone Symptom Score. Secondary endpoints will be the proportion of patients with complications due to gallstones or cholecystectomy, the association between the patients' symptoms and treatment and work performance, and ultimately, cost-effectiveness. DISCUSSION: The SECURE trial is the first randomized controlled trial examining the effectiveness of usual care versus restrictive care in patients with symptomatic gallstones. The outcome of this trial will inform clinicians whether a more restrictive strategy can minimize persistent pain in post-operative patients at least as good as usual care does, but at a lower cholecystectomy rate. (The Netherlands National Trial Register NTR4022, 17th December 2012) TRIAL REGISTRATION: The Netherlands National Trial Register NTR4022 http://www.zonmw.nl/nl/projecten/project-detail/scrutinizing-inefficient-use-of-cholecystectomy-a-randomized-trial-concerning-variation-in-practi/samenvatting/. PMID 27411788 [http://www.ncbi.nlm.nih.gov/pubmed/?term=27411788] Institution (de Reuver) Department of Surgery, Radboud University Medical Centre, P.O. Box 9101, 6500 HB, Nijmegen, The Netherlands. philip.dereuver@radboudumc.nl (van Dijk, Boermeester) Department of Surgery, Meibergdreef 9, 1105 AZ, Amsterdam, The Netherlands (Wennmacker, van Laarhoven) Department of Surgery, Radboud University Medical Centre, P.O. Box 9101, 6500 HB, Nijmegen, The Netherlands (Lamberts, Drenth) Department of Gastroenterology, Hepatology, Radboud University Medical Centre, P.O. Box 9101, 6500 HB, Nijmegen, The Netherlands (Boerma) Department of Surgery, St. Antonius Hospital, Koekoekslaan 1, 3435 CM, Nieuwegein, The Netherlands
4.
Benefits of preparing for childbirth with mindfulness training: A randomized controlled trial with active comparison.
Duncan L.G., Cohn M.A., Chao M.T., Cook J.G., Riccobono J., Bardacke N.
Embase
[Article]
AN: 616069870

Background: Childbirth fear is linked with lower labor pain tolerance and worse postpartum adjustment. Empirically validated childbirth preparation options are lacking for pregnant women facing this problem. Mindfulness approaches, now widely disseminated, can alleviate symptoms of both chronic and acute pain and improve psychological adjustment, suggesting potential benefit when applied to childbirth education. Methods: This study*, the Prenatal Education About Reducing Labor Stress (PEARLS) study, is a randomized controlled trial (RCT; n=30) of a short, time-intensive, 2.5-day mindfulness-based childbirth preparation course offered as a weekend
workshop*, the Mind in Labor (MIL): Working with Pain in Childbirth, based on Mindfulness-Based Childbirth and Parenting (MBCP) education.* First-time mothers in the late 3rd trimester of pregnancy were randomized to attend either the MIL course or a standard childbirth preparation course with no mind-body focus. Participants completed self-report assessments pre-intervention, post-intervention, and post-birth, and medical record data were collected. Results: In a demographically diverse sample, this small RCT demonstrated mindfulness-based childbirth education improved women's childbirth-related appraisals and psychological functioning in comparison to standard childbirth education. MIL program participants showed greater childbirth self-efficacy and mindful body awareness (but no changes in dispositional mindfulness), lower post-course depression symptoms that were maintained through postpartum follow-up, and a trend toward a lower rate of opioid analgesia use in labor. They did not, however, retrospectively report lower perceived labor pain or use epidural less frequently than controls. Conclusions: This study suggests mindfulness training carefully tailored to address fear and pain of childbirth may lead to important maternal mental health benefits, including improvements in childbirth-related appraisals *and* the prevention of postpartum depression symptoms. There is also some indication that MIL participants may use mindfulness coping in lieu of systemic opioid pain medication. A large-scale RCT that captures real-time pain perceptions during labor and length of labor is warranted to provide a more definitive test of these effects. Trial registration: The ClinicalTrials.gov identifier for the PEARLS study is: NCT02327559. The study was retrospectively registered on June 23, 2014.

Copyright © 2017 The Author(s).

Status
EMBASE

Institution
(Duncan) University of Wisconsin-Madison, School of Human Ecology, Madison, WI, United States
(Duncan) University of Wisconsin-Madison, Department of Family Medicine and Community Health, Madison, WI, United States
(Duncan, Cohn, Chao, Cook, Bardacke) University of California, San Francisco (UCSF), Osher Center for Integrative Medicine, San Francisco, CA, United States
(Chao) UCSF, Department of Medicine, San Francisco, CA, United States
(Riccobono) UCSF, Student Nurse Midwifery Program, San Francisco, CA, United States
(Bardacke) Mindful Birthing and Parenting Foundation, Oakland, CA, United States
(Bardacke) UCSF, Department of Family Healthcare Nursing, San Francisco, CA, United States

Country of Publication
United Kingdom

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)
The effectiveness of long-needle acupuncture at acupoints BL30 and BL35 for CP/CPPS: A randomized controlled pilot study.

Zhou M., Yang M., Chen L., Yu C., Zhang W., Ji J., Chen C., Shen X., Ying J.

Embase


Background: The chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is one of the commonest chronic inflammatory diseases in adult men, for which acupuncture has been used to relieve related symptoms. The present study aimed to evaluate the therapeutic effect of the long-needle acupuncture on CP/CPPS. Methods: A randomized traditional acupuncture-controlled single blind study was conducted on 77 patients who were randomized into long-needle acupuncture (LA) and traditional acupuncture (TA) groups. The patients received six sessions of acupuncture for 2 weeks and a follow-up was scheduled at week 24. The primary outcome was measured by the total National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) score at week 2. Four domains of the NIH-CPSI (urination, pain or discomfort, effects of symptoms, and quality of life) and the clinical efficacy score served as the secondary outcome. Results: The total NIH-CPSI score at week 2 and week 24 was significantly improved in the LA group compared with the TA group. LA significantly improved urination, pain or discomfort, the effects of symptoms, and the quality of life at week 2 and week 24 and patients undergoing LA treatment had a higher clinical efficacy score. Conclusion: Needling at the BL30 and BL35 using LA benefits patients with CP/CPPS. Trial registration: The study was registered at the Chinese Clinical Trial Register (ChiCTR-ICR-15006138).

Copyright © 2017 The Author(s).

Status

EMBASE
6. Effects of low-dose combined drospirenone-ethinylestradiol on perimenstrual symptoms experienced by women with endometriosis.

Tanaka Y., Mori T., Ito F., Koshiba A., Kusuki I., Kitawaki J.

Embase

[Article]
AN: 611452769

Objective To determine the effectiveness of a 24/4-day regimen of a low-dose combination drospirenone-ethinylestradiol oral contraceptive in alleviating perimenstrual symptoms among Japanese women with endometriosis. Methods The present prospective, non-randomized study enrolled women diagnosed with endometriosis radiographically or surgically at the Kyoto Prefectural University of Medicine hospital, Japan, between December 1, 2010 and August 31, 2013. Patients received treatment with oral drospirenone-ethinylestradiol for six treatment cycles.
Dysmenorrhea, chronic pelvic pain, and dyspareunia severity were assessed using visual analog scale scores after three and six treatment cycles, and changes in perimenstrual symptoms were assessed using the menstrual distress questionnaire (MDQ) scores. Results In total, 46 patients were recruited for the study. Dysmenorrhea, chronic pelvic pain, and dyspareunia were all significantly reduced after both three and six treatment cycles in comparison with baseline (P < 0.001 for all comparisons). After six treatment cycles, significant reductions were observed for all menstrual MDQ measures and for the premenstrual water retention and negative-effect MDQ measures (all P < 0.05). Conclusions Combination drospirenone-ethinylestradiol was effective in the treatment of dysmenorrhea, chronic pelvic pain, dyspareunia, and somatic/psychological symptoms in Japanese women with endometriosis.

Copyright © 2016 International Federation of Gynecology and Obstetrics


Status EMBASE

Author NameID Kitawaki, Jo; ORCID: http://orcid.org/0000-0002-4359-959X

Institution (Tanaka, Mori, Ito, Koshiba, Kusuki, Kitawaki) Department of Obstetrics and Gynecology, Kyoto Prefectural University of Medicine, Graduate School of Medical Science, Kyoto, Japan

Country of Publication Ireland

Publisher Elsevier Ireland Ltd

Date Created 20161021

Year of Publication 2016

Background: Crohn's disease (CD) is a chronic inflammatory disorder belonging to the inflammatory bowel diseases (IBD). CD affects distinct parts of the gastrointestinal tract, leading to symptoms including diarrhea, fever, abdominal pain, weight loss, and anemia. The aim of this study was to assess whether the DNA methylome of peripheral blood cells can be associated with CD in women. Methods: Samples were obtained from 18 female patients with histologically confirmed ileal or ileocolic CD and 25 healthy age- and gender-matched controls (mean age and standard deviation: 30.5 +/- 6.5 years for both groups). Genome-wide DNA methylation was determined using the Illumina HumanMethylation 450k BeadChip. Results: Our analysis implicated 4287 differentially methylated positions (DMPs; corrected p < 0.05) that are associated to 2715 unique genes. Gene ontology enrichment analysis revealed significant enrichment of our DMPs in immune response processes and inflammatory pathways. Of the 4287 DMPs, 32 DMPs were located on chromosome X with several hits for MIR223 and PABPC5. Comparison with previously performed (epi)genome-wide studies revealed that we replicated 33 IBD-associated genes. In addition to DMPs, we found eight differentially methylated regions (DMRs).

Conclusions: CD patients display a characteristic DNA methylation landscape, with the differentially methylated genes being implicated in immune response. Additionally, DMPs were found on chromosome X suggesting X-linked manifestations of CD that could be associated with female-specific symptoms.

Copyright © 2016, The Author(s).


Four prostatitis syndromes are recognized clinically: acute bacterial prostatitis, chronic bacterial prostatitis, chronic prostatitis/chronic pelvic pain syndrome, and asymptomatic prostatitis. Because Escherichia coli represents the most common cause of bacterial prostatitis, we investigated the importance of bacterial virulence factors and antimicrobial resistance in E. coli strains causing prostatitis and the potential association of these characteristics with clinical outcomes. A structured literature review revealed that we have limited understanding of the virulence-associated characteristics of E. coli causing acute prostatitis. Therefore, we completed a comprehensive microbiological and molecular investigation of a unique strain collection isolated from healthy young men. We also considered new data from an animal model system suggesting certain E. coli might prove important in the etiology of chronic prostatitis/chronic pelvic pain syndrome. Our human data suggest that E. coli needs multiple pathogenicity-associated traits to overcome anatomic and immune responses in healthy young men without urological risk factors. The phylogenetic background and accumulation of an exceptional repertoire of extraintestinal pathogenic virulence-associated genes indicate that these E. coli strains belong to a highly virulent subset of uropathogenic variants. In contrast, antibiotic resistance confers little added advantage to E. coli strains in these healthy outpatients. Our animal model data also suggest that certain pathogenic E. coli may be important in the etiology of chronic prostatitis/chronic pelvic pain syndrome through mechanisms that are dependent on the host genetic background and the virulence of the bacterial strain.
9.
Pelvic musculoskeletal dysfunctions in women with and without chronic pelvic pain.
Sedighimehr N., Manshadi F.D., Shokouhi N., Baghban A.A.

Embase
[Article In Press]
AN: 616287090

Aim: This study aimed to compare the prevalence of pelvic musculoskeletal dysfunctions in women with and without Chronic Pelvic Pain (CPP). Materials & Methods: A total of 84 women with and without CPP (42 in each group), participated in this cross-sectional analytical study. After collecting demographic information, clinical examinations were carried out to compare pelvic musculoskeletal dysfunctions between two groups. Kolmogorov-Smirnov (K-S) goodness-of-fit, Independent t, X2 and Pearson correlation tests were used for data analysis. Values of $p < 0.05$ were considered statistically significant. Findings: Significant differences were found in the asymmetric iliac crest and pubic symphysis height (45.2% vs 9.5%), positive sacroiliac provocation and positive Carnett's tests (50% vs 4.8%), ($p < 0.05$). CPP Patients exhibited more tenderness at Levator ani, Piriformis, and Obturator Internus muscles, also higher degrees of pelvic inclination ($p < 0.05$). Conclusion: Higher frequency of pelvic musculoskeletal dysfunctions in women with CPP suggests the value of routine musculoskeletal examinations for earlier diagnosis of musculoskeletal originated CPP and effective management of these patients.

Copyright © 2017 Elsevier Ltd.

Status
ARTICLE IN PRESS
10.
Opioid analgesic use among patients presenting with acute abdominal pain and factors associated with surgical diagnoses.
Embase
[Article]
AN: 613920463
Background: The prevalence of chronic opioid use among non-cancer patients presenting with acute abdominal pain (AAP) is unknown. The aim was to characterize opioid use, constipation, diagnoses, and risk factors for surgical diagnoses among non-cancer patients presenting with AAP to an emergency department (ED). Methods: We performed a retrospective, observational cohort study of all (n=16,121) adult patients (88% from MN, IA and WI) presenting during 2014 with AAP. We used electronic medical records, and focused on 2352 adults with AAP who underwent abdominal CT scan within 24 hours of presentation. We determined odds ratios of association with constipation and features predicting conditions that may require surgery (surgical diagnosis). Key Results: There were 2352 eligible patients; 18.8% were opioid users.
Constipation was more frequent in opioid (35.1%) compared to non-opioid users [OR 2.88 (95% CI 2.28, 3.62)]. Prevalence of surgical diagnosis in the opioid and non-opioid users was 35.3% and 41.7% respectively (P=.019). By univariate analysis, age and neutrophil count independently predicted increased risk, and chronic opioid use decreased risk of surgical diagnosis. Internal validation of logistic models using a randomly selected validation subset (25% of entire cohort, 587/2352) showed receiver operating characteristic (ROC) curves for the validation and full cohorts were similar. Conclusions and Inferences: Approximately 19% of adults presenting with AAP were opioid users; constipation is almost three times as likely in opioid users compared to non-opioid users presenting with AAP. Factors significantly associated with altered risk of surgical diagnoses were age, opioid use, and neutrophil count.

Copyright © 2016 John Wiley & Sons Ltd


Status
EMBASE

Institution
(Khemani, Camilleri, Roldan, Nelson, Park, Acosta) Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER), Mayo Clinic, Rochester, MN, United States
(Zinsmeister) Division of Biomedical Statistics and Informatics, Department of Health Sciences Research, Mayo Clinic, Rochester, MN, United States

Country of Publication
United Kingdom

Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Date Created
20170422

Year of Publication
2017

11.

Efficacy of pollen extract in association with group B vitamins for pain relief in chronic prostatitis/chronic pelvic pain syndrome: A survey of urologists' knowledge about its clinical application.
Introduction and aim of the study: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPSS) is a pathology of high prevalence in Italian male population, difficult to diagnose and to treat and with poor response to conventional therapy. Aim of this study was to review the evidence of the literature about the therapeutic effects of a plant product containing flower pollen extracts and group B vitamins on symptoms resolution and amelioration of CP/CPPS patients' quality of life and to investigate the knowledge among practicing urologists about the clinical application of this product. Materials and methods: A group of 38 urologists was submitted to an investigational survey of the knowledge of the clinical applications of a plant product containing flower pollen extracts and group B vitamins. Results: 71% of the urologists interviewed prescribed the plant product for CBP and CP/CPPS at least one time in a month and 11% prescribed it more than 5 times; 67% had evidence of clear ameliorations in pain relief and on patient's quality of life and 47% reported that the effectiveness is comparable to NSAIDs; 39% also reported a significant effect for the improvement of the urinary symptoms of patients. No gastric or general side effects have been noticed during the administration period of this plant product. Finally, the cost of the product has always reported to be sustainable for the patients. Conclusions: From the results of this investigational survey, we can state that the plant product containing flower pollen extracts and group B vitamins is well-known and demonstrated beneficial effects on symptoms resolution and amelioration of quality of life in patients with chronic prostatitis/chronic pelvic pain syndrome. Copyright © 2017, Edizioni Scripta Manent s.n.c. All rights reserved.
The efficacy of an association of palmitoylethanolamide and alpha-lipoic acid in patients with chronic prostatitis/chronic pelvic pain syndrome: A randomized clinical trial.

Giammusso B., Di Mauro R., Bernardini R.

Embase
Archivio Italiano di Urologia e Andrologia. 89 (1) (pp 17-21), 2017. Date of Publication: 2017.
[Article]
AN: 616229786

Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a complex condition, characterized by uncertain etiology and by limited response to therapy. The definition of CP/CPPS includes genitourinary pain with or without voiding symptoms in the absence of uropathogenic bacteria, as detected by standard microbiological methods, or another identifiable cause such as malignancy. The efficacy of various medical therapies, has been evaluated in clinical studies, but evidence is lacking or conflicting. We compared Serenoa Repens in monotherapy versus Palmitoylethanolamide (PEA) in combination with Alpha-lipoic acid (ALA) and evaluated the efficacy of these treatments in patients with CP/CPPS. Methods: We conducted a randomized, single-blind trial. 44 patients diagnosed with CP/CPPS (mean age 41.32 +/- 1.686 years) were randomly assigned to treatment with Palmitoylethanolamide 300 mg plus Alpha-lipoic acid 300 mg (Peanase), or Serenoa Repens at 320 mg. Three questionnaires (NIH-CPSI, IPSS and IIEF5) were administered at baseline and after 12 weeks of treatment in each group. Results: 12 week treatment with Peanase significantly improved the IPSS score compared to the same period of treatment with Serenoa Repens, and significantly reduced NIH-CPSI score. Similar results were observed in the different NIH-CPSI subscores break down. However, the same treatment did not result in significant improvement of the IIEF5 score. Both treatments did not produce undesired effects. Conclusions: The present results document the efficacy of an association of Palmitoylethanolamide (PEA) and Alpha-lipoic acid (ALA) administered for 12 weeks for treating patients with CP/CPPS, compared with Serenoa Repens monotherapy.

Copyright © 2017, Edizioni Scripta Manent s.n.c. All rights reserved.
13. Different clinical presentations of choledochal cyst among infants and older children.
Badebarin D., Aslanabadi S., Teimouri-Dereshki A., Jamshidi M., Tarverdizadeh T., Shad K., Ghabili K., Khajir G.
[Article]
AN: 616231457
Choledochal cyst is a rare and often benign congenital cystic dilation throughout the biliary tree. Due to the benign nature of choledochal cyst among early-diagnosed patients, the clinical assumption and diagnosis seem to be of utmost significance. Therefore, we sought to assess different clinical manifestations of choledochal cyst and relevant laboratory findings in infants and older children. Retrospectively, medical records of all patients with the diagnosis of choledochal cyst between 2005 and 2015 were reviewed. Demographic data, initial clinical presentation, positive findings on physical examination, history of any remarkable behavior such as persistent and unexplained crying and poor feeding, and diagnostic imaging modalities were listed. In addition, laboratory values for total and direct bilirubin, alkaline phosphatase, alanine transaminase, aspartate transaminase, prothrombin time, and partial thromboplastin time (PTT) were recorded for each patient. Patients were divided into 2 groups: younger than 1-year-old (infants), and 1 year to 18 years old (older children). Demographic data, clinical data, and laboratory values were compared between the infants and older children. Thirty-two patients with
a diagnosis of choledochal cyst were included in the study: 9 patients (28.12%) were infants and 23 patients (71.87%) were older children. Abdominal pain was the most common presenting symptom (62.5%), followed by nausea/vomiting (59.4%) and jaundice (28.1%). None of the patients presented with the classic triad of abdominal pain, jaundice, and right upper quadrant mass. Seventeen older children (73.91%) presented with nausea and vomiting, while 2 subjects (22.22%) in the infantile group presented with this feature (P=.01). Similarly, abdominal pain was found in 20 older children (86.95%); however, none of the infants presented with abdominal pain at diagnosis (P<.001). By contrast, the abdominal mass was more detected in infants than the older children (33.33% vs. 0%, P=.01). In terms of laboratory values, the median PTT was 44 and 36s in infants and older children, respectively (P=.04). Infants were more likely to present with abdominal mass and older children were more likely to have nausea, vomiting, and abdominal pain. Furthermore, infants had more prolonged PTT than older children, implying a potential bleeding tendency.

Copyright © 2017 the Author(s).

Status
INPROCESS

Institution
(Badebarin, Aslanabadi, Teimouri-Dereshki, Jamshidi) Pediatric Health Research Center, Tabriz University of Medical Sciences, Tabriz, Iran, Islamic Republic of (Tarverdizadeh, Shad) Stud. Research Committee, Tabriz University of Medical Sciences, Tabriz, Iran, Islamic Republic of (Ghabili) James Buchanan Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD, United States (Khajir) Tuberculosis and Lung Disease Research Center, Tabriz University of Medical Sciences, Tabriz, Iran, Islamic Republic of

Country of Publication
United States

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Date Created
20170519

Year of Publication
2017
Endometriosis in adolescents: A systematic review.
Yeung P., Gupta S., Gieg S.

Embase

[Review]
AN: 616230951

Introduction: The aim of this manuscript is to present a systematic review of characteristics and management of endometriosis in adolescents in order to gain some relevant insight into the most appropriate clinical management of the disease. Methods: The literature review was done using electronic database PubMed focusing on the terms 'adolescents', 'endometriosis', 'teenagers', 'pain', 'infertility', 'quality of life', 'medical' and 'surgical management' from 1980 onward and was limited to articles in English. Articles were only included if they reported original relevant research. Results: The 24 studies selected for review included 1148 adolescents with laparoscopic proven endometriosis. The diagnosis of endometriosis was histologically confirmed in 39.02% (448/1148) of cases. The results from trials have been tabulated and main results presented in a question and answer format. Conclusions: The majority of adolescent girls with chronic pelvic pain not responding to conventional medical therapy have endometriosis (up to 80%). Laparoscopy with biopsy is the only way to diagnose endometriosis in the adolescent population, and depends on recognition of atypical manifestations of the disease. Surgical management (especially by an expert surgeon) has been shown to be beneficial in reducing pain, improving infertility, and preventing progression or recurrence of disease. Postoperative hormonal suppression helps reduce pain symptoms and recurrence of endometriomas, but it does not seem to prevent disease recurrence or progression of peritoneal endometriosis, and has not been shown to improve future fertility. Postoperative suppression until pregnancy is based on expert opinion only. There is a need for good quality properly randomized trials.

Copyright © 2017 Wichtig Publishing.

Status
INPROCESS

Institution
(Yeung, Gupta, Gieg) Department of Obstetrics, Gynecology and Women's Health, Saint Louis University, St. Louis, MO, United States

Country of Publication
Italy

Publisher
Wichtig Publishing Srl
15.
Benign Joint Hypermobility Minimally Impacts Autonomic Abnormalities in Pediatric Subjects with Chronic Functional Pain Disorders.
Chelimsky G., Kovacic K., Simpson P., Nugent M., Basel D., Banda J., Chelimsky T.
Embase
[Article]
AN: 613465665
Objective To determine if children with benign joint hypermobility (BJH) syndrome and chronic functional pain disorders have more autonomic dysfunction. Study design Retrospective chart review study of pediatric patients seen in the pediatric neurogastroenterology and autonomic clinic who underwent autonomic testing and had either a Beighton score of >=6 and met Brighton criteria for BJH (with BJH) or a score of <=2 (no BJH). Results Twenty-one female subjects (10 without BJH) met inclusion criteria; 64% of BJH had diagnosis confirmed by genetics consultation. We evaluated for postural tachycardia syndrome, syncope, orthostatic intolerance, and orthostatic hypotension. None of these diagnoses, as well as baseline heart rate, peak heart rate in first 10minutes of head up tilt (P=.35 and P=.61, respectively), and sudomotor index (suggestive of autonomic neuropathy) (P=.58), showed differences between the groups. Age of onset of symptoms was also similar (P=.61) (BJH vs without BJH: median [range]:15.6 years [12.9-17.5] vs 15.4 years [11.1-18.2]). There was no difference between groups in complaints of migraine, chronic nausea, chronic fatigue, lightheadedness, dizziness, fainting >3 times/lifetime, delayed onset of sleep, irritable bowel syndrome, dyspepsia, abdominal migraine, functional abdominal pain, constipation, or fibromyalgia. Conclusions Children with chronic functional pain disorders and BJH have autonomic testing findings and comorbid features compared with a similar cohort of subjects without BJH, suggesting that BJH is not the driver of the autonomic and comorbid disorders.
Copyright © 2016
PMID
Mishra V.V., Bandwal P., Agarwal R., Aggarwal R.
Embase
Journal of Obstetrics and Gynecology of India. 67 (3) (pp 208-212), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 612518689
Objective: To study the prevalence, clinical and laparoscopic characteristics of endometriosis in infertile women. Study Design: This is a hospital-based prospective study. Patients: Five hundred and two (502) patients underwent diagnostic laparoscopy for evaluation of cause for infertility. Staging of endometriosis was done according to the rAFS scoring system. Results: Out of 502 women, 276 (54.98 %) showed the presence of endometriosis, while 226 (45.01 %) did not have
endometriosis. One hundred and eighty-three (66.3%) women had stage I endometriosis, 49 (17.77%) had stage II, 23 (8.33%) had stage III and 21 (7.6%) had stage IV endometriosis.

Conclusion: More than 50% of patients in our study were asymptomatic; however, the presence of menorrhagia, dysmenorrhoea, dyspareunia and chronic pelvic pain are also clinically statistically significant. So, we would like to recommend the evaluation and treatment of a patient reporting in gynaecological OPD with the above-mentioned complaints with high suspicion of endometriosis.

Copyright © 2016, Federation of Obstetric & Gynecological Societies of India.

Rationale and evidences for treatment of symptomatic uncomplicated diverticular disease.

Cuomo R., Cargiolli M., Andreozzi P., Zito F.P., Sarnelli G.

Embase

Minerva Gastroenterologica e Dietologica. 63 (2) (pp 130-142), 2017. Date of Publication: June 2017.

[Review]

AN: 616115217
INTRODUCTION: Symptomatic uncomplicated diverticular disease (SUDD) is one of the possible clinical manifestations of diverticular disease. It is a common disorder characterized by chronic abdominal symptoms ranging from lower left abdominal pain to alteration of bowel habit, that significantly reduce quality of life of subject affected. The present article aims to review the current data for medical management of SUDD. EVIDENCE ACQUISITION: We analyzed the existing literature on the factors involved in the pathogenesis of SUDD and we highlighted the possible target for treatment. Treatment for SUDD should be direct to relieve chronic symptoms and prevent diverticulitis and its complications. In particular we focused on the role of probiotics, fiber-diet, mesalazine and rifaximin on these two aspects. In this setting, we conducted a PubMed search for guidelines, systematic reviews and meta-analyses and updated information to October 2016. EVIDENCE SYNTHESIS: Each topic was evaluated according to the best evidences available. Best results seemed to be obtained with combined therapies and in particular with rifaximin associated to high fiber-diet. This regimen seems to guarantee better symptoms control compared to fiber alone and it is more effective in preventing acute diverticulitis. On the contrary, no clear evidences about the efficacy of mesalazine and probiotics are available. CONCLUSIONS: The results of the studies available in literature are controversial and debatable, for this reason a clear and defined algorithm for treatment of SUDD has not yet been defined. Further randomized, double-blind, placebo controlled study are necessary.

Copyright © 2016 EDIZIONI MINERVA MEDICA.

Status
EMBASE
Institution
(Cuomo, Cargiolli, Andreozzi, Zito, Sarnelli) Unit of Gastroenterology, Department of Clinical Medicine and Surgery, Federico II School of Medicine, Via S. Pansini 5, edificio 6, Naples 80131, Italy
Country of Publication
Italy
Publisher
Edizioni Minerva Medica (E-mail: subscriptions.dept@minervamedica.it)
Date Created
20170518
Year of Publication
2017

Embase
Gynecologic Oncology. 145 (2) (pp 236-242), 2017. Date of Publication: May 2017.

Purpose Intraperitoneal (IP) therapy improves survival compared to intravenous (IV) treatment for women with newly diagnosed, optimally cytoreduced, ovarian cancer. However, the role of IP therapy in recurrent disease is unknown. Preclinical data demonstrated IP administration of the proteasome inhibitor, bortezomib prior to IP carboplatin increased tumor platinum accumulation resulting in synergistic cytotoxicity. We conducted this phase I trial of IP bortezomib and carboplatin in women with recurrent disease. Methods Women with recurrent ovarian cancer were treated with escalating doses of IP bortezomib - in combination with IP carboplatin (AUC 4 or 5) every 21 days for 6 cycles. Pharmacokinetics of both agents were evaluated in cycle 1. Results Thirty-three women participated; 32 were evaluable for safety. Two patients experienced dose-limiting toxicity (DLT) at the first dose level (carboplatin AUC 5, bortezomib 0.5 mg/m2), prompting carboplatin reduction to AUC 4 for subsequent dose levels. With carboplatin dose fixed at AUC 4, bortezomib was escalated from 0.5 to 2.5 mg/m2 without DLT. Grade 3/4 related toxicities included abdominal pain, nausea, vomiting, and diarrhea which were infrequent. The overall response rate in patients with measurable disease (n = 21) was 19% (1 complete, 3 partial). Cmax and AUC in peritoneal fluid and plasma increased linearly with dose, with a favorable exposure ratio of the peritoneal cavity relative to peripheral blood plasma. Conclusion IP administration of this novel combination was feasible and showed promising activity in this phase I trial of heavily pre-treated women with ovarian cancer. Further evaluation of this IP combination should be conducted.

Copyright © 2017

Status
EMBASE

Author NameID
Dizon, Don S.; ORCID: http://orcid.org/0000-0001-6541-9580

Institution
19.
Disaccharidase deficiencies in children with chronic abdominal pain.
El-Chammas K., Williams S.E., Miranda A.
Embase
[Article]
AN: 616060442
Objectives: Carbohydrate intolerance or malabsorption has been suggested as a cause of chronic abdominal pain (CAP) in a subset of patients. We aimed to evaluate disaccharidase deficiencies in children with functional CAP and to correlate deficiencies with clinical features. Method:
Patients presenting to the gastroenterology clinic at Children's Hospital of Wisconsin with abdominal pain prospectively completed a detailed demographic, history, and symptom questionnaire. The CAP cohort included those with at least 1 month of symptoms. Data on disaccharidase activity and histology of endoscopic biopsies were collected retrospectively. Only patients with normal histology were included in the study. The association between groups with low disaccharidases and clinical features was examined. Results: A total of 203 pediatric patients with CAP were included. The mean (SD) age was 11.5 (3.1) years, and 32.5% were male. The percentages of abnormally low disaccharidase levels using the standard laboratory cutoffs were lactase, 37%; sucrase, 21%; glucoamylase, 25%; and palatinase, 8%. Thirty-nine percent of the patients with low lactase also had low sucrase, and 67% of the patients with low sucrase had low lactase. There was no significant difference in the activities of any of the disaccharidases or sucrase/lactase ratio in relation to age. Also, no association was found between stool consistency, stool frequency, or location of pain and low disaccharidase activity. Conclusions: A large proportion of patients with CAP have deficiencies in disaccharidases. Bowel frequency, vomiting, or location of pain was no different between groups, suggesting that these clinical features cannot be used to predict disaccharidase deficiencies.

Copyright © The American Society for Parenteral and Enteral Nutrition.

Status
EMBASE
Institution
(El-Chammas, Williams, Miranda) Department of Pediatrics, Division of Pediatric Gastroenterology, Hepatology, and Nutrition, Medical College of Wisconsin, Milwaukee, WN 53226, United States
Country of Publication
United States
Publisher
SAGE Publications Inc. (E-mail: claims@sagepub.com)
Date Created
20170518
Year of Publication
2017
Fecal microbiota transplantation is a rescue treatment modality for refractory ulcerative colitis.

Uygun A., Ozturk K., Demirci H., Oger C., Avci I.Y., Turker T., Gulsen M.

Embase


[Article]

AN: 615951499

Background: Fecal microbial transplantation (FMT) provides to replace beneficial bacteria with more favorable microbiomes in recipient with dysbiosis. The aim of the present study was to prospectively investigate the efficacy of FMT by assessing the clinical and endoscopic response in patients with ulcerative colitis (UC) who had failed anti-inflammatory and immunosuppressive therapy. Methods: In this prospective and uncontrolled study, 30 patients with UC were included. All medications except mesalazine were stopped 4 weeks before FMT. Colonoscopy was performed both before and after FMT. To assess the efficacy of FMT, Mayo scores were calculated at week 0 and week 12. A total of 500mL extracted fresh fecal suspension was administered into the 30 to 40cm proximal of terminal ileum of recipients. Results: After FMT, 21 of the (70%) 30 patients showed clinical response, and 13 of the 30 (43.3%) patients achieved clinical and endoscopic remission at the week 12. Nine patients (30%) were accepted as a nonresponder at the end of the week 12. There was no significant difference among donors concerning both the rate of clinical remission and clinical response. No adverse events were observed in the majority of patients during FMT and 12 weeks follow-up. Seven patients (23.3%) experienced mild adverse events such as nausea, vomiting, abdominal pain, diarrhea, and fewer after FMT. Conclusion: FMT could be considered as a promising rescue treatment modality before surgery in patients with refractory UC. Besides, FMT also appears to be definitely safer and more tolerable than the immunosuppressive therapy in patients with UC (NCT02575040).

Copyright © 2017 the Author(s). Published by Wolters Kluwer Health, Inc.


Status EMBASE

Institution (Uygun, Ozturk, Demirci, Oger, Gulsen) Department of Gastroenterology, Gulhane School of Medicine, Etlik, Kecioren, Ankara 06010, Turkey (Avci) Department of Infectious Diseases, Clinical Microbiology, Ankara, Turkey (Turker) Department of Health Public and Epidemiology, Gulhane School of Medicine, Ankara, Turkey

Country of Publication
21.
Adult-onset Still's disease with atypical cutaneous manifestations.
[Article]
AN: 614992713
The diagnosis of adult-onset Still's disease (AOSD) can be very difficult. There are no specific tests available, and diagnosis is usually based on a symptom complex and the well-described typical evanescent rash seen in the majority of patients. However, in recent years, other atypical cutaneous manifestations of AOSD have been reported. These atypical skin eruptions often present in addition to the typical evanescent rash but may also be the only skin manifestation, resulting in delayed diagnosis because of under-recognition. In this study, we present 3 new cases of AOSD with atypical cutaneous manifestations diagnosed during a 30-year period in our department and review 78 additional cases previously reported (PubMed 1990-2016). These 81 patients form the basis of the present analysis. The overall prevalence of atypical cutaneous manifestations in our AOSD population was 14%. These manifestations may appear at any time over the course of the disease, and usually occur in patients who have persistent and severe disease, with a considerable frequency of clinical complications (23%), including serositis, myopericarditis, lung involvement, abdominal pain, neurologic involvement, and reactive hemophagocytic syndrome. The most representative and frequent lesion among the nonclassical skin rashes is the development of persistent pruritic papules and/or plaques. Interestingly, these lesions show a distinctive histological pattern. Other, less frequently observed lesions include
urticaria and urticaria-like eruptions, generalized or widespread non-pruritic persistent erythema, vesiculopustular eruptions, a widespread peau d'orange appearance of the skin, and edema of the eyelids mimicking dermatomyositis without any accompanying skin lesion. The great majority of these patients required medium or high doses of glucocorticoids (including intravenous methylprednisolone pulse therapy in some cases) and, in nearly 40%, a more potent or maintenance immunotherapy with immunosuppressant drugs and/or biologic agents (mainly anakinra or tocilizumab) to control or manage symptoms because of a polycyclic or chronic course. The development of atypical cutaneous manifestations seems to be associated with a potentially worse prognosis, with a mortality rate reaching 8% primarily because of infectious complications related to immunosuppressive therapy. In conclusion, the appearance of atypical cutaneous manifestations is not uncommon in AOSD. Recognition of this clinical variant is crucial for the early diagnosis of AOSD, as it might imply persistent disease activity and the need for more aggressive treatment.

Copyright © 2017 the Author(s). Published by Wolters Kluwer Health, Inc.

PMID

Status
EMBASE

Institution
(Garcia, Pascual, Lopez De Recalde, Juarez, Morales-Ivorra, Nolla) Department of Rheumatology (Planta 10-2), Hospital Universitario de Bellvitge, Hospitalet de Lobregat, Feixa Llarga, s/n, Barcelona, Spain (Notario, Jucglà) Department of Dermatology, Hospital Universitario de Bellvitge-IDIBELL, Barcelona, Spain

Country of Publication
United States

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Date Created
20170517

Year of Publication
2017
Prevalence of Functional Gastrointestinal Disorders in Children and Adolescents.
Lewis M.L., Palsson O.S., Whitehead W.E., van Tilburg M.A.L.
Embase
[Article]
AN: 610220282
Objectives To determine the prevalence of functional gastrointestinal (GI) disorders (FGIDs) in children and adolescents in a representative community sample of the US. Study design The study recruited a general population sample of mothers (n = 949) of children and adolescents aged 4-18 years. Child and adolescent GI symptoms were assessed using parental report through online questionnaires, including the Questionnaire on Pediatric Gastrointestinal Symptoms and the PedsQL4.0 Generic Core Scale. Parental GI symptoms, and demographic characteristics were also assessed. The data was used to determine prevalence of FGIDs. Results Using Rome III criteria by parental report, 23.1% of children and adolescents qualified for at least 1 FGID. Functional constipation and abdominal migraine were the most common FGIDs. All 10 child/adolescent FGIDs occurred, except rumination. Significant prevalence differences were not found between sexes, except in functional constipation, which was more prevalent in males than females (P = .022). There were no significant prevalence differences between racial or ethnic groups. Children who met criteria for an FGID had lower quality of life (median = 76.4) than children who did not (median = 89.6; P < .001). Children were more likely to qualify for a FGID if their parent also qualified for a FGID (P < .01). Conclusions FGIDs are common in children and adolescents in the US. There are no significant differences in FGIDs between sex, race, or ethnic groups, except in functional constipation. There is overlap between parental and child FGID symptoms. Children with a FGID report a lower quality of life than healthy children.
Copyright © 2016 Elsevier Inc.
PMID
Status
EMBASE
Author NameID
Lewis, Meredith L.; ORCID: http://orcid.org/0000-0001-5932-936X  van Tilburg, Miranda A.L.;
ORCID: http://orcid.org/0000-0002-0504-9829
Institution
(Lewis, Palsson, Whitehead, van Tilburg) University of North Carolina School of Medicine, Chapel Hill, NC, United States
Country of Publication
United States
23.
Esophageal Motility and Rikkunshito Treatment for Proton Pump Inhibitor-Refractory Nonerosive Reflux Disease: A Prospective, Uncontrolled, Open-Label Pilot Study Trial.
Odaka T., Yamato S., Yokosuka O.
Embase
[Article In Press]
AN: 616173904
Background: Only a few reports focused on esophageal motility in patients with proton pump inhibitor (PPI)-refractory nonerosive reflux disease (NERD) and there has been no established strategy for treatment. Objective: To clarify the characteristics of esophageal motility in patients with PPI-refractory NERD, we evaluated esophageal function using combined multichannel intraluminal impedance and esophageal manometry (MII-EM). In addition, we evaluated the efficacy of rikkunshito (RKT), which is a gastrointestinal prokinetic agent. Methods: Thirty patients with NERD were enrolled and underwent MII-EM. After 8 weeks of RKT (7.5 g/d) treatment, MII-EM was repeated on patients with PPI-refractory NERD. Symptoms were assessed by the Gastrointestinal Symptom Rating Scale. Results: In patients with PPI-refractory NERD, measures of complete bolus transit, peristaltic contractions, and residual pressure of the lower esophageal sphincter during swallowing deviated from the standard values and esophageal clearance was found to be deteriorated. RKT significantly improved the peristaltic contractions (P < 0.05), the complete bolus transit (P < 0.01), and the residual pressure of lower esophageal sphincter (P < 0.05) in these patients. The overall score (P < 0.01) and the subscale scores of acid reflux syndrome (P < 0.05), abdominal pain (P < 0.05), and indigestion syndrome (P < 0.01) in the Gastrointestinal Symptom Rating Scale were significantly improved by the 8-week RKT treatment. Conclusions: In the pilot study, patients with PPI-refractory NERD had disorders of
esophageal and lower esophageal sphincter motility that were improved by RKT. Further studies examining esophageal motor activity of RKT in PPI-refractory NERD are required. University hospital Medical Information Network (UMIN) Clinical Trial Registry identifier: UMIN000003092. Copyright © 2017 The Authors.

Status
ARTICLE IN PRESS

Institution
(Odaka) Odaka Medical and Gastrointestinal Clinic, Chiba, Japan (Yamato) Division of Gastroenterology, National Center of Neurology and Psychiatry, Tokyo, Japan (Yokosuka) Funabashi Central Hospital, Chiba, Japan

Country of Publication
United States

Publisher
Excerpta Medica Inc.

Date Created
20170517

Year of Publication
2017

24.
Protocol for a placebo-controlled, within-participants crossover trial evaluating the efficacy of intranasal oxytocin to improve pain and function among women with chronic pelvic musculoskeletal pain.


Embase
BMJ Open. 7 (4) (no pagination), 2017. Article Number: e014909. Date of Publication: 01 Apr 2017.

[Article]
AN: 615885400

Introduction: This protocol presents the rationale and design for a trial evaluating the efficacy of intranasal oxytocin in improving pain and function among women with chronic pelvic musculoskeletal pain. Oxytocin is a neuropeptide traditionally recognised for involvement in labour, delivery and lactation. Novel evidence suggests that oxytocin decreases pain sensitivity in
humans. While oxytocin administration has been reported to lower pain sensitivity among patients experiencing chronic back pain, headache, constipation and colon pain, no research has evaluated the association between intranasal oxytocin and chronic pelvic musculoskeletal pain. The association between oxytocin and pain may differ in women with chronic pelvic musculoskeletal pain relative to other chronic pain conditions because of the abundance of oxytocin receptors in the uterus. Methods and analysis: This is a prospective, randomised, placebo-controlled, double-blind, within-participants crossover trial. 50 women with chronic pelvic musculoskeletal pain will be recruited through a local chronic pain centre and gynaecology clinics. Women will complete baseline measures and be randomised to an experimental or control condition that involve 2 weeks of self-administering twice-daily doses of 24 IU intranasal oxytocin or placebo, respectively. Women will then undergo a 2-week washout period before crossing over to receive the condition that they had not yet received. The primary outcome will be pain and function measured using the Brief Pain Inventory-Short Form. Secondary outcomes include emotional function, sleep disturbance and global impression of change. This trial will provide data on the 14-day safety and side-effect profile of intranasal oxytocin self-administered as an adjuvant treatment for chronic pelvic musculoskeletal pain. Ethics and dissemination: This trial was granted approval from Health Canada and the University of Calgary Conjoint Health Research Ethics Board, and is registered online at ClinicalTrials.gov (#NCT02888574). Results will be disseminated to healthcare professionals through peer-reviewed publications and to the general public through press releases.

Copyright © Published by the BMJ Publishing Group Limited.

Status
EMBASE
Institution
(Rash, Toivonen, Campbell) Department of Psychology, University of Calgary, Calgary, AB, Canada
(Rash) Department of Psychology, Memorial University of Newfoundland, St. John's, NL, Canada
(Robert, Nasr-Esfahani, Jarrell) Department of Obstetrics and Gynecology, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada
Country of Publication
United Kingdom
Publisher
BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com)
Date Created
20170516
Year of Publication
2017
Comparison of efficacy of lateral internal sphincterotomy (LIS) versus glyceryl trinitrate (GTN) in the treatment of chronic anal fissure.
Ahmed N., Khitab N., Waheed R., Muslim M., Maroof S.A., Aurangzeb M., Ahmad M.
Embase
[Article]
AN: 615948490
Objectives: To determine the effectiveness of Glyceryl Trinitratepaste (GTN) versus Lateral Internal Sphincterotomy (LIS) in treatment of chronic anal fissure in terms of pain relief and cessation of bleeding per rectum. Material and Methods: This randomized control study was carried out in Surgical A Unit, Khyber Teaching Hospital, Peshawar, Pakistan from May 2013 to April 2015. On the basis of convenient purposive sampling consecutive 110 patients with chronic anal fissure were selected from those came through outpatient department for anal pain and bleeding per rectum. The patients were divided into 2 groups A (LIS) and B (GTN), by simple random sampling to which either topical GTN treatment or surgery i.e. LIS were offered respectively, and were advised to follow up at 2nd and 6th weeks. Patient's symptoms were noted in proforma at each follow up. Results: In group A in 98% patients the bleeding had stopped by 2 weeks and in 100% patients by 6 weeks postoperatively, whereas in group B, the bleeding had stopped in 78% and 90% at 2 and 6 weeks respectively. The difference in both groups was statistically significant. The mean pain scores in group A was 1.51+-0.29(95% CI) compared to group B as 3.93+-0.38(95% CI) at 2 weeks; and pain scores of group A was 0.35+-0.16(95% CI) as compared to group B as 2.11+-0.37(95% CI). The difference in both groups was statistically significant. Conclusion: Lateral Internal Sphincterotomy is the quick and effective method of management for chronic anal fissure regarding improvement of symptoms as compared to medical treatment with Glyceryl Trinitrate treatment.
Copyright © 2017, Khyber Medical College. All rights reserved.
Status
EMBASE
Institution
(Ahmed, Khitab, Waheed, Muslim, Maroof, Aurangzeb, Ahmad) Department of Surgery, Khyber Teaching Hospital, Peshawar, Pakistan
26.
No. 329-Canadian Contraception Consensus Part 4 of 4 Chapter 9: Combined Hormonal Contraception.

Embase
[Article]
AN: 615329249
Objective To provide guidelines for health care providers on the use of contraceptive methods to prevent pregnancy and on the promotion of healthy sexuality. Outcomes Overall efficacy of cited contraceptive methods, assessing reduction in pregnancy rate, safety, and side effects; the effect of cited contraceptive methods on sexual health and general well-being; and the availability of cited contraceptive methods in Canada. Evidence Medline and the Cochrane Database were searched for articles in English on subjects related to contraception, sexuality, and sexual health from January 1994 to December 2015 in order to update the Canadian Contraception Consensus published February-April 2004. Relevant Canadian government publications and position papers from appropriate health and family planning organizations were also reviewed. Values The quality of the evidence is rated using the criteria described in the Report of the Canadian Task Force on Preventive Health Care. Recommendations for practice are ranked according to the method described in this report. Summary Statements 1. Although highly effective with perfect use, typical use failure rates for combined hormonal contraceptives, including the combined oral contraceptive pill, are as high as 9% (II-2).2. The majority of qualified studies do not indicate
decreased combined oral contraceptive pill efficacy in obese women; however, a small increase in contraceptive failure in women with a body mass index greater than 30 cannot be excluded (II-2). 3. Combined oral contraceptive pills are associated with a number of non-contraceptive benefits, including but not limited to decreased menstrual bleeding, decreased acne, fewer endometriosis-related symptoms, and a decreased risk of ovarian and endometrial cancers (II-2). 4. Combined oral contraceptive pills (COCs) are associated with an increased risk of venous thromboembolism (II-2). Potential differences in the risk of venous thromboembolism attributable to different progestin types and estrogen dosing in low-dose COCs do not currently justify preferential prescribing (III). 5. Low-dose combined oral contraceptive pills (containing less than 50 mcg of ethinyl estradiol) are not associated with an increased risk of myocardial infarction or cerebrovascular accident in women with no additional risk factors (II-2). 6. Current epidemiological studies suggest that there is no increase in the risk of breast cancer or breast cancer mortality in women who have used combined oral contraceptive pills (COCs) compared with non-users (II-2). There may be a slight increase in breast cancer in current and/or recent COC users (II-2). The use of COCs in BRCA1/2 carriers is controversial but appears to be associated with a decreased risk of ovarian cancer and no increase in the risk of breast cancer (II-2). 7. Combined oral contraceptive pills (COCs) are associated with a decreased risk of ovarian, endometrial, and colorectal cancers (II-2). A possible association has been shown between COC use and risk of cervical cancer (II-2), but causation has not been demonstrated. 8. A blood pressure measurement is the only examination and/or investigation that is required prior to initiating combined hormonal contraception (CHC) in women who are otherwise healthy by history (II-2). Baseline weight and body mass index assessment might be helpful for monitoring changes in CHC users. Pelvic examination, Pap test, screening for sexually transmitted infections, and thrombophilia screening are not required prior to initiating CHC (III). 9. Combined oral contraceptive pills and other combined hormonal contraception (CHC) can be started at any time during the menstrual cycle provided that pregnancy or the possibility of pregnancy can be reasonably ruled out. Where there is uncertainty, the benefits of starting CHC likely outweigh any risks (III). 10. Starting combined hormonal contraception immediately (Quick Start) may improve short-term compliance and is not associated with an increase in unscheduled bleeding or other side effects (I). 11. The highest risk of ovulation occurs when the hormone-free interval is prolonged for more than 7 days, either by delaying the start of combined hormonal contraception (CHC) or by missing active hormone doses during the first or third weeks of CHC (I). Ovulation rarely occurs after 7 consecutive days of CHC use (II-2). 12. Emergency contraception (EC) and back-up contraception may be required in some instances of missed combined hormonal contraception (CHC), particularly when the hormone-free interval has exceeded 7 days. EC is rarely indicated for missed CHC in the second or third week of the cycle unless there are repeated omissions or failure to use back-up contraception after the missed doses (III). 13.
Combined oral contraceptive pill exposure just prior to or during pregnancy is not associated with an increased risk of major birth defects (II-2).14. The effectiveness of combined hormonal contraception (CHC), including combined oral contraceptive pills, may be affected by other medications, including but not limited to some anticonvulsants, some antiretrovirals, rifampicin, and griseofulvin. CHCs may affect the serum levels of other medications, including some anticonvulsants and antiretrovirals (II-2).15. The contraceptive patch may be less effective in women with a body weight >=90 kg (II-2).16. Compared with the combined oral contraceptive pill, transdermal contraceptive patch use is associated with less breakthrough bleeding and spotting but more breast discomfort or pain, nausea and vomiting, and dysmenorrhea (I).17.

Pharmacokinetic studies indicate that serum hormone concentrations of ethinyl estradiol and norelgestromin are maintained at ovulation inhibitory levels throughout at least 9 days of continuous transdermal contraceptive patch wear (II-2).18. The vaginal contraceptive ring is associated with less unscheduled bleeding than the combined oral contraceptive pill and the duration of menstrual bleeding is significantly shorter than that seen with the contraceptive patch (I).19. Serum levels of ethinyl estradiol and etonorgestrel are maintained at ovulation inhibitory levels for at least 28 days after the vaginal contraceptive ring has been inserted (II-2).20.

Continuous and/or extended regimens of combined hormonal contraception (CHCs) have similar rates of adherence and effectiveness compared with 28-day cyclic CHC regimens (I).21. Continuous and/or extended (C/E) regimens of combined hormonal contraception (CHC) are associated with significantly less menstruation-associated symptoms than are cyclic CHC (I).21.

Bleeding and/or spotting with C/E CHC regimens decreases with each successive cycle and is similar to or less than that with cyclic CHC (I).21.

Recommendations
1. Health care providers should give clear instructions for hormonal contraceptive use, including how to manage missed hormonal contraception, as part of contraceptive counselling. Women should be provided with resources to refer to in the event of missed and/or delayed hormonal contraceptives or if they develop any signs of a serious adverse event while using hormonal contraception (III-A).2. Health care providers should consider advising women who are initiating contraception to start their combined hormonal contraception (CHC) immediately (Quick Start) provided that they are reasonably certain that the woman is not pregnant. Back-up contraception (barrier method) or abstinence should be used for the first 7 consecutive days of CHC use unless CHC was initiated on the first day of menses (I-A).3. Health care providers should consider the possibility of irregular pill taking, concomitant medication use, malabsorption, uterine or cervical pathology, pregnancy, or chlamydial infection in women presenting with persistent unscheduled bleeding on the combined oral contraceptive pill (III-A).4. If 1 combined oral contraceptive pill or other combined hormonal contraception (CHC) method is missed in the first week of use, back-up contraception or abstinence should be used until the CHC method has been used for 7 consecutive days. In the case of missed CHC in the second or third week of hormones, the hormone-free interval should
be eliminated for that cycle (III-A). 5. Back-up contraception should be used when 3 or more consecutive doses/days of combined hormonal contraception (CHC) have been missed in the second or third week of hormone use until the CHC has been used for 7 consecutive days. For practical reasons, the scheduled hormone-free interval should be eliminated in these cycles (I-A). 6. Health care providers should be aware of other medications being used by combined hormonal contraception users and the possibility of drug interactions that could affect serum levels and effectiveness of either medication (II-2A). 7. Health care professionals should be aware of the option of using continuous and/or extended combined hormonal contraception regimens and consider offering them to women for contraception, medical reasons, and personal preferences (III-A). 8. Women using continuous and/or extended combined hormonal contraception regimens should be counselled about expected bleeding patterns and how to manage unscheduled bleeding or spotting (III-A). 9. When a specific product has been prescribed to a woman, she should be informed if a generic substitution is being considered and her health care provider should be advised if a substitution is made. The woman should have the option to agree or disagree to the substitution and be informed about any difference in cost for a specific product (III-B).
Aging is an inevitable process and represents the accumulation of bodily alterations over time. Depression and chronic pain are highly prevalent in elderly populations. It is estimated that 13% of the elderly population will suffer simultaneously from the two conditions. Accumulating evidence suggests than neuroinflammation plays a critical role in the pathogenesis of both depression and chronic pain. Apart from the common pathophysiological mechanisms, however, the two entities have several clinical links. Their management is challenging for the pain physician; however, both pharmacologic and nonpharmacologic approaches are available and can be used when the two conditions are comorbid in the elderly patients.

Copyright © 2017 Zis et al.

(Zis) Academic Department of Neurosciences, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom  
(Daskalaki) Department of Neurology, Evangelismos General Hospital, Athens, Greece  
(Bountouni, Sykioti) Belgrave Liaison Team, Child and Adolescent Mental Health Services, South London and Maudsley NHS Foundation Trust, London, United Kingdom  
(Varrassi) Fondazione Paolo Procacci and European League against Pain, Rome, Italy  
(Paladini) Department of MESVA, University of L'Aquila, L'Aquila, Italy
28.
Anonymous
Embase
[Erratum]
AN: 615921934
The authors of the above paper would like to make the following changes to their paper: Dino Papes? and Miram Pasini contributed equally to this work. In the second line of the Methods, ‘a tertiary referral centre’ has been changed to ‘the University Hospital for Infectious Diseases “Dr. Fran Mihaljevic”, Zagreb, Croatia’. The following funding has been declared: This study is part of the project 'Research on etiology, epidemiology, diagnostics and therapy of prostatitis syndrome', funded by the Croatian Sciences Foundation.
Copyright © 2017, © The Author(s) 2017.
Status
EMBASE
Country of Publication
United Kingdom
Publisher
SAGE Publications Ltd (E-mail: info@sagepub.co.uk)
Date Created
20170516


Embase

[Article]
AN: 615921926

In <10% of patients with prostatitis syndrome, a causative uropathogenic organism can be detected. It has been shown that certain organisms that cause sexually transmitted infections can also cause chronic bacterial prostatitis, which can be hard to diagnose and treat appropriately because prostatic samples obtained by prostatic massage are not routinely tested to detect them.

We conducted a clinical study to determine the prevalence of Chlamydia, mycoplasma, and trichomonas infection in 254 patients that were previously diagnosed and treated for chronic prostatitis/chronic pelvic pain syndrome due to negative urethral swab, urine, and prostate samples. Urethral swabs and standard Meares-Stamey four-glass tests were done. Detailed microbiological analysis was conducted to detect the above organisms. Thirty-five (13.8%) patients had positive expressed prostatic secretions/VB3 samples, of which 22 (10.1%) were sexually transmitted organisms that were not detected on previous tests.

Copyright © 2017, © The Author(s) 2017.


Status
EMBASE

Institution
(Papes, Pasini) Department of Surgery, Clinical Hospital Center Zagreb, Zagreb, Croatia
(Jeroncic) Department of Research in Biomedicine and Health, University of Split School of Medicine, Split, Croatia


Embase
Journal of Korean medical science. 31 (2) (pp 214-221), 2016. Date of Publication: 01 Feb 2016.

[Article]
AN: 616094242

Paroxysmal nocturnal hemoglobinuria (PNH) is a progressive, systemic, life-threatening disease, characterized by chronic uncontrolled complement activation. A retrospective analysis of 301 Korean PNH patients who had not received eculizumab was performed to systematically identify the clinical symptoms and signs predictive of mortality. PNH patients with hemolysis (lactate dehydrogenase [LDH] >= 1.5 x the upper limit of normal [ULN]) have a 4.8-fold higher mortality rate compared with the age- and sex-matched general population (P < 0.001). In contrast, patients with LDH < 1.5 x ULN have a similar mortality rate as the general population (P = 0.824). Thromboembolism (TE) (odds ratio [OR] 7.11; 95% confidence interval [CI] (3.052-16.562), renal impairment (OR, 2.953; 95% CI, 1.116-7.818) and PNH-cytopenia (OR, 2.547; 95% CI, 1.159-5.597) are independent risk factors for mortality, with mortality rates 14-fold (P < 0.001), 8-fold (P < 0.001), and 6.2-fold (P < 0.001) greater than that of the age- and sex-matched general population, respectively. The combination of hemolysis and 1 or more of the clinical symptoms such as abdominal pain, chest pain, or dyspnea, resulted in a much greater increased mortality rate when compared with patients with just the individual symptom alone or just hemolysis. Early
identification of risk factors related to mortality is crucial for the management of PNH. This trial was registered at www.clinicaltrials.gov as NCT01224483.

PMID

Author NameID
Jang, Jun Ho; ORCID: http://orcid.org/0000-0001-7423-4676 Kim, Jin Seok; ORCID: http://orcid.org/0000-0001-8986-8436
Yoon, Sung-Soo; ORCID: http://orcid.org/0000-0003-2591-7459 Lee, Je-Hwan; ORCID: http://orcid.org/0000-0002-7060-1675 Kim, Yeo-Kyeoung; ORCID: http://orcid.org/0000-0001-5447-4285
Jo, Deog-Yeon; ORCID: http://orcid.org/0000-0002-8267-4214 Chung, Jooseop; ORCID: http://orcid.org/0000-0001-7008-245X Sohn, Sang Kyun; ORCID: http://orcid.org/0000-0003-1932-0429 Lee, Jong Wook; ORCID: http://orcid.org/0000-0003-2949-4166

Institution
(Jang) Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea (Kim) Division of Hematology, Department of Internal Medicine, Yonsei University College of Medicine, Severance Hospital, Seoul Korea (Yoon) Department of Internal Medicine, Seoul National University College of Medicine, Seoul, Korea (Lee) Department of Hematology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea (Kim) Department of Hematology-Oncology, Chonnam National University Hwasun Hospital, Hwasun, Korea (Jo) Department of Internal Medicine, Chungnam National University Hospital, Chungnam National University College of Medicine, Daejeon, Korea (Chung) Division of Hematology-Oncology, Department of Internal Medicine, Pusan National University Hospital, Pusan National University School of Medicine, Busan, Korea (Sohn) Department of Hematology/Oncology, Kyungpook National University School of Medicine, Daegu, Korea (Lee) Division of Hematology, Department of Internal Medicine, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea

Country of Publication
South Korea

Date Created
20170513
High carriage rate of ESBL-producing Enterobacteriaceae at presentation and follow-up among travellers with gastrointestinal complaints returning from India and Southeast Asia.


Embase
Journal of travel medicine. 23 (2) (pp tav024), 2016. Date of Publication: 01 Feb 2016.
[Article]
AN: 616093559

BACKGROUND: International travel contributes to the spread of multidrug-resistant microorganisms including extended spectrum beta-lactamase-producing Enterobacteriaceae (ESBL-PE). We assessed the proportion of faecal carriers of ESBL-PE among 211 patients with gastrointestinal symptoms who returned to Berlin, Germany, after international travel.

METHODS: ESBL-PE were screened for on chromogenic agar, antimicrobial susceptibility testing was performed, and ESBL-genes were genotyped. Travel-related data were assessed by questionnaire.

RESULTS: Diarrhoea, abdominal pain and nausea were the main symptoms. Half of the travellers carried ESBL-PE (97% Escherichia coli); the proportion was highest for returnees from India (72%) and mainland Southeast Asia (59%), and comparatively lower for Africa (33%) and Central America (20%). Co-resistance to fluoroquinolones (particularly in isolates from India), gentamicin and cotrimoxazole was frequent but all isolates were carbapenem-susceptible. ESBL-PE carriage decreased with increasing timespan from return to presentation, and with age. At revisit of initially ESBL-PE positive patients half a year later, 28% (17/61) of the individuals were still carriers, CTX-M groups being congruent with the initial isolates. CTX-M groups 9 and 1/9, vegetarian diet and cat ownership tended to be associated with ESBL-PE carriage upon revisit.

CONCLUSIONS: Travellers, particularly those returning from India and Southeast Asia, constitute a relevant source of potential spread of ESBL-PE. Carriage declines over time but ESBL-PE persist for at least 6 months in a substantial proportion of individuals. Both genetic characteristics of the bacteria and lifestyle factors seem to contribute to persistent carriage of ESBL-PE. A
recent, extra-European travel history argues for ESBL-PE screening and contact precautions for patients admitted to hospital.

Copyright © International Society of Travel Medicine, 2016. All rights reserved. Published by Oxford University Press. For permissions, please e-mail: journals.permissions@oup.com.

PMID

Institution
(Barreto Miranda) Institute of Tropical Medicine and International Health, Charite-Universitatsmedizin Berlin, Berlin, Germany, Department of Infectious Diseases, Virology, University Hospital Heidelberg, Heidelberg, Germany
(Ignatius) Institute of Tropical Medicine and International Health, Charite-Universitatsmedizin Berlin, Berlin, Germany, Laboratory Enders and Partners, Stuttgart, Germany
(Pfuller) Medizinisch-Diagnostische Institute Laboratorien, Berlin, Germany
(Friedrich-Janicke, Dieckmann) Institute of Tropical Medicine and International Health, Charite-Universitatsmedizin Berlin, Berlin, Germany
(Steiner, Paland) Institute of Tropical Medicine and International Health, Charite-Universitatsmedizin Berlin, Berlin, Germany, Division of Infectiology and Pneumonology, Medical Department, Charite-Universitatsmedizin Berlin, Berlin, Germany
(Schaufler, Guenther) Centre for Infection Medicine, Institute of Microbiology and Epizootics, Freie Universitat Berlin, Berlin, Germany and
(Wieler) Centre for Infection Medicine, Institute of Microbiology and Epizootics, Freie Universitat Berlin, Berlin, Germany and Robert Koch-Institute, Berlin, Germany
(Mockenhaupt) Institute of Tropical Medicine and International Health, Charite-Universitatsmedizin Berlin, Berlin, Germany,

Country of Publication
United Kingdom

Date Created
20170513

Year of Publication
2016
A standard for terminology in chronic pelvic pain syndromes: A report from the chronic pelvic pain working group of the international continence society.
Embase
Neurourology and Urodynamics. 36 (4) (pp 984-1008), 2017. Date of Publication: April 2017.
[Article]
AN: 611888652
Aims: Terms used in the field of chronic pelvic pain (CPP) are poorly defined and often confusing. An International Continence Society (ICS) Standard for Terminology in chronic pelvic pain syndromes (CPPS) has been developed with the aim of improving diagnosis and treatment of patients affected by chronic pelvic pain syndromes. The standard aims to facilitate research, enhance therapy development and support healthcare delivery, for healthcare providers, and patients. This document looks at the whole person and all the domains (organ systems) in a systematic way.
Methods: A dedicated working group (WG) was instituted by the ICS Standardisation Steering Committee according to published procedures. The WG extracted information from existing relevant guidelines, consensus documents, and scientific publications. Medline and other databases were searched in relation to each chronic pelvic pain domain from 1980 to 2014. Existing ICS Standards for terminology were utilized where appropriate to ensure transparency, accessibility, flexibility, and evolution. Consensus was based on majority agreement.
Results: The multidisciplinary CPPS Standard reports updated consensus terminology in nine domains; lower urinary tract, female genital, male genital, gastrointestinal, musculoskeletal, neurological aspects, psychological aspects, sexual aspects, and comorbidities. Each is described in terms of symptoms, signs and further evaluation.
Conclusion: The document presents preferred terms and definitions for symptoms, signs, and evaluation (diagnostic work-up) of female and male patients with chronic pelvic pain syndromes, serving as a platform for ongoing development in this field. Neurourol. Urodynam. 36:984-1008, 2017. © 2016 Wiley Periodicals, Inc.
Copyright © 2016 Wiley Periodicals, Inc.
Status
EMBASE
Institution
(Doggweiler) Department of Urology, Hirslanden Klinik, Zurich, Switzerland (Whitmore) Chair of Urology and Female Pelvic Medicine and Reconstructive Surgery, Drexel University College of Medicine, Philadelphia, PA, United States
(Meijlink) International Painful Bladder Foundation, Naarden, Netherlands
33. Outcome of Surgical and Medical management of Anal Fissure.  
Buzdar M.U., Qasirani I.  
Embase  
Medical Forum Monthly. 26 (9) (pp 42-44), 2015. Date of Publication: September 2015.
Objective: To study the outcome of Surgical and Medical treatment of Anal Fissure. Study Design: Prospective study Place and Duration of Study: This was study carried out in Surgical Department of Ghazi Khan Medical College, Dera Ghazi Khan, from January 2014 to December 2014. Materials and Methods: A total of 75 patients form Surgical OPD were included in the study. Patients having anal fissure were diagnosed clinically and were selected according to inclusion criteria. Results: Out of 75 patients, 49 (65%) were male and 26 (35%) were female patients. The patients were from the ages of 23 to 54. Painful defecation was present in all the patients (100%), constipation in 67 (90%) patients, whereas bleeding per rectum in 52(70%). Sentinel pile was seen in 50 (67%) patients and associated superficial fistula only in 1 patient. Conclusion: it is concluded that lateral internal sphincterotomy is the most effective way of treatment of chronic anal fissure, whereas chemical sphincterotomy with topical glyceryl trinitrate is relatively less effective.

Status
EMBASE

Institution
(Buzzdar, Qasirani) Department of Surgery, Ghazi Khan Medical College, D. G. Khan, Pakistan

Country of Publication
Pakistan

Publisher
Medical Forum Monthly (Gujjar Singh, Lahore 5460, Pakistan)

Date Created
20170515

Year of Publication
2015

34.
Evaluation of intensity modulated radiation therapy dose painting for localized prostate cancer using 68Ga-HBED-CC PSMA-PET/CT: A planning study based on histopathology reference.
Zamboglou C., Sachpazidis I., Koubar K., Drendel V., Wiehle R., Kirste S., Mix M., Schiller F., Mavroidis P., Meyer P.T., Werner M., Grosu A.L., Baltas D.

Embase
Purpose: To demonstrate the feasibility and to evaluate the tumour control probability (TCP) and normal tissue complication probability (NTCP) of IMRT dose painting using 68Ga-HBED-CC PSMA PET/CT for target delineation in prostate cancer (PCa). Methods and materials: 10 patients had PSMA PET/CT scans prior to prostatectomy. GTV-PET was generated on the basis of an intraprostatic SUVmax of 30%. Two IMRT plans were generated for each patient: Plan77 which consisted of whole-prostate IMRT to 77Gy, and Plan95 which consisted of whole-prostate IMRT to 77Gy and a simultaneous integrated boost to the GTV-PET up to 95Gy (35 fractions). The feasibility of these plans was judged by their ability to adhere to the FLAME trial protocol. TCP-histo/-PET were calculated on co-registered histology (GTV-histo) and GTV-PET, respectively. NTCPs for rectum and bladder were calculated. Results: All plans reached prescription doses whilst adhering to dose constraints. In Plan77 and Plan95 mean doses in GTV-histo were 75.8+/-.3Gy and 96.9+/-.1Gy, respectively. Average TCP-histo values for Plan77 and Plan95 were 70% (range: 15-97%), and 96% (range: 78-100%, p <0.0001). Average TCP-PET values for Plan77 and Plan95 were 55% (range: 27-82%), and 100% (range: 99-100%, p <0.0001). There was no significant difference between TCP-PET and TCP-histo in Plan95 (p =0.25). There were no significant differences in rectal (p =0.563) and bladder (p =0.3) NTCPs. Conclusions: IMRT dose painting using PSMA PET/CT was technically feasible and resulted in significantly higher TCPs without higher NTCPs.

Copyright © 2017 Elsevier B.V.
35.
Chronic prostatitis and its detrimental impact on sperm parameters: a systematic review and meta-analysis.
Condorelli R.A., Russo G.I., Calogero A.E., Morgia G., la Vignera S.
Embase
[Article In Press]
AN: 616100185

Purpose: Prostatitis is a very common urogenital disease of the male with prevalence ranging from 2.2 to 9.7% worldwide. Interestingly, some recent evidences have showed a significant association between chronic prostatitis (CP) and male infertility including a detrimental effect on sperm parameters, reduction of zinc concentration on semen sperm and production of anti-semen antibodies (ASAs). The aim of the current meta-analysis was to evaluate the association between CP and alteration of semen parameters. Methods: This analysis was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis guidelines and we included in the final analysis 27 studies, with a total of 3241 participants, including 381 (11.75%) with chronic bacterial prostatitis (CBP), 1670 (51.53%) with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and 1190 (36.72%) controls. Results: CBP was associated with reduction of sperm concentration, sperm vitality, sperm total and progressive motility, while CP/CPPS was related to the reduction of semen volume, sperm concentration, sperm progressive motility and sperm normal morphology. We found that CP was significantly associated with reduced zinc concentration on seminal plasma (SMD: -20.73; p = 0.005). Finally, CP statistically increased the risk of developing ASA on seminal plasma (OR 3.26; p < 0.01). Conclusion: In conclusion, chronic prostatitis showed a detrimental effect on sperm and both CPB or CP/CPPS may differently show negative impact on sperm.
36.
Outcomes of Endoscopic Retrograde Cholangiopancreatography (ERCP) and Sphincterotomy for Suspected Sphincter of Oddi Dysfunction (SOD) Post Roux-En-Y Gastric Bypass.
Embase
[Article In Press]
AN: 616099727
Background: Sphincter of Oddi dysfunction (SOD) is thought to be a cause of chronic abdominal pain post Roux-en-Y gastric bypass, and current practice of performing endoscopic retrograde cholangiopancreatography (ERCP) with or without sphincterotomy is not supported by evidence. In addition to the complexity and risks of the procedure in patients with Roux-en-Y anatomy, the outcomes are uncertain and debatable. We performed a retrospective review and analysis of post-gastric bypass patients who had undergone ERCP with sphincterotomy to determine the effectiveness in patients with suspected SOD. Methods: Over a period of 5 years at the University
of Minnesota, we retrospectively reviewed a prospectively collected database of a cohort of patients whom had a previous Roux-en-Y gastric bypass and whom had a subsequent ERCP for suspected SOD. Patients were categorized by modified Milwaukee classification, and outcomes were evaluated by patients’ self-reporting of symptoms at follow-up. Results: We identified 50 patients who underwent laparoscopic-assisted gastrostomy for endoscopic retrograde cholangiopancreatography post Roux-en-Y gastric bypass over the study period. Within this group, 35 patients (70%) were suspected to have SOD. Nine patients (25.7%) were classified as type I, 19 patients (54.3%) type II, and seven patients (20%) type III. Thirty-four patients (97.1%) had biliary sphincterotomy, and 17 patients (48.6%) had both biliary and pancreatic sphincterotomy. Fourteen (40%) had repeated ERCP. At median follow-up of 11.5 months, type I SOD had two responders (25%), type II had nine responders (52.9%), and type III had one responder (14.3%). A subgroup analysis did not show significant differences in improvement of symptoms between patients whom had single versus repeated ERCP or biliary sphincterotomy alone versus both biliary and pancreatic sphincterotomy. Three patients (9%) had post-ERCP pancreatitis. Conclusions: SOD in patients post Roux-en-Y gastric bypass is complex due to multiple confounding factors. Rome III and Milwaukee classification systems assist us in the diagnosis and treatment of sphincter dysfunction until we have a better way to predict treatment response post sphincterotomy. Current treatment is based on the type of disorder and anatomy of biliary ducts. Types I and II sphincter dysfunction particularly associated with dilated biliary duct on imaging have the best response to endoscopic sphincterotomy and therefore should be considered taking into account the risks and benefit. Repeated sphincterotomy and concurrent pancreatic sphincterotomy is generally not useful.

Copyright © 2017 Springer Science+Business Media New York

Status
ARTICLE IN PRESS

Institution
(Lim) Division of Upper Gastrointestinal & Bariatric Surgery, Department of Surgery, Singapore General Hospital, Academia, 20 College Road, Singapore 169856, Singapore (Jahansouz, Leslie, Ikramuddin) Division of Minimally Invasive Gastrointestinal Surgery and Medicine, Department of Surgery, University of Minnesota Medical Center, Minneapolis, MN, United States (Freeman, Amateau) Division of Gastroenterology and Hepatology, Department of Medicine, University of Minnesota Medical Center, Minneapolis, MN, United States

Country of Publication
United States

Publisher
Springer New York LLC (E-mail: barbara.b.bertram@gsk.com)

Date Created
37.
The genus Achyranthes: A review on traditional uses, phytochemistry, and pharmacological activities.
He X., Wang X., Fang J., Chang Y., Ning N., Guo H., Huang L., Huang X.
Embase
[Review]
AN: 615215065
Ethnopharmacological relevance Achyranthes L. (Amaranthaceae), also known as Chaff Flower and Niuxi/, mainly includes two famous medicinal species namely A. bidentata and A. aspera. A. bidentata has been widely used as blood-activating and stasis-resolving medicine for the treatment of various diseases including amenorrhea, dysmenorrhea, lumbago, gonalgia, paraplegia, edema, stranguria, headache, dizziness, odontalgia, oral ulcer, hematemesis, and epistaxis. A. aspera has been widely used to treat various diseases, including gynecological disorder, asthma, ophthalmia, odontalgia, haemorrhoids, and abdominal tumor, and has been applied to difficult labour, wound healing, insect and snake bites. Aim of this review This review aims to provide systematically reorganized information on distributions, botanical characteristics, ethnopharmacology, chemical constituents, qualitative and quantitative analysis, pharmacological activities, and toxicity of Achyranthes species to support their therapeutic potential. Materials and methods The relevant information on Achyranthes species was gathered from worldwide accepted scientific databases via electronic search (Google Scholar, Web of Science, ScienceDirect, ACS Publications, PubMed, Wiley Online Library, SciFinder, CNKI). Information was also obtained from International Plant Names Index, Chinese Pharmacopoeia, Chinese herbal classic books, PhD and MSc dissertations, etc. Results A comprehensive analysis of literatures obtained through the above-mentioned sources confirms that the ethnomedicinal uses of Achyranthes species are mainly recorded in China, India, Korea, Pakistan, Ethiopia, Kenya, Sri Lanka, Bangladesh, Philippines, etc. Phytochemical investigations revealed that the major bioactive substances of Achyranthes plants are polysaccharides, polypeptides, triterpenoid saponins, and ketosteroids. Achyranthes plants have been shown to not only act on immune
system, nervous system, bone metabolism, and reproduction, but also possess a wide range of biological activities, including blood-activating, anti-tumor, anti-inflammation, anti-arthritis, anti-oxidation, anti-aging, wound healing, etc. Toxicity studies indicated that A. bidentata and A. aspera seem non-toxic at the common therapeutic doses. Conclusions A. bidentata and A. aspera are very promising to be fully utilized in the development of nutraceutical and pharmaceutical products. There are, however, needs for further in-depth studies to confirm some ethnomedicinal uses of Achyranthes plants and to elucidate the scientific connotation of the widely documented property of conducting drug downward of A. bidentata. In addition, other widespread Achyranthes species like A. japonica and A. rubrofusca ought to be studied. Likewise, systematic comparative studies of the chemical constituents of medicinal Achyranthes plants resources with the same local name are also needed. Furthermore, not only should the investigations on the structure-activity relationship of the main bioactive compounds triterpenoid saponins and ketosteroids be carried out, but the pathways of absorption, distribution, metabolism, and excretion ought to be clarified. Last but not least, there is also a need to evaluate the long-term chronic toxicity and acute toxicity in vivo of the main bioactive compounds.
Chronic testicular pain although becoming very common in our patient population poses a challenge to the physician, the patient and his family. The pathogenesis of chronic orchialgia (CO) is not well understood. The objective of this paper is to review the current literature on chronic testicular pain and its management and to propose an algorithm for its treatment. Abstracts, original papers and review articles were reviewed during a literature search using words such as testicular pain, CO, and microsurgical anatomy of spermatic cord. Chronic scrotal content pain (CSP) is a difficult condition to treat and could be idiopathic or secondary. Conservative therapy is the first line of treatment attempted to allow the patient to return to his routine activities. When conservative treatment fails, patients can now turn toward surgical options such as microsurgical denervation of the spermatic cord (MDSC) which has a success rate published in the 60-85% range and/or minimally invasive therapies such as microcryoablation of the spermatic cord, Botox or Amniofix injection. There is an increase in referrals for CO. The true pathogenesis is still unclear and the road to complete recovery is unsure for certain patients. This paper proposes an algorithm for the management of patients suffering with CO.
Use of botulinum toxin for voiding dysfunction.
Eldred-Evans D., Dasgupta P.
Embase
Translational Andrology and Urology. 6 (2) (pp 234-251), 2017. Date of Publication: 01 Apr 2017. [Review]
AN: 615924617
The use of botulinum toxin A (BoNT-A) has expanded across a range of lower urinary tract conditions. This review provides an overview of the current indications for BoNT-A in the lower urinary tract and critically evaluates the published evidence within each area. The classic application of BoNT-A has been in the management of refractory neurogenic detrusor overactivity (NDO) and overactive bladder (OAB). There is a large volume of high-quality evidence, including numerous randomized placebo-controlled trials, which demonstrate the efficacy of BoNT-A over a long follow-up period. The culmination of this robust evidence-base has led to onabotulinumtoxin A (onaBoNT-A) receiving regulatory approval as a second-line treatment for NDO at a dose of 200 U and OAB at dose of 100 U. Other applications for BoNT-A are used on an off-license basis and include interstitial cystitis/bladder pain syndrome (IC/BPS), benign prostatic hyperplasia (BPH), and detrusor sphincter dyssynergia (DSD). These applications are associated with a less mature evidence-base although the literature is rapidly evolving. At present, the results for painful bladder syndrome (PBS) are promising and BoNT-A injections are recommended as a fourth line option in recent international guidelines, although larger randomized study with longer follow-up are required to confirm the initial findings. As a treatment for DSD, BoNT-A injections have shown potential but only in a small number of trials of limited quality. No definite recommendation can be made based on the current evidence. Finally, the results for the treatment of BPH have been variable and recent high quality randomized controlled trials (RCTs) have suggested no benefit over placebo so at present it cannot be recommended for routine clinical practice. Future advances of BoNT-A include liposome encapsulated formulations which are being developed as an alternative to intravesical injections.

Copyright © Translational Andrology and Urology. All rights reserved.
Status
EMBASE
Institution
(Eldred-Evans, Dasgupta) Department of Urology, Medical Research Council (MRC) Centre for Transplantation, King's College London, Guy's Hospital, London, United Kingdom
40. Endometriosis in Hydatid Cysts of Morgagni: A Retrospective Cohort Study of Another Atypical Manifestation of Endometriosis.
Gupta S., Gavard J.A., Kraus E., Yeung P.
Embase
[Conference Paper]
AN: 614906643
Study Objective To report on the presence and rate of endometriosis in hydatid cysts of Morgagni found at the time of excision surgery for endometriosis and to describe any association of endometriosis in hydatid cysts of Morgagni with preoperative or operative factors. Design A retrospective cohort study (Canadian Task Force Classification II-2). Setting The Center for Endometriosis at Saint Louis University, a tertiary referral center for endometriosis. Patients Women who underwent optimal excision surgery for suspected endometriosis because of chronic pelvic pain and/or infertility and who also had hydatid cysts of Morgagni removed at the time of surgery when found. Interventions Preoperative and operative data were collected prospectively. Main Outcome Measures The rate of endometriosis in hydatid cysts of Morgagni. Secondary measures included are the rate of hydatid cysts of Morgagni in patients with pelvic pain or infertility with and without endometriosis in the cysts. Results The overall prevalence of endometriosis in hydatid cysts of Morgagni was 11.3%. Patients with pelvic pain had a higher rate (although not statistically significant) of hydatid cysts of Morgagni compared with those without pain (21.1% vs 12.5 %, p = .54). Patients with infertility had a higher rate of hydatid cysts of Morgagni compared with those without infertility (38.1% vs 16.7%, p < .001), and there was a
higher rate of endometriosis in the hydatid cysts of Morgagni in patients with infertility compared with those without (11.1% vs 0.0%, p < .001). Conclusions This study is the first known report of endometriosis found within hydatid cysts of Morgagni. With a rate of 11.3% of cysts of Morgagni having endometriosis within them, this study supports a practice of removing hydatid cysts of Morgagni at the time of surgery in order to achieve optimal excision of endometriosis. The rates of hydatid cysts of Morgagni and of endometriosis found within hydatid cysts of Morgagni were higher in patients with infertility. Further studies are needed to evaluate whether excising cysts of Morgagni affects clinical outcomes. Copyright © 2017 AAGL

Status
EMBASE
Institution
(Gupta, Gavard, Kraus, Yeung) Department of Obstetrics, Gynecology, and Women's Health, Saint Louis University, St Louis, Missouri, United States
Country of Publication
Netherlands
Publisher
Elsevier B.V.
Date Created
20170510
Year of Publication
2017

41.
Pharmacological Management of Chronic Pelvic Pain in Women.
Carey E.T., Till S.R., As-Sanie S.
Embase
Drugs. 77 (3) (pp 285-301), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 614057389
Chronic pelvic pain (CPP) is a multifaceted condition that often has both peripheral and central generators of pain. An understanding of neurobiology and neuropsychology of CPP should guide management. Successful treatment of CPP is typically multimodal, and pharmacologic treatment strategies include analgesics, hormonal suppression, anesthetics, antidepressants, membrane
stabilizers, and anxiolytics. Evidence for these and other emerging pharmacologic therapies is presented in this article. Copyright © 2017, Springer International Publishing Switzerland. All Right Reserved.


Status
EMBASE

Institution
(Carey) Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill, 4010 Old Clinic Building, CB 7570, Chapel Hill, NC 27599-7570, United States
(Till, As-Sanie)
Department of Obstetrics and Gynecology, University of Michigan, Ann Arbor, MI, United States

Country of Publication
Switzerland

Publisher
Springer International Publishing

Date Created
20170306

Year of Publication
2017

42.
Treatment of Provoked Vulvodynia in a Swedish cohort using desensitization exercises and cognitive behavioral therapy.
Lindstrom S., Kvist L.J.

Embase
[Article]
AN: 607038330

Background: Problems related to pain during vaginal penetration are complex and the etiology is multi-factorial. It was the aim of the present study to measure whether treatment using desensitization exercises and cognitive behavioral therapy (CBT) for women with provoked vulvodynia (PVD) could increase sexual interest, sexual satisfaction and response whilst
decreasing experiences of sexual pain. Methods and outcome measures: Sixty women suffering from PVD were treated during a 10-week period with a combination of mucosal desensitization and pelvic floor exercises and CBT. The McCoy Female Sexuality Questionnaire (MFSQ) was used to measure efficacy of the treatment. The Hospital Anxiety and Depression Scale (HADS) was used to measure psychological distress. The primary outcome measurements were changes in scores for the MFSQ and changes in individual items on the MFSQ directly after treatment completion. Secondary outcome measurements were changes in the MFSQ items 6 months after treatment and changes in HADS sub-scales 6 months after treatment. Statistical comparisons of answers to the MFSQ were carried out using the Wilcoxon signed rank test (paired). Validity of the MFSQ in this study was measured by testing one global question about sexuality and total scores on MFSQ using Spearman's correlation test. Results: Study participants reported a statistically significant increase in sexual fantasies, increased sexual pleasure, excitement and vaginal lubrication after treatment was completed. PVD occurred less often which resulted in significantly less avoidance of sexual intercourse, increased frequency of masturbation and intercourse. All improvements were sustained at 6 months after treatment ended. Two questions showed no significant changes, these pertained to the individual's contentment with her partner as a lover and a friend. The anxiety sub-scale of the HADS showed a significantly decreased level of anxiety at 6 months follow-up but no change in the scores on the depression sub-scale. Conclusion: Treatment for PVD using desensitization exercises and cognitive behavioral therapy significantly improved sexual interest, response and activity and decreased the experience of pain. Larger studies and RCTs are required in order to draw conclusions about treatment and long term effects should be studied. Partners should be encouraged to participate in treatment regimes. Copyright © 2015 Lindstrom and Kvist.


Status EMBASE

Institution
(Lindstrom) Sexology Department, Najaden Midwifery Clinic, Drottninggatan 7, Helsingborg 252 21, Sweden
(Kvist) Department of Obstetrics and Gynecology, Helsingborgs Hospital, Helsingborg 25187, Sweden
(Kvist) Department of Health Sciences, Faculty of Medicine, Lund University, Lund 22100, Sweden

Country of Publication
United Kingdom

Publisher BioMed Central Ltd. (E-mail: info@biomedcentral.com)
Crohn's disease.
Torres J., Mehandru S., Colombel J.-F., Peyrin-Biroulet L.
Embase
[Review]
AN: 613928570
Crohn's disease is a chronic inflammatory disease of the gastrointestinal tract, with increasing incidence worldwide. Crohn's disease might result from a complex interplay between genetic susceptibility, environmental factors, and altered gut microbiota, leading to dysregulated innate and adaptive immune responses. The typical clinical scenario is a young patient presenting with abdominal pain, chronic diarrhoea, weight loss, and fatigue. Assessment of disease extent and of prognostic factors for complications is paramount to guide therapeutic decisions. Current strategies aim for deep and long-lasting remission, with the goal of preventing complications, such as surgery, and blocking disease progression. Central to these strategies is the introduction of early immunosuppression or combination therapy with biologicals in high-risk patients, combined with a tight and frequent control of inflammation, and adjustment of therapy on the basis of that assessment (treat to target strategy). The therapeutic armamentarium for Crohn's disease is expanding, and therefore the need to develop biomarkers that can predict response to therapies will become increasingly important for personalised medicine decisions in the near future. In this Seminar, we provide a physician-oriented overview of Crohn's disease in adults, ranging from epidemiology and cause to clinical diagnosis, natural history, patient stratification and clinical management, and ending with an overview of emerging therapies and future directions for research. Copyright © 2017 Elsevier Ltd
Status
EMBASE
Institution
The role of flower pollen extract in managing patients affected by chronic prostatitis/chronic pelvic pain syndrome: a comprehensive analysis of all published clinical trials.

Cai T., Verze P., La Rocca R., Anceschi U., De Nunzio C., Mirone V.

Embase

Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is still a challenge to manage for all physicians. We feel that a summary of the current literature and a systematic review to evaluate the therapeutic efficacy of flower pollen extract would be helpful for physicians who are considering a phytotherapeutic approach to treating patients with CP/CPPS. Methods: A comprehensive search of the PubMed and Embase databases up to June 2016 was performed. This comprehensive analysis included both pre-clinical and clinical trials on the role of flower pollen extract in CP/CPPS patients. Moreover, a meta-analysis of available randomized controlled trials (RCTs) was performed. The NIH Chronic Prostatitis Symptom Index (NIH-CPSI) and Quality of Life related questionnaires (QoL) were the most commonly used tools to evaluate the therapeutic efficacy of pollen extract. Results: Pre-clinical studies demonstrated the anti-inflammatory and anti-proliferative role of pollen extract. 6 clinical, non-controlled studies including 206 patients, and 4 RCTs including 384 patients were conducted. The mean response rate in non-controlled studies was 83.6% (62.2%-96.0%). The meta-analysis revealed that flower
pollen extract could significantly improve patients’ quality of life [OR 0.52 (0.34-.81); p = 0.02].

No significant adverse events were reported. Conclusion: Most of these studies presented encouraging results in terms of variations in NIH-CPSI and QoL scores. These studies suggest that the use of flower pollen extract for the management of CP/CPPS patients is beneficial. Future publications of robust evidence from additional RCTs and longer-term follow-up would provide more support encouraging the use of flower pollen extracts for CP/CPPS patients.

Copyright © 2017 The Author(s).

Status
EMBASE

Author NameID
Cai, Tommaso; ORCID: http://orcid.org/0000-0002-7234-3526

Institution
(Cai, Anceschi) Department of Urology, Santa Chiara Regional Hospital, Trento, Italy (Verze, La Rocca, Mirone) Department of Urology, University of Naples, Federico II, Naples, Italy (De Nunzio) Department of Urology, Ospedale Sant'Andrea, Sapienza University of Rome, Rome, Italy

Country of Publication
United Kingdom

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Date Created
20170508

Year of Publication
2017

45.
Contrast induced-acute kidney injury following peripheral angiography with carbon dioxide versus iodinated contrast media: A meta-analysis and systematic review of current literature.
Ghumman S.S., Weinerman J., Khan A., Cheema M.S., Garcia M., Levin D., Suri R., Prasad A.

Embase


[Article In Press]
Objective: We conducted a meta-analysis to compare the incidence of acute kidney injury (AKI) with carbon dioxide (CO2) versus iodinated contrast media (ICM). Background: Contrast induced-acute kidney injury (CI-AKI) is a known complication following endovascular procedures with ICM. CO2 has been employed as an alternative imaging medium as it is nontoxic to the kidneys.

Methods: Search of indexed databases was performed and 1,732 references were retrieved. Eight studies (7 observational, 1 Randomized Controlled Trial) formed the meta-analysis. Primary outcome was AKI. Fixed effect model was used when possible in addition to analysis of publication bias.

Results: In this meta-analysis, 677 patients underwent 754 peripheral angiographic procedures. Compared with ICM, CO2 was associated with a decreased incidence of AKI (4.3% vs. 11.1%; OR 0.465, 95% CI: 0.218-0.992; P=0.048). Subgroup analysis of four studies that included granular data for patients with chronic kidney disease (CKD) did not demonstrate a decreased incidence of AKI with CO2 (4.1% vs. 10.0%; OR 0.449, 95% CI: 0.165-1.221, P=0.117). Patients undergoing CO2 angiography experienced a higher number of nonrenal events including limb/abdominal pain (11 vs. 0; P=0.001) and nausea/vomiting (9 vs. 1; P=0.006).

Conclusions: In comparison to ICM, CO2 use is associated with a modestly reduced rate of AKI with more frequent adverse nonrenal events. In studies that use CO2 as the primary imaging agent, the average incidence of AKI remained high at 6.2%-supporting the concept that factors other than renal toxicity from ICM may contribute to renal impairment following peripheral angiography.

Copyright © 2017 Wiley Periodicals, Inc.
46. Pancreaticoduodenal and Gastroduodenal Artery Aneurysms Associated with Celiac Artery Occlusive Disease.
Vandy F.C., Sell K.A., Eliason J.L., Coleman D.M., Rectenwald J.E., Stanley J.C.
Embase
[Article]
AN: 614943980
Background The purpose of this study is to better define the clinical relevance of aneurysms affecting collateral vessels in patients with celiac artery (CA) occlusive disease. Methods True pancreaticoduodenal artery (PDA) and gastroduodenal artery (GDA) aneurysms associated with CA stenoses or occlusions reported from 1970 to 2010 in the English literature and similar cases treated at the University of Michigan were reviewed. Clinical presentations and differing treatment modalities were documented and analyzed. Results One hundred twenty-five patients having CA occlusive disease exhibited true arterial aneurysms affecting the PDA (105 patients), GDA (10 patients), or both PDA and GDA and their branches (10 patients). Aneurysm size averaged 2.1 cm. Included were 110 patients culled from the literature and 15 treated by the authors. The mean age of patients in this series was 59 years and there was no gender predilection. Aneurysms were asymptomatic in 26%. Abdominal pain affected 54% of the patients, including all who experienced rupture. Rupture occurred in 48 patients of whom 15 were hemodynamically unstable, including 6 who died. Surgical interventions included endovascular embolization (39), aneurysmectomy alone (25), and aneurysmectomy with arterial reconstruction (20). Salutary outcomes occurred in 91% of the cases. Open surgical procedures have remained constant, but were equaled by endovascular interventions in 1996, with the latter having increased 3-fold in the past 15 years. Conclusions PDA and GDA aneurysms associated with CA occlusive disease carry a high risk of nonfatal rupture, warranting early treatment. Endovascular and open interventions may be successfully undertaken with minimal risks in treating these uncommon aneurysms. Copyright © 2017 Elsevier Inc.
Status
EMBASE
Institution
(Vandy, Sell, Eliason, Coleman, Rectenwald, Stanley) Section of Vascular Surgery, Department of Surgery, University of Michigan, Ann Arbor, MI, United States
Country of Publication
United States
Embase
[Review]
AN: 615579897
Background: Chronic pain is defined as pain lasting beyond normal tissue healing time, generally taken to be 12 weeks. It contributes to disability, anxiety, depression, sleep disturbances, poor quality of life, and healthcare costs. Chronic pain has a weighted mean prevalence in adults of 20%. For many years, the treatment choice for chronic pain included recommendations for rest and inactivity. However, exercise may have specific benefits in reducing the severity of chronic pain, as well as more general benefits associated with improved overall physical and mental health, and physical functioning. Physical activity and exercise programmes are increasingly being promoted and offered in various healthcare systems, and for a variety of chronic pain conditions. It is therefore important at this stage to establish the efficacy and safety of these programmes, and furthermore to address the critical factors that determine their success or failure. Objectives: To provide an overview of Cochrane Reviews of adults with chronic pain to determine (1) the effectiveness of different physical activity and exercise interventions in reducing pain severity and its impact on function, quality of life, and healthcare use; and (2) the evidence for any adverse effects or harm associated with physical activity and exercise interventions. Methods: We searched the Cochrane Database of Systematic Reviews (CDSR) on the Cochrane Library (CDSR 2016, Issue 1) for systematic reviews of randomised controlled trials (RCTs), after which we tracked any included reviews for updates, and tracked protocols in case of full review publication until an arbitrary cut-off date of 21 March 2016 (CDSR 2016, Issue 3). We assessed
the methodological quality of the reviews using the AMSTAR tool, and also planned to analyse
data for each painful condition based on quality of the evidence. We extracted data for (1) self-reported pain severity, (2) physical function (objectively or subjectively measured), (3) psychological function, (4) quality of life, (5) adherence to the prescribed intervention, (6) healthcare use/attendance, (7) adverse events, and (8) death. Due to the limited data available, we were unable to directly compare and analyse interventions, and have instead reported the evidence qualitatively. Main results: We included 21 reviews with 381 included studies and 37,143 participants. Of these, 264 studies (19,642 participants) examined exercise versus no exercise/minimal intervention in adults with chronic pain and were used in the qualitative analysis. Pain conditions included rheumatoid arthritis, osteoarthritis, fibromyalgia, low back pain, intermittent claudication, dysmenorrhoea, mechanical neck disorder, spinal cord injury, postpolio syndrome, and patellofemoral pain. None of the reviews assessed 'chronic pain' or 'chronic widespread pain' as a general term or specific condition. Interventions included aerobic, strength, flexibility, range of motion, and core or balance training programmes, as well as yoga, Pilates, and tai chi. Reviews were well performed and reported (based on AMSTAR), and included studies had acceptable risk of bias (with inadequate reporting of attrition and reporting biases). However the quality of evidence was low due to participant numbers (most included studies had fewer than 50 participants in total), length of intervention and follow-up (rarely assessed beyond three to six months). We pooled the results from relevant reviews where appropriate, though results should be interpreted with caution due to the low quality evidence. Pain severity: several reviews noted favourable results from exercise: only three reviews that reported pain severity found no statistically significant changes in usual or mean pain from any intervention. However, results were inconsistent across interventions and follow-up, as exercise did not consistently bring about a change (positive or negative) in self-reported pain scores at any single point. Physical function: was the most commonly reported outcome measure. Physical function was significantly improved as a result of the intervention in 14 reviews, though even these statistically significant results had only small-to-moderate effect sizes (only one review reported large effect sizes). Psychological function and quality of life: had variable results: results were either favourable to exercise (generally small and moderate effect size, with two reviews reporting significant, large effect sizes for quality of life), or showed no difference between groups. There were no negative effects. Adherence to the prescribed intervention: could not be assessed in any review. However, risk of withdrawal/dropout was slightly higher in the exercising group (82.8/1000 participants versus 81/1000 participants), though the group difference was non-significant. Healthcare use/attendance: was not reported in any review. Adverse events, potential harm, and death: only 25% of included studies (across 18 reviews) actively reported adverse events. Based on the available evidence, most adverse events were increased soreness or muscle pain, which reportedly subsided after a few weeks of the intervention. Only one review reported death
separately to other adverse events: the intervention was protective against death (based on the available evidence), though did not reach statistical significance. Authors' conclusions: The quality of the evidence examining physical activity and exercise for chronic pain is low. This is largely due to small sample sizes and potentially underpowered studies. A number of studies had adequately long interventions, but planned follow-up was limited to less than one year in all but six reviews. There were some favourable effects in reduction in pain severity and improved physical function, though these were mostly of small-to-moderate effect, and were not consistent across the reviews. There were variable effects for psychological function and quality of life. The available evidence suggests physical activity and exercise is an intervention with few adverse events that may improve pain severity and physical function, and consequent quality of life. However, further research is required and should focus on increasing participant numbers, including participants with a broader spectrum of pain severity, and lengthening both the intervention itself, and the follow-up period. Copyright © 2017 The Cochrane Collaboration.

Published by John Wiley & Sons, Ltd.

Status
EMBASE

Institution
(Geneen, Smith) University of Dundee, Division of Population Health Sciences, Dundee, United Kingdom
(Moore) University of Oxford, Pain Research and Nuffield Department of Clinical Neurosciences (Nuffield Division of Anaesthetics), Pain Research Unit, Churchill Hospital, Oxford, Oxfordshire OX3 7LE, United Kingdom
(Clarke) Division of Population Health Sciences, University of Dundee, Ninewells Hospital and Medical School, Kirsty Semple Way, Dundee DD2 4DB, United Kingdom
(Martin) Teesside University, Institute of Health and Social Care, Parkside, Middlesbrough TS1 3BA, United Kingdom
(Colvin) University of Edinburgh, Western General Hospital, Anaesthesia and Pain Medicine, Edinburgh, United Kingdom

Country of Publication
United Kingdom

Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)

Date Created
20170505

Year of Publication
2017
Serum amylase and lipase and urinary trypsinogen and amylase for diagnosis of acute pancreatitis.
Rompianesi G., Hann A., Komolafe O., Pereira S.P., Davidson B.R., Gurusamy K.S.
Embase
[Review]
AN: 615579890

Background: The treatment of people with acute abdominal pain differs if they have acute pancreatitis. It is important to know the diagnostic accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase for the diagnosis of acute pancreatitis, so that an informed decision can be made as to whether the person with abdominal pain has acute pancreatitis. There is currently no Cochrane review of the diagnostic test accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase for the diagnosis of acute pancreatitis. Objectives: To compare the diagnostic accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase, either alone or in combination, in the diagnosis of acute pancreatitis in people with acute onset of a persistent, severe epigastric pain or diffuse abdominal pain. Search methods: We searched MEDLINE, Embase, Science Citation Index Expanded, National Institute for Health Research (NIHR HTA and DARE), and other databases until March 2017. We searched the references of the included studies to identify additional studies. We did not restrict studies based on language or publication status, or whether data were collected prospectively or retrospectively. We also performed a ‘related search’ and ‘citing reference’ search in MEDLINE and Embase. Selection criteria: We included all studies that evaluated the diagnostic test accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase for the diagnosis of acute pancreatitis. We excluded case-control studies because these studies are prone to bias. We accepted any of the following reference standards: biopsy, consensus conference definition, radiological features of acute pancreatitis, diagnosis of acute pancreatitis during laparotomy or autopsy, and organ failure. At least two review authors independently searched and screened the references located by the search to identify relevant studies. Data collection and analysis: Two review authors independently extracted data from the included studies. The thresholds used for the diagnosis of acute pancreatitis varied in the trials, resulting in sparse data for each index test. Because of sparse data, we used -2 log likelihood values to determine which model to use for meta-analysis. We calculated and reported the
sensitivity, specificity, post-test probability of a positive and negative index test along with 95% confidence interval (CI) for each cutoff, but have reported only the results of the recommended cutoff of three times normal for serum amylase and serum lipase, and the manufacturer-recommended cutoff of 50 mg/mL for urinary trypsinogen-2 in the abstract. Main results: Ten studies including 5056 participants met the inclusion criteria for this review and assessed the diagnostic accuracy of the index tests in people presenting to the emergency department with acute abdominal pain. The risk of bias was unclear or high for all of the included studies. The study that contributed approximately two-thirds of the participants included in this review was excluded from the results of the analysis presented below due to major concerns about the participants included in the study. We have presented only the results where at least two studies were included in the analysis. Serum amylase, serum lipase, and urinary trypsinogen-2 at the standard threshold levels of more than three times normal for serum amylase and serum lipase, and a threshold of 50 ng/mL for urinary trypsinogen-2 appear to have similar sensitivities (0.72 (95% CI 0.59 to 0.82); 0.79 (95% CI 0.54 to 0.92); and 0.72 (95% CI 0.56 to 0.84), respectively) and specificities (0.93 (95% CI 0.66 to 0.99); 0.89 (95% CI 0.46 to 0.99); and 0.90 (95% CI 0.85 to 0.93), respectively). At the median prevalence of 22.6% of acute pancreatitis in the studies, out of 100 people with positive test, serum amylase (more than three times normal), serum lipase (more than three times normal), and urinary trypsinogen (more than 50 ng/mL), 74 (95% CI 33 to 94); 68 (95% CI 21 to 94); and 67 (95% CI 57 to 76) people have acute pancreatitis, respectively; out of 100 people with negative test, serum amylase (more than three times normal), serum lipase (more than three times normal), and urinary trypsinogen (more than 50 ng/mL), 8 (95% CI 5 to 12); 7 (95% CI 3 to 15); and 8 (95% CI 5 to 13) people have acute pancreatitis, respectively. We were not able to compare these tests formally because of sparse data. Authors’ conclusions: As about a quarter of people with acute pancreatitis fail to be diagnosed as having acute pancreatitis with the evaluated tests, one should have a low threshold to admit the patient and treat them for acute pancreatitis if the symptoms are suggestive of acute pancreatitis, even if these tests are normal. About 1 in 10 patients without acute pancreatitis may be wrongly diagnosed as having acute pancreatitis with these tests, therefore it is important to consider other conditions that require urgent surgical intervention, such as perforated viscus, even if these tests are abnormal. The diagnostic performance of these tests decreases even further with the progression of time, and one should have an even lower threshold to perform additional investigations if the symptoms are suggestive of acute pancreatitis. Copyright © 2017 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

Status
EMBASE
Institution
Deep endometriosis infiltrating the bowel: A continuing debate about the best management.

Objective: The aim of this study was to assess the presence and spread of the bowel endometriosis and its particularity regarding the appropriate clinical assessment and the debate about the most adequate surgical technique. Method: Patients referred to the Department of Gynecology and Obstetrics, Rouen University Hospital, France managed by colorectal resection between January and December 2013 presenting pain symptoms related to pelvic endometriosis. Self-questionnaires including clinical history, pain and digestive symptoms were filled in
preoperatively. Results: Twenty-six patients were included in the study. The represent 6% of those patients managed for colorectal endometriosis in this department. The values of the self-questionnaires MOS-36, KESS score and GIQLI score were generally impaired. Conclusions: In patients with deep endometriosis infiltrating the bowel, cyclic constipation and cyclic defecation pain are the most common digestive complains, that are increased during the menstruation. Surgical treatment should take into consideration the main characteristics of deep endometriosis of the bowel and avoid complications related to the severe surgical management. Copyright © 2016, Romanian Society of Obstetrics and Gynecology. All rights reserved.

Status
EMBASE
Institution
(Badescu, Bodi, Boglis, Puscasiu, Soldea) Department of Obstetrics and Gynecology, University of Medicine and Pharmacy of Targu Mures, Romania (Badescu) Department of Gynecology and Obstetrics, Rouen University Hospital, Rouen, Romania (Mircea, Irimia) Department of Obstetrics and Gynecology, University of Medicine and Pharmacy Carol Davila, Bucharest, Romania Department of Thoracic Surgery, National Institute of Pneumology "Marius Nasta", Bucharest
Country of Publication
Romania
Publisher
Romanian Society of Obstetrics and Gynecology (E-mail: office@sogr.ro)
Date Created
20170505
Year of Publication
2016

50.
Pediatric functional abdominal pain disorders (FAPDs) are associated with increased health care utilization, school absences, and poor quality of life (QoL). Cost-effective and accessible interventions are needed. This multisite study tested the effects of a 3-session cognitive behavioral intervention delivered to parents, in-person or remotely, on the primary outcome of pain severity and secondary outcomes (process measures) of parental solicitousness, pain beliefs, catastrophizing, and child-reported coping. Additional outcomes hypothesized a priori and assessed included functional disability, QoL, pain behavior, school absences, health care utilization, and gastrointestinal symptoms. The study was prospective and longitudinal (baseline and 3 and 6 months’ follow-up) with 3 randomized conditions: social learning and cognitive behavioral therapy in-person (SLCBT) or by phone (SLCBT-R) and education and support condition by phone (ES-R). Participants were children aged 7 to 12 years with FAPD and their parents (N = 316 dyads). Although no significant treatment effect for pain severity was found, the SLCBT groups showed significantly greater improvements compared with controls on process measures of parental solicitousness, pain beliefs, and catastrophizing, and additional outcomes of parent-reported functional disability, pain behaviors, child health care visits for abdominal pain, and (remote condition only) QoL and missed school days. No effects were found for parent and child-reported gastrointestinal symptoms, or child-reported QoL or coping. These findings suggest that for children with FAPD, a brief phone SLCBT for parents can be similarly effective as in-person SLCBT in changing parent responses and improving outcomes, if not reported pain and symptom report, compared with a control condition. Copyright © 2016 International Association for the Study of Pain.
Psychosocial interventions for recurrent abdominal pain in childhood.

Embase
Cochrane Database of Systematic Reviews. 2017 (1) (no pagination), 2017. Article Number: CD010971. Date of Publication: 10 Jan 2017.

[Review]
AN: 614012585

Background: This review supersedes the original Cochrane review first published in 2008 (Huertas-Ceballos 2008). Between 4% and 25% of school-aged children complain of recurrent abdominal pain (RAP) severe enough to interfere with their daily activities. No organic cause for this pain can be found on physical examination or investigation for the majority of such children. Although many children are managed by reassurance and simple measures, a large range of psychosocial interventions involving cognitive and behavioural components have been recommended. Objectives: To determine the effectiveness of psychosocial interventions for reducing pain in school-aged children with RAP. Search methods: In June 2016 we searched CENTRAL, MEDLINE, Embase, eight other databases, and two trials registers. We also searched
the references of identified studies and relevant reviews. Selection criteria: Randomised controlled trials comparing psychosocial therapies with usual care, active control, or wait-list control for children and adolescents (aged 5 to 18 years) with RAP or an abdominal pain-related functional gastrointestinal disorder defined by the Rome III criteria were eligible for inclusion. Data collection and analysis: We used standard methodological procedures expected by Cochrane.

Five review authors independently selected studies, assessed them for risk of bias, and extracted relevant data. We also assessed the quality of the evidence using the GRADE approach. Main results: This review includes 18 randomised controlled trials (14 new to this version), reported in 26 papers, involving 928 children and adolescents with RAP between the ages of 6 and 18 years. The interventions were classified into four types of psychosocial therapy: cognitive behavioural therapy (CBT), hypnotherapy (including guided imagery), yoga, and written self-disclosure. The studies were carried out in the USA, Australia, Canada, the Netherlands, Germany, and Brazil. The majority of the studies were small and short term; only two studies included more than 100 participants, and only five studies had follow-up assessments beyond six months. Small sample sizes and the degree of assessed risk of performance and detection bias in many studies led to the overall quality of the evidence being rated as low to very low for all outcomes. For CBT compared to control, we found evidence of treatment success postintervention (odds ratio (OR) 5.67, 95% confidence interval (CI) 1.18 to 27.32; Z = 2.16; P = 0.03; 4 studies; 175 children; very low-quality evidence), but no evidence of treatment success at medium-term follow-up (OR 3.08, 95% CI 0.93 to 10.16; Z = 1.85; P = 0.06; 3 studies; 139 children; low-quality evidence) or long-term follow-up (OR 1.29, 95% CI 0.50 to 3.33; Z = 0.53; P = 0.60; 2 studies; 120 children; low-quality evidence). We found no evidence of effects of intervention on pain intensity scores measured postintervention (standardised mean difference (SMD) -0.33, 95% CI -0.74 to 0.08; 7 studies; 405 children; low-quality evidence), or at medium-term follow-up (SMD -0.32, 95% CI -0.85 to 0.20; 4 studies; 301 children; low-quality evidence). For hypnotherapy (including studies of guided imagery) compared to control, we found evidence of greater treatment success postintervention (OR 6.78, 95% CI 2.41 to 19.07; Z = 3.63; P = 0.0003; 4 studies; 146 children; low-quality evidence) as well as reductions in pain intensity (SMD -1.01, 95% CI -1.41 to -0.61; Z = 4.97; P < 0.00001; 4 studies; 146 children; low-quality evidence) and pain frequency (SMD -1.28, 95% CI -1.84 to -0.72; Z = 4.48; P < 0.00001; 4 studies; 146 children; low-quality evidence). The only study of long-term effect reported continued benefit of hypnotherapy compared to usual care after five years, with 68% reporting treatment success compared to 20% of controls (P = 0.005). For yoga therapy compared to control, we found no evidence of effectiveness on pain intensity reduction postintervention (SMD -0.31, 95% CI -0.67 to 0.05; Z = 1.69; P = 0.09; 3 studies; 122 children; low-quality evidence). The single study of written self-disclosure therapy reported no benefit for pain. There was no evidence of effect from the pooled analyses for any type of intervention on the secondary outcomes of school performance, social or psychological
functioning, and quality of daily life. There were no adverse effects for any of the interventions reported. Authors’ conclusions: The data from trials to date provide some evidence for beneficial effects of CBT and hypnotherapy in reducing pain in the short term in children and adolescents presenting with RAP. There was no evidence for the effectiveness of yoga therapy or written self-disclosure therapy. There were insufficient data to explore effects of treatment by RAP subtype. Higher-quality, longer-duration trials are needed to fully investigate the effectiveness of psychosocial interventions. Identifying the active components of the interventions and establishing whether benefits are sustained in the long term are areas of priority. Future research studies would benefit from employing active control groups to help minimise potential bias from wait-list control designs and to help account for therapist and intervention time. Copyright © 2017 The Cochrane Collaboration.

PMID

Status
EMBASE

Institution
(Abbott, Newlove-Delgado, Bethel, Thompson-Coon, Whear, Logan) University of Exeter Medical School, NIHR CLAHRC South West Peninsula (PenCLAHRC), South Cloisters St Luke’s Campus, Exeter, England EX1 2LU, United Kingdom (Martin) Royal Devon and Exeter Hospital, Paediatrics, Barrack Road, Exeter, England EX2 5DW, United Kingdom

Country of Publication
United Kingdom

Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)

Date Created
20170119

Year of Publication
2017

52.

Whoriskey M., Amir B., Tennankore K., Cox A.
Introduction We assessed the practices of urologists and gynecologists who manage stress urinary incontinence surgically to examine the impact of the FDA (U.S. Food and Drug Administration) and/or Health Canada statements on pelvic floor mesh. We also determined how urologists and gynecologists manage recurrent stress urinary incontinence and complications of mesh mid urethral slings. Methods We conducted an online survey of urologists and gynecologists who were members of the Canadian Urological Association or Society of Obstetricians and Gynaecologists of Canada. Results Mid urethral sling was the most common surgery for stress urinary incontinence performed by urologists and gynecologists (100% vs 84%, p=0.0002). The majority of respondents (87%, 119 of 137) were aware of the FDA and/or Health Canada statements and 66% of physicians altered the way they counseled patients before mid urethral sling surgery. An equal proportion of urologists and gynecologists altered their surgical management of stress urinary incontinence due to patient concerns (31% vs 36%) and due to FDA and/or Health Canada statements (16% vs 13%). Repeat mid urethral sling was the most common method of treating recurrent stress urinary incontinence and urologists were more likely than gynecologists to manage complications of mid urethral sling (58% vs 41%, p=0.0286). Chronic pain (33%) and vaginal mesh erosion (26%) were the most common concerns overall. Conclusions Mid urethral sling was reported as the most commonly performed surgery for stress urinary incontinence by urologists and gynecologists after the FDA and Health Canada statements. Both groups altered their surgical practices most commonly due to patient concerns, indicating that negative media attention is impacting the way in which urologists and gynecologists practice when surgically managing stress urinary incontinence in Canada. Variation exists between urologists and gynecologists when it comes to managing complications related to mid urethral sling. Copyright © 2017 American Urological Association Education and Research, Inc.
53.
Fatty Acid Amide Hydrolase Inhibitor Treatment in Men With Chronic Prostatitis/Chronic Pelvic Pain Syndrome: An Adaptive Double-blind, Randomized Controlled Trial.

Embase
Urology. 103 (pp 191-197), 2017. Date of Publication: May 2017.
[Article]
AN: 614874548

Objective To examine the effect of a peripherally active fatty acid amide hydrolase (FAAH) inhibitor ASP3652 on safety and efficacy outcomes in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). Inhibition of FAAH is hypothesized to reduce the excitability of urinary tract afferents including nociceptors. Materials and Methods In this adaptive, randomized, double-blind, placebo-controlled study, adult male patients with moderate to severe CP/CPPS were treated for 12 weeks with an oral dose of ASP3652 (25, 75, 150, or 300mg twice daily, or 300mg once daily), or placebo. A Bayesian model was used for adaptive prospective modeling of randomization, study continuation decisions, and analysis of the efficacy variables. Results The study was stopped for futility at preplanned interim analysis when 239 patients were randomized (226 were included in the intention-to-treat set): the 25mg group showed the largest reduction of the primary end point National Institutes of Health Chronic Prostatitis Symptom Index total score (7.0 points), but the placebo group showed a mean reduction of 7.3 points (difference: 0.3 [95% confidence interval: -1.9, 2.6]). Micturition outcomes improved compared with placebo in all ASP3652 groups; for example, in the 300mg twice daily group, voiding frequency decreased by -1.10 (95% CI: -2.0, -0.2) voids/24hours vs placebo. Safety outcomes were comparable across the treatment groups. Conclusion ASP3652 was generally safe and well-tolerated. It did not show efficacy on pain symptoms in patients with CP/CPPS. However, the results indicate that FAAH
inhibition may attenuate lower urinary tract symptoms. Dedicated studies in patients with lower urinary tract dysfunction are needed to confirm this. Copyright © 2017 Elsevier Inc.

Status
EMBASE
Institution
(Wagenlehner) Clinic for Urology, Pediatric Urology and Andrology, Justus-Liebig-University, Giessen, Germany (van Till, Houbiers, Cerneus, Melis) Astellas Pharma Europe B.V., Leiden, Netherlands
(Majek) Biostatistics Department, University of Liverpool, Liverpool, United Kingdom
(Majek) Centrum Medyczne Szpital Sw Rodziny Sp o.o., Lodz, Poland
(Vjaters) Stradins Clinical University Hospital, Riga, Latvia
(Urban) Androgeos, Praha, Czech Republic
(Ramonas) Vilnius University Hospital "Santariskiu Klinikos" Urology Centre, Vilnius, Lithuania
(Shoskes) Glickman Urological and Kidney Institute, Cleveland Clinic Foundation, Cleveland, OH, United States
(Nickel) Department of Urology, Queen's University, Kingston, ON, Canada
Country of Publication
United States
Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)
Date Created
20170503
Year of Publication
2017

54.
Effect of somatostatin, ulinastatin and gabexate on the treatment of severe acute pancreatitis.
Embase
[Article]
AN: 610542466
Objective: The objective of this study is to evaluate the efficacy of somatostatin, ulinastatin and gabexate for the treatment of severe acute pancreatitis. Materials and Methods: A total of 492 patients with severe acute pancreatitis were assigned randomly into the following 4 groups: (1) somatostatin; (2) somatostatin ulinastatin; (3) somatostatin gabexate and (4) somatostatin ulinastatin gabexate. Acute physiology and chronic health evaluation II scores; clinical parameters including time of abdominal pain and distention extinct; recovering to normality of heart rate and respiration rate; amylase and blood glucose; ratios of efficacy; multiple organ dysfunction syndrome (MODS); mortality; complication; levels of endotoxin; tumor necrosis factor alpha; interleukin-6 (IL-6), IL-8 and IL-10 and side effects were analyzed. Results: Acute physiology and chronic health evaluation II scores, time of abdominal pain extinct and distention extinct, time of recovering to normality of heart rate, time of recovering to normality of respiration rate and time of recovering to normality of amylase and blood glucose were significantly decreased in the somatostatin ulinastatin, the somatostatin gabexate and the somatostatin ulinastatin gabexate subgroups compared with the somatostatin subgroup. Ratios of efficacy were significantly improved, whereas ratios of MODS, mortality and complication were significantly decreased in the somatostatin ulinastatin and the somatostatin ulinastatin gabexate subgroups compared with the somatostatin subgroup. Tumor necrosis factor alpha, IL-6 and IL-8 levels on the fourth day after treatment showed significant decrease in the somatostatin ulinastatin, the somatostatin gabexate and the somatostatin ulinastatin gabexate subgroups compared with the somatostatin subgroup. The IL-10 levels on the fourth day were significantly improved in the somatostatin ulinastatin, the somatostatin gabexate and the somatostatin ulinastatin gabexate subgroups compared with the somatostatin subgroup. Conclusions: Somatostatin is effective for the treatment of acute pancreatitis, ulinastatin demonstrates improvement in therapeutic benefits and gabexate can relieve the clinical symptoms and shorten the course of disease but cannot improve the effective ratio or decrease MODS, mortality and complication. Copyright © 2016 Southern Society for Clinical Investigation. Published by Elsevier Inc. All rights reserved.


Status EMBASE

Institution
(Wang, Qiu, Xu, Wen, Wen) Department of Digestive Internal Medicine, Gannan Medical University Pingxiang Hospital, Pingxiang, China (Wang, Liu) Department of Digestive Internal Medicine, Affiliated Hospital of Academy of Military Medical Sciences, Beijing, China (Zhou) Department of Pharmaceutical Sciences, College of Pharmacy, University of South Florida, Tampa, FL, United States
Evaluation of the assessment and management of acute migraines in two Australian metropolitan emergency departments.

Cheng C.-T., Law G.T.W.M., Roman C., Tan G., Mitra B.

Embase


Introduction: Migraines are one of the commonest presenting complaints to emergency departments (ED), and may result in prolonged length of stay with symptoms being severe and refractory to typical remedies, such as paracetamol, non-steroidal anti-inflammatory drugs and triptans. The objective of this study was to describe and compare patient demographics, presentation, management and outcomes to hospital discharge between first presenters and patients with a history of migraines in two metropolitan emergency departments in Melbourne, Australia. Given that the assessment and management of patients who have had a prior history of migraines is likely to be substantially different, patients were subgrouped by this exposure variable. Methods: A total of 365 patients were identified retrospectively during the study period of March 2013 - September 2014 that met the inclusion criteria of a headache with no organic cause and/or symptoms consistent with visual or abdominal migraines. Presenting pain scores, assessment, management and disposition were extracted using explicit chart review. Results: The mean age of patients included was 37.8 years and 23.3% were males. Significantly more first
presenters were investigated with a CT scan of the brain (34.4% as compared to 22.9% of patients with a prior history of migraine). Initial management included administration of paracetamol in 178 (48.8%) cases, NSAIDs (mostly ibuprofen and aspirin) in 187 (51.2%) and parenteral dopamine antagonists (e.g. metoclopramide, prochlorperazine and chlorpromazine) in 191 (52.3%) cases. Migraine-specific agents such as triptans were prescribed in 46 (12.6%) and ergots in two (0.5%) cases. Opioids such as morphine or oxycodone were administered in 94 (25.8%) cases. There was no statistical difference in the management of patients with a history of migraines as compared to first presenters, with the exception of the use of intravenous fluids and parenteral dopamine antagonists. The median length of stay in the ED was 4 (inter-quartile range 2-7) hours, with 163 (44.7%) patients admitted to the short-stay unit. A pain score of >=5 was recorded at discharge in 31 (8.5%) patients. Disposition was similar across both groups of patients. Conclusions: Although first presenters seem to be more thoroughly investigated, the acute management of migraine did not differ largely between patients who had a history of migraine compared with first presenters. The management of acute migraine in the ED setting has varied efficacy, suggesting that further research into newer therapeutic options is needed.
56.
Effect of epidural compared to patient-controlled intravenous analgesia on outcomes for patients undergoing liver resection for neoplastic disease.
Embase
[Article]
AN: 614477827
BACKGROUND: Epidural analgesia is routinely used for postoperative pain control following abdominal surgeries, yet data regarding the safety and efficacy of epidural analgesia is controversial. METHODS: Pain-related and clinical perioperative data were extracted and correlated with baseline clinicopathologic data and method of analgesia (epidural vs. intravenous patient-controlled analgesia) in patients who underwent hepatectomy from 2012 to 2014. Chronic pain was defined by specific narcotic requirements preoperatively. RESULTS: Eighty-seven patients underwent hepatectomy with 60% having epidurals placed for postoperative pain control. Epidural patients underwent more major hepatectomies and open resections. Comparison of pain scores between both groups demonstrated no significant difference (all P >.05). A significantly lower proportion of TEA patients required additional IV pain medications than those with IVPCA (P < 0.001). There was no major effect of epidural analgesia on time to ambulation or complications (all P > 0.05). After adjusting for perioperative factors, and surgical extent and approach, no significant differences in fluids administered or length of stay were detected. CONCLUSIONS: Overall postoperative outcomes were not significantly different based on method of analgesia after adjusting for type and extent of hepatic resection. Though patients with epidurals underwent more extensive operations they required less additional IV pain medications than IVPCA patients. Copyright © 2017 Wiley Periodicals, Inc.
Status
EMBASE
Institution
(Allen) Department of Surgery, Medical University of South Carolina, Charleston, SC, United States (DeRoche, Adams, Slocum) Department of Anesthesiology, Wake Forest Baptist Medical Center, Winston-Salem, NC, United States (Clark, Shen) Section of Surgical Oncology, Wake Forest Baptist Medical Center, Winston-Salem, NC, United States (Fino) Department of Biostatistical Sciences, Wake Forest School of Medicine, Winston-Salem, NC, United States
On the basis of strong research evidence, most chronic and recurrent abdominal pain in children and adolescents is functional, meaning that symptoms are not feigned, but there is no easily detected disease. Symptom-based diagnostic criteria facilitate rapid diagnosis for most children and adolescents with functional abdominal pain. For most children who meet diagnostic criteria for a functional disorder and have no warning signs for disease (weight loss, fevers, blood in stool), no testing is necessary or desirable. On the basis of strong epidemiologic evidence, irritable bowel syndrome (IBS), defined by chronic or recurrent abdominal pain associated with diarrhea or constipation or alternating diarrhea and constipation, is the most common of the functional gastrointestinal disorders. Because of the very few prospective randomized, controlled trials in children, there is no generally accepted safe and effective treatment for IBS in this population. On the basis of strong research evidence, treatments for IBS in adults include tricyclic antidepressants and cognitive behavioral therapy. On the basis of strong research evidence, the placebo response rate in functional abdominal pain is approximately 40%; this response rate ensures that any treatment works some of the time. On the basis of some research evidence and consensus, disability from a functional disorder is proportional to comorbid psychological distress from a mental health disorder or learning disability. On the basis of primarily consensus, due to lack of prospective studies, treatment for those disabled by functional abdominal pain requires
shifting from an acute medical to a rehabilitation model and involves a team approach that includes cognitive behavioral therapy, medication to regulate sleep and reduce autonomic arousal, and physical therapy. Refusal to engage with mental health treatment is associated with treatment failure.

PMID

Status
EMBASE

Institution
(Reiman) Louisiana State University Health Sciences Center and Children's Hospital of New Orleans, New Orleans, LA, United States

Country of Publication
United States

Publisher
American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)

Date Created
20160910

Year of Publication
2016

58.
A randomized clinical trial of the safety and efficacy of sitagliptin in patients with type 2 diabetes mellitus inadequately controlled by acarbose alone.


Embase
Current Medical Research and Opinion. 33 (4) (pp 693-699), 2017. Date of Publication: 03 Apr 2017.

[Article]
AN: 614213264

Objective: To evaluate the safety and efficacy of sitagliptin when added to the treatment of patients with type 2 diabetes mellitus (T2DM) and inadequate glycemic control on acarbose
monotherapy. Research design and methods: This was a multicenter, randomized, placebo-controlled, double-blind clinical trial. Patients (N = 381) with T2DM and inadequate glycemic control (glycated hemoglobin [HbA1c] >= 7.0% and <=10.0%) on acarbose monotherapy (at least 50 mg three times daily) were randomized in a 1:1 ratio to receive the addition of sitagliptin 100 mg or matching placebo once daily for 24 weeks. Main outcome measures: Changes from baseline in HbA1c and fasting plasma glucose (FPG) at Week 24. Results: The mean baseline HbA1c in randomized patients was 8.1%. At Week 24, the placebo-controlled, least squares mean changes from baseline (95% confidence interval) in HbA1c and FPG in the sitagliptin group were -0.62% and -0.8 mmol/L (p <.001), respectively. At Week 24, 37.8% of patients in the sitagliptin group were at HbA1c goal of <7% compared with 17.2% in the placebo group (p <.001). Sitagliptin was generally well tolerated, and there were no significant between-group differences in prespecified safety parameters (symptomatic hypoglycemia, diarrhea, abdominal pain, nausea, vomiting). A higher incidence of serious adverse events was observed in the sitagliptin group (5.2%) relative to placebo (0.5%); all but one, in the sitagliptin group, were not considered related to drug. Conclusions: Sitagliptin was generally well tolerated and provided statistically superior and clinically meaningful improvements in glycemic control after 24 weeks of treatment compared to placebo when added to treatment of patients with inadequate glycemic control on acarbose monotherapy. Clinicaltrials.gov: NCT01177384. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.

Status
EMBASE
Institution
(Wang, Ning) Ruijin Hospital, School of Medicine, Shanghai Jiaotong University, Shanghai, China
(Ma) Nanjing First Hospital Affiliated to Nanjing Medical University, Nanjing, China
(Liu) The First Affiliated Hospital of Harbin Medical University, Heilongjiang, China
(Zheng) The Second Hospital of Tianjin Medical University, Tianjin, China
(Wu, Xu, O'Neill, Fujita, Engel, Kaufman, Shankar) Merck & Co., Inc., Kenilworth, NJ, United States
(Wu) Roche (China) Holding Ltd., Beijing, China
(Fujita) Alexion Pharmaceuticals, New Haven, CT, United States
Country of Publication
United Kingdom
Publisher
Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)
Date Created
20170430
Year of Publication
Long-term outcome of patients with chronic pancreatitis treated with micronutrient antioxidant therapy.

Rupasinghe S.N., Siriwardena A.K.

Embase

Hepatobiliary and Pancreatic Diseases International. 16 (2) (pp 209-214), 2017. Date of Publication: 15 Apr 2017.

[Article]

AN: 615424605

Background Micronutrient antioxidant therapy did not relieve pain in a European randomized trial of patients with chronic pancreatitis without malnutrition. However, intervention was undertaken only for 6 months leaving unanswered the question of whether long-term antioxidant therapy may modulate chronic pancreatitis. The aim of this study is to assess the outcome of long-term use of micronutrient antioxidant therapy in patients with chronic pancreatitis. Methods This is a single center clinical cohort report of patients with chronic pancreatitis prescribed micronutrient antioxidant therapy and followed for up to 10 years. Data were collected on demographic detail, clinic pain assessment, insulin requirements, interventions and outcome. Results A group of 30 patients with a diagnosis of chronic pancreatitis constitute the study population. Median age at time of diagnosis was 40 years (range 14-66); 19 (63%) were male and the median duration of symptoms was 2 years (range 0-18). Alcohol was the dominant cause in 22 (73%) patients and 16 (53%) patients were Cambridge stage 1. Twenty-four (80%) patients had pain at presentation. During antioxidant treatment of 4 years (range 1-10), pain decreased but the proportion with abdominal pain compared to those who were pain-free remained constant (P=0.16; two-way ANOVA with Bonferroni correction). There was a significant increase in requirement for insulin (P=0.028) with time together with use of both endoscopic and surgical interventions. Conclusions This is the first study to report long-term disease-specific outcome in patients with chronic pancreatitis prescribed micronutrient antioxidant therapy. There appears to be no effect of intervention on outcome. Copyright © 2017 The Editorial Board of Hepatobiliary & Pancreatic Diseases International

Status

EMBASE
60.
The incidence and outcome of ischemic colitis in a population-based setting.
Moller P.H., Bjornsson E.S.
Embase
[Article]
AN: 614560049
Objective: Population-based studies on patients with ischemic colitis (IC) are limited. We aimed to
determine the incidence, risk factors and outcome of patients with IC. Methods: A retrospective
nationwide study was conducted on adult patients with histologically confirmed IC in 2009-2013 in
Iceland. IC patients were matched for age and gender with patients hospitalized with lower
gastrointestinal bleeding. Data were collected on clinical presentation, comorbidities, smoking
habits, management and outcome. Results: Eighty-nine patients, 61 (69%) females and mean
age of 65 years (+/-17), fulfilled the predetermined criteria. Females were older than males, 68
years (+/-14) vs. 59 years (+/-20) (p =.0170). The mean cumulative incidence was 7.3 cases per
100,000 inhabitants. A total of 57 (64%) patients presented with abdominal pain, hematochezia
and diarrhea. IC was localized in the left colon in 78 (88%) patients. Overall, 62 (70%) patients
had cardiovascular disease vs. 53 (60%) of control group (NS) and 55 (62%) had a history of
smoking vs. 53 (60%) in control group (NS). Ten (11%) patients required surgery and/or died within 30-days from hospital admission. At the end of follow-up, 7 (9%) patients had experienced recurrence of IC with an estimated 3-year recurrence rate of 15%. Conclusions: IC is a common clinical phenomenon that affects a wide range of age groups, but is most prominent among elderly women. It typically presents with a clinical triad of abdominal pain, hematochezia and diarrhea. Most cases are mild and self-limiting with a good prognosis. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.

Status
EMBASE
Institution
(Yngvadottir, Karlsdottir, Hreinsson, Ragnarsson, Bjornsson) Department of Internal Medicine, Division of Gastroenterology and Hepatology, The National University Hospital of Iceland, Reykjavik, Iceland (Mitev, Jonasson) Department of Pathology, The National University Hospital of Iceland, Reykjavik, Iceland (Moller) Department of Surgery, The National University Hospital of Iceland, Reykjavik, Iceland
Country of Publication
United Kingdom
Publisher
Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)
Date Created
20170428
Year of Publication
2017

61.
Fractionated Palliative Pelvic Radiotherapy as an Effective Modality in the Management of Recurrent/Refractory Epithelial Ovarian Cancers: An Institutional Experience.
Bansal A., Rai B., Kumar S., Suri V., Ghoshal S.
Embase
Journal of Obstetrics and Gynecology of India. 67 (2) (pp 126-132), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 611532777
Background: The advent of effective chemotherapeutic agents for ovarian carcinoma has made radical abdomino-pelvic radiation redundant. Nevertheless, palliative pelvic radiotherapy still has a role in palliating local symptoms. However, its effect on progression-free survival (PFS) may be debated. Aims: To study the outcome of fractionated palliative pelvic radiotherapy in relapsed ovarian cancers in terms of symptom control and PFS. Methods: Twenty-three patients of ovarian cancers, heavily pretreated with chemotherapy and with recurrent or residual pelvic masses, were planned for palliative pelvic radiotherapy to the dose of 46-50 Gy in 23-25 fractions in 4.5-5 weeks. Symptom control and outcomes have been analyzed. Results: Post-radiotherapy, abdominal pain was controlled in 15 out of 17 patients (88.2 %), bleeding per vaginum in all 5 patients and vaginal discharge stopped in 4 out of 5 patients (80 %). On follow-up, of 23 patients, 17 (74 %) had progressive disease post-radiation, and median time to disease progression was 10 months (range 1-49). On univariate analysis, increased PFS was observed in patients who received radiation late in their course of disease, those with serous histology, and with lesser disease bulk in pelvis (<=2 cm) prior to radiation initiation. Conclusion: Fractionated palliative pelvic radiotherapy is an efficient method for symptom palliation in relapsed ovarian cancers. Patients who are heavily pretreated with chemotherapy and have a small-volume pelvic disease may show a prolonged PFS with addition of pelvic radiotherapy. Indications of radiotherapy, however, need to be defined.

Introduction and hypothesis: Interstitial cystitis/painful bladder syndrome (IC/PBS) is a chronic inflammatory condition of the submucosal and muscular layers of the bladder. So far, there is no effective and targeted treatment strategy for IC/PBS. This study aimed to assess the efficacy and safety of intravesical instillation treatment in IC/PBS patients. Methods: We searched various databases up to October 2015. A network meta-analysis was performed to compare global response assessment (GRA) for different treatment strategies, including botulinum toxin A (BoNTA), bacillus Calmette-Guerin (BCG), resiniferatoxin (RTX), lidocaine, chondroitin sulfate (CS), oxybutynin, and pentosan polysulfate (PPS). A traditional meta-analysis was also performed. Results: Sixteen trials evaluating 905 patients were included. Network meta-analysis indicated that BoNTA had the highest probability of being the best treatment course according to GRA assessment results (probability 81.7 %). BCG or BoNTA therapy yielded significant improvement in GRA incidence according to traditional meta-analysis. Patients who received PPS showed higher urinary frequency results compared with the placebo groups. BCG- and PPS-treated patients had elevated urinary urgency treatment effects compared with placebo groups. Bladder capacity restoration results also showed significant improvements in patients who received BoNTA compared with placebo-treated individuals. Conclusions: These findings indicate that BoNTA therapy has the highest probability of being the best therapy according to GRA, and significantly improves bladder capacity in IC/PBS patients. BCG treatment also significantly increases the incidence of GRA and improves the symptoms of urinary urgency. PPS can significantly improve urinary frequency and urgency symptoms in IC/PBS patients.

Copyright © 2016, The Author(s).

Status
EMBASE
Institution
(Zhang, Deng, Liu, Wang) Tianjin Institute of Urology, The 2nd Hospital of Tianjin Medical University, Tianjin Medical University, 23 Pingjiang Road, Tianjin, Hexi District 300211, China
Country of Publication
United Kingdom
Comparing electromagnetic stimulation with electrostimulation plus biofeedback in treating male refractory chronic pelvic pain syndrome.


Embase
[Article In Press]

AN: 615607455

Objective: The aim of this study was to compare the effectiveness of electromagnetic stimulation (EMS) versus electrostimulation plus biofeedback (ESB) for the treatment of refractory chronic pelvic pain syndrome (CPPS) in men. Materials and Methods: A total of 23 male refractory CPPS patients were included in the study. EMS was applied for 30 minutes, three times weekly, for 6 weeks, for pelvic floor rehabilitation. We retrospectively compared the outcomes with 22 male refractory CPPS patients treated with ESB twice a week for 2 weeks, and later once a week for 4 weeks. Each ESB session lasted 45 minutes, including biofeedback (15 minutes) followed by electrostimulation (30 minutes). The outcome measures included the National Institutes of Health Chronic Prostatitis Symptoms Index (NIH-CPSI), International Prostate Symptom Score (IPSS), and a visual analogue score for pain from baseline to 12 weeks after completion of treatment. Results: Significantly reduced pain, improved quality of life (QoL), and lowered total score of the NIH-CPSI were observed in both groups (all p < 0.05). The ESB group also demonstrated improvement in the urinary subscore of the NIH-CPSI. No significant differences were found between the groups in the urinary score measures of the NIH-CPSI. The mean pain score (p = 0.035), QoL (p = 0.012), and total score (p = 0.009) improved significantly in the ESB group compared with EMS group. Total IPSS and visual analogue score improved significantly after treatment in both groups. However, no significant differences were noted between the groups in the total and subdomain sums of the IPSS. Conclusion: Both EMS and ESB physical therapy of
the pelvic floor muscle effectively reduce pain, increase the QoL, and improve urinary tract symptoms in male CPPS patients who are refractory to medical treatments. The combination therapy of ES plus biofeedback demonstrates additional benefits in pain and QoL when compared with EMS alone. Copyright © 2017.

64.
Risk Categorization Predicts Disability in Pain-associated Functional Gastrointestinal Disorders after 6 Months.
Embase
Journal of Pediatric Gastroenterology and Nutrition. 64 (5) (pp 685-690), 2017. Date of Publication: 01 May 2017.
[Article]
AN: 611348743
Introduction: For a large portion of youth, pain-associated functional gastrointestinal disorders (FGIDs) are associated with significant impairment over time. Clinically feasible methods to categorize youth with FGIDs at greatest risk for persistent pain-related impairment have not yet been identified. Methods: Measures of functional disability, pain intensity, and anxiety were collected on 99 patients with FGIDs (ages 8-18) during a visit to a pediatric gastroenterology office to assess for the presence of risk. Follow-up data were obtained on a subset of this sample (n=64) after 6 months, either in person or via mail. The present study examined whether a greater number of risk factors at baseline predicted greater pain-related disability at follow-up. Results: Patients were divided into 4 groups based on number of risk factors present at the initial assessment: 0 (18.2%), 1 (24.2%), 2 (26.3%), and 3 (31.3%). The presence of 2 or 3 risk factors significantly predicted greater disability at follow-up compared to those with 0 risk factors (R^2 =0.311) and those with just 1 risk factor (Cohen's d values of -1.07 and -1.44, respectively).

Discussion: A simple approach to risk categorization can identify youth with FGIDs who are most likely to report increased levels of pain-related impairment over time. These findings have important clinical implications that support the utility of a brief screening process during medical care to inform referral for targeted treatment approaches to FGIDs. Copyright © ESPGHAN and NASPGHAN. All rights reserved.

Status
EMBASE
Institution
(Cunningham, Jagpal, Peugh, Lynch-Jordan, Kashikar-Zuck) Division of Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave, Cincinnati, OH 45229-3026, United States (Cunningham, Peugh, Farrell, Lynch-Jordan, Kashikar-Zuck) Department of Pediatrics, University of Cincinnati College of Medicine, United States (Farrell) Division of Pediatric Gastroenterology Hepatology, and Nutrition, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, United States (Cohen) Department of Pediatrics, University of Alabama at Birmingham, Birmingham, United Kingdom (Mezoff) Boonshoft School of Medicine, Wright State University, United Kingdom (Mezoff) Dayton Children's Hospital, Dayton, OH, United States

Country of Publication
United States
Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Date Created
20170425
Year of Publication
65.
The role of environmental stress on lower urinary tract symptoms.
Sanford M.T., Rodriguez L.V.
Embase
Current Opinion in Urology. 27 (3) (pp 268-273), 2017. Date of Publication: 01 May 2017.
[Review]
AN: 615438881
Purpose of review Lower urinary tract symptoms (LUTS) have been associated with comorbid conditions such as anxiety and depression. In addition, stress appears to influence the development or exacerbation of LUTS. This article seeks to review literature regarding the role of environmental stress on LUTS, focusing on findings presented in the last year. Recent findings Numerous authors have published on the impact early childhood experiences, acute and chronic stress, and psychiatric illness play in the development of LUTS. The exact nature of the association between bladder symptoms and psychosocial measures remains unknown and is likely due to a complex interplay between heritability, psychosocial factors, and environmental stress. The proposed pathophysiological pathways involved in emotional states such as anxiety and depression, stress, and bladder function include activation of the hypothalamic-pituitary axis, dysregulation of the serotonergic pathways, and central sensitization. Recent work has additionally suggested that urinary syndromes involving abnormal or augmented sensory input, such as overactive bladder and interstitial cystitis/bladder pain syndrome, may be a spectrum of the same disorder. Summary There are numerous developments in our understanding of the role of environmental stress on the development and exacerbation of LUTS with new developments both clinically and in translational basic science work. Clinicians must acknowledge the high prevalence of affective disorders in patients with LUTS and realize their potential therapeutic influence. Simply addressing mechanisms at the level of the bladder alone may fail in a subpopulation of patients with LUTS who may have significant psychosocial drivers of their symptoms. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.
Status
EMBASE
Institution
66. Laparoscopic transposition of lower-pole crossing vessels: Long-term follow-up of 33 patients at puberty. Madec F.-X., Faraj S., Villemagne T., Fourcade L., Lardy H., Leclair M.-D. Embase Journal of Pediatric Urology. 12 (4) (pp 226.e1-226.e6), 2016. Date of Publication: 01 Aug 2016. [Article] AN: 610524981 Purpose Laparoscopic transposition of lower-pole crossing vessels (LPCV) has been described as an effective alternative to dismembered pyeloplasty in selected indications of hydronephrosis, with purely extrinsic vascular PUJ obstruction. We hypothesized that the initial good results of laparoscopic transposition of LPCV in children presenting with pure extrinsic PUJO were sustained at puberty when these children go through statural growth, without inducing significant changes in systemic arterial blood pressure. Hence, we analysed the long-term follow-up of adolescents successfully treated with this technique during childhood, reviewed after they have reached puberty, focusing on the incidence of recurrent symptoms, renal dilatation, and systemic hypertension. Patients and methods Early 2015, among a cohort of 70 patients prospectively followed-up since they had undergone laparoscopic transposition of LPCV during childhood (2005-2012), we performed systematic clinical assessment of the 33 adolescent patients (16 years; range 12-22) who had reached puberty age. Assessment focused on clinical examination, arterial blood pressure measurements, and renal ultrasonography (Table). Results The median delay since surgery was 67 months (31-113 months). Arterial blood pressure adjusted for age
and height was within normal range in all patients. Three patients had occasional episodes of abdominal pain: two of them had normal US (including during pain episodes), one had persistent extra-renal dilated pelvis with no calyceal dilatation. None of them showed obvious clinical characteristics linking the pain to a renal origin. Renal US showed residual SFU grade 2 pelvicalyceal dilatation in 2/33 asymptomatic patients; SFU grade 1 extra-renal pelvis dilatation in 3, and was normal in the remaining. When Doppler analysis was performed, there was no evidence of lower-pole parenchyma perfusion defect. Discussion In adolescents successfully treated during childhood with transposition of LPCV, there seemed to be no impact of this procedure on systemic arterial blood pressure in adolescents after puberty, nor any evidence of late recurrence of symptoms or hydronephrosis. The main limitation of the present study relies in its retrospective nature, the limited sample size, and the obvious difficulty in adequate selection of candidate patients to this technique. The present experience however reinforces the hypothesis that a vast majority of children can be definitely cured with transposition of LPCV when they represent the sole aetiology of obstruction. Conclusion In the long-term follow-up, most adolescents successfully treated during childhood by laparoscopic transposition of LCPV for PUJ extrinsic obstruction remain asymptomatic, with normal arterial blood pressure, and normal renal ultrasound when they reach puberty. [Table presented] Copyright © 2016 Journal of Pediatric Urology Company

PMID

Status
EMBASE

Author NameID
Leclair, Marc-David; ORCID: http://orcid.org/0000-0002-1771-9025

Institution
(Madec, Faraj, Villemagne, Leclair) Paediatric Surgery and Urology Department, Children University Hospital, Nantes, France  (Villemagne, Lardy) Paediatric Surgery Department, University Hospital, Tours, France

Country of Publication
United Kingdom

Publisher
Elsevier Ltd

Date Created
20161228

Year of Publication
2016
Protocol of randomized controlled trial of potentized estrogen in homeopathic treatment of chronic pelvic pain associated with endometriosis.

Teixeira M.Z., Podgaec S., Baracat E.C.

Embase

Homeopathy. 105 (3) (pp 240-249), 2016. Date of Publication: 01 Aug 2016.

[Article]

AN: 610353465

Background Endometriosis is a chronic inflammatory disease that causes difficult-to-treat pelvic pain. Thus being, many patients seek help in complementary and alternative medicine, including homeopathy. The effectiveness of homeopathic treatment for endometriosis is controversial due to the lack of evidences in the literature. The aim of the present randomized controlled trial is to assess the efficacy of potentized estrogen compared to placebo in the treatment of chronic pelvic pain associated with endometriosis. Methods/design The present is a randomized, double-blind, placebo-controlled trial of a homeopathic medicine individualized according to program ‘New Homeopathic Medicines: use of modern drugs according to the principle of similitude’ (http://newhomeopathicmedicines.com). Women with endometriosis, chronic pelvic pain and a set of signs and symptoms similar to the adverse events caused by estrogen were recruited at the Endometriosis Unit of Division of Clinical Gynecology, Clinical Hospital, School of Medicine, University of Sao Paulo (Hospital das Clínicas da Faculdade de Medicina da Universidade de Sao Paulo - HCFMUSP). The participants were selected based on the analysis of their medical records and the application of self-report structured questionnaires. A total of 50 women meeting the eligibility criteria will be randomly allocated to receive potentized estrogen or placebo. The primary clinical outcome measure will be severity of chronic pelvic pain. Statistical analysis will be performed on the intention-to-treat and per-protocol approaches comparing the effect of the homeopathic medicine versus placebo after 24 weeks of intervention. Discussion The present study was approved by the research ethics committee of HCFMUSP and the results are expected in 2016. Trial registration: ClinicalTrials.gov Identifier: https://clinicaltrials.gov/ct2/show/NCT02427386. Copyright © 2016 The Faculty of Homeopathy


Status
Permanent discontinuation of non vitamin K oral anticoagulants in real life patients with non-valvular atrial fibrillation.

Vedovati M.C., Verdecchia P., Giustozzi M., Molini G., Conti S., Pierpaoli L., Valecchi F., Aita A., Agnelli G., Becattini C.

Embase
International Journal of Cardiology. 236 (pp 363-369), 2017. Date of Publication: 01 Jun 2017.

[Article]
AN: 614207574

Background Persistence to treatment affects clinical outcomes in patients with chronic disease such as atrial fibrillation (AF). Methods This prospective cohort study included consecutive non-valvular AF patients prescribed with non-vitamin K oral anticoagulants (NOACs) and investigated for any permanent discontinuation at 1-year of this therapy, as well as any reasons for discontinuation. Results Overall, 1305 patients were prescribed with dabigatran (N = 473), rivaroxaban (N = 425) or apixaban (N = 407). Of these, 201 patients (15.4%) discontinued NOACs during the first year of treatment. More than 60% of these discontinuations occurred during the first 6 months. Reasons for discontinuation included: dyspepsia or abdominal pain in 38 patients (2.9%) and bleeding in 59 (4.5%). Discontinuation for the former occurred earlier (50% within 2 months) compared to the latter (66% after the first 4 months). The prescription of reduced NOAC doses resulted being an independent predictor of discontinuation (OR 1.74, 95%
Regarding the use of dabigatran, rivaroxaban and apixaban, the following were observed: discontinuers were 22.0% (95% CI 18.5-25.9), 14.4% (95% CI 11.3-18.0) and 8.8% (95% CI 6.5-12.0), the risk of discontinuation associated with bleeding was 20.2%, 44.3% and 30.6% and dyspepsia or abdominal pain was 35.6%, 1.6% and 0%, respectively. Conclusion Discontinuation of NOACs in AF patients was relatively common and more than often occurred in the first six months after prescription. Patients treated with reduced doses of NOACs had a higher probability to discontinue compared to those who were prescribed conventional doses.

Copyright © 2017 Elsevier Ireland Ltd

69.
Anterior rectus sheath blocks in children with abdominal wall pain due to anterior cutaneous nerve entrapment syndrome: a prospective case series of 85 children.
Embase
Paediatric Anaesthesia. 27 (5) (pp 545-550), 2017. Date of Publication: 01 May 2017.
[Article]
Background: Chronic abdominal pain in children may be caused by the anterior cutaneous nerve entrapment syndrome. Local nerve blocks are recommended as an initial treatment in adults. Evidence on effectiveness and safety of such a treatment in children is lacking. Aim: Our aim was to study outcome and adverse events of anterior rectus sheath blocks in childhood anterior cutaneous nerve entrapment syndrome. Methods: Patients <18 years of age receiving anterior rectus sheath blocks were prospectively followed. Injections were administered using a free-hand technique in the outpatient department. Results: A total of 85 children were included (median age 15 years, range 8-17, 76% female). Eighty-three children reported immediate pain relief following a single lidocaine block and 13 achieved long-term success. Another 19 children was successfully treated with additional blocks combined with steroids. A total 38% success ratio was attained after a median 17-month follow-up (range, 4-39). Pain intensity and diagnostic delay were not associated with a beneficial outcome. However, young age predicted success. An infrequently occurring adverse event was temporarily increased pain some 6 h post injection.

Conclusion: Anterior rectus sheath blocks using local anesthetics and steroids are safe and long-term successful in more than one-third of children suffering from abdominal pain due to anterior cutaneous nerve entrapment syndrome. Copyright © 2017 John Wiley & Sons Ltd

Status
EMBASE
Institution
(Siwash, Mol, Perquin, van Eerten, Roumen, Scheltinga) Department of Surgery, Maxima Medical Center, Veldhoven, Netherlands (Tjon-A-Ten) Department of Pediatrics, Maxima Medical Center, Veldhoven, Netherlands (van Heurn) Department of Pediatric Surgery, Emma Children's Hospital AMC & VU University Medical Center, Amsterdam, Netherlands
Country of Publication
United Kingdom
Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Date Created
20170424
Year of Publication
2017
70.
Plasma brain-derived neurotrophic factor in women with pelvic pain: A potential biomarker for endometriosis?
Rocha A.L., Vieira E.L., Ferreira M.C., Maia L.M., Teixeira A.L., Reis F.M.
Embase
[Article]
AN: 615168745
Aim: To test whether plasma BDNF levels are useful to predict the presence of endometriosis in women with pelvic pain. Patients & methods: Prospective cross-sectional study including 67 consecutive women aged 24-49 years, scheduled for laparoscopy due to chronic pelvic pain. Preoperative plasma samples were assayed for BDNF using a commercial enzyme immunoassay. Results: Women with ovarian endometrioma had higher preoperative plasma BDNF (1063 +/- 157 pg/ml) compared with women with other benign ovarian tumors (537 +/- 131 pg/ml, F = 2.53; p = 0.02). However, plasma BDNF levels were not helpful to indicate the presence of peritoneal or deep infiltrating endometriosis. Plasma BDNF levels were positively correlated with the severity of pelvic pain (r = 0.489; p < 0.0001). Conclusion: Plasma BDNF might be a biomarker of ovarian endometrioma but not a useful diagnostic marker to detect other forms of endometriosis in women with painful symptoms. Copyright © 2017 Future Medicine Ltd.
Status
EMBASE
Institution
(Rocha, Ferreira, Maia, Reis) Department of Obstetrics and Gynecology, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil (Vieira, Teixeira) Department of Internal Medicine, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil (Teixeira) Department of Psychiatry and Behavioral Sciences, University of Texas Health Science Center at Houston, Houston, TX 77030, United States
Country of Publication
United Kingdom
Publisher
Future Medicine Ltd. (E-mail: info@futuremedicine.com)
Date Created
20170424
Year of Publication
2017
Catechol-O-methyltransferase gene polymorphism and vulvar pain in women with vulvodynia.

Embase

[Conference Paper]
AN: 613808893

Background The underlying causes of vulvar pain in women with vulvodynia remain poorly understood. Catechol-O-methyltransferase, an enzyme that metabolizes catecholamines, is a neuromodulator that is involved with perception and sensitivity to pain. The catechol-O-methyltransferase gene is polymorphic, and a single nucleotide polymorphism is associated with low activity and heightened pain sensitivity. The variant allele that encodes this polymorphism commonly is called the "L allele" because of its low enzyme activity as opposed to the normal H (high activity) allele. Objective The methionine-containing catechol-O-methyltransferase protein coded by the L allele results in elevated catecholamine levels, reduced inactivation of the dopaminergic and adrenergic systems, and increased sensitivity to pain. This polymorphism not only may decrease the pain threshold in response to acute pain but also may facilitate the development of chronic pain. Therefore, the objective of our study was to assess whether a variation in the catechol-O-methyltransferase genotype is involved in increased pain sensitivity in women with vulvodynia. Study Design We conducted a prospective cohort study. Methods Buccal swabs were collected from 167 white women with vulvodynia and 107 control subjects; the DNA was tested for a single nucleotide polymorphism at position 158 (rs4680) in the catechol-O-methyltransferase gene. Results Women with vulvodynia had a marginally increased, yet not significant, prevalence of the catechol-O-methyltransferase genotype that is associated with high activity of the coded protein: 32.9% in the women with vulvodynia, as opposed to 21.5% in the control subjects (odds ratio, 1.80; 95% confidence interval, 1.02-3.15). Subgrouping the cases based on pain frequency revealed that the elevated occurrence of this catechol-O-methyltransferase genotype was present in 40.6% of the subset of women who experienced pain only with sexual intercourse vs only 21.5% of control subjects (odds ratio, 2.50; 95% confidence interval, 1.27-4.93). Also, women with primary vulvodynia had a significantly higher prevalence of the H allele than did the control subjects (62.9% vs 48.1%; odds ratio, 1.82; 95% confidence
Conclusion Increased pain sensitivity in women with vulvodynia is not due to a genetically determined low catechol-O-methyltransferase enzyme activity. Other mechanisms may account for alterations in catechol-O-methyltransferase activity in women with pain that is limited to intercourse or primary vulvodynia that contributes to pain sensitivity. Copyright © 2016 Elsevier Inc.

Quality of Life and Sexual Distress in Women with Erosive Vulvovaginal Lichen Planus.
Cheng H., Oakley A., Conaglen J.V., Conaglen H.M.
Embase
Journal of Lower Genital Tract Disease. 21 (2) (pp 145-149), 2017. Date of Publication: 01 Apr 2017.
Objectives Erosive vulvovaginal lichen planus (EVLP) is a chronic and painful genital dermatosis. Little is published about its impact on quality of life. This study aimed to evaluate quality of life and sexual function in women with EVLP. Materials and Methods Women with genital dermatoses were surveyed using the Dermatology Life Quality Index (DLQI) and Hospital Depression and Anxiety Scales. A subgroup completed the Female Sexual Distress Scale and Female Sexual Function Index subscales. Patient characteristics including age, diagnosis, and current treatment were recorded. Results from women with EVLP were compared with other diagnoses. Results Data from 77 women who participated between March 2013 and March 2014 were analyzed. Of these, 17 had EVLP. Comparator groups included women with vulval lichen sclerosus (n = 48) and vulval dermatitis (n = 12). In women with EVLP, 59% reported at least moderate impact on quality of life; mean DLQI scores: EVLP, 7.18; lichen sclerosus, 3.79; dermatitis, 8.67; p =.008. Overall, scores suggested depression in 14% and anxiety in 16% of participants. Sexual distress scores 11 or higher were recorded by 69% of women with EVLP, 63% of women with lichen sclerosus, and 56% of women with dermatitis. In those completing all sections of the survey (n = 40), DLQI was significantly correlated with depression (p =.004), sexual distress (p = .001), and sexual satisfaction (p =.01). Conclusions Sixty-nine percent of women with EVLP reported sexual distress. Women with EVLP reported lesser quality of life than those with lichen sclerosus. Quality of life, anxiety and depression, sexual distress, and sexual function were all related in these participants. Copyright © 2016, American Society for Colposcopy and Cervical Pathology.
Chronic abdominal syndrome due to nervous compression. Study of 100 cases and proposed diagnostic-therapeutic algorithm.


Embase


[Article]

AN: 615386115

OBJECTIVE: In the medical literature, thoracic disc protrusion has traditionally been considered a rare occurrence. We hypothesise that the incidence of such protrusions and their abdominal symptoms is higher than is generally believed and that their presence may account for a significant proportion of chronic non-visceral abdominal pains. Accordingly, the present study was designed to identify and quantify the symptoms experienced by patients with thoracic disc protrusion and to assess the relative risk of these symptoms being presented, compared to the general population.

DESIGN: We conducted a cross-sectional study with a control group. The following comparison groups were analysed: case group, consisting of 100 patients diagnosed with thoracic disc protrusion in our hospital between February 2007 and October 2012, and control group consisting of 100 subjects from the general population, chosen at random. To compare the symptoms observed in each group, the following tests were applied to all study subjects: clinical examination, gastrointestinal-related quality of life (GIQLI) questionnaire and DN4 questionnaire. We also reviewed the subjects' medical records for the previous 3 years.

RESULTS: The subjects in the case group had a significantly higher incidence of digestive-urologic symptoms, a poorer gastrointestinal quality of life and greater need of medical care than those in the control group. The differences were statistically significant for all the parameters studied. Almost all the case group subjects suffered chronic abdominal pain and/or digestive-urologic symptoms. We term this group of symptoms "chronic abdominal syndrome due to nervous compression". Nevertheless, in most cases, no neurologic aetiology was suspected, and therefore the treatment given was ineffective. In view of the results obtained, we propose a diagnostic-therapeutic algorithm for such patients.
CONCLUSION: Thoracic disc protrusion, as well as having a non-negligible incidence, is often associated with a digestive-urologic clinical syndrome, and this factor should be taken into account in all cases of chronic abdominal pain and other digestive-urologic symptoms when standard tests are negative, so that appropriate treatment may be given.

PMID

Institution
(Lara) Surgery Service, Antequera Hospital, Avda Poeta Munoz Rojas sn., 29200, Antequera, Malaga, Spain, javinewyork@hotmail.com

Country of Publication
United States

Date Created
20170419

Year of Publication
2015

74.
Clinical study of duloxetine hydrochloride combined with doxazosin for the treatment of pain disorder in chronic prostatitis/chronic pelvic pain syndrome.
Zhang M., Li H., Ji Z., Dong D., Yan S.
Embase
[Article]
AN: 614960683
To explore the safety and efficacy of the selective 5-serotonin and norepinephrine reuptake inhibitor duloxetine hydrochloride and alpha-adrenergic receptor blocker (alpha-blocker) doxazosin mesylate-controlled tablets in the treatment of pain disorder in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). In all, 150 patients were enrolled and 126 patients completed the study (41 patients in the doxazosin group, 41 patients in the sertraline group, and 44 patients in the duloxetine group). This was an open randomized 6-month study. CP/CPPS patients who met the diagnostic criteria were randomized into 3 groups. The patients in the duloxetine group received doxazosin 4mg + duloxetine 30mg once a day, and the dosage of
duloxetine was increased to 60mg after a week. The patients in the doxazosin group received doxazosin 4mg once a day. The patients in the sertraline group received doxazosin 4mg + sertraline 50mg once a day. National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) score, the short-form McGill Pain questionnaire (SF-MPQ), and the hospital anxiety and depression scale (HAD) were applied for evaluations during follow-up of 1, 3, and 6 months after treatment. There were slight positive significant correlations between NIH-CPSI scores and HAD scores, moderate positive significant correlations between the quality of life (QOL) and SF-MPQ, and slight positive significant correlations between HAD and QOL. The effective rate in the doxazosin group was 4.88%, 19.51%, and 56.10% after 1, 3, and 6 months, respectively (P<0.05). The SF-MPQ score in the doxazosin group decreased to 1.80+/ -1.29, 2.66+/ -1.57, and 3.24+/ -1.67 after 1, 3, and 6 months, respectively (P<0.05). The HAD score in the doxazosin group decreased to 2.24+/ -2.17, 4+/ -2.11, and 4.90+/ -2.62 after 1, 3, and 6 months, respectively (P<0.05). The effective rate in the sertraline group was 9.76%, 36.59%, and 63.41% after 1, 3, and 6 months, respectively. The SF-MPQ score in the sertraline group decreased to 1.76+/ -1.28, 3.07+/ -2, and 3.93+/ -2.53 after 1, 3, and 6 months, respectively (P<0.05). The HAD score in the sertraline group decreased to 3.56+/ -4.11, 5.73+/ -5.26, and 7.27+/ -6.50 after 1, 3, and 6 months, respectively (P<0.05). The effective rate in the duloxetine group was 36.36%, 88.64%, and 88.64% after 1, 3, and 6 months, respectively. The SF-MPQ score in the duloxetine group decreased to 3.61+/ -2.54, 6.05+/ -3.66, and 7.41+/ -4.26 after 1, 3, and 6 months, respectively (P<0.05). The HAD score in the duloxetine group decreased to 3.14+/ -3.28, 6.93+/ -3.90, and 9.43+/ -4.67 after 1, 3, and 6 months, respectively (P<0.05). There were significant differences in the reduction of the NIH-CPSI score and the SF-MPQ score between the duloxetine group and the sertraline group and between the duloxetine group and the doxazosin group (P<0.01). There were significant differences in the reduction of the HAD score at 3 months between the duloxetine group and the doxazosin group, and there were significant differences in the reduction of the HAD score at 6 months among the groups (P<0.05). The incidence rates of adverse reactions in the duloxetine group, the sertraline group, and the duloxetine group were 29.5%, 17%, and 7.3%, respectively, with adverse events ranging from mild to moderate. There was a clear relationship between the extent of pain and mental factors in CP/CPPS with the main symptom of pain. Doxazosin combined with duloxetine exhibited good safety and efficacy in the treatment of pain disorder in CP/CPPS. Copyright © 2017 the Author(s).
75.
Comparison of combined hormonal vaginal ring and low dose combined oral hormonal pill for the treatment of idiopathic chronic pelvic pain: a randomised trial.

Priya K., Rajaram S., Goel N.

Embase
Date of Publication: 01 Dec 2016.

[Article]
AN: 613206333

Objective To compare the efficacy and acceptability of combined hormonal vaginal ring with combined oral hormonal pill in women with idiopathic chronic pelvic pain. Study design Randomised prospective interventional trial conducted in 60 women with idiopathic chronic pelvic pain. Women were randomised into two groups of 30 each. In each group, treatment was given for 84'days using either combined vaginal ring or combined oral hormonal pill. Hormonal vaginal ring releases 15 mcg of ethinyl estradiol and 120 mcg of the etonogestrel per day while the hormonal pill contained 30 mcg of ethinyl estradiol and 150 mcg of levonorgestrel. There was no ring or pill free week. After every 28 days, pain relief was measured using visual analogue scale (VAS), and verbal rating score (VRS) calculated by summing dysmenorrhea, non-cyclic pelvic pain (NCCP) and deep dyspareunia scores. Side effects, compliance, satisfaction, and user acceptability were also measured. Data was analyzed using various parametric and non-parametric tests. Results Reduction in mean VAS score at end of treatment in ring group was 6.23 (95% confidence interval [CI], 5.45-7.01; p < 0.001) as compared to 5.53 in pill group (95%
Reduction in mean VRS score was 5.63 in ring users (95% CI, 4.84-6.42; p < 0.001) versus 4.36 in pill users (95% CI, 3.63-5.10; p < 0.001). A significantly higher persistent relief in NCPP score was observed in vaginal ring group as compared to oral pill group at end of one month after stopping treatment. Compliance, satisfaction, and user acceptability were higher in ring users (80%) than pill users (70%) and a higher incidence of nausea was seen in pill group. Conclusion Present study demonstrates for first time that both vaginal and oral hormonal therapy are effective in treatment of idiopathic chronic pelvic pain and vaginal ring may be a better choice with higher satisfaction rate and fewer side effects.

Copyright © 2016 Elsevier Ireland Ltd


Status
EMBASE

Institution
(Priya, Rajaram, Goel) Department Of Obstetrics & Gynecology, UCMS & GTB Hospital, New Delhi, India

Country of Publication
Ireland

Publisher
Elsevier Ireland Ltd

Date Created
20161230

Year of Publication
2016

76.
Prevalence of sexual dysfunction in men with chronic prostatitis/chronic pelvic pain syndrome: a meta-analysis.
Li H.-J., Kang D.-Y.

Embase

World journal of urology. 34 (7) (pp 1009-1017), 2016. Date of Publication: 01 Jul 2016.
[Article]
AN: 615393687
PURPOSE: This study aims to estimate the prevalence of sexual dysfunction in men with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) by conducting a meta-analysis. METHODS: Relevant publications were searched using PubMed, Embase, CBM, China National Knowledge Infrastructure, VIP and Wanfang databases up to August 2015. Studies that reported the prevalence of erectile dysfunction, premature ejaculation and total sexual dysfunction in men with CP/CPPS were included.

RESULTS: A total of 24 studies involving 11,189 men were included. Overall prevalence of sexual dysfunction in men with CP/CPPS was 0.62 (95 % CI 0.48-0.75), while the prevalence of erectile dysfunction and premature ejaculation was 0.29 (95 % CI 0.24-0.33) and 0.40 (95 % CI 0.30-0.50), respectively. From 1999 to 2010, the prevalence of sexual dysfunction, erectile dysfunction and premature ejaculation was 0.65 (95 % CI 0.45-0.83), 0.27 (95 % CI 0.22-0.33) and 0.41 (95 % CI 0.27-0.55), respectively. From 2011 to 2014, the prevalence of sexual dysfunction, erectile dysfunction and premature ejaculation was 0.50 (95 % CI 0.22-0.75), 0.35 (95 % CI 0.29-0.40) and 0.39 (95 % CI 0.37-0.41), respectively.

CONCLUSION: The prevalence of sexual dysfunction in men with CP/CPPS was high, even though overall sexual dysfunction demonstrated a slightly decreasing trend. Furthermore, erectile dysfunction prevalence rate had an increasing trend in recent years. More prospective studies are needed to evaluate sexual dysfunction improvement with better management of CP/CPPS.


Institution
(Li) Urological Department of Peking Union Medical College Hospital, Peking Union Medical College, Chinese Academy of Medical Sciences, Beijing, 100730, China
(Kang) Department of Evidence-based Medicine and Clinical Epidemiology, West China Hospital, Sichuan University, No. 37 Guo Xue Xiang, Chengdu, 610041, China

Country of Publication
Germany

Date Created
20170419

Year of Publication
2016


Embase
[Article In Press]
AN: 615408745

Objective: To examine a series of candidate markers for urological chronic pelvic pain syndrome (UCPPS), selected based on their proposed involvement in underlying biological processes so as to provide new insights into pathophysiology and suggest targets for expanded clinical and mechanistic studies. Methods: Baseline urine samples from Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network study participants with UCPPS (n = 259), positive controls (PCs; chronic pain without pelvic pain, n = 107) and healthy controls (HCs, n = 125) were analysed for the presence of proteins that are suggested in the literature to be associated with UCPPS. Matrix metalloproteinase (MMP)-2, MMP-9, MMP-9/neutrophil gelatinase-associated lipocalin (NGAL) complex (also known as Lipocalin 2), vascular endothelial growth factor (VEGF), VEGF receptor 1 (VEGF-R1) and NGAL were assayed and quantitated using mono-specific enzyme-linked immunosorbent assays for each protein. Log-transformed concentration (pg/mL or ng/mL) and concentration normalized to total protein (pg/mug) values were compared among the UCPPS, PC and HC groups within sex using the Student's t-test, with P values adjusted for multiple comparisons. Multivariable logistic regression and receiver-operating characteristic curves assessed the utility of the biomarkers in distinguishing participants with UCPPS and control participants. Associations of protein with symptom severity were assessed by linear regression. Results: Significantly higher normalized concentrations (pg/mug) of VEGF, VEGF-R1 and MMP-9 in men and VEGF concentration (pg/mL) in women were associated with UCPPS vs HC. These proteins provided only marginal discrimination between UCPPS participants and HCs. In men with UCCPS, pain severity was significantly positively associated with concentrations of MMP-9 and MMP-9/NGAL complex, and urinary severity was significantly positively associated with MMP-9, MMP-9/NGAL complex and VEGF-R1. In women with UCPPS, pain and urinary symptom severity were associated with increased normalized concentrations of MMP-9/NGAL complex, while pain severity alone was associated with increased normalized concentrations of VEGF, and urinary severity alone was associated with increased normalized concentrations of MMP-2. Pain severity in women with UCPPS was significantly positively associated with concentrations of all biomarkers except NGAL, and urinary
severity with all concentrations except VEGF-R1. Conclusion: Altered levels of MMP-9, MMP-9/NGAL complex and VEGF-R1 in men, and all biomarkers in women, were associated with clinical symptoms of UCPPS. None of the evaluated candidate markers usefully discriminated UCPPS patients from controls. Elevated VEGF, MMP-9 and VEGF-R1 levels in men and VEGF levels in women may provide potential new insights into the pathophysiology of UCPPS.

Copyright © 2017 BJU International.
Asymptomatic urinary retention in elderly women upon admission to the Internal Medicine department: A prospective study.

Justo D., Schwartz N., Dvorkin E., Gringauz I., Groutz A.

Embase

Neurourology and Urodynamics. 36 (3) (pp 794-797), 2017. Date of Publication: 01 Mar 2017.

[Article]

AN: 610556788

Aim: To assess the incidence and associated risk factors of asymptomatic urinary retention in elderly women upon admission to the Internal Medicine department. Methods: Two hundred and two consecutive elderly women (mean age 84.4 +/- 5.7 years) who were admitted to four Internal Medicine departments at a tertiary medical center were prospectively enrolled. All patients underwent post-void residual urine (PVR) measurements on the morning following the admission day. The measurements were undertaken by using a portable ultrasound bladder scan. Asymptomatic urinary retention was defined as PVR >= 200 ml without lower urinary tract symptoms, or abdominal pain, in two consecutive measurements. Results: Asymptomatic urinary retention was diagnosed in 29 (14.4%) women (mean PVR: 353.1 +/- 155.2 ml; range: 200-712 ml). The mean age, prevalence of chronic diseases, and the use of opioid and antimuscarinic drugs were similar in women with versus without asymptomatic urinary retention. A binary logistic regression analysis showed that asymptomatic urinary retention was significantly and independently associated with low mobility, measured by the functional independence measure (FIM) scale (odds ratio = 0.7, 95% confidence interval 0.6-0.9, P = 0.026), and hypothyroidism (odds ratio = 2.4, 95% confidence interval 1.0-5.8, P = 0.049). Among 174 (86.1%) patients in whom thyroid-stimulating hormone (TSH) serum levels were measured, a statistically significant correlation was demonstrated between TSH values and PVR measurements. Conclusions: Asymptomatic urinary retention in elderly women upon admission to the Internal Medicine department is not infrequent and is independently associated with hypothyroidism and low mobility. PVR measurements should, therefore, be considered in all women with a low level of mobility and/or hypothyroidism upon admission to the Internal Medicine department. Neurourol. Urodynam. 36:794-797, 2017. © 2016 Wiley Periodicals, Inc. Copyright © 2016 Wiley Periodicals, Inc.

Status

EMBASE

Institution

(Justo, Dvorkin) Department of Internal Medicine and Geriatrics D, Sheba Medical Center, Tel-Hashomer, Israel  (Justo, Groutz) Sackler School of Medicine, Tel-Aviv University, Tel Aviv, Israel
Non-Sexual Implications of Phosphodiesterase Type 5 Inhibitors.
Mostafa T.
Embase
Sexual Medicine Reviews. 5 (2) (pp 170-199), 2017. Date of Publication: 01 Apr 2017.
[Review]
AN: 614940799

Introduction Phosphodiesterase type 5 (PDE5) hydrolyses cyclic guanylate monophosphate specifically to 5’ guanylate monophosphate, promoting corporeal vascular relaxation and penile erection in response to sexual stimulation. Oral PDE5 inhibitors (PDE5-Is) have afforded effective and well-tolerated treatment for erectile dysfunction. In addition, PDE5-Is have stimulated academic and clinical interest for their potential benefits in diverse non-sexual applications. Aim To highlight possible potential non-sexual implications of PDE5-Is. Methods A systematic review was conducted until January 2016 based on a search of all relevant articles in Medline Medical Subject Heading, Scopus, Cochrane Library, EMBASE, and CINAHL databases without language restriction. Key words used to assess outcome and estimates for the relevant associations were PDE5 inhibitors, sildenafil, tadalafil, vardenafil, and avanafil. Main Outcome Measures Different non-sexual implications for PDE5-Is. Results PDE5-Is demonstrated beneficial effects in different medical applications with possible widespread implications for cardiovascular, pulmonary, cutaneous, gastrointestinal, urogenital, cellular, musculoskeletal, neurologic, and reproductive
disorders. However, most applications were carried out experimentally in preclinical studies of off-label indications. Conclusion PDE5-Is are a conceptually attractive therapeutic class of agents with pleiotropic effects. Exploring PDE5-Is for their possible implications seems to be valuable in different medical disorders. However, well-designed clinical trials are needed before these agents can be recommended for selected applications. Mostafa T. Non-Sexual Implications of Phosphodiesterase Type 5 Inhibitors. Sex Med Rev 2017;5:170-199. Copyright © 2016 International Society for Sexual Medicine

Status
EMBASE

Institution
(Mostafa) Department of Andrology, Sexology and STDs, Faculty of Medicine, Cairo University, Cairo, Egypt

Country of Publication
United States

Publisher
Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com)

Date Created
20170415

Year of Publication
2017

80.


Embase
Neurourology and Urodynamics. 36 (3) (pp 687-691), 2017. Date of Publication: 01 Mar 2017. [Article]
AN: 609305239

Aims: Long-term ketamine abuse results in severely inflamed bladder and intractable bladder pain. Currently there is no guideline for clinician to follow how to manage patients with ketamine cystitis (KC). This study analyzed the KC patient characteristics between who received conservative management and augmentation enterocystoplasty (AE). Methods: A total of 53 patients with chronic ketamine abuse and lower urinary tract symptoms were included in this
study. All of the patients have been initially treated conservatively but fail. They were admitted for detailed urological examinations. Patients were classified according to their maximal bladder capacity (MBC). The patients with extremely small MBC (<100 ml) with or without upper urinary tract damage and very small MBC with upper urinary tract damage were recommended to receive AE. The patient characteristics and treatment outcome are compared between patients with AE and conservative treatment. Results: Among them, 28 patients underwent AE and 25 were managed with conservative treatment. The only significant difference between groups was more patients with urgency urinary incontinence underwent AE. Patients underwent AE had significantly smaller MBC, thicker bladder wall, and higher incidence of vesicoureteral reflux. Patients underwent AE reported a good outcome. Most of patients received conservative treatment had a fair result. Conclusions: KC patients who already developed a contracted bladder with extremely small bladder capacity (<300 ml) with irreversible urinary tract change, partial cystectomy, and AE seems necessary for early restoration of a normal lower urinary tract function. The treatment outcome of AE is better than patients with conservative treatment.


Status
EMBASE

Institution
(Jhang, Kuo) Department of Urology, Buddhist Tzu Chi General Hospital and Tzu Chi University, Hualien, Taiwan (Republic of China) (Birder) Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA, United States (Chancellor) William Beaumont School of Medicine, Oakland University, Royal Oak, MI, United States

Country of Publication
United States

Publisher
John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Date Created
20170417

Year of Publication
2017
Objectives: The transversus abdominis plane (TAP) block is a relatively simple regional anesthesia technique which entails the injection of local anesthetics (LA) into the interfascial plane between the internal oblique and transversus abdominis muscles, where nerves supplying the anterolateral abdominal wall course. It is widely used for acute pain management following abdominal surgical procedures. We describe a series of cases in which TAP blocks were used to aid in the diagnosis and treatment of chronic abdominal wall pain (CAWP).

Design: Consecutive case series of 5 patients presenting with CAWP. Setting: Regional referral Center for Pain Medicine of the academic tertiary hospital of Parma, Italy. Results: Five patients received TAP blocks with LA and steroid. Four patients reported >=50% pain relief within hours of the procedure, and 2 of them maintained low pain intensities at 6- and 12-month follow-up calls. Conclusions: Transversus abdominis plane blocks are a valuable addition to the diagnostic armamentarium of pain physicians confronted with abdominal pain of unclear origin. Although most patients responded to the LA injection, the varying degrees of response duration may have been influenced by the different etiologies underlying each condition and the variable expressions of placebo responses. Once the abdominal wall and/or its nerves are identified as pain generators, the optimal therapeutic management remains to be determined. Available literature as well as our case series shows that long-term benefit may be obtained with 1 or more injections, but we speculate that this may only be the case for pain with predominantly neuropathic components. Copyright © 2017 World Institute of Pain.
Gastrointestinal disorders are common complications of diabetes mellitus and include gastroparesis, nonalcoholic fatty liver disease, gastroesophageal reflux disease, and chronic diarrhea. Symptoms of gastroparesis include early satiety, postprandial fullness, nausea, vomiting of undigested food, bloating, and abdominal pain. Gastroparesis is diagnosed based on clinical symptoms and a delay in gastric emptying in the absence of mechanical obstruction. Gastric emptying scintigraphy is the preferred diagnostic test. Treatment involves glucose control, dietary changes, and prokinetic medications when needed. Nonalcoholic fatty liver disease and its more severe variant, nonalcoholic steatohepatitis, are becoming increasingly prevalent in persons with diabetes. Screening for nonalcoholic fatty liver disease is not recommended, and most cases are diagnosed when steatosis is found incidentally on imaging or from liver function testing followed by diagnostic ultrasonography. Liver biopsy is the preferred diagnostic test for nonalcoholic steatohepatitis. Clinical scoring systems are being developed that, when used in conjunction with less invasive imaging, can more accurately predict which patients have severe fibrosis requiring biopsy. Treatment of nonalcoholic fatty liver disease involves weight loss and improved glycemic control; no medications have been approved for treatment of this condition. Diabetes is also a risk factor for gastroesophageal reflux disease. Patients may be asymptomatic or present with atypical symptoms, including globus sensation and dysphagia. Diabetes also may exacerbate hepatitis C and pancreatitis, resulting in more severe complications. Glycemic control improves or

PMID

Status
EMBASE

Institution
(Careyva) Department of Family Medicine at Lehigh Valley Health Network, University of South Florida Morsani School of Medicine, Allentown, PA, United States (Stello) Department of Family Medicine at Lehigh Valley Health Network, United States

Country of Publication
United States

Publisher
American Academy of Family Physicians (E-mail: foundation@aafp.org)

Date Created
20161227

Year of Publication
2016

83.
Etiology, pathophysiology and biomarkers of interstitial cystitis/painful bladder syndrome.
Patnaik S.S., Lagana A.S., Vitale S.G., Buttice S., Noventa M., Gizzo S., Valenti G., Rapisarda A.M.C., la Rosa V.L., Magno C., Triolo O., Dandolu V.

Embase
Archives of Gynecology and Obstetrics. (pp 1-19), 2017. Date of Publication: 08 Apr 2017. [Article In Press]

AN: 615271756

Purpose: Interstitial cystitis/painful bladder syndrome (IC/PBS) is a chronic pain syndrome and a chronic inflammatory condition prevalent in women that leads to urgency, sleep disruption, nocturia and pain in the pelvic area, to the detriment of the sufferer's quality of life. The aim of this review is to highlight the newest diagnostic strategies and potential therapeutic techniques.

Methods: A comprehensive literature review was performed on MEDLINE, PubMed, and Cochrane databases gathering all literature about "Interstitial cystitis" and "Painful Bladder
 Syndrome''. Visual analogue scales, epidemiological strategies, pain questionnaires and similar techniques were not included in this literature survey. Results: The etiology, exact diagnosis and epidemiology of IC/PBS are still not clearly understood. To date, its prevalence is estimated to be in the range of 45 per 100,000 women and 8 per 100,000 men, whereas joint prevalence in both sexes is 10.6 cases per 100,000. There are no "gold standards" in the diagnosis or detection of IC/PBS, therefore, several etiological theories were investigated, such as permeability, glycosaminoglycans, mast cell, infection and neuroendocrine theory to find new diagnostic strategies and potential biomarkers. Conclusion: Due to the fact that this disease is of an intricate nature, and that many of its symptoms overlap with other concomitant diseases, it could be suggested to classify the patients with emphasis on the phenotype, as well as their symptom clusters, to tailor the diagnostic and management choices according to the observed biomarkers.

Copyright © 2017 Springer-Verlag Berlin Heidelberg

Status
ARTICLE IN PRESS

Author NameID
Lagana, Antonio Simone; ORCID: http://orcid.org/0000-0003-1543-2802

Institution
(Patnaik) Department of Mechanical Engineering, University of Texas at San Antonio, San Antonio, TX, United States (Lagana, Vitale, Triolo) Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Via Consolare Valeria 1, Messina 98125, Italy (Butticé, Magno) Unit of Urology, Department of Human Pathology, University of Messina, Messina, Italy (Noventa, Gizzo) Department of Woman and Child Health, University of Padua, Padua, Italy (Valenti, Rapisarda) Department of General Surgery and Medical Surgical Specialties, University of Catania, Catania, Italy (la Rosa) Unit of Psychodiagnostics and Clinical Psychology, University of Catania, Catania, Italy (Dandolu) Department of Obstetrics and Gynecology, University of Nevada Medical School, Reno, NV, United States

Country of Publication
Germany

Publisher
Springer Verlag (E-mail: service@springer.de)

Date Created
20170412

Year of Publication
2017
Severe chronic norovirus diarrheal disease in transplant recipients: Clinical features of an under-recognized syndrome.
Avery R.K., Lonze B.E., Kraus E.S., Marr K.A., Montgomery R.A.
Embase
Transplant Infectious Disease. 19 (2) (no pagination), 2017. Article Number: e12674. Date of Publication: 01 Apr 2017.
[Article]
AN: 615150438
Background: Norovirus (NV) infection has been reported as a cause of severe chronic diarrhea in transplant recipients, but this entity remains under-recognized in clinical practice, leading to diagnostic delays. Transplant clinicians should become familiar with this syndrome in order to facilitate early detection and management. Methods: Demographic, clinical, and outcomes variables were summarized from a series of transplant recipients with positive stool NV reverse transcription polymerase chain reaction (RT-PCR) assays at Johns Hopkins in 2013-2014. Factors associated with longer duration of symptoms were compared using random forest analysis. Results: Thirty-one of 193 (16%) transplant recipients who were tested for NV had positive stool RT-PCRs. Symptoms included diarrhea (100%), nausea/vomiting (58%), abdominal pain (52%), and wasting (35%). Acute kidney injury occurred in 23%, and persisted in 21% after 6 months. Median duration of diarrheal symptoms was 4 months (range, <1-20) and 11/31 (35.4%) patients had relapses after improvement. Wasting, incompatible kidney transplant status, and plasmapheresis were associated with longer diarrhea durations. Treatments included nitazoxanide (in 74%), reduction of immunosuppression (58%), and intravenous immunoglobulin (32%). Six patients died, but no deaths were attributed to NV. Conclusions: It is important for clinicians to recognize that NV can cause severe chronic diarrhea in transplant recipients. In this series, receipt of a human leukocyte antigen- and/or blood type-incompatible kidney transplant, and plasmapheresis were associated with longer symptom duration.   Copyright © 2017 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd
Applying the RE-AIM Framework to Evaluate Integrative Medicine Group Visits Among Diverse Women with Chronic Pelvic Pain.

Chao M.T., Abercrombie P.D., Santana T., Duncan L.G.

Embase
Pain management nursing : official journal of the American Society of Pain Management Nurses.
16 (6) (pp 920-929), 2015. Date of Publication: 01 Dec 2015.
[Article]
AN: 615165325

The purpose of this study was to evaluate group medical visits using an integrative health approach for underserved women with chronic pelvic pain (CPP). We implemented an integrative medicine program to improve quality of life among women with CPP using Centering, a group-based model that combines healthcare assessment, education, and social support. Patients were from university-affiliated and public hospital-affiliated clinics. We evaluated the program with qualitative and quantitative data to address components of the RE-AIM framework: Reach, Effectiveness, Adoption, Implementation, and Maintenance. Participants of the Centering CPP Program participants (n = 26) were demographically similar to a sample of women with CPP who
sought care at Bay Area hospitals (n = 701). Participants were on average 40 years of age, a majority of whom were racial/ethnic minorities with low household income (76%). Women who attended four or more sessions (n = 16) had improved health-related quality of life, including decreases in average number of unhealthy days in the past month (from 24 to 18, p < .05), depressive symptoms (from 11.7 to 9.0, p < .05), and symptom severity (from 4.2 to 3.1, p < .01). Sexual health outcomes also improved (30.5 to 50.3, p = .02). No improvements were observed for pain catastrophizing. Our pilot program provides preliminary data that an integrative health approach using a group-based model can be adapted and implemented to reach diverse women with CPP to improve physical and psychological well-being. Given these promising findings, rigorous evaluation of implementation and effectiveness of this approach compared with usual care is warranted. Copyright © 2015 American Society for Pain Management Nursing. Published by Elsevier Inc. All rights reserved.

PMID

Institution
(Chao) Osher Center for Integrative Medicine, University of California, San Francisco, California;
Division of General Internal Medicine, University of California, San Francisco, California
(Abercrombie) Women's Health & Healing, Healdsburg, California
(Santana) Osher Center for Integrative Medicine, University of California, San Francisco, California
(Duncan) School of Human Ecology, University of Wisconsin-Madison, Madison, Wisconsin

Country of Publication
United States
Date Created
20170407
Year of Publication
2015

86.
Chronic pelvic pain, quality of life and sexual health of women treated with palmitoylethanolamide and alpha-lipoic acid.
Caruso S., Iraci Sareri M., Casella E., Ventura B., Fava V., Cianci A.
Embase
AIM: The aim of this paper was to evaluate the effects of the association between palmitoylethanolamide (PEA) and alpha-lipoic acid (LA) on quality of life (QoL) and sexual function in women affected by endometriosis-associated pelvic pain. METHODS: Fifty-six women constituted the study group and were given PEA 300 mg and LA 300mg twice daily To define the endometriosis-associated pelvic pain, the visual analogic scale (VAS) was used. The Short Form-36 (SF-36), the Female Sexual Function Index (FSFI) and the Female Sexual Distress Scale (FSDS) were used to assess the QoL, the sexual function and the sexual distress, respectively. The study included three follow-ups at 3, 6 and 9 months.

RESULTS: No changes were observed in pain, QoL and sexual function at the 3rd month follow-up (P=NS). By the 6th and 9th month, pain symptoms (P<0.001) and all categories of the QoL (P<0.001) improved. The FSFI and the FSDS scores did not change at the 3rd month follow-up (P=ns). On the contrary, at the 3rd and 9th months follow-ups they improved with respect to the baseline (P<0.001).

CONCLUSION: The progressive reduction of the pain syndrome reported by women over the treatment period could contribute to improve the QoL and sexual life of women on PEA and LA.

Managing tyrosine kinase inhibitors side effects in thyroid cancer.
Krajewska J., Paliczka-Cieslik E., Jarzab B.
Background: Tyrosine kinase inhibitors (TKIs) are a new group of drugs that show the activity against receptors of different growth factors leading to the inhibition of tumor cells growth and proliferation. To date, four different TKIs have been approved for RAI-refractory DTC or MTC: sorafenib, lenvatinib, vandetanib and cabozantinib. Methods: This review focuses on treatment toxicity related to above-mentioned TKIs administration in thyroid carcinoma. Results: TKIs cause a variety of side effects in nearly all treated patients, among them: hypertension, gastrointestinal disturbances (diarrhea, abdominal pain, nausea, vomiting), skin reactions (rashes, acne, hand-foot syndrome), fatigue and weight loss. Most of side effects are mild and moderate and manageable by dose adjustment (dose interruptions and dose reductions) and concomitant therapy. However, some complications although rare may be life-threatening or even fatal.

Conclusion: TKIs shows an acceptable toxicity profile in patients with advanced and progressive RAI refractory DTC and MTC but only in experienced hands familiar with TKIs, particularly with diagnostics and management of treatment-related complications and also with thyroid carcinoma, what is essential to safely care for the patients and keep them on kinase inhibitor therapy as long as the treatment is beneficial without an unfavorable impact on their quality of life. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.
Efficacy and acceptability of long-term norethindrone acetate for the treatment of rectovaginal endometriosis.


Embase

Objective To study the efficacy of long-term treatment with norethindrone acetate (NETA) in patients with rectovaginal endometriosis. Study design This retrospective cohort study included 103 women with pain symptoms caused by rectovaginal endometriosis. Patients received NETA alone (2.5 mg/day up to 5 mg/day) for 5 years. Primary outcome was the degree of satisfaction with treatment after 5 years of progestin therapy. Secondary outcomes were the assessment of any variation in pain symptoms and the volumetric assessment of the disease by magnetic resonance imaging (MRI). Results Sixty-one women completed the 5-year follow-up (61/103, 59.2%) with 16 women withdrawing because of adverse effects (38.1%). Overall, 68.8% (42/61) of the women who completed the study were satisfied or very satisfied of this long term NETA treatment. This represents a 40.8% (42/103) of the patients enrolled. Intensity of chronic pelvic pain and deep dyspareunia significantly decreased during treatment (p < 0.001 versus baseline at 1 and 5 year). Dyschezia improved after 1-year respect to baseline (p = 0.008) but remained stable between first and second year (p = 0.409). At the end of 5 years treatment, a radiological partial response was observed in 33 patients (55.9%, n 33/59); a stable disease in 19 patients (32.2%, n 19/59). Seven women (7/59, 11.9%) displayed a volumetric increase of rectovaginal endometriosis under NETA treatment. Conclusion Five-year therapy with NETA is safe and well tolerated by women with rectovaginal endometriosis. Due to its low cost and good pharmacological profile, it represents a good candidate for long-term treatment in this setting.

Copyright © 2017 Elsevier B.V.

Status
EMBASE
Institution
(Morotti, Venturini, Racca, Calanni, Ferrero) Academic Unit of Obstetrics and Gynaecology, IRCCS AOU San Martino - IST, Largo R. Benzi 10, Genoa 16132, Italy
89.
Outcomes for Intermittent Neuromodulation as a Treatment for Overactive Bladder.
Nguyen L.N., Chowdhury M.L., Gilleran J.P.
Embase
Current Bladder Dysfunction Reports. 12 (1) (pp 66-73), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 615088089
Purpose of Review: In this review, we describe the history and basic science behind intermittent neuromodulation, specifically of the tibial nerve and its neuroanatomic suitability for this approach, as well as the logistics, efficacy, and advantages of peripheral tibial nerve stimulation (PTNS) in both idiopathic and neurogenic overactive bladder (OAB) populations. We also discuss the less commonly used sacral, pudendal, and genital nerves as a means of intermittent neuromodulation for the management of OAB. Recent Findings: Intermittent neuromodulation in the form of PTNS is approved as a third-line treatment of OAB, which affects upwards of 16% of the population of the USA. Summary: Several studies and clinical trials have demonstrated the
effectiveness of PTNS in treating OAB, with the benefit of decreased cost and invasiveness compared to chronic, implantable neurostimulators. This has been explored in various patient populations including patients with idiopathic and neurogenic detrusor overactivity. Copyright © 2017, Springer Science+Business Media New York.

Status
EMBASE
Institution
(Nguyen, Gilleran) Department of Urology, Beaumont Health Systems, 31157 Woodward Avenue, Royal Oak, MI 48073, United States (Chowdhury) Department of Urology, Detroit Medical Center, Detroit, MI 48201, United States (Gilleran) Oakland University William Beaumont School of Medicine, Rochester, MI 48309, United States
Country of Publication
United States
Publisher
Current Medicine Group LLC 1 (E-mail: info@phl.cursci.com)
Date Created
20170408
Year of Publication
2017

90.
Sacral Neuromodulation for the Treatment of Pelvic Floor Disorders.
Noblett K.L., Dutta S.
Embase
Current Bladder Dysfunction Reports. 12 (1) (pp 26-34), 2017. Date of Publication: 01 Mar 2017. [Review]
AN: 615088078
Purpose of Review: Sacral neuromodulation (SNM) is an FDA-approved treatment option for several refractory pelvic floor disorders given its efficacy and safety profile. Over the past several years, numerous papers have been published on SNM's long-term outcomes, emerging new indications, comparisons with other treatment options, and cost effectiveness. Therefore, we aim to review these updates to the SNM literature. Recent Findings: A PUBMED and MEDLINE
search was performed for scientific publications on "sacral neuromodulation" and "sacral nerve stimulation" between 2011 and 2016. Recent evidence has shown that improved objective and subjective outcomes following placement of SNM are sustained over 3-5 years in the treatment of overactive bladder symptoms and fecal incontinence with minimal adverse events. SNM has also had promising results when used in the treatment of chronic pelvic pain, interstitial cystitis/painful bladder syndrome, constipation, and neurogenic bladder although larger, prospective trials with long-term evaluation are needed to truly establish SNM as an effective intervention for these expanding indications. Summary: SNM is a well-tolerated intervention for refractory bladder and bowel dysfunction with recent long-term longitudinal studies confirming its efficacy and safety. As we gain further insight into SNM's mechanism of action and broader therapeutic indications, we anticipate SNM will become even more widely utilized in the treatment of complex pelvic floor disorders. Copyright © 2017, Springer Science+Business Media New York.

Status
EMBASE
Institution
(Noblett) Department of Obstetrics and Gynecology, School of Medicine Education Building, University of California Riverside, 900 University Avenue, Riverside, CA 92521, United States
(Dutta) Department of OB/GYN, division of Urogynecology, University of California, Irvine, 101 City Drive, Orange, CA 92868, United States
Country of Publication
United States
Publisher
Current Medicine Group LLC 1 (E-mail: info@phl.cursci.com)
Date Created
20170408
Year of Publication
2017

91.
Embase
This review aimed to identify childhood and adolescence risk and prognostic factors associated with onset and persistence of persistent abdominal pain and related disability and assess quality of the evidence. While findings suggest a possible role for negative emotional symptoms and parental mental health as risk and prognostic factors for onset and persistence of persistent abdominal pain, the evidence is of poor quality overall and nonexistent when it comes to prognostic factors associated with disability. Conclusion: Further research is needed to increase confidence in existing evidence and to explore new factors. This research will inform prevention.
Quality of life after total laparoscopic hysterectomy: A one-year follow-up study.
Kayani S.I., Pundir J., Omanwa K.
Embase
Minerva Ginecologica. 68 (4) (pp 412-417), 2016. Date of Publication: August 2016.
[Article]
AN: 611270200
BACKGROUND: A small prospective observational cohort study with the aim to evaluate postoperative health-related quality of life (HRQOL) at one-year follow-up after total laparoscopic hysterectomy for benign gynecological conditions and to assess postoperative functions in terms of return to work, sexual activity and driving was conducted. METHODS: Sixty out of 65 women with a mean age of 45.7 +/-5.4 responded to the questionnaire. Change in HRQOL was assessed by comparing the preoperative and postoperative QOL on scale of 1-5 grades. RESULTS: HRQOL improved significantly at 12 months postoperatively. Multiple logistic regression analysis showed that the presence of irregular periods (P=0.048) and dyspareunia (P=0.017) were significant predictors of overall postoperative improvement in QOL by 3 or more grades. Women with ovarian preservation were more likely to report overall improvement in HRQOL by 3 or more grades compared to those who had bilateral salpingo-oophrectomy (P=0.04). There was statistically significant improvement in QQL postoperatively as compared to preoperatively (P<0.0001). CONCLUSIONS: In our study we found that women presenting with dyspareunia were more likely to report higher improvement in postoperative QOL. This highlights that dyspareunia is a symptom which is a marker for chronic pelvic pain conditions like endometriosis, adenomyosis, fibroids and adhesions. Copyright © 2016 edizioni minerva medica.
Status EMBASE
Institution (Kayani) Taiba Hospital, Advanced Minimal Access Excisional Benign Gynecology, Area Sabah Salem, Kuwait (Pundir) St. Bartholomew's Hospital, Barts Health, London, United Kingdom (Omanwa) Reproduction and Gynecology Centre, London, United Kingdom Country of Publication Italy Publisher Edizioni Minerva Medica (E-mail: subscriptions.dept@minervamedica.it) Date Created 20160731
Epidemiology, clinical presentation, diagnosis and treatment of autoimmune pancreatitis: A retrospective analysis of 53 patients.

Rasch S., Phillip V., Schmid R.M., Algu H.

Embase
Pancreatology. 16 (1) (pp 73-77), 2016. Date of Publication: 2016.

[Article]
AN: 607258484

Background: Most of the data about epidemiology, clinical presentation and treatment of autoimmune pancreatitis (AIP) is based on case series or small study groups. We therefore analyzed all cases of AIP treated at our clinic retrospectively. Methods: We searched our clinical database for the diagnosis pancreatitis between January 2007 and June 2014, selected patients with AIP and entered all relevant information in a database for statistical analysis. Results: In total 53 patients with AIP were treated at our institution, 62% with type 1 and 23% with type 2 AIP. Gender distribution was male/female 3.1:1 for type 1 and 1:1.2 for type 2 AIP. The median age was 63.0 and 32.5 years for type 1 and type 2 AIP, respectively. The most common symptom is abdominal pain particular in patients with type 2 AIP whereas jaundice was only apparent in patients with type 1 AIP. The international diagnostic criteria seem to facilitate diagnosis of AIP as unnecessary pancreatic surgery in patients with AIP decreases. In 62.6% of the patients therapy was indicated and 84.8% showed a response to initial therapy with steroids. Recurring disease occurred in 28.3% of the cases but only 3.8% suffered a second relapse. Permanent maintenance therapy with steroids or additional therapy with immunomodulatory drugs is successful in recurring disease. Conclusion: Our data further corroborate previous findings on epidemiology, clinical presentation and treatment of AIP. AIP is a well manageable autoimmune disease in most patients. Better biopsy techniques and simplified diagnostic criteria might further alleviate diagnosis of AIP.

Copyright © 2015, IAP and EPC. Published by Elsevier India, a division of Reed Elsevier India Pvt. Ltd. All rights reserved.

PMID

Status
94.

Inflammation and Symptom Change in Interstitial Cystitis or Bladder Pain Syndrome: A Multidisciplinary Approach to the Study of Chronic Pelvic Pain Research Network Study.


Embase

Urology. 90 (pp 56-61), 2016. Date of Publication: 01 Apr 2016.

[Article]

AN: 608520216

Objective To explore inflammatory factors that influence symptom changes in interstitial cystitis or bladder pain syndrome (IC or BPS). This longitudinal, prospective study examined the association of inflammation elicited by Toll-like receptor (TLR) stimulation in peripheral blood mononuclear cells (PBMCs) and diurnal cortisol rhythms with changes in painful and urinary symptoms of IC or BPS and symptom flares over a 48-week period. Materials and Methods Participants were 24 women meeting criteria for IC or BPS who supplied blood for isolation of PBMCs and 3 days of salivary cortisol samples prior to a baseline visit. Participants completed the Genitourinary Pain Index (pain and urinary subscales) and reported symptom flares every 2 weeks for 48 weeks. Mixed effects longitudinal and regression models were used to determine if inflammatory variables were associated with the changes in IC or BPS symptoms (timexvariable interactions), and the probability of a symptom flare. Results Elevated TLR-4 inflammation (P=.031) and elevated TLR-2 inflammation (P=.045) from PBMCs, and flattened diurnal cortisol
slope (P=.012) were each associated with less improvement in genitourinary pain over time. Additionally, elevated TLR-4 inflammation was associated with less improvement in urinary symptoms (P=.018), whereas TLR-2 inflammation and cortisol slopes were not (both P>.16). In contrast, no inflammatory measure was associated with an increased likelihood of reporting a symptom flare (all P>.25). Conclusion TLR-mediated inflammation and diurnal cortisol slope may be useful as markers of symptom changes in IC or BPS.  Copyright © 2016 Elsevier Inc. PMID 26768711 [http://www.ncbi.nlm.nih.gov/pubmed/?term=26768711]

95.
AN: 613524440

Background Patients with chronic pancreatitis (CP) frequently report chronic abdominal pain that adversely impacts their quality of life. Assessment of pain in CP is required for clinical management and clinical studies. International consensus guidelines recognized a lack of specific and validated pain assessment tools for CP. Therefore, the aim of this systematic review is to identify and compare all clinical studies that assessed pain in the context of a treatment for pain in CP. Methods A systematic literature search was performed in PubMed, Cochrane Library and Ovid MEDLINE. The search identified all intervention studies for pain in CP and the pain assessment tools used based on pre-defined inclusion and exclusion criteria. Results Of 341 articles identified, 137 studies were included. Pain assessment tools were both general and CP-specific. The latter were used in only 22 (16%) studies. Despite recommendations the aspects of pain assessed were limited and variable between tools. Validation of these tools in CP patients was limited to quality of life measures. None of the pain assessment tools evaluated duration of pain and postprandial pain. Conclusions There are no published pain assessment tools for CP that includes all relevant aspects of pain. There is the need to develop a comprehensive and validated pain assessment tool for patients with CP to standardised pain assessment, identify likely underlying pain mechanisms, help select appropriate treatments, report outcomes from interventions, improve clinical communication and aid the allocation of patients to clinical trials.

Copyright © 2016 IAP and EPC


Status EMBASE

Author NameID
Teo K.; ORCID: http://orcid.org/0000-0001-7533-0168  Windsor J.A.; ORCID: http://orcid.org/0000-0001-5995-5432

Institution
(Teo, Truter, Pandanaboyana, Windsor) Department of Surgery, School of Medicine, Faculty of Medical and Health Sciences, University of Auckland, New Zealand  (Johnson) Department of Psychological Medicine, School of Medicine, Faculty of Medical and Health Sciences, University of Auckland, New Zealand

Country of Publication
Netherlands

Publisher
Elsevier B.V.

Date Created
20161214
Vulvodynia: Current opinion and treatment strategies.

Embase
Minerva Ginecologica. 68 (6) (pp 727-732), 2016. Date of Publication: December 2016.
[Review]
AN: 612769218

Vulvodynia is a women's health problem that may affect as many as 15% of women who seek gynecological care, and yet little attention is given to this condition and it is frequently dismissed as psychosomatic. Thus, vulvodynia still remains a major health problem in Western countries, leading to significant morbidity and a reduced quality of life for many women. This condition carries large costs incurred as a result of both medical treatment and lost productivity. Vulvodynia is becoming a universal priority in the prevention, care, education, and research areas of pain and its consequences and it remains one of the poorly understood complex chronic pain syndromes, representing a multifactorial clinical syndrome of unexplained vulvar pain and sexual dysfunction.

Copyright © 2016 EDIZIONI MINERVA MEDICA.

PMID

Status
EMBASE

Institution
(Domenici, Perniola, Giorgini, Lecce, Bracchi, Musella, Marchetti, Di Donato, Tomao, Palaia, Ciolli, Recine, Muzii, Benedetti Panici) Department of Gynecology, Obstetrics and Urology, 'Sapienza' University, Viale Del Policlinico 155, Rome 00161, Italy

Country of Publication
Italy

Publisher
Edizioni Minerva Medica (E-mail: subscriptions.dept@minervamedica.it)

Date Created
Anaesthetic injection versus ischemic compression for the pain relief of abdominal wall trigger points in women with chronic pelvic pain.


Embase

BMC Anesthesiology. 15 (1) (no pagination), 2015. Article Number: 175. Date of Publication: December 01, 2015.

[Article]

AN: 607178754

Background: Chronic pelvic pain is a common condition among women, and 10 to 30 % of causes originate from the abdominal wall, and are associated with trigger points. Although little is known about their pathophysiology, variable methods have been practiced clinically. The purpose of this study was to evaluate the efficacy of local anaesthetic injections versus ischemic compression via physical therapy for pain relief of abdominal wall trigger points in women with chronic pelvic pain. Methods: We conducted a parallel group randomized trial including 30 women with chronic pelvic pain with abdominal wall trigger points. Subjects were randomly assigned to one of two intervention groups. One group received an injection of 2 mL 0.5 % lidocaine without a vasoconstrictor into a trigger point. In the other group, ischemic compression via physical therapy was administered at the trigger points three times, with each session lasting for 60 s, and a rest period of 30 s between applications. Both treatments were administered during one weekly session for four weeks. Our primary outcomes were satisfactory clinical response rates and percentages of pain relief. Our secondary outcomes are pain threshold and tolerance at the trigger points. All subjects were evaluated at baseline and 1, 4, and 12 weeks after the interventions. The study was conducted at a tertiary hospital that was associated with a university providing assistance predominantly to working class women who were treated by the public health system. Results: Clinical response rates and pain relief were significantly better at 1, 4, and 12 weeks for those receiving local anaesthetic injections than ischemic compression via physical therapy. The pain relief of women treated with local anaesthetic injections progressively
improved at 1, 4, and 12 weeks after intervention. In contrast, women treated with ischemic compression did not show considerable changes in pain relief after intervention. In the local anaesthetic injection group, pain threshold and tolerance improved with time in the absence of significant differences between groups. Conclusion: Lidocaine injection seems to be better for reducing the severity of chronic pelvic pain secondary to abdominal wall trigger points compared to ischemic compression via physical therapy. Copyright © 2015 Montenegro et al.


Status EMBASE

Institution (Montenegro, Rosa-e-Silva, Candido-dos-Reis, Nogueira, Poli-Neto) Department of Gynecology and Obstetrics, Ribeirao Preto Medical School of University of Sao Paulo, Bandeirantes Avenue, 3900, Campus Universitario s/n., Monte Alegre, Ribeirao Preto SP CEP 14048-900, Brazil (Braz) Department of Cardiology, Federal University of Sao Paulo, Sao Paulo, Brazil

Country of Publication United Kingdom

Publisher BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Date Created 20161004

Year of Publication 2015

98.
Characterizing health care utilization, direct costs, and comorbidities associated with interstitial cystitis: A retrospective claims analysis.
Tung A., Hepp Z., Bansal A., Devine E.B.
Embase
Journal of Managed Care and Specialty Pharmacy. 23 (4) (pp 474-482), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 615072333
BACKGROUND: Interstitial cystitis (IC) is a debilitating condition that affects up to 5[%] of the U.S. population. This condition is characterized by bladder pain, urinary urgency and frequency, nocturia, and, in some patients, bladder lesions called Hunner's lesions (HL). IC patients who have HL experience a clinical course that is distinct from those without HL and, as a result, respond differently to existing treatments. Without effective and lasting therapeutic options, IC patients are expected to experience a reduced quality of life and be a significant economic burden. Previous research describing the burden of IC is not only outdated but lacks stratification by HL. OBJECTIVES: To (a) characterize health care utilization, direct costs, and comorbidities associated with IC and (b) elucidate differences between patients with and without HL.

METHODS: A retrospective analysis was conducted using health care claims from the Truven Health MarketScan Research Databases. Adults with an incident IC diagnosis between 2009 and 2014 were identified and matched 1:4 to non-IC patients on age, gender, and geographic region. Health care utilization, direct costs, and comorbidities during the first 12 months after diagnosis were compared between the 2 groups, as well as between IC subgroups with and without HL. Associations were evaluated after adjustment for potential confounders using regression models.

RESULTS: A total of 24,836 IC patients were identified and matched to 99,344 non-IC patients. Patients were predominantly female (92[%]), with a mean age of 49.0 (SD = 15.3) years. IC patients used significantly more health care resources across all categories compared with non-IC patients. On average, having IC was associated with $7,223 higher total health care costs than not having IC (95[%] CI = $6,650-$7,796), with outpatient costs contributing to 71[%] of the difference, after adjusting for baseline age, gender, region, insurance type, plan type, and Charlson Comorbidity Index (CCI) score. The odds of developing select comorbidities were 2.61 times greater in IC patients compared with non-IC patients (95[%] CI = 2.52-2.70), adjusting for baseline age, sex, region, and CCI score. Among IC patients, the HL subgroup (n = 292) used more health care resources, and having HL was associated with $6,895 higher total health care costs compared with not having HL (95[%] CI = $3,770-$10,020) after adjusting for baseline age, gender, region, insurance type, and plan type. CONCLUSIONS: Findings suggest that patients with IC have significantly higher health care utilization, costs, and comorbidities compared with non-IC patients. This economic burden is further amplified in those with HL. Copyright © 2017, Academy of Managed Care Pharmacy. All rights reserved.
Comparing the efficacy of surgery and medical therapy for pain management in endometriosis: A systematic review and meta-analysis.
Chaichian S., Kabir A., Mehdizadehkashi A., Rahmani K., Moghimi M., Moazzami B.
Embase
[Review]
AN: 615031340
Background: Pain is considered as one of the main symptoms of endometriosis. The treatment for endometriosis remains controversial. Objectives: The aim of this study is to compare the effect of medical or surgical treatments for pain-relief in patients with endometriosis. Study Design: Systematic review and meta-analysis. Setting: Published papers about evaluating pain treatment in endometriosis in PubMed, Scopus, and Google Scholar. Methods: After searching all studies evaluating pain treatment in endometriosis in PubMed, Scopus, and Google Scholar, there were 23 related studies, containing 1,847 patients enrolled in our study. We used a variety of tests: fixed and random effects models, Q Cochrane test and I² index, Egger and Begg tests, forest and funnel plots, Trim and fill method, and meta-regression in our analysis. Results: There was no statistically significant difference in pain improvement between surgical and medical treatment. Interestingly, pain relief was more prominent longer after treatment. Both clinical trials and cross sectional studies showed higher improvement in pain than cohort studies. High quality studies and lower body mass index (BMI) had a greater effect on pain relief. All studies were heterogeneous, but there was no publication bias. Limitations: There was a higher probability of risk of bias in blinding, random sequence generation, and selective outcome reporting in clinical trial studies entered in our meta-analysis. Conclusions: Our results could not demonstrate the
preference of each medical or surgical treatment effect for dysmenorrhea in endometriosis. Additional data is required before a standardized medical protocol can be offered, but we believe this study may encourage clinicians to consider a less invasive alternative for treating their patients’ chronic pelvic pain in the near future. Copyright © 2017, American Society of Interventional Pain Physicians. All rights reserved.

Status
EMBASE

Institution
(Chaichian) Minimally Invasive Techniques Research Center in women, Tehran Medical Sciences Branch, Islamic Azad University, Tehran, Iran, Islamic Republic of  (Kabir) Minimally Invasive Surgery Research Center, Iran University of Medical Sciences, Tehran, Iran, Islamic Republic of  (Mehdizadehkashi) Endometriosis Research Center, Iran University of Medical Sciences, Tehran, Iran, Islamic Republic of  (Rahmani) Social Determinants of Health Research Center, Kurdistan University of Medical Sciences, Sanandaj, Iran, Islamic Republic of  (Rahmani) Department of Epidemiology, School of Public Health, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of  (Moghimi) Department of Surgery, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of  (Moazzami) Obstetrician and Gynecologist, Pars Advanced and Minimally Invasive Manners Research Center, Pars Hospital, Tehran, Iran, Islamic Republic of  

Country of Publication
United States

Publisher
American Society of Interventional Pain Physicians (E-mail: editor@painphysicianjournal.com)

Date Created
20170405

Year of Publication
2017
Treating anterior vaginal wall prolapse with polypropylene mesh via the transoburator route minimizing the complications with the use of preventing measures. A prospective study with 2-year follow-up.

Adamakis I., Katafigiotis I., Tyritzis S.I., Mygdalis V., Sfoungaristos S., Katafigioti A., Mitropoulos D., Constantinides C.A.

Embase
Minerva ginecologica. 67 (3) (pp 231-238), 2015. Date of Publication: 01 Jun 2015.
[Article]
AN: 615105258

AIM: Our objectives were to evaluate the efficacy of the PerigeeTM transoburator (TOT) mesh kit (American Medical Systems [AMS]-Minnetonka, MN, USA) in the treatment of >= stage 2 symptomatic AVP following a 2-year follow-up and to discuss the role of the pre-, peri- and postoperative measures taken to prevent complications.

METHODS: A total of 50 patients were eligible and were subjected to AVP surgical treatment with the use of the PerigeeTM system. All patients were followed up at 4 weeks, 2, 6, 12 and 24 months. Our primary objective was treatment success and efficacy after anatomical examination of the patient at the 24-month follow-up. Efficacy was defined as <= stage I AVP. All patients completed the 24-month follow-up. Our secondary objective was to examine the complication rates in relation to the use of preventative measures.

RESULTS: The proportion of patients with II to III stage significantly decreased postoperatively (P<0.001). A significantly improvement was found in all POP-Q measures (P<0.05) while mean vaginal length was similar to the preoperative values. At 24-month follow-up, 45 women were defined as <= stage I, indicating a 90% objective success rate (95% CI: 81.4-98.6%). Two patients had vaginal mesh extrusion (4.0%) both treated with conservative measures. No erosions occurred at any point postoperatively. De novo dyspareunia was reported in two of the 17 cases (11.8%) who reported being sexually active at follow-up. One of the two had also mesh extrusion and with appliance of the vaginal estrogen and the office excision of the exposed mesh the symptoms were resolved, while the other was treated with vaginal estrogen. Two cases (4.0%) reported de novo incontinence and both were treated with a TOT sling (monarc AMS) procedure three months after the cystocele repair. Three cases (6.0%) reported pain vaginal pain postoperatively and again our treatment of choice was vaginal estrogen cream for 4 weeks with the addition of antinflammatories for 10 days and their symptoms resolved.

CONCLUSIONS: The treatment of AVP with the use of PerigeeTM TOT system can be both effective and safe. The goal is the improvement of the quality of life of the patients and is important to avoid or to keep as minimum as possible the complications. Main complications that the surgeon should bear in mind are the vaginal erosion, vaginal mesh extrusion, de novo dyspareunia, de novo incontinence and vaginal pain. Proper patient selection, the appliance
vaginal estrogen cream pre- and postoperatively and following strict surgical principles are the mainstay of the success of the TOT operation. It is crucial for POP procedures to be performed by high-volume surgeons in this field, with extensive knowledge of the pelvic floor anatomy and the mesh's characteristics. Of course this is a small study and further clinical studies with larger number of patients are needed in order to further scientific evaluate the TOT operation.

PMID

Institution
(Adamakis) University Urology Clinic, Laiko Hospital, University of Athens, Athens, Greece - Country of Publication
Italy
Date Created
20170405
Year of Publication
2015

101.
Botulinum neurotoxin type A for the treatment of pain: not just in migraine and trigeminal neuralgia.
Sandrini G., De Icco R., Tassorelli C., Smania N., Tamburin S.
Embase
[Article]
AN: 614964155
Background: Despite their huge epidemiological impact, primary headaches, trigeminal neuralgia and other chronic pain conditions still receive suboptimal medical approach, even in developed countries. The limited efficacy of current pain-killers and prophylactic treatments stands among the main reasons for this phenomenon. Botulinum neurotoxin (BoNT) represents a well-established and licensed treatment for chronic migraine, but also an emerging treatment for other types of primary headache, trigeminal neuralgia, neuropathic pain, and an increasing number of pain conditions. Methods: We searched and critically reviewed evidence for the efficacy of BoNT for the treatment of chronic pain. Results: Meta-analyses and randomized controlled trials (RCTs)
suggest that BoNT potentially represents a multi-purpose drug for the treatment of pain in several disorders due to a favorable safety profile and a long-lasting relief after a single injection. Conclusions: BoNT is an emerging treatment in different pain conditions. Future RCTs should explore the use of BoNT injection therapy combined with systemic drugs and/or physical therapies as new pain treatment strategies. Copyright © 2017, The Author(s).
Objective: There is no well-defined predictor of satisfactory pain relief after celiac plexus block (CPB) at the early stage of treatment. This study evaluated whether measurement of the electrocardiographic R-wave and the arrival time of the pulses at the toe pulse transit time (E-T PTT) can be an early predictor of pain response and success of CPB in patients with chronic intractable visceral pain. Methods: Twelve patients aged between 20 and 80 years who underwent CPB for treatment of chronic intractable cancer-related abdominal pain were included. A successful CPB was determined as a >50% decrease on the numerical rating scale measured 24 hours after the procedure. The E-T PTT at baseline and at 5, 10, 20, and 30 minutes after the injection of local anesthetic was measured as the time between the R-wave on the electrocardiogram and the peak point of the corresponding plethysmogram wave from the ipsilateral great toe. The change in the E-T PTT that was predictive of a successful CPB was analyzed using receiver operating characteristic curve analysis. Results: A CPB was successful in 9 of 12 cases; the dE-T PTT5/E-T PTT0 of the success group was 6.84%+/-5.04% versus 0.72%+/-0.78% in the failure group (P=0.021). The mean E-T PTTx differed significantly between timepoints (F=9.313, P=0.014) and between the success and failure groups (P<0.01). The best value of dE-T PTT5/E-T PTT0 indicating a successful CPB, estimated by receiver operating characteristic curve analysis, was 2.30% (sensitivity 88.9%, specificity 100%). The area under the curve was 96% (95% confidence interval, 85.7%-100%). Conclusions: Prolongation of E-T PTT at 5 minutes after CPB correlates closely with a significant analgesic effect.
Introduction: Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by chronic or recurrent abdominal pain in association with defecation or a change in bowel habits. A predominant disorder of bowel habits, IBS is classified into three main subtypes: constipation-predominant IBS (IBS-C), diarrhea-predominant IBS (IBS-D) and IBS alternating between constipation and diarrhea (IBS-M). Linaclotide is a first-in-class, oral, once-daily guanylate cyclase-C receptor agonist (GC-CA) that is licensed for the symptomatic treatment of moderate-to-severe IBS-C in adults. This review aims to facilitate and optimize clinical practices, establishing common guidelines to monitor patients with IBS-C that are treated with linaclotide.

Methods: A group of experts in functional digestive disorders was convened to review the efficacy and safety of linaclotide and to develop an updated consensus report for the treatment of patients with IBS-C. A search was performed for English, French and Spanish language articles in PubMed. On the basis of the articles identified, an initial document was drafted addressing different issues frequently raised by general practitioners and GI specialists that are related to the prescription, efficacy and safety of linaclotide. This document was then reviewed and modified by the expert panel until a final text was agreed upon and validated. Results: Based on the evidence, the panel addressed the following recommendations: (1) Linaclotide is indicated for the treatment of moderate to severe IBS-C in adults; (2) it is recommended that patients take linaclotide continuously and not sporadically; (3) patients should be warned about the risk of diarrhea and given choices concerning how to deal with this possible side effect; (4) the absence of
tachyphylaxis or potential risks implies that linaclotide treatment can be maintained for long periods of time. Conclusions: This document seeks to lay down a set of recommendations and to identify key issues that may be useful for the clinical management of IBS-C patients treated with linaclotide. Copyright © 2017, The Author(s).
Comparative Efficacy of Bilateral Thoracoscopic Splanchnicectomy for Intractable Pain Secondary to Pancreatic Cancer vs Chronic Pancreatitis.
Bhutiani N., Cheadle G.A., Bahr M.H., Vitale G.C.

Embase
Journal of the American College of Surgeons. 224 (4) (pp 566-571), 2017. Date of Publication: 01 Apr 2017.
[Conference Paper]
AN: 614530798

Background Splanchnicectomy has been evaluated for treatment of chronic pain in both pancreatic cancer and chronic pancreatitis patients, although its efficacy has not been compared in these 2 patient populations. This study aimed to compare bilateral thoracoscopic splanchnicectomy in treatment of abdominal pain secondary with pancreatic cancer and chronic pancreatitis. Study Design A University of Louisville database was evaluated from July 1998 to March 2016 for patients undergoing bilateral thoracoscopic splanchnicectomy for intractable pain secondary to pancreatic cancer (n = 48) or chronic pancreatitis (n = 75). Patients were evaluated pre- and postoperatively with regard to abdominal pain and related symptoms, narcotic analgesic requirements, and hospital admissions. Narcotic use was quantified using the Kentucky All Schedule Prescription Electronic Reporting system. Results After bilateral thoracoscopic splanchnicectomy, 28% of pancreatic cancer patients continued to experience abdominal pain compared with 57% of chronic pancreatitis patients. Daily narcotic dose decreased for 74% of pancreatic cancer compared with 32% of chronic pancreatitis patients (p < 0.001). Sixty-seven percent of pancreatic cancer patients discontinued pain medications completely compared with 14% of chronic pancreatitis patients (p < 0.001). Hospitalizations decreased significantly in both groups (p < 0.001; p = 0.001), although mean number of postoperative hospitalizations was lower for pancreatic cancer (0.5) compared with chronic pancreatitis patients (2.80) (p < 0.001). Mean follow-up was significantly shorter for pancreatic cancer patients than for chronic pancreatitis patients (8 months vs 32 months; p < 0.001). Conclusions Bilateral thoracoscopic splanchnicectomy safely, effectively, and durably relieves abdominal pain in patients with both pancreatic cancer and chronic pancreatitis. However, it is more effective in providing pain relief and preventing pain-related hospitalizations in patients with pancreatic cancer compared with those with chronic pancreatitis. Copyright © 2017

Status
EMBASE
Institution
105.
Water Load Test in Children with Chronic Abdominal Pain or Obesity Compared with Nonobese Controls.
Arrouk R., Karpinski A., Lavenbarg T., Belmont J., McCallum R.W., Hyman P.
Embase
[Article]
AN: 614704141
Objective Satiety is the perception of satisfied fullness and represents a summation of neural and hormonal influences. Satiety can be assessed by drink tests, including water load. The objective of our study was to confirm the difference in water load volume between nonobese control children and children with functional dyspepsia (FD), children with irritable bowel syndrome (IBS), and obese children. Methods A total of 158 children ages 6 to 13 years participated in the study. There were 43 children with FD, 25 with IBS, 44 obese children, and 46 nonobese age-matched control children. Subjects drank as much water as possible in 3 minutes or until their stomachs felt full. Results Children in the FD and IBS groups drank less water than did the nonobese controls; the obese children drank more water than did the nonobese controls. The water load test demonstrated high specificity but poor sensitivity in predicting children with FD. Conclusions A water load test offers a simple, noninvasive research tool to measure satiety. Children with chronic abdominal pain drank less than nonobese control children; however, the water load test did not discriminate between FD and IBS. Obese children drank more water than the other
groups, suggesting the possibility of an underlying abnormality in the perception of satiety.

106.
A phase 1, open label, dose escalation study to investigate the safety, tolerability, and pharmacokinetics of MG1102 (apolipoprotein(a) Kringle V) in patients with solid tumors. Kim G.M., Reid T., Shin S.J., Rha S.Y., Ahn J.B., Lee S.S., Chung H.C.

Embase
[Article In Press]
AN: 615056036
Summary: Purpose MG1102 is a potent inhibitor of angiogenesis in both in vitro and in vivo models. The purpose of the study was to investigate the safety and tolerability, pharmacokinetic (PK) profile, and preliminary antitumor efficacy of MG1102. Methods Patients with refractory solid tumors were eligible. Each patient received 1 dose of MG1102 followed by a 6-day rest period, during which they underwent PK assessments and safety monitoring. If the initial dose was
tolerated, the patient continued with the 21-day treatment of MG1102 (5 days on, 2 days off for 3 weeks). Dose escalation was planned in 6 cohorts (6, 12, 24, 48, 96, and 192 mg/m²). Primary objectives included safety and maximum tolerated dose (MTD) assessment. Secondary objectives included assessment of PK, pharmacodynamics, and efficacy. Results A total of 16 patients were enrolled and 12 (75%) completed the study. The most common cancer type was colorectal cancer (n = 10). There was no dose limiting toxicity and the MTD was not reached at 192 mg/m². The most frequent treatment-emergent adverse events were gastrointestinal disorders, including nausea (30.8%), abdominal pain (23.1%), constipation (23.1%), and dyspepsia (23.1%). The PK of MG1102 was slightly less than dose proportional from Cohorts 3 to 6. Among 13 response-evaluable patients, 1 unconfirmed partial response (PR) was seen (in the 48 mg/m² cohort) and 4 patients had stable disease. Conclusions The safety profile of MG1102 was generally manageable and the toxicities resolved quickly. Potential antitumor activity was observed with 1 unconfirmed PR (60% size reduction). Copyright © 2017 Springer
Effects and mechanisms of low-intensity pulsed ultrasound for chronic prostatitis and chronic pelvic pain syndrome.
Lin G., Reed-Maldonado A.B., Lin M., Xin Z., Lue T.F.
Embase
[Review]
AN: 611064103
Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) is one of the most common urologic diseases, and no curative treatments have been identified. Low-intensity pulsed ultrasound (LIPUS) has been successfully used in promoting tissue healing, inhibiting inflammation and pain, differentiating stem cells, and stimulating nerve regeneration/muscle regeneration, as well as enhancing angiogenesis. Very recently, LIPUS has been proven an effective approach for CP/CPPS. This review summarizes the possible mechanisms responsible for the therapeutic effect of LIPUS for CP/CPPS. To search publications relevant to the topics of this review, the search engine for life sciences of Entrez was used. We reviewed the available evidence from 1954 through 2015 concerning LIPUS for CP/CPPS. According to the literature, both transrectal and transperineal approaches of LIPUS are effective for CP/CPPS. Copyright © 2016 by the authors; licensee MDPI, Basel, Switzerland.
PMID
Status
EMBASE
Institution
(Lin, Reed-Maldonado, Lue) Knuppe Molecular Urology Laboratory, Department of Urology, School of Medicine, University of California, San Francisco, CA 94143, United States (Lin, Xin) Department of Urology, Peking University First Hospital and the Institute of Urology, Peking University, Beijing 100009, China
Country of Publication
Switzerland
Publisher
MDPI AG (Postfach, Basel CH-4005, Switzerland)
Date Created
20160713
Year of Publication
2016
Canadian association of gastroenterology indicators of safety compromise following colonoscopy in clinical practice.

Borgaonkar M.R., Pace D., Lougheed M., Marcoux C., Evans B., Hickey N., O'Leary M., McGrath J.

Embase

In 2012 the Canadian Association of Gastroenterology published 19 indicators of safety compromise. We studied the incidence of these indicators by reviewing all colonoscopies performed in St. John's, NL, between January 1, 2012, and June 30, 2012. Results. A total of 3235 colonoscopies were included. Adverse events are as follows. Medication-related includes use of reversal agents 0.1%, hypoxia 9.9%, hypotension 15.4%, and hypertension 0.9%. No patients required CPR or experienced allergic reactions or laryngospasm/bronchospasm. The indicator, "sedation dosages in patients older than 70," showed lower usage of fentanyl and midazolam in elderly patients. Procedure-related immediate includes perforation 0.2%, immediate postpolypectomy bleeding 0.3%, need for hospital admission or transfer to the emergency department 0.1%, and severe persistent abdominal pain proven not to be perforation 0.4%. Instrument impaction was not seen. Procedure-related delayed includes death within 14 days 0.1%, unplanned health care visit within 14 days of the colonoscopy 1.8%, unplanned hospitalization within 14 days of the colonoscopy 0.6%, bleeding within 14 days of colonoscopy 0.2%, infection 0.03%, and metabolic complication 0.03%. Conclusions. The most common adverse events were mild and sedation related. Rates of serious adverse events were in keeping with published reports. Copyright © 2016 Mark R. Borgaonkar et al.


Status
EMBASE

Institution
(Borgaonkar, McGrath) Department of Medicine, Memorial University, St. John's, NL A1B 3V6, Canada  (Pace) Department of Surgery, Memorial University, St. John's, NL A1B 3V6, Canada
The BMEA study: the impact of meridian balanced method electroacupuncture on women with chronic pelvic pain—three-arm randomised controlled pilot study using a mixed-methods approach.

Chong O.T., Critchley H.O., Horne A.W., Elton R., Haraldsdottir E., Fallon M.

BMJ open. 5 (11) (pp e008621), 2015. Date of Publication: 17 Nov 2015.

INTRODUCTION: Chronic pelvic pain (CPP) affects 3-4% of women worldwide. Proven treatments for CPP are limited and unsatisfactory. The meridian balance method (BM) electroacupuncture (EA) treatment (BMEA + Traditional Chinese Medicine Health Consultation (TCM HC) may be effective for CPP. Previous EA studies have demonstrated an analgesic effect. Large-scale studies on acupuncture for other chronic pain conditions suggest that patient-healthcare provider interaction might play a role in pain reduction. We propose a pilot study to explore the effectiveness of the meridian BMEA treatment in managing women with CPP to inform a future large randomised controlled trial. METHODS AND ANALYSIS: A 3-arm randomised controlled pilot study is proposed with an aim to recruit 30 women with CPP in
National Health Service (NHS) Lothian. Randomisation will be to BMEA treatment, TCM HC or standard care (SC). Validated pain, physical and emotional functioning questionnaires will be administered to all participants at weeks 0, 4, 8 and 12. Focus group discussions will be conducted when week 12 questionnaires are completed. The primary objective is to determine, recruitment and retention rates. The secondary objectives are to assess the effectiveness and acceptability of the proposed methods of recruitment, randomisation, interventions and assessment tools.

ETHICS AND DISSEMINATION: Ethical approval has been obtained from the Scotland Research Ethics Committee (REC 14/SS/1022). Data will be published in peer-reviewed journals and presented at international conferences.

TRIAL REGISTRATION NUMBER: NCT02295111.

Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

PMID

Institution
(Chong, Critchley, Horne) MRC Centre for Reproductive Health, University of Edinburgh, Edinburgh, UK
(Elton) Centre for Population Health Sciences, University of Edinburgh, Edinburgh, UK
(Haraldsdottir) St. Columba’s Hospice, Edinburgh, UK
(Fallon) Cancer Research Centre, University of Edinburgh, Edinburgh, UK

Country of Publication
United Kingdom

Date Created
20170330

Year of Publication
2015

110.
New independent thermobalancing treatment with therapeutic device for chronic prostatitis/chronic pelvic pain syndrome.
Allen S., Aghajanyan I.G.
Background: Medications, alternative and complementary treatments for type-III chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) are used frequently. The aim of this article is to define thermobalancing therapy as an independent treatment for internal diseases, such as CP/CPPS. Methods: The effect of thermobalancing therapy (TT) by using Dr. Allen's therapeutic device-(DATD) on patients with CP/CPPS was investigated. National institute of health chronic prostatitis symptom index(NIH-CPSI)scores, prostatic volume(PV), and maximum urinary owrate(Qmax) were measure din one group of 45 patients who under went TT and a control group that did not have TT. These all parameters were compared between groups. Results: No significant difference was found at baseline evaluation in treatment and control groups with regard to age, NIH-CPSI score, PV or Qmax. In the treatment group pain score decreased and quality of life (QoL) improved significantly, whereas in the control group no changes. TT reduced PV and increased Qmax significantly, whereas in the control group TT did not elicit significant changes in PV and Qmax. Conclusions: The study has explored that TT with DATD as monotherapy for CP/CPPS patients: (i) reduces pain dramatically and improves QoL; (ii) reduces PV and increases Qmax. None of the patients who received TT suffered side effects and the cost of TT compares favourably with the cost of conventional treatment. Thus, TT could be recommended as a new independent treatment for CP/CPPS. Copyright © 2017, Nephrology and Urology Research Center.
Current Approach to the Evaluation and Management of Microscopic Colitis.

Cotter T.G., Pardi D.S.

Embase

Current Gastroenterology Reports. 19 (2) (no pagination), 2017. Article Number: 8. Date of Publication: 01 Feb 2017.

[Review]

AN: 614688970

Purpose of Review: Microscopic colitis is a common cause of chronic watery diarrhea, particularly in the elderly. The accompanying symptoms, which include abdominal pain and fatigue, can markedly impair patients' quality of life. Diagnosis is based upon characteristic histologic findings of the colonic mucosa. This review focuses on the current approach to evaluation and management of patients with microscopic colitis. Recent Findings: Although the incidence of microscopic colitis has been increasing over time, recent epidemiological studies show stabilization at 21.0-24.7 cases per 100,000 person-years. Recent research has further expanded our knowledge of the underlying pathophysiology and emphasized the entity of drug-induced microscopic colitis and the association with celiac disease. Two recent randomized studies have confirmed the effectiveness of oral budesonide for both induction and maintenance treatment of microscopic colitis and is now endorsed by the American Gastroenterological Association as first-line treatment. Summary: The incidence of microscopic colitis has stabilized at just over 20 cases per 100,000 person-years. Celiac disease and drug-induced microscopic colitis should be considered in all patients diagnosed with microscopic colitis. There are a number of treatments available for patients with microscopic colitis; however, budesonide is the only option well studied in controlled trials and is effective for both induction and maintenance treatment. Copyright © 2017, Springer Science+Business Media New York.


Status EMBASE

Institution

(Cotter) Department of Internal Medicine, Mayo Clinic, Rochester, MN, United States  (Pardi) Division of Gastroenterology and Hepatology, Mayo Clinic, 200 First Street SW, Rochester, MN 55905, United States
The putative involvement of actin-binding proteins and cytoskeleton proteins in pathological mechanisms of ketamine cystitis-Revealed by a prospective pilot study using proteomic approaches.

Yang H.-H., Zhai W.-J., Kuo H.-C.

Purpose: Ketamine-induced cystitis (KC) among chronic ketamine young abusers has increased dramatically and it has brought attention for Urologists. The underlying pathophysiological mechanism(s) of KC is still unclear. Therefore, the purpose of this study is to elucidate the possible pathophysiological mechanism(s) of KC through proteomic techniques. Experimental design: Bladder tissues are obtained from seven patients with KC, seven patients with interstitial cystitis/bladder pain syndrome, and five control subjects who underwent video-urodynamic study followed by augmentation enterocystoplasty to increase bladder capacity. 2DE/MS/MS-based approach, functional classifications, and network analyses are used for proteomic and bioinformatics analyses and protein validation is carried out by Western blot analysis. Results: Among the proteins identified, bioinformatics analyses revealed that several actin binding related proteins such as cofilin-1, myosin light polypeptide 9, filamin A, gelsolin, lamin A are involved in the apoptosis. Besides, the contractile proteins and cytoskeleton proteins such as myosin light polypeptide 9, filamin A, and calponin are found downregulated in KC bladders. Conclusions and clinical relevance: Increased apoptosis in KC might be mediated by actin-binding proteins and a
Ca2+-activated protease. Rapid detrusor contraction in KC might be induced by contractile proteins and cytoskeleton proteins. Copyright © 2016 WILEY-VCH Verlag GmbH & Co. KGaA, Weinheim

Status
EMBASE
Institution
(Yang, Zhai) Department of Medical Research, Buddhist Tzu Chi General Hospital, Hualien 970, Taiwan (Republic of China) (Kuo) Department of Urology, Buddhist Tzu Chi General Hospital, Tzu Chi University, Hualien 970, Taiwan (Republic of China)
Country of Publication
Germany
Publisher
Wiley-VCH Verlag (E-mail: info@wiley-vch.de)
Date Created
20170325
Year of Publication
2017

113.
Qualitative Assessment of the Symptoms and Impact of Pancreatic Exocrine Insufficiency (PEI) to Inform the Development of a Patient-Reported Outcome (PRO) Instrument.
[Article In Press]
AN: 614965865
Background: Pancreatic exocrine insufficiency (PEI) affects patients with chronic pancreatitis (CP) and cystic fibrosis (CF) who produce insufficient digestive pancreatic enzymes. Common symptoms include steatorrhoea, diarrhea, and abdominal pain. Objective: The objective of the study was to develop and test the content validity of a patient-reported outcome (PRO) instrument assessing PEI symptoms and their impact on health-related quality of life. Methods: Instrument development was supported by a literature review, expert physician interviews (n = 10: Germany
4, UK 3, France 3), and exploratory, qualitative, concept-elicitation interviews with patients with CF and CP with PEI (n = 61: UK 29, Germany 18, France 14) and expert physicians (n = 10). Cognitive debriefing of the draft instrument was then performed with patients with PEI (n = 37: UK 24, Germany 8, France 5), and feasibility was assessed with physicians (n = 3). For all interviews, verbatim transcripts were qualitatively analysed using thematic analysis methods and Atlas.ti computerized qualitative software. All themes were data driven rather than a priori. Results: Patient interviews elicited symptoms and impacts not reported in the literature. Six symptom concepts emerged: pain, bloating, bowel symptoms, nausea/vomiting, eating problems, and tiredness/fatigue. Six impact domains were also identified. A 45-item instrument was developed in English, French, and German for testing in cognitive debriefing patient interviews. Following cognitive debriefing, 18 items were deleted. Conclusion: Rigorous qualitative patient research and expert clinical input supported development of a PEI-specific PRO with the potential to aid management and monitoring of unmet needs among patients with PEI. The next step is to perform psychometric evaluation of the resulting instrument. Copyright © 2017 The Author(s)
Clinical outcome of ovarian vein embolization in pelvic congestion syndrome.
Abdelsalam H.
Embase
[Article]
AN: 608509887

Introduction Pelvic congestion syndrome (PCS), is a condition associated with ovarian vein (OV) incompetence among other causes. It is manifested by chronic pelvic pain with associated dyspareunia and dysmenorrhea. The diagnosis of PCS is often overlooked and the management can be difficult. Traditional therapy for PCS has included both medical and surgical approaches and more recently endovascular therapy. The aim of this work was to assess the clinical efficacy of ovarian vein embolization in treatment of PCS associated with OV incompetence and in the management of pelvic varices via catheter directed coil embolization.

Conclusion From our and previous results, we can conclude that catheter directed OV coil embolization is a feasible procedure for treatment of pelvic congestion syndrome associated with OV incompetence. Presence of bilateral OV incompetence should always be investigated prior to this therapy. Further prospective trials are required to assess the full benefits and efficacy of this technique, and to assess which may be the best embolic agent. Copyright © 2016 Alexandria University Faculty of Medicine

Status
EMBASE

Author NameID
Abdelsalam, Hassan; ORCID: http://orcid.org/0000-0002-3103-6159

Institution
(Abdelsalam) Radiology Department, Faculty of Medicine, Alexandria University, Egypt

Country of Publication
Egypt
Is it possible to distinguish irritable bowel syndrome with constipation from functional constipation?

Bouchoucha M., Devroede G., Bon C., Bejou B., Mary F., Benamouzig R.

Techniques in Coloproctology. 21 (2) (pp 125-132), 2017. Date of Publication: 01 Feb 2017.

Background: The Rome III criteria classify patients complaining of constipation into two main groups: patients with functional constipation (FC) and patients with constipation predominant irritable bowel syndrome (IBS-C). The purpose of this study was to identify differences in the intensity of symptoms and total and segmental colonic transit time in these two types of patients.

Methods: We performed a prospective evaluation of 337 outpatients consecutively referred for chronic constipation and classified according to the Rome III criteria as FC or IBS-C. They were asked to report symptom intensity, on a 10-point Likert scale, for diarrhea, constipation, bloating and abdominal pain. Stool form was reported using the Bristol scale, and colonic transit time was measured by using multiple-ingestion single-marker single-film technique. Statistical analysis was completed by a discriminant analysis.

Results: Female gender and obstructed defecation was more frequent in IBS-C patients than in FC patients. IBS-C patients reported greater symptom intensity than FC patients, but stool form, and total and segmental colonic transit time were not different between the two groups. Multivariate logistic regression showed that only two parameters, bloating and abdominal pain, were related to the IBS-C or to the FC phenotype, and discriminant analysis showed that these two parameters were sufficient to give a correct classification of 71% of the patients.

Conclusions: Our study suggests that self-evaluation of abdominal pain and bloating is more helpful than colonic transit time in classifying patient as IBS-C or FC.

Copyright © 2017, Springer International Publishing AG.
Sustained employability and health-related quality of life in cancer survivors up to four years after diagnosis.


Embase

Acta Oncologica. 56 (2) (pp 174-182), 2017. Date of Publication: 01 Feb 2017.

[Article]

AN: 614133660

Background: Most cancer survivors are able to return to work at some point after diagnosis. However, literature on sustained employability and health-related quality of life (HRQoL) is limited. Therefore, the aims of this study were to explore the influence of change in employment status on HRQoL in cancer survivors long term after diagnosis, and to identify predictors of work continuation in occupationally active survivors. Material and methods: We used prospective data (T0 = two years after diagnosis, T1 = one-year follow-up, and T2 = two-year follow-up) from a cohort of cancer survivors that had an employment contract and were of working age at T0 (N = 252, 69.8% female). Groups were formed on the basis of change in employment status: 'continuously not working' (19.8%), 'positive change in employment status' (5.6%), 'negative
change in employment status' (14.7%), and 'continuously working' (59.9%). ANCOVA was used
to explore the relationship between change in employment status and HRQoL at T1. Generalized
estimating equations (GEE) were used to identify predictors of work continuation (at T1 and T2) in
survivors that were occupationally active at T0 (N = 212). Results: 'Continuously working'
survivors scored significantly better on the EORTC QLQ-C30 scales: role functioning, fatigue,
pain, constipation, global health/QoL and the Summary score, than 'continuously not working'
survivors, and better on physical, role and emotional functioning, fatigue, financial impact, global
health/QoL and the Summary score than survivors with a 'negative change in employment status'
(effect size range = 0.49-0.74). In occupationally active survivors, a high score on current work
ability was associated with work continuation one year later [odds ratio (OR) 1.46; 95% CI 1.11-
1.92]. Conclusion: Cancer survivors 'continuously working' function better and have a better
health and QoL than those who are not able to work. However, in occupationally active cancer
survivors, one should monitor those with low self-perceived work ability, because they have an
increased risk to discontinue their work. Copyright © 2017 Acta Oncologica Foundation.

PMID
Vulvar Varicosities: A Review.
Kim A.S., Greyling L.A., Davis L.S.
Embase
Dermatologic Surgery. 43 (3) (pp 351-356), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 614835443

BACKGROUND Vulvar varicosities (VV) are dilated and tortuous veins occurring within the external female genitalia. Patients may seek treatment of these varices for both medical and cosmetic purposes. In some patients, VV may be associated with a chronic pelvic pain syndrome called pelvic congestion syndrome (PCS). OBJECTIVE To review the English language literature on VV in both pregnant and nonpregnant women. MATERIALS AND METHODS A literature search pertaining to vulvar varicosities and PCS was performed using PubMed and Google Scholar databases. RESULTS There is an overall paucity of literature discussing VV, particularly in nonpregnant women without PCS. Management options for VV include compression, sclerotherapy, embolization, and surgical ligation. Treatment can be dependent on the coexistence of pelvic or leg varicosities and may require referral to a vein specialist for advanced imaging techniques and procedures. Direct sclerotherapy to VV may not provide adequate treatment if pelvic or leg varices are also present. CONCLUSION In women with persistent VV, imaging studies should be obtained before treatment to evaluate the surrounding venous anatomy of the pelvis and leg, as the results often affect the treatment approach. Patients presenting with VV and chronic pelvic pain should be evaluated for PCS. Copyright © 2016 by the American Society for Dermatologic Surgery, Inc.

Status
EMBASE
Institution
(Kim) Medical College of Georgia, Augusta University, Augusta, GA, United States (Greyling, Davis) Division of Dermatology, Medical College of Georgia, Augusta University, 1004 Chafee Avenue FH 100, Augusta, GA 30904, United States
Country of Publication
United States
Publisher
Lippincott Williams and Wilkins (E-mail: agents@lww.com)
Date Created
20170323
Year of Publication
The Prevalence of Fabry Disease in Patients with Chronic Kidney Disease in Turkey: The TURKFAB Study.

Embase
Kidney and Blood Pressure Research. 41 (6) (pp 1016-1024), 2016. Date of Publication: 01 Dec 2016.
[Article]
AN: 614019239

Background/Aims: Fabry disease is a treatable cause of chronic kidney disease (CKD) characterized by a genetic deficiency of alpha-galactosidase A. European Renal Best Practice (ERBP) recommends screening for Fabry disease in CKD patients. However, this is based on expert opinion and there are no reports of the prevalence of Fabry disease in stage 1-5 CKD. Hence, we investigated the prevalence of Fabry disease in CKD patients not receiving renal replacement therapy. Methods: This prospective study assessed alpha-galactosidase activity in dried blood spots in 313 stage 1-5 CKD patients, 167 males, between ages of 18-70 years whose etiology of CKD was unknown and were not receiving renal replacement therapy. The diagnosis was confirmed by GLA gene mutation analysis. Results: Three (all males) of 313 CKD patients (0.95%) were diagnosed of Fabry disease, for a prevalence in males of 1.80%. Family screening identified 8 additional Fabry patients with CKD. Of a total of 11 Fabry patients, 7 were male and started enzyme replacement therapy and 4 were female. The most frequent manifestations in male patients were fatigue (100%), tinnitus, vertigo, acroparesthesia, hypohidrosis, cornea verticillata and angiokeratoma (all 85%), heat intolerance (71%), and abdominal pain (57%). The most frequent manifestations in female patients were fatigue and cornea verticillata (50%), and tinnitus, vertigo and angiokeratoma (25%). Three patients had severe episodic abdominal pain attacks and proteinuria, and were misdiagnosed as familial Mediterranean fever. Conclusions: The prevalence of Fabry disease in selected CKD patients is in the range found among renal replacement therapy patients, but the disease is diagnosed at an earlier, treatable stage. These
data support the ERBP recommendation to screen for Fabry disease in patients with CKD of unknown origin. Copyright © 2016 The Author(s) Published by S. Karger AG, Basel.

PMID

Status
EMBASE

Institution
(Turkmen, Erdur, Tonbul) Necmettin Erbakan University, Meram School of Medicine, Department of Internal Medicine, Division of Nephrology, Konya, Turkey
(Guclu) Ahi Evran University, Department of Internal Medicine, Division of Nephrology, Kirsehir, Turkey
(Sahin) Osmangazi University, Department of Internal Medicine, Division of Nephrology, Eskisehir, Turkey
(Kocyigit) Erciyes University, Department of Internal Medicine, Division of Nephrology, Kayseri, Turkey
(Demirtas) Erzincan University, Mengucek Gazi Training and Research Hospital, Department of Internal Medicine, Erzincan, Turkey
(Sengul) Kocaeli Training and Research Hospital, Department of Nephrology, Kocaeli, Turkey
(Ozkan) Haseki Training and Research Hospital, Department of Nephrology, Istanbul, Turkey
(Emre) Van Yuzuncu Yll University, Department of Internal Medicine, Division of Nephrology, Van, Turkey
(Turgut) Mustafa Kemal University, Department of Internal Medicine, Division of Nephrology, Hatay, Turkey
(Unal, Karaman, Yllmaz) GATA University, Department of Internal Medicine, Division of Nephrology, Ankara, Turkey
(Aclkel) GATA University, Department of Epidemiology and Biostatistics, Ankara, Turkey
(Esen) Necmettin Erbakan University, Meram School of Medicine, Department of Pathology, Konya, Turkey
(Balli) Mersin University, Department of Histology and Embriology, Mersin, Turkey
(Bltirgen) Necmettin Erbakan University, Meram School of Medicine, Department of Opthalmology, Konya, Turkey
(Ortiz) Unidad de Dialisis, IIS-Fundaction Jimenez Diaz, U Autonoma de Madrid, IRSIN, Madrid, Spain

Country of Publication
Switzerland

Publisher
S. Karger AG

Date Created
A Phase II Study of Ganetespib as Second-line or Third-line Therapy for Metastatic Pancreatic Cancer.
Cardin D.B., Thota R., Goff L.W., Berlin J.D., Jones C.M., Ayers G.D., Whisenant J.G., Chan E.

Embase
[Article In Press]

AN: 614916944

OBJECTIVES: Heat shock protein 90 regulates multiple signaling proteins involved in key pathways of pancreatic cancer pathogenesis. Ganetespib binds to heat shock protein 90 and interferes with its binding to client proteins thus leading to inactivation and degradation of the signaling proteins that promote cancer progression. This phase II study was designed to evaluate the efficacy of ganetespib in patients with refractory metastatic pancreatic cancer (rMPC).

METHODS: Patients with rMPC received 175 mg/m ganetespib intravenously once weekly for 3 weeks in 4-week cycles. Primary endpoint was disease control rate at 8 weeks, with a goal of 70%. Secondary endpoints were progression-free survival, overall survival, and safety. Simon's 2-stage design was used to assess futility and efficacy. Ganetespib was considered inactive if <=8 patients among the first 15 treated had disease control after 8 weeks of treatment.

RESULTS: Fourteen patients were treated on study. Grade 3 treatment-related toxicities were diarrhea, abdominal pain, fatigue, nausea, vomiting, and hyponatremia. Disease control rate at 8 weeks was 28.6%, and median progression-free survival and overall survival were 1.58 months and 4.57 months, respectively. Early stopping rules for lack of clinical efficacy led to study closure.

CONCLUSIONS: Single-agent ganetespib was tolerable with only modest disease control in rMPC. This disease is resistant to chemotherapy, and given the emerging data in lung and rectal cancers, as well as in pancreatic cancer cell lines, suggesting improved activity of ganetespib in combination with cytotoxic agents, studies combining this agent with chemotherapy in rMPC are more likely to yield success. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.
120.
Antiviral therapy with nucleotide/nucleoside analogues in chronic hepatitis B: A meta-analysis of prospective randomized trials.
Bedre R.H., Raj U., Misra S.P., Varadwaj P.K.
Embase
Indian Journal of Gastroenterology. 35 (2) (pp 75-82), 2016. Date of Publication: 01 Mar 2016.
[Review]
AN: 609979847
Nucleotide/nucleoside analogues (antiviral therapy) are used in the therapy of HBeAg positive and HBeAg negative chronic hepatitis B. We analyzed ten selected randomized controlled with 2557 patients to estimate the effect of antiviral drugs in chronic hepatitis B with compared to placebo. Virological response, biochemical response, histological response, seroconversion of HBeAg, and loss of HBeAg were estimated as primary efficacy measures. The included studies were subjected for heterogeneity and publication bias. The heterogeneity was assessed with chi2 and I2 statistics. Publication bias was assessed by funnel plot. Greater rates of improvement obtained in antiviral group for virological response [43.96 % vs. 3.15 %, RR = 0.57, 95 % CI = 0.54-0.61, p-value <0.00001], biochemical response [58.37 % vs. 21.87 %, RR = 0.52, 95 % CI = 0.48-0.56, p-value <0.00001], histological response [58.99 % vs. 27.13 %, RR = 0.56, 95 % CI =
0.50-0.63, p-value <0.0001], seroconversion of HBeAg [10.66 % vs. 5.56 %, RR = 0.94, 95 % CI = 0.91-0.97, p-value = 0.0005], and HBeAg loss [14.59 % vs. 9.64 %, RR = 0.92, 95 % CI = 0.88-0.96, p-value = 0.0002]. The safety analysis were carried out for adverse events such as headache [17.22 % vs. 17.34 %, OR = 1.09, 95 % CI = 0.81-1.46, p-value = 0.58], abdominal pain [16.46 % vs. 14.34 %, OR = 1.24, 95 % CI = 0.90-1.72, p-value = 0.19], and pharyngitis [22.22 % vs. 18.23 %, OR = 1.12, 95 % CI = 0.86-1.45, p-value = 0.40]. Excluding adverse events, all primary efficacy measures shown statistical significant result for chronic hepatitis treatment (p-value <0.05). Antiviral therapy provided significant benefit for the treatment of chronic hepatitis B with no measurable adverse effects. Copyright © 2016, Indian Society of Gastroenterology.

PMID

Status
EMBASE
Institution
(Bedre) Louisiana State University Agricultural Center, Baton Rouge, LA, United States  (Raj, Varadwaj) Indian Institute of Information Technology, Jhalwa Campus, Allahabad 211 012, India  (Misra) Motilal Nehru Medical College, Allahabad 211 001, India
Country of Publication
India
Publisher
Indian Society of Gastroenterology
Date Created
20160609
Year of Publication
2016

121.
The efficacy of acupuncture in managing patients with chronic prostatitis/chronic pelvic pain syndrome: A systemic review and meta-analysis.
Chang S.-C., Hsu C.-H., Hsu C.-K., Yang S.S.-D., Chang S.-J.
Embase
Neurourology and Urodynamics. 36 (2) (pp 474-481), 2017. Date of Publication: 01 Feb 2017.
AN: 607697667

Objectives: This study aimed to systemically review published randomized control trials that compared the efficacy of acupuncture with sham acupuncture or standard medical treatment as management for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). Methods: A systemic search of the PubMED, Embase, Airiti Library, and China Journal Net was done for all randomized controlled trials that compared the efficacy of acupuncture with sham acupuncture, alpha-blockers, antibiotics, or anti-inflammatory drugs in patients with CP/CPPS. Two investigators conducted the literature search, quality assessment, and data extraction. The data were then analyzed using the Cochrane Collaboration Review Manager (RevMan, version 5.3). The study endpoints were response rate, the National Institute of Health-Chronic Prostatitis Index (NIH-CPSI), and the International Prostate symptom score (IPSS) reduction. Results: Three and four randomized controlled trials compared acupuncture with sham acupuncture (n = 101 vs. 103) and medical treatment (n = 156 vs. 138), respectively. The results revealed that acupuncture was superior to sham acupuncture as regards response rate (OR: 5.15, 95%CI: 2.72-9.75; P < 0.01), NIH-CPSI (WMD: -6.09, 95%CI: -7.85 to -4.33), and IPSS (WMD: -2.44, 95%CI: -4.86 to -0.03; P = 0.05) reductions, therefore, excluding the placebo effect. Compared to standard medical treatments, acupuncture had a significantly higher response rate (OR: 3.57, 95%CI: 1.78-7.15; P < 0.01). Conclusions: Acupuncture has promising efficacy for patients with CP/CPPS. Compared to standard medical treatment, it has better efficacy. Thus, it may also serve as a standard treatment option when available. Neurourol. Urodynam. 36:474-481, 2017. © 2016 Wiley Periodicals, Inc.
Efficacy and safety of two administration modes of an intra-detrusor injection of 750 units dysport (abobotulinumtoxinA) in patients suffering from refractory neurogenic detrusor overactivity (NDO): A randomised placebo-controlled phase IIa study.


Embase
Neurourology and Urodynamics. 36 (2) (pp 457-462), 2017. Date of Publication: 01 Feb 2017.

Aims: Assess the efficacy and safety of abobotulinumtoxinA (Dysport) in adult patients with neurogenic detrusor overactivity (NDO). Methods: This Phase IIa, international, multicentre, double-blind, randomised, placebo controlled, pilot study enrolled 47 patients with NDO and urinary incontinence resulting from spinal cord injury (SCI) or multiple sclerosis (MS). Patients were treated with 15 intra-detrusor injections of Dysport 750 U or the equivalent placebo (n = 16 and 7) or 30 injections of Dysport 750 U or the equivalent placebo (n = 17 and 7). Primary endpoint was change from baseline in mean number of daily incontinence episode frequency (IEF) at day 84. Secondary endpoints included change from baseline in urodynamic parameters and quality of life (QOL). A safety assessment was also conducted. Results: Adjusted mean changes from baseline in IEF were -3.2 (-76%) and -1.7 (-15%) for 15 injections Dysport and placebo groups, respectively, (P = 0.1103) and -3.2 (-88%) and -2.6 (-73%) for 30 injections Dysport and placebo groups, respectively, (P = 0.0686). Statistically significant improvements in maximum cystometric capacity, maximum detrusor pressure and volume at first contraction were reported in the Dysport groups compared with placebo (P < 0.05). Improvements in QOL were reported. Three muscle weakness episodes were reported as serious adverse events in two tetraplegic and one paraplegic patient, all in the 15 injections Dysport group. Conclusions: Both 15 and 30 injections administration modes of Dysport decreased daily IEF and resulted in significant improvements in urodynamic parameters in NDO patients with MS or SCI. Reduction to 15 injection sites did not appear to be associated with any impact on efficacy. Neurourol.
Musculoskeletal Dysfunctions in Patients With Chronic Pelvic Pain: A Preliminary Descriptive Survey.
Mieritz R.M., Thorhauge K., Forman A., Mieritz H.B., Hartvigsen J., Christensen H.W.
Embase
[Article]
AN: 613455312

Objective The purpose of this study was to determine the prevalence of musculoskeletal dysfunctions based on a standardized clinical examination of patients with chronic pelvic pain (CPP) who were referred to a specialized tertiary care center for laparoscopic examination. In addition, we stratified levels of self-reported pelvic pain, self-rated health, education, and work
status based on musculoskeletal dysfunction status. Methods This study used a cross-sectional
design to determine the prevalence of musculoskeletal dysfunctions in women with CPP who
were referred to a tertiary care center specializing in care of women with CPP. The women
completed a questionnaire and underwent a blinded systematic objective clinical examination of
the musculoskeletal system by a doctor of chiropractic who then categorized the patients as
having or not having musculoskeletal dysfunction. Results Ninety-four patients returned the
questionnaire, completed the clinical examination, and fulfilled the inclusion criteria. More than
half of the referred patients with CPP (48 out of 94) had musculoskeletal dysfunctions in the
lumbar/pelvic region. No statistically significant differences were found between the groups with
respect to self-rated health, education, work status, and pain level. Pain location was significantly
different after Bonferroni correction in 1 out of the 36 aspects. Conclusions In this sample of CPP
patients, 51% were categorized as having a musculoskeletal dysfunction. Overall, CPP patients
were similar with respect to certain characteristics, such as age, body mass index, and pain level,
regardless of their classification; however, patients with musculoskeletal dysfunction tended to
report more pain in the front and back of the lower limbs. Copyright © 2016

Status
EMBASE
Institution
(Mieritz) Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark,
Odense, Denmark (Mieritz) Department of Orthopedic Surgery and Traumatology, Institute of
Clinical Research, Odense University Hospital, University of Southern Denmark, Odense,
Denmark
(Thorhauge) RandersDenmark
(Forman) Department of Obstetrics and Gynecology, Aarhus University Hospital, Aarhus,
Denmark
(Mieritz) Department of Anesthesiology and Intensive Care Medicine, Odense University Hospital,
Denmark
(Hartvigsen) Institute of Sports Science and Clinical Biomechanics and Nordic Institute of
Chiropractic and Clinical Biomechanics, University of Southern Denmark, Aarhus, Denmark
(Christensen) Nordic Institute of Chiropractic and Clinical Biomechanics, Aarhus, Denmark
Country of Publication
United States
Publisher
Mosby Inc. (E-mail: customerservice@mosby.com)
Date Created
20170318
Year of Publication
Gastrointestinal symptoms in celiac disease patients on a long-term gluten-free diet.

Laurikka P., Salmi T., Collin P., Huhtala H., Maki M., Kaukinen K., Kurppa K.

Embase


Experience suggests that many celiac patients suffer from persistent symptoms despite a long-term gluten-free diet (GFD). We investigated the prevalence and severity of these symptoms in patients with variable duration of GFD. Altogether, 856 patients were classified into untreated (n = 128), short-term GFD (1-2 years, n = 93) and long-term GFD (>=3 years, n = 635) groups. Analyses were made of clinical and histological data and dietary adherence. Symptoms were evaluated by the validated GSRS questionnaire. One-hundred-sixty healthy subjects comprised the control group. Further, the severity of symptoms was compared with that in peptic ulcer, reflux disease, inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS). Altogether, 93% of the short-term and 94% of the long-term treated patients had a strict GFD and recovered mucosa. Untreated patients had more diarrhea, indigestion and abdominal pain than those on GFD and controls. There were no differences in symptoms between the short- and long-term GFD groups, but both yielded poorer GSRS total score than controls (p = 0.03 and p = 0.05, respectively). Furthermore, patients treated 1-2 years had more diarrhea (p = 0.03) and those treated >10 years more reflux (p = 0.04) than controls. Long-term treated celiac patients showed relatively mild symptoms compared with other gastrointestinal diseases. Based on our results, good response to GFD sustained in long-term follow-up, but not all patients reach the level of healthy individuals.

Copyright © 2016 by the authors; licensee MDPI, Basel, Switzerland.

PMID

125.
TLR1 Polymorphism Associations with Gastric Mucosa Morphologic Patterns on Magnifying NBI Endoscopy: a Prospective CrossSectional Study.
Tongtawee T., Bartpho T., Kaewpitoon S., Kaewpitoon N., Deuchsukhum C., Leeanansaksiri W., Loyd R.A., Matrakool L., Panpimanmas S.
Embase
[Article]
AN: 614866227
BACKGROUND: Helicobacter pylori is now recognized as a causative factor of chronic gastritis, gastroduodenal ulcers, gastric cancer and mucosaassociated lymphatic tissue lymphoma. Tolllike receptors are important bacterial receptors in gastric epithelial cell signaling transduction and play critical roles in gastric carcinogenesis. MATERIALS AND METHODS: A total of 400 patients
undergoing esophagastroduodenoscopy for investigation of chronic abdominal pain were genotyped for singlenucleotide polymorphisms (SNPs) in TLR1 (rs4833095) using TagMan SNPs genotyping assay by realtime PCR hybridization. Relationships with susceptibility to H. pylori infection and premalignant gastric mucosa morphological patterns, classified by magnifying NBI endoscopy, were investigated.

RESULTS: The percentages of TLR1 rs4833095, CC homozygous, CT heterozygous and TT homozygous cases were 34, 46.5 and 19%, respectively. CC showed statistical differences between H. pylori positive and negative cases (P<0.001). CT and TT correlated with type 1 and type 2 gastric mucosal morphological patterns (P<0.01) whereas CC correlated with types 3 and 4 (P<0.01).

CONCLUSIONS: This study demonstrated good correlation of TLR1 rs4833095 genotype with severity of inflammation in H. pylori infected gastric mucosa according to gastric mucosal morphologic patterns with magnifying NBI endoscopy.


Institution
(Tongtawee) Department of surgery, Institute of Medicine, Suranaree University of Technology, Nakhon ratchasima, Thailand Email :

Country of Publication
Thailand

Date Created
20170321

Year of Publication
2016

126.
Single dose delta-9-tetrahydrocannabinol in chronic pancreatitis patients: Analgesic efficacy, pharmacokinetics and tolerability.

Embase
British Journal of Clinical Pharmacology. 81 (3) (pp 525-537), 2016. Date of Publication: 01 Mar 2016.

[Article]
AN: 608577203

Aim We aimed to assess the analgesic efficacy, pharmacokinetics, tolerability and safety of a single dose of DELTA9-THC in patients with chronic abdominal pain resulting from chronic pancreatitis (CP). Methods This was a randomized, single dose, double-blinded, placebo-controlled, two way crossover study in patients suffering from abdominal pain as result of CP (n = 24), post hoc subdivided into opioid and non-opioid users. DELTA9-THC (8 mg) or active placebo (5 mg/10 mg diazepam) was administered orally in a double dummy design. Results No treatment effect was shown for delta VAS pain scores after DELTA9-THC compared with diazepam. DELTA9-THC was well absorbed with a mean tmax of 123 min. No significant differences were found between DELTA9-THC vs. Diazepam for alertness, mood, calmness or balance. Feeling anxious and heart rate were significantly increased after DELTA9-THC compared with diazepam. The most frequently reported adverse events (AEs) after DELTA9-THC administration were somnolence, dry mouth, dizziness and euphoric mood. Conclusions A single dose of DELTA9-THC was not efficacious in reducing chronic pain resulting from CP, but was well tolerated with only mild or moderate AEs. The PK results in CP patients showed delayed absorption and an increased variability compared with healthy volunteers. Copyright © 2015 The British Pharmacological Society.


Status EMBASE

Institution (De Vries, Van Rijckevorsel, Van Goor) Department of Surgery (Route 618), Radboud University Medical Center, PO Box 9101, Nijmegen, HB 6500, Netherlands (Vissers, Wilder-Smith) Department of Anesthesiology, Pain and Palliative Medicine, Radboud University Medical Center, Nijmegen, Netherlands (Vissers) Centre for Sensory-Motor Interaction, Department of Health Sciences, Aalborg University, Aalborg, Denmark

Country of Publication United Kingdom

Publisher Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Date Created 20160304

Year of Publication 2016
127.
Exercise and the athlete with infectious mononucleosis.
Shephard R.J.
Embase
Clinical Journal of Sport Medicine. 27 (2) (pp 168-178), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 610984589
Objective: To determine appropriate management of the active individual with infectious mononucleosis (IM), including issues of diagnosis, the determination of splenomegaly, and other measures of disease status, the relationship of the disease to chronic fatigue syndrome (CFS), and the risks of exercise at various points in the disease process. Data Sources: An Ovid/MEDLINE search (January 1996-June 2015) was widely supplemented by "similar articles" found in Ovid/MEDLINE and PubMed, reference lists, and personal files. Main Results: Clinical diagnoses of IM are unreliable. Traditional laboratory indicators (lymphocytosis, abnormal lymphocytes, and a heterophile-positive slide test) can be supplemented by more sensitive and more specific but also more costly Epstein-Barr antigen determinations. Clinical estimates of splenomegaly are fallible. Laboratory determinations, commonly by 2D ultrasonography, must take account of methodology, the formulae used in calculations and the individual's body size. The SD of normal values matches the typical increase of size in IM, but repeat measurements can help to monitor regression of the disease. The main risks to the athlete are spontaneous splenic rupture (seen in 0.1%-0.5% of patients and signaled by acute abdominal pain) and progression to chronic fatigue, best avoided by 3 to 4 weeks of restricted activity followed by graded reconditioning. A full recovery of athletic performance is usual with 2 to 3 months of conservative management. Conclusions: Infectious mononucleosis is a common issue for young athletes. But given accurate diagnosis and the avoidance of splenic rupture and progression to CFS through a few weeks of restricted activity, long-term risks to the health of athletes are few. Copyright © 2016 Wolters Kluwer Health, Inc.
Status
EMBASE
Institution
(Shephard) Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, ON, Canada  (Shephard) University of Toronto, PO Box 521, Brackendale, BC V0N 1H0, Canada
Country of Publication
Acute porphyrias are rare inherited disorders due to deficiencies of haem synthesis enzymes. To date, all UK cases have been one of the three autosomal dominant forms, although penetrance is low and most gene carriers remain asymptomatic. Clinical presentation is typically with acute neurovisceral attacks characterised by severe abdominal pain, vomiting, tachycardia and hypertension. Severe attacks may be complicated by hyponatraemia, peripheral neuropathy sometimes causing paralysis, seizures and psychiatric features. Attacks are triggered by prescribed drugs, alcohol, hormonal changes, fasting or stress. The diagnosis is made by finding increased porphobilinogen excretion in a light-protected random urine sample. Management includes administration of intravenous human haemin and supportive treatment with non-porphyrinogenic drugs. A few patients develop recurrent attacks, a chronic illness requiring specialist management. Late complications include chronic pain, hepatocellular carcinoma, chronic renal failure and hypertension. In the UK, the National Acute Porphyria Service provides clinical advice and supplies haemin when indicated.
129.
Fulranumab in patients with interstitial cystitis/bladder pain syndrome: observations from a randomized, double-blind, placebo-controlled study.
Embase
BMC Urology. 17 (1) (pp 1-8), 2017. Date of Publication: 05 Jan 2017.
[Article]
AN: 613958239
Background: This study was designed to evaluate the efficacy and safety of fulranumab, a fully human monoclonal antibody directed against nerve growth factor (NGF), for pain relief in patients with interstitial cystitis/bladder pain syndrome (IC/BPS). Methods: In this multicenter, double-blind study, adults with IC/BPS (i.e., interstitial cystitis symptom index [ICSI] total score >=8) accompanied by chronic, moderate-to-severe pain were randomized to fulranumab 9 mg or matching placebo, administered subcutaneously at weeks 1, 5, and 9. The primary efficacy endpoint was change from baseline to study endpoint (week 12 or at withdrawal) in average daily pain intensity score. Key secondary endpoints included change from baseline to study endpoint in worst pain intensity score, ICSI total score, Pelvic Pain and Urgency/Frequency total score, Patient Perception of Bladder Condition score, and global response assessment. Results: This study was terminated prematurely based on concern that this class may be associated with rapidly progressing osteoarthritis or osteonecrosis. Thirty-one patients (of the targeted 70 patients) were randomized, 17 to placebo and 14 to fulranumab, with 15 and 10 patients,
respectively, receiving all 3 doses of double-blind treatment. In ANOVA analyses, there was no statistically significant difference between treatment groups for the primary endpoint (LS mean difference [95% CI] vs. placebo, -0.2 [-1.52, 1.10]) or any of the secondary endpoints. Fulranumab was well tolerated, with no patient discontinuing due to an adverse event or experiencing a joint-related serious adverse event over a 26-week follow-up period. No events related to the neurologic or motor systems were reported. Conclusions: Efficacy was not demonstrated in the present study with the single dose tested and a limited sample size, leading to lack of statistical power. These findings do not exclude the possibility that fulranumab would provide clinical benefit in a larger study and/or specific populations (phenotypes) in this difficult to treat pain condition. Trial registration: NCT01060254, registered January 29, 2010. Copyright © 2017 The Author(s).

PMID

Status
EMBASE

Institution
(Wang) Office of Translational Research, National Institute of Neurological Disorders and Stroke (NINDS), Bethesda, MD, United States (Russell, Kelly, Wang, Thipphawong) Janssen Research and Development, LLC, Raritan/Titusville, NJ, United States

Country of Publication
United Kingdom

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Date Created
20170214

Year of Publication
2017

130.
Current experience of spinal neuromodulation in chronic pain: Is there a role in children and young people?.

Pang D.

Embase
Introduction Chronic pain in children has been an under-recognized problem compared to adult pain. The aim of management is to help children and their families cope with the symptoms rather than a cure. Current medical treatments to reduce pain intensity are often short lived, poorly tolerated or ineffective. Results The use of electrical stimulation to treat pain is the current basis of modern Neuromodulation at the spinal cord and has been well established as spinal cord stimulation in adult practice. This involves placement of an epidural electrode connected to a subcutaneous implanted pulse generator. The electrode generates an electrical field at the dorsal columns of the spinal cord that inhibits pain pathways. Randomised controlled trials have demonstrated efficacy in neuropathic pain states such as the failed back surgery syndrome and complex regional pain syndrome. Conclusion Despite its initial expense, Spinal cord stimulation is a cost effective therapy in the long term and has the advantages of being a minimally invasive therapy and reversible. Copyright © 2016


Status EMBASE

Institution (Pang) Pain Management and Neuromodulation Centre, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH, United Kingdom

Country of Publication United Kingdom

Publisher W.B. Saunders Ltd

Date Created 20170120

Year of Publication 2017
Long term follow-up concerning safety and efficacy of novel adhesion prophylactic agent for laparoscopic myomectomy in the prospective randomized ADBEE study.

Cezar C., Tchartchian G., Korell M., Ziegler N., Senshu K., De Wilde M.S., Herrmann A., Larbig A., De Wilde R.L.

Embase
Best Practice and Research: Clinical Obstetrics and Gynaecology. 35 (pp 97-112), 2016. Date of Publication: 01 Aug 2016.

[Review]
AN: 611418682

We conducted a prospective randomized single blind - subject study in the University Clinic of Gynecology of Pius-Hospital Oldenburg. The primary objective of the ADBEE study was to assess the safety and manageability of ADBLOCK when used as an adjunct to laparoscopic surgery for the primary of myomas in women wishing to improve pregnancy outcomes. The study population included 32 women aged between 18-45 years, in good general health condition, who have not completed their family planning and who are undergoing primary ('virgin') laparoscopic myomectomy with an aim to improve pregnancy outcomes. The patients were randomized in 2 groups, ADBLOCK arm with 21 patients and surgery only arm with 11 patients. The study was single blind - subject and the investigators were blinded to treatment group assignment until completion of uterine suturing and prior to removal of the endoscope. A vigorous follow-up of subjects was organized, focusing on its two critical characteristics: completeness and duration. Completeness represented the percentage of subjects who returned to every planned follow-up appointments. The patients were evaluated in a specific period of time, which defined the duration of follow-up. Safety of the ADBLOCK was estimated after analyzing and documentation of any adverse events occurred, clinical and physical examination of patients as well as evaluation of laboratory measures. There were 25 adverse events reported in ADBLOCK treatment group and 12 events in NO-ADBLOCK group over the 24-months treatment. All adverse events in both treatment arms were not anticipated, with all events in the ADBLOCK group being resolved. At 28 days, there was no significant difference in proportion of events between the two treatments (p = 0.440). Overall, the number of events reported was low and the severity of events was generally mild with an unlikely or no relationship to treatment. There were no unanticipated device related adverse events seen in both treatment groups over the immediate post-operative period or during the 24 months follow up period. By 12 weeks all patients reported their wound as healing well or healed and at 6 months all wounds were reported as healed. There were no differences between both treatment groups regarding the use of painkillers over 24 months follow up period. This clinical first - in - human study, sustained by a rigorous follow-up of the subjects has demonstrated that ADBLOCK is a safe product, presenting no additional safety risk or burden to
the patients over surgery alone. The device was relatively easy to use, with a low device failure rate that had no impact on the surgical procedures. Copyright © 2016 Elsevier Ltd


Status EMBASE

Institution
(Cezar, Ziegler, De Wilde, Herrmann, Larbig, De Wilde) Clinic of Gynecology, Obstetrics and Gynecological Oncology, University Hospital for Gynecology, Pius-Hospital Oldenburg, Medical Campus University Oldenburg, Oldenburg 26121, Germany (Korell) Johanna-Etienne-Clinic, Department for Obstetrics and Gynecology, Neuss 41462, Germany (Tchartchian) Clinic for Minimal-Invasive Surgery, Berlin-Zehlendorf 14129, Germany (Senshu) Terumo Europe, Leuven 3001, Belgium

Country of Publication
United Kingdom

Publisher Bailliere Tindall Ltd

Date Created 20161022

Year of Publication 2016

132.
Cow's milk protein intolerance in adolescents and young adults with chronic fatigue syndrome.
Rowe P.C., Marden C.L., Jasion S.E., Cranston E.M., Flaherty M.A.K., Kelly K.J.

Embase


[Article]
AN: 610674394

Aim: To examine the prevalence, clinical features and influence on illness severity of cow's milk protein intolerance in young people with chronic fatigue syndrome. Methods: In a two-year prospective study of 55 adolescents and young adults with chronic fatigue syndrome, we defined
intolerance to milk protein if subjects reported (i) no evidence of immediate or anaphylactic reactions to milk, (ii) at least 2 of the following 3 chronic symptoms: gastroesophageal reflux, early satiety and epigastric/abdominal pain, (iii) improvement in upper gastrointestinal symptoms on a milk protein elimination diet and (iv) at least 2 recurrences of upper gastrointestinal symptoms >two hours following open re-exposure to milk protein. Subjects completed three quality of life surveys at baseline and at six months. Results: The mean (SD) age of the 55 participants was 16.5 (2.1) years. Seventeen (31%; 95% CI, 19-43%) met study criteria for cow’s milk protein intolerance. Compared to milk-tolerant subjects, milk-sensitive participants had significantly worse health-related quality of life at baseline but not at six months (after institution of the milk-free diet). Conclusion: Cow's milk protein intolerance is a common problem in young people with chronic fatigue syndrome and is a treatable contributor to their symptoms. Copyright ©2016 Foundation Acta Paediatrica. Published by John Wiley & Sons Ltd


Status EMBASE
Institution (Rowe, Marden, Jasion, Cranston, Flaherty) Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD, United States  (Cranston, Flaherty) University of Maryland School of Medicine, Baltimore, MD, United States (Kelly) Pediatric Specialty Care, Willow Grove, PA, United States
Country of Publication United Kingdom
Publisher Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Date Created 20160613
Year of Publication 2016

133.
Transcutaneous electrical nerve stimulation: Current status of evidence.
Johnson M.I., Jones G.
Effect of acupuncture on clinical symptoms and laboratory indicators for chronic prostatitis/chronic pelvic pain syndrome: a systematic review and meta-analysis.

Liu B.-P., Wang Y.-T., Chen S.-D.

Embase

[Review]
AN: 612005275

Objectives: To systematically review the efficacy and safety of acupuncture for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). Methods: PubMed, Cochrane library Central, Web of Science, Wang-fang Database, and CNKI were searched from their inception to June 30, 2016. Data of acupuncture for CP/CPPS following randomized controlled trials (RCTs) was
included. The data were analyzed using the Cochrane Collaboration Review Manager. The primary data were the National Institute of Health-Chronic Prostatitis Index (NIH-CPSI) score at the end of follow-up. Results: Ten RCTs were enrolled. Acupuncture was superior to the control in NIH-CPSI (MD -3.98, [95% CI -5.78 to -2.19]; P < 0.0001) and response rate (RR 4.12, [95% CI 1.67-10.18]; P = 0.002). Acupuncture was superior to sham acupuncture on NIH-CPSI, response rate, pain, urinary, and quality of life (QOL). Standard medication was inferior to acupuncture in terms of NIH-CPSI (MD -3.08, [95% CI -5.57 to -0.60]; P = 0.02) and response rate (RR 2.03, [95% CI 1.04-3.97]; P = 0.04), but standard medication was superior to acupuncture on improving urinary symptoms. There was no significant difference in the adverse events. Acupuncture/acupuncture plus standard medication significantly down-regulated IL-1beta compared with standard medication in prostatic fluid. Conclusion: Acupuncture treating CP/CPPS is effective and safe. The effects of acupuncture on NIH-CPSI, response rate, pain symptoms, and QOF were superior to the control, but standard medication significantly improved urinary symptoms compared with acupuncture. Acupuncture can decrease the IL-1beta in prostatic fluid for CP/CPPS. Copyright © 2016, Springer Science+Business Media Dordrecht.

Status
EMBASE
Author NameID
Liu, Bu-ping; ORCID: http://orcid.org/0000-0002-1959-0632
Institution
(Liu) Clinical Medical College of Acupuncture, Moxibustion and Rehabilitation, Guangzhou University of Chinese Medicine, No. 232, Waihuandong Road, Guangzhou University Town, Panyu District, Guangzhou 510006, China (Wang) Postgraduate Academy, Guangzhou University of Chinese Medicine, Guangzhou, China (Chen) The First Affiliated Hospital, Guangzhou University of Chinese Medicine, Guangzhou, China
Country of Publication
Netherlands
Publisher
Springer Netherlands
Date Created
20170315
Year of Publication
2016
The effect of acupuncture on chemotherapy-associated gastrointestinal symptoms in gastric cancer.
Embase
[Article]
AN: 614693106
Background Gastrointestinal (gi) symptoms are the most notable side effects of chemotherapeutic drugs; such symptoms are currently treated with drugs. In the present study, we investigated the effect of acupuncture on gi symptoms induced by chemotherapy in patients with advanced gastric cancer. Methods A cohort of 56 patients was randomly divided into an experimental group and a control group. All patients received combination chemotherapy with oxaliplatin-paclitaxel. Patients in the experimental group received 30 minutes of acupuncture therapy daily for 2 weeks. The frequency and duration of nausea, vomiting, abdominal pain, and diarrhea, the average days and costs of hospitalization, and quality-of-life scores were compared between the groups. Results Nausea was sustained for 32 +/- 5 minutes and 11 +/- 3 minutes daily in the control and experimental groups respectively (p < 0.05). On average, vomiting occurred 2 +/- 1 times daily in the experimental group and 4 +/- 1 times daily in the control group (p < 0.05). Abdominal pain persisted for 7 +/- 2 minutes and 16 +/- 5 minutes daily in the experimental and control groups respectively (p < 0.05). On average, diarrhea occurred 1 +/- 1 times daily in the experimental group and 3 +/- 1 times daily in the control group (p < 0.05). The average quality-of-life score was higher in the experimental group than in the control group (p < 0.05). No adverse events were observed for the patients receiving acupuncture. Conclusions Acupuncture, a safe technique, could significantly reduce gi symptoms induced by chemotherapy and enhance quality of life in patients with advanced gastric cancer. Copyright © 2017 Multimed Inc.
Status
EMBASE
Institution
(Zhou, Zhou, Xiong) Department of Chemotherapy, Sichuan Cancer Hospital, China (Fang, Wu, He, Zhang) Department of Gastroenterology, The First Affiliated Hospital of Chengdu Medical College, Chengdu, Sichuan, China
Country of Publication
Canada
Publisher
Six-month outcomes from a randomized controlled trial of minimally invasive SI joint fusion with triangular titanium implants vs conservative management.

Sturesson B., Kools D., Pflugmacher R., Gasbarrini A., Prestamburgo D., Dengler J.


Purpose: To compare the safety and effectiveness of minimally invasive sacroiliac joint fusion (SIJF) using triangular titanium implants vs conservative management (CM) in patients with chronic sacroiliac joint (SIJ) pain. Methods: 103 adults with chronic SIJ pain at nine sites in four European countries were randomly assigned to and underwent either minimally invasive SIJF using triangular titanium implants (N = 52) or CM (N = 51). CM was performed according to the European guidelines for the diagnosis and management of pelvic girdle pain and consisted of optimization of medical therapy, individualized physical therapy (PT) and adequate information and reassurance as part of a multifactorial treatment. The primary outcome was the difference in change in self-rated low back pain (LBP) at 6 months. Additional endpoints included quality of life using EQ-5D-3L, disability using Oswestry Disability Index (ODI), SIJ function using active straight leg raise (ASLR) test and adverse events. NCT01741025. Results: At 6 months, mean LBP improved by 43.3 points in the SIJF group and 5.7 points in the CM group (difference of 38.1 points, p < 0.0001). Mean ODI improved by 26 points in the SIJF group and 6 points in the CM group (p < 0.0001). ASLR, EQ-5D-3L, walking distance and satisfaction were statistically superior in the SIJF group. The frequency of adverse events did not differ between groups. One case of postoperative nerve impingement occurred in the surgical group. Conclusions: In patients with chronic SIJ pain, minimally invasive SIJF using triangular titanium implants was safe and more effective than CM in relieving pain, reducing disability, improving patient function and quality of life. Copyright © 2016, The Author(s).
Long term outcome of inguinal hernia repair by Lichtenstein technique.
Ahmad A., Hayat K., Alam M., Rasool I.

Background: Since the time of Bassini's repair (1884) various operation has been described, with the aim to reduce complication rate especially recurrence. Dramatic decrease in recurrence rate was observed with the introduction of synthetic Mesh. Since the introduction of Lichtenstein mesh repair (1980s) it has been the most widely performed operation in the groin hernia repair and soon it becomes the gold standard technique. The aim of this study was to assess
short and especially long term outcome of inguinal hernia repair by Lichtenstein technique.

Methods: This prospective study was conducted in two different hospitals between 2010 to 2014. A total number of 158 male patients with inguinal hernia were repaired electively by Lichtenstein technique. A non-absorbable polypropylene mesh was used in all the cases. Patients were scheduled for follow-up visits at six weeks, three months, six months, one year and two year in out-patient department. Maximum follow-up was two years and minimum was 11 months, thus providing sufficient time to assess for recurrence, chronic groin pain and other complications.

Results: out of 158 patients 97 had right, 44 patients had left and 17 patients had bilateral inguinal hernia. The most representative age group was from 61-70 years. In short term follow up 6 patients (3.79%) had an occasional ache or pain following exertion, 8 patients (3.06%) complained of numbness in the groin and none of the patient had testicular atrophy or recurrence. 7 patients were lost in long term follow-up. The long term follow-up did not show any persistent groin pain, testicular atrophy or recurrence. Conclusion: Lichtenstein tension free mesh hernioplasty has a marked influence on long-term surgical outcome since it significantly decrease recurrence rate. The Lichtenstein tension free mesh repair is relatively easy to learn, simple to perform and has low recurrence & infection rate. Copyright © 2016, Lahore Medical And Dental College. All rights reserved.

Status
EMBASE
Institution
(Ahmad, Hayat, Alam, Rasool) Department of Surgery, Akhtar Saeed Medical and Dental College, Lahore, Pakistan
Country of Publication
Pakistan
Publisher
Lahore Medical And Dental College (Lahore Medical & Dental College, Lahore x, Pakistan. E-mail: nayyar_salam@yahoo.com)
Date Created
20170313
Year of Publication
2016
OBJECTIVES:: Autoimmune hepatitis (AIH) is a common pediatric liver disease and long-term remission is usually maintained with azathioprine (AZA). There is no consensus on the target range for AZA active metabolite 6-thioguanine (6-TGN) levels in pediatric AIH. The aim of this study was to characterize the outcomes of pediatric patients with AIH and determine correlations between AZA dosing or 6-TGN metabolite levels and biochemical remission. METHODS:: A retrospective chart review was performed and data on presentation, laboratories including AZA metabolite levels, medication use and outcomes was collected. RESULTS:: Between 2002-2013, 66 children with AIH were identified (mean age at diagnosis 9.6?+/-?5.1 yrs.) with a mean follow-up period of 2.9?+/-?3.2 yrs. Common presenting symptoms included jaundice, fatigue and abdominal pain. The majority of subjects received steroids for induction, and AZA for maintenance of remission. 79% achieved biochemical remission (mean time to remission 6.2?+/-?9.2 mons.), 14% were in the induction phase of therapy, 6% required liver transplantation and 18% were weaned off of immunosuppression and remained in remission. 6-TGN levels ranging from 50-250?pmol/8?x?10^12 RBC were associated with biochemical remission (ALT levels of <= 50?U/L). CONCLUSIONS:: The vast majority of children with AIH maintain a sustained remission with AZA monotherapy. Biochemical remission was maintained with 6-TGN levels much lower than that recommended for inflammatory bowel disease. These findings suggest that patients should be maintained at the lowest AZA dose possible that is associated with biochemical remission. Copyright © 2017 by European Society for Pediatric Gastroenterology, Hepatology, and Nutrition and North American Society for Pediatric Gastroenterology,
139.

Common Pediatric Pain Disorders and their Clinical Associations.
Donnelly T., Bott A., Bui M., Goh S., Jaaniste T., Chapman C., Crawford M., Hopper J.L., Champion D.

Embase
[Article In Press]
AN: 614735347

BACKGROUND:: Common childhood pain conditions (non-migraine headache, migraine, recurrent abdominal pain, growing pains, low back pain) and persistent pains are often associated with each other and have significant implications in later life. Emerging evidence suggests additional associations between these pain conditions and restless legs syndrome, iron deficiency, anxiety and depression. The aim of this cross-sectional study in pediatric twin individuals and their siblings was to investigate these associations. METHODS:: Surveys were sent to Australian twin families via the Australian Twin Registry, yielding responses from 2530 pediatric individuals. The lifetime prevalence of the common pain disorders of childhood and of other persistent pains, restless legs syndrome and iron deficiency, and anxious/depressed score were determined by questionnaires. Random-effects logistic regression modelling was used to investigate univariate and multivariate associations between conditions. RESULTS:: Univariate associations were found between each of the pain conditions and persistent pain, and between the pain conditions with restless legs syndrome, iron deficiency and anxious/depressed score.
Derivative multivariate analyses retained statistically significant associations between each of the pain disorders included in the respective models (odds ratios (OR) 1.69-7.04) with the exception of growing pains with persistent pain. Of the non-pain conditions included in the multivariate analyses, restless legs syndrome remained associated with growing pains (OR 8.50) and persistent pain (OR 2.01). Iron deficiency remained significantly associated with migraine (OR 2.38), persistent pain (OR 3.70) and restless legs syndrome (OR 5.10). CONCLUSIONS:: In light of their extensive associations, the common pain conditions, persistent pain, restless legs syndrome, iron deficiency, anxiety and depression, are likely to involve common etiological mechanisms that warrant further investigation. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.

Status
ARTICLE IN PRESS

Institution
(Donnelly) *Department of Anaesthesia and Pain Medicine, Sydney Children's Hospital, Randwick, Australia +Melbourne School of Population and Global Health, The University of Melbourne, Carlton, Australia ++School of Women's and Children's Health, University of New South Wales, Kensington, Australia

Country of Publication
United States

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Date Created
20170312

Year of Publication
2017

140.
Postoperative desogestrel for pelvic endometriosis-related pain: a randomized controlled trial. Tanmahasamut P., Saejong R., Rattanachaiyanont M., Angsuwathana S., Techatraisak K., Sanga-Areekul N.

Embase
Gynecological Endocrinology. (pp 1-6), 2017. Date of Publication: 06 Mar 2017.
[Article In Press]
Objective: To determine the effectiveness of desogestrel for relieving endometriosis-related pain.

Methods: A double-blinded randomized placebo-controlled trial was conducted in 40 patients who had endometriosis with moderate-to-severe dysmenorrhea or chronic pelvic pain undergoing laparoscopic conservative surgery. After surgery, patients were randomized to desogestrel or placebo group. Outcomes included changes in visual analog scale (VAS) of dysmenorrhea, pelvic pain and dyspareunia, patient satisfaction, and adverse effects. Results: Forty patients were randomized to desogestrel group (n=20) and placebo group (n=20). At month 6, the desogestrel group had significantly lower median VAS of overall pelvic pain, dysmenorrhea and noncyclic pelvic pain. Comparing with the placebo group, the desogestrel group had greater reduction in VAS of overall pain, dysmenorrhea and pelvic pain, but comparable reduction in VAS of dyspareunia. No patient in the desogestrel group but 4 patients in the placebo group still had moderate-to-severe pelvic pain at 6months postoperatively. The proportion of patients who rated the treatment as very satisfied was higher in the desogestrel group than in the placebo group. There was no serious adverse event during the study period. Conclusions: Desogestrel is effective and acceptable for postoperative therapy for patients with moderate-to-severe pain related to endometriosis. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.

Status
ARTICLE IN PRESS

Institution
(Tanmahasamut, Saejong, Rattanachaiyanont, Angsuwathana, Techatraisak, Sanga-Areekul)
Department of Obstetrics and Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

Country of Publication
United Kingdom

Publisher
Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)

Date Created
20170310

Year of Publication
2017
[Article]
AN: 614313571
Background Though moxibustion is frequently used to treat primary dysmenorrhea in China, relevant evidence supporting its effectiveness is still scanty. Methods This study was a pragmatic randomized, conventional drug controlled, open-labeled clinical trial. After initial screen, 152 eligible participants were averagely randomized to receive two different treatment strategies: Moxibustion and conventional drugs. Participants and practitioners were not blinded in this study. The duration of each treatment was 3 months. The primary outcome was pain relief measured by the Visual Analogue Scale. The menstrual pain severity was recorded in a menstrual pain diary. Results 152 eligible patients were included but only 133 of them eventually completed the whole treatment course. The results showed that the menstrual pain intensity in experimental group and control group was reduced from 6.38+/-1.28 and 6.41+/-1.29, respectively, at baseline, to 2.54+/-1.41 and 2.47+/-1.29 after treatment. The pain reduction was not significantly different between these two groups (P = 0.76), however; the pain intensity was significantly reduced relative to baseline for each group (P<0.01). Three months after treatment, the effectiveness of moxibustion sustained and started to be superior to the drug's effect (-0.87, 95%CI -1.32 to -0.42, P<0.01). Secondary outcome analyses showed that moxibustion was as effective as drugs in alleviating menstrual pain-related symptoms. The serum levels of pain mediators, such as PGF2alpha, OT, vWF, beta-EP, PGE2, were significantly improved after treatment in both groups (P<0.05). No adverse events were reported in this trial. Conclusions Both moxibustion and conventional drug showed desirable merits in managing menstrual pain, given their treatment effects and economic costs. This study as a pragmatic trial only demonstrates the effectiveness, not the efficacy, of moxibustion for menstrual pain. It can't rule out the effect of psychological factors during treatment process, because no blind procedure or sham control was used due to availability. In clinical practice, moxibustion should be used at the discretion of patients and their physicians. Copyright © 2017 Yang et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Status EMBASE Institution
Abdominal Pain-Associated Functional Gastrointestinal Disorder Prevalence in Children and Adolescents with Celiac Disease on Gluten-Free Diet: A Multinational Study.

Saps M., Sansotta N., Bingham S., Magazzu G., Grosso C., Romano S., Pusatcioglu C., Guandalini S.

Embase

Objective To test the hypothesis that children with celiac disease (CD) on gluten-free diet are at increased risk of abdominal pain (AP) associated-functional gastrointestinal disorders (FGIDs).

Study design This was a multinational cross-sectional study performed from 2014 to 2015.

Patients 4-18 years of age with CD on gluten-free diet for longer than 6 months were recruited from pediatric CD clinics in US and Italy. Control groups included siblings of children with CD (with normal tissue transglutaminase levels) and unrelated controls. Subjects or parents completed the Questionnaire on Pediatric Gastrointestinal Symptoms-Rome III. Results Children (n=289) were recruited (55% US, 45% Italy): 96 children with CD, 96 sibling controls, and 97 unrelated controls. Chronic AP was present in 30 (30.9%) subjects with CD, 22 (22.7%) sibling
controls, and 21 (21.6%) unrelated controls (P=.26 patients with CD vs siblings; P=.18 patients with CD vs unrelated; P=.96 siblings vs unrelated). AP-FGIDs were present in 8 (8.2%) subjects with CD, 8 (8.2%) sibling controls, and 2 (2.1%) unrelated controls (P=1.00 subjects with CD vs sibling controls; P=.06 subjects with CD vs unrelated controls; P=.06 sibling controls vs unrelated controls). Conclusion This multinational study evaluated the prevalence of chronic abdominal pain and AP-FGIDs in the pediatric population with CD. We found that subjects with CD and controls have a similar prevalence of chronic AP and AP-FGIDs. This suggests that not all types of gastrointestinal inflammation result in AP-FGIDs in children. Copyright © 2016 Elsevier Inc.

Guandalini, Stefano; ORCID: http://orcid.org/0000-0002-7316-7384

(Saps, Bingham) Department of Pediatric Gastroenterology, Hepatology, and Nutrition, Nationwide Children's Hospital, Columbus, OH, United States
(Sansotta) Department of Pediatrics, University of Verona, Verona, Italy
(Magazzu) Pediatric Gastroenterology, University of Messina, Messina, Italy
(Grosso) Department of Pediatrics, University of Messina, Messina, Italy
(Romano) Department of Internal Medicine, University of Verona, Verona, Italy
(Pusatcioglu) Division of Pediatric Gastroenterology Hepatology & Nutrition, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States
(Guandalini) Department of Pediatric Gastroenterology, Hepatology, and Nutrition, University of Chicago Celiac Disease Center, The University of Chicago Medicine, Chicago, IL, United States

Copyright © 2016 Elsevier Inc.
Continuous Peripheral Nerve Blocks: An Update of the Published Evidence and Comparison with Novel, Alternative Analgesic Modalities.
Ilfeld B.M.
Embase
Anesthesia and Analgesia. 124 (1) (pp 308-335), 2017. Date of Publication: 01 Jan 2017.
[Review]
AN: 612817368
A continuous peripheral nerve block (CPNB) consists of a percutaneously inserted catheter with its tip adjacent to a target nerve/plexus through which local anesthetic may be administered, providing a prolonged block that may be titrated to the desired effect. In the decades after its first report in 1946, a plethora of data relating to CPNB was published, much of which was examined in a 2011 Anesthesia & Analgesia article. The current update is an evidence-based review of the CPNB literature published in the interim. Novel insertion sites include the adductor canal, interpectoral, quadratus lumborum, lesser palatine, ulnar, superficial, and deep peroneal nerves. Noteworthy new indications include providing analgesia after traumatic rib/femur fracture, manipulation for adhesive capsulitis, and treating abdominal wall pain during pregnancy. The preponderance of recently published evidence suggests benefits nearly exclusively in favor of catheter insertion using ultrasound guidance compared with electrical stimulation, although little new data are available to help guide practitioners regarding the specifics of ultrasound-guided catheter insertion (eg, optimal needle-nerve orientation). After some previous suggestions that automated, repeated bolus doses could provide benefits over a basal infusion, there is a dearth of supporting data published in the past few years. An increasing number of disposable infusion pumps does now allow a similar ability to adjust basal rates, bolus volume, and lockout times compared with their electronic, programmable counterparts, and a promising area of research is communicating with and controlling pumps remotely via the Internet. Large, prospective studies now document the relatively few major complications during ambulatory CPNB, although randomized, controlled studies demonstrating an actual shortening of hospitalization duration are few. Recent evidence suggests that, compared with femoral infusion, adductor canal catheters both induce less quadriceps femoris weakness and improve mobilization/ambulation, although the relative analgesia afforded by each remains in dispute. Newly published data demonstrate that the incidence and/or severity of chronic, persistent postsurgical pain may, at times, be decreased with a short-term postoperative CPNB. Few new CPNB-related complications have been identified, although large, prospective trials provide additional data regarding the incidence of adverse events. Lastly, a number of novel, alternative analgesic modalities are under development/investigation. Four such techniques are described and contrasted with CPNB, including single-injection peripheral nerve blocks with newer adjuvants, liposome bupivacaine used in wound infiltration and peripheral nerve blocks, cryoanalgesia with cryoneurolysis, and
Transanal Irrigation for Refractory Chronic Idiopathic Constipation: Patients Perceive a Safe and Effective Therapy.

Etherson K.J., Minty I., Bain I.M., Cundall J., Yiannakou Y.


[Article]

AN: 614158387

Background. Transanal irrigation (TAI) can successfully treat neurogenic bowel dysfunction (NBD), but patient perception of its use in chronic idiopathic constipation (CIC) is unknown.

Objective. To evaluate patient perceptions of the efficacy and safety of TAI for CIC and whether there are predictive factors of perceived treatment response. Methods. Prospective data collection of baseline physiology and symptom severity; retrospective evaluation of efficacy and safety perceptions using a snapshot survey. All patients fulfilling the Rome III criteria for functional constipation with chronic idiopathic aetiology were included. The main outcome measure was the duration of patients' usage of TAI. Results. 102 patients reported 21,476
irrigations over 119 patient years, with a mean duration of therapy use of 60.5 weeks [SD 73.2: SE 7.3]. Overall symptom improvement included general well-being (65%), rectal clearance (63%), bloating (49%), abdominal pain (48%), and bowel frequency (42%). 68 patients (67%) were "moderately better" or "very much better" on a satisfaction question. Reported complications were minor. No correlation was demonstrated between duration of therapy use and baseline measures. Conclusion. A significant proportion of CIC sufferers use TAI as a long-term or bridging therapy and perceive it as safe. This therapy demands a prospective investigation of efficacy and safety. Copyright © 2017 Kevin J. Etherson et al.

Status
EMBASE

Author NameID
Etherson, Kevin J.; ORCID: http://orcid.org/0000-0002-1133-5792

Institution
(Etherson, Bain, Cundall, Yiannakou) Department of Colorectal Surgery, County Durham and Darlington NHS Foundation Trust, Durham, United Kingdom (Minty) Department of Radiology, County Durham and Darlington NHS Foundation Trust, Durham, United Kingdom

Country of Publication
United States

Publisher
Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)

Date Created
20170306

Year of Publication
2017

145.
Improving Pain Relief in Elder Patients (I-PREP): An Emergency Department Education and Quality Intervention.
Hogan T.M., Howell M.D., Cursio J.F., Wong A., Dale W.

Embase
Journal of the American Geriatrics Society. 64 (12) (pp 2566-2571), 2016. Date of Publication: 01 Dec 2016.
Objectives: To assess the effectiveness of a novel combined education and quality improvement (QI) program for management of pain in older adults in the emergency department (ED). Design: Controlled pre/postintervention examination. Setting: An academic urban ED seeing 60,000 adult visits annually. Participants: Individuals aged 65 and older experiencing moderate to severe pain. Intervention: Linked standardized education and continuous QI for multidisciplinary staff in an urban, academic ED from January 2012 to January 2014. Measurements: Pain intensity, percentage receiving and time to pain assessment and reassessment, percentage receiving and time to delivery of analgesic. Results: The percentage of participants with final pain score of 4 or less (out of 10) increased 47.5% (95% confidence interval (CI) = 41.8-53.2%). Median decrease in pain intensity improved significantly, from 0.0 to 5.0 points (P < .001). Median final pain score decreased from 7.0 to 4.0 points (P < .001). The percentage of participants with any pain improvement increased 43.7% (95% CI = 37.1-50.3%, P < .001). Pain reassessments increased significantly (from 51.9% to 82.5%, P < .001). The percentage receiving analgesics increased significantly (from 64.1% to 84.8%, P < .001). After the intervention, participants had 3.1 (95% CI = 2.1-4.4, P < .001) greater odds of receiving analgesics and 4.7 (95% CI = 3.5-6.5, P < .001) greater odds of documented pain reassessment. Conclusion: The I-PREP intervention substantially improved pain management in older adults in the ED with moderate to severe musculoskeletal or abdominal pain. Significant reductions in pain intensity were achieved, the timing of pain assessments and reassessments was improved, and analgesics were delivered faster. Tightly linking education to targeted QI improved pain management of older adults in the ED. © 2016, Copyright the Authors Journal compilation © 2016, The American Geriatrics Society

EMBASE

Institution
(Hogan) Section of Emergency Medicine, University of Chicago, Chicago, IL, United States
(Hogan, Wong, Dale) Section of Geriatrics and Palliative Medicine, University of Chicago, Chicago, IL, United States
(Howell) Center for Pulmonary and Critical Care, University of Chicago, Chicago, IL, United States
(Howell) Center for Healthcare Delivery Science, University of Chicago, Chicago, IL, United States
(Cursio) Center for Quality, University of Chicago, Chicago, IL, United States

Country of Publication
United States
Peripherally acting micro-opioid receptor antagonists as treatment options for constipation in noncancer pain patients on chronic opioid therapy.


Embase


[Review]

AN: 614238650

Opioid-induced constipation (OIC), a prevalent and distressing side effect of opioid therapy, does not reliably respond to treatment with conventional laxatives. OIC can be a treatment-limiting adverse event. Recent advances in medications with peripherally acting micro-opioid receptor antagonists, such as methylnaltrexone, naloxegol, and alvimopan, hold promise for treating OIC and thus extending the benefits of opioid analgesia to more chronic pain patients. Peripherally acting micro-opioid receptor antagonists have been clinically tested to improve bowel symptoms without compromise to pain relief, although there are associated side effects, including abdominal pain. Other treatment options include fixed-dose combination products of oxycodone analgesic together with naloxone. Copyright © 2017 Pergolizzi Jr et al.

Status

EMBASE

Institution

(Pergolizzi, Fleischer, Pergolizzi, Duval, Hishmeh, LeQuang, Taylor) NEMA Research, Inc., Naples, FL, United States

(Raffa) University of Arizona College of Pharmacy, University of Arizona, Tucson, AZ, United States

(Raffa) Temple University School of Pharmacy, Temple University, Philadelphia, PA, United States
The impact of essential fatty acid, B vitamins, vitamin C, magnesium and zinc supplementation on stress levels in women: A systematic review.
McCabe D., Lisy K., Lockwood C., Colbeck M.
Embase
JBI Database of Systematic Reviews and Implementation Reports. 15 (2) (pp 402-453), 2017.
Date of Publication: 01 Feb 2017.
[Review]
AN: 614528897

Background Women juggling multiple roles in our complex society are increasingly experiencing psychological stress. Dietary supplementation to manage stress is widespread despite limited supporting evidence. A systematic review of the available literature was undertaken to investigate the efficacy of specific dietary supplements in managing female stress and anxiety. Objectives To identify the impact of essential fatty acids (EFAs), B vitamins, vitamin C, magnesium and/or zinc, consumed as dietary supplements to the daily diet, on female stress and anxiety levels. Inclusion criteria Types of participants Women aged 18 years and over, who had participated in a study where stress and/or anxiety were assessed. Types of intervention(s) Dietary supplementation with EFAs, B vitamins, vitamin C, magnesium and/or zinc. Types of comparators Supplements, either alone or combined, were compared with either no intervention or placebo. Types of studies Randomized controlled and pseudo-randomized trials were included. Outcomes Stress and anxiety were assessed using self-report or physiological outcome measures. Search strategy
Published and unpublished studies were sought via MEDLINE (via PubMed), Embase, Scopus, CINAHL, PsycINFO, PsycARTICLES, MedNar, National Institute of Mental Health and the International Association for Women’s Mental Health. Methodological quality was evaluated using standardized critical appraisal instruments from the Joanna Briggs Institute. Data extraction were extracted using the standardized data extraction instruments from the Joanna Briggs Institute. Data synthesis Due to heterogeneity of the included studies, narrative synthesis was performed. Results Fourteen studies were included in this review. Essential fatty acids were effective in reducing perceived stress and salivary cortisol levels during pregnancy and anxiety in premenstrual women, and anxiety during menopause in the absence of depression, but were ineffective when depression was disregarded. Disregarding the hormonal phase, EFAs were ineffective in reducing stress or anxiety in four groups of women. Combined magnesium and vitamin B6 supplementation reduced premenstrual anxiety but had no effect when used in isolation and did not affect stress in women suffering from dysmenorrhea when combined or used in isolation. Older women experienced anxiety reduction using vitamin B6, but not folate or vitamin B 12. High-dose sustained-release vitamin C was effective in reducing anxiety and blood pressure in response to stress. Conclusion The current review suggests that EFAs may be effective in reducing prenatal stress and salivary cortisol and may reduce anxiety during premenstrual syndrome and during menopause in the absence of depression. Magnesium and vitamin B6 may be effective in combination in reducing premenstrual stress, and vitamin B6 alone may reduce anxiety effectively in older women. High-dose sustained-release vitamin C may reduce anxiety and mitigate increased blood pressure in response to stress. Implications for practice Essential fatty acids may be effective in reducing prenatal stress and salivary cortisol levels, and premenstrual or menopausal anxiety in the absence of depression. Combining magnesium and vitamin B6 may reduce premenstrual anxiety and vitamin B6 may reduce anxiety in older women. High-dose sustained-release vitamin C may reduce anxiety and mitigate increased blood pressure in response to stress. Implications for research Investigating supplementation in longer term studies is warranted and should include compliance testing, the use of inert substances as controls and reliable outcome measures. Copyright © 2017 THE JOANNA BRIGGS INSTITUTE.
Irritable bowel syndrome (IBS) is one of the most common functional gastrointestinal disorders (FGID), characterized by abdominal pain and a change in stool form that cannot be explained by structural abnormalities. Its prevalence ranges from 9 to 23% of the worldwide population. The pathophysiology of IBS is diverse and not well understood. Biopsychosocial concept assumes that the disease is a product of psychosocial factors and altered at multiple levels of gut physiology interactions. Some aetiological factors have been identified, yet. One of the most important is the disruption of brain-gut mutual communication that leads to visceral hypersensitivity. Also genetic and epigenetic factors are involved. Chronic stress may predispose to IBS as well as exacerbate its symptoms. Both quantitative and qualitative disorders of the gut microbiota are observed. There is also a relationship between the IBS symptoms and the intake of a specific type of food products. In the diarrhoea type of IBS the role of previous gastrointestinal infection is demonstrated. Recent studies have suggested that visceral hypersensitivity in patients with IBS may be secondary to the activation of the immune cells and low-grade inflammation. Clinical symptoms of IBS include abdominal pain and change in bowel habits as well as somatic and psychiatric comorbidities. IBS is diagnosed on the basis of Rome Diagnostic Criteria. Recently, their newest version (Rome IV) has been presented. The aim of this review is to summarize the past decade progress in IBS diagnosis, main pathophysiological aspects and therapeutic management strategy.
149.
Efficacy of acupuncture for chronic prostatitis/chronic pelvic pain syndromes: Study protocol for a randomized, sham acupuncture-controlled trial.
Embase
[Article]
AN: 613094619
Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) affects many adult men worldwide. The currently available therapies offer little or no proven benefit for CP/CPPS. We designed this study to assess the efficacy of acupuncture therapy for the treatment of CP/CPPS.
Methods: This study is designed as a randomized, sham acupuncture-controlled trial. We will compare patients with CP/CPPS in an acupuncture group and a sham acupuncture group. Sixty-eight patients will be randomly allocated to receive acupuncture or sham acupuncture. The
treatments will consist of 30-min sessions, three times weekly, for 8 weeks. The primary outcome measure is change in the weekly mean National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score from baseline through the 8-week treatment period. Secondary measures include the NIH-CPSI subscale scores, the total International Prostate Symptom Score (IPSS), patients' response rate, and patient satisfaction after treatment. We will also assess changes in the NIH-CPSI total score from baseline at the 20th and 32nd week of follow-up.

Discussion: This is a randomized, sham-controlled trial of acupuncture treatment for CP/CPPS. The results of this trial will provide more evidence on whether acupuncture is efficacious for treating CP/CPPS. Trial registration: Clinical Trials.gov NCT02588274  Copyright © 2016 The Author(s).


Status
EMBASE

Institution
(Qin, Wu, Zhou, Liu) China Academy of Chinese Medical Sciences, Department of Acupuncture, Guang'anmen Hospital, Beijing 100053, China  (Qin, Zhou) Beijing University of Chinese Medicine, Beijing 100029, China
(Zang) Yantai Hospital of Traditional Chinese Medicine, Department of Acupuncture, Yantai 265200, China

Country of Publication
United Kingdom

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Date Created
20161125

Year of Publication
2016

150.
Acute and Chronic Epididymitis.
Cek M., Sturdza L., Pliatz A.

Embase
Epididymitis is a relatively common clinical condition presenting as acute or chronic forms. Acute epididymitis is the inflammation of epididymitis accompanied by pain and swelling, while chronic epididymitis may present only with pain. Etiological factors may be infectious or noninfectious, for example urinary obstruction, drug induced, or idiopathic. Bacterial ascent through the urogenital tract is the most common etiology in acute epididymitis, with Chlamydia trachomatis being isolated in all adult age groups. Diagnosis is generally based on patient history, symptoms, and clinical findings. Recent data indicate that sexually active patients with acute epididymitis should be screened for sexually-transmitted diseases, regardless of their age. Additional laboratory investigations and imaging may be required for differential diagnosis with other intrascrotal conditions, particularly with testicular torsion. Although no evidence-based recommendations can be given for the antimicrobial treatment of acute epididymitis, >85% of bacterial strains causing acute epididymitis are susceptible to fluoroquinolones and third-generation cephalosporins. Chronic epididymitis has not been investigated as thorough as acute epididymitis; however, the development and use of a symptom index is promising in terms of achieving a widely-accepted standardization of diagnosis and evaluation. A conservative approach may be beneficial; medical treatment employing antibiotics, anti-inflammatory agents, pain medication, and others are also being utilized without any evidence-based data. Spermatic cord block with short-term and long-term acting agents as well as surgical treatment including epididymectomy microdenervation of the spermatic cord are other treatment alternatives in patients with chronic epididymitis. Patient summary In this article, we provide an update on the definition, epidemiology, etiology, diagnostics, and therapy in terms of acute and chronic epididymitis. Copyright © 2017 European Association of Urology
Complications after percutaneous internal fixator for anterior pelvic ring injuries.
Fang C., Alabdulrahman H., Pape H.-C.
Embase
[Article In Press]
AN: 614574323

Objectives: The aim of the study is to report on the observed incidence of complications following pedicle screw and rod internal fixator (INFIX) stabilization of pelvic ring fractures. Methods: In a retrospective review of consecutive patient series conducted in a University level 1 trauma hospital, 43 patients (21 female and eight male), mean age 64.2 (range 16-87) with OTA/AO type B or C pelvic ring fractures received percutaneous pedicle screw and rod internal fixator (INFIX) anterior stabilization of pelvic ring fractures; 29 fulfilled inclusion criteria with three months’ minimal follow-up or known complication. Mean follow-up was 7.2 months. Main outcome measure was the incidence of complications and adverse outcomes. Results: Fourteen (48.3%) had injury to the lateral femoral cutaneous nerve (LFCN). Three (10.3%) had chronic pain of the pelvis not related to the LFCN. Five out of 29 (17%) of patients had unplanned removal before six weeks with two due to early loosening, one femoral nerve palsy, one deep infection and one painful implant impingement. There were no patients with deep vein thrombosis, no intra-abdominal violations or vascular complications; 22 (76%) returned to their premorbid walking status. Conclusion: With high risk of LFCN injury, we caution against liberal use of the INFIX in patients with stable fractures where conservative treatment may be more appropriate. Most complications occurring from INFIX are self-limiting. Copyright © 2017 SICOT aisbl

Status
ARTICLE IN PRESS

Author NameID
Fang, Christian; ORCID: http://orcid.org/0000-0002-3827-0351

Institution
A systematic review of the treatment for abdominal cutaneous nerve entrapment syndrome.

Oor J.E., Unlu C., Hazebroek E.J.

Embase


[Review]

AN: 608791981

Background Abdominal cutaneous nerve entrapment syndrome (ACNES) is a frequently overlooked cause of chronic abdominal pain. We aim to outline the current available literature concerning the treatment of patients diagnosed with ACNES. Data Sources A systematic search in PubMed, EMBASE, CINAHL, and Cochrane databases was performed. Seven studies were included; describing trigger point injection (TPI) or anterior neurectomy as stand-alone procedure, TPI followed by anterior neurectomy as stepwise regimen, and nerve stimulation and phenolization. After TPI, 86% of the patients showed successful response, 76% at long-term follow-up. Two other studies report successful treatment in 50% of patients. In the included trial using anterior neurectomy, 73% vs 18% of the patients demonstrate a successful pain response in the neurectomy and sham group, respectively. Two cohort studies showed that 69% and 61% of the neurectomy group reported to be satisfied at 18 months and 32 months follow-up, respectively. Conclusions There is significant pain relief after injections and anterior neurectomy.
Awareness of the diagnosis is important. The validity of currently used diagnostic criteria needs to be evaluated in additional studies. Copyright © 2016 Elsevier Inc.


Status EMBASE

Institution (Oor, Unlu, Hazebroek) Department of Surgery, St. Antonius Hospital, Koekoekslaan 1, Nieuwegein 3430VB, Netherlands

Country of Publication United States

Publisher Elsevier Inc. (E-mail: usjcs@elsevier.com)

Date Created 20161010

Year of Publication 2016

153.

Exercise for dysmenorrhoea.

Brown J., Brown S.


[Review]

AN: 614437153

Background: Dysmenorrhoea is characterised by cramping lower abdominal pain that may radiate to the lower back and upper thighs and is commonly associated with nausea, headache, fatigue and diarrhoea. Physical exercise has been suggested as a non-medical approach to the management of these symptoms. Objectives: To assess the evidence for the effectiveness of exercise in the treatment of dysmenorrhoea. Search methods: A search was conducted using the methodology of the Menstrual Disorders and Subfertility Group (August 2009). CENTRAL (The Cochrane Library), MEDLINE, EMBASE, AMED and PsycINFO electronic databases were
searched. Handsearching of relevant bibliographies and reference lists was also conducted. Selection criteria: Randomised controlled trials comparing exercise with a control or no intervention in women with dysmenorrhoea. Data collection and analysis: Trials were independently selected and data extracted by two review authors. Main results: Four potential trials were identified of which one was included in the review. The available data could only be included as a narrative description. There appeared to be some evidence from the trial that exercise reduced the Moos' Menstrual Distress Questionnaire (MDQ) score during the menstrual phase (P < 0.05) and resulted in a sustained decrease in symptoms over the three observed cycles (P < 0.05). Authors' conclusions: The results of this review are limited to a single randomised trial of limited quality and with a small sample size. The data should be interpreted with caution and further research is required to investigate the hypothesis that exercise reduces the symptoms associated with dysmenorrhoea. Copyright © 2017 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

Status
EMBASE
Institution
(Brown) The University of Auckland, Liggins Institute, Park Rd, Grafton, Auckland 1142, New Zealand  (Brown) Auckland University of Technology, School of Interprofessional Health Studies, 90 Akoranga Drive, Auckland 0627, New Zealand
Country of Publication
United Kingdom
Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)
Date Created
20170227
Year of Publication
2017

154.
Multifactorial contributors to the severity of chronic pelvic pain in women.
Embase
Background Chronic pelvic pain affects ~15% of women, and is associated with significant societal cost and impact on women's health. Identifying factors involved in chronic pelvic pain is challenging due to its multifactorial nature and confounding between potential factors. For example, while some women with endometriosis have chronic pelvic pain, there may be comorbid conditions that are implicated in the chronic pelvic pain rather than the endometriosis itself.

Objective We sought to explore multifactorial variables independently associated with the severity of chronic pelvic pain in women.

Study Design We used baseline cross-sectional data from an ongoing prospective cohort, collected from patient online questionnaires, physical examination, and physician review of medical records. Participants were recruited from a tertiary referral center for endometriosis and chronic pelvic pain in Vancouver, British Columbia, Canada, from December 2013 through April 2015. Exclusion criteria included menopausal status or age >50 years. Primary outcome was self-reported severity of chronic pelvic pain in the last 3 months (0-10 numeric rating scale). Potential associated factors ranged from known pain conditions assessed by standard diagnostic criteria, validated psychological questionnaires, musculoskeletal physical exam findings, as well as pain-related, reproductive, medical/surgical, familial, demographic, and behavioral characteristics. Mann-Whitney, Kruskal-Wallis, or Spearman test were used to identify variables with an association with the primary outcome (P <.05), followed by multivariable linear regression to control for confounding and to identify independent associations with the primary outcome (P <.05). Results Overall, 656 women were included (87% consent rate), of whom 55% were diagnosed with endometriosis. The following factors were independently associated with higher severity of chronic pelvic pain: abdominal wall pain (P =.005), pelvic floor tenderness (P =.004), painful bladder syndrome (P =.019), higher score on Pain Catastrophizing Scale (P <.001), adult sexual assault (P =.043), higher body mass index (P =.023), current smoking (P =.049), and family history of chronic pain (P =.038). Severity of chronic pelvic pain was similar between women with and without endometriosis.

Conclusion Multifactorial variables independently associated with severity of chronic pelvic pain were identified, ranging from myofascial/musculoskeletal, urological, family history, and psycho-social factors. Continued research is required to validate these factors and to determine whether any are potentially modifiable for the management of chronic pelvic pain.
Relationship between nongenital tender point tenderness and intravaginal muscle pain intensity: ratings in women with provoked vestibulodynia and implications for treatment.


Embase


[Conference Paper]

AN: 611691987

Background Vulvodynia is a chronic vulvar pain disorder and fibromyalgia is a chronic widespread musculoskeletal pain disorder, both of unknown etiology. Association of these conditions is well documented. Intravaginal algometer measurement of tenderness to pressure applied to the pelvic floor muscles helps define vulvodynia associated with musculoskeletal factors. Women with both vulvodynia and fibromyalgia might have increased pelvic muscle pain compared to women with vulvodynia alone, defining the possible link of these 2 conditions. Objective We sought to: (1) correlate pain intensity during the nongenital tender point tenderness examination to pain intensity with the vaginal algometer in women with provoked vestibulodynia, and (2) determine whether subjects with provoked vestibulodynia and fibromyalgia had higher pain intensity scores.
with the vaginal algometer than those without fibromyalgia. Study Design In all, 92 subjects referred for vulvar pain were confirmed to have provoked vestibulodynia using the cotton swab test. A diagnosis of fibromyalgia was made if pain was present (numeric rating scale >1) in at least 11 sites of the 18-point nongenital tender point tenderness exam. Vaginal pain sensitivity was measured using an intravaginal pressure algometer, where 0.1, 0.3, and 0.5 kg/cm² forces were applied digitally in random assignment by force and location to the right and left iliococcygeus muscle regions and the posterior vaginal wall. Both tender point tenderness and algometer pain intensity were reported on a 0 (no pain) to 10 (worse pain) numeric rating scale. Correlations were computed between the composite pain intensity (total of rating scale from each pressure threshold at specified site) of nongenital and those of iliococcygeus regions and the posterior vaginal wall. Independent t tests were used to determine differences in iliococcygeus regions and the posterior vaginal algometer pain ratings and presence or absence of fibromyalgia. The significance level was at P <.05. The data were expressed as mean +/- SD. Results A significant correlation was found between numeric rating scale pain scores on the nongenital tender point tenderness exam and algometer testing on the iliococcygeus region (r = 0.44, P <.0001) and the posterior vaginal wall (r = 0.45, P <.0001). Subjects with fibromyalgia by tender point tenderness had significantly higher iliococcygeal pain (6.14 +/- 2.07 vs 3.74 +/- 2.22, P =.0001) and posterior vaginal wall pain (5.67 +/- 2.10 vs 3.07 +/- 2.16, P <.0001) than women without fibromyalgia by tender point tenderness. Conclusion Women with provoked vestibulodynia who experience more severe pain with nongenital tender point palpation also experience more deep vaginal pain on pelvic exam. Those who fulfill the diagnosis of fibromyalgia show significantly more intense deep vaginal pain to palpation of iliococcygeus muscles and posterior vaginal wall. Further research using a more precise definition of fibromyalgia is necessary to confirm this relationship, but findings suggest that women with provoked vestibulodynia coexisting with fibromyalgia have greater risk of superimposed vaginal muscle pain and may be candidates for early adjunctive pelvic floor physical therapy. These findings need to be explored in women with generalized, nonprovoked vulvodynia. Copyright © 2016 Elsevier Inc.
Status
EMBASE
Institution
(Phillips, Bachmann) Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ, United States  (Brown, Ulrich, Bachour) Department of Clinical Pharmacology, University of Tennessee Health Science Center, Memphis, TN, United States (Wan) Department of Preventative Medicine, University of Tennessee Health Science Center, Memphis, TN, United States
156.
Botulinum toxin in gynaecology.
Gray T., Jha S.
Embase
Current Women's Health Reviews. 12 (2) (pp 105-114), 2016. Date of Publication: 01 Aug 2016.
[Review]
AN: 614281542
Background: The use of botulinum toxin for gynaecological indications is becoming increasingly established for women whose conditions remain refractory to conventional treatment. In this review we assessed the current available literature detailing the use of botulinum toxin to treat detrusor overactivity, painful bladder syndrome, vaginismus, localized vulvodynia and chronic pelvic pain. Methods: A review of literature was undertaken using the key words "botulinum toxin", "vaginismus", "vulvodynia", "vulval vestibulitis", "detrusor overactivity", "overactive bladder", "interstitial cystitis", "painful bladder syndrome" and "chronic pelvic pain". All relevant publications between 1985 and 2016 form the basis of this review. Results: The only licenced use of botulinum toxin is detrusor overactivity. Other uses include vaginismus, painful bladder syndrome, chronic pelvic pain and localized vulvodynia where there is some evidence for its use. The best evidence available is for detrusor overactivity where multiple randomised trials and two systematic reviews have been published. Further research is needed to determine long-term outcomes and the most effective regime for using botulinum toxin for detrusor overactivity. Three randomized controlled trials and multiple prospective non-randomised studies have been published regarding the use of botulinum toxin for painful bladder syndrome. This seems an
effective treatment, but further research is needed. Evidence for the use of botulinum toxin for vaginismus, localized vulvodynia and chronic pelvic pain is based largely on case series and non-randomised prospective studies. Conclusion: An increasing body of evidence is emerging for the use of botulinum toxin for patients refractory to conventional treatment in these areas. Further good quality research is needed. Copyright © 2016 Bentham Science Publishers.

Status
EMBASE
Institution
(Jha) Sheffield University, United Kingdom  (Jha) Institute: Department of Urogynaecology
Sheffield Teaching Hospitals NHS Foundation Trust, Tree Root Walk, Sheffield S10 2SF, United Kingdom
Country of Publication
Netherlands
Publisher
Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)
Date Created
20170225
Year of Publication
2016

157.
Treating chronic pain with SSRIs: What do we know?.
Patetsos E., Horjales-Araujo E.
Embase
[Review]
AN: 614490792
Serotonin is a monoamine neurotransmitter that plays a major role in both nociception and mood regulation. Alterations in the 5-hydroxytryptophan (5HT) system have been reported in chronic pain patients. In recent years, Selective Serotonin Reuptake Inhibitors (SSRIs) have been suggested as an alternative treatment for chronic pain due to the fact that they are better tolerated presenting less secondary effects than other antidepressants such as tricyclic
antidepressants. Although several clinical trials have been published, the effectiveness of SSRI as treatment for pain conditions is inconclusive. This review aims to summarise what is known, regarding the effectiveness of SSRI as a treatment for chronic pain conditions in adults. A total of 36 studies involving a total of 1898 participants were included in this review. Of the 36 trials included in the review, 2 used zimelidine as treatment, 3 used escitalopram, 4 used fluvoxamine, 4 used sertraline, 6 used citalopram, 8 used paroxetine, 9 used fluoxetine, and one used both citalopram and paroxetine. Because the trials included in this review are quite heterogeneous, only qualitative analyses were performed. SSRI seems to have an effect on most of chronic pain conditions; however, further clinical trials with good methodology leading to low risk of bias are needed in order to conclude once and for all the effect of this drug class as treatment for chronic pain conditions. Copyright © 2016 Mathieu Gregoire et al.
Endometriosis, characterized by the presence of endometrial-like tissue at extrauterine sites, is a common, chronic, estrogen-dependent, inflammatory condition associated with pelvic pain, subfertility, dysmenorrhea, and dyspareunia, affecting about 10% of reproductive-age women in any population. The diagnosis of endometriosis is usually delayed on an average by 8 to 11 years leading to significant consequences in terms of disease progression. The current study was aimed to validate enzyme-linked immunosorbent assay based on the epitopes of stomatin-like protein 2, tropomodulin 3 (TMOD3), and tropomyosin 3 (TPM3) for diagnosis of minimal-mild endometriosis (revised American Fertility Society Classification (rAFS) stage I-II) and to compare the performance with the reported markers: cancer antigen (CA) 125, CA19-9, alpha-enolase, Serine/threonine-protein kinase (PDIK1L), and syntaxin 5. This was a cross-sectional, multicenter study conducted during the year 2012 to 2015. Women with minimal-mild endometriosis (rAFS stage I-II [n = 133]) and healthy controls (n = 104) were screened for 11 novel autoimmune markers and reported markers alpha-enolase, PDIK1L, syntaxin 5, CA-125, and CA19-9. The sensitivity and diagnostic accuracy of serum antibodies against all the 11 epitopes were higher than that of CA-125, CA19-9, alpha-enolase, PDIK1L, and syntaxin 5 for diagnosis of rAFS stage I to II endometriosis. The sensitivity of 6 biomarkers (anti-TMOD3b-autoAb, anti-TMOD3c-autoAb, anti-TMOD3d-autoAb, anti-TPM3a-autoAb, anti-TPM3c-autoAb, and anti-TPM3d-autoAb) was higher at the specificity of >=80% for diagnosis of rAFS stage I to II endometriosis as well as ultrasound-negative endometriosis. Further, logistic regression models of this panel of biomarkers showed increase in sensitivity, specificity, and diagnostic accuracy than individual biomarkers. The panel of 6 autoimmune biomarkers could be useful in setting up of noninvasive diagnostic test for detection of minimal-mild endometriosis. Copyright © 2017 Society for Gynecologic Investigation.
Background Patients with recurrent or persisting complaints after an episode of left-sided diverticulitis are managed with either conservative measures or elective sigmoidectomy. To date, there are no data from randomised trials. We aimed to establish which treatment leads to a better quality of life for patients with diverticulitis. Methods We did an open-label, multicentre, randomised controlled trial (DIRECT trial) in 24 teaching and two academic hospitals in the Netherlands. Patients aged 18-75 years presenting with either recurrent (three or more presentations with clinical signs of acute diverticulitis within 2 years) or persistent abdominal complaints (ongoing lower left abdominal pain or persistent change in bowel habits for >=3 months) after an episode of left-sided diverticulitis, confirmed by CT, ultrasound, or endoscopy, were included. Patients were excluded if they had previous elective or emergency surgery for acute sigmoid diverticulitis, an absolute operation indication, suspicion of a colorectal malignancy,
with a preoperative or postoperative risk greater than III (on the American Society of Anesthesiologists classification), or were unable to complete questionnaire or follow-up. Patients were randomly assigned (3:3) to receive conservative management or elective (laparoscopic) sigmoidectomy using a digital randomisation system, stratified by type of disease and centre, with a block size of six. Patients, physicians, and researchers were not masked to treatment allocation. Our primary endpoint was health-related quality of life, measured by the Gastrointestinal Quality of Life Index (GIQLI) at 6 months after inclusion or surgery, depending on randomisation group. This trial is registered with trialregister.nl, number NTR1478, and is closed for inclusion. Findings Between July 1, 2010, and April 1, 2014, we randomly assigned 109 patients to receive surgical treatment (resection; n=53) or conservative management (n=56), after which the Data Safety and Monitoring Board prematurely terminated the trial because of increasing difficulties in recruitment. 47 (89%) of 53 patients received surgical treatment and 43 (77%) of 56 patients received conservative management. The GIQLI score at 6 months' follow-up was significantly higher in patients randomly assigned to receive surgical treatment (mean 114.4 [SD 22.3]) than conservative management (100.4 [22.7]; mean difference 14.2, 95% CI 7.2-21.1, p<0.0001). 43 (38%) of 109 patients had a severe adverse event in the first 6 months after treatment (18 [34%] of 53 patients in the surgical treatment group vs 23 [40%] of 57 patients in the conservative treatment group). Seven (15%) patients who received surgical treatment developed anastomotic leakage. Of the 56 patients assigned to be treated conservatively, 13 (23%) ultimately underwent elective resection due to ongoing abdominal complaints, with no anastomotic leakage. We recorded no patient deaths. Interpretation Elective sigmoidectomy, despite its inherent risk of complications, results in better quality of life than conservative management in patients with recurrent and persisting abdominal complaints after an episode of diverticulitis. Funding Netherlands Organisation for Health Research and Development.
Silverberg J.I., Hinami K., Trick W.E., Cella D.
Embase
American Journal of Clinical Dermatology. 17 (6) (pp 681-690), 2016. Date of Publication: 01 Dec 2016.
[Article]
AN: 613244375

Background: Itch is a well-established symptom in cutaneous disease. However, little is known about the burden of itch outside the dermatology setting. Purpose: To determine the prevalence and impact of itch on quality of life (QOL) in the general internal medicine setting. Methods: We performed a cross-sectional study of 2076 adults from an outpatient general internal medicine clinic, using an audio computer-assisted self-administered interview. A history of itch (acute or chronic) and other physical symptoms in the past week, Patient-Reported Outcomes Measurement Information System (PROMIS) 10-item Global Health Questionnaire scores, and Patient Health Questionnaire-2 scores were assessed. Results: The prevalence of itch was 39.9 % and increased with age from 33.1 % at age 19-39 years to 45.9 % at age >=80 years. In multivariable models controlled for socio-demographics, even feeling "a little" or "some" distress from itch was significantly associated with lower PROMIS global physical and mental health T-scores and estimated health utility scores ($P \leq 0.01$). Further, feeling "quite a lot" of distress or "very much" distress from itch was associated with higher adjusted odds ratios for depressed mood (4.91 [95 % confidence interval (CI) 3.36-7.18]) and anhedonia (4.46 [95 % CI 3.07-6.47]). The patient burden of itch was similar to those of pain, constipation, sexual dysfunction, cough, and weight loss. Conclusions: Itch occurs commonly in the primary care setting and is associated
Physicians should inquire about itch and its associations during review of systems. Future studies are needed to distinguish between the effects of acute and chronic itch.

161.
Efficacy and Safety of Celecoxib Therapy in Osteoarthritis.
Xu C., Gu K., Yasen Y., Hou Y.

Emedicine (United States). 95 (20) (no pagination), 2016. Article Number: e3585. Date of Publication: 01 May 2016.
[Review]
AN: 610763072
Osteoarthritis (OA) is the most common form of arthritis in older individuals and is among the most prevalent and disabling chronic conditions worldwide. We conducted a meta-Analysis to determine the efficacy and safety of celecoxib, a cyclooxygenase-2 (COX-2) inhibitor in the treatment of osteoarthritis. Studies were pooled, and mean difference (MD), relative risk (RR), and its corresponding 95% confidence interval (CI) were calculated. Fifteen relevant articles were included for this meta-Analysis study. We observed that osteoarthritis total score (MD=-4.41, 95% CI-7.27 to-1.55), pain subscale score (MD=-0.86, 95% CI-1.10 to-0.62), and function subscale score (MD=-2.90, 95% CI-5.12 to-0.67) in OA patients treatment with celecoxib was significantly improved than that with placebo. There was no significant difference in the incidence of adverse events (AEs), SAEs, and discontinuations due to AEs; however, the incidence of gastrointestinal AEs in OA patients treatment with celecoxib is significantly higher than that with placebo. For AE, the incidence of abdominal pain in OA patients with celecoxib was significantly higher than that with placebo (RR=2.24, 95% CI: 1.40-3.58; P=0.839, I 2 =0%). There was no significant difference in diarrhea, dyspepsia, headache, and nausea. This meta-Analysis indicated that celecoxib treatment (200mg orally once daily) led to significant improvement in the pain and function of osteoarthritis. However, compared with placebo control, celecoxib resulted in greater gastrointestinal AEs, especially abdominal pain after approximately 10 to 13 weeks of treatment. The current study, therefore, provides valuable information to help physicians make treatment decisions for their patients with OA.

Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.


Status EMBASE
Institution (Xu, Yasen, Hou) Department of Orthopaedics, Second Affiliated Hospital of Xinjiang Medical University, No.38, Lane 2, Urumchi 830063, China (Gu) Department of Pain and Minimally Invasive, 316th Hospital of People's Liberation, Army, Beijing, China
Country of Publication United States
Publisher Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Date Created 20160615
Year of Publication 2016
Expanded allogeneic adipose-derived mesenchymal stem cells (Cx601) for complex perianal fistulas in Crohn's disease: a phase 3 randomised, double-blind controlled trial.


Embase

The Lancet. 388 (10051) (pp 1281-1290), 2016. Date of Publication: 24 Sep 2016.

[Article]

AN: 611499655

Background Complex perianal fistulas in Crohn's disease are challenging to treat. Allogeneic, expanded, adipose-derived stem cells (Cx601) are a promising new therapeutic approach. We aimed to assess the safety and efficacy of Cx601 for treatment-refractory complex perianal fistulas in patients with Crohn's disease. Methods We did this randomised, double-blind, parallel-group, placebo-controlled study at 49 hospitals in seven European countries and Israel from July 6, 2012, to July 27, 2015. Adult patients (>=18 years) with Crohn's disease and treatment-refractory, draining complex perianal fistulas were randomly assigned (1:1) using a pre-established randomisation list to a single intralesional injection of 120 million Cx601 cells or 24 mL saline solution (placebo), with stratification according to concomitant baseline treatment. Treatment was administered by an unmasked surgeon, with a masked gastroenterologist and radiologist assessing the therapeutic effect. The primary endpoint was combined remission at week 24 (ie, clinical assessment of closure of all treated external openings that were draining at baseline, and absence of collections >2 cm of the treated perianal fistulas confirmed by masked central MRI). Efficacy was assessed in the intention-to-treat (ITT) and modified ITT populations; safety was assessed in the safety population. This study is registered with ClinicalTrials.gov, number NCT01541579. Findings 212 patients were randomly assigned: 107 to Cx601 and 105 to placebo. A significantly greater proportion of patients treated with Cx601 versus placebo achieved combined remission in the ITT (53 of 107 [50%] vs 36 of 105 [34%]; difference 15.2%, 97.5% CI 0.2-30.3; p=0.024) and modified ITT populations (53 of 103 [51%] vs 36 of 101 [36%]; 15.8%, 0.5-31.2; p=0.021). 18 (17%) of 103 patients in the Cx601 group versus 30 (29%) of 103 in the placebo group experienced treatment-related adverse events, the most common of which were anal abscess (six in the Cx601 group vs nine in the placebo group) and proctalgia (five vs nine). Interpretation Cx601 is an effective and safe treatment for complex perianal fistulas in patients
with Crohn's disease who did not respond to conventional or biological treatments, or both.

Funding TiGenix.  Copyright © 2016 Elsevier Ltd


Status EMBASE

Institution
(Panes) Department of Gastroenterology, Hospital Clinic, IDIBAPS, Centro Investigacion Biomedica en Red Enfermedades Hepaticas y Digestivas, Barcelona, Spain  (Garcia-Olmo)
Department of Surgery, Hospital Universitario Fundacion Jimenez Diaz, Madrid, Spain
(Van Assche, Ferrante) Department of Gastroenterology and Hepatology, University Hospitals Leuven, KU Leuven, Leuven, Belgium
(Colombel) Department of Gastroenterology, Icahn School of Medicine at Mount Sinai, New York, NY, United States
(Reinisch, Kazemi-Shirazi) Department of Internal Medicine III, Division of Gastroenterology and Hepatology, Medical University of Vienna, Vienna, Austria
(Reinisch) Department of Internal Medicine, Division of Gastroenterology and Hepatology, McMaster University, Hamilton, ON, Canada
(Baumgart) Department of Gastroenterology and Hepatology, Charite Medical School-Humboldt-University of Berlin, Berlin, Germany
(Dignass) Department of Medicine Klinik I, Agaplesion Markus Krankenhaus, Frankfurt, Germany
(Nachury) Department of Gastroenterology and Hepatology, Centre Hospitalier Universitaire Lille, Lille, France
(Grimaud) Department of Hepato-Gastroenterology, Hopital Nord, Marseille, France
(de la Portilla) Department of Surgery, Unit of Coloproctology, University Virgen del Rocio Hospital, Centro Superior de Investigaciones, University of Seville, Seville, Spain
(Goldin) Digestive Diseases Institute, Shaare Zedek Medical Center, Jerusalem, Israel
(Richard, Leselbaum) TiGenix, Parque Tecnologico de Madrid, Madrid, Spain
(Danese) Humanitas University, IBD Center, Department of Gastroenterology, Instituto Clinico Humanitas, Rozzano, Milan, Italy

Country of Publication
United Kingdom

Publisher Lancet Publishing Group  (E-mail: cususerv@lancet.com)

Date Created 20161020

Year of Publication
Management of the multiple symptoms of irritable bowel syndrome.

Simren M., Tornblom H., Palsson O.S., Whitehead W.E.

Embase

The Lancet Gastroenterology and Hepatology. 2 (2) (pp 112-122), 2017. Date of Publication: 01 Feb 2017.

[Review]

AN: 614403323

Irritable bowel syndrome (IBS) is one of the most common functional gastrointestinal disorders. A stepwise management approach is advocated for patients with IBS. For a substantial proportion of patients with mild symptoms, general management principles, including making a confident diagnosis and offering explanation, reassurance, and dietary and lifestyle advice, are sufficient. However, many patients continue to have moderate-to-severe symptoms and are not satisfied solely with this approach. In these patients, use of pharmacotherapy on the basis of the predominant symptom (constipation, diarrhoea, pain, or bloating) or combination of symptoms is the next step. For patients with symptoms that are refractory to these initial treatment options and those who have comorbid conditions or psychological symptoms, a combination of therapies should be used, and the use of psychotropic drugs and psychological treatment alternatives is often effective. Finally, the key to successful treatment of patients with IBS is a good physician-patient relationship and use of person-centred care principles. Copyright © 2017 Elsevier Ltd
The aim of this narrative review of the epidemiology of central sensitivity syndromes is to provide a summary of the role of early life adversity and psychosocial / psychological factors, in the epidemiology of six main syndromes: (i) fibromyalgia / chronic widespread pain; (ii) headache / migraine; (iii) irritable bowel syndrome; (iv) temporomandibular joint disorder; (v) interstitial cystitis; and (vi) endometriosis / vulvodynia / chronic pelvic pain. The occurrence of each of the above syndromes vary between each other, and between studies. Prevalence ranges from interstitial cystitis, with a prevalence of approximately 14.5 per 100,000, to headache, with some estimates of lifetime prevalence to be around 66%. Precise risk estimates vary between studies, conditions, and exposures, although there is consistent evidence to suggest an association between early life adversity and central sensitivity syndromes (based on the six syndromes under investigation). In further support of this, a number of studies have also demonstrated dose-risk associations. There is also considerable consistency in the literature to suggest a strong association between negative psychological and psychosocial factors, and the occurrence of central sensitivity syndromes and, again, there is some evidence of a dose-risk relationship. The majority of studies in this field are cross-sectional or retrospective in design, and caution is advised when interpreting results. It is possible - indeed there is some evidence - that some findings may be subject to recall bias, and reverse causation is also a potential concern. However, there are also a number of prospective studies which provide more robust evidence.
Lesbian and bisexual women's gynaecological conditions: a systematic review and exploratory meta-analysis.

Robinson K., Galloway K.Y., Bewley S., Meads C.
Embase
[Review]
AN: 613539892

Background: Little is known about the gynaecological health of lesbian and bisexual (LB) women. Objectives: To examine differences in incidence and/or prevalence of gynaecological conditions in LB compared with heterosexual women. Search strategy: The systematic review protocol was prospectively registered (PROSPERO-CRD42015027091) and searches conducted in seven databases. Selection criteria: Comparative studies published 2000-2015, reporting any benign (non-infectious) and/or malignant gynaecological conditions with no language or setting restrictions. Data collection and analysis: Inclusions, data extraction and quality assessment were conducted in duplicate. Meta-analyses of condition prevalence rates were conducted where >=3 studies reported results. Main results: From 567 records, 47 full papers were examined and 11 studies of mixed designs included. No studies directly addressing the question were found. Two chronic pelvic pain studies reported higher rates in bisexual compared with heterosexual women (38.5 versus 28.2% and 18.6 versus 6.4%). Meta-analyses showed no statistically significant differences in polycystic ovarian syndrome, endometriosis and fibroids. There was a higher rate
of cervical cancer in bisexual than heterosexual women [odds ratio (OR) = 1.94; 95% CI 1.46-2.59] but no difference overall (OR = 0.76; 95% CI 0.15-3.92). There was a lower rate of uterine cancer in lesbian than heterosexual women (OR = 0.28; 95% CI 0.11-0.73) and overall (OR = 0.36; 95% CI 0.13-0.97), but no difference in bisexual women (OR = 0.43; 95% CI 0.06-3.07). Conclusions: More bisexual women may experience chronic pelvic pain and cervical cancer than heterosexual women. There is no information on potential confounders. Better evidence is required, preferably monitoring sexual orientation in research using the existing validated measure and fully reporting results. Tweetable abstract: Lesbians have less uterine cancer than heterosexual women; bisexuals have more pelvic pain and cervical cancer. Copyright © 2016 The Authors. BJOG An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd on behalf of Royal College of Obstetricians and Gynaecologists. Status EMBASE Institution (Robinson, Galloway, Bewley) Division of Women's Health, Women's Health Academic Centre, King's College London and King's Health Partners, London, United Kingdom (Meads) RAND Europe, Westbrook Centre, Cambridge, United Kingdom Country of Publication United Kingdom Publisher Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com) Date Created 20170220 Year of Publication 2017

166.
Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome.
Franco J.V., Tirapegui F.I., Turk T., Garrote V., Vietto V.
Embase Cochrane Database of Systematic Reviews. 2017 (2) (no pagination), 2017. Article Number: CD012551. Date of Publication: 10 Feb 2017. [Article]
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows: To assess the effects of non-pharmacological therapies for chronic prostatitis/chronic pelvic pain syndrome.

Pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome.
Franco J.V., Tirapegui F.I., Turk T., Garrote V., Vietto V.

Embase
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows: To assess the effects of pharmacological therapies for chronic prostatitis/chronic pelvic pain syndrome.

Copyright © 2017 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

Status
EMBASE

Institution
(Franco) Instituto Universitario del Hospital Italiano, Argentine Cochrane Centre, Potosi 4234 Buenos Aires, Buenos Aires C1199ACL, Argentina
(Tirapegui) Hospital Italiano de Buenos Aires, Urology Division, Juan D. Peron 4190, Ciudad Autonoma de Buenos Aires Buenos Aires C1181ACH, Argentina
(Turk) Damascus University, Faculty of Medicine, Mazzeh Street, Damascus, Syrian Arab Republic
(Garrote) Instituto Universitario Hospital Italiano, Biblioteca Central, J.D. Peron 4190, Buenos Aires C1199ABB, Argentina
(Vietto) Hospital Italiano de Buenos Aires, Family and Community Medicine Service, Buenos Aires, Argentina

Country of Publication
United Kingdom

Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)

Date Created
20170220

Year of Publication
2017

168.
Functional dyspepsia: An enigma in a conundrum.
Romano C., Valenti S., Cardile S., Benninga M.A.

Embase


[Review]
As defined by Rome III, there are 4 abdominal pain-related functional gastrointestinal disorders in children: irritable bowel syndrome, functional dyspepsia (FD), abdominal migraine, and functional abdominal pain. Dyspepsia is a constellation of symptoms referable to the gastroduodenal region of the upper gastrointestinal tract. FD refers to dyspeptic symptoms that cannot currently be explained by an organic cause, and affects 25% to 40% of the adult population over a lifetime. In children, this condition results in increased specialist consultations, with reported prevalence between 3% and 27%. The Rome III criteria for pediatric FD include the presence or persistence of recurrent pain or discomfort centered in the upper abdomen, without evidence of organic disease or change in frequency of stools. Symptoms must be chronic, occurring at least weekly and over a period of at least 6 months. The goal of this article is to provide a narrative review of diagnosis and management of the FD in the pediatric population. A comprehensive search of published literature using the PubMed (http://www.ncbi.nlm.nih.gov/pubmed/) database was carried out to identify all articles published in English from 1998 to November 2015, using 3 key terms; "FD," "functional gastrointestinal disorders," and "children.". Copyright © ESPGHAL and NASPGHAN. All rights reserved.
High-intensity focused ultrasound (HIFU) for pancreatic carcinoma: evaluation of feasibility, reduction of tumour volume and pain intensity.


Embase

European Radiology. 26 (11) (pp 4047-4056), 2016. Date of Publication: 01 Nov 2016.

[Article]

AN: 608528160

Objectives: Prognosis of patients with locally advanced pancreatic adenocarcinoma is extremely poor. They often suffer from cancer-related pain reducing their quality of life. This prospective observational study aimed to evaluate feasibility, local tumour response, and changes in quality of life and symptoms in Caucasian patients with locally advanced pancreatic cancer treated by ultrasound-guided high-intensity focused ultrasound (HIFU).

Methods: Thirteen patients underwent HIFU, five with stage III, eight with stage IV UICC disease. Ten patients received simultaneous palliative chemotherapy. Postinterventional clinical assessment included evaluation of quality of life and symptom changes using standardized questionnaires. CT and MRI follow-up evaluated the local tumour response.

Results: HIFU was successfully performed in all patients. Average tumour reduction was 34.2 % at 6 weeks and 63.9 % at 3 months. Complete or partial relief of cancer-related pain was achieved in 10 patients (77 %), five of whom required less analgesics for pain control. Quality of life was improved revealing increased global health status and alleviated symptoms. HIFU treatment was well tolerated. Eight patients experienced transient abdominal pain directly after HIFU.

Conclusions: HIFU ablation of pancreatic carcinoma is a feasible, safe and effective treatment with a crucial benefit in terms of reduction of tumour volume and pain intensity.

Key Points: * US-guided HIFU is feasible and safe for patients with unresectable pancreatic cancer. * HIFU can considerably reduce tumour volume and cancer-related pain. * Patients treated with HIFU experienced significant and lasting reduction of pain intensity. * HIFU has a crucial clinical benefit for patients with pancreatic cancer.

Copyright © 2016, European Society of Radiology.


Status

EMBASE

Institution

(Marinova, Rauch, Henseler, Schild, Strunk) Department of Radiology, Medical School & Hospital, University of Bonn, Siegmund-Freud-Str. 25, Bonn D-53105, Germany  (Mucke, Cuhls, Radbruch) Department of Palliative Medicine, Medical School & Hospital, University of Bonn, Bonn, Germany
Background and aims: Constipation is a common problem in western countries. The aim of this pilot study was to determine the effectiveness of osteopathic manipulative treatment (OMT) for the treatment of constipated women with functional constipation (FC) or defecation disorders (DD).

Methods: Twenty-one constipated females referred to a tertiary center were recruited. A course of OMT, weekly for four weeks, was given. Clinical questionnaire, Bristol stool form scale and patients' subjective perception of constipation, bloating and abdominal pain, were recorded. Total and segmental colonic transit time (CTT) were performed before and after OMT. Results: Eleven patients had FC and 10 DD, as defined by Rome III criteria. After OMT, the Knowless Eccersley Scott Symptom score (P = 0.020), the oro-anal transit time (P = 0.002), the right (P = 0.005) and
left (P = 0.009) CTT had decreased while the stool frequency (P = 0.005) and the Bristol Stool Form scale (P = 0.003) had increased. After OMT, the intensity of constipation, and the Patient assessment of constipation symptoms score did not change but a decrease of abdominal pain, bloating, quality of life score and drug use was found. Conclusions: This study shows OMT has potential benefit for treating functional constipation in women. Further randomised trials are required to confirm these results. Copyright © 2017 Elsevier Masson SAS.

Status
ARTICLE IN PRESS

Institution
(Belvaux, Bouchoucha, Benamouzig) Gastroenterology Department, Avicenne Hospital, 93000 Bobigny, France (Bouchoucha) Physiology Department, universite Rene Descartes, Paris V, 75270 Paris, France

Country of Publication
France

Publisher
Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)

Date Created
20170220

Year of Publication
2017

171.
Teixeira M.Z., Podgaec S., Baracat E.C.

Embase

Date of Publication: 01 Apr 2017.

[Article]
AN: 614314842

Objective To evaluate the efficacy and safety of potentized estrogen compared to placebo in homeopathic treatment of endometriosis-associated pelvic pain (EAPP). Study design The present was a 24-week, randomized, double-blind, placebo-controlled trial that included 50
women aged 18-45 years old with diagnosis of deeply infiltrating endometriosis based on magnetic resonance imaging or transvaginal ultrasound after bowel preparation, and score >= 5 on a visual analogue scale (VAS: range 0 to 10) for endometriosis-associated pelvic pain. Potentized estrogen (12cH, 18cH and 24cH) or placebo was administered twice daily per oral route. The primary outcome measure was change in the severity of EAPP global and partial scores (VAS) from baseline to week 24, determined as the difference in the mean score of five modalities of chronic pelvic pain (dysmenorrhea, deep dyspareunia, non-cyclic pelvic pain, cyclic bowel pain and/or cyclic urinary pain). The secondary outcome measures were mean score difference for quality of life assessed with SF-36 Health Survey Questionnaire, depression symptoms on Beck Depression Inventory (BDI), and anxiety symptoms on Beck Anxiety Inventory (BAI). Results The EAPP global score (VAS: range 0 to 50) decreased by 12.82 (P < 0.001) in the group treated with potentized estrogen from baseline to week 24. Group that used potentized estrogen also exhibited partial score (VAS: range 0 to 10) reduction in three EAPP modalities: dysmenorrhea (3.28; P < 0.001), non-cyclic pelvic pain (2.71; P = 0.009), and cyclic bowel pain (3.40; P < 0.001). Placebo group did not show any significant changes in EAPP global or partial scores. In addition, the potentized estrogen group showed significant improvement in three of eight SF-36 domains (bodily pain, vitality and mental health) and depression symptoms (BDI). Placebo group showed no significant improvement in this regard. These results demonstrate superiority of potentized estrogen over placebo. Few adverse events were associated with potentized estrogen. Conclusions Potentized estrogen (12cH, 18cH and 24cH) at a dose of 3 drops twice daily for 24 weeks was significantly more effective than placebo for reducing endometriosis-associated pelvic pain. Trial registration: ClinicalTrials.gov Identifier: NCT02427386. Copyright © 2017 Elsevier B.V.
Gabapentenoids in pain management in urological chronic pelvic pain syndrome: Gabapentin or pregabalin?.
Agarwal M.M., Elsi Sy M.
Embase
[Article In Press]
AN: 614432276
AIMS: To compare efficacy of gabapentin and pregabalin in patients with urological chronic pelvic-pain syndrome (UCPPS). METHODS: Design-retrospective, setting-urology outpatient services of a secondary-care private hospital, inclusion criteria-men 18-50 years, presenting with pelvic pain (lower abdomen, groin, scrotum, perineum, low-back, hip) with or without lower urinary tract symptoms for at least 3 months duration. Hospital database was searched using keywords for neuropathic pain (ICD9-729.2, 719.45) and prostatitis (ICD9-601.1, 601.9). Clinical data were retrieved from patient-records, laboratory and radiology data, and analyzed using SPSS-19 statistical software. RESULTS: Between Mar 2013 and Oct 2015, data of consecutive 119 patients fulfilling the above criteria was analyzed. Median age of patients was 35 years (IQR 29-43) and median duration of symptoms 12 months (IQR 6-24 months). Before treatment median VAS (0-10) pain score was 5 (IQR 4-6). Gabapentin was significantly more effective in controlling pain compared to pregabalin. Three fourth of patients on gabapentin alone (47/62) reported at least 50% improvement in pain compared to only 40% on pregabalin alone (12/30) (P=0.0012; chi2=9.765. NNT 2.9, 95%CI 1.8-6.5). Twenty patients who were initially put on pregabalin had to switch to gabapentin for lack of efficacy. Forty four percent of patients on pregabalin required amitriptyline (24/54) compared to only 13.6% of those on gabapentin (10/72) required the same (P value of difference 0.0001; chi2=14.622. NNT 4, CI 95% 2.2-6.6). CONCLUSIONS: Gabapentin may be more effective than pregabalin in UCPPS.
173.

Best practice guidelines on first-line laboratory testing for porphyria.

Woolf J., Marsden J.T., Degg T., Whatley S., Reed P., Brazil N., Stewart M.F., Badminton M.

Embase
[Review]
AN: 614360947

The porphyrias are disorders of haem biosynthesis which present with acute neurovisceral attacks or disorders of sun-exposed skin. Acute attacks occur mainly in adults and comprise severe abdominal pain, nausea, vomiting, autonomic disturbance, central nervous system involvement and peripheral motor neuropathy. Cutaneous porphyrias can be acute or chronic presenting at various ages. Timely diagnosis depends on clinical suspicion leading to referral of appropriate samples for screening by reliable biochemical methods. All samples should be protected from light. Investigation for an acute attack: * Porphobilinogen (PBG) quantitation in a random urine sample collected during symptoms. Urine concentration must be assessed by measuring creatinine, and a repeat requested if urine creatinine <2 mmol/L. * Urgent porphobilinogen testing should be available within 24 h of sample receipt at the local laboratory. Urine porphyrin excretion (TUP) should subsequently be measured on this urine. * Urine porphobilinogen should be measured using a validated quantitative ion-exchange resin-based method or LC-MS. * Increased urine porphobilinogen excretion requires confirmatory testing and clinical advice from the National Acute Porphyria Service. * Identification of individual acute porphyrias requires analysis of urine, plasma and faecal porphyrins. Investigation for cutaneous porphyria: * An EDTA blood sample for plasma porphyrin fluorescence emission spectroscopy and random urine sample for TUP. * Whole blood for porphyrin analysis is essential to identify protoporphyria. * Faeces need only be collected, if first-line tests are positive or if clinical
symptoms persist. Investigation for latent porphyria or family history: * Contact a specialist porphyria laboratory for advice. Clinical, family details are usually required. Copyright © 2017, © The Author(s) 2017.

Status
EMBASE

Institution
(Woof, Whatley, Badminton) Department of Medical Biochemistry and Immunology, University Hospital of Wales, Cardiff, United Kingdom (Marsden) Reference Biochemistry Laboratories, Viapath, King's College Hospital, London, United Kingdom (Degg) Department of Clinical Biochemistry, Leeds Teaching Hospitals Trust, Leeds, United Kingdom (Reed, Stewart) Department of Clinical Biochemistry, Salford Royal NHS Foundation Trust, Salford, United Kingdom (Brazil) Department of Biochemistry, St James Hospital, Dublin, Ireland

Country of Publication
United Kingdom

Publisher
SAGE Publications Ltd (E-mail: info@sagepub.co.uk)

Date Created
20170216

Year of Publication
2017

174.
Chronic pelvic pain in women of reproductive and post-reproductive age: a population-based study.
Ayorinde A.A., Bhattacharya S., Druce K.L., Jones G.T., Macfarlane G.J.

Embase
[Article]
AN: 612247440
Background: Epidemiological studies on chronic pelvic pain (CPP) have focused on women of reproductive age. We aimed to determine the prevalence of chronic pelvic pain (CPP) in adult women and the differences in associated factors among women of reproductive age and older women. In addition, to determine whether distinct subgroups existed among CPP cases.

Methods: A cross-sectional postal survey was conducted among 5300 randomly selected women aged >=25 years resident in the Grampian region, UK. Multivariable logistic regression was used to determine pregnancy-related and psychosocial factors associated with CPP. To identify subgroups of CPP cases, we performed cluster analysis using variables of pain severity, psychosocial factors and pain coping strategies. Results: Of 2088 participants, 309 (14.8%) reported CPP. CPP was significantly associated with being of reproductive age (odds ratios (OR) 2.43, 95% CI 1.69-3.48), multiple non-pain somatic symptoms (OR 3.58 95% CI 2.23-5.75), having fatigue (OR mild 1.74 95% CI 1.24-2.44, moderate/severe 1.82, 95% CI 1.25-2.63) and having depression (OR 1.61, 95% CI 1.09-2.38). CPP was less associated with multiple non-pain somatic symptoms in women of reproductive age compared to older women (interaction OR 0.51, 95% CI 0.28-0.92). We identified two clusters of CPP cases; those having little/no psychosocial distress and those having high psychosocial distress. Conclusion: CPP is common in both age groups, though women of reproductive age are more likely to report it. Heightened somatic awareness may be more strongly associated with CPP in older women. There are distinct groups of CPP cases characterized by the absence/presence of psychosocial distress. Significance: Heightened somatic awareness may be more strongly associated with CPP in women of post-reproductive years compared to women of reproductive years. Two subgroups of CPP cases can be differentiated by the absence/presence of psychosocial distress suggesting that stratified management approach may be more efficient. Copyright © 2016 European Pain Federation - EFIC

Status
EMBASE
Institution
(Ayorinde, Druce, Jones, Macfarlane) Epidemiology Group, Institute of Applied Health Sciences, University of Aberdeen, Aberdeen, United Kingdom (Bhattacharya) Institute of Applied Health Sciences, School of Medicine and Dentistry, University of Aberdeen, Aberdeen, United Kingdom
Country of Publication
United Kingdom
Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Date Created
20170216
Year of Publication

A phase I study evaluating the effect of age and weight on the pharmacokinetics of an injectable formulation of diclofenac solubilized with hydroxypropyl-beta-cyclodextrin.  
Embase  
[Article]  
AN: 614218403  
Purpose: The analgesic and opioid-sparing effects of nonsteroidal anti-inflammatory drugs can be beneficial in postoperative populations. Hydroxypropyl-beta-cyclodextrin (HPbetaCD)-diclofenac is an injectable formulation of diclofenac solubilized with HPbetaCD that is administered as a low-volume intravenous bolus. This open-label, single-dose study examined the effects of age and weight on the pharmacokinetic (PK) profile of HPbetaCD-diclofenac. Methods: Eighty-eight adult volunteers were enrolled. An age-based cohort included 34 subjects 55-82 years old stratified into three groups and receiving HPbetaCD-diclofenac 18.75 mg. A weight-based cohort included 54 subjects stratified into five groups based on body weight and body mass index and receiving HPbetaCD-diclofenac 37.5 mg. PK analysis was performed on blood samples collected predosing and at predefined intervals (5, 10, 20, 30, and 45 minutes; 1, 1.5, 2, 2.5, 3, 4, 6, 8, 10, 12, and 18 hours) postdosing. Diclofenac PK parameters were examined in the individual cohorts, and regression analyses of the relationship between age, weight, and PK parameters were performed on pooled data from all enrolled subjects. Results: Examination of the age-based cohort revealed similar diclofenac PK parameters across age groups. PK parameters were likewise similar across weight groups in the weight-based cohort. Regression analysis on pooled data from the age- and weight-based cohorts revealed that increasing body weight was associated with a significant increase in diclofenac clearance (CL), suggesting decreased exposure in high-weight patients. Analysis of the pooled population also demonstrated an inverse relationship between age and elimination half-life (t1/2), likely due to a decrease in the volume of distribution (Vz) with increased age, not a change in CL. There were no deaths, serious adverse events, or adverse events that led to discontinuation. Conclusion: This study suggests that the CL of diclofenac is not dependent
on age in elderly subjects receiving HPbetaCD-diclofenac but indicates that diclofenac CL increases with increasing body weight. Copyright © 2016 Goldwater et al.

176. Important role of physicians in addressing psychological aspects of interstitial cystitis/bladder pain syndrome (IC/BPS): a qualitative analysis.
Embase 
International Urogynecology Journal. 28 (2) (pp 249-256), 2017. Date of Publication: 01 Feb 2017. 
[Article]
Introduction: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a poorly understood source of chronic pain causing significant morbidity, with variable treatment success. Despite the need to understand patient perspectives in chronic pain, there is a paucity of qualitative data for IC/BPS. We aimed to acquire information regarding patient experience with IC/BPS symptoms and with their medical care to elicit suggestions to improve patient satisfaction with that care. Methods: Fifteen women with IC/PBS participated in a total of four focus groups. Sessions were recorded and transcribed and information deidentified. Focus groups were conducted until thematic saturation was reached. All transcripts were coded and analyzed by a minimum of three independent physician reviewers. Investigators identified emergent themes and concepts using grounded-theory methodology. Results: Participant's mean age was 52.6 years, with an average IC/BPS duration of 6.3 years. Thematic saturation was reached after four focus groups. We identified three emergent patient experience concepts: IC/PBS is debilitating, the disease course is unpredictable and unrelenting, and patients experience significant isolation. Importantly, suicidal ideation was expressed in each group. Patients voiced strong preference for physicians who provided education regarding the condition, an array of treatment options, organized treatment plans, and optimism and hope regarding treatment outcomes. Conclusions: Our study presents novel findings of the importance of patient-physician interaction in IC/BPS and reinforces the tremendous disability and burden of this disease, which frequently manifests in suicidal ideation. Patients preferred organized treatment plans with diverse choices and providers who offered hope in dealing with their condition. Copyright © 2016, The International Urogynecological Association.
A nationwide study of acquired C1-inhibitor deficiency in France: Characteristics and treatment responses in 92 patients.


Embase


[Article]

AN: 611865041

Acquired angioedema (AAE) due to C1-inhibitor (C1INH) deficiency is rare. Treatment options for acute attacks are variable and used off-label. Successful treatment of the associated lymphoma with rituximab seems to prevent acute attacks in subjects with AAE. The aim of this study was to describe AAE manifestations, its associated diseases, and patients' responses to treatments in a representative cohort. A retrospective nationwide study was conducted in France. The inclusion criteria were recurrent angioedema attacks and an acquired decrease in functional C1INH <50% of the reference value. A total of 92 cases were included, with a median age at onset of 62 years. Facial edema and abdominal pain were the most frequent symptoms. Fifteen patients were hospitalized in the intensive care unit because of laryngeal edema, and 1 patient died. Anti-C1INH antibodies were present in 43 patients. The associated diseases were primarily non-Hodgkin lymphoma (n = 44, with 24 splenic marginal zone lymphomas) and monoclonal gammopathy of undetermined significance (n = 24). Three patients had myeloma, 1 had amyloid light-chain (of immunoglobulin) (AL) amyloidosis, 1 patient had a bronchial adenocarcinoma, and 19 patients had no associated disease. Icatibant relieved the symptoms in all treated patients (n = 26), and plasma-derived C1INH concentrate in 19 of 21 treated patients. Six patients experienced thromboembolic events under tranexamic acid prophylaxis. Rituximab prevented angioedema in 27 of 34 patients as a monotherapy or in association with chemotherapy. Splenectomy controlled AAE in 7 patients treated for splenic marginal zone lymphoma. After a median follow-up of 4.2 years, angioedema was on remission in 52 patients. AAE cases are primarily associated with indolent lymphoma - especially splenic marginal zone lymphoma - and monoclonal gammopathy of undetermined significance but not with autoimmune diseases or other conditions. Icatibant and plasma-derived C1INH concentrate control attacks; splenectomy and immunochemotherapy

Page 250
prevent angioedema in lymphoma setting. Copyright © 2016 the Author(s). Published by Wolters Kluwer Health, Inc. All rights reserved.

PMID

Status
EMBASE

Institution
(Gobert, Mekinian, Fain) Internal Medicine Department, Saint Antoine Hospital, Assistance Publique-Hopitaux de Paris, DHU i2B, Paris 6 University, Paris, France (Paule, Leblond) Hematology Department, Pitie Salpetriere Hospital, Assistance Publique-Hopitaux de Paris, Paris 6 University, Paris, France (Ponard) Immunology Laboratory, University Hospital, Grenoble, France (Ponard, Bouillet, Boccon-Gibod, Drouet, Gayet, Launay, Martin, Fain) Centre de Reference et d'Etude des Angioedemes A Kinine (CREAK), Grenoble, France (Levy) Public Health Department, Tenon Hospital, Assistance Publique-Hopitaux de Paris, Paris 6 University, France (Fremeaux-Bacchi) Immunology Laboratory, Georges Pompidou European Hospital, Assistance Publique-Hopitaux de Paris, Paris 5 University, Paris, France (Bouillet, Boccon-Gibod) Joint Unit 1036 CNRS-CEA-INSERM, University Grenoble Alpes, France (Bouillet, Boccon-Gibod) Internal Medicine Department, University Hospital, Grenoble, France (Drouet) Universite Joseph Fourier Grenoble, GREPI/AGIM CNRS FRE 3405, Grenoble, France (Gayet) Internal Medicine Department, La Conception Hospital, AP-HM, Marseille, France (Launay) Internal Medicine and Clinical Immunology Department, Lille University Hospital, France (Launay) LIRIC, INSERM UMR 995, EA2686, Lille, France (Martin) Dermatology Department, L'Unam Universite, University Hospital, Angers, France

Country of Publication
United States

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Date Created
20160910

Year of Publication
2016
Clinicopathological features of choledocholithiasis patients with high aminotransferase levels without cholangitis: Prospective comparative study.
Embase
[Article]
AN: 613278276
Common bile duct (CBD) stones are generally associated with greater elevations of alkaline phosphatase and gamma-glutamyl transpeptidase levels than aspartate aminotransferase and alanine aminotransferase levels. However, some patients with CBD stones show markedly increased aminotransferase levels, sometimes leading to the misdiagnosis of liver disease. Therefore, the aim of this study was to investigate the clinicopathologic features of patients with CBD stones and high aminotransferase levels. This prospective cohort study included 882 patients diagnosed with CBD stones using endoscopic retrograde cholangiopancreatography (ERCP). Among these patients, 38 (4.3%) exhibited aminotransferase levels above 400IU/L without cholangitis (gallstone hepatitis [GSH] group), and 116 (13.2%) exhibited normal aminotransferase levels (control group). We compared groups in terms of clinical features, laboratory test results, radiologic images, and ERCP findings such as CBD diameter, CBD stone diameter and number, and periampullary diverticulum. Liver biopsy was performed for patients in the GSH group. GSH patients were younger and more likely to have gallbladder stones than control patients, implying a higher incidence of gallbladder stone migration. Also, GSH patients experienced more severe, short-lasting abdominal pain. ERCP showed narrower CBDs in GSH patients than in control patients. Histological analysis of liver tissue from GSH patients showed no abnormalities except for mild inflammation. Compared with control patients, GSH patients were younger and showed more severe, short-lasting abdominal pain, which could be due to a sudden increase of CBD pressure resulting from the migration of gallstones through narrower CBDs. These clinical features could be helpful not only for the differential diagnosis of liver disease but also for investigating the underlying mechanisms of liver damage in obstructive jaundice. Moreover, we propose a new definition of "gallstone hepatitis" based on the specific clinicopathologic characteristics observed in our patients. 

© Copyright 2016 the Author(s).
Published by Wolters Kluwer Health, Inc. All rights reserved.
Autoimmune pancreatitis (AIP) is a special type of chronic pancreatitis which is autoimmune mediated. The international consensus diagnostic criteria (ICDC) 2011 proposed two types of
AIP: type I is associated with histological pattern of lymphoplasmacytic sclerosing pancreatitis (LPSP), characterized by serum IgG4 elevation, whereas type 2 is named idiopathic duct-centric pancreatitis (IDCP), with granulocytic epithelial lesion (GEL) and immunoglobulin G4 (IgG4) negative. The pathogenic mechanism is unclear now; based on genetic factors, disease specific or related antigens, innate and adaptive immunity may be involved. The most common clinical manifestations of AIP are obstructive jaundice and upper abdominal pain. The diagnosis can be made by a combination of parenchymal and ductal imaging, serum IgG4 concentrations, pancreatic histology, extrapancreatic disease, and glucocorticoid responsiveness according to ICDC 2011. Because of the clinical and imaging similarities with pancreatic cancer, general work-up should be done carefully to exclude pancreatic malignant tumor before empirical trial of glucocorticoid treatment. Glucocorticoid is the most common drug for AIP to induce remission, while there still exists controversy on steroid maintenance and treatment for relapse. Further studies should be done to identify more specific serum biomarkers for AIP, the pathogenic mechanisms, and the treatment for relapse. Copyright © 2017 Ou Cai and Shiyun Tan.

Status
EMBASE

Author NameID
Tan, Shiyun; ORCID: http://orcid.org/0000-0003-1027-3048

Institution
(Cai, Tan) Department of Gastroenterology, Renmin Hospital of Wuhan University, Wuhan, Hubei, China

Country of Publication
United States

Publisher
Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)

Date Created
20170213

Year of Publication
2017
Endoscopic-ultrasound versus percutaneous-guided celiac plexus block for chronic pancreatitis pain. A systematic review and meta-analysis.


Embase

Revista de gastroenterologia del Peru : organo oficial de la Sociedad de Gastroenterologia del Peru. 35 (4) (pp 333-341), 2015. Date of Publication: 01 Oct 2015.

[Article]

AN: 614354275

BACKGROUND: Abdominal pain is present in the vast majority of patients with chronic pancreatitis, being frequently debilitating. Celiac plexus block (CPB) is an interventional technique that can be considered to provide a temporary pain relief. OBJECTIVE: To estimate the effectiveness and safeness of endoscopic-ultrasound (EUS) comparing with percutaneous-guided CPB in patients with pancreatic pain.

METHODS: A systematic review of English and non-English articles using MEDLINE, EMBASE, LILACS and COCHRANE (via BVS).

STUDY SELECTION AND DATA EXTRACTION: Only randomized control trials (RCT) comparing the beneficial and harmful effects of EUS and percutaneous-guided celiac plexus block for managing pancreatic pain were included. Data was extracted and analyzed on variables including pain relief and related procedure complications.

RESULTS: Two RCT met the inclusion criteria. Both studies assessed the primary outcome (reduction on pain score) and evaluated adverse effects. The drugs injected were the same; nevertheless percutaneous technique was guided by fluoroscopy in one study and by computer tomography (CT) in other. The results showed that the EUS-CPB group was more effective to reduce pain score after 4 weeks after the procedure, with risk of bias to do this affirmation. No statistical difference in pain relief at 1, 8 and 12 weeks and in complications rates.

CONCLUSIONS: Based on this systematic review and meta-analysis, no statistically significant difference was noted in pain relief and complications for EUS and percutaneous - CPB.


Institution

(Moura) Gastrointestinal Endoscopy Unit, University of Sao Paulo. Sao Paulo, Brazil  (De Moura) Gastrointestinal Endoscopy Unit, University of Sao Paulo. Sao Paulo, Brazil

(Bernardo) Gastrointestinal Endoscopy Unit, University of Sao Paulo. Sao Paulo, Brazil

(Otoch) Gastrointestinal Endoscopy Unit, University of Sao Paulo. Sao Paulo, Brazil

(Bustamante) Gastrointestinal Endoscopy Unit, University of Sao Paulo. Sao Paulo, Brazil

(Albers) Gastrointestinal Endoscopy Unit, University of Sao Paulo. Sao Paulo, Brazil
Efficacy and safety of stellate ganglion block in chronic ulcerative colitis.
Zhao H.-Y., Yang G.-T., Sun N.-N., Kong Y., Liu Y.-F.
Embase
[Article]
AN: 614160258
AIM: To investigate the efficacy and safety of stellate ganglion block for the treatment of patients with chronic ulcerative colitis. METHODS: A total of 120 randomly selected patients with chronic ulcerative colitis treated in Cangzhou Central Hospital from January 2014 to January 2016 were included in this study. These patients were divided into two groups: control group (n = 30), patients received oral sulfasalazine treatment; experimental group (n = 90), patients received stellate ganglion block treatment. Clinical symptoms and disease activity in these two groups were compared before and after treatment using endoscopy. Blood was collected from patients on day 0, 10, 20 and 30 after treatment. Enzyme-linked immunosorbent assay was performed to determine interleukin-8 (IL-8) level. The changes in IL-8 level post-treatment in the two groups were compared using repeated measures analysis of variance. RESULTS: After treatment, clinical symptoms and disease activity were shown to be alleviated by endoscopy in both the control and experimental groups. However, patients in the control group did not have obvious abdominal pain relief. In addition, the degree of pain relief in the experimental group was statistically better than that in the control group (P < 0.05). Ten days after treatment, IL-8 level was found to be significantly lower in the experimental group than in the control group, and the difference was statistically significant (P < 0.05). In addition, adverse events were significantly
higher in the control group than in the experimental group, and the difference was statistically significant (chi² = 33.215, P = 0.000). CONCLUSION: The application of stellate ganglion block effectively improves treatment efficacy in chronic ulcerative colitis, relieves clinical symptoms in patients, and reduces the level of inflammatory factors. Furthermore, this approach also had a positive impact on the disease to a certain extent. Copyright © 2017 Baishideng Publishing Group Inc. All rights reserved.

Status
EMBASE

Institution
(Zhao, Liu) Department of Elderly Internal Medicine, Cangzhou Central Hospital, Cangzhou Clinical Medical School of Hebei Medical University, 16 Xinhua West Road, Cangzhou, Hebei Province 061001, China (Yang) Department of Third Neurology, Cangzhou Central Hospital, Cangzhou Clinical Medical School of Hebei Medical University, Cangzhou, Hebei Province 061001, China (Sun) Department of First Digestion, Cangzhou Central Hospital, Cangzhou Clinical Medical School of Hebei Medical University, Cangzhou, Hebei Province 061001, China (Kong) Department of Second Digestion, Cangzhou Central Hospital, Cangzhou Clinical Medical School of Hebei Medical University, Cangzhou, Hebei Province 061001, China

Country of Publication
China

Publisher
Baishideng Publishing Group Co., Limited (E-mail: wejd@public.bta.cn)

Date Created
20170209

Year of Publication
2017

182.
Selective internal yttrium-90 radioembolization therapy (90Y-SIRT) versus best supportive care in patients with unresectable metastatic melanoma to the liver refractory to systemic therapy: Safety and efficacy cohort study.
Embase
Objectives: To investigate survival, efficacy, and safety of selective internal yttrium-90 radioembolization therapy (90Y-SIRT) in patients with unresectable metastatic melanoma (MM) to liver refractory to systemic therapy. Methods: An IRB-approved retrospective review of 58 patients diagnosed with unresectable MM to the liver, refractory to systemic therapy, between February 2003 and March 2012 was conducted. Of these, 28 received resin-based 90Y-SIRT (group A), and 30 patients received best supportive care (group B). Survival was calculated using the Kaplan-Meier method and Cox proportional hazard models. Results: Groups A and B were similar for the Child-Pugh class, ECOG scores, age, sex, and race. Median overall survival (OS) from diagnosis of primary melanoma in groups A and B were 119.9 and 26.1 months, respectively (P < 0.001). Median OS from hepatic metastasis in groups A and B were 19.9 and 4.8 months, respectively (P < 0.0001). In group A, median OS from hepatic metastasis in the Child-Pugh A, B, and C patients was 37.7, 4.2, and 3.6 months, respectively (P < 0.001). In group B, median OS from hepatic metastasis in the Child-Pugh A, B, and C patients was 7.8, 4.2, and 1.9 months, respectively (P = 0.04). Within group A, median OS from first 90Y-SIRT was 10.1 months; median OS of the Child-Pugh A, B, and C patients from first 90Y-SIRT was 10.3, 1.2, and 0.9 months, respectively (P = 0.04). Median OS from first 90Y-SIRT was significantly greater in the absence of diffuse (>10) liver metastases (15.1 vs. 4.7 mo, P = 0.02), and in the absence of extrahepatic metastases (21.3 vs. 8.6 mo, P < 0.001). Common clinical toxicities following 90Y-SIRT included abdominal pain (17.9%), fatigue (14.3%), and self-limiting grade III bilirubin toxicity (10.7%). Conclusion: For patients with unresectable MM to the liver refractory to systemic therapy, resin-based 90Y was associated with longer survival from liver metastases than best supportive care. Child-Pugh A patients with <10 metastatic lesions and absence of extrahepatic metastases demonstrated greatest survival following 90Y-SIRT.
183.
Which bladder instillations are more effective? DMSO vs. bupivacaine/heparin/triamcinolone: a retrospective study.


Embase
[Article In Press]
AN: 614297908

Introduction and hypothesis: Bladder pain syndrome/interstitial cystitis (BPS/IC) is a chronic and debilitating condition. Our objective was to compare two different bladder instillation treatments in patients with BPS/IC: dimethyl sulfoxide with triamcinolone (DMSO) vs. bupivacaine with heparin and triamcinolone (B/H/T). Our hypothesis was that both treatments are equally effective.

Methods: A retrospective cohort study of instillation-naive patients was conducted comparing responses to either DMSO or B/H/T at our tertiary urogynecology center from 2012 to 2014. The primary outcome was patient-reported percent of overall improvement from baseline. Secondary outcomes were change in patient-reported daytime voiding frequency (hours) and change in number of nighttime voiding episodes. Variables analyzed as potential confounders included pelvic pain, cystoscopy findings, levator spasm, and fibromyalgia. The two-sided Student's t test, chi-squared test, Poisson regression, and repeated-measure analysis of variance (ANOVA) were
used for analyses. Results: One hundred and ninety-three eligible patients were identified (45 receiving DMSO, 146 receiving B/H/T). Compared with baseline, DMSO patients reported 63% improvement (p < 0.0001), increased time between daytime voids by 1.5 h (p < 0.00), and a 40% reduction in nocturia episodes (p < 0.00). B/H/T patients reported 51% improvement (p < 0.00), increased time between daytime voids by 1.4 h (p < 0.00), and an 8% reduction in nocturia episodes (p = 0.26). When comparing the two treatments, DMSO resulted in a greater percentage of overall improvement (p = 0.02) and a significant decrease in nocturia episodes when compared with B/H/T (p = 0.02). There was no significant difference between treatments for daytime voiding frequency (p = 0.50). Conclusion: Bladder instillations with DMSO or B/H/T provide overall symptomatic improvement and improved frequency and nocturia. DMSO appears to provide greater improvement in nocturia and overall. Copyright © 2017 The International Urogynecological Association

Status
ARTICLE IN PRESS

Author NameID
Iyer, Shilpa; ORCID: http://orcid.org/0000-0001-9133-6594

Institution
(Iyer, Lotsof, Zhou, Tran, Botros, Sand, Goldberg, Tomezsko, Gafni-Kane, Botros) Department of Obstetrics and Gynecology, Division of Urogynecology, North Shore University Health System, 9650 Gross Point Road., Suite 3900, Skokie, IL 60076, United States

Country of Publication
United Kingdom

Publisher
Springer London

Date Created
20170207

Year of Publication
2017

Clinical Practice Guidelines for the Use of Video Capsule Endoscopy.
Background & Aims Video capsule endoscopy (CE) provides a noninvasive option to assess the small intestine, but its use with respect to endoscopic procedures and cross-sectional imaging varies widely. The aim of this consensus was to provide guidance on the appropriate use of CE in clinical practice. Methods A systematic literature search identified studies on the use of CE in patients with Crohn's disease, celiac disease, gastrointestinal bleeding, and anemia. The quality of evidence and strength of recommendations were rated using the Grading of Recommendation Assessment, Development, and Evaluation (GRADE) approach. Results The consensus includes 21 statements focused on the use of small-bowel CE and colon capsule endoscopy. CE was recommended for patients with suspected, known, or relapsed Crohn's disease when ileocolonoscopy and imaging studies were negative if it was imperative to know whether active Crohn's disease was present in the small bowel. It was not recommended in patients with chronic abdominal pain or diarrhea, in whom there was no evidence of abnormal biomarkers typically associated with Crohn's disease. CE was recommended to assess patients with celiac disease who have unexplained symptoms despite appropriate treatment, but not to make the diagnosis. In patients with overt gastrointestinal bleeding, and negative findings on esophagastroduodenoscopy and colonoscopy, CE should be performed as soon as possible. CE was recommended only in selected patients with unexplained, mild, chronic iron-deficiency anemia. CE was suggested for surveillance in patients with polyposis syndromes or other small-bowel cancers, who required small-bowel studies. Colon capsule endoscopy should not be substituted routinely for colonoscopy. Patients should be made aware of the potential risks of CE including a failed procedure, capsule retention, or a missed lesion. Finally, standardized criteria for training and reporting in CE should be defined. Conclusions CE generally should be considered a complementary test in patients with gastrointestinal bleeding, Crohn's disease, or celiac disease, who have had negative or inconclusive endoscopic or imaging studies.
185.
Update of the Integral Theory and System for Management of Pelvic Floor Dysfunction in Females.
Liedl B., Inoue H., Sekiguchi Y., Gold D., Wagenlehner F., Haverfield M., Petros P.
Embase
[Article In Press]
AN: 614284913
Context: The 1990 integral theory (IT) stated that urinary stress and urge symptoms mainly arise (for different reasons) from lax suspensory ligaments, a consequence of altered collagen/elastin. The first surgical application of IT was repair of the pubourethral ligament (PUL), now known as tension-free vaginal tape repair. Objective: To update the 1990 IT to the present day (2016).
Evidence acquisition: Published data in peer-reviewed journals concerning IT evolution were evaluated. Evidence synthesis: In its present form (2016), IT states that pelvic organ prolapse and symptoms of chronic pelvic pain and bladder and bowel dysfunction are mainly caused by laxity in five main suspensory ligaments. The IT explains cure for bladder and bowel dysfunction via the dual function of the ligaments: organ suspension and insertion points for three oppositely
acting muscle forces. Lax insertion points weaken muscle forces so they cannot adequately close the urethral or anal tubes (incontinence) or evacuate them (constipation, bladder emptying), or tension the bladder and rectum sufficiently to prevent inappropriate activation of the micturition and defecation reflexes by peripheral stretch receptors (urge incontinence, tenesmus). Up to 80% cure/improvements for the above conditions have been achieved by repair of one or more damaged ligaments via precisely positioned tissue fixation system tapes: "Repair the structure (ligaments) and you will restore the function". Exactly the same operations are performed for patients with major symptoms and minimal prolapse and major prolapse with no symptoms. Conclusions: This method can reduce costs, improve quality of life for older women, and potentially reduce admissions to nursing homes. Patient summary: This paper introduces a new way of thinking. Many bladder and bowel symptoms not considered curable via existing methods may be caused by loose pelvic ligaments, and thus are potentially curable by reinforcing the ligaments. These symptoms include an inability to hold on to the bladder (urge incontinence), going frequently to pass urine during the day (frequency), getting up at night to pass urine (nocturia), involuntary soiling from the bowel, and chronic pelvic pain. These symptoms are major indications for nursing home admission. In this paper we give examples of cure of these conditions in a group of 70-yr-old Japanese women whose ligaments were strengthened using a tissue fixation system (TFS) in a very minimal way. The TFS involves insertion of a thin (7 mm wide) tape through the ligaments that support the uterus. The tape creates new collagen to strengthen damaged ligaments. The new ligaments act as efficient anchoring points for muscles that open and close the urethra and anus, so these can now function more efficiently. A minimum cure rate of 72% was achieved for all the above symptoms. The method is different from large mesh insertions. Only a thin tape is used to repair damaged ligaments. This method can reduce costs, improve quality of life for older women, and potentially reduce admissions to nursing homes. Symptoms of chronic pelvic pain and bladder and bowel dysfunction occur in predictable groups, are caused by lax suspensory ligaments, and can be cured or improved by shortening and reinforcing the ligaments with precisely inserted tapes. Copyright © 2017 European Association of Urology.
Relating Chronic Pelvic Pain and Endometriosis to Signs of Sensitization and Myofascial Pain and Dysfunction.


Seminars in Reproductive Medicine. 35 (1) (pp 088-097), 2017. Article Number: 001049. Date of Publication: 01 Jan 2017.

Chronic pelvic pain is a frustrating symptom for patients with endometriosis and is frequently refractory to hormonal and surgical management. While these therapies target ectopic endometrial lesions, they do not directly address pain due to central sensitization of the nervous system and myofascial dysfunction, which can continue to generate pain from myofascial trigger points even after traditional treatments are optimized. This article provides a background for understanding how endometriosis facilitates remodeling of neural networks, contributing to sensitization and generation of myofascial trigger points. A framework for evaluating such sensitization and myofascial trigger points in a clinical setting is presented. Treatments that specifically address myofascial pain secondary to spontaneously painful myofascial trigger points...
Surgical Management of Endometriosis in Patients with Chronic Pelvic Pain.
Flyckt R., Kim S., Falcone T.

Seminars in Reproductive Medicine. 35 (1) (pp 054-064), 2017. Article Number: 001045. Date of Publication: 01 Jan 2017.

[Article]
AN: 613995106

Surgical approaches to endometriosis patients with chronic pelvic pain are multimodal and require individualization. Laparoscopic approaches are preferred over laparotomy when conservatively treating endometriosis via excision or ablation/fulguration of lesions. The available data support cystectomy over fenestration or fulguration for endometriomas; however, there may
be associated decreases in ovarian reserve with endometrioma treatment. Presacral neurectomy may be useful in patients with midline pain and LUNA is not effective for the treatment of pelvic pain related to endometriosis. Appendectomy may be considered prophylactically at the time of the surgery for pelvic pain, although more studies are needed. For deep infiltrating endometriosis, the risks of aggressive bowel surgery must be weighed against the benefits of clear pain reduction. Postoperative medical suppressive therapy is strongly recommended to prolong symptom-free intervals of this chronic disease. As definitive therapy, hysterectomy can be helpful especially when combined with endometriosis excision. When performing hysterectomy, bilateral oophorectomy should be given careful consideration, as this procedure leads to premature surgical menopause and may not decrease the possibility of reoperation and persistence of symptoms in patients aged 30 to 39 years with chronic pain. Copyright © Thieme Medical Publishers 333 Seventh Avenue, New York, NY 10001, USA.

Status
EMBASE

Institution
(Flyckt) Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, Beachwood Family Health Center, Mail Code BD20, 26900 Cedar Road, Beachwood, OH 44122, United States (Kim) Department of Obstetrics and Gynecology, Cleveland Clinic Main Campus, Cleveland, Ohio, United States (Falcone) Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, Cleveland Clinic Main Campus, Cleveland, Ohio, United States

Country of Publication
United States

Publisher
Thieme Medical Publishers, Inc. (E-mail: custserv@thieme.com)

Date Created
20170203

Year of Publication
2017

188.
Medical Management of Endometriosis in Patients with Chronic Pelvic Pain.
Bedaiwy M.A., Allaire C., Yong P., Alfaraj S.
Endometriosis is a common cause of pelvic pain in women of reproductive age. Traditional medical therapies are hormonal in nature, including estrogen-progestin contraceptives, progestins, and gonadotropin-releasing hormone (GnRH) agonists. Other hormonal options are androgens and aromatase inhibitors, with research also suggesting a possible role for GnRH antagonists and selective progesterone receptor modulators. Other than nonsteroidal anti-inflammatories, further work is required for nonhormonal therapies such as antiangiogenic and immune-modulating drugs. Medical treatment of endometriosis can be complex, and requires consideration of side effects, the anatomic type of endometriosis, role of surgery, current infertility or future fertility desires, and other contributors to pain (e.g., central sensitization). These factors should be discussed for each patient, to ensure personalized treatment and optimal outcomes.

Copyright © Thieme Medical Publishers 333 Seventh Avenue, New York, NY 10001, USA.

Irritable bowel syndrome and nickel allergy: What is the role of the low nickel diet?

**Embase**


[Article]

AN: 614194389

**Background/Aims** Irritable bowel syndrome (IBS) is characterized by chronic abdominal pain or discomfort accompanied by abnormal bowel movements. In sensitized subjects, ingested nickel (Ni) may induce gastrointestinal symptoms similar to IBS, in addition to typical systemic cutaneous lesions (systemic nickel allergy syndrome [SNAS]). A low nickel diet could improve the systemic manifestations. We evaluated prevalence of nickel allergy in IBS and effects of low Ni diet on (1) gastrointestinal symptoms control, (2) intestinal barrier function, (3) quality of life, and (4) psychological status of patients with IBS and Ni-sensitized patients. Methods Twenty consecutive patients affected by IBS and suspected SNAS underwent intestinal permeability tests. Gastrointestinal symptoms were evaluated using the visual analogue scale before and after 3 months low Ni diet. Subjects with increased intestinal permeability at baseline repeated nuclear examination after the diet. Results The most frequent profile was diarrhea-predominant IBS (8/20). The low Ni diet induced a significant and constant improvement of gastrointestinal symptoms and an equally significant improvement of visual analogue scale. Mean urinary output of 51Chromium ethylene-diamine-tetra-acetate (51Cr-EDTA) was 5.91%⁄24 hr (+/- 2.08), significantly different from the control group (2.20%⁄24 hr +/- 0.60, P < 0.0001). Conclusion This pilot study shows that low Ni diet improves gastrointestinal symptoms in patients with IBS and SNAS. Copyright © 2017 The Korean Society of Neurogastroenterology and Motility.

**Status**

EMBASE

**Institution**

(Rizzi, Nucera, Buonomo, Schiavino) Department of Rheumatology, Immunology, Dermatology and Uro-Nefrological Sciences, Allergy Unit, Fondazione Policlinico Universitario A. Gemelli, Universita Cattolica delSacro Cuore, Rome, Italy  (Laterza, Gaetani, Gasbarrini) Division of Gastroenterology, Department of Internal Medicine, Fondazione Policlinico Universitario A. Gemelli, Universita Cattolica delSacro Cuore, Rome, Italy  (Valenza) Department of Nuclear Medicine, Fondazione Policlinico Universitario A. Gemelli, Universita Cattolica delSacro Cuore, Rome, Italy  (Corbo, Inchingolo) Department of Pulmonary Medicine, Fondazione Policlinico Universitario A. Gemelli, Universita Cattolica delSacro Cuore, Rome, Italy

**Country of Publication**
Addressing quality of life in the patient with interstitial cystitis/bladder pain syndrome.
Vasudevan V., Moldwin R.

[Review]
AN: 614103036

Interstitial cystitis/bladder pain syndrome (IC/BPS) is a debilitating, chronic condition characterized by chronic pelvic pain, urinary urgency, and frequency and is well-known to be associated with a decrease in work productivity, emotional changes, sleep, sexual dysfunction, and mobility. Many metrics of quality of life (QoL) in this patient population have been developed; however, a unified, standardized approach to QoL in these patients has not been determined. The effects of IC/BPS and co-morbid conditions on QoL are described using current validated metrics. Next, data regarding successful treatment of IC/BPS in terms of QoL improvement are reviewed. While QoL is the single most important clinical measure of success in the treatment of patients suffering from IC/BPS, addressing QoL in this patient population remains a significant challenge, as its effects on QoL are highly variable and unable to be differentiated from the effects of comorbid conditions on QoL, including depression, poor sleep, and inability to work. Future studies will need to address treatment efficacy on the basis of IC/BPS specific QoL metrics, and multi-modal assessment and therapy to address comorbid disease will also play an important role in the future to ensure comprehensive management of these patients.

Copyright © 2017 Editorial Office of Asian Journal of Urology

Status
EMBASE
Institution
191.
Provoked Vestibulodynia: A Comparative Examination of Mental Health, Sleep, Sexual Functioning, and Relationship Adjustment.
Dargie E., Gilron I., Pukall C.
Embase
[Article In Press]
AN: 614244042
OBJECTIVES:: Provoked vestibulodynia (PVD) is an idiopathic vulvar pain condition characterized by burning pain at the vaginal opening in response to contact or pressure. Previous research has established some of the psychosocial difficulties experienced by these patients, but direct comparisons with other pain conditions are needed. The purpose of this study was to compare women with PVD to those with post-herpetic neuralgia and pain-free control participants. METHODS:: Participants were invited to complete an anonymous online survey consisting of sociodemographic questions and a range of validated measures. RESULTS:: Women with PVD and PHN did not differ in terms of pain catastrophizing or pain anxiety, but women with PHN reported greater pain disability than those with PVD. Participants in both pain groups reported significantly more symptoms of stress, depression, anxiety, and sleep disturbances than pain-free controls; women with PHN reported more symptoms of depression than those with PVD, with no other differences between pain groups. Groups did not differ on relationship adjustment, but participants with PVD reported poorer sexual functioning than the other groups. DISCUSSION:: These results indicate that women with PVD and PHN experience
similar mental health difficulties, but women with PHN experience more severe impact on their day-to-day functioning and mood. These results support the classification of PVD as a chronic pain condition, since both the pain groups differed from pain-free control participants on a range of measures. Finally, the presence of mental health difficulties and poorer sexual functioning highlights the importance of conducting biopsychosocial pain assessments. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.

Status
ARTICLE IN PRESS

Institution
(Dargie) *Department of Psychology, Queen’s University, Humphrey Hall, 62 Arch Street, Kingston, Ontario, K7L 3N6, Canada +Clinical Pain Research, Queen’s University Department of Anesthesiology & Perioperative Medicine, Kingston, Ontario, K7L 2V7, Canada ++Sex Therapy Service, Department of Psychology, Queen’s University, Humphrey Hall, 62 Arch Street, Kingston, Ontario, K7L 3N6, Canada

Country of Publication
United States

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Date Created
20170202

Year of Publication
2017

192.

Embase

[Article]
AN: 613883601

Objective: To evaluate the effect of extracorporeal shockwave therapy (ESWT) on chronic pelvic pain syndrome (CPPS)/chronic a bacterial prostatitis after failure of most other modalities of
Materials and Methods: In a follow-up survey, 25 patients with CPPS who failed at least previously 3 modalities of treatment other than ESWT were evaluated at 2 weeks after finishing the course of ESWT. All patients were treated by ESWT once a week for 4 weeks by a protocol of 2500 impulses at one bar over 13 minutes. The investigation was designed as an open-label uncontrolled therapeutic clinical trial which was conducted in Jordan university hospital through the period 2014-2015. The follow-up assessments were carried out by National Institutes of Health- Chronic Prostatitis Symptom Index (NIH-CPSI), International prostate symptom score (IPSS), American Urological Association (AUA) Quality of Life Due to Urinary Symptoms (QOL-US) and International Index of Erectile Function (IIEF). Data were compared using paired samples t-test. Results: Of our total 29 patients 4 of them did not complete the study protocol, 25 patients were evaluated. The mean of NIH-CPSI, IPSS, AUA QOL-US and IIEF were evaluated pre and post ESWT and it showed statistically significant improvement without any significant side-effect of the treatment. Conclusions: Although ESWT seems to be safe and effective specially in intractable cases, long term follow up is still mandatory to determine the effectiveness and long term benefit of ESWT and whether there is a need for further sessions, if the benefit will be the same as compared to the first course and to closely monitor patients of any side effect if present. Copyright © 2016 DAR Publishers/The University of Jordan. All Rights Reserved.
Radiotherapy in ovarian cancer - The current state of knowledge.
Kojs Z., Jankiewicz M., Szostek S., Klimek M.

Embase
Onkologia i Radioterapia. 37 (3) (pp 9-13), 2016. Date of Publication: 2016.
[Review]
AN: 614174931

In the past decades, results of numerous studies comparing safety profile and survival after whole abdominal radiotherapy and chemotherapy, which did not show the superiority of the former method, as well as introduction of new cytostatics have contributed to the fact that the basic treatment after surgery and in the case of recurrent ovarian carcinoma is chemotherapy. Despite the progress in surgical techniques, advanced ovarian carcinoma that reacts to first-line chemotherapy tends to recur in 70% of patients. Due to the introduction of radiation techniques enabling precise modulation of radiation dose distribution within the tumor volume, simultaneously sparing critical structures, the interest in radiotherapy in ovarian cancer patients increased anew. The reports quoted in this paper concern radiotherapy as adjuvant, consolidation, salvage and palliative treatment. Whole abdominal radiotherapy techniques used contemporarily have brought improvement in the dosimetry aspect, but the assessment of clinical effects requires further investigation. That is why radiotherapy as adjuvant and consolidation treatment is not used in daily clinical practice, and publications usually concern non-randomized studies on small groups of patients. In carefully selected cases of relapse and persistent localized lesions in not only platinum-sensitive ovarian carcinoma, so-called salvage radiation as the only means of therapy or combined with secondary cytoreduction or chemotherapy might improve treatment outcomes. As in cancers of other locations, palliative radiotherapy is used in the case of bleeding from pelvic infiltration, pain, dyspnea associated with lung metastases, superior vena cava syndrome and metastases to the bones and brain. In slight localized lesions, cybernetic microradiosurgery can be applied. Copyright © 2016 Oncology and Radiotherapy.

Status
EMBASE

Institution
(Kojs, Klimek) Departament of Gynecologic Oncology, Center of Oncology, M. Sklodowska-Curie Institute, Cracow Branch, Poland (Jankiewicz) Gynecology Ward of the G. Narutowicz Municipal Specjalist Hospital, Krakow, Poland
Molegraaf M.J., Torensma B., Lange C.P., Lange J.F., Jeekel J., Swank D.J.
[Article]
AN: 613819761
Background Laparoscopic adhesiolysis as a therapy for chronic pain is still controversial, and long-term effects are not known; therefore, our aim was to evaluate long-term effects of laparoscopic adhesiolysis for the treatment of chronic abdominal pain believed to be related to intraperitoneal adhesions. Methods A total of 100 patients with abdominal pain attributed to adhesions were randomized to laparoscopic adhesiolysis or a placebo group with laparoscopy alone. Pain relief was assessed after 12-year follow-up. Results A total of 73% of patients fulfilled the long-term follow-up. Compared to the placebo group (n = 31), patients in the adhesiolysis group (n = 42) were significantly less often pain-free (8 vs 13, P = .033, relative risk [RR] = 1.3) and to have a greater intake of analgesics (26 vs 16, P = .379, RR = 1.2, 95% confidence interval 0.8-1.8). Moreover, the adhesiolysis group sought medical consultations more frequently (14 vs 6, P = .186, RR = 1.33, 95% confidence interval 0.9-1.9), and had an increased rate of additional operation (8 vs 1, P = .042, RR = 1.67, 95% confidence interval 1.208-2.318). Both groups had improved pain and quality-of-life scores. Conclusion This is the first, long-term, placebo-controlled trial regarding the use of laparoscopic adhesiolysis for treating chronic abdominal pain.
Laparoscopic adhesiolysis was less beneficial than laparoscopy alone in the long term. Secondly, there appeared to be a powerful, long-lasting placebo effect of laparoscopy. Because adhesiolysis is associated with an increased risk of operative complications, avoiding this treatment may result in less morbidity and health care costs. Copyright © 2016 Elsevier Inc.

Use of high-concentration capsaicin patch for the treatment of pelvic pain: Observational study of 60 inpatients.
Levesque A., Riant T., Labat J.-J., Ploteau S.

Background: Chronic pelvic, perineal and gluteal neuralgia is often experienced in a similar way to neuropathic pain, in the territories of four nerves: ilio-inguinal, pudendal, inferior cluneal and posterior gluteal nerves. These pains are often refractory to medical treatment based on the use of systemic molecules with disabling adverse effects and surgical procedure may be necessary.
Objective: The objective of this study was to evaluate the efficacy and safety of treatment with a high-concentration capsaicin patch in these indications. Study Design: This study was prospective, nonrandomized, and observational. Setting: Federative Center of Pelvi-Perineology in the University Hospital of Nantes, France. Methods: Sixty patients with pelvic neuralgia were treated with high-concentration capsaicin patch. The primary endpoint was Patient Global Impression of Change (PGIC) and secondary endpoints included pain intensity on a Numerical Rating Scale (NRS), maximum sitting duration at the end of the day, Medication Consumption Score (MQS), and patient global improvement (from -100% to + 100%). Results: Twenty four percent of the 60 patients included in the study declared that they felt "very much improved" or "much improved" (PGIC = 1 or 2) and these patients reported an average 58% improvement and a 3.4-point reduction on the NRS. Among the "good responder" patients, patients with coccygodynia appear to obtain the best results, as 37% of these patients declared that they were much improved with an average 63% improvement. No serious adverse effects were observed and treatment was well tolerated. Limitation: This study is limited by its relatively small sample size and non-randomized study. Conclusion: These results suggest the value of high-concentration capsaicin 8% patch in the treatment strategy for patients with chronic pelvic, perineal and gluteal neuralgia. This treatment would be particularly indicated in the management of coccygodynia. Copyright © 2017, American Society of Interventional Pain Physicians. All rights reserved.
Anatomical variants of the pudendal nerve observed during a transgluteal surgical approach in a population of patients with pudendal neuralgia.


Embase


[Article]

AN: 614033201

Background: Several studies have described the course and anatomical relations of the pudendal nerve. Several surgical nerve decompression techniques have been described, but only the transgluteal approach has been validated by a prospective randomized clinical trial. The purpose of this study was to describe the course of the nerve and its variants in a population of patients with pudendal neuralgia in order to guide the surgeon in the choice of surgical approach for pudendal nerve decompression. Objectives: In order to support the choice of the transgluteal approach, used in our institution, we studied the exact topography, anatomical relations, and zones of entrapment of the pudendal nerve in a cohort of operated patients. Study Design: Observational study. Setting: University hospital. Methods: One hundred patients underwent unilateral or bilateral nerve decompression performed by a single operator via a transgluteal approach. All patients satisfied the Nantes criteria for pudendal neuralgia. The operator meticulously recorded zones of entrapment, anatomical variants of the course of the nerve, and the appearance of the nerve in the operative report. Results: One hundred patients and 145 nerves were operated consecutively. Compression of at least one segment of the pudendal nerve (infrapiriform foramen, ischial spine, and Alcock's canal) was observed in 95 patients. The zone of entrapment was situated at the ischial spine between the sacrospinous ligament (or ischial spine) and the sacrotuberous ligament in 74% of patients. Anatomical variants were observed in 13 patients and 15 nerves. Seven patients presented an abnormal transligamentous course of the nerve (sacrotuberous or sacrospinous). A perineal branch of the fourth sacral nerve to the external anal sphincter was identified in 7 patients. In this population of patients with pudendal neuralgia, the pudendal nerve was stenotic in 27% of cases, associated with an extensive venous plexus that could make surgery more difficult in 25% of cases, and the nerve had an inflammatory appearance in 24% of cases. Limitations: We obviously cannot be sure that the anatomical variants identified in this study can be extrapolated to the general population, as our study population was composed of patients experiencing perineal pain due to pudendal nerve entrapment and their pain could possibly be related to these anatomical variants, especially a transligamentous course of the pudendal nerve. The absence of other prospective randomized...
clinical trials evaluating other surgical approaches also prevents comparison of these results with those of other surgical approaches. Conclusions: This is the first study to describe the surgical anatomy of the pudendal nerve in a population of patients with pudendal neuralgia. In more than 70% of cases, pudendal nerve entrapment was situated in the space between the sacrospinous ligament and the sacrotuberous ligament. Anatomical variants of the pudendal nerve were also observed in 13% of patients, sometimes with a transligamentous course of the nerve. In the light of these results, we believe that a transgluteal approach is the most suitable surgical approach for safe pudendal nerve decompression by allowing constant visual control of the nerve.   Copyright © 2017, American Society of Interventional Pain Physicians. All rights reserved.

Status
EMBASE
Institution
(Ploteau, Perrouin-Verbe, Labat, Riant, Levesque, Robert) Federative Pelvic Pain Center, Nantes, France  (Ploteau) Department of Gynecology-Obstetrics and Reproductive Medicine, Centre Hospitalier Universitaire, Nantes, France (Riant, Robert) Maurice Bensignor Multidisciplinary Pain Center, Centre Catherine de Sienne, Nantes, France
Country of Publication
United States
Publisher
American Society of Interventional Pain Physicians (E-mail: editor@painphysicianjournal.com)
Date Created
20170127
Year of Publication
2017

197.
The Practice of Hatha Yoga for the Treatment of Pain Associated with Endometriosis.
Goncalves A.V., Barros N.F., Bahamondes L.
Embase
[Article]
Objectives: The aim of this study was to compare chronic pelvic pain, menstrual patterns, and quality of life (QoL) in two groups of women with endometriosis: those who did and those who did not participate in a specific 8-week yoga intervention. Method: This was a randomized controlled trial. It was conducted at the University of Campinas Medical School, Campinas, SP, Brazil. Forty women were randomly divided into two groups: an intervention group of women who practiced yoga (n = 28), and a control group of women who did not practice yoga (n = 12). Participants attended 90-min scheduled yoga sessions twice a week for 8 weeks. Additionally, an Endometriosis Health Profile (EHP)-30 questionnaire was applied to evaluate women's QoL at admission and 2 months later upon completion of the yoga program. Menstrual and daily pain patterns were evaluated through a daily calendar (visual analog scale). Results: The degree of daily pain was significantly lower among the women who practiced yoga compared with the non-yoga group (p = 0.0007). There was an improvement of QoL in both groups between baseline and the end of the study evaluation. In relation to EHP-30 domains, pain (p = 0.0046), impotence (p = 0.0006), well-being (p = 0.0009), and image (p = 0.0087) from the central questionnaire, and work (p = 0.0027) and treatment (p = 0.0245) from the modular questionnaire were significantly different between the study groups over time. There was no significant difference between the two groups regarding the diary of menstrual patterns (p = 0.96). Conclusions: Yoga practice was associated with a reduction in levels of chronic pelvic pain and an improvement in QoL in women with endometriosis. Copyright © 2017, Mary Ann Liebert, Inc.

Status
EMBASE
Institution
(Goncalves, Bahamondes) Department of Obstetrics and Gynecology, University of Campinas Medical School, Caixa Postal 6181, Campinas, SP 13084-971, Brazil  (Barros) Department of Collective Health, University of Campinas Medical School, Campinas, Brazil
Country of Publication
United States
Publisher
Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)
Date Created
20170124
Year of Publication
2017
Genital infection with Chlamydia trachomatis, a gram-negative obligate intracellular bacterium, is the most common bacterial sexually transmitted infection globally. Ascension of chlamydial infection to the female upper genital tract can cause acute pelvic inflammatory disease, tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Shortcomings of current chlamydia control strategies, especially for low- and middle-income countries, highlight the need for an effective vaccine. Evidence from animal models, human epidemiological studies, and early trachoma vaccine trials suggest that a C. trachomatis vaccine is feasible. Vaccine development for genital chlamydial infection has been in the preclinical phase of testing for many years, but the first Phase I trials of chlamydial vaccine candidates are underway, and scientific advances hold promise for additional candidates to enter clinical evaluation in the coming years. We describe the clinical and public health need for a C. trachomatis vaccine, provide an overview of Chlamydia vaccine development efforts, and summarize current vaccine candidates in the development pipeline. Copyright © 2017 Elsevier Ltd.
Tetrahydrocannabinol Does Not Reduce Pain in Patients With Chronic Abdominal Pain in a Phase 2 Placebo-controlled Study.


Embase Clinical Gastroenterology and Hepatology. (no pagination), 2016. Date of Publication: 2016. [Article In Press]

AN: 614151312

Background & Aims: Delta-9-atetrahydrocannabinol (THC) is the most abundant cannabinoid from the plant Cannabis sativa. There is only equivocal evidence that THC has analgesic effects. We performed a phase 2 controlled trial to evaluate the analgesic efficacy, pharmacokinetics, safety, and tolerability of an oral tablet containing purified THC in patients with chronic abdominal pain. Methods: Sixty-five patients with chronic abdominal pain for 3 months or more (numeric rating scale scores of 3 or more) after surgery or because of chronic pancreatitis were randomly assigned to groups given the THC tablet or identical matching placebos for 50-52 days. Subjects in the THC group were given the tablet first in a step-up phase (3 mg 3 times daily for 5 days and then 5 mg 3 times daily for 5 days), followed by a stable dose phase (8 mg 3 times daily until days 50-52). Preceding and during the entire study period, patients were asked to continue taking their medications (including analgesics) according to prescription. Patients reported any additional pain medications in a diary. Efficacy and safety assessments were conducted preceding medication intake (day 1), after 15 days, and at 50-52 days. Plasma samples were collected on study days 1, 15, and 50-52; mean plasma concentration curves of THC and 11-OH-THC were plotted. The primary end point was pain relief, which was measured by a visual analogue scale (VAS) of the mean pain (VAS mean scores) on the basis of information from patient diaries. Secondary end points included pain and quality of life (determined from patient questionnaires), pharmacokinetics, and safety. Results: At days 50-52, VAS mean scores did not differ significantly between the THC and placebo groups (F 1,46 = 0.016; P = .901). Between the start and end of the study, VAS mean scores decreased by 1.6 points (40%) in the THC group compared with 1.9 points (37%) in the placebo group. No differences were observed in secondary outcomes. Oral THC was generally well-absorbed. Seven patients in the THC group stopped taking the tablets because of adverse events, compared with 2 patients in the placebo group. All (possibly) related adverse events were mild or moderate. Conclusions: In a phase 2 study, we found no difference between a THC tablet and a
placebo tablet in reducing pain measures in patients with chronic abdominal pain. THC, administered 3 times daily, was safe and well-tolerated during a 50-day to 52-day treatment period. ClinicalTrials.gov number: NCT01562483 and NCT01551511. Copyright © 2016 AGA Institute.

ARTICLE IN PRESS

Institution
(de Vries, van Rijckevorsel, van Goor) Department of Surgery, Radboud University Medical Center, Nijmegen, The Netherlands (Vissers, Wilder-Smith) Department of Anesthesiology, Pain and Palliative Medicine, Radboud University Medical Center, Nijmegen, The Netherlands (Wilder-Smith) Centre for Sensory-Motor Interaction, Department of Health Sciences, Aalborg University, Aalborg, Denmark

Country of Publication
United States

Publisher
W.B. Saunders

Date Created
20170124

Year of Publication
2016

200.

High prevalence of back pain and axial spondyloarthropathy in patients with hidradenitis suppurativa.

Schneider-Burrus S., Witte-Haendel E., Christou D., Rigoni B., Sabat R., Diederichs G.

Embase


[Article]

AN: 612344724

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory disease, causing fistulating sinuses in the intertriginous skin of axillary, genitofemoral and perianal sites. Objective: As other chronic inflammatory diseases, e.g. psoriasis, are frequently associated with spondyloarthropathies (SpA), the goal of this study was to quantify the prevalence of back pain
and SpA in HS patients. Methods: A prospective questionnaire survey in 100 HS patients and a retrospective evaluation of pelvic magnetic resonance imaging (MRI) scans in 46 HS patients were conducted. Results: 71% of HS patients were suffering from back pain. There was no difference between age at onset of HS, disease duration, body mass index (BMI), or disease severity between HS patients with and without back pain. Evaluating pelvic MRI scans, 32.6% of HS patients showed signs of chronic SpA and 39.1% signs of active SpA. Again, no significant differences between patients with/without SpA were found regarding age at time of MRI, age at onset of HS, disease duration, smoking habits, and BMI. Furthermore, there was no correlation between these parameters and the degree of SpA. Limitations: Only patients with moderate/severe HS (Hurley stage II and III) in genitofemoral/perianal sites were analysed via MRI scans. Conclusion: Back pain and SpA are very common among patients with moderate/severe HS. Neither medical history nor clinical parameters provide hints for the presence of SpA. Copyright © 2016 S. Karger AG, Basel.

Conduct protocol in emergency: Acute adrenal insufficiency.
Fares A.B., Dos Santos R.A.
Embase
[Article]
AN: 613864941

Introduction: Acute adrenal insufficiency or addisonian crisis is a rare comorbidity in emergency; however, if not properly diagnosed and treated, it may progress unfavorably. Objective: To alert all health professionals about the diagnosis and correct treatment of this complication. Method: We performed an extensive search of the medical literature using specific search tools, retrieving 20 articles on the topic. Results: Addisonian crisis is a difficult diagnosis due to the unspecificity of its signs and symptoms. Nevertheless, it can be suspected in patients who enter the emergency room with complaints of abdominal pain, hypotension unresponsive to volume or vasopressor agents, clouding, and torpor. This situation may be associated with symptoms suggestive of chronic adrenal insufficiency such as hyperpigmentation, salt craving, and association with autoimmune diseases such as vitiligo and Hashimoto’s thyroiditis. Hemodynamically stable patients may undergo more accurate diagnostic methods to confirm or rule out addisonian crisis. Delay to perform diagnostic tests should be avoided, in any circumstances, and unstable patients should be immediately medicated with intravenous glucocorticoid, even before confirmatory tests. Conclusion: Acute adrenal insufficiency is a severe disease that is difficult to diagnose. It should be part of the differential diagnosis in cases of hypotensive patient who is unresponsive to vasoactive agents. Therefore, whenever this complication is considered, health professionals should aim specifically at this pathology.

Copyright © 2016, Associacao Medica Brasileira. All rights reserved.

Status
EMBASE

Institution
(Fares) Faculdade de Medicina de Sao Jose do Rio Preto (Famerp), Sao Jose do Rio Preto, SP, Brazil
(Dos Santos) Sociedade Brasileira de Endocrinologia e Metabologia (SBEM), Brazil
(Dos Santos) Internal Medicine Service, Hospital de Base, Brazil
(Dos Santos) Centro Integrado de Pesquisa (CIP), Hospital de Base, Sao Jose do Rio Preto, Brazil
(Dos Santos) Specialties Outpatient Clinic (AME), Sao Jose do Rio Preto, SP, Brazil

Country of Publication
Brazil

Publisher
Associacao Medica Brasileira
Urethral diverticulectomy with Martius labial fat pad interposition improves symptom resolution and reduces recurrence.

Malde S., Sihra N., Naaseri S., Spilotros M., Solomon E., Pakzad M., Hamid R., Ockrim J.L., Greenwell T.J.

Embase


[Article]
AN: 611692872

Objective: To assess the presenting features and medium-term symptomatic outcomes in women having excision of urethral diverticulum with Martius labial fat pad (MLFP) interposition. Patients and Methods: We reviewed our prospective database of all female patients having excision of a symptomatic urethral diverticulum between 2007 and 2015. Data on demographics, presenting symptoms and clinical features were collected, as well as postoperative outcomes. Results: In all, 70 women with a mean (range) age of 46.5 (24-77) years underwent excision of urethral diverticulum with MLFP interposition. The commonest presenting symptoms were a urethral mass (69%), urethral pain (61%), and dysuria (57%). Pre-existing stress urinary incontinence (SUI) was present in 41% (29) of the women. After surgery, at a mean (SD) of 18.9 (16.4) months follow-up (median 14 months), complete excision of urethral diverticulum was achieved in all the women, with resolution of urethral mass, dysuria and dyspareunia in all, and urethral pain in 81%. Immediately after surgery, 10 (24%) patients reported de novo SUI, which resolved with time and pelvic floor muscle training such that at 12 months only five (12%) reported continued SUI. There was one symptomatic diverticulum recurrence (1.4%). Conclusions: The commonest presenting symptom of a female urethral diverticulum is urethral pain followed by dysuria and dyspareunia. Surgical excision with MLFP interposition results in complete resolution of symptoms in most women. The incidence of persistent de novo SUI in an expert high-volume centre is 12%.
203.
Al Edwan G.M., Muheilan M.M., Atta O.N.M.
Embase
[Article]
AN: 614036200
Objective To evaluate the effect and safety of extracorporeal shockwave therapy (ESWT) on chronic pelvic pain syndrome (CPPS)/chronic abacterial prostatitis after failure of most other modalities of treatment, the maintenance of the treatment effect for up to one year post treatment and whether the patients are in need for further sessions. Materials and methods In a follow-up survey of 41 patients, the study inclusion criteria were CPPS patients who failed at least previously 3 modalities of treatment other than ESWT, who were treated by ESWT once a week for one month with a protocol of 2500 pulses at 1 bar over 13 min, Nonaddiction to drugs and narcotics. The exclusion criteria included being under treatment by another method another
diagnosis such as prostate cancer, therapy plan alteration, and noninclination to continue this treatment. Then the patients were followed up at 2 weeks, 6 months and 12 months after finishing the course of ESWT. The study was designed as an open-label uncontrolled therapeutic clinical trial which was conducted in Jordan university hospital through the period 2015-2016. Data were compared using paired samples t-test. Results Of our total 55 patients 8 of them did not complete the study protocol, 6 of them had missed follow up over the whole follow up period and 41 patients were evaluated. The patient's age group ranged between 18 and 78 years with a mean age of 42 and a median age of 43. The mean of National Institutes of Health -Chronic Prostatitis Symptom Index (NIH-CPSI), the International Prostate Symptom Score (IPSS), American Urological Association Quality of Life Due to Urinary Symptoms (AUA QOL_US) and International Index of Erectile Function (IIEF) were evaluated pre and post ESWT at 2 weeks, 6 months and 12 months and it showed statistically significant improvement in all parameters with maintenance of the effect without any significant side-effect of the treatment over the 12 months. Conclusions The evidence in this study would support the safety and efficacy of ESWT in refractory cases of CPPS at least for one year post treatment. Copyright © 2017 The Author(s)

Status
EMBASE

Institution
(Al Edwan, Muheilan, Atta) Division of Urology, Department of Special Surgery, Jordan University Hospital, The University of Jordan, Jordan

Country of Publication
United Kingdom

Publisher
Elsevier Ltd

Date Created
20170119

Year of Publication
2017

204.
Noninvasive experimental bladder pain assessment in painful bladder syndrome.
Tu F.F., Kane J.N., Hellman K.M.
Embase
Objective: To compare bladder sensitivity between patients with pelvic pain and patients who were pain free, undergoing noninvasive, controlled bladder distension via diuresis. We also sought to measure potential mechanisms underlying bladder sensitivity. Design: Prospective observational study. Setting: Community teaching hospital. Population: Reproductive-age women with non-bladder chronic pelvic pain (CPP, n = 23), painful bladder syndrome (PBS, n = 23), and pelvic pain-free controls (n = 42). Methods: Participants were compared on cystometric capacity, pelvic floor pressure-pain thresholds (PPTs), pelvic muscle function, O’Leary-Sant bladder questionnaire, and psychosocial instruments using Wilcoxon rank-sum tests. Multivariate regression was used to identify factors underlying bladder pain phenotypes. Main outcome measures: Pelvic floor pain thresholds; self-reported bladder distension pain. Results: Participants with PBS exhibited higher bladder distension pain than those with CPP, with both groups reporting higher pain levels than controls (P < 0.05). No significant associations were found between bladder distension pain and pelvic muscle structure or pain sensitivity measures; however, bladder distension pain positively correlates with both vaginal PPTs adjacent to the bladder (r = 0.46) and pain with transvaginal bladder palpation (r = 0.56). Pain at maximal distension was less influenced by somatic sensitivity than bladder symptoms (r = 0.35 versus r = 0.59; P < 0.05). Multivariate regression identified three independent components of bladder symptoms in PBS: bladder distension pain, bladder sensation, and somatic symptoms. Conclusions: Diuresis-induced bladder pain differentiates CPP from PBS. Experimental bladder pain is not predicted by pelvic floor sensitivity. Compared with patient-reported outcomes it appears less influenced by psychological factors. Further study is needed to determine whether screening for experimental bladder pain sensitivity could predict future risk of PBS. Tweetable abstract: Controlled, water ingestion-provoked bladder pain can objectively identify visceral pain sensitivity. Copyright © 2016 Royal College of Obstetricians and Gynaecologists
Oral Contraception and Female Sexual Dysfunction in Reproductive Women.
Lee J.-J.M.L., Low L.L., Ang S.B.

Embase
Sexual Medicine Reviews. 5 (1) (pp 31-44), 2017. Date of Publication: 01 Jan 2017.
[Review]
AN: 611276052

Introduction Oral contraception (OC) remains one of the most commonly used forms of family planning. It allows couples to continue sexual activity without the worry of unintended pregnancy. However, one possible side effect of OC use is female sexual dysfunction (FSD), of which many patients and even physicians are unaware. This would be counter to the original intent of an OC and thus could affect a couple's relationship. Aim To examine the prevailing evidence on the effect of OCs on FSD in women of reproductive age. Methods A search of PubMed and the Cochrane Central Register of Controlled Trials for all relevant studies was conducted in February 2016. Relevant studies pertaining to OCs and FSD in women of reproductive age were examined. Main Outcome Measures A comprehensive review of the current literature on FSD as measured by the Female Sexual Function Index. Results Most studies indicated that women who use OC pills have decreased sexual desire and libido. OCs also can cause dyspareunia owing to increased risk of vestibulitis and vaginal dryness. This risk is increased if OCs are used in adolescents and the duration of OC use is at least 2 years. Newer OCs containing drospirenone 3 mg plus ethinylestradiol (EE) 30 mug (drospirenone 3 mg + EE 30 mug; Yasmin; Bayer Healthcare Pharmaceuticals, Inc, Berkeley, CA, USA), non-antiandrogenic progestin gestodene 75 mug plus EE 20 mug (gestodene 75 mug + EE 20 mug; Meliane; Bayer Healthcare Pharmaceuticals, Inc), and estradiol valerate plus dienogest (Qlaira; Bayer AG, Leverkusen, Germany) or EE plus levonorgestrel (Jolessa; Teva Specialty Pharmaceuticals, Petah Tikva, Israel; and Seasonale; Duramed Pharmaceuticals, Augusta, GA, USA) do not seem to cause OC-related FSD symptoms. Conclusion This review suggests that OCs can cause FSD in
reproductive women. Domains that include female sexual interest and arousal and genito-pelvic pain are affected. Newer OCs such as drospirenone 3 mg plus EE 30 µg (Yasmin) and gestodene 75 µg plus EE 20 µg (Meliane) could be better alternatives because FSD symptoms are less likely to occur. Copyright © 2016 International Society for Sexual Medicine Status

EMBASE
Institution
(Lee, Ang) Family Medicine Service, KK Women's and Children's Hospital, Singapore
(Lee, Low, Ang) Duke NUS Medical School, Singapore
(Low) Department of Family Medicine and Continuing Care, Singapore General Hospital, Singapore
(Ang) NUS School of Medicine, Singapore
Country of Publication
United States
Publisher
Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com)
Date Created
20170118
Year of Publication
2017

A review of the available clinical therapies for vulvodynia management and new data implicating proinflammatory mediators in pain elicitation.
Falsetta M.L., Foster D.C., Bonham A.D., Phipps R.P.
Embase
[Review]
AN: 611120351
Localised provoked vulvodynia (LPV) is a common, chronic, and disabling condition: patients experience profound pain and a diminished quality of life. The aetiologic origins of vulvodynia are poorly understood, yet recent evidence suggests a link to site-specific inflammatory responses.
Fibroblasts isolated from the vestibule of LPV patients are sensitive to proinflammatory stimuli and copiously produce pain-associated proinflammatory mediators (IL-6 and PGE2). Although LPV is a multifactorial disorder, understanding vulvar inflammation and targeting the inflammatory response should lead to treatment advances, especially for patients exhibiting signs of inflammation. NFκB (already targeted clinically) or other inflammatory components may be suitable therapeutic targets. Tweetable abstract: Vulvodynia is a poorly understood, prevalent, and serious women's health issue requiring better understanding to improve therapy. Copyright © 2016 Royal College of Obstetricians and Gynaecologists

Status
EMBASE

Institution
(Falsetta, Phipps) Department of Environmental Medicine, University of Rochester, Rochester, NY, United States (Foster, Bonham, Phipps) Department of Obstetrics and Gynecology, University of Rochester, Rochester, NY, United States (Phipps) Department of Microbiology and Immunology, University of Rochester, Rochester, NY, United States

Country of Publication
United Kingdom

Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Date Created
20170117

Year of Publication
2017

Adding corticosteroids to the pudendal nerve block for pudendal neuralgia: a randomised, double-blind, controlled trial.

Embase
Objective: To compare the effect of corticosteroids combined with local anaesthetic versus local anaesthetic alone during infiltrations of the pudendal nerve for pudendal nerve entrapment.

Design: Randomised, double-blind, controlled trial. Setting: Multicentre study. Population: 201 patients were included in the study, with a subgroup of 122 women. Methods: CT-guided pudendal nerve infiltrations were performed in the sacrospinous ligament and Alcock’s canal. There were three study arms: patients in Arm A (n = 68) had local anaesthetic alone, those in Arm B (n = 66) had local anaesthetic plus corticosteroid and those in Arm C (n = 67) local anaesthetic plus corticosteroid with a large volume of normal saline. Main outcome measures: The primary end-point was the pain intensity score at 3 months. Patients were regarded as responders (at least a 30-point improvement on a 100-point visual analogue scale of mean maximum pain over a 2-week period) or nonresponders. Results: Three months’ postinfiltration, 11.8% of patients in the local anaesthetic only arm (Arm A) were responders versus 14.3% in the local anaesthetic plus corticosteroid arms (Arms B and C). This difference was not statistically significant (P = 0.62). No statistically significant difference was observed in the female subgroup between Arm A and Arms B and C (P = 0.09). No significant difference was detected for the various pain assessment procedures, functional criteria or quality-of-life criteria. Conclusions: Corticosteroids provide no additional therapeutic benefits compared with local anaesthetic and should therefore no longer be used. Tweetable abstract: Steroid infiltrations do not improve the results of local anaesthetic infiltrations in pudendal neuralgia. Copyright © 2016 The Authors BJOG An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd on behalf of Royal College of Obstetricians and Gynaecologists
Intermittent Testicular Torsion in Adults: An Overlooked Clinical Condition.
Al-Kandari A.M., Kehinde E.O., Khudair S., Ibrahim H., Elsheemy M.S., Shokeir A.A.
Embase
Medical Principles and Practice. 26 (1) (pp 30-34), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 612344326
Objectives: The aim of this study was to describe the management protocol for intermittent testicular torsion (ITT) in adults and report the outcome of this clinical condition, which is commonly overlooked in adults. Subjects and Methods: Sixty-three patients were included in the study. The inclusion criterion was the presence of sudden intermittent testicular pain over a duration of 3 months. All the patients underwent clinical examination, urine analysis, culture, and scrotal ultrasound with Doppler. The testicle was in an abnormal or in transverse lie and/or could easily be twisted. Scrotal support and analgesia were given for 1 month, then patients were offered orchidopexy or conservative treatment. Nineteen patients chose orchidopexy while 44 chose conservative treatment. Follow-up ranged from 3 months to 2 years. The improvement was assessed using a visual analog pain score. The outcome of the treatment was compared between the surgical and conservative groups using a chi² test. Results: The median age of the patients was 28 years (range: 17-50). Of the 19 patients who underwent orchidopexy, the pain resolved or visual analog pain scores improved (median 1/10) in 18 (94.7%) cases. On the other hand, 21 of the 44 (47.7%) cases that chose the conservative approach claimed their pain resolved or improved (visual analog pain scores: median 3/10) with a median of 13 months of follow-up. Conclusion: In this study, scrotal orchidopexy proved to be superior to conservative measures in cases of ITT in adults. Copyright © 2016 S. Karger AG, Basel.
Status
EMBASE
Institution
There is increasing evidence that brain-gut interactions are altered during development of inflammatory bowel diseases (IBDs). Understanding the relationship between the neurobiology, psychological symptoms, and social ramifications of IBD can guide comprehensive care for the whole patient. The most common psychological conditions in patients with IBD are chronic abdominal pain, anxiety, and depression. We review the evidence-based data and rates of these conditions and their respective relationship to IBD and the diagnostic approaches to identify patients with these conditions. Different treatment options for pain and psychosocial conditions are discussed, and new models of team-based IBD care are introduced. Providing the health care provider with tools to diagnose and manage psychological conditions in patients with Crohn's disease or ulcerative colitis is necessary for their total care and should be part of quality-improvement initiatives. Copyright © 2017 AGA Institute
210.
Long-term pain relief with optimized medical treatment including antioxidants and step-up interventional therapy in patients with chronic pancreatitis.
Shalimar, Midha S., Hasan A., Dhingra R., Garg P.K.
Embase
[Article]
AN: 614014789
Background and aim: Abdominal pain is difficult to treat in patients with chronic pancreatitis (CP). Medical therapy including antioxidants has been shown to relieve pain of CP in the short-term. Our aim was to study the long-term results of optimized medical and interventional therapy for pain relief in patients with CP with a step-up approach. Methods: All consecutive patients with CP were included prospectively in the study. They were treated medically with a well-balanced diet, pancreatic enzymes, and antioxidants (9000 IU beta-carotene, 0.54 g vitamin C, 270 IU vitamin E, 600 micro g organic selenium, and 2 g methionine). Endoscopic therapy and/or surgery were offered if medical therapy failed. Pain relief was the primary outcome measure. Results: A total of 313 patients (mean age 26.16 +/- 12.17; 244 males) with CP were included; 288 (92%) patients
had abdominal pain. The etiology of CP was idiopathic in 224 (71.6%) and alcohol in 82 (26.2%). At 1-year follow-up, significant pain relief was achieved in 84.7% of patients: 52.1% with medical therapy, 16.7% with endoscopic therapy, 7.6% with surgery, and 8.3% spontaneously. The mean pain score decreased from 6.36 +/- 1.92 to 1.62 +/- 2.10 (P < 0.001). Of the 288 patients, 261, 218, 112, and 51 patients were followed up for 3, 5, 10, and 15 years, respectively; 54.0%, 57.3%, 60.7%, and 68.8% of them became pain free at those follow-up periods. Conclusion: Significant pain relief is achieved in the majority of patients with optimized medical and interventional treatment. Copyright © 2016 Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd

Status
EMBASE
Institution
(Shalimar, Midha, Hasan, Dhingra, Garg) Department of Gastroenterology, All India Institute of Medical Sciences, New Delhi, India (Hasan) Regency Hospital Limited, Kanpur, India (Dhingra) Artemis Hospital, Gurgaon, India
Country of Publication
Australia
Publisher
Blackwell Publishing (E-mail: info@asia.blackpublishing.com.au)
Date Created
20170113
Year of Publication
2017

211.
Medication-Overuse Headache: Protocols and Outcomes in 149 Consecutive Patients in a Tertiary Brazilian Headache Center.
Krymchantowski A.V., Tepper S.J., Jevoux C., Valenca M.
Embase
Headache. 57 (1) (pp 87-96), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 613955286
Aim: Medication-overuse headache (MOH) is a challenging clinical disorder often resulting in frustration for patients and physicians. Adherence issues are common and limited treatment evidence is an obstacle to effective care. Individual bias usually directs the treatment. The aim of this study was to evaluate outcome and treatment strategies in consecutive MOH patients from a tertiary center. Methods: Every consecutive patient seen between January and December 2014 with the diagnosis of MOH was included. Psychiatric comorbidities, inability to report baseline headache frequency, current or previous 2-month use of preventive medications, and refusal to sign informed consent were exclusion criteria. The patients were evaluated by the same specialist (AVK) in thorough initial consultations. The diagnosis and treatment strategies were clearly explained, and a detailed headache diary was given to all patients. Endpoints were headache frequency and adherence after 2, 4, and 8 months. Results: One hundred sixty-eight patients (31 M, 137 F) met the inclusion criteria. Nineteen patients (11.3%) were excluded. All patients had migraine or chronic migraine as primary headache. Mean baseline frequency was 24.8 headache days/month, average headache history was 20.6 years (1-37), and mean time with > 15 headache days/month was 4.8 years (.5-32). All patients were overusing acute symptomatic medications (SM), and 59 (39.5%) were using more than one pharmacological class. Outpatient withdrawal from overused medications was carried out with all patients, who received different preventive treatment choices and triptan plus NSAID for the acute attacks (maximum of 2 days/week). One hundred and one patients (67.8%) received prednisone during the first 5-7 days. After 2 months, 30 (20.1%) were lost to follow-up, and in those who followed up, the mean headache frequency decreased to 10.7 headache days/month (ITT 13.1). After 4 and 8 months, 109 and 105 patients, respectively, were under treatment, with a mean headache frequency of 7.9 and 8.2 headache days/month. Patients who received prednisone did not perform better than those who did not (P = .3032, 5 d vs no prednisone; P = .639, 7 d vs no prednisone). Conclusions: Withdrawing overused medications, starting prevention, and motivating patients may have helped the high adherence rates and decreasing headache frequency. Additionally, real-world patient studies are scarce and may be useful to guide clinicians struggling to help their daily headache patients. Open studies do not allow definitive conclusions and controlled studies with this subset of patients are necessary. Copyright © 2016 American Headache Society

Status
EMBASE
Institution
(Krymchantowski, Jevoux) Headache Center of Rio, Rio de Janeiro, Brazil  (Tepper) Geisel School of Medicine at Dartmouth, Hanover, NH, United States 
(Valenca) Universidade Federal de Pernambuco, Recife, Brazil 
Country of Publication
United States
Chronic abdominal pain is a complex physical and psychological problem that requires comprehensive treatment options tailored to the needs of patients. Splanchnic nerve blocks and radiofrequency denervation of greater and lesser splanchnic nerves may provide prolonged treatment effect that still needs to be studied in a randomized prospective fashion. Here we describe improved fluoroscopy-guided technique for the radiofrequency ablation of splanchnic nerves, details on approach, technique, and potential complications. Copyright © 2016 Elsevier Inc.
Microscopic colitis (MC) is a relatively common cause of chronic watery diarrhea, especially in older persons. Associated symptoms, including abdominal pain and arthralgias, are common. The diagnosis is based upon characteristic histological findings in the presence of diarrhea. The two types of MC, collagenous and lymphocytic colitis, share similar clinical features, with the main difference being the presence or absence of a thickened subepithelial collagen band. There are several treatment options for patients with MC, although only budesonide has been well studied in multiple controlled clinical trials. This review will describe the clinical features, epidemiology, pathophysiology, diagnostic criteria, and treatment of patients with MC. Copyright © 2017 by the American College of Gastroenterology.
Effectiveness of treatment for pelvic congestion syndrome.
Embase
Phlebolymphology. 23 (3) (pp 154-161), 2016. Date of Publication: 2016.
[Article]
AN: 613959813
Pelvic congestion syndrome accounts for approximately 16% to 31% of patients suffering from chronic pelvic pain, and it is the second most frequent cause of pelvic pain after endometriosis. It is a poorly understood disease, and various treatments have been suggested in the past. Hormonal treatment, which suppresses ovarian function, demonstrated varying results.
Hysterectomy with salpingooophorectomy used to be the second option for treatment, though efficacy of this treatment is disputable. In the more recent past, endovascular techniques for abolishing pelvic vein incompetence have been introduced with varying success. Additionally, deep venous obstruction caused by left renal vein entrapment or iliac vein compression has been identified as an important component of pelvic pain. Percutaneous endovenous techniques seem to be the best alternative as the initial treatment option. Several studies have also suggested that psychosocial factors weigh heavily on treatment outcomes, so concurrent psychotherapy may be useful when treating these patients. Future research should focus on reproducibility of treatment procedures, and randomized controlled trials should determine whether treatment of pelvic venous obstruction or incompetence is useful in relieving chronic pelvic pain. Then, properly designed studies should identify the importance of treating obstruction before incompetence. Finally, the additive effect of psychotherapy should be investigated. Copyright © LLS SAS. All rights reserved.
Status
EMBASE
Institution
(Kurstjens, Wittens) Department of Vascular Surgery, Maastricht University Medical Centre+, Cardiovascular Research Institute Maastricht, Maastricht, Netherlands (Kurstjens, Wittens) Department of Obstetrics and Gynaecology, Haga Teaching Hospital, The Hague, Netherlands (Whiteley) The Whiteley Clinic, Faculty of Health and Biomedical Sciences, University of Surrey, Guildford, United Kingdom (Wittens) Department of Vascular Surgery, University Hospital Aachen, Aachen, Germany
Pelvic congestion syndrome (PCS) has no clear etiology and the diagnosis relies on precise investigation techniques. PCS patients present with chronic symptoms in the area of the pelvis, which may have various etiologies; therefore, before any treatment is administered, it is important to exclude other medical conditions that may cause similar symptoms. Treatment options include cognitive behavioral pain management using psychotherapy; medical management that combines pain relief and, if the pain has a cyclical component, hormone suppression; endovenous procedures, such as coil or foam sclerotherapy; and surgery. The choice of treatment depends on symptom severity and the presence of vulvar and lower limb varicose veins. Initially, a medical approach should be offered, reserving surgery for resistant cases and patients who present with side effects to the medical treatment. In the majority of women, medroxyprogesterone acetate (MPA) or goserelin acetate effectively reduced pain and the size of the varicose veins. MPA and micronized purified flavonoid fraction provide short-term improvement, but no data are available on their long-term efficacy. Surgery has progressively been replaced by endovenous procedures with distal embolization of the refluxed veins using a coil and/or a foam sclerosant, and/ or by ballooning and stenting the iliac vein compression. Currently, no standard approach is available for the management of PCS; therefore, therapies should be individualized based on symptoms and the patient's needs. Copyright © LLS SAS. All rights reserved.
New developments in the pharmacotherapy of neuropathic chronic pelvic pain.
Carey E.T., As-Sanie S.

Embase
[Review]
AN: 613855633

Advancements in further understanding the pathophysiology of chronic pelvic pain syndromes continue to direct therapy. The mechanisms of chronic pelvic pain are often multifactorial and therefore require a multidisciplinary approach. The final treatment plan is often an accumulation of organ-specific treatment and chronic pain medications directed to the CNS and PNS. This article is a review of commonly used medications for chronic pelvic neuropathic pain disorders as well as an introduction to recent innovative developments in pain medicine. Lay abstract Chronic nonmalignant pain, regardless of the cause, is a difficult disease to treat. While currently managed with a variety of medications, few alone are clinically effective. Often, many medications
and therapies are used in combination to provide the maximum benefit for the patient. Several new medications listed below are being developed and applied to chronic pelvic pain. Copyright © 2016 Erin T Carey, MD MSCR.

Nonpharmacologic Treatment of Pain.
Agoston A.M., Sieberg C.B.

Pain is a complex biopsychosocial experience that is influenced by neurological processes and psychosocial factors. Systematic reviews and meta-analyses of randomized controlled trials of psychological interventions have demonstrated evidence for psychological approaches in treating procedural pain and multiple types of chronic pain, including headaches, abdominal pain, and musculoskeletal pain. This article is directed toward clinicians and would provide an overview of cognitive-behavioral therapy, including specific cognitive-behavioral techniques for pediatric pain. A review is provided of preparation and psychoeducation, distraction, exposure and psychological
desensitization, relaxation techniques, additional cognitive and behavioral therapy, exercise and alternative options, use of technology, multicomponent approaches, and final considerations in treating acute and chronic pain. It is important to consider multiple characteristics of the child when selecting an intervention for chronic pain, which are reviewed in the article. Copyright © 2016 Elsevier Inc.

Status
EMBASE
Institution
(Agoston) Department of Psychiatry, Boston Children's Hospital, Boston, MA, United States
(Agoston, Sieberg) Biobehavioral Pediatric Pain Lab, Boston Children's Hospital, Boston, GA, United States
(Agoston, Sieberg) Department of Anesthesiology, Perioperative and Pain Medicine, Boston Children's Hospital, Boston, MA, United States
(Sieberg) Department of Psychiatry, Harvard Medical School, Boston, MA, United States
Country of Publication
United States
Publisher
W.B. Saunders
Date Created
20170111
Year of Publication
2016

218.
Laparoscopic Adhesiolysis in Chronic Abdominal Pain: 15-Year Follow-up Study.
Paajanen P., Fagerstrom A., Paajanen H.
Embase
[Article In Press]
AN: 613994550
BACKGROUND/GOAL:: Intra-abdominal adhesions are probably underdiagnosed cause for chronic abdominal pain. Our aim was to evaluate late (>10 y) effect of laparoscopic adhesiolysis on chronic abdominal pain. STUDY:: This was a nonrandomized follow-up study of 68 patients (9
males, 59 females) who suffered chronic abdominal pain. The index operation (laparoscopy and
adhesiolysis; n=72 patients) was performed during 1997 to 2001. A quality-of-life questionnaire
was asked after the mean follow-up time of 15 years. The hospital records of patients,
reoperations for chronic abdominal pain, and full medical history were also reviewed. RESULTS::
Patients reported that adhesion-related pain was abolished or diminished in 90% during 15-year
follow-up, but still 28 (41%) complained about some abdominal symptom. One third of the
patients used pain-relieving medication or proton-pump inhibitors to relieve their symptoms.
Furthermore, 46 (68%) patients had contacted medical service for reexamination of abdominal
discomfort and 16 (24%) were reoperated because of some abdominal disease. When the
patients with dense adhesions versus no or minimal adhesions were compared in the long term,
no difference in the response of pain was noticed after 15 years of adhesiolysis.
CONCLUSIONS:: In carefully selected patients suffering from chronic abdominal pain, the
positive effect of laparoscopic adhesiolysis stands beyond 15 years after the surgery. Although
the patients reported relief of pain they still had various abdominal symptoms. Copyright © 2017
Wolters Kluwer Health, Inc. All rights reserved.
Status
ARTICLE IN PRESS
Institution
(Paajanen) *School of Medicine, Faculty of Health Sciences, University of Eastern Finland
+Department of Gastrointestinal Surgery, Kuopio University Hospital, Kuopio ++Department of
Surgery, Mikkeli Central Hospital, Mikkeli, Finland
Country of Publication
United States
Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Date Created
20170110
Year of Publication
2017

Incidence and severity of chronic pain after caesarean section: A systematic review with meta-
analysis.
BACKGROUND The frequency of caesarean section has increased dramatically in recent decades. Despite this, robust data regarding the consequences of caesarean section in terms of developing chronic postsurgical pain (CPSP) are still lacking. OBJECTIVE This systematic review analysed the incidence and severity of CPSP in women 3 to less than 6, 6 to less than 12, and at least 12 months after caesarean section. DESIGN Systematic review of prospective and retrospective observational studies and randomised controlled trials with meta-analysis. DATA SOURCE We searched MEDLINE to May 2015. ELIGIBILITY CRITERIA We included all studies investigating the incidence and/or severity of CPSP at least 3 months after caesarean section. The primary outcome was chronic postsurgical wound pain (CPSP 'wound'). Secondary outcomes were persistent pain in the back area, pelvic region or reported as residual pain, and severity of 'birthrelated' chronic pain. RESULTS Meta-analysis using the random-effects model based on 15 studies (n=4475) reporting CPSP 'wound' at 3 to less than 6 months after caesarean section revealed an incidence of 15.4% [95% confidence interval (CI): 9.9 to 20.9%]. For 6 to less than 12 and at least 12 months after caesarean section, the incidence of CPSP 'wound' was estimated at 11.5% (95% CI: 8.1 to 15.0%, n=3345) and 11.2% (95% CI: 7.4 to 15.0%, n=3451), respectively. Meta-regression analysis using the publication year as predictor revealed stable CPSP 'wound' incidences at each postoperative time slot from 2002 to the present. Of those patients who reported chronic pain, 9.6% (95% CI: 0.0 to 21.0%) had severe pain, 23.5% (95% CI: 10.0 to 37.0%) had moderate pain and 49.2% (95% CI: 18.9 to 79.4%) had mild pain at 6 months. LIMITATIONS Major limitations are high statistical heterogeneity of the meta-analyses and inconsistencies in reporting severity of chronic 'birth-related' pain. CONCLUSION This meta-analysis finds a clinically relevant incidence of CPSP 'wound' after caesarean section ranging from 15% at 3 months to 11% at 12 months or longer that has been largely stable in recent years.
Comparison of the efficiency of combined extracorporeal shock-wave therapy and triple therapy versus triple therapy itself in Category III B chronic pelvic pain syndrome (CPPS).

Pajovic B., Radojevic N., Dimitrovski A., Vukovic M.

Embase

Aging Male. 19 (3) (pp 202-207), 2016. Date of Publication: 02 Jul 2016.

The aim of this study is to determine the effect of combining extracorporeal shock-wave therapy (ESWT) and triple therapy versus triple therapy alone, when treating Category III B chronic prostatitis (CPPS). Study included 60 patients, classified as having CPPS, divided into two groups: the first group numbered 30 patients, who were treated with a combination of an alpha-blocker, an anti-inflammatory agent and a muscle relaxant; the second group consisted of 30 patients who received a combination of ESWT and the fore-mentioned triple therapy. Patients were treated for 12 weeks. The primary criterion of a response to therapy was scoring 2 or less on the NIH-CPSI quality of life item, while the secondary criterion of a response to therapy was a greater than a 50% reduction in NIH-CPSI pain score. Patients who received triple therapy did not show a significant change neither in post void residual urine (PVR) nor in maximum flow rate (QMAX), while the second group of patients exhibited significant improvement in both PVR and QMAX values. Both groups of patients showed statistically significant improvement in all items of the NIH-CPSI score after the treatment, with significantly better results in the second group.

Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

EMBASE
221.
Efficacy of bee venom phonphoresis in treatment of chronic pelvic inflammatory diseases.
Mohamed E.A., Ewida M.M.
Embace
[Article]
AN: 613711211
Background: Pelvic inflammatory disease (PID) is an infectious and inflammatory disorder of the
upper female genital tract affects more than one million women each year. Women with PID are
more likely to have infertility and chronic pelvic pain. Purpose of the study: This study investigated
the effect of bee venom phonophoresis in treating women having chronic pelvic inflammatory
disease. Methodology: A clinical controlled trial on thirty women diagnosed as PID from Out
Patient Clinic of Gynecology Department, SidiSalm Hospital, between March 2015 and April 2016
participated in this study. They were equally divided into two groups, group (A) treated by
Doxycycline100 mg/day and group (B) treated by bee venom phonophoresis (Bee venom
concentration 20microgarm / one gram gel) on suprapubic region for 20 minutes, 3 times per
week for 12 sessions, in addition to medical drug given in group (A). Assessment of patients in
both groups (A&B) was carried out before and after 12 sessions of the treatment through blood
samples to measure the level of C - reactive protein (CRP) and present pain intensity (PPI) scale
for assessment of pain. Results: Showed a statistically significant reduction P<0.0001 in inflammation assessed by CRP in both groups post treatment when compared with pre treatment with high percentage of improvement, in group B was 82.39%. Also, there was noticeable reduction in pain assessed by PPI scale in both group post treatment favoring group B as 26.7% of females in group B were completely free from pain. Conclusion: Bee venom phonophoresis can be considering an additive method in improving curing of pelvic inflammatory disease.

Copyright © 2016, Sphinx Knowledge House. All rights reserved.

Status
EMBASE
Institution
(Mohamed) Obstetrics and Gynecology Department, Faculty of Physical Therapy, Egypt (Ewida)
Basic Science Department, Faculty of Physical Therapy.kafer- El sheikh University, Egypt
Country of Publication
India
Publisher
Sphinx Knowledge House (E-mail: info@sphinxsai.com)
Date Created
20170103
Year of Publication
2016

222.
Intravenous Versus Oral Acetaminophen for Pain Control in Neurocritical Care Patients.
Nichols D.C., Nadpara P.A., Taylor P.D., Brophy G.M.
Embase
Neurocritical Care. 25 (3) (pp 400-406), 2016. Date of Publication: 01 Dec 2016.
[Article]
AN: 611007731
Background: Acetaminophen (APAP) is used in neurocritical care (NCC) patients for analgesia without sedation or antiplatelet activity. Research suggests that intravenous (IV) APAP produces earlier and higher serum levels compared to oral (PO) APAP. This retrospective study evaluates the associated analgesic effects of IV and PO APAP and use of adjunctive opioids in NCC patients with moderate-severe pain. Methods: Patients admitted to the neuroscience intensive
care unit (NSICU) between May 2012 and April 2013 who received >=1 dose of IV APAP were included in the study. IV and PO APAP doses administered with a predose pain score >=4 within 1 h of dosing were compared. Pain intensity difference (PID) was calculated as the change between the pain score prior to each dose and scores at 30 min, 1, 2, 3, and 6 h postdose. Pre- and postdose morphine milligram equivalents (MME) were also calculated. Results: 309 NSICU patients received 459 doses of IV and 440 doses of PO APAP meeting our inclusion criteria. The PID at 30 min postdosing was significantly higher among those receiving IV APAP compared to those receiving PO APAP (p = 0.003). No significant difference in PID was seen at 1, 2, 3, and 6 h; and there was no significant difference in pre- or postdose MME between the two groups. Conclusion: IV APAP was more effective than PO APAP at relieving pain within 30 min of dosing, but this difference was not sustained over 6 h. Further studies are needed to assess the benefits of this rapid onset of action. Copyright © 2016, Springer Science+Business Media New York.

Status
EMBASE
Institution
(Nichols, Nadpara, Taylor, Brophy) Virginia Commonwealth University School of Pharmacy, Richmond, VA, United States (Nichols, Taylor, Brophy) Virginia Commonwealth University Medical Center, Richmond, VA, United States (Brophy) Department of Pharmacotherapy & Outcomes Science, Virginia Commonwealth University School of Pharmacy, 410 N 12th Street, P.O. Box 980533, Richmond, VA 23298-0533, United States
Country of Publication
United States
Publisher
Humana Press Inc. (E-mail: humana@humanapr.com)
Date Created
20170102
Year of Publication
2016

223.
Vaginal and laparoscopic mesh hysteropexy for uterovaginal prolapse: a parallel cohort study.
Background There is growing interest in uterine conservation at the time of surgery for uterovaginal prolapse, but limited data compare different types of hysteropexy. Objective We sought to compare 1-year efficacy and safety of laparoscopic sacral hysteropexy and vaginal mesh hysteropexy. Study Design This multicenter, prospective parallel cohort study compared laparoscopic sacral hysteropexy to vaginal mesh hysteropexy at 8 institutions. We included women ages 35-80 years who desired uterine conservation, were done with childbearing, and were undergoing 1 of the above procedures for stage 2-4 symptomatic anterior/apical uterovaginal prolapse (anterior descent at or beyond the hymen [Aa or Ba >= 0] and apical descent at or below the midvagina [C >= -TVL/2]). We excluded women with cervical elongation, prior mesh prolapse repair, cervical dysplasia, chronic pelvic pain, uterine abnormalities, and abnormal bleeding. Cure was defined as no prolapse beyond the hymen and cervix above midvagina (anatomic), no vaginal bulge sensation (symptomatic), and no reoperations. Pelvic Organ Prolapse Quantification examination and validated questionnaires were collected at baseline and 12 months including the Pelvic Floor Distress Inventory Short Form, Female Sexual Function Index, and Patient Global Impression of Improvement. In all, 72 subjects/group were required to detect 94% vs 75% cure (80% power, 15% dropout). Intention-to-treat analysis was used with logistic regression adjusting for baseline differences. Results We performed 74 laparoscopic sacral hysteropexy and 76 vaginal mesh hysteropexy procedures from July 2011 through May 2014. Laparoscopic patients were younger (P <.001), had lower parity (P =.006), were more likely premenopausal (P =.008), and had more severe prolapse (P =.02). Laparoscopic procedure (174 vs 64 minutes, P <.0001) and total operating time (239 vs 112 minutes, P <.0001) were longer. There were no differences in blood loss, complications, and hospital stay. One-year outcomes for the available 83% laparoscopic and 80% vaginal hysteropexy patients revealed no differences in anatomic (77% vs 80%; adjusted odds ratio, 0.48; P =.20), symptomatic (90% vs 95%; adjusted odds ratio, 0.40; P =.22), or composite (72% vs 74%; adjusted odds ratio, 0.58; P =.27) cure. Mesh exposures occurred in 2.7% laparoscopic vs 6.6% vaginal hysteropexy (P =.44). A total of 95% of each group were very much better or much better. Pelvic floor symptom and sexual function scores improved for both groups with no difference between groups. Conclusion Laparoscopic sacral hysteropexy and vaginal mesh hysteropexy had similar 1-year cure rates and high satisfaction. Copyright © 2016 Elsevier Inc.
Risk factors associated with renal involvement in childhood Henoch-Schonlein purpura: A meta-analysis.
Embase
[Article]
AN: 613465191
Background and objective: Henoch-Schonlein purpura (HSP) is an important cause of chronic kidney disease in children. This meta-analysis identified risk factors associated with renal involvement in childhood HSP. Methods: PubMed, Embase, and Web of Science were searched.
The quality of all eligible studies was assessed using the Newcastle-Ottawa scale criteria. An analysis of possible risk factors was conducted to report the odds ratio (OR) and weighted mean difference (WMD). Results: Thirteen studies (2398 children) revealed 20 possible and 13 significant risk factors associated with renal involvement in HSP, with the following meta-analysis estimates of OR and WMD, with 95% confidence intervals: older age (0.90, 0.61-1.19); age > 10 y (3.13, 1.39-7.07); male gender (1.36, 1.07-1.74); abdominal pain (1.94, 1.24-3.04); gastrointestinal bleeding (1.86, 1.30-2.65); severe bowel angina (3.38, 1.17-9.80); persistent purpura (4.02, 1.22-13.25); relapse (4.70, 2.42-9.14); WBC > 15 x 10⁹/L (2.42, 1.39-4.22); platelets > 500 x 10⁹/L (2.98, 1.22-7.25); elevated antistreptolysin O (ASO) (2.17, 1.29-3.64); and decreased complement component 3 (C3) (3.13, 1.62-6.05). Factors not significantly associated with renal involvement were: blood pressure; orchitis; elevated C-reactive protein; elevated erythrocyte sedimentation rate (ESR); and elevated serum IgA/IgE or IgG. Arthritis/arthralgia may be a risk factor according to the criteria of the American College of Rheumatology (1.41, 1.01-1.96). Conclusion: The following are associated with renal involvement in pediatric HSP: male gender; > 10 y old; severe gastrointestinal symptoms (abdominal pain, gastrointestinal bleeding, and severe bowel angina); arthritis/arthralgia; persistent purpura or relapse; WBC > 15 x 10⁹/L; platelets > 500 x 10⁹/L; elevated ASO; and low C3. Relevant clinical interventions for these risk factors may exert positive effects on the prevention of kidney disease during the early stages of HSP. However, the results should be interpreted cautiously due to the limitations of the studies.

Copyright © 2016 Chan et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Status
EMBASE
Institution
(Chan, Tang, Lv, Zhang, Wang, Yang, Li) Department of Nephrology, Key Laboratory of the Ministry of Education, Children's Hospital of Chongqing Medical University, Chongqing, China
Country of Publication
United States
Publisher
Public Library of Science (E-mail: plos@plos.org)
Date Created
20161229
Year of Publication
2016
Secondary conditions in a community sample of people with spinal cord damage.

New P.W.
Embase
[Article]
AN: 611286373

Objective: To compare secondary conditions in people with traumatic spinal cord injury (SCI) and non-traumatic spinal cord dysfunction (SCDys). Design: Survey; completed August 2012-June 2013. Setting: Community, Australia. Participants: Adults with spinal cord damage from any cause. Interventions: Nil. Outcome Measures: Demographic and clinical variables and the SCI-Secondary Conditions Scale (SCI-SCS). Results: Survey completed by 150 people: 112 (74.7%) with traumatic SCI and 38 (25.3%) with non-traumatic SCDys a median of 10 years post onset. No significant difference (t = -0.6, P = 0.6) in the total SCI-SCS score between those with SCI (mean 13.7) and SCDys (mean 14.4). Except for bladder problems (SCDys mean = 1.5, SD = 1.1; SCI mean = 1.0, SD=1.1; t = -2.6, P = 0.01) there were no significant differences between the aetiology groups regarding the conditions comprising the SCI-SCS (all other P values >0.1). The most common significant or chronic problems from the SCI-SCS were: sexual problems 41%; chronic pain 24%; bladder dysfunction 17%; spasms 17%; joint and muscle pain 15%; bowel dysfunction 14%; circulation problems 14%; contractures 9%; urinary tract infections 9%; pressure ulcer 7% and postural hypotension 5%. A linear regression analysis found that tetraplegia and higher disability were the only variables that significantly influenced (R2 = 0.13; P = 0.005) the total SCI-SCS score and that sex, age, years post injury and etiology of spinal cord damage had no influence. Conclusions: Secondary conditions following spinal cord damage do not appear to be influenced by etiology. Prevention and management of secondary conditions following need to consider people with non-traumatic SCDys as well as those with traumatic SCI.


Status
EMBASE

Institution
(New) Spinal Rehabilitation Service, Caulfield Hospital, Alfred Health, Melbourne, VIC, Australia
(New) Principal Researcher, Epworth-Monash Rehabilitation Medicine Unit, Southern Medical School, Monash University, Melbourne, VIC, Australia
226.

Effectiveness of thermal balloon ablation versus NovaSure endometrial ablation in different age groups.

Hussain N., Barnes G., Aziz N.L.

Embase

Gynecological Surgery. 13 (4) (pp 415-418), 2016. Date of Publication: 01 Nov 2016.

[Review]

AN: 612449987

The aim of this study is to compare the frequency of amenorrhoea, overall satisfaction and hysterectomy after thermal balloon ablation (TBA) versus NovaSure endometrial ablation (NA) in women at different ages, being the commonest ablation devices used currently in the UK. It is a retrospective review of women who had endometrial ablation, using TBA or NA, at the Pennine Acute Trust, between 2009 and 2012. Patients were grouped into two cohorts: those aged up to 45 years and those of 46 years or more. A telephone questionnaire was used to assess patient's pattern of bleeding after the procedure, and if they needed further management including medical or surgical intervention. It also looked at the overall satisfaction. In group A (45 years old or less), the amenorrhoea rate was 44 % after NovaSure and 23 % after TBA. Satisfaction was equal at around 80 % in both groups. Hysterectomy rates were 23 % in the TBA group and 20.8 % in the NovaSure group. In group B (46 years old or more), the amenorrhoea rate was 57 % after TBA and 50 % after NovaSure. Satisfaction rates were similar. However, hysterectomy rates were 10 % after TBA for persistent heavy periods and 8 % after NovaSure. In conclusion, NA ablation is more effective than TBA in achieving amenorrhoea in younger women and should be the
preferred treatment option. Failure of ablation and/or hysterectomy rates were higher in younger women, especially those with dysmenorrhoea and after TBA. This highlights the necessity for careful selection of the treatment modality especially for younger women with HMB and for clear patient counselling. Copyright © 2016, Springer-Verlag Berlin Heidelberg.

Status
EMBASE
Institution
(Hussain, Barnes, Aziz) Women and children, Pennine Acute Hospitals NHS Trust, Rochdale Road, Oldham, Lancashire OL1 2JH, United Kingdom
Country of Publication
Germany
Publisher
Springer Verlag (E-mail: service@springer.de)
Date Created
20161228
Year of Publication
2016

227.
Fractional CO2 Laser Treatment of the Vestibule for Patients with Vestibulodynia and Genitourinary Syndrome of Menopause: A Pilot Study.
Murina F., Karram M., Salvatore S., Felice R.
Embase
[Article]
AN: 613503303
Introduction Chronic vulvar pain and burning remains one of the most perplexing problems faced by practicing gynecologists. Aim To evaluate the effectiveness and safety of the application of micro-ablative fractional CO2 laser to the vulvar vestibule in the management of patients with vulvar pain from vestibulodynia or genitourinary syndrome of menopause. Methods Patients (N = 70) underwent fractional micro-ablative CO2 laser treatment for vestibular pain plus vestibulodynia (n = 37) or genitourinary syndrome of menopause (n = 33). Inclusion criteria were the existence of vestibular atrophic changes and the absence of moderate or severe pelvic floor
hypertonic dysfunction. Main Outcome Measures A visual analog scale of pain and the Marinoff score of dyspareunia were chosen to evaluate improvement. Grading of vestibular health also was quantified using a four-point scoring system (0 = no atrophy, 3 = severe atrophy). Data were collected at baseline, at weeks 4, 8, and 12, and 4 months after the final treatment. Results For visual analog scale and dyspareunia scoring and for the overall vestibular health index scoring, statistically significant improvement was noted after three sessions of vestibular fractional CO2 laser treatment. Improvement gradually increased throughout the study period and was maintained through the 4-month follow-up visit. There was no statistically significant difference in outcomes between the two study groups. No adverse events from fractional CO2 laser treatment were noted. Overall, 67.6% of patients stated significant improvement from the laser procedure. Conclusion This preliminary case series showed encouraging results using fractional CO2 laser treatment of the vestibule in women with vestibulodynia and genitourinary syndrome of menopause. Copyright © 2016 International Society for Sexual Medicine

Embase

Gut. (no pagination), 2016. Date of Publication: December 09, 2016.

[Article In Press]

AN: 613865711

Objective The benefits of pancreatic enzyme replacement therapy (PERT) in chronic pancreatitis (CP) are inadequately defined. We have undertaken a systematic review and meta-analysis of randomised controlled trials of PERT to determine the efficacy of PERT in exocrine pancreatic insufficiency (EPI) from CP. Design Major databases were searched from 1966 to 2015 inclusive. The primary outcome was coefficient of fat absorption (CFA). Effects of PERT versus baseline and versus placebo, and of different doses, formulations and schedules were determined. Results A total of 17 studies (511 patients with CP) were included and assessed qualitatively (Jadad score). Quantitative data were synthesised from 14 studies. PERT improved CFA compared with baseline (83.7+/-6.0 vs 63.1+/-15.0, p<0.00001; I2=89%) and placebo (83.2 +/-5.5 vs 67.4+/-7.0, p=0.0001; I2=86%). PERT improved coefficient of nitrogen absorption, reduced faecal fat excretion, faecal nitrogen excretion, faecal weight and abdominal pain, without significant adverse events. Follow-up studies demonstrated that PERT increased serum nutritional parameters, improved GI symptoms and quality of life without significant adverse events. High-dose or enteric-coated enzymes showed a trend to greater effectiveness than low-dose or non-coated comparisons, respectively. Subgroup, sensitive and metaregression analyses revealed that sample size, CP diagnostic criteria, study design and enzyme dose contributed to heterogeneity; data on health inequalities were lacking. Conclusions PERT is indicated to correct EPI and malnutrition in CP and may be improved by higher doses, enteric coating, administration during food and acid suppression. Further studies are required to determine optimal regimens, the impact of health inequalities and long-term effects on nutrition. 

Copyright © 2016 BMJ Publishing Group Ltd & British Society of Gastroenterology.

Status

ARTICLE IN PRESS

Institution

(de la Iglesia-Garcia, Huang, Szatmary, Mukherjee, Nunes, Sutton) NIHR Liverpool Pancreas Biomedical Research Unit, Royal Liverpool University Hospital, University of Liverpool, Liverpool, UK

(de la Iglesia-Garcia, Baston-Rey, Dominguez-Munoz) Department of Gastroenterology and Hepatology, University Hospital of Santiago de Compostela, Compostela, Spain
Development of a Microscopic Colitis Disease Activity Index: A prospective cohort study.


[Article In Press]
AN: 613865669

Objective Microscopic colitis (MC) is a common cause of chronic diarrhoea, often with additional symptoms. No validated instruments exist to assess disease activity in MC, making it difficult to compare efficacy of treatments between clinical trials. We aimed to identify clinical features that independently predicted disease severity and create a Microscopic Colitis Disease Activity Index (MCDAI). Design Patients with MC were prospectively administered a survey assessing their GI symptoms and the IBD Questionnaire (IBDQ). A single investigator also scored a physician global assessment (PGA) of disease severity on a 10-point scale. Multiple linear regression identified which symptoms best predicted the PGA. These symptoms were then combined in a weighted formula to create the MCDAI. The relationship between MCDAI and the IBDQ was investigated. Results Of the 175 patients enrolled, 13 (7.4%) did not complete the survey. The remaining 162
had a median age of 66 years (range, 57-73) and 74% were female. Several clinical features were independently associated with PGA (number of unformed stools daily, presence of nocturnal stools, abdominal pain, weight loss, faecal urgency and faecal incontinence). These parameters were combined to create the MCDAI, which strongly predicted the PGA (R²=0.80). A 1-unit decrease in disease activity (deltaMCDAI) was associated with a 9-unit increase in quality of life (deltaIBDQ). Conclusions The MCDAI strongly predicted the PGA and correlated with a validated measure of quality of life. Several symptoms in addition to diarrhoea are associated with disease severity in MC. Copyright © 2016 BMJ Publishing Group Ltd & British Society of Gastroenterology.

Status
ARTICLE IN PRESS
Institution
(Cotter, Binder) Department of Internal Medicine, Mayo Clinic, Rochester, Minnesota, USA
(Loftus, Abboud, McNally, Tremaine, Pardi) Divisions of Gastroenterology and Hepatology, Mayo Clinic, Rochester, Minnesota, USA
(Smyrk) Department of Anatomic Pathology, Mayo Clinic, Rochester, Minnesota, USA
(Sandborn) Division of Gastroenterology, University of California San Diego, La Jolla, California, USA
Country of Publication
United Kingdom
Publisher
BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com)
Date Created
20161228
Year of Publication
2016

Polyarteritis nodosa in north India: Clinical manifestations and outcomes.
Embase
Objective: There has been a significant decrease in the number of published reports of classical polyarteritis nodosa (PAN) in the post-Chapel Hill consensus conference (CHCC) nomenclature era with only two series published from Asia. We report a case series of PAN from north India.

Patients and Methods: A retrospective study of all patients diagnosed to have PAN according to American College of Rheumatology criteria/CHCC nomenclature. The details of clinical presentation, investigation findings, treatment details and outcomes were noted from the records. These findings between the hepatitis B positive and negative groups were compared. Results: Twenty-seven patients (20 male, seven female) were diagnosed as having PAN, out of which seven (25.9%) were hepatitis B surface antigen positive. Nervous system involvement was most common with 24 patients (88.9%) having mononeuritis multiplex. Weight loss was present in 20 (74%), fever in 14 (51.9%), renal involvement in 16 (59.3%), cutaneous in nine (33.3%), peripheral gangrene in eight (29.6%), gastrointestinal (GI) involvement in eight (29.6%), testicular pain in 6/20 (30%) and cardiac involvement in four (14.8%). Twenty-three (85.2%) patients recovered, three died (11.1%) and one was lost to follow-up. Median follow-up duration was 37 (interquartile range 22.00-69.75) months. The cumulative survival was 114.16 months (95% CI: 98.27-129.95). There was no significant difference in five factor score (FFS) or revised FFS between those patients who died and those who survived (P = 0.248, 0.894, respectively). Hepatitis B-related PAN had a lower FFS compared to non-hepatitis B-related PAN (P = 0.039). No other significant differences were noted between the two groups. Conclusion: In comparison to classic PAN in other populations, classic PAN in north India is associated with higher neurological involvement and lower GI involvement.
Diagnostic Value of Fecal Calprotectin (S100 A8/A9) Test in Children with Chronic Abdominal Pain.


Embase

Gastroenterology Research and Practice. 2016 (no pagination), 2016. Article Number: 8089217.

Date of Publication: 2016.

[Article]

AN: 613480658

Objectives. The aim of the study was to establish whether fecal calprotectin concentration (FCC) may be useful in children with chronic abdominal pain to differentiate between inflammatory bowel disease (IBD), other inflammatory gastrointestinal disorders, and functional gastrointestinal disorders. Methods. The study included 163 patients (median age 13 years), who were assigned to four study groups: group 0 (control), 22 healthy children; group 1, 33 children with functional gastrointestinal disorders; group 2, 71 children with inflammatory gastrointestinal disorders other than IBD; group 3, 37 children with IBD. FCC was measured using ELISA assay. Results. In
group 0 and group 1 FCCs were below 100 mug/g. Low FCCs were found in 91% of patients in
group 2. In patients with IBD FCCs were markedly elevated with median value of 1191.5 mug/g.
However, in children with inflammatory gastrointestinal disorders other than IBD and in children
with IBD mean FCCs were significantly higher compared with the control group. Significant
differences in FCCs were also found between group 1 and group 2, between group 1 and group
3, and between group 2 and group 3. Conclusion. FCC is the best parameter allowing for
differentiation between IBD, other inflammatory gastrointestinal disorders, and functional
gastrointestinal disorders. High FCC is associated with a high probability of IBD and/or other
inflammatory gastrointestinal disorders, and it allows excluding functional gastrointestinal
disorders. Copyright © 2016 Stanislaw Pieczarkowski et al.

Status
EMBASE

Author NameID
Pieczarkowski, Stanislaw; ORCID: http://orcid.org/0000-0001-7680-0969 Wedrychowicz,
Andrzej; ORCID: http://orcid.org/0000-0003-1448-167X
Kwinta, Przemko; ORCID: http://orcid.org/0000-0002-3017-0348
Tomasik, Przemyslaw; ORCID: http://orcid.org/0000-0002-2061-999X

Institution
(Piezczarkowski, Kowalska-Duplaga, Wedrychowicz, Fyderek) Department of Pediatrics,
Gastroenterology and Nutrition, Pediatric Institute College of Medicine, Jagiellonian University,
Cracow, Poland   (Kwinta) Department of Pediatrics, Pediatric Institute College of Medicine,
Jagiellonian University, Cracow, Poland
(Tomasik) Department of Clinical Biochemistry, Pediatric Institute College of Medicine,
Jagiellonian University, Cracow, Poland

Country of Publication
United States

Publisher
Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022,
United States)

Date Created
20161226

Year of Publication
2016


Embase

Human Reproduction Update. 22 (6) (pp 762-774), 2016. Date of Publication: 01 Nov 2016.

[Article]

AN: 613479598

BACKGROUND: Sexual function is an important aspect of health and quality of life and is influenced by both medical conditions and health-care interventions, especially when gynecologic disorders are involved. Coital pain is among the main factors that affect sexual functioning, and this symptom is reported by almost half of women suffering from endometriosis. However, sexuality is a complex phenomenon driven by social, psychological and biological/hormonal factors and the presence of endometriosis might further affect domains of sexual function and the quality of a sexual relationship. OBJECTIVE AND RATIONALE: The objective of this report is to review the current state of knowledge on the impact that endometriosis and its treatments have on the sexual function of women and their sexual partners. SEARCH METHODS: A systematic literature search was performed to identify studies evaluating sexual function in endometriosis patients, and a narrative analysis of results is presented. The review discusses relevant quantitative and qualitative studies analyzing the effect of endometriosis and its hormonal and surgical treatments on measures of sexual function and quality of sexual relationship.

OUTCOMES: Endometriosis negatively affects different domains of sexual function, and the presence of dyspareunia is not the only determinant of sexual health in these women. Chronic pelvic pain, advanced stages of disease and the presence of physical and mental comorbidities affect sexual function, as well as personality traits and women's expectations. Although a number of studies have evaluated the effect of surgery and hormonal treatment on deep dyspareunia, overall sexual function and quality of the relationship with the partner are often under-investigated. WIDER IMPLICATIONS: Multiple clinical and personal determinants affect sexual function in women with endometriosis, with potentially negative consequences on the sexual function of partners and quality of the relationship. Additional prospective and longitudinal investigations are warranted using specific instruments to analyze biopsychosocial variables of sexual pain in endometriosis patients and the effects that actual treatments have on measures of quality of sexual function and relationship. Copyright © The Author 2016.
233.
The Urinary Tract Microbiome in Health and Disease.

Embase
[Article In Press]
AN: 613826064

Context: The urinary tract, previously considered a sterile body niche, has emerged as the host of an array of bacteria in healthy individuals, revolutionizing the urology research field. Objective: To review the literature on microbiome implications in the urinary tract and the usefulness of probiotics/prebiotics and diet as treatment for urologic disorders. Evidence acquisition: A systematic review was conducted using PubMed and Medline from inception until July 2016. The initial search identified 1419 studies and 89 were included in this systematic review. Evidence synthesis: Specific bacterial communities have been found in the healthy urinary tract. Changes in this microbiome have been observed in certain urologic disorders such as urinary incontinence, urologic cancers, interstitial cystitis, neurogenic bladder dysfunction, sexually transmitted infections, and chronic prostatitis/chronic pelvic pain syndrome. The role of probiotics, prebiotics, and diet as treatment or preventive agents for urologic disorders requires further investigation.
Conclusions: There is a microbiome associated with the healthy urinary tract that can change in urologic disorders. This represents a propitious context to identify new diagnostic, prognostic, and predictive microbiome-based biomarkers that could be used in clinical urology practice. In addition, probiotics, prebiotics, and diet modifications appear to represent an opportunity to regulate the urinary microbiome. Patient summary: We review the urinary microbiome of healthy individuals and its changes in relation to urinary disorders. The question to resolve is how we can modulate the microbiome to improve urinary tract health. The urinary tract has a specific microbiome that can change in urologic disorders. Changes in the specific urinary microbial communities point to the microbiome as a possible therapeutic target. How we can modulate the microbiome to improve urinary tract health remains a key question. Further investigations are required to provide new diagnostic, prognostic, and predictive microbiome-based biomarkers that could be used in clinical practice and translational research. Copyright © 2016 European Association of Urology.
Kainu J.P., Halmesmaki E., Korttila K.T., Sarvela P.J.
Embase
Anesthesia and Analgesia. 123 (6) (pp 1535-1545), 2016. Date of Publication: 01 Dec 2016.
[Article]
AN: 613367333
BACKGROUND: Persistent pain after cesarean delivery and vaginal delivery has been the subject of only a few research articles. The primary outcome of our prospective study was the incidence of persistent pain and its association to mode of delivery. We also studied the nature and intensity of pain after delivery. METHODS: A questionnaire was distributed on postpartum day 2 to 1052 women who had given birth vaginally and to 502 who had undergone cesarean delivery in a tertiary maternity hospital in Helsinki, Finland, in 2010. A second questionnaire was mailed to the women 1 year later. We recorded the women's health history, obstetric history and previous pain history, details of cesarean delivery or vaginal delivery, and description of pain, if present. RESULTS: The incidence of persistent pain at 1 year after delivery was greater after cesarean delivery (85/379 [22%]) than after vaginal delivery (58/713 [8%]: P < .001, relative risk 2.8, 95% confidence interval 2.0-3.8). Because of initial differences in the groups, we performed logistic regression analysis with persistent pain as a dependent factor that confirmed the mode of delivery as a predictor of persistent pain. The incidence of persistent pain graded as moderate or more severe (25/379 [7%] vs 25/713 [4%]: P = .022, relative risk 1.9, 95% confidence interval 1.1-3.2) was also greater after cesarean delivery than vaginal delivery. The incidence of persistent pain was significantly more common in women with a history of previous pain and among primiparous women in logistic regression analysis. The women with persistent pain had experienced more pain the day after cesarean delivery (P = .023) and during vaginal delivery (P = .030) than those who did not report persistent pain. Complications such as perineal trauma, episiotomy, vacuum extraction, endometritis, wound infection, or ante- or postpartum depression did not predispose women to persistent pain. Dyspareunia was reported by 41% of women after vaginal delivery and by 2% after cesarean delivery among women with persistent pain at 1 year. CONCLUSIONS: The incidence of persistent pain at 1 year is greater after cesarean delivery than after vaginal delivery. Pain shortly after cesarean delivery and during vaginal delivery correlated with persistent pain. Copyright © 2016 International Anesthesia Research Society.
Status
EMBASE
Institution
Dyspareunia and depressive symptoms are associated with impaired sexual functioning in women with endometriosis, whereas sexual functioning in their male partners is not affected.


Human Reproduction. 31 (11) (pp 2577-2586), 2016. Date of Publication: 01 Nov 2016. [Article]

AN: 613367073

STUDY QUESTION To what extent are endometriosis and its related physical and mental symptoms associated with the perceived level of sexual functioning in women and their male partners? SUMMARY ANSWER Dyspareunia and depressive symptoms are associated with impaired sexual functioning in women with endometriosis, whereas sexual functioning in their male partners is not affected. WHAT IS KNOWN ALREADY Women with endometriosis suffer from more dyspareunia, lower sexual functioning, and lower quality of life. In qualitative studies, partners of women with endometriosis report that endometriosis affected their quality of life and produced relational distress. STUDY DESIGN SIZE, DURATION In this cross-sectional study, sexual functioning in women with endometriosis (n = 83) and their partners (n = 74) was compared with sexual functioning in a control group of women attending the outpatient department for issues related to contraception (n = 40), and their partners (n = 26). PARTICIPANTS/MATERIALS, SETTING, METHODS Women and partners were recruited in the
Maastricht University Medical Centre (MUMC) and the VieCuri Medical Centre Venlo between June 2011 and December 2012. All participants were asked to complete a set of online questionnaires. MAIN RESULTS AND THE ROLE OF CHANCE Response rates were 59.3% (83/140) for women with endometriosis and 52.3% (74/140) for their partners. Response rates in the control group were respectively 43.2% and 27.4% (41/95 and 27/95), of whom 40 women and 26 partners could be included in the study. Women with endometriosis as compared with the control group, reported significantly more frequent pain during intercourse (53% versus 15%, P < 0.001); higher levels of chronic pain (median VAS 2.0 cm versus 0.0 cm, P < 0.001); more impairment of sexual functioning (median Female Sexual Function Index 25.4 versus 30.6, P < 0.001); more impairment of quality of life (median Short Form-12 66.3 versus 87.2, P < 0.001); more pain catastrophizing (mean Pain Catastrophizing Scale 17.8 versus 8.5, P < 0.001), more depression and anxiety symptoms (median Hospital Anxiety and Depression Scale for depression 7 versus 4, P < 0.001 and for anxiety 4 versus 1, P < 0.001). Sexual functioning was comparable between male partners of women with endometriosis and male partners of the control group based on the International Index of Erectile Function. Logistic regression analyses showed that dyspareunia (OR 0.54; 95% CI 0.39-0.75) and depressive symptoms (OR 0.761; 95% CI 0.58-0.99) were independent and significant negative predictors for sexual functioning. Chronic pelvic pain (OR 0.53; 95% CI 0.35-0.81) and depressive symptoms (OR 0.65; 95% CI 0.44-0.96) were independent and significant negative predictors for quality of life. LIMITATIONS, REASONS FOR CAUTION Patient recruitment was performed in one tertiary care centre and to a lesser extent one general hospital, possibly leading to an over-representation of patients with more severe endometriosis. All participating women had a partner and are therefore 'survivors' in relationship terms. This may have led to an underestimation of the impact of endometriosis on sexual functioning. WIDER IMPLICATIONS OF THE FINDINGS It would be worthwhile to further explore the role of depressive symptoms in women with symptomatic endometriosis and to assess the effect of treatment of depressive symptoms on sexual functioning and quality of life. The fact that the partners did not report impaired sexual functioning could be a reassuring thought to women that might be discussed in the consulting room. STUDY FUNDING/COMPETING INTEREST(S) The study was funded by the MUMC. An unconditional research grant was given by the Dutch Society of Psychosomatic Obstetrics and Gynaecology (21 June 2011). TRIAL REGISTRATION NUMBER Not applicable. Copyright © 2016 The Author 2016. Published by Oxford University Press on behalf of the European Society of Human Reproduction and Embryology. All rights reserved.

Status
EMBASE
Institution
Background 10-30% of chronic abdominal pain originates in the abdominal wall. A common cause for chronic abdominal wall pain is the Anterior Cutaneous Nerve Entrapment Syndrome (ACNES), in which an intercostal nerve branch is entrapped in the abdominal rectus sheath. Treatment consists of local anaesthetics and neurectomy, and is ineffective in 25% of cases for yet unknown reasons. In some conditions, chronic pain is the result of altered pain processing. This so-called sensitization can manifest as segmental or even generalized hyperalgesia, and is generally difficult to treat. Objectives The aim of this study was to assess pain processing in ACNES patients responsive and refractory to treatment by using Quantitative Sensory Testing, in order to explore whether signs of altered central pain processing are present in ACNES and are a
possible explanation for poor treatment outcomes. Methods 50 patients treated for ACNES with locally orientated treatment were included. They were allocated to a responsive or refractory group based on their response to treatment. Patients showing an improvement of the Visual Analogue Scale (VAS) pain score combined with a current absolute VAS of <40 mm were scored as responsive. Sensation and pain thresholds to pressure and electric skin stimulation were determined in the paravertebral bilateral ACNES dermatomes and at four control areas on the non-dominant side of the body, i.e. the musculus trapezius pars medialis, musculus rectus femoris, musculus abductor hallucis and the thenar. The ACNES dermatomes were chosen to signal segmental hyperalgesia and the sum of the control areas together as a reflection of generalized hyperalgesia. Lower thresholds were interpreted as signs of sensitized pain processing. To test for alterations in endogenous pain inhibition, a conditioned pain modulation (CPM) response to a cold pressor task was determined. Also, patients filled in three pain-related questionnaires, to evaluate possible influence of psychological characteristics on the experienced pain. Results Patients refractory to treatment showed significantly lower pressure pain thresholds in the ACNES dermatomes and for the sum of as well as in two individual control areas. No differences were found between groups for electric thresholds or CPM response. Duration of complaints before diagnosis and treatment was significantly longer in the refractory compared to the responsive group, and refractory patients scored higher on the pain-related psychological surveys. Conclusion and Implications In this hypothesis-generating exploratory study, ACNES patients refractory to treatment showed more signs of sensitized segmental and central pain processing. A longer duration of complaints before diagnosis and treatment may be related to these alterations in pain processing, and both findings could be associated with less effective locally orientated treatment. In order to validate these hypotheses further research is needed. Registration number NCT01920880 (Clinical Trials Register; http://www.clinicaltrials.gov). Copyright © 2016 Scandinavian Association for the Study of Pain Status EMBASE Institution (van Rijckevorsel, van Goor) Pain and Nociception Neuroscience Research Group, Department of Surgery, Radboud university medical center, Nijmegen, Netherlands (Boelens) Pain and Nociception Neuroscience Research Group, Department of Surgery, Maasziekenhuis Pantein, Boxmeer, Netherlands (Roumen) Pain and Nociception Neuroscience Research Group, SolviMax, Center of Excellence for Abdominal Wall and Groin Pain, Department of Surgery, Maxima Medical Centre, Veldhoven, Netherlands
237.
Urothelial dysfunction and sensory protein expressions in patients with urological or systemic
diseases and hypersensitive bladder.
Ong H.-L., Kuo H.-C.
Embase
Urological Science. (no pagination), 2016. Date of Publication: May 12, 2016.
[Article In Press]
AN: 613703689
Objective: To investigate the underlying pathophysiology in the urothelium of different lower
urinary tract diseases (LUTDs) and in patients with overactive bladder (OAB) or hypersensitive
bladder (HSB), including chronic inflammation, barrier proteins, and sensory functional receptors.
Materials and Methods: A total of 156 patients, including 14 with idiopathic OAB, 11 with detrusor
overactivity and inadequate contractility (DHIC), 19 with end-stage renal disease (ESRD) and
HSB, 26 with spinal cord injury (SCI) and detrusor overactivity (DO), 23 with bladder outlet
obstruction (BOO) and DO, 19 with diabetes mellitus (DM) and OAB, 20 with interstitial cystitis
(IC), and 24 with ketamine cystitis (KC) were investigated for urothelial dysfunction and sensory
protein expressions. Twenty control patients without LUTD were invited and separated into two
groups for comparative studies. All participants had urodynamically proven DO or increased
bladder sensation on video urodynamic studies. Urothelial dysfunction and functional receptor
expressions were investigated and compared between patients with LUTD and controls. Results:
All patient subgroups had significant increases in mast cell activation and apoptotic cell counts and a
decrease in E-cadherin expression. P2X3 expression was significantly decreased in DHIC but was increased in BOO/DO. Urothelial M3 expression was significantly increased in patients with OAB, BOO/DO, DM/OAB, and KC. M2 expression was significantly decreased in DHIC but increased in patients with BOO/DO. beta3-AR expression was significantly decreased in patients with OAB and increased in patients with DHIC, ESRD/HSB, DM/OAB, and KC. Patients with OAB and BOO/DO had significantly increased M2/beta3-AR. Lower M2/beta3-AR was associated with lower voiding efficiency and large postvoid residual (PVR) in DHIC, ESRD/HSB, and SCI/neurogenic detrusor overactivity (NDO). Conclusion: Patients with OAB or HSB showed increased urothelial inflammation and lower barrier protein expression. Increased M3/beta3-AR or M2/beta3-AR in the urothelium was associated with OAB, whereas decreased M3/beta3-AR or M2/beta3-AR was associated with poor voiding efficiency and large PVR in LUTD. Copyright © 2016.

Status
ARTICLE IN PRESS

Institution
(Ong, Kuo) Department of Urology, Tzu Chi University, Hualien, Taiwan (Kuo) Department of
Urology, Buddhist Tzu Chi General Hospital, Hualien, Taiwan

Country of Publication
Netherlands

Publisher
Elsevier B.V.

Date Created
20161217

Year of Publication
2016

238.
Pain relief after triamcinolone infiltration in patients with bladder pain syndrome with Hunner’s ulcers.

Embase
Introduction and hypothesis: Bladder pain syndrome (BPS) is a chronic condition with severe implications in the patient's quality of life with no definitive treatment. Our objective was to assess pain relief after triamcinolone injection in patients with BPS with Hunner's ulcers (HU). Methods: Retrospective study of 20 consecutive patients with BPS treated at the Hospital Clinic of Barcelona with triamcinolone injection with flexible cystoscope between 2015 and 2016. Pain was assessed according to the visual analog scale (VAS) (0-10) before and after treatment. Outcomes were compared using Student's t test for paired samples. Results: Twenty-seven procedures were performed in 20 patients, who were followed up for a median of 7 months (range 1-15). Median age was 75 years (52-86), and median time from diagnosis to treatment was 4.5 years (1-7). Fifteen (75 %) patients had received treatment with corticoid injection for BPS before entering the study. Pre- and posttreatment VAS was 8 and 2.5 (p < 0.001), respectively. Pre-and posttreatment VAS in those with muscular pain was 8 and 5 (p = 0.012), respectively and in those without muscular pain was 8 and 2 (p < 0.001), respectively. Three (15 %) patients required retreatment due to nonresponse and 5 (25 %) patients for pain recurrence after 4 months (3.5-8). Four of them (50 %) were performed with triamcinolone injection again. Seven of ten patients (70 %) followed for >=8 months required at least one retreatment. Conclusion: Triamcinolone injection for HU in patients with BPS is associated with significant pain reduction. However, most patients will require retreatment. Copyright © 2016 The International Urogynecological Association

Status
ARTICLE IN PRESS

Institution
(Mateu, Izquierdo, Franco, Costa, Alcaraz) Department and Laboratory of Urology of Hospital Clinic, Barcelona, Spain  (Mateu) Department of Urology of Hospital Plato, Barcelona, Spain  (Lawrentschuk) Department of Surgery, University of Melbourne, Austin Hospital, Melbourne, Australia

Country of Publication
United Kingdom

Publisher
Springer London

Date Created
20161212

Year of Publication
2016
Embase
[Article In Press]
AN: 613409681
BACKGROUND:: Groove pancreatitis (GP) is a focal form of chronic pancreatitis affecting the paraduodenal groove area, for which consensus on diagnosis and management is lacking.
GOALS:: We performed a systematic review of the literature to determine patient characteristics and imaging features of GP and to evaluate clinical outcomes after treatment. RESULTS:: Eight studies were included reporting on 335 GP patients with a median age of 47 years (range, 34 to 64 y), with 90% male, 87% smokers, and 87% alcohol consumption, and 47 months (range, 15 to 122 mo) of follow-up. Most patients presented with abdominal pain (91%) and/or weight loss (78%). Imaging frequently showed cystic lesions (91%) and duodenal stenosis (60%). Final treatment was conservative (eg, pain medication) in 29% of patients. Endoscopic treatment (eg, pseudocyst drainage) was applied in 19% of patients-34% of these patients were subsequently referred for surgery. Overall, 59% of patients were treated surgically (eg, pancreatoduodenectomy). Complete symptom relief was observed in 50% of patients who were treated conservatively, 57% who underwent endoscopic treatment, and 79% who underwent surgery. CONCLUSIONS:: GP is associated with male gender, smoking, and alcohol consumption. The vast majority of patients presents with abdominal pain and with cystic lesions on imaging. Although surgical treatment seems to be the most effective, both conservative and endoscopic treatment are successful in about half of patients. A stepwise treatment algorithm starting with the least invasive treatment options seems advisable. Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.
Status
ARTICLE IN PRESS
Institution
240.
Recommendations for Self-report Outcome Measures in Vulvodynia Clinical Trials.
Pukall C.F., Bergeron S., Brown C., Bachmann G., Wesselmann U.
Embase
[Article In Press]
AN: 613247257

OBJECTIVES:: Vulvodynia (idiopathic chronic vulvar pain) is a prevalent condition associated with significant and negative impacts in many areas of function. Despite the increased research interest in vulvodynia in recent years, recommendations for outcome measures for use in clinical trials are missing. The purpose of this paper, therefore, was to provide recommendations for outcome measures for vulvodynia clinical trials so that consistent measures are used across trials in order to facilitate between-study comparisons and the conduct of large multi-center trials, and to improve measurement of the multiple dimensions of vulvodynia. METHODS:: Given that provoked vestibulodynia (PVD)-characterized by provoked pain localized to the vaginal opening-is the most common subtype of vulvodynia and the current main focus of clinical trials, this paper focused on recommended outcome measures in PVD clinical trials. The framework used to guide the selection of outcome measures was based on the one proposed by the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT). RESULTS:: The IMMPACT
framework provided a well-suited guideline for outcome measure recommendations in PVD clinical trials. However, given the provoked presentation of PVD and the significant impact it has on sexuality, modifications to some of the IMMPACT recommendations and specific additional measures were made. DISCUSSION:: Measures that are specific to vulvovaginal pain are ideal for adoption in PVD clinical trials, and many such measures currently exist that allow the relevant IMMPACT domains to be captured. Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.

Status
ARTICLE IN PRESS

Institution
(Pukall) *Department of Psychology, Queen's University, Kingston, Ontario, Canada +Department of Psychology, Universite de Montreal, Montreal, QC, Canada ++Department of Clinical Pharmacy, University of Tennessee Health Science Center, Memphis, TN, USA Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ, USA Departments of Anesthesiology and Perioperative Medicine, Neurology, and Psychology, University of Alabama at Birmingham, Birmingham, AL USA

Country of Publication
United States

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Date Created
20161119

Year of Publication
2016

241.
Venous Sinus Stenting in Idiopathic Intracranial Hypertension: Results of a Prospective Trial.
Dinkin M.J., Patsalides A.
Embase
[Article In Press]
AN: 611815405
BACKGROUND:: Our goal was to evaluate the safety and efficacy of stenting of venous sinus stenosis (VSS) in patients with medically-refractory, medically-intolerant or fulminant idiopathic intracranial hypertension (IIH) in a prospective, observational study. METHODS:: Thirteen patients with IIH who were refractory or intolerant to medical therapy or who presented with fulminant visual field (VF) loss underwent stenting of VSS at the transverse-sinus sigmoid sinus junction, using a Precise Pro carotid stent system (Cordis). Inclusion criteria included papilledema-related VF loss with mean deviation (MD) worse than or equal to -6.00 dB, elevated opening pressure (OP) on lumbar puncture (LP), VSS (either bilateral or unilateral in a dominant sinus), and an elevated (>=8 mm Hg) trans-stenotic gradient (TSG). The main outcome measures were pre- to post-stent change in symptoms related to intracranial hypertension, MD (in dB) on automated (Humphrey) VFs, grade of papilledema (1-5), retinal nerve fiber layer (RNFL) thickness as measured by spectral domain optical coherence tomography (SD-OCT), TSG (mm Hg), and OP on LP (cm H20). RESULTS:: Improvement or resolution of headaches occurred in 84.7% of patients, pulse-synchronous tinnitus in 100%, diplopia in 100%, and transient visual obscuration in 100%. Out of 26 eyes, 21 showed an improvement in MD, with an average improvement of +5.40 dB. Of 24 eyes with initial papilledema, 20 showed an improvement in Frisen grade, (mean change in grade of 1.90). Of 23 eyes undergoing SD-OCT, 21 (91.3%) demonstrated a reduction in RNFL thickness, with a poststent mean thickness of 90.48 mum. Mean change in OP was -20 cm H2O (reduction in mean from 42 to 22 cm H20) with all subjects demonstrating a reduction, although a second stenting procedure was necessary in one patient. Complications of the stenting procedure included one small, self-limited retroperitoneal hemorrhage, transient head or pelvic pain, and one allergic reaction to contrast. No serious adverse events occurred. CONCLUSIONS:: Stenting of VSS is safe and results in reduction of intracranial pressure in patients with IIH. This is associated with improvement in papilledema, RNFL thickness, VF parameters, and symptoms associated with intracranial hypertension.

Copyright © 2016 by North American Neuro-Ophthalmology Society
Associated Factors and Outcome for Antegrade Continence Enemas to Treat Refractory Constipation and Fecal incontinence.

Embase
[Article In Press]
AN: 610652537

OBJECTIVE:: Determine clinical and manometric parameters associated with success of antegrade continence enemas (ACE) administered via cecostomy in the treatment of constipation and fecal overflow incontinence. METHODS:: We performed a retrospective review of clinical symptoms and manometry (colonic and anorectal) before cecostomy in 40 pediatric patients (20 males, 20 females). The mean age at time of follow-up was 9.5?+/-?4.4 years with a mean follow-up time of 12.2?+/-?10.9 months. Clinical outcomes were defined as good if subjects had greater than 3 bowel movements per week less than 2 episodes of soiling per week, and absence of pain at the time of follow up after cecostomy. RESULTS:: Before cecostomy, the mean duration of constipation and/or fecal incontinence was 7.7?+/-?4.4 years, mean number of BMs was 1.5?+/-?0.9 per week, and soiling episodes 4.12?+/-?3.5 per week; 24 (60%) patients had abdominal pain. At follow up 30 out of 40 patients had a good outcome, and 10 had a poor outcome; with a difference in the number of weekly BM of 5.7?+/-?2.2 vs. 1.5?+/-?0.9, p?<?0.001 and soiling episodes 4.12?+/-?3.5 vs. 0.4?+/-?1.5, p?<?0.001). There was no difference in the duration of symptoms between groups. Obesity was more common in the poor outcome group, 60% vs. 21% (p?=?0.01). Abdominal pain was more common in the poor outcome group, 100% vs. 47% (p?=?0.003). Normal colonic manometry was associated with good outcome while absence of HAPC in any part of the colon was associated with poor outcome. No other differences in colonic manometry were observed between the good and poor outcome groups with the exception of a trend towards decreased number of sigmoid high amplitude propagating contractions (HAPCs) in
the poor outcome group (p = 0.07). No differences were observed in anorectal manometry measurements between good and poor outcome groups with the exception of an observable increased baseline resting pressure in the poor outcome (p = 0.05). CONCLUSION: Obesity and abdominal pain trend to be associated with poor outcomes after cecostomy for refractory constipation. Normal colonic and anorectal manometry were associated with good outcome. Absence of HAPC in any part of the colon, and increased baseline resting pressure of the anal canal were more associated with poor outcome. No other specific differences in either colonic or anorectal manometric parameters were observed in patients with good vs. poor outcomes with cecostomy. Large prospective studies potentially combining other diagnostic modalities such as colonic transit studies are needed to determine the optimal tests to predict successful outcomes from cecostomy. 

Copyright © 2016 by European Society for Pediatric Gastroenterology, Hepatology, and Nutrition and North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition. Status

ARTICLE IN PRESS

Institution

(Gomez-Suarez) *Department of Pediatrics, Division of Pediatric Gastroenterology and Nutrition, Nemours Children's Hospital, Orlando, FL University of Central Florida +Department of Pediatrics, Division of Pediatric Gastroenterology and Nutrition, Wake Forest School of Medicine, Winston-Salem, NC ++Department of Surgery, Division of Pediatric Surgery, Wake Forest School of Medicine, Winston-Salem, NC Department of Pediatrics, Division of Pediatric Gastroenterology and Nutrition, Virginia Commonwealth University, Richmond, VA.

Country of Publication

United States

Publisher

Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Date Created

20160611

Year of Publication

2016

243.

Ace I/D polymorphism in Brazilian women with endometriosis. <Polimorfismo ACE I/D em mulheres Brasileiras com endometriose.>
Endometriosis is a chronic gynecological disease that displays some features similar to malignancy, such as local invasion, aggressive spread to distant organs and angiogenesis. Polymorphisms of the ACE gene have been linked with some vascular disease. To determine the frequency of the ACE I/D polymorphism in Brazilian patients with endometriosis compared to controls. This case-control study included a total of 134 women (49 endometriosis patients and 85 controls) who had undergone a laparoscopy or laparotomy. Molecular analysis was performed by polymerase chain reaction (PCR). For the statistical analysis, the chi-square and multiple logistic regression tests were used. The I/D ACE genotype frequencies in cases and controls were, respectively: II 16.3% and 16.5%; ID 24.5% and 20%; DD 59.2% and 63.5%. There was no statistically significant difference between cases and controls, either in the genotype frequencies ($\chi^2 = 0.385; p = 0.825$) or in the allele frequencies ($\chi^2 = 0.098; p = 0.75$) of the ACE I/D polymorphism. However, the genotype distribution was not consistent with the Hardy-Weinberg equilibrium, either in patients ($\chi^2 = 7.84; p = 0.005$) or in controls ($\chi^2 = 20.09; p < 0.0001$). Multiple logistic regression analysis has not shown any differences amongst groups for the polymorphism studied [(OR 1.51; CI 95% 0.52–4.41); p=0.4523]. Despite of the small sample size, the present study suggests that I/D ACE polymorphism is not related with endometriosis in brazilian patients.
Possible therapeutic role of IgE blockade in Irritable bowel syndrome.
Magen E., Chikovani T.
Embase
[Review]
AN: 613343837
Omalizumab is a humanized monoclonal antibody that binds to the high-affinity type-I IgE Fc receptors on mast cells (MCs) and basophils, inhibiting the IgE immune pathway. Irritable bowel syndrome (IBS) is the most common functional gastrointestinal disorder, and dysregulation of the immune system likely contributes to its etiology and/or symptomatology. Colonic biopsies from patients with IBS demonstrate considerable increase in the number of degranulating MCs releasing histamine in proximity to nerves, and this event may underlie the common IBS symptom of abdominal pain. Pharmacologic control of MC activation and mediator release is a current area of active interest in the field of IBS research. Recently, we and Pearson et al described 2 cases of patients with IBS with diarrhea (IBS-D) showing positive clinical response to omalizumab. In both cases, the female patients had severe, long-lasting IBS-D and achieved an almost complete resolution of IBS symptoms. Both patients were also able to discontinue all IBS medications after commencing the anti-IgE therapy. For both patients, the omalizumab treatment showed a relatively rapid onset of action, resembling the efficacy observed in and previously reported for patients with chronic spontaneous urticaria. In this Editorial, we discuss the possible biological mechanisms that may underlie the clinical efficacy of omalizumab in IBS. We suggest that there is a need for a well-designed prospective study to investigate the therapeutic effects of anti-IgE in IBS. Copyright © 2016 Baishideng Publishing Group Inc. All rights reserved.
Status
EMBASE
Institution
(Magen) Medicine C Department, Allergy and Clinical Immunology Unit, Barzilai Medical Center, Ben Gurion University of Negev, Ashkelon 78100, Israel (Chikovani) Department of Microbiology and Immunology, Tbilisi State Medical University, Tbilisi 0177, Georgia
Eluxadoline for Irritable Bowel Syndrome with Diarrhea.
McIntyre G., Lopez R., Turner L., Covington P.S.
Embase
[Article]
AN: 613292259
BACKGROUND: Effective and safe treatments are needed for patients who have irritable bowel syndrome (IBS) with diarrhea. We conducted two phase 3 trials to assess the efficacy and safety of eluxadoline, a new oral agent with mixed opioid effects (mu- and kappa-opioid receptor agonist and delta-opioid receptor antagonist), in patients with IBS with diarrhea. METHODS: We randomly assigned 2427 adults who had IBS with diarrhea to eluxadoline (at a dose of 75 mg or 100 mg) or placebo twice daily for 26 weeks (IBS-3002 trial) or 52 weeks (IBS-3001 trial). The primary end point was the proportion of patients who had a composite response of decrease in abdominal pain and improvement in stool consistency on the same day for at least 50% of the days from weeks 1 through 12 and from weeks 1 through 26. RESULTS: For weeks 1 through 12, more patients in the eluxadoline groups (75 mg and 100 mg) than in the placebo group reached the primary end point (IBS-3001 trial, 23.9% with the 75-mg dose and 25.1% with the 100-mg dose vs. 17.1% with placebo; P = 0.01 and P = 0.004, respectively; IBS-3002 trial, 28.9% and 29.6%, respectively, vs. 16.2%; P<0.001 for both comparisons). For weeks 1 through 26, the corresponding rates in IBS-3001 were 23.4% and 29.3% versus 19.0% (P = 0.11 and P<0.001, respectively), and the corresponding rates in IBS-3002 were 30.4% and 32.7% versus 20.2% (P = 0.001 and P<0.001, respectively). The most common adverse events associated with 75 mg of
eluxadoline and 100 mg of eluxadoline, as compared with placebo, were nausea (8.1% and 7.5% vs. 5.1%), constipation (7.4% and 8.6% vs. 2.5%), and abdominal pain (5.8% and 7.2% vs. 4.1%). Pancreatitis developed in 5 (2 in the 75-mg group and 3 in the 100-mg group) of the 1666 patients in the safety population (0.3%). CONCLUSIONS: Eluxadoline is a new therapeutic agent that reduced symptoms of IBS with diarrhea in men and women, with sustained efficacy over 6 months in patients who received the 100-mg dose twice daily. Copyright © 2016 Massachusetts Medical Society. All rights reserved.

PMID

Status
EMBASE

Institution
(Lembo) Department of Medicine, Division of Gastroenterology, Harvard Medical School, Beth Israel Deaconess Medical Center, 330 Brookline Ave., Boston, MA 02115, United States (Lacy) Geisel School of Medicine at Dartmouth, Hanover, NH, United States (Zuckerman) Texas Tech University Health Sciences Center, El Paso, United States (Schey) School of Medicine, Temple University, Philadelphia, United States (Dove, Andrae, Davenport, McIntyre, Lopez, Turner, Covington) Furiex Pharmaceuticals, Morrisville, NC, United States

Country of Publication
United States

Publisher
Massachussetts Medical Society

Date Created
20161216

Year of Publication
2016

246.
A clinical study to evaluate the efficacy of an ayurvedic formulation in management of Pittaja mutrkrichhra with special reference to urinary tract infection.
Ajay K., Sonia D., Monika D.
Embase
The term Mutrakrichhra is the disorder of Mutravaha Srotasa where Krichhrata (painful voiding) is the cardinal feature. In Pittaja Mutrakrichhra, the vitiated Pitta Dosha along with Vata (mainly Apana Vayu) on reaching Vasti (bladder) afflicts the Mutravaha Srotas due to which the patient feels difficulty in micturition, yellow discoloration, hematuria, burning micturition, dysuria and increased frequency of micturition. These symptoms resembles with lower urinary tract infections i.e. urethritis and cystitis which is a serious problem as patient if remain ignorant and untreated; this may lead to chronic renal failure and pyelonephritis. Antibiotics has solved the problem to some extent but the increasing incidence of resistance, side effects, reoccurrence and relapse of the disease and high cost of therapy are common problems. Hence the trial was, undertaken to come forward with safe, cost effective and efficacious Ayurvedic formulation for its management. In the present study, 26 clinically diagnosed, urine culture positive patients were given Mutrakrichhra-hara yoga and Gokshura (Tribulus terrestris) Kvatha for duration of 15 days. Patients were thoroughly assessed on various scientific parameters during the complete trial period and after one month of completion of the trial for reoccurrence of infection. A statistically highly significant (p < 0.001) improvement was observed in all the clinical features after the therapy. Objective parameters like urine microscopic study, urine culture and hematological parameters were also statistically highly significant (p < 0.001) improved after the therapy. No untoward effects were noticed during the treatment and follow up period.

Status
EMBASE
Institution
(Ajay) Ayush Department, Government of Haryana, India   (Sonia) Faculty, CDL college of Ayurveda, Jagadhari Haryana, India
(Monika) R.M.O. Fortis Hospital Kangra, Himachal Pradesh, India
Country of Publication
India
Publisher
International Journal of Research in Ayurveda and Pharmacy (E-mail: dr.shalini16@gmail.com)
Date Created
20161215
Year of Publication
2016
Long-term safety and efficacy of Omnitrope, a somatropin biosimilar, in children requiring growth hormone treatment: Italian interim analysis of the PATRO Children study.


Embase

[Article]

AN: 613314910

Background: PATRO Children is an ongoing observational, longitudinal, non-interventional, global post-marketing surveillance study, which is investigating the long-term safety and effectiveness of Omnitrope, a somatropin biosimilar to Genotropin, in children with growth disturbances. The primary endpoint of PATRO Children is long-term safety and the secondary endpoint is effectiveness, which is assessed by analysing auxological data such as height (HSDS) and height velocity (HVSDS) standard deviation scores. Here, we report the data from the Italian interim analysis of PATRO Children data up to August 2015. Methods: PATRO Children is enrolling children who are diagnosed with conditions of short stature requiring GH treatment and are receiving Omnitrope. Adverse events (AEs) are assessed in all Omnitrope-treated patients. Height is evaluated yearly to near-adult (final) height, and is herein reported as HSDS; height velocity is also assessed and reported as a standard deviation score (HVSDS). Results: Up to August 2015, a total of 186 patients (mean age 10.2 years, 57.5 % males) were enrolled: 156 [84 %] had growth hormone deficiency, 12 [6.5 %] were born small for gestational age, seven [3.8 %] had Prader-Willi syndrome, one [0.5 %] had Turner syndrome and one [0.5 %] had chronic renal insufficiency; seven [3.8 %] patients had other indication profiles. The mean treatment duration with Omnitrope was 28.1 +/- 19.1 months. AEs were reported in 35.6 % of patients and included headache, pyrexia, arthralgia, abdominal pain, leg and/or arm pain and increased blood creatine phosphokinase. Two serious AEs in two patients were thought to be drug-related; one patient experienced a minimal increase in a known residual craniopharyngioma, and another a gait disturbance with worsening of walking difficulties. Similar to investigational studies, Omnitrope treatment was associated with improvements in both HSDS and HVSDS. Conclusions: Omnitrope appears to be well tolerated and effective for the treatment of a wide range of paediatric
indications, which is consistent with the outcomes from controlled clinical trials. These results need to be interpreted with caution until the data from the global PATRO Children study are available. Copyright © 2016 The Author(s).

Status
EMBASE

Institution
(Iughetti) Pediatric Unit, Department of Medical and Surgical Sciences for Mother, Children and Adults, University of Modena and Reggio Emilia, Via del Pozzo, Modena 41124, Italy
(Tornese) Institute for Maternal and Child Health IRCCS Burlo Garofolo, Trieste, Italy
(Street) Department of Paediatrics, Arcispedale S. Maria Nuova-IRCCS, Reggio Emilia, Italy
(Napoli) Pediatric Unit, Istituto Giannina Gaslini, Genova, Italy
(Giavoli) Endocrinology and Metabolic Diseases Unit, Department of Clinical Sciences and Community Health, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Universita degli Studi di Milano, Milano, Italy
(Antoniazzi) Pediatric Unit, Policlinico Giambattista Rossi, University of Verona, Verona, Italy
(Stagi) Health Science Department, Anna Meyer Children's University Hospital, University of Florence, Firenze, Italy
(Luongo) Department of Woman, Child and General and Specialized Surgery, Seconda Universita degli Studi di Napoli, Napoli, Italy
(Azzolini) Pediatric Endocrinology Unit, Department of Woman's and Child's Health, University Hospital of Padua, Padova, Italy
(Ragusa) UOC Pediatria, I.R.C.S.S. Oasi Maria SS, Troina, Italy
(Bona) Division of Paediatrics, Azienda Ospedaliero-Universitaria Maggiore della Carita, Novara, Italy
(Zecchino) Department of Sciences and Pediatric Surgery, University of Bari 'A. Moro', Bari, Italy
(Aversa) Department of Human Pathology of Adulthood and Childhood, University of Messina, Messina, Italy
(Persani) Department of Clinical Sciences and Community Health, University of Milan, Milano, Italy
(Persani) Division of Endocrine and Metabolic Diseases, IRCCS Istituto Auxologico Italiano, Milano, Italy
(Guazzarotti) Department of Paediatrics, Paediatric Endocrinology Unit, University of Milan, Milan, Italy
(Zecchi) Sandoz S.p.A, Milan, Italy
(Pietropoli) Hexal AG, Holzkirchen, Germany
(Zucchini) Unit of Pediatric Endocrinology, S.Orsola-Malpighi Hospital, Bologna, Italy

Country of Publication
Polyunsaturated fatty acids and chronic pain: A systematic review and meta-analysis.
Prego-Dominguez J., Hadrya F., Takkouche B.
Embase

Background: Chronic pain is one of the most frequent disease symptoms and represents a global health problem with a considerable economic burden. The role of polyunsaturated fatty acids (PUFA) in chronic pain conditions was debated during the last decade with conflicting results.

Objective: To assess whether polyunsaturated fatty acids intake is useful as a preventive or curative tool in chronic pain. Study Design: Systematic review and meta-analysis. Setting: This study examined all published studies, either preventive or curative, on PUFA supplementation and chronic pain. Methods: We retrieved studies published in any language by searching systematically Medline, Embase, Conference Proceedings Citation Index, dissertations databases, and the 5 regional bibliographic databases of the World Health Organization until May 2015. We included both observational and intervention studies reporting effect measures and their confidence intervals of polyunsaturated fatty acids intake in the regular diet or supplementation and pain. Two investigators selected studies; extracted data independently on baseline characteristics, exposure, and outcomes; and rated the quality of interventional studies using Jadad score. We calculated pooled standardized mean differences (SMDs) of pain indexes such as the Visual Analogue Score. We further carried out subgroup analyses by disease, type of PUFA, outcome scale, quality index, dose, and time of supplementation. Results: We retrieved 5 observational and 46 intervention studies. Only one observational study showed a protective effect of PUFA. On the contrary, the interventional studies yielded a pooled random effects SMD
of -0.40 (95% CI -0.58, -0.22), which indicates improvement, as 0 is the value that indicates absence of effect. The largest effect was found for dysmenorrhea (SMD -0.82, 95% CI -1.21, -0.43), OMEGA-3 supplementation (-0.47, 95% CI -0.68, -0.26) and composite scores (-0.58, 95% CI -1.07, -0.09). Mitigation of pain was stronger for low doses (-0.55, 95% CI -0.79, -0.30) and short supplementation periods (-0.56, 95% CI -0.86, -0.25). Limitations: While the number of curative studies was large, that of preventive studies available was limited. Conclusion: Our results suggest that OMEGA-3 PUFA supplementation moderately improves chronic pain, mainly that due to dysmenorrhea. Further investigation on the preventive potential of PUFA supplementation is needed, as the amount of evidence is scarce. 

Copyright © 2016, American Society of Interventional Pain Physicians. All rights reserved.

Status
EMBASE
Institution
(Prego-Dominguez, Hadrya, Takkouche) Universidade de Santiago de Compostela, Spain
Country of Publication
United States
Publisher
American Society of Interventional Pain Physicians (E-mail: editor@painphysicianjournal.com)
Date Created
20161214
Year of Publication
2016

249.
Laparoscopy in the diagnosis of tuberculosis in chronic pelvic pain.
Rajaram S., Gupta P., Gupta B., Kaur I.R., Goel N.
Embase
International Journal of Mycobacteriology. 5 (3) (pp 318-323), 2016. Date of Publication: 01 Sep 2016.
[Article]
AN: 613298315
Background: To estimate the prevalence of genital tuberculosis in women with idiopathic chronic pelvic pain on laparoscopy, correlate laparoscopic findings with microbiological and histological
diagnosis of tuberculosis and assess the response to anti tubercular treatment (ATT) in these cases. Method: In a prospective cohort study, fifty women with idiopathic chronic pelvic pain were enrolled. Diagnostic laparoscopy was done in all women and fluid from pouch of Douglas and/or saline washings were sent for acid fast bacilli (AFB) smear, conventional and rapid culture and DNA polymerase chain reaction (PCR) analysis for diagnosis of genital TB. The results of these tests were analyzed and agreement with laparoscopy was assessed using Kappa statistics. Pain scores using visual analogue scale were compared before and after treatment. Results: Pelvic pathology was present in 44 (88%) women of idiopathic chronic pelvic pain, with a 34% prevalence rate of genital tuberculosis. Pelvic inflammation was associated with positive peritoneal fluid PCR (n = 4) and AFB culture (n = 3). Acid fast bacilli PCR had substantial agreement (kappa statistics = 0.716) with visual findings at laparoscopy. There was a significant reduction in pain scores after treatment. Conclusion: Genital tuberculosis contributes to one-third cases of chronic pelvic pain. Pelvic inflammation is an early feature of genital TB and peritoneal fluid PCR has the best co-relation with laparoscopic findings of genital tuberculosis. Copyright © 2016 Asian-African Society for Mycobacteriology

Status
EMBASE
Institution
(Rajaram, Gupta, Gupta, Goel) Department of Obstetrics and Gynecology, University College of Medical Sciences and Guru Teg Bahadur Hospital, Dilshad Garden, Delhi, India (Kaur)
Department of Microbiology, University College of Medical Sciences and Guru Teg Bahadur Hospital, Dilshad Garden, Delhi, India
Country of Publication
United Kingdom
Publisher
Elsevier Ltd
Date Created
20161214
Year of Publication
2016
Effectiveness of Embolization or Sclerotherapy of Pelvic Veins for Reducing Chronic Pelvic Pain: 
A Systematic Review.
Daniels J.P., Champaneria R., Shah L., Gupta J.K., Birch J., Moss J.G.
Embase
Journal of Vascular and Interventional Radiology. 27 (10) (pp 1478-1486.e8), 2016. Date of 
Publication: 01 Oct 2016.
[Article]
AN: 613296940
Purpose Chronic pelvic pain (CPP) in the presence of dilated and refluxing pelvic veins is often 
described as pelvic congestion syndrome (PCS), although the causal relationship between pelvic 
vein incompetence and CPP has not been established. Percutaneous embolization is the 
principal treatment for PCS, with high success rates cited. This study was undertaken to 
systematically and critically review the effectiveness of embolization of incompetent pelvic veins. 
Materials and Methods A comprehensive search strategy encompassing various terms for pelvic 
congestion, pelvic pain, and embolization was deployed in 17 bibliographic databases, with no 
restriction on study design. Methodologic quality was assessed. The quality and heterogeneity 
generally precluded meta-analysis. Results were tabulated and described narratively. Results 
Twenty-one prospective case series and one poor-quality randomized trial of embolization 
(involving a total of 1,308 women) were identified. Early substantial relief from pain was observed 
in approximately 75% of women undergoing embolization, and generally increased over time and 
was sustained. Significant pain reductions following treatment were observed in all studies that 
measured pain on a visual analog scale. Repeat intervention rates were generally low. There 
were few data on the impact on menstruation, ovarian reserve, or fertility, but no concerns were 
noted. Transient pain was common following foam embolization, and there was a < 2% risk of coil 
migration. Conclusions Embolization appears to provide symptomatic relief of CPP in the majority 
of women and is safe, although the quality of the evidence is low. 
Copyright © 2016
Status
EMBASE
Institution
(Daniels) Birmingham Clinical Trials Unit, United States  (Champaneria, Shah, Gupta) Institute of 
Metabolism and Systems Biology, Birmingham, United Kingdom
(Birch) Pelvic Pain Support Network, Poole, United Kingdom
(Moss) Department of Radiology North Glasgow University Hospitals, Glasgow, United Kingdom
Country of Publication
United States
Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)
Chan G., Mamut A., Martin P., Welk B.
Embase

[Article]
AN: 613278220

Introduction: The objective of this study was to determine the outcomes associated with the endoscopic removal of foreign bodies (such as mesh or permanent suture) in the lower urinary tract after female stress incontinence surgery with the Holmium:YAG (Ho:YAG) laser, and to systematically review the literature on this topic. Materials and Methods: A retrospective chart review of 18 consecutive women found to have mesh or suture exposure was performed. All patients underwent Ho:YAG laser ablation. A systematic review was performed to identify literature addressing the endoscopic management of mesh/suture exposure after stress incontinence surgery. Results: Between November 2011 and February 2016, 18 women underwent Ho:YAG laser ablation of exposed mesh or suture. Presenting symptoms included lower urinary tract symptoms, pelvic pain, incontinence, or recurrent urinary tract infections. Thirteen women had a previous synthetic midurethral sling and five had a prior retropubic suspension. The median age was 58 years (interquartile range [IQR] 50-60) and median follow-up was 2 years (IQR 1-2). Four patients (22%) had residual mesh after the first procedure, requiring a repeat endoscopic procedure. Only one patient had a small amount of asymptomatic residual mesh on cystoscopy after the final procedure. Only minor postoperative complications were observed. Eight patients had stress incontinence and four underwent operative treatment for this. In our systematic review, we identified 16 case series, which described a total of 158 patients. Women most commonly presented with voiding symptoms or incontinence. Based on the synthesis of these data, repeat procedures were necessary in 16% and vesicovaginal fistula occurred in 2%. Recurrent/persistent stress incontinence was present in 20%, and of these
patients, 3/4 underwent a new stress incontinence procedure. Conclusions: Both our case series and the systematic review of the literature demonstrated that endoscopic treatment of lower urinary tract foreign bodies after stress incontinence surgery has good success rates and minimal morbidity. © Copyright 2016, Mary Ann Liebert, Inc. 2016.

Status
EMBASE
Institution
(Chan, Mamut, Martin, Welk) Department of Surgery, Western University, St. Joseph's Healthcare, Rm B4-657, London, ON N6A 4V2, Canada (Welk) Department of Epidemiology and Biostatistics, Western University, London, Canada
Country of Publication
United States
Publisher
Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)
Date Created
20161210
Year of Publication
2016

252.
Kruger S.
Embase
Osteopathische Medizin. 17 (4) (pp 22-26), 2016. Date of Publication: 01 Dec 2016.
[Article]
AN: 613484267
Background: Irritable bowel syndrome (IBS) is a complex, chronically and functional gastrointestinal disease. Case studies of osteopathic interventions demonstrate positive effects.
Objectives: The purpose was to evaluate the effects of osteopathic treatment for adult patients with IBS in comparison with control interventions. The osteopathic treatment strategies were also investigated.
Methods: A systematic sensitive literature search was performed using electronic medical and osteopathic databases. Randomized controlled studies with adult IBS patients who
received an osteopathic treatment were included. Primary outcomes were quality of life, abdominal pain and IBS symptoms. Secondary outcome was the influence on psychological comorbidities. Results: 4 RCTs with a low to medium risk of bias indicate positive and in a majority of cases significant short and medium-termed effects on quality of life, abdominal pain and partly on IBS symptoms. Additionally one study indicates an influence on psychological comorbidities. Partly there are significant group differences. The osteopathic treatment consisted of local visceral mobilization techniques and treatment of different parts of the autonomic nervous system. Conclusion: Osteopathy improves quality of life, abdominal pain and IBS symptoms. Copyright © 2016 Elsevier GmbH

Status
EMBASE
Country of Publication
Germany
Publisher
Elsevier GmbH (E-mail: journals@elsevier.com)
Date Created
20161212
Year of Publication
2016
the standard medical treatment alone, n= 15. The training programs were contain 8 domains of relaxation, cognition reproduce, contrast skills training, express trains and problem solving, anger management training and social supports. Data were collected using demographic, ROME III, Bowel Syndrome Symptom Severity Score and Quality of Life- IBS. Overall, 30 male participants were evaluated. The age range of participants was 25-55 years. The stress management training could decrease the ROME-II scores. Also the stress management training has a significant effect on quality of life and the HSE. Therefore, it is necessary that IBS suffering referred to psychologists for psychotherapy while they are under medical treatment.

Status
EMBASE
Institution
(Akbarzadeh) Clinical Psychology, Psychosocial Injuries Research Center, Ilam University of Medical Sciences, Ilam, Iran, Islamic Republic of (Mohamadian) Psychosocial Injuries Research Center, Ilam University of Medical Sciences, Ilam, Iran, Islamic Republic of (Direkvand-Moghadam) Psychosocial Injuries Research Center, Faculty of Nursing and Midwifery, Ilam University of Medical Sciences, Ilam, Iran, Islamic Republic of Country of Publication
India
Publisher
Scholars Research Library (E-mail: info@derpharmachemica.com)
Date Created
20161208
Year of Publication
2016

254.
Prospective Evaluation of a Panel of Plasma Cytokines and Chemokines as Potential Markers of Pelvic Endometriosis in Symptomatic Women.
Embase
Gynecologic and Obstetric Investigation. 81 (6) (pp 512-517), 2016. Date of Publication: 01 Nov 2016.
[Article]
AN: 608327487

Background: Endometriosis is a chronic inflammatory disease for which no accurate peripheral diagnostic marker is available. Many cytokines and chemokines have been found altered in the plasma and peritoneal fluid of women with endometriosis compared to healthy controls, but little is known about their diagnostic utility to confirm or discard endometriosis among symptomatic women. Objective: The study aims to assess the diagnostic value of a panel of plasma cytokines and chemokines to detect endometriosis in women undergoing laparoscopy for gynecological complains. Methods: We performed a prospective cohort study evaluating simultaneously plasma concentrations of interleukin (IL)-2, IL-4, IL-6, IL-10, MCP-1/CCL2, IP-10/CXCL10 and eotaxin/CCL11 in 75 symptomatic women (chronic pelvic pain, infertility or ovarian cyst) submitted to laparoscopy. Assays were performed by Cytometric Bead Array System. Endometriosis was confirmed by histopathological examination of surgical specimens. Results: Plasma IL-2, IL-4, IL-6, IL-10, MCP-1/CCL2, IP-10/CXCL10 and eotaxin/CCL11 concentrations were not able to distinguish the women who eventually were diagnosed with endometriosis. Conclusion: Although previously shown to be altered in women with endometriosis compared to healthy women, the tested cytokines and chemokines were not useful to predict the presence of endometriosis among symptomatic women. This finding suggests that inflammatory markers modified by endometriosis may also be altered by other conditions associated with similar symptoms, which limits their use in clinical practice. Copyright © 2016 S. Karger AG, Basel.
Comparison of the effects of acupressure and self-care behaviors training on the intensity of primary dysmenorrhea based on mcgill pain questionnaire among shiraz university students.
Behbahani B.M., Ansaripour L., Akbarzadeh M., Zare N., Hadianfard M.J.

Embase

Dysmenorrhea is one of the common problems during reproductive ages, with prevalence rate of 60-90%. This study aimed to compare the effects of acupressure at Guan yuan (RN-4) and Qu gu (RN-2) acupoints, self-care behaviors training, and ibuprofen on the intensity of primary dysmenorrhea based on McGill pain questionnaire. Materials and Methods: In the randomized clinical trial, 120 females, aged between 18 and 25 years, with primary dysmenorrhea, randomly selected from five dormitories of Shiraz University, Shiraz, Iran were screened and randomized into acupressure group, in that pressure was applied for 20 min over the 1st 2 days of menstruation for two cycles. In the second group, the training group took part in four educational sessions each lasting for 60-90 min and control group received ibuprofen 400 mg. The intensity of pain before and after the intervention was measured using short-form McGill pain questionnaire. The data were entered into the SPSS statistical software (version 16) and analyzed using Kruskal-Wallis test, paired t-test, and Chi-square test. Results: A significant difference was found in the mean intensity of pain before and after the intervention in all the three study groups. The mean score of pain intensity was 10.65 +/- 5.71 in the training group, 19 +/- 5.41 in the control group, and 14.40 +/- 6.87 in the acupressure group after the intervention. The results of Kruskal-Wallis test revealed that both interventions were more effective compared to consumption of ibuprofen. Conclusion: Training and acupressure were more effective than ibuprofen in the reduction of dysmenorrhea. Thus, they can be considered as trainable methods without side effects in adolescent girls.
256.
Prospective Case Series of a Novel Minimally Invasive Bipolar Coagulation System in the Treatment of Grade I and II Internal Hemorrhoids.
Crawshaw B.P., Russ A.J., Ermlich B.O., Delaney C.P., Champagne B.J.
Embase
Surgical Innovation. 23 (6) (pp 581-585), 2016. Date of Publication: 01 Dec 2016.
[Article]
AN: 613174075
Background. Existing nonsurgical procedures for the treatment of grade I and II internal hemorrhoids are often painful, technically demanding, and often necessitate multiple applications. This study prospectively assessed the safety and efficacy of the HET Bipolar System, a novel minimally invasive device, in the treatment of symptomatic grade I and II internal hemorrhoids.
Methods. Patients with symptomatic grade I or II internal hemorrhoids despite medical management underwent hemorrhoidal ligation with the HET Bipolar System. Endpoints included resolution or improvement of hemorrhoidal bleeding and/or prolapse from baseline, recurrent or refractory symptoms, and pain. Results. Twenty patients were treated with the HET Bipolar System. Two were lost to follow-up. Refractory or recurrent bleeding was present in 8 of 18
(44.4%), 4 of 11 (36.4%), and 4 of 8 (50.0%) patients, and prolapse was reported by 1 of 18
(5.6%), 4 of 11 (36.4%), and 1/7 (14.3%) of patients at 1, 3, and 6 months, respectively. Bleeding
improved from baseline in 88.2%, 81.8%, and 87.5% of patients, and resolution of baseline
prolapse was seen in 11 of 11 (100%), 4 of 7 (57.1%), and 5 of 5 (100%) patients at the same
intervals. Thirteen of 18 (72.2%) patients did not require additional treatment for their symptoms.
Conclusions. The HET Bipolar System is safe and easy to use with short-term effectiveness
comparable to that of currently used techniques for the treatment of symptomatic grade I and II
internal hemorrhoids. It may be an effective alternative to rubber band ligation in patients with
larger internal hemorrhoids and those with hemorrhoids close to the dentate line in which banding
may produce debilitating pain. Copyright © The Author(s) 2016.

Status
EMBASE
Institution
(Crawshaw, Russ, Ermlich, Delaney, Champagne) Department of Colorectal Surgery, University
Hospitals Case Medical Center, 11100 Euclid Avenue, Cleveland, OH 44106, United States
Country of Publication
United States
Publisher
SAGE Publications Inc. (E-mail: claims@sagepub.com)
Date Created
20161205
Year of Publication
2016

Complications of Transvaginal Mesh for Pelvic Organ Prolapse and Stress Urinary Incontinence:
Tips for Prevention, Recognition, and Management.
MacDonald S., Terlecki R., Costantini E., Badlani G.
Embase
European Urology Focus. 2 (3) (pp 260-267), 2016. Date of Publication: 01 Aug 2016.
[Review]
AN: 613218127
Context Mesh-related complications following transvaginal management of pelvic organ prolapse (POP) and/or stress urinary incontinence (SUI) have received significant attention in the last decade. Objective We sought to identify patient, product, and technical factors associated with an increased risk of complications after mesh-based transvaginal repair of anterior POP and SUI. In this review we clarify the different pattern of complications after POP and SUI repairs. Our aim is to provide a practical evidence-based guide for physicians to prevent and, if necessary, manage product-associated complications in a stepwise manner. Evidence acquisition We conducted a comprehensive PubMed search of all English-language articles published from 2010 to June 2016, using these search terms: mesh, pelvic organ prolapse, and stress urinary incontinence. Expert opinion is also provided. Evidence synthesis Mesh-related complications are much lower after repair of SUI compared with POP, despite its more frequent use. Vaginal exposure is the most common mesh-specific complication. Patients may present with vaginal discharge, dyspareunia, pain, recurrent urinary tract infection, and/or hematuria. Conversely, patients may be asymptomatic. Small asymptomatic mesh exposures (<0.5 cm) may be treated conservatively. Larger exposures will require partial, if not complete, excision with reconstruction. Any mesh encountered within the urinary tract must be fully excised. Following excision, pain may persist in up to 50% of patients. Conclusions Vaginal extrusion, persistent pain, and urethral and/or bladder erosion are the three most common product-specific complications following mesh-based repair for SUI or POP. Conservative therapies may be attempted, but most patients ultimately require partial or complete mesh excision. Patient summary We reviewed the recent literature on mesh-related complications after repair of pelvic organ prolapse (POP) and stress urinary incontinence (SUI). Vaginal exposure, persistent pain, and erosion into the urinary tract are the most common. These often require surgical management, best suited to a urologist with training and experience in this area. Evidence supports mesh use for correction of SUI, whereas the indication for POP repair remains controversial. Copyright © 2016 European Association of Urology
The effectiveness of cognitive behavioural therapy for pain in childhood and adolescence: A meta-analytic review.
Lonergan A.
Embase
[Review]
AN: 607841519
Objectives. A variety of chronic painful conditions are present in the paediatric population. Patients with chronic pain often experience considerable scepticism and avoidance by health care providers. This meta-analytic review aimed to utilise well-designed studies, in examining the effectiveness of cognitive behavioural therapy (CBT) in the treatment of chronic pain in children and adolescents. Methods. Nine randomized controlled trial studies examining CBT for chronic pain were reviewed. Outcome measures were child reported pain intensity, pain duration and functional disability. Results. CBT had a large effect on pain intensity for recurrent abdominal pain (RAP), a small effect on headaches, and a medium effect on fibromyalgia. CBT had a medium effect on pain duration across pain types. CBT had a large effect on functional disability for RAP, a small effect on fibromyalgia and a moderate effect on headaches. Findings are limited by the small number of studies and varied control conditions. Conclusions. CBT may be effective in reducing child reported pain symptomology. Future studies using a larger sample and examining the differential impact of varied control conditions are needed. Copyright © College of Psychiatrists of Ireland 2016.
Status
EMBASE
Institution
(Lonergan) University College Dublin, Dublin, Ireland
Country of Publication
Ireland
Publisher
Interstitial Cystitis/Bladder Pain Syndrome: a Review and an Update.
Fang Z., Xu K.
Embase
Current Bladder Dysfunction Reports. 11 (4) (pp 391-398), 2016. Date of Publication: 01 Dec 2016.
[Review]
AN: 613275199
Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic condition characterized by pelvic pain and lower urinary tract symptoms. The evolution of nomenclature of IC/BPS has experienced a long history. The disease etiology is not yet fully understood; potential pathophysiologic causes proposed include defect of layer of glycosaminoglycan (GAG) on the apical surface of bladder floor; autoimmune, inflammatory, and neurogenic mechanisms; infection; and so on. There are a lot of strategies to cure IC/BPS, mainly including behavioral therapy, oral medicines, intravesical treatments, and intradetrusor botulinum toxin A (BTXA) injection. But none of them is curative. Most treatments are aimed at controlling symptom and improving the quality of life of patients. In this article, we will talk about the new progress of definition, etiology, and treatment on IC/BPS.
Status
EMBASE
Institution
(Fang, Xu) Department of Urology, Peking University People’s Hospital, No. 11 Xizhimen South Street, Xicheng District, Beijing 100044, China
Country of Publication
United States
Publisher
Current Medicine Group LLC 1 (E-mail: info@phl.cursci.com)
Efficacy and safety of abobotulinumtoxinA liquid formulation in cervical dystonia: A randomized-controlled trial.


Embase
Movement Disorders. 31 (11) (pp 1649-1657), 2016. Date of Publication: 01 Nov 2016.

[Article]
AN: 612965211

Background: Approved botulinum toxin A products require reconstitution. AbobotulinumtoxinA solution for injection is a ready-to-use liquid formulation of abobotulinumtoxinA. Objectives: The objective of this study was to demonstrate the superior efficacy of abobotulinumtoxinA solution for injection to placebo and to test the noninferior efficacy of abobotulinumtoxinA solution for injection versus abobotulinumtoxinA (dry formulation) in cervical dystonia. Methods: This was a phase-3, multicenter, prospective, double-blind, randomized, active, and placebo-controlled study (N = 369). Patients with cervical dystonia were randomized (3:3:1) to abobotulinumtoxinA solution for injection 500 U, abobotulinumtoxinA 500 U, or placebo. Following the double-blind phase, patients received abobotulinumtoxinA solution for injection, open-label, for up to 4 cycles. The primary outcome was change from baseline at week 4 of the Toronto Western Spasmodic Torticollis Rating Scale total score. Secondary measures included change from baseline or cycle baseline in Toronto Western Spasmodic Torticollis Rating Scale scores. Results: At week 4, both products were superior to placebo (Toronto Western Spasmodic Torticollis Rating Scale total score least square mean decrease from baseline, abobotulinumtoxinA solution for injection 500 U -12.5, abobotulinumtoxinA 500 U -14.0, placebo -3.9; P <.0001 vs placebo). The noninferiority limit of 3 points in the Toronto Western Spasmodic Torticollis Rating Scale total score at week 4 was not met for abobotulinumtoxinA solution for injection versus abobotulinumtoxinA. Toronto Western Spasmodic Torticollis Rating Scale total score reductions were maintained for up to 4
cycles of abobotulinumtoxinA solution for injection open-label follow-up treatment. Safety profiles of abobotulinumtoxinA solution for injection and abobotulinumtoxinA were similar, with dysphagia and injection-site pain the most frequent drug-related adverse events. Conclusions: Although the predefined noninferiority criterion was not met, abobotulinumtoxinA solution for injection was similarly effective to freeze-dried abobotulinumtoxinA in reducing Toronto Western Spasmodic Torticollis Rating Scale total scores with a similar safety profile. AbobotulinumtoxinA solution for injection efficacy was maintained with chronic open-label treatment, and this novel formulation may add convenience as well as dosing accuracy to treatment with abobotulinumtoxinA. © 2016 International Parkinson and Movement Disorder Society.
Oral treatment of iron-deficiency anaemia in adults: Attention to detail makes supplementation more tolerable.

Anonymous

Embase


[Review]

AN: 612990993

Iron deficiency is one of the most common causes of anaemia in adults. We conducted a review of the literature using the standard Prescrire methodology to determine the best treatment for adults with iron-deficiency anaemia. Iron-deficiency anaemia is usually hypochromic, microcytic and aregenerative. In patients without chronic inflammatory disease, infection or cancer, and without liver or kidney disease, a low serum ferritin concentration confirms iron deficiency. In the absence of obvious blood loss, such as heavy periods in women, occult blood loss should be sought first, focusing on the gastrointestinal or genital tract. Some manifestations point to inadequate dietary iron intake or to iron malabsorption due to a gastrointestinal disorder. In addition to treating the underlying cause, when possible, treatment of iron-deficiency anaemia is based on iron intake. The oral route has the best harm-benefit balance, delivering 100 mg to 200 mg of elemental iron per day as ferrous salts. Iron-deficiency anaemia is usually corrected after 6 to 8 weeks of oral iron supplementation. Treatment may be continued for 3 to 6 months in order to replenish iron stores. Alternatively, iron supplementation may be suspended once a normal
haemoglobin concentration has been achieved. Oral iron has frequent gastrointestinal adverse effects, including abdominal pain, nausea, vomiting, diarrhoea and constipation. Gastrointestinal tolerability can be improved by dividing the daily dose, taking the iron supplement during or just after a meal, reducing the dose, or sometimes trying a different commercial brand. Given the risk of fatal acute intoxication, products sold in unsafe packaging should be avoided, and iron supplements, like all drugs, should be kept out of children's reach. In practice, patients with iron-deficiency anaemia need iron supplementation to replenish their iron stores, preferably by the oral route. Patients should be aware of how to minimise the gastrointestinal adverse effects of oral iron supplements.

Status
EMBASE
Country of Publication
France
Publisher
Association Mieux Prescrire (E-mail: international@prescrire.org)
Date Created
20161122
Year of Publication
2016

262.
Is Urethrectomy Necessary During Cystectomy in Patients With Interstitial Cystitis or Bladder Pain Syndrome?.
Embase
Urology. 97 (pp 73-79), 2016. Date of Publication: 01 Nov 2016.
[Article]
AN: 613220624
Objective To assess the outcome of cystectomy and cystourethrectomy in patients with intractable interstitial cystitis or bladder pain syndrome, and to identify whether urethrectomy is necessary. Methods and Materials During 2007-2014, 18 women were eligible and elected for surgical treatment after conservative treatment failed. Seven cystectomies with ileal conduit urinary diversions, 8 cystourethrectomies with ileal conduit urinary diversions, and 3 supratrigonal
cystectomy with orthotopic ileocystoplasty were performed. Patient histories, perioperative medical records, and follow-up outcomes were evaluated and summarized. Results Patients reported subjectively improved social function and mental condition secondary to decreased urination frequency postoperatively. Pain also significantly decreased compared with baseline. To date, additional surgery to alleviate persistent symptoms or postoperative complications has not been necessary. Furthermore, there was no association between reported urethral pain and the initial transvaginal urethrectomy incidence (P=.326). More operation time and longer postoperative hospitalization duration were recorded without better surgical outcomes in the urethrectomy group (P values<.05). Conclusion Cystectomy and cystourethrectomy is effective and adequate treatment for interstitial cystitis or bladder pain syndrome, and our experience indicates that urethrectomy is not routinely needed. However, further long-term, prospective studies involving a larger study group are needed. Copyright © 2016 Elsevier Inc.

Status
EMBASE
Institution
(Yang, Luo, Li, Wang, Shen) Department of Urology, Institute of Urology, West China Hospital, Sichuan University, Chengdu, Sichuan, China
Country of Publication
United States
Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)
Date Created
20161122
Year of Publication
2016

263.
New approaches in managing interstitial cystitis/bladder pain syndrome.
Jerauld A., Wormuth L., Carlson B.
Embase
U.S. Pharmacist. 41 (9) (pp 29-33), 2016. Date of Publication: September 2016.
[Article]
AN: 612951313
Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic condition of the bladder, which causes pain or discomfort in the absence of infection or other identifiable causes. The exact etiology of IC/BPS is unknown, leading to controversy regarding treatment. The American Urological Association guideline recommends a stepwise approach in the selection of treatment options, based on patient characteristics and the severity of symptoms. Due to the difficulty in fully understanding this condition, the goal of therapy is to provide symptom relief and improve quality of life. Copyright © 2016, Jobson Publishing Corporation. All rights reserved.

Status
EMBASE
Institution
(Jerauld, Wormuth, Carlson) UHS Hospitals, Johnson City, NY, United States
Country of Publication
United States
Publisher
Jobson Publishing Corporation
Date Created
20161101
Year of Publication
2016

Clinical outcome of various regimens of gonadotropin-releasing hormone analogues after conservative surgery in patients with endometriosis.
Liu W., Chen C., Shi J., Zang X.-X., Zhao A.-M.
Embase
Article Number: IJCEM0027833. Date of Publication: 30 Oct 2016.
[Article]
AN: 612964575
Objective: To assess the efficacy of three GnRHa therapies after conservative surgery for ovarian endometriosis by analyzing sex hormones, hypo-estrogenic symptoms, quality of life and bone mineral density. Methods: Thirty-six ovarian endometriosis patients with 20 to 48 years old were divided into three groups after conservative surgery according to their own wills. GnRHa
conventional dosage regimen group was intramuscularly injected of triptorelin 3.75 mg every 4 weeks. Tibolone 'add-back' therapy group received the same treatment as the conventional group and orally took tibolone tablets 1.25 mg/d from the eighth week. GnRHa extended-interval dosage group received a 4-dose regimen every 6 weeks. The treatment lasted for 24 weeks. The EMs (VAS score), menopausal score, recurrence, menstruation and vaginal bleeding were assessed. The levels in sex hormones, bone metabolism indicators, lumbar spine bone mineral density, CA125 and other parameters were observed. Results: The symptoms including dysmenorrhea, dyspareunia and chronic pelvic pain were relieved in three groups. At 12th and 24th week of GnRHa treatment, the levels of serum sex hormones (FSH, LH and E2) in all groups were decreased compared with the baseline, the modified Kupperman scores in Tibolone 'add-back' group and extended-interval group were lower than those of the conventional group. At the end of the 24th week, T scores and CA125 serum in all groups were decreased compared with the baseline. Conclusions: Tibolone 'add-back' therapy and GnRHa extended-interval regimen had better effects on improving symptoms of perimenopause than GnRHa conventional regimens. Tibolone 'add-back' therapy was more effective in protection of bone density than other treatments. Copyright © 2016, E-Century Publishing Corporation. All rights reserved.

Status
EMBASE

Institution
(Liu, Chen, Shi, Zhao) Department of Obstetrics and Gynecology, Ren Ji Hospital, School of Medicine, Shanghai Jiaotong University, Shanghai 200127, China (Zang) Department of Microbiology and Immunology, Albert Einstein College of Medicine, Bronx, NY 10461, United States

Country of Publication
United States

Publisher
E-Century Publishing Corporation (40 White Oaks Lane, Madison WI 53711, United States)

Date Created
20161116

Year of Publication
2016

265.
Roux-en-Y gastric bypass reversal: a systematic review.
Embase
Surgery for Obesity and Related Diseases. 12 (7) (pp 1366-1372), 2016. Date of Publication: 01 Aug 2016.
[Article]
AN: 610770942

Background Due to the large number of Roux-en-Y gastric bypass surgeries performed over the last decade, reversal of the bypass to normal anatomy has been increasingly reported. Setting University affiliated Teaching Hospital, United States. Objectives The aim of this systematic review was to summarize the literature data regarding the indications, technical considerations, and outcomes of gastric bypass reversal. Methods PubMed/MEDLINE search was conducted for articles reporting reversal of gastric bypass to normal anatomy. Patients' demographic characteristics, primary reason for reversal, reversal technique, and postreversal events were retrieved and categorized from each eligible paper. Results Thirty-five articles encompassing a total of 100 patients were eligible. Malnutrition was the most common indication for reversal (12.3%), followed by severe dumping syndrome (9.4%), postprandial hypoglycemia (8.5%), and excessive weight loss (8.5%). Techniques for gastrogastrostomy were available in 42 patients, with the hand-sewn technique as the most common (67.4%) followed by the linear stapler (23.2%) and the end-to-end anastomosis stapler used in 3 patients (6.9%). The reversal technique was performed endoscopically and described in 3 studies (3 patients). Techniques for handling the Roux limb were described in 56 patients (56%); the limb was reconnected in 32 patients (57.2%) and resected in 24 patients (42.8%). Weight regain was the most prevalent postreversal event (28.8%), followed by severe gastroesophageal reflux diseases (10.2%) and persistent abdominal pain (6.8%). There was no reported mortality. Conclusion Gastric bypass reversal is indicated for excessive weight loss, dumping syndrome, and postprandial hypoglycemia. The procedure is well tolerated and feasible when performed laparoscopically and has no reported mortality. Copyright © 2016 American Society for Bariatric Surgery

Status
EMBASE
Institution
(Shoar, Saber) Department of Bariatric and Metabolic Surgery, The Brooklyn Hospital Center, Icahn School of Medicine at Mount Sinai, Brooklyn, NY, United States
(Nguyen) St. George's University School of Medicine, Grenada, Grenada
(Ona, Reddy, Anand) Division of Gastroenterology, The Brooklyn Hospital Center, Ichan School of Medicine at Mount Sinai, Brooklyn, NY, United States
(Alkuwari) Hamad Medical Corporation, Weill Cornell Medical College, Doha, Qatar
Purpose Chronic bladder pain is a debilitating condition often accompanied by alterations in affective and autonomic function. Many symptoms associated with chronic bladder pain are mediated by the central nervous system. In this review data from preclinical animal models and human neuroimaging studies were analyzed and a theoretical supraspinal bladder pain network was generated. Materials and Methods We comprehensively reviewed the literature using PubMed and Google Scholar™. Relevant reviews and original research articles, and the cited references were summarized and then organized on a neuroanatomical basis. Results The brain loci the most predominant in the bladder pain literature are the thalamus, parabrachial nucleus, cerebral cortex, amygdala, hypothalamus, periaqueductal gray and rostral ventromedial medulla. This review highlights each of these regions, discussing the molecular and physiological changes that occur in each in the context of bladder pain. Conclusions A complex network of brain loci is involved in bladder pain modulation. Studying these brain regions and the changes that they undergo during the transition from acute to chronic bladder pain will provide novel therapeutic strategies for patients with chronic bladder pain diseases such as interstitial cystitis/bladder pain syndrome and chronic prostatitis/chronic pelvic pain syndrome. Copyright © 2016 American Urological Association Education and Research, Inc.
267. Therapeutic uses of plants of genus Blepharis- A systematic review.
Vijayalakshmi S., Kripa K.G.
Embase
[Review]
AN: 612928683
Nature has been a source of medicinal agents for thousands of years and a remarkable number of modern drugs have been isolated from natural sources. Higher plants, as sources of medicinal compounds, have continued to play a dominant role in the maintenance of human health since ancient times. Over 50% of all modern clinical drugs are of natural product origin and play an important role in drug development programs in the pharmaceutical industry. Blepharis is an Afro-asiatic genus comprising 129 species, belonging to the family Acanthaceae, widely distributed in arid and semi-arid habitats. Some of the species include B. attenuata Napper, Blepharis edulis, B. sindica, and B. maderaspatensis. These plants exhibit a wide range of pharmacological activities including antioxidant, anti-inflammatory, anti-arthritic, antimicrobial, antifungal, anti-ulcer and cytotoxic activities. Some established pharmacological activities of these plants have been discussed in this article. The plant species being widely distributed can be used as an alternative
to the conventional medicines. Hence, there is a need to know the feasibility of using extracts and bioactive compounds derived from such plants for the control of chronic diseases as claimed by traditional healers.

Status
EMBASE
Institution
(Vijayalakshmi, Kripa) Department of Biochemistry, School of Life Sciences, Vels University, Chennai 600117, India
Country of Publication
India
Publisher
International Journal of Pharma and Bio Sciences (E-mail: prasmol@rediffmail.com)
Date Created
20161028
Year of Publication
2016

268.
Psychotherapy with Somatosensory Stimulation for Endometriosis-Associated Pain.
Embase
Obstetrics and Gynecology. 128 (5) (pp 1134-1142), 2016. Date of Publication: 01 Nov 2016.
[Conference Paper]
AN: 612938567
OBJECTIVE: To evaluate whether psychotherapy with somatosensory stimulation is effective for the treatment of pain and quality of life in patients with endometriosis-related pain. METHODS: Patients with a history of endometriosis and chronic pelvic pain were randomized to either psychotherapy with somatosensory stimulation (ie, different techniques of acupuncture point stimulation) or wait-list control for 3 months, after which all patients were treated. The primary outcome was brain connectivity assessed by functional magnetic resonance imaging. Prespecified secondary outcomes included pain on 11-point numeric rating scales (maximal and average global pain, pelvic pain, dyschezia, and dyspareunia) and physical and mental quality of
life. A sample size of 30 per group was planned to compare outcomes in the treatment group and the wait-list control group. RESULTS: From March 2010 through March 2012, 67 women (mean age 35.6 years) were randomly allocated to intervention (n=35) or wait-list control (n=32). In comparison with wait-list controls, treated patients showed improvements after 3 months in maximal global pain (mean group difference -2.1, 95% confidence interval [CI] -3.4 to -0.8; P<.002), average global pain (-2.5, 95% CI -3.5 to -1.4; P<.001), pelvic pain (-1.4, 95% CI -2.7 to -0.1; P=0.036), dyschezia (-3.5, 95% CI -5.8 to -1.3; P=0.003), physical quality of life (3.8, 95% CI 0.5-7.1; P=0.026), and mental quality of life (5.9, 95% CI 0.6-11.3; P=0.031); dyspareunia improved nonsignificantly (-1.8, 95% CI -4.4 to 0.7; P=0.150). Improvements in the intervention group remained stable at 6 and 24 months, and control patients showed comparable symptom relief after delayed intervention. CONCLUSION: Psychotherapy with somatosensory stimulation reduced global pain, pelvic pain, and dyschezia and improved quality of life in patients with endometriosis. After 6 and 24 months, when all patients were treated, both groups showed stable improvements. CLINICAL TRIAL REGISTRATION: ClinicalTrials.gov, https://clinicaltrials.gov, NCT01321840. Copyright © 2016 by The American College of Obstetricians and Gynecologists. Published by Wolters Kluwer Health, Inc. All rights reserved.
Background Burning mouth syndrome (BMS) is a chronic and spontaneous oral pain with burning quality in the tongue or other oral mucosa without any identifiable oral lesion or laboratory finding. Pathogenesis and etiology of BMS are still unknown. However, BMS has been associated with other chronic pain syndromes including other idiopathic orofacial pain, the dynias group and the family of central sensitivity syndromes. This would imply that BMS shares common mechanisms with other cephalic and/or extracephalic chronic pains. The primary aim of this systematic review was to determine whether BMS is actually associated with other pain syndromes, and to analyze cephalic and extracephalic somatosensory sensitivity in these patients. Methods This report followed the PRISMA Statement. An electronic search was performed until January 2015 in PubMed, Cochrane library, Wiley and ScienceDirect. Searched terms included burning mouth syndrome OR stomatodynia OR glossodynia OR burning tongue OR oral burning. Studies were selected according to predefined inclusion criteria (report of an association between BMS and other pain(s) symptoms or of cutaneous cephalic and/or extracephalic quantitative sensory testing in BMS patients), and a descriptive analysis conducted. Results The search retrieved 1512 reports. Out of these, twelve articles met criteria for co-occurring pain symptoms and nine studies for quantitative sensory testing (QST) in BMS patients. The analysis reveals that in BMS patients co-occurring pain symptoms are rare, assessed by only 0.8% (12 of 1512) of the retrieved studies. BMS was associated with headaches, TMD, atypical facial pain, trigeminal neuralgia, post-herpetic facial pain, back pain, fibromyalgia, joint pain, abdominal pain, rectal pain or vulvodynia. However, the prevalence of pain symptoms in BMS patients is not different from that in the age-matched general population. QST studies reveal no or inconsistent evidence of abnormal cutaneous cephalic and extracephalic somatosensory sensitivity. Conclusions There is no evidence for a high rate of other pain symptoms or somatosensory impairments co-occurring with BMS. These results thus suggest that BMS rather depends on specific mechanisms, likely at the trigeminal level. Nevertheless, more thoroughly conducted research is required to draw definitive conclusion. Copyright © 2016 Moisset et al. This is an open access article distributed
under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Status
EMBASE

Institution
(Moisset, Gremeau-Richard, Dallel) Clermont Universite, Universite d'Auvergne, Neuro-Dol, Clermont-Ferrand, Inserm U1107, Clermont-Ferrand, France  (Gremeau-Richard, Dallel) CHU Clermont-Ferrand, Service d'Odontologie, Clermont-Ferrand, France
(Moisset) CHU Clermont-Ferrand, Service de Neurologie, Clermont-Ferrand, France
(Calbacho, Torres) Facultad de Odontologoa, Universidad San Sebastia N, Santiago, Chile

Country of Publication
United States

Publisher
Public Library of Science (E-mail: plos@plos.org)

Date Created
20161028

Year of Publication
2016

270.
Probiotic administration among free-living older adults: A double blinded, randomized, placebo-controlled clinical trial.
Ostlund-Lagerstrom L., Kihlgren A., Repsilber D., Bjorksten B., Brummer R.J., Schoultz I.

Embase
[Article]
AN: 612843425

Background: Diseases of the digestive system have been found to contribute to a higher symptom burden in older adults. Thus, therapeutic strategies able to treat gastrointestinal discomfort might impact the overall health status and help older adults to increase their overall health status and optimal functionality. Objective: The aim of this double-blinded, randomized,
placebo-controlled clinical trial was to evaluate the effect of the probiotic strain Lactobacillus reuteri on digestive health and wellbeing in older adults. Methods: The study enrolled general older adults (>65 years). After eligibility screening qualified subjects (n = 290) participated in a 2-arm study design, with each arm consisting of 12 weeks of intervention of either active or placebo product. Primary outcome measure was set to changes in gastrointestinal symptoms and secondary outcome measures were changes in level of wellbeing, anxiety and stress. Follow up was performed at 8 and 12 weeks. Results: No persistent significant effects were observed on the primary or secondary outcome parameters of the study. A modest effect was observed in the probiotic arm, were levels of stress decreased at week 8 and 12. Similarly, we found that subjects suffering from indigestion and abdominal pain, respectively, showed a significant decrease of anxiety at week 8 after probiotic treatment, but not at week 12. Conclusion: The RCT failed to show any improvement in digestive health after daily intake of a probiotic supplement containing L. reuteri. Neither was any significant improvement in wellbeing, stress or anxiety observed. Even though the RCT had a negative outcome, the study highlights issues important to take into consideration when designing trials among older adults. Trial registration: Clinicaltrials.gov/ NCT01837940. Copyright © 2016 The Author(s).
Treatment strategies for pelvic pain associated with adenomyosis.

Radzinsky V.E., Khamoshina M.B., Nosenko E.N., Dukhin A.O., Sojunov M.A., Orazmuradov A.A., Lebedeva M.G., Orazov M.R.

Embase
Gynecological Endocrinology. 32 (pp 19-22), 2016. Date of Publication: 30 Sep 2016.
[Article]
AN: 612893932

Objective: To observe the effects of levonorgestrel-releasing intrauterine system (LNG-IUS) in treatment of chronic pelvic pain associated with adenomyosis (AM) and in prevention of its recurrence. Methods: A prospective continuing study including 180 patients with chronic pelvic pain associated with AM who received insertion of LNG-IUS who were divided into three groups depending on the pain severity. The visual analog scale (VAS) was used for pain assessment before and during the treatment and transvaginal ultrasonic measurement of the uterine size, while various side effects, were observed and recorded. Results: After placement of LNG-IUS, scores of pain and ratio of severe pelvic pain decreased significantly compared with baselines (p < 0.01), the scores of VAS were 9.0 +/- 0.8, 6.5 +/- 2.8, 4.3 +/- 1.8, 3.3 +/- 2.2, 2.2 +/- 2.1, 2.2 +/- 1.8, 1.4 +/- 1.6 and 1.3 +/- 1.3 at 0, 3, 6 and 12 months, respectively. During 12 months after placement of LNG-IUS, scores of pain had improved significantly compared with preceding period (p < 0.01). We found no universal dependent factors predicting improvement of pain, which was neither relevant with simultaneous changes of menstruation patterns nor with adverse effects (p > 0.005). Conclusion: The obtained results allowed to confirm the possibility of using LNG-IUS in the treatment of pelvic pain syndrome associated with AM, particularly with mild and moderately severe pelvic pain syndrome. This is a cost effective, reversible and long-term treatment for women with pelvic pain associated with AM, which reduces the need for surgical interventions. Copyright © 2016 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

Status
EMBASE
Institution
(Radzinsky, Khamoshina, Nosenko, Dukhin, Sojunov, Orazmuradov, Lebedeva, Orazov)
Department of Obstetrics and Gynecology with a Course in Perinatology, Faculty of Medicine, Peoples' Friendship University of Russia, Moscow, Russian Federation
Country of Publication
OBJECTIVE: Vaginal atrophy is a chronic, progressive medical condition that affects fifty percent of postmenopausal women, causing symptoms like dyspareunia, vaginal dryness, and vaginal irritation. Until recently, the only prescription options were systemic and vaginal estrogen therapies that might be limited by concerns about long-term safety and breast cancer risk. The objective is to analyze the literature about ospemifene, a tissue-selective estrogen receptor modulator (SERM) recently approved for the treatment of vulvovaginal atrophy and dyspareunia and to compare its effects with those of the other SERMs to assess its safety.

MATERIALS AND METHODS: Review. Medline search. RESULTS: Ospemifene treats vaginal atrophy, and, if compared with other SERMs, it has no or not significant effects on endometrium and thromboembolism. Experimental and animal models suggest an inhibitory effect on the growth of malignant breast tissue. The available clinical data support ospemifene breast safety.

CONCLUSIONS: Ospemifene relieves moderate to severe symptoms of vulvovaginal atrophy, like dryness, irritation and soreness around the genital area, and painful sexual intercourse, in menopausal women. It is well tolerated, and it has neutral effects on endometrium and coagulation. Clinical trials and even long-term studies on breast cancer effects support ospemifene overall safety.
273.

Common Functional Gastroenterological Disorders Associated With Abdominal Pain.
Bharucha A.E., Chakraborty S., Sletten C.D.
Embase
Mayo Clinic Proceedings. 91 (8) (pp 1118-1132), 2016. Date of Publication: 01 Aug 2016.
[Review]
AN: 612880654
Although abdominal pain is a symptom of several structural gastrointestinal disorders (eg, peptic ulcer disease), this comprehensive review will focus on the 4 most common nonstructural, or functional, disorders associated with abdominal pain: functional dyspepsia, constipation-predominant and diarrhea-predominant irritable bowel syndrome, and functional abdominal pain syndrome. Together, these conditions affect approximately 1 in 4 people in the United States. They are associated with comorbid conditions (eg, fibromyalgia and depression), impaired quality of life, and increased health care utilization. Symptoms are explained by disordered gastrointestinal motility and sensation, which are implicated in various peripheral (eg, postinfectious inflammation and luminal irritants) and/or central (eg, stress and anxiety) factors. These disorders are defined and can generally be diagnosed by symptoms alone. Often prompted by alarm features, selected testing is useful to exclude structural disease. Identifying the specific diagnosis (eg, differentiating between functional abdominal pain and irritable bowel syndrome) and establishing an effective patient-physician relationship are the cornerstones of...
therapy. Many patients with mild symptoms can be effectively managed with limited tests, sensible dietary modifications, and over-the-counter medications tailored to symptoms. If these measures are not sufficient, pharmacotherapy should be considered for bowel symptoms (constipation or diarrhea) and/or abdominal pain; opioids should not be used. Behavioral and psychological approaches (eg, cognitive behavioral therapy) can be helpful, particularly in patients with chronic abdominal pain who require a multidisciplinary pain management program without opioids. Copyright © 2016 Mayo Foundation for Medical Education and Research

Status
EMBASE

Institution
(Bharucha, Chakraborty) Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN, United States   (Sletten) Division of Psychology, Department of Pain Medicine, Mayo Clinic, Jacksonville, FL, United States

Country of Publication
United Kingdom

Publisher
Elsevier Ltd

Date Created
20161025

Year of Publication
2016

274.
Predicting obstetric anal sphincter injuries in a modern obstetric population.
Embase
[Conference Paper]
AN: 609642612
Background Perineal lacerations are common at the time of vaginal delivery and may predispose patients to long-term pelvic floor disorders, such as urinary incontinence and pelvic organ prolapse. Obstetric anal sphincter injuries, which are the most severe form of perineal lacerations,
result in disruption of the anal sphincter and, in some cases, the rectal mucosa during vaginal delivery. Long-term morbidity, including pain, pelvic floor disorders, fecal incontinence, and predisposition to recurrent injury at subsequent delivery may result. Despite several studies that have reported risk factors for obstetric anal sphincter injuries, no accurate risk prediction models have been developed. Objective The purpose of this study was to identify risk factors and develop prediction models for perineal lacerations and obstetric anal sphincter injuries. Study Design This was a nested case control study within a retrospective cohort of consecutive term vaginal deliveries at 1 tertiary care facility from 2004-2008. Cases were patients with any perineal laceration that had been sustained during vaginal delivery; control subjects had no lacerations of any severity. Secondary analyses investigated obstetric anal sphincter injury (3rd- to 4th-degree laceration) vs no obstetric anal sphincter injury (0 to 2nd-degree laceration). Baseline characteristics were compared between groups with the use of the chi-square and Student t test. Adjusted odds ratios and 95% confidence intervals were calculated with the use of multivariable logistic regression. Prediction models were created and model performance was estimated with receiver-operator characteristic curve analysis. Receiver-operator characteristic curves were validated internally with the use of the bootstrap method to correct for bias within the model. Results Of the 5569 term vaginal deliveries that were recorded during the study period, complete laceration data were available in 5524 deliveries. There were 3382 perineal lacerations and 249 (4.5%) obstetric anal sphincter injuries. After adjusted analysis, significant predictors for laceration included nulliparity, non-black race, longer second stage, nonsmoking status, higher infant birthweight, and operative delivery. Private health insurance, labor induction, pushing duration, and regional anesthesia were not statistically significant in adjusted analyses. Significant risk factors for obstetric anal sphincter injury were similar to predictors for any laceration; nulliparity and operative vaginal delivery had the highest predictive value. Area under the curve for the predictive ability of the models was 0.70 for overall perineal laceration, and 0.83 for obstetric anal sphincter injury. When limited to primiparous patients, 1996 term vaginal deliveries were recorded. One hundred ninety-two women sustained an obstetric anal sphincter injury; 1796 women did not. After adjusted analysis, significant predictors for laceration included non-black race, age, obesity, and nonsmoking status. In secondary analyses, significant predictors for obstetric anal sphincter injury included non-black race, nonsmoking status, longer duration of pushing, operative vaginal delivery, and infant birthweight. Area under the curve for the predictive ability of the models was 0.60 for any laceration and 0.77 for obstetric anal sphincter injury. Conclusions Significant risk factors for sustaining any laceration and obstetric anal sphincter injury during vaginal deliveries were identified. These results will help identify clinically at-risk patients and assist providers in counseling patients about modifications to decrease these risks. Copyright © 2016 Elsevier Inc.
Sonographic evaluation of clinically occult inguinal hernias in patients with scrotal pain and normal scrotal color Doppler sonography.

Mansori M., Bagheri S.M.

Embase

Biosciences Biotechnology Research Asia. 13 (3) (pp 1611-1616), 2016. Date of Publication: September 2016.

[Article]

AN: 612689967

Scrotal pain, whether acute or chronic, is a common clinical presentation that can be caused by a diverse array of disorders involving different anatomic structures. Because of pain and guarding, patients are usually incooperative for physical examination and thus, not be reliable. This makes definitive diagnosis difficult for even the most experienced clinician. Sonography can be invaluable in evaluating of patient with scrotal pain. The aim of this study is to assess the prevalence of occult inguinal hernia in patients with scrotal pain who have normal physical examination and normal scrotal color Doppler sonography to improve the weakness of clinical diagnosis. A total of 101 patients who have scrotal pain, were referred prospectively with clinically
normal physical examination and normal scrotal color Doppler sonography for ultrasound examinations of occult inguinal hernia. Also we evaluate prevalence of unilateral or bilateral occult inguinal hernia and direct or indirect occult inguinal hernia. Overall, with mean age of 29.4 +/- 7.56 years, mean weight of 76.5 +/- 9.52 kilogram and mean symptoms duration of 11.9 +/- 9.15 days, scans showed 51.5% occult direct inguinal hernia, 14% occult indirect inguinal hernia and 35% with no evidence of hernia. 11.9% of patients have bilateral hernia, 21.8% have left inguinal hernia and 31.7% have right inguinal hernia. A higher incidence of inguinal hernia was associated with age increase (p = 0.015) and weight increase (P= 0.01). In conclusion, with achieved prevalence of occult hernia (65.5%), in patients with scrotal pain who have normal physical examination and normal scrotal color Doppler sonography in this study, we recommend ultrasonographic evaluation for these patients, since it's noninvasive and available.

Status
EMBASE

Institution
(Mansori) Resident of Radiology, Iran University of Medical Sciences, Tehran, Iran, Islamic Republic of  
(Bagheri) Department of Radiology, Hasheminejad Kidney Center (HKC), Iran University of Medical Sciences, Tehran, Iran, Islamic Republic of

Country of Publication
India

Publisher
Oriental Scientific Publishing Company

Date Created
20161021

Year of Publication
2016

276.
Diverticulosis and Diverticulitis.
Feuerstein J.D., Falchuk K.R.

Embase
Mayo Clinic Proceedings. 91 (8) (pp 1094-1104), 2016. Date of Publication: 01 Aug 2016.
[Review]
AN: 610249972
Diverticular disease is a common condition that is associated with variable presentations. For this review article, we performed a review of articles in PubMed through February 1, 2016, by using the following MeSH terms: colon diverticula, colonic diverticulitis, colonic diverticulosis, colonic diverticulum, colonic diverticula, and diverticula. Diverticula are structural alterations within the colonic wall that classically form "pockets" referred to as diverticula. Diverticula form from herniation of the colonic mucosa and submucosa through defects in the circular muscle layers within the colonic wall. Often this is at the sites of penetrating blood vessels in the colon.

Diverticular disease is extremely common, which resulted in 2,682,168 outpatient visits and 283,355 hospitalization discharges for diverticulitis or diverticulosis in 2009. Diverticulosis is one of the most common detected conditions found incidentally on colonoscopy. Risk factors for the development of diverticulitis include obesity, smoking, nonsteroidal anti-inflammatory drugs, corticosteroids, and opiates. In contrast, fiber may be protective, but recent studies have questioned the role of fiber in developing diverticular disease. Most patients with diverticulosis will be asymptomatic, but a subset of patients may develop nonspecific abdominal pain (isolated or recurrent), diverticulitis, or segmental colitis associated with diverticulosis. Classically, the treatment of diverticulitis has included antibiotics for all patients. More recent evidence indicates that in mild to even moderate uncomplicated diverticulitis, antibiotics may not be as necessary as initially believed. In more complicated diverticulitis, intravenous antibiotics and surgery may be necessary. Once a patient has had an attack of diverticulitis, increasing fiber may help prevent future attacks. Other modalities such as 5-aminosalicylate products, antibiotics, and probiotics are still of unclear benefit in preventing future episodes of diverticulitis. Similarly, even when patients develop recurrent episodes of diverticulitis, surgery may not be necessary as a prophylactic treatment.

Copyright © 2016 Mayo Foundation for Medical Education and Research

Status
EMBASE
Institution
(Feuerstein, Falchuk) Department of Medicine, Division of Gastroenterology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, United States
Country of Publication
United Kingdom
Publisher
Elsevier Ltd
Date Created
20160510
Year of Publication
2016
Mindfulness-based stress reduction as a novel treatment for interstitial cystitis/bladder pain syndrome: a randomized controlled trial.
Kanter G., Komesu Y.M., Qaeda F., Jeppson P.C., Dunivan G.C., Cichowski S.B., Rogers R.G.
Embase International Urogynecology Journal and Pelvic Floor Dysfunction. 27 (11) (pp 1705-1711), 2016.
Date of Publication: 01 Nov 2016.
[Article]
AN: 612717105
Introduction and hypothesis: Mindfulness-based stress reduction (MBSR) is a standardized meditation program that may be an effective therapy for interstitial cystitis/bladder pain syndrome (IC/BPS), a condition exacerbated by stress. The aims of this study were to explore whether MBSR improved IC/BPS symptoms and the feasibility/acceptability of MSBR among women with IC/BPS. Methods: This randomized controlled trial included women with IC/BPS undergoing first- or second-line therapies. Women were randomized to continuation of usual care (UC) or an 8-week MBSR class + usual care (MBSR). Participants completed baseline and 8-week post-treatment questionnaires, including the O'Leary-Sant Symptom Problem Index (OSPI), the visual analog pain scale (VAS), the Short Form Health Survey (SF-12), the Female Sexual Function Index (FSFI), and the Pain Self-Efficacy Questionnaire (PSEQ). The Global Response Assessment (GRA) was completed post-treatment. Analyses were performed using Student's t test, Chi-squared, and MANOVA where appropriate. Results: Eleven women were randomized to UC and 9 to MBSR, without differences in group characteristics. More MBSR participants' symptoms were improved on the GRA (7 out of 8 [87.5 %] vs 4 out of 11 [36.4 %], p = 0.03). The MBSR group showed greater improvement in the OSPI total (p = 0.0498) and problem scores (p = 0.036); the OSPI symptom score change did not differ. PSEQ scores improved in MBSR compared with UC (p = 0.035). VAS, SF-12, and FSFI change did not differ between groups. Eighty-six percent of MBSR participants felt more empowered to control symptoms, and all participants planned to continue MBSR. Conclusions: This trial provides initial evidence that MBSR is a promising adjunctive therapy for IC/BPS. Its benefit may arise from patients' empowerment and ability to cope with symptoms. Copyright © 2016, The International Urogynecological Association.

Dworkin R.H., Bruehl S., Fillingim R.B., Loeser J.D., Terman G.W., Turk D.C.

Embase

Journal of Pain. 17 (9 Supplement) (pp T1-T9), 2016. Date of Publication: 01 Sep 2016.

[Review]

AN: 612921003

A variety of approaches have been used to develop diagnostic criteria for chronic pain. The published evidence of the reliability and validity of existing diagnostic criteria is limited, and these criteria have typically not been used in clinical practice. The availability of a widely accepted, consistently applied, and evidence-based taxonomy of diagnostic criteria would improve the quality of clinical research on chronic pain and would be of great value in clinical practice. To address the need for evidence-based diagnostic criteria for the major chronic pain conditions, the Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION) public-private partnership with the US Food and Drug Administration and the American Pain Society (APS) have collaborated on the development of the ACTTION-APS Pain Taxonomy (AAPT). AAPT provides a multidimensional framework that is applied systematically in the development of diagnostic criteria. This article (1) describes the background and rationale for AAPT; (2) presents the AAPT taxonomy and the specific conditions for which
diagnostic criteria have been developed (to be published separately); (3) briefly reviews the 5 dimensions that constitute the AAPT multidimensional framework and describes the 7 accompanying articles that discuss these dimensions and other important issues involving AAPT; and (4) provides an overview of next steps, specifically, the general processes by which the initial set of diagnostic criteria (for which the evidence base has been drawn from the literature, systematic reviews, and secondary analyses of existing databases) will undergo additional assessments of reliability and validity. Perspective To address the need for evidence-based diagnostic criteria for the major chronic pain conditions, the AAPT provides a multidimensional framework that is applied systematically in the development of diagnostic criteria. The long-term objective of AAPT is to advance the scientific understanding of chronic pain and its treatment.

Copyright © 2016 American Pain Society

Status
EMBASE

Institution
(Dworkin) Departments of Anesthesiology, Neurology, and Psychiatry, University of Rochester, Rochester, New York, United States  (Bruehl) Department of Anesthesiology, Vanderbilt University School of Medicine, Nashville, Tennessee, United States  (Fillingim) Pain Research and Intervention Center of Excellence, University of Florida, Gainesville, Florida, United States  (Loeser) Department of Neurological Surgery, University of Washington, Seattle, Washington, United States  (Terman, Turk) Department of Anesthesiology & Pain Medicine, University of Washington, Seattle, Washington, United States

Country of Publication
United States

Publisher
Churchill Livingstone Inc.

Date Created
20161104

Year of Publication
2016

279.
A systematic review of dextrose prolotherapy for chronic musculoskeletal pain.
Hauser R.A., Lackner J.B., Steilen-Matias D., Harris D.K.

Embase
Clinical Medicine Insights: Arthritis and Musculoskeletal Disorders. 9 (pp 139-159), 2016. Date of Publication: 07 Jul 2016.

[Review]
AN: 612707038

Objective: The aim of this study was to systematically review dextrose (d-glucose) prolotherapy efficacy in the treatment of chronic musculoskeletal pain.

Data sources: Electronic databases PubMed, Healthline, OmniMedicalSearch, Medscape, and EMBASE were searched from 1990 to January 2016.

Study selection: Prospectively designed studies that used dextrose as the sole active prolotherapy constituent were selected.

Data extraction: Two independent reviewers rated studies for quality of evidence using the Physiotherapy Evidence Database assessment scale for randomized controlled trials (RCTs) and the Downs and Black evaluation tool for non-RCTs, for level of evidence using a modified Sackett scale, and for clinically relevant pain score difference using minimal clinically important change criteria. Study population, methods, and results data were extracted and tabulated.

Data synthesis: Fourteen RCTs, 1 case-control study, and 18 case series studies met the inclusion criteria and were evaluated. Pain conditions were clustered into tendinopathies, osteoarthritis (OA), spinal/pelvic, and myofascial pain. The RCTs were high-quality Level 1 evidence (Physiotherapy Evidence Database >=8) and found dextrose injection superior to controls in Osgood-Schlatter disease, lateral epicondylitis of the elbow, traumatic rotator cuff injury, knee OA, finger OA, and myofascial pain; in biomechanical but not subjective measures in temporal mandibular joint; and comparable in a short-term RCT but superior in a long-term RCT in low back pain. Many observational studies were of high quality and reported consistent positive evidence in multiple studies of tendinopathies, knee OA, sacroiliac pain, and iliac crest pain that received RCT confirmation in separate studies. Eighteen studies combined patient self-rating (subjective) with psychometric, imaging, and/or biomechanical (objective) outcome measurement and found both positive subjective and objective outcomes in 16 studies and positive objective but not subjective outcomes in two studies. All 15 studies solely using subjective or psychometric measures reported positive findings.

Conclusion: Use of dextrose prolotherapy is supported for treatment of tendinopathies, knee and finger joint OA, and spinal/pelvic pain due to ligament dysfunction. Efficacy in acute pain, as first-line therapy, and in myofascial pain cannot be determined from the literature. Copyright © the authors.

Status
EMBASE
Institution
Molecular seasonality of Giardia lamblia in a cohort of Egyptian children: a circannual pattern.
Ismail M.A.M., El-Akkad D.M.H., Rizk E.M.A., El-Askary H.M., El-Badry A.A.
Embase
Parasitology Research. 115 (11) (pp 4221-4227), 2016. Date of Publication: 01 Nov 2016.
[Article]
AN: 611381049
Giardia lamblia (G. lamblia) is the most worldwide prevailing intestinal parasite, notorious for its broad range of seasonal and age-related prevalence. The potentially lethal nature of giardiasis makes it essential that the seasonality, the groups at risk, and other potential risk factors are identified. The present molecular epidemiological study was designed to determine the genetic diversity of G. lamblia infection, taking into account seasonal peaks, age distribution, and associated symptoms in a cohort of Egyptian diarrheic patients. Stool samples were collected from 1187 diarrheic patients attending outpatient clinics of Cairo University hospitals, of all age groups over a 12-month period. The patients were examined microscopically for fecal G. lamblia cysts, and/or trophozoites, and for copro-DNA detection using nested polymerase chain reaction (nPCR) assays targeting beta giardin gene. PCR-positive samples were characterized molecularly by nPCR restriction fragment length polymorphism (RFLP) to determine Giardia assemblages. The findings revealed circannual prevalence of Giardia, with a seasonal pattern peaking in mid-summer and late winter, with the summer peak preceded by a peak in
temperature. Infection was prevailing in 224 (18.9 %) cases, mainly assemblage B (81.2 %) followed by assemblage A (18.8 %). There were statistically significant associations between the detection of Giardia and flatulence, persistent diarrhea, vomiting, and abdominal pain, while gender and intermittent diarrhea showed no association. The pre-school age group was the most vulnerable. This is the first study of molecular characterization of Giardia to determine its circannual prevalence in Egypt, a finding which carries promising potential for the diagnosis, treatment, and elimination of the disease. Copyright © 2016, Springer-Verlag Berlin Heidelberg.
Purpose We examined symptom variability in men and women with urological chronic pelvic pain syndrome. We describe symptom fluctuations as related to early symptom regression and its effect on estimated 1-year symptom change. We also describe a method to quantify patient specific symptom variability. Materials and Methods Symptoms were assessed biweekly in 424 subjects with urological chronic pelvic pain syndrome during 1 year. To evaluate the impact of early symptom regression subjects were classified as improved, no change or worse according to the rate of change using 1) all data, 2) excluding week 0 and 3) excluding weeks 0 and 2. Patient specific, time varying variability was calculated at each interval using a sliding window approach. Patients were classified as high, medium or low variability at each time and ultimately as high or low variability overall based on the variability for the majority of contacts. Results Prior to excluding early weeks to adjust for early symptom regression 25% to 38% and 5% to 6% of patients were classified as improved and worse, respectively. After adjustment the percent of patients who were improved or worse ranged from 15% to 25% and 6% to 9%, respectively. High and low variability phenotypes were each identified in 25% to 30% of participants. Conclusions Patients with urological chronic pelvic pain syndrome show symptom variability. At study enrollment patients had worse symptoms on average, resulting in a regression effect that influenced the estimated proportion of those who were improved or worse. Prospective studies should include a run-in period to account for regression to the mean and other causes of early symptom regression. Further, symptom variability may be quantified and used to characterize longitudinal symptom profiles of urological chronic pelvic pain syndrome. Copyright © 2016 American Urological Association Education and Research, Inc.

Status
EMBASE
282.
Gastrointestinal manifestations in systemic lupus erythematosus.
Fawzy M., Edrees A., Okasha H., El Ashmaui A., Ragab G.
Embase
Lupus. 25 (13) (pp 1456-1462), 2016. Date of Publication: 01 Nov 2016.
[Article]
AN: 612620843
Systemic lupus erythematosus (SLE) is an autoimmune disorder characterized by multisystem involvement, including the gastrointestinal (GI) tract. There is a significant variation in the clinical presentation and severity of GI disorders. When GI symptoms present as the initial manifestation of SLE, there is likely to be a delay in the diagnosis. The cause of these GI manifestations in SLE may be the disease, or the side effects of medications, or infections. In this study we investigated the GI manifestations in a group of SLE patients. Our study was conducted on 40 SLE patients and 30 healthy controls to assess the prevalence of GI symptoms in SLE patients. The prevalence of gastrointestinal manifestations in our study was 42.5%. GI manifestations in our SLE patients were: acute abdominal pain (due to pleurisy and peritonitis), 6%; diffuse abdominal pain, 23.5%; epigastric pain, 29%; epigastric pain with vomiting, 23.5%; epigastric pain with
chronic constipation, 6%; chronic constipation, 6%; and diffuse abdominal pain with bleeding per rectum, 6%. In our study, we found a higher incidence of Giardia infestation in SLE patients than in healthy controls, and 10% of these patients were asymptomatic. There was more Giardia infestation in patients with GI symptoms as compared with patients with no GI symptoms, with a P value of 0.009. In our study SLE patients with GI symptoms had a peak systolic velocity (cm/s) with a mean of 108.4 +/- 32.1 standard deviation (SD) in the celiac Doppler study. Patients without GI symptoms had a peak systolic velocity with a mean of 111.9 +/- 37.7 SD, meaning that our patients mostly had no evidence of celiac trunk stenosis, but there was significant difference between SLE patients without GI symptoms and controls, as the mean was higher in SLE patients than in the controls. Also, the celiac end diastolic velocity was higher in both groups of SLE patients with GI symptoms and those without GI symptoms, compared to controls.

Copyright © SAGE Publications.

Status
EMBASE

Institution
(Fawzy, Okasha, El Ashmaui, Ragab) Cairo University, Internal Medicine, Kasr Al Ainy Medical School, Cairo, Egypt  (Edrees) Department of Internal Medicine, University of Missouri-Kansas City, 2411 Holmes Street, Kansas City, MO 64108, United States

Country of Publication
United Kingdom

Publisher
SAGE Publications Ltd (E-mail: info@sagepub.co.uk)

Date Created
20161013

Year of Publication
2016

Prevalence of pain 6 months after surgery: A prospective observational study.
Laufenberg-Feldmann R., Kappis B., Mauff S., Schmidtmann I., Ferner M.

Embase
BMC Anesthesiology. 16 (1) (no pagination), 2016. Article Number: 91. Date of Publication: 10 Oct 2016.
Background: Pain after surgery is a major issue for patient discomfort and often associated with delayed recovery. The aim of the present study was to evaluate the prevalence of pain and requirement for analgesics up to 6 months after elective surgery, independent if new pain symptoms occurred after surgery or if preoperative pain persisted in the postoperative period.

Methods: A prospective observational single center cohort study was conducted between January 2012 and August 2013. Eligible patients were scheduled to undergo elective surgical interventions including joint (hip, knee arthroplasty), back (nucleotomy, spondylodesis), or urological surgery (cystectomy, prostatectomy, nephrectomy). Pain was assessed on an 11-point numerical rating scale (NRS) before, on postoperative day 2 and 6 months after surgery. Clinical information was collected with structured questionnaires and by telephone interview.

Results: Six hundred and forty-four patients gave informed consent, including 54.4 % men (mean age 62.2, SD 14.3). Higher preoperative pain scores were found in patients undergoing joint (mean 7.6; 95 % confidence interval [CI]: 7.2-8.0) and back surgery (mean 7.1, CI: 6.8-7.5) than in patients prior to urological surgery (mean 2.3; CI: 1.8-2.8). After 6 months, about 50 % of patients after joint or back surgery indicated pain levels >=3/10, compared to 15.9 % of patients after urological surgery (p < .001). 35.3 % of the patients after joint surgery and 41.3 % after back surgery still use pain medication 6 months postoperatively, in contrast to 7.3 % of patients after urological surgery. 13.6 % of patients who underwent back surgery indicated the regular intake of opioids.

Conclusions: Our results reveal that a significant percentage of patients undergoing procedures in joint or back surgery still need pain medication up to 6 months postoperatively due to ongoing pain symptoms. Improved monitoring of pain management is warranted, especially after discharge from hospital, to improve long-term results.

Trial registration: Clinicaltrials.gov (Identifier: NCT01488617); date of registration December 6th 2011. 

Copyright © 2016 The Author(s).

Status
EMBASE
Institution
(Laufenberg-Feldmann, Kappis, Mauff, Ferner) University Medical Center of the Johannes Gutenberg University Mainz, Department of Anaesthesiology, Langenbeckstrasse 1, Mainz D-55131, Germany (Schmidtmann) University Medical Center of the Johannes Gutenberg University Mainz, Institute for Medical Biostatistics, Epidemiology and Informatics (IMBEI), Langenbeckstrasse 1, Mainz D-55131, Germany
Country of Publication
United Kingdom
Publisher
Three-year Follow-up Results of a Prospective, Multicenter Study in Overactive Bladder Subjects Treated With Sacral Neuromodulation.
Siegel S., Noblett K., Mangel J., Griebling T.L., Sutherland S.E., Bird E.T., Comiter C., Culkin D., Bennett J., Zylstra S., Kan F., Thiery E.

Embase
Urology. 94 (pp 57-63), 2016. Date of Publication: 01 Aug 2016.
[Article]
AN: 610533305

Objective To evaluate the therapeutic success rate, and changes in quality of life (QOL) and safety in subjects using sacral neuromodulation (InterStim System) at 36 months. Subjects with bothersome symptoms of overactive bladder (OAB) including urinary urge incontinence (UI) and/or urgency frequency (UF), who had failed at least 1 anticholinergic medication, and had at least 1 untried medication were included. Methods Subjects with successful test stimulation received an InterStim implant. Therapeutic success and quality of life through 36 months was evaluated in implanted subjects with data at baseline and follow-up. Safety was evaluated using reported adverse events. Results A total of 340 subjects received test stimulation resulting in 272 implanted subjects. Demographics include 91% female, mean age of 57 years, and baseline symptom severity of 3.1+/−2.7 leaks/day (UI) and 12.6+/−4.5 voids/day (UF). The analysis showed an OAB therapeutic success rate of 83% (95% confidence interval: 78%-88%). UI subjects had a mean reduction from baseline of 2.3+/−2.3 leaks/day whereas UF subjects had a mean reduction of 5.3+/−4.0 voids/day (both P<.0001). Statistically significant improvements were observed in all measures of the International Consultation on Incontinence Modular Questionnaire-OABqol (all P<.0001). Eighty percent of subjects reported improvements in their urinary symptom interference. Device-related adverse events occurred in 47% (127/272) of subjects post-implant; 91% were resolved at the time of this analysis. Conclusion The 36-month follow-up data from the multicenter study demonstrate sustained safety, effectiveness, and improved QOL in subjects
implanted with InterStim, without requiring failure of all medications. Copyright © 2016 Elsevier Inc.

Status
EMBASE

Author NameID
Noblett, Karen; ORCID: http://orcid.org/0000-0003-4050-5241  Bird, Erin T.; ORCID: http://orcid.org/0000-0002-8282-5860
Culkin, Daniel; ORCID: http://orcid.org/0000-0002-6740-5841
Bennett, Jason; ORCID: http://orcid.org/0000-0003-2395-6876
Thiery, Elizabeth; ORCID: http://orcid.org/0000-0002-5911-1579

Institution
(Siegel) Metro Urology, Woodbury, MN, United States  (Noblett) University of California, Riverside, CA, United States
(Mangel) MetroHealth Medical Center, Cleveland, OH, United States
(Griebling) University of Kansas, Kansas City, KS, United States
(Sutherland) University of Washington, Seattle, WA, United States
(Bird) Scott and White Healthcare, Temple, TX, United States
(Comiter) Stanford University, Stanford, CA, United States
(Culkin) University of Oklahoma HSC, Oklahoma City, OK, United States
(Bennett) Female Pelvic Medicine, Grand Rapids, MI, United States
(Zylstra) Milford Regional Medical Center, Whitinsville, MA, United States
(Kan, Thiery) Medtronic, Inc., Minneapolis, MN, United States

Country of Publication
United States

Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)

Date Created
20160602

Year of Publication
2016

285.
Mometasone furoate in the treatment of mild, moderate, or severe persistent allergic rhinitis: a non-inferiority study (PUMA). <Furoato de mometasona no tratamento de rinite alergica persistente leve, moderada ou grave: estudo de nao inferioridade (PUMA).>
Embase
Brazilian Journal of Otorhinolaryngology. 82 (5) (pp 580-588), 2016. Date of Publication: 01 Sep 2016.
[Article]
AN: 609078472
Introduction Allergic rhinitis is considered the most prevalent respiratory disease in Brazil and worldwide, with great impact on quality of life, affecting social life, sleep, and also performance at school and at work. Objective To compare the efficacy and safety of two formulations containing mometasone furoate in the treatment of mild, moderate, or severe persistent allergic rhinitis after four weeks of treatment. Methods Phase III, randomized, non-inferiority, national, open study comparing mometasone furoate in two presentations (control drug and investigational drug). The primary endpoint was the percentage of patients with reduction of at least 0.55 in nasal index score (NIS) after four weeks of treatment. Secondary outcomes included total nasal index score score after four and 12 weeks of treatment; individual scores for symptoms of nasal obstruction, rhinorrhea, sneezing, and nasal pruritus; as well as score for pruritus, lacrimation, and ocular redness after four and 12 weeks of treatment. The study was registered at clinicaltrials.gov with the reference number NCT01372865. Results The efficacy primary analysis demonstrated non-inferiority of the investigational drug in relation to the control drug, since the upper limit of the confidence interval (CI) of 95% for the difference between the success rates after four weeks of treatment (12.6%) was below the non-inferiority margin provided during the determination of the sample size (13.7%). Adverse events were infrequent and with mild intensity in most cases. Conclusion The efficacy and safety of investigational drug in the treatment of persistent allergic rhinitis were similar to the reference product, demonstrating its non-inferiority. Copyright © 2016 Associacao Brasileira de Otorrinolaringologia e Cirurgia Cervico-Facial
Status
EMBASE
Institution
(Antila) Clinica de Alergia Martti Antila (CMPC), Sorocaba, SP, Brazil (Castro, Stelmach)
Universidade de Sao Paulo (FMUSP), Faculdade de Medicina, Sao Paulo, SP, Brazil
(Sano) Hospital Nipo-brasileiro, Sao Paulo, SP, Brazil
(Machado) Universidade Federal da Bahia (UFBA), Instituto de Ciencias da Saude, Salvador, BA, Brazil
(Fernandes) Fundacao Jose Luiz Egydio Setubal (Hospital Infantil Sabara), Sao Paulo, SP, Brazil
Does a history of bullying and abuse predict lower urinary tract symptoms, chronic pain, and sexual dysfunction?


Embase International Urology and Nephrology. 48 (11) (pp 1783-1788), 2016. Date of Publication: 01 Nov 2016.
[Article]
AN: 611592520

Purpose: To investigate associations of bullying and abuse with pelvic floor symptoms, urogenital pain, and sexual health characteristics of women presenting to a multidisciplinary women's urology center. Methods: Retrospective review of a prospective database. Patients completed questions about bullying, abuse, sexual health and validated questionnaires including the Pelvic Floor Dysfunction Inventory (PFDI-20), Overactive Bladder Questionnaire (OAB-q), and visual analog scale (VAS 0-10) for genitourinary pain. Statistical analyses included Chi-squared and t tests, which compared victims of bullying and/or abuse to non-victims. Results: Three hundred and eighty patients were reviewed. Three hundred and thirty-eight patients were reviewed. Out of 380, 94 (24.7 %) reported that they were victims of bullying. Out of 380, 104 (27.4 %) reported that they were victims of abuse. Women with a history of bullying and abuse had increased overall pain scores compared to those without a history of either. Women with a history of abuse and bullying had increased PFDI-20, POPDI, and UDI-6 scores compared to
women who were not bullied or abused. There was no difference in being sexually active or in sexual satisfaction between the groups. Patients with a history of abuse and bullying had the greatest percentage of dyspareunia ($p = 0.009$). Conclusions: Women with a history of bullying, abuse, or both predict increased pelvic floor distress, urological symptoms, increased urogenital pain, and increased dyspareunia. Clinicians should screen for exposure to bullying or abuse in order to provide comprehensive resources to address these psychosocial issues. Copyright © 2016, Springer Science+Business Media Dordrecht.

Status
EMBASE

Institution
(Gupta, Ehlert, Dove-Medows, Carrico, Gilleran, Bartley, Peters, Sirls) Department of Urology, William Beaumont Health System, 3535 West 13 Mile Rd, Suite 438, Royal Oak, MI, United States (Nault, Seltzer, Peters, Sirls) Oakland University, William Beaumont School of Medicine, Royal Oak, MI, United States

Country of Publication
Netherlands

Publisher
Springer Netherlands

Date Created
20161014

Year of Publication
2016

287. Familial limb pain and migraine: 8-year follow-up of four generations.
Angus-Leppan H., Guiloff R.J.

Embase
Cephalalgia. 36 (11) (pp 1086-1093), 2016. Date of Publication: 01 Oct 2016.
[Article]
AN: 612649667

Background Migraine limb pain may be under-recognized in adults and children. There is little information about familial forms of this disorder. Objectives To describe the clinical and inheritance patterns of familial migraine limb pain over four generations and to review the
evidence for limb pain as a manifestation of migraine. Methods Prospective clinical and pedigree analysis with an 8-year follow-up of 27 family members. Results Eight members of the family had benign recurrent limb pain associated with headache in a dominant inheritance pattern. Limb pain occurred before, during or after the headache, with probable or definite migraine with aura, migraine without aura and lower-half headache. The limb pain fulfilled the International Headache Society criteria for aura in six patients and also occurred without headache in three. Four members of the family had recurrent abdominal pain and/or motion sickness in childhood. Conclusions This is the first report of dominant familial limb pain temporally associated with migraine headache, starting in adulthood or starting in childhood and continuing into adulthood. A search for a genetic marker is indicated. Limb pain should be included as a childhood periodic syndrome linked to migraine and recognized as part of the migraine spectrum in adults. Copyright © 2016 International Headache Society.

Status
EMBASE
Institution
(Angus-Leppan) Clinical Neurosciences, Royal Free London NHS Foundation Trust, London, United Kingdom (Angus-Leppan) University College London, United Kingdom (Guiloff) Faculty of Medicine and Hospital Clinico, University of Chile, Santiago, Chile (Guiloff) Imperial College, Healthcare NHS Trust, Charing Cross Hospital, Fulham Palace Road, London W6 8RF, United Kingdom
Country of Publication
United Kingdom
Publisher
SAGE Publications Ltd (E-mail: info@sagepub.co.uk)
Date Created
20161014
Year of Publication
2016

288.
The effect of pain on task switching: Pain reduces accuracy and increases reaction times across multiple switching paradigms.
Attridge N., Keogh E., Eccleston C.
Pain disrupts attention, which may have negative consequences for daily life for people with acute or chronic pain. It has been suggested that switching between tasks may leave us particularly susceptible to pain-related attentional disruption, because we need to disengage our attention from one task before shifting it onto another. Switching tasks typically elicit lower accuracies and/or longer reaction times when participants switch to a new task compared with repeating the same task, and pain may exacerbate this effect. We present 3 studies to test this hypothesis. In study 1, participants completed 2 versions of an alternating runs switching task under pain-free and thermal pain-induction conditions. Pain did not affect performance on either task. In studies 2 and 3, we examined 7 versions of the switching task using large general population samples, experiencing a variety of naturally occurring pain conditions, recruited and tested on the internet. On all tasks, participants with pain had longer reaction times on both switch and repeat trials compared with participants without pain, but pain did not increase switch costs. In studies 2 and 3, we also investigated the effects of type of pain, duration of pain, and analgesics on task performance. We conclude that pain has a small dampening effect on performance overall on switching tasks. This suggests that pain interrupts attention even when participants are engaged in a trial, not only when attention has been disengaged for shifting to a new task set. Copyright © 2016 International Association for the Study of Pain.

Background: The prevention of relapse is a major issue in the management of Crohn's disease. Corticosteroids, the mainstay of treatment of acute exacerbations, are not effective for maintenance of remission and its chronic use is limited by numerous adverse events. Randomised controlled trials assessing the efficacy of oral 5-aminosalicylic acid (5-ASA) agents for maintenance of medically-induced remission in Crohn's disease have produced conflicting results. Objectives: To conduct a systematic review to evaluate the efficacy and safety of oral 5-ASA agents for the maintenance of medically-induced remission in Crohn's disease. Search methods: We searched MEDLINE, EMBASE, CENTRAL and the IBD Group Specialized Register from inception to 8 June 2016. We also searched reference lists and conference proceedings. Selection criteria: We included randomised controlled trials that compared oral 5-ASA agents to either placebo or sulphasalazine in patients with quiescent Crohn's disease. The trials had to have a treatment duration of at least six months. Data collection and analysis: Two authors independently extracted data and performed the risk of bias assessment. Any disagreements were resolved by discussion and consensus. The primary outcome measure was the occurrence of relapse as defined by the primary studies. Secondary outcomes included time to relapse, adverse events, withdrawal due to adverse events and serious adverse events. We calculated the pooled risk ratio (RR) and corresponding 95% confidence interval (95% CI) using a fixed-effect model. All data were analysed on an intention-to-treat basis and drop-outs were considered to be relapses. Sensitivity analyses included an available case analysis where drop-outs were ignored and using a random-effects model. We evaluated the overall quality of the evidence supporting the outcomes using the GRADE criteria. Main results: Twelve studies (2146 participants) that compared 5-ASA to placebo were included. We did not identify any studies that compared sulphasalazine to placebo. Seven studies were judged to be at low risk of bias. The other studies were judged to have an unclear risk of bias for various items due to insufficient details to allow for a judgement. There was no statistically significant difference in relapse rates at 12 months. Fifty-three per cent (526/998) of 5-ASA patients (dose 1.6 g to 4 g/day) relapsed at 12 months.
compared to 54% (544/1016) of placebo patients (RR 0.98, 95% CI 0.91 to 1.07; 11 studies; 2014 patients; moderate-quality evidence). Sensitivity analyses based on an available case analysis and a random-effects model had no impact on the results. One study found no difference in relapse rates at 24 months. Fifty-four per cent (31/57) of 5-ASA patients (dose 2 g/day) relapsed at 24 months compared to 58% (36/62) of placebo patients (RR 0.94, 95% CI 0.68 to 1.29, 119 patients; low-quality evidence). One paediatric study found no statistically significant difference in relapse rates at 12 months. Sixty-two per cent (29/47) of paediatric 5-ASA patients (dose 50 mg/kg/day) relapsed at 12 months compared to 64% (35/55) of paediatric placebo patients (RR 0.97, 95% CI 0.72 to 1.31; 102 patients; moderate-quality evidence). There was no statistically significant difference in the proportion of patients who experienced an adverse event, withdrawal due to adverse events or serious adverse events. Thirty-four per cent (307/900) of 5-ASA patients had at least one adverse event compared to 33% (301/914) of placebo patients (RR 1.05, 95% CI 0.95 to 1.17; 10 studies; 1814 patients). Fourteen per cent (127/917) of 5-ASA patients withdrew due to adverse events compared to 13% (119/916) of placebo patients (RR 1.11, 95% CI 0.88 to 1.38; 9 studies; 1833 patients). One per cent (3/293) of 5-ASA patients had a serious adverse event compared to 0.7% (2/283) of placebo patients (RR 1.43, 95% CI 0.24 to 2.83; 3 studies; 576 patients). Common adverse events reported in the studies included diarrhoea, nausea and vomiting, abdominal pain, headache and skin rash. Authors' conclusions: We found no evidence in this review to suggest that oral 5-ASA preparations are superior to placebo for the maintenance of medically-induced remission in patients with Crohn's disease. Additional randomised trials may not be justified. Copyright © 2016 The Cochrane Collaboration.

Status
EMBASE

Institution
(Akobeng) Sidra Medical and Research Center, PO Box 26999, Doha, Qatar  (Akobeng) Weill Cornell Medical College, Doha, Qatar
(Zhang) University of Western Ontario, Schulich School of Medicine and Dentistry, London, ON, Canada
(Gordon) University of Central Lancashire, School of Medicine and Dentistry, Preston, United Kingdom
(Macdonald) Robarts Clinical Trials, Cochrane IBD Group, 100 Dundas Street, Suite 200, London, ON N6A 5B6, Canada

Country of Publication
United Kingdom

Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)

Date Created
Differences in the Frequency of Use of Epidural Analgesia between Immigrant Women of Turkish Origin and Non-Immigrant Women in Germany - Explanatory Approaches and Conclusions of a Qualitative Study.

Petruschke I., Ramsauer B., Borde T., David M.

Geburtshilfe und Frauenheilkunde. 76 (9) (pp 972-977), 2016. Date of Publication: 01 Sep 2016.

Introduction: The starting point of this study was the considerably lower rate of epidural analgesia use among women of Turkish origin in Germany compared to non-immigrant women in the German Research Foundation (DFG)-funded study entitled Perinatal Health and Migration Berlin. The study aimed to identify possible differences in the women's attitudes towards epidural analgesia.

Methods: Exploratory study with semi-structured interviews, interviews lasting 17 minutes on average were conducted with 19 women of Turkish origin and 11 non-immigrant women at a Berlin hospital. The interviews were subjected to a qualitative content analysis.

Results: Immigrant women of Turkish origin in Germany more frequently ascribe meaning to the pain associated with vaginal delivery. They more frequently categorically reject the use of epidural analgesia, 1) for fear of long-term complications such as paralysis and back pain and 2) based on the view that vaginal delivery with epidural analgesia is not natural. Information on epidural analgesia is frequently obtained from a variety of sources from their social setting, in particular, by word of mouth. The women in both groups stated that they would take the decision to use epidural analgesia independent of their partners' opinion.

Discussion: The differences in epidural analgesia use rates observed correspond to the women's attitudes. For the immigrant women of Turkish origin in Germany, the attitude towards using epidural analgesia is based in part on misinformation. In order to enable the women to make an informed decision, epidural analgesia could receive a stronger focus during childbirth courses.

Copyright © Georg Thieme Verlag KG Stuttgart. New York.

Status
The efficacy and safety of the ganglion impar block in chronic intractable pelvic and/or perineal pain: A systematic review and meta-analysis.

Li C.-B., Fang S.-P., Chen Y.-L., Huang Y., Yao X.-Y., Ge X.-Y., Zhong M., Tian F.-B.


[Article]
AN: 611976442

Background: The ganglion impar is an unpaired sympathetic structure located at the level of the sacrococcygeal joint. It is controversial regarding the effect of ganglion impar block (GIB) in the treatment of chronic intractable pelvic and/or perineal pain. This meta-analysis is to provide a comprehensive assessment of the efficacy and safety concerning GIB for chronic intractable pelvic and/or perineal pain, with all the existing trials. Methods: Electronic searches were conducted in Pubmed, Embase and the Cochrane Central Register of Controlled Trials, up to May 2015. The reference lists of the relevant articles were also searched. Selecting criterion is that GIB was used in one group as a treatment of chronic intractable pelvic and/or perineal pain.
The effective data were gotten from 245 patients with chronic intractable pelvic and/or perineal pain. We analyzed the overall effective rate and the visual analogue scale (VAS: 0-10) (the baseline, post-treatment and one month later) to conclude the comprehensive effect. Results: GIB can significantly improve the condition of chronic intractable pelvic and/or perineal pain, with the overall response rates (Odds Ratio (OR) = 0.01; 95% confidence interval (CI): 0.00 to 0.02; P<0.00001). There was a significant statistic difference between pre- and post-procedure of GIB (Mean Difference (MD) = -5.98; 95% CI: -7.14 to -4.81; P<0.00001). The subgroup analysis deduced the same excellent results, with pain region (pelvic area (pooled OR = 0.01; 95% CI: 0.00 to 0.05; P<0.00001) and perineal area (pooled OR = 0.01; 95% CI: 0.00 to 0.02; P<0.00001)) and method (GIB alone group (pooled OR = 0.01; 95% CI: 0.00 to 0.03; P<0.00001) and the combined group (pooled OR = 0.01; 95% CI: 0.00 to 0.03; P<0.00001)). What's more, the effect was continued to one month later (MD = -5.56; 95% CI: -6.93 to -4.18; P<0.00001).

However, only few complications such as transient paresthesia and pain on injection were found. Conclusions: GIB has a evident effect on chronic intractable pelvic and/or perineal pain. This method should be used in treating chronic intractable pelvic and/or perineal pain.  

Copyright © 2016, E-Century Publishing Corporation. All rights reserved.
Intravesical botulinum toxin A injections for bladder pain syndrome/interstitial cystitis: A systematic review and meta-analysis of controlled studies.
Embase
Medical Science Monitor. 22 (pp 3257-3267), 2016. Date of Publication: 14 Sep 2016.
[Review]
AN: 612303223

Background: The role of intravesical botulinum toxin A (BTX-A) injections in bladder pain syndrome/interstitial cystitis (BPS/IC) has not been clearly defined. The aim of this study was to evaluate high-level evidence regarding the efficacy and safety of BTX-A injections for BPS/IC.

Material/Methods: We conducted a comprehensive search of PubMed, Embase, and Web of Science, and conducted a systematic review and meta-analysis of all available randomized controlled trials (RCTs) and controlled studies assessing BTX-A injections for BPS/IC. Results: Seven RCTs and 1 retrospective study were identified based on the selection criteria. Pooled analyses showed that although BTX-A was associated with a slightly larger volume of post-void residual urine (PVR) (weighted mean difference [WMD] 10.94 mL; 95% confidence intervals [CI] 3.32 to 18.56; p=0.005), patients in this group might benefit from greater reduction in pelvic pain (WMD -1.73; 95% CI -3.16 to -0.29; p=0.02), Interstitial Cystitis Problem Index (ICPI) scores (WMD -1.25; 95% CI -2.20 to -0.30; p=0.01), and Interstitial Cystitis Symptom Index (ICSI) scores (WMD -1.16; 95% CI -2.22 to -0.11; p=0.03), and significant improvement in daytime frequency of urination (WMD -2.36; 95% CI -4.23 to -0.49; p=0.01) and maximum cystometric capacity (MCC) (WMD 50.49 mL; 95% CI 25.27 to 75.71; p<0.00001). Nocturia, maximal urinary flow rate, dysuria, and urinary tract infection did not differ significantly between the 2 groups. Conclusions: Intravesical BTX-A injections might offer significant improvement in bladder pain symptoms, daytime urination frequency, and MCC for patients with refractory BPS/IC, with a slightly larger PVR. Further well-designed, large-scale RCTs are required to confirm the findings of this analysis.


Status
EMBASE
Institution
293.
Oxycodone/naloxone in the management of patients with pain and opioid-induced bowel dysfunction.
Leppert W.
Embase
[Article]
AN: 612249556
Introduction: Common opioids adverse effects include opioid-induced bowel dysfunction (OIBD), which comprises opioid-induced constipation, dry mouth, nausea, vomiting, gastric stasis, bloating, and abdominal pain. Traditional laxatives which are often prescribed for the prevention and treatment of OIBD possess limited efficacy and display adverse effects. A targeted approach to OIBD management is the use of a combination of an opioid agonist with opioid receptor antagonist or administration of purely peripherally acting opioid receptor antagonists. Methods: A literature search with terms "oxycodone/naloxone" in the PubMed and MEDLINE database updated on 31st July 2013. All studies of oxycodone/naloxone (randomized, controlled trials and open, uncontrolled studies) were included. In addition, studies on pharmacokinetics and pharmacodynamics of oxycodone/naloxone were included. Results: A combination of prolonged-release oxycodone with prolonged-release naloxone (OXN) in one tablet with a fixed 2:1 ratio provides effective analgesia with limited disturbing effect on bowel function. Oxycodone is a valued opioid administered either as the first strong opioid or when other strong opioids have been ineffective. Naloxone is an opioid receptor antagonist that displays local antagonist effect on
opioid receptors in the gastrointestinal tract and is nearly completely inactivated in the liver after oral administration. As demonstrated in controlled studies conducted in patients with chronic non-malignant and cancer-related pain OXN in daily doses up to 80 mg/40 mg provided equally effective analgesia with an improved bowel function compared to oxycodone administered alone. Conclusion: OXN is an important drug for chronic pain management, prevention and treatment of OIBD. Copyright © 2014 Bentham Science Publishers.

294.
The impact of patient-controlled analgesia on prognosis of patients receiving major abdominal surgery.
Peng L., Ren L., Qin P., Su M.
Embase
Minerva Anestesiologica. 82 (8) (pp 827-838), 2016. Date of Publication: August 2016.
[Article]
AN: 612311128
BACKGROUND: Postoperative pain is a major disease burden after surgery. Patient-controlled analgesia has been wide used for pain management in surgical patients, yet, large-scaled studies are lacking to assess its impact on the prognosis of patients. METHODS: We prospectively enrolled patients who underwent major abdominal surgeries receiving patient-controlled analgesia (PCA) and who received non-PCA for assessment of 60-day mortality, major
postoperative complications using electronic medical chart system. Pain intensity was also assessed with visual analogue scale from postoperative day 1 to day 7, chronic post-surgical pain was assessed by telephone follow-up using numerical rating scale. RESULTS: In total, 12,015 patients were included in the primary analysis. At the end of the follow-up, 1185 patients were lost to follow-up. Patients in the non-PCA group reported increased incidence of moderate-to-severe pain on postoperative day 3 (6.5% versus 9.6%, P<0.001). Patients receiving non-PCA had increased mortalities on postoperative 60-day (1.02% versus 0.47%, P<0.001). The survival probability of patients in PCA group was statistically higher than those in non-PCA group (99.52% [95% CI: 99.34-99.70%] versus 98.97% [95% CI: 98.73-99.92%]). Patient receiving non-PCA reported increased in-hospital major complications compared with (2.7% versus 1.9 %, P=0.003). Pain intensity was also assessed with visual analogue scale from postoperative day 1 to day 7, chronic post-surgical pain was assessed by telephone follow-up using numerical rating scale. CONCLUSIONS: Intravenous patient-controlled analgesia was related to improved survival, less complications and chronic post-surgical pain after major abdominal surgery, reiterating the important role of pain management for the prognosis of patients who underwent surgery.

Copyright © 2015 EDIZIONI MINERVA MEDICA.

Status
EMBASE

Institution
(Peng, Ren, Qin, Su) Department of Anesthesia and Pain Medicine, First Affiliated Hospital of Chongqing Medical University, Yuanjiagang Community, 1 Youyi Road, Yuzhong District, Chongqing 400016, China

Country of Publication
Italy

Publisher
Edizioni Minerva Medica (E-mail: subscriptions.dept@minervamedica.it)

Date Created
20160927

Year of Publication
2016

295.
Aminoglycoside antibiotics for NIH category II chronic bacterial prostatitis: A single-cohort study with one-year follow-up.
Magri V., Montanari E., Marras E., Perletti G.

Embase
Experimental and Therapeutic Medicine. 12 (4) (pp 2585-2593), 2016. Date of Publication: October 2016.
[Article]
AN: 612259268

Although fluoroquinolones are first-line agents for the treatment of National Institutes of Health (NIH) category II chronic bacterial prostatitis (CBP), therapy with these agents is not always feasible due to the increasing worldwide resistance of causative uropathogens. New therapeutic options are urgently required, as drugs such as beta-lactam antibiotics distribute poorly to prostatic sites of infection and trimethoprim therapy is often unfeasible due to high resistance rates. The present study aimed to analyze the efficacy of aminoglycosides, administered to a cohort of 78 patients affected by fluoroquinolone-resistant CBP, or excluded from fluoroquinolone therapy due to various contraindications. Patients received netilmicin (4.5 mg/kg, once-daily, intramuscular), combined or not with a beta-lactam antibiotic, for 4 weeks. Follow-up visits were scheduled 6 and 12 months after the end of treatment. Fifty-five out of 70 patients (78.6%) showed eradication of the causative pathogen, and a significant reduction of the NIH-Chronic Prostatitis Symptom Index (NIH-CPSI) total score from a baseline median value of 21 to 14 at the end of therapy, and to 9 and 8 at 6-month and 12-month follow-up assessments, respectively. The pain, voiding and quality of life subdomains of the NIH-CPSI decreased accordingly. In 15 patients showing persistence of infection, NIH-CPSI total and subdomain scores did not decrease at the end of therapy. Additional clinical parameters, such as the urinary peak flow rate, percentage voided bladder, serum prostate-specific antigen concentration, International Prostate Symptom Score and prostate volume improved significantly only in the group of patients in which the infection was eradicated. Therapy was well tolerated, and genetic testing for deafness-predisposing mitochondrial mutations allowed safer administration of aminoglycosides. These results suggest that aminoglycosides may become a therapeutic alternative for the treatment of CBP. These findings should be further validated in a randomized-controlled setting. Copyright © 2016, Spandidos Publications. All rights reserved.

Status
EMBASE

Institution
(Magri) Urology Secondary Care Clinic, Azienda Socio-Sanitaria Territoriale-Nord, Milan I-20132, Italy
(Montanari) Urology Complex Unit, Ca’ Granda Foundation, IRCCS Ospedale Maggiore Policlinico di Milano, Milan I-20122, Italy
Oral non-steroidal anti-inflammatory drugs (single dose) for perineal pain in the early postpartum period.

Wuytack F., Smith V., Cleary B.J.

Embase


[Review]

AN: 611190519

Background: Many women experience perineal pain after childbirth, especially after having sustained perineal trauma. Perineal pain-management strategies are thus an important part of postnatal care. Non-steroidal anti-inflammatory drugs (NSAIDs) are a commonly used type of medication in the management of postpartum pain and their effectiveness and safety should be assessed. Objectives: To determine the effectiveness of a single dose of an oral NSAID for relief of acute perineal pain in the early postpartum period. Search methods: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 March 2016), OpenSIGLE, ProQuest Dissertations and Theses, the ISRCTN Registry and ClinicalTrials.gov (31 March 2016). We also reviewed reference lists of retrieved papers and contacted experts in the field. Selection criteria: Randomised controlled trials (RCTs) assessing a single dose of a NSAID versus a single dose of placebo, paracetamol or another NSAID for women with perineal pain in
the early postpartum period. Quasi-RCTs and cross-over trials were excluded. Data collection and analysis: Two review authors (FW and VS) independently assessed all identified papers for inclusion and risk of bias. Any discrepancies were resolved through discussion and consensus. Data extraction, including calculations of pain relief scores, was also conducted independently by two review authors and checked for accuracy. Main results: We included 28 studies that examined 13 different NSAIDs and involved 4181 women (none of whom were breastfeeding). Studies were published between 1967 and 2013, with the majority published in the 1980s. Of the 4181 women involved in the studies, 2642 received a NSAID and 1539 received placebo or paracetamol. Risk of bias was generally unclear due to poor reporting, but in most studies the participants and personnel were blinded, outcome data were complete and the outcomes that were specified in the methods section were reported. None of the included studies reported on any of this review's secondary outcomes: prolonged hospitalisation or re-hospitalisation due to perineal pain; breastfeeding (fully or mixed) at discharge; breastfeeding (fully or mixed) at six weeks; perineal pain at six weeks; maternal views; postpartum depression; instrumental measures of disability due to perineal pain. NSAID versus placebo Compared to women who received a placebo, more women who received a single dose NSAID achieved adequate pain relief at four hours (risk ratio (RR) 1.91, 95% confidence interval (CI) 1.64 to 2.23, 10 studies, 1573 participants (low-quality evidence)) and adequate pain relief at six hours (RR 1.92, 95% CI 1.69 to 2.17, 17 studies, 2079 participants (very low-quality evidence)). Women who received a NSAID were also less likely to need additional analgesia compared to women who received placebo at four hours (RR 0.39, 95% CI 0.26 to 0.58, four studies, 486 participants (low-quality evidence)) and at six hours after initial administration (RR 0.32, 95% CI 0.26 to 0.40, 10 studies, 1012 participants (low-quality evidence)). Fourteen maternal adverse effects were reported in the NSAID group (drowsiness (5), abdominal discomfort (2), weakness (1), dizziness (2), headache (2), moderate epigastralgia (1), not specified (1)) and eight in the placebo group (drowsiness (2), light headed (1), nausea (1), backache (1), dizziness (1), epigastric pain (1), not specified (1)), although not all studies assessed adverse effects. There was no difference in overall maternal adverse effects between NSAIDs and placebo at six hours post-administration (RR 1.38, 95% CI 0.71 to 2.70, 13 studies, 1388 participants (very low-quality evidence)). One small study (with two treatment arms) assessed maternal adverse effects at four hours post-administration, but there were no maternal adverse effects observed (one study, 90 participants (low-quality evidence)). Neonatal adverse effects were not assessed in any of the included studies. NSAID versus paracetamol NSAIDs versus paracetamol were also more effective for adequate pain relief at four hours (RR 1.54, 95% CI 1.07 to 2.22, three studies, 342 participants) but not at six hours post-administration. There was no difference in the need for additional analgesia between the two groups at four hours (RR 0.55, 95% CI 0.27 to 1.13, one study, 73 participants), but women in the NSAID group were less likely to need any additional analgesia at six hours (RR 0.28, 95% CI
0.12 to 0.67, one study, 59 participants). No maternal adverse effects were reported four hours after drug administration (one study). Six hours post-administration, there was no difference between the groups in the number of maternal adverse effects (RR 0.74, 95% CI 0.27 to 2.08, three studies, 300 participants), with one case of pruritis in the NSAID group and one case of sleepiness in the paracetamol group. Neonatal adverse effects were not assessed in any of the included studies. Comparisons of different NSAIDs and different doses of the same NSAID did not demonstrate any differences in their effectiveness on any of the primary outcome measures; however, few data were available on some NSAIDs. Authors’ conclusions: In women who are not breastfeeding and who sustained perineal trauma, NSAIDs (compared to placebo) provide greater pain relief for acute postpartum perineal pain and fewer women need additional analgesia when treated with a NSAID. However, the risk of bias was unclear for many of the included studies, adverse effects were often not assessed and breastfeeding women were not included in the studies. The overall quality of the evidence (GRADE) was low with the evidence for all outcomes rated as low or very low. The main reasons for downgrading were inclusion of studies with high risk of bias and inconsistency of findings of individual studies. NSAIDs also appear to be more effective in providing relief for perineal pain than paracetamol, but few studies were included in this analysis. Future studies should examine NSAIDs’ adverse effects profile including neonatal adverse effects and the compatibility of NSAIDs with breastfeeding, and assess other important secondary outcomes of this review. Moreover, studies mostly included women who had episiotomies. Future research should consider women with and without perineal trauma, including perineal tears. High-quality studies should be conducted to further assess the efficacy of NSAIDs versus paracetamol and the efficacy of multimodal treatments. Copyright © 2016 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

Tocilizumab in patients with Takayasu arteritis: A retrospective study and literature review.
Embase
Clinical and Experimental Rheumatology. 34 (pp S44-S53), 2016. Date of Publication: 2016.
[Article]
AN: 611993099
Objective. To assess the efficacy of tocilizumab (TCZ) in patients with Takayasu arteritis (TA).
Methods. Multicentre open-label retrospective study. Results. Eight patients (all women) with a mean age of 34+/−16 years, median 36 years (range: 7-57) were assessed. The main clinical features at TCZ therapy onset were: constitutional symptoms (n=4), fever (n=3), headache (n=2), chest pain (n=1), abdominal pain (n=1), mesenteric ischaemia (n=1), myalgia involving the lower limbs (n=1), cerebral vascular insufficiency (n=1), malaise (n=1), upper limb claudication (n=1) and nodular scleritis (n=1). Besides corticosteroids and before TCZ treatment onset, 7 of 8 patients had also received several conventional immunosuppressive and/or biologic agents. Seven patients experienced marked clinical improvement in the first 3 months after the onset of TCZ therapy. After a median follow-up of 15.5 [interquartile range-IQR: 12-24] months, 7 patients were asymptomatic. The median C-reactive protein decreased from 3.09 [IQR: 0.5-12] to 0.15 [IQR: 0.1-0.5] mg/dL (p=0.018), and median erythrocyte sedimentation rate from 40 [IQ range: 28-72] to 3 [IQR: 2-5] mm/1st hour (p=0.012). The median dose of prednisone was also tapered from 42.5 [IQR: 25-50] to 2.5 [IQR: 0-7.5] mg/ day (p=0.011). However, TCZ had to be discontinued in 1 patient because she developed a systemic lupus erythematosus, and in another patient due to inefficiency. TCZ dose was reduced in a patient because of mild thrombocytopenia. Conclusion. TCZ appears to be effective in the management of patients with TA, in particular in patients refractory to corticosteroids and/or conventional immunosuppressive drugs. Copyright © Clinical and Experimental Rheumatology 2016.
PMID
A multiplexed analysis approach identifies new association of inflammatory proteins in patients with overactive bladder.

Ma E., Vetter J., Bliss L., Lai H.H., Mysorekar I.U., Jain S.

Embase


[Article]

AN: 611936011

Overactive bladder (OAB) is a common debilitating bladder condition with unknown etiology and limited diagnostic modalities. Here, we explored a novel high-throughput and unbiased multiplex approach with cellular and molecular components in a well-characterized patient cohort to identify...
biomarkers that could be reliably used to distinguish OAB from controls or provide insights into underlying etiology. As a secondary analysis, we determined whether this method could discriminate between OAB and other chronic bladder conditions. We analyzed plasma samples from healthy volunteers (n = 19) and patients diagnosed with OAB, interstitial cystitis/bladder pain syndrome (IC/BPS), or urinary tract infections (UTI; n = 51) for proinflammatory, chemokine, cytokine, angiogenesis, and vascular injury factors using Meso Scale Discovery (MSD) analysis and urinary cytological analysis. Wilcoxon rank-sum tests were used to perform univariate and multivariate comparisons between patient groups (controls, OAB, IC/BPS, and UTI). Multivariate logistic regression models were fit for each MSD analyte on 1) OAB patients and controls, 2) OAB and IC/BPS patients, and 3) OAB and UTI patients. Age, race, and sex were included as independent variables in all multivariate analysis. Receiver operating characteristic (ROC) curves were generated to determine the diagnostic potential of a given analyte. Our findings demonstrate that five analytes, i.e., interleukin 4, TNF-alpha, macrophage inflammatory protein-1beta, serum amyloid A, and Tie2 can reliably differentiate OAB relative to controls and can be used to distinguish OAB from the other conditions. Together, our pilot study suggests a molecular imbalance in inflammatory proteins may contribute to OAB pathogenesis. Copyright © 2016 the American Physiological Society.

Status
EMBASE
Institution
(Ma, Mysorekar) Department of Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, MO, United States  (Bliss, Mysorekar, Jain) Department of Pathology and Immunology, Washington University School of Medicine, St. Louis, MO, United States  (Jain) Renal Division, Internal Medicine, Washington University School of Medicine, St. Louis, MO, United States  (Vetter, Lai) Division of Urologic Surgery, Department of Surgery, Washington University School of Medicine, St. Louis, MO, United States  (Lai) Department of Anesthesiology, Washington University School of Medicine, St. Louis, MO, United States
Country of Publication
United States
Publisher
American Physiological Society (E-mail: subscrip@the-aps.org)
Date Created
20160917
Year of Publication
2016
Dienogest compared with gonadotropin-releasing hormone agonist after conservative surgery for endometriosis.


Embase

[Article]
AN: 612044853

Aim: Although there are various hormone therapies, including gonadotropin-releasing hormone agonist, danazol, levonorgestrel-releasing intrauterine system, dienogest, and low-dose estrogen progestin, no consensus opinion has been reached in terms of which medication should be used and for how long it should be administered. We aimed to determine whether dienogest or goserelin is the better postoperative therapy to prevent recurrence of endometriosis. Methods: A prospective cohort randomized study were conducted, including 198 patients diagnosed as having endometriosis. A total of 111 patients were randomly assigned into two groups: the dienogest-administered group (n = 56) and the goserelin-administered group (n = 55). Patients were followed for 24 months after laparoscopic surgery. Those who gave consent but desired no postoperative therapy were assigned to the non-treatment group (n = 79). Recurrence, side-effects, degrees of menstrual pain and chronic pelvic pain measured by the Visual Analogue Scale were compared among the three groups: the dienogest, goserelin, and non-treatment groups. Results: No significant difference was observed in the postoperative recurrence rate between the dienogest and goserelin groups. No significant difference was found in the recurrence rate between the goserelin group and non-treatment group; however, a significant difference was found in the recurrence rate between the dienogest group and the non-treatment group (P = 0.027). Menstrual pain and chronic pelvic pain were significantly improved in both treatment groups. Side-effects were markedly observed in the goserelin group as compared with the dienogest group. Conclusion: Dienogest is available for prolonged administration of more than 6 months, so it is more useful than goserelin, which is available only for short-term administration.

Copyright © 2016 Japan Society of Obstetrics and Gynecology

PMID
A phase I trial of the aurora kinase inhibitor, ENMD-2076, in patients with relapsed or refractory acute myeloid leukemia or chronic myelomonocytic leukemia.

Yee K.W.L., Chen H.-W.T., Hedley D.W., Chow S., Brandwein J., Schuh A.C., Schimmer A.D., Gupta V., Sanfelice D., Johnson T., Le L.W., Arnott J., Bray M.R., Sidor C., Minden M.D.


ENMD-2076 is a novel, orally-active molecule that inhibits Aurora A kinase, as well as c-Kit, FLT3 and VEGFR2. A phase I study was conducted to determine the maximum tolerated dose (MTD), recommended phase 2 dose (RP2D) and toxicities of ENMD-2076 in patients with acute myeloid leukemia (AML) and chronic myelomonocytic leukemia (CMML). Patients received escalating doses of ENMD-2076 administered orally daily [225 mg (n = 7), 375 mg (n = 6), 325 mg (n = 9), or 275 mg (n = 5)]. Twenty-seven patients were treated (26 AML; 1 CMML-2). The most common non-hematological toxicities of any grade, regardless of association with drug, were fatigue, diarrhea, dysphonia, dyspnea, hypertension, constipation, and abdominal pain. Dose-limiting toxicities (DLTs) consisted of grade 3 fatigue, grade 3 typhilitis, grade 3 syncope and grade 3
QTc prolongation). Of the 16 evaluable patients, one patient achieved a complete remission with incomplete count recovery (CRi), three experienced a morphologic leukemia-free state (MLFS) with a major hematologic improvement in platelets (HI-P), and 5 other patients had a reduction in marrow blast percentage (i.e. 11-65 %). The RP2D in this patient population is 225 mg orally once daily. Copyright © 2016, Springer Science+Business Media New York.

Status
EMBASE

Institution
(Yee, Hedley, Brandwein, Schuh, Schimmer, Gupta, Sanfelice, Johnson, Minden) Division of Medical Oncology and Hematology, Princess Margaret Cancer Centre, 610 University Avenue, Toronto, ON M5G 2M9, Canada
(Chen, Hedley, Chow) Ontario Cancer Institute, University of Toronto, Toronto, ON, Canada
(Brandwein) Division of Clinical Hematology, University of Alberta, Edmonton, AB, Canada
(Le) Department of Biostatistics, Princess Margaret Cancer Centre, Toronto, ON, Canada
(Arnott, Bray, Sidor) EntreMed, Inc, Durham, NC, United States

Country of Publication
United States
Publisher
Springer New York LLC (E-mail: barbara.b.bertram@gsk.com)

Date Created
20160718
Year of Publication
2016

301.
Botulinum Toxin A: Evolving Treatment Strategies for the Chronic Pelvic Pain Patient.
Smith W.R., Murphy A.M., Das A.K., Shenot P.J.

Embase
Current Bladder Dysfunction Reports. 11 (3) (pp 277-283), 2016. Date of Publication: 01 Sep 2016.
[Review]
AN: 611734443
Chronic pelvic pain syndrome (CPPS) is defined as pain perceived within the structures of the male or female pelvis of at least 6-month duration. The management of CPPS in both men and women poses a challenge to both the clinician and the patient. Botulinum toxin type A (BoNT-A) is known to block the release of neurotransmitters at the neuromuscular junction but also appears to have anti-nociceptive and anti-inflammatory effects. BoNT-A has been used for over two decades to treat conditions associated with pathological muscle hyperactivity. There is emerging evidence that BoNT-A may play a role in treating CPPS when alternate treatments and more conservative measures have been ineffective. Moving forward, well-designed clinical trials are needed to further investigate the utility of BoNT-A use in the treatment of CPPS. Copyright © 2016, Springer Science+Business Media New York.

Status
EMBASE
Institution
(Smith, Murphy, Das, Shenot) Department of Urology, Thomas Jefferson University, 1025 Walnut Street Suite 1100, Philadelphia, PA 19107, United States
Country of Publication
United States
Publisher
Current Medicine Group LLC 1 (E-mail: info@phl.cursci.com)
Date Created
20160906
Year of Publication
2016

302.
Jackson T., Thomas S., Stabile V., Shotwell M., Han X., McQueen K.
Embase
Anesthesia and Analgesia. 123 (3) (pp 739-748), 2016. Date of Publication: 01 Sep 2016. [Conference Paper]
AN: 611828584
BACKGROUND: The global burden of chronic pain is projected to be large and growing, in concert with the burden of noncommunicable diseases. This is the first systematic review and meta-analysis of the prevalence of chronic pain without clear etiology in general, elderly, and working populations of low- and middle-income countries (LMICs). METHODS: We collected and reported data using Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines, excluding acute pain or pain associated with a concurrent medical condition. One hundred nineteen publications in 28 LMICs were identified for systematic review; the 68 reports that focused on general adult populations (GP), elderly general populations (EGP), or workers (W) were evaluated using mixed-effects regression meta-analysis. RESULTS: Average chronic pain prevalence is reported as a percentage of the population, with 95% confidence interval for each pain type and population (GP, EGP, and W; NA is equal to not available): unspecified chronic pain (34[26-42], 62[41-81], and NA); low back pain (21[15-27], 28[16-42], and 52[26-77]); headache (42[27-58], 30[19-43], and 51[13-88]); chronic daily headache (5[3-7], 5[1-12], and 10[0-33]); chronic migraine (GP 12[6-19]); chronic tension type headache (GP 8[3-15]); musculoskeletal pain (25[19-33], 44[28-62], and 79[60-94]); joint pain (14[11-18], 34[16-54], and NA); chronic pelvic/prostatitis pain (GP 4[0-14]); temporomandibular disorder (35[4-78], 8[0-24], and NA); abdominal pain (EGP 17[6-32]); fibromyalgia (Combined GP, EGP, W 6[5-7]); and widespread pain (7[1-18], 19[8-32], and NA). Chronic low back pain and musculoskeletal pain were 2.50 (1.21-4.10) and 3.11 (2.13-4.37) times more prevalent among W, relative to a GP. Musculoskeletal, joint, and unspecified pain were 1.74 (1.03-2.69), 2.36 (1.09-4.02), and 1.83 (1.13-2.65) times more prevalent among the EGP, relative to a GP. There was significant heterogeneity among studies for all pain types (I 2 > 90%). CONCLUSIONS: Chronic pain is prevalent in LMICs, and where there was sufficient evidence, generally more prevalent in EGP and W. This meta-analysis reveals the spectrum of chronic pain without clear etiology in LMICs. Steps should be taken to reduce heterogeneity in the assessment of global chronic pain. Possible actions may include standardization of chronic pain definition, widespread adoption of validated questionnaires across cultures, attention to inequitably burdened populations, and inclusion of queries regarding known associations of chronic pain with social and psychological factors that, in combination, increase the global burden of noncommunicable disease and disability. Copyright © 2016 International Anesthesia Research Society.

Status
EMBASE
Institution
(Jackson, Thomas, Stabile, Shotwell, Han, McQueen) Vanderbilt University, 719 Thompson Lane, Suite 22200, One Hundred Oaks, Nashville, TN 37204, United States
Country of Publication
United States
Efficacy and safety of modified pranlukast (Prakanon) compared with pranlukast (Onon): A randomized, open-label, crossover study.
Embase
Open Respiratory Medicine Journal. 10 (pp 36-45), 2016. Date of Publication: 01 Jun 2016.
[Article]
AN: 611549205
Introduction: Pranlukast is a leukotriene receptor antagonist (LTRA) that is used as an additional controller of mild to moderate asthma. This study compared the efficacy and side effects of two bioequivalent preparations of pranlukast: original pranlukast (Onon; Ono Pharmaceutical, Japan) and a modified formulation of pranlukast (Prakanon; Yuhan Co, Korea) in patients with mild to moderate asthma. Methods: Of the 34 subjects screened, 30 patients who were using standard medication to control asthma and scored less than 20 points on the Asthma Control TestTM (ACT) were assigned randomly to one of the two groups in a prospective, open label, crossover study: group 1 received Prakanon (150 mg/day) and group 2 received Onon (450 mg/day) for 8 weeks each; after a 1-week rest period, the groups were switched to the alternative medication for further 8 weeks and monitored for 2 more weeks without study medication. Evaluation parameters included the ACT, quality of life questionnaire adult Korean asthmatics (QLQAKA), pulmonary function tests, peripheral blood tests, vital signs, and adverse events. Results: Thirty patients were enrolled and 21 completed the trial: 10 in group 1 and 11 in group 2. The baseline data of the two groups did not differ. No statistical significant differences were observed in efficacy and lung function at each time and in changes from baseline value between the two kinds of pranlukast. The final asthma control rate was 81% with Prakanon and 76% with Onon. There were no differences in vital signs and laboratory data at each time and in changes from baseline value between the two drugs. There were no differences in adverse events between the two
drugs. The most common side effect was abdominal pain. Drug compliance was high, without differences between the two drugs. Conclusion: These findings suggest that Prakanon which is an improved formulation of pranlukast at a lower dose than the original formulation, Onon, has a similar efficacy and side effect profile in the control of persistent asthma. Copyright © Kim et al.

Status
EMBASE
Institution
(Kim, Ryu, Lee, Chang) Division of Pulmonary and Critical Care Medicine, Department of Medicine, Ewha Womans University, Seoul, South Korea (Kim) Yuhan Corporation, Seoul, South Korea
(Shim, Kim) Department of Radiology, Ewha Womans University, Seoul, South Korea
Country of Publication
Netherlands
Publisher
Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)
Date Created
20160813
Year of Publication
2016

304.
Host response to synthetic mesh in women with mesh complications.
Embase
[Article]
AN: 610538450
Background Despite good anatomic and functional outcomes, urogynecologic polypropylene meshes that are used to treat pelvic organ prolapse and stress urinary incontinence are associated with significant complications, most commonly mesh exposure and pain. Few studies have been performed that specifically focus on the host response to urogynecologic meshes. The macrophage has long been known to be the key cell type that mediates the foreign body
Conceptually, macrophages that respond to a foreign body can be dichotomized broadly into M1 proinflammatory and M2 proremodeling subtypes. A prolonged M1 response is thought to result in chronic inflammation and the formation of foreign body giant cells with potential for ongoing tissue damage and destruction. Although a limited M2 predominant response is favorable for tissue integration and ingrowth, excessive M2 activity can lead to accelerated fibrillar matrix deposition and result in fibrosis and encapsulation of the mesh.

**Objective**
The purpose of this study was to define and compare the macrophage response in patients who undergo mesh excision surgery for the indication of pain vs a mesh exposure. Study Patients who were scheduled to undergo a surgical excision of mesh for pain or exposure at Magee-Womens Hospital were offered enrollment. Twenty-seven mesh-vagina complexes that were removed for the primary complaint of a mesh exposure (n = 15) vs pain in the absence of an exposure (n = 12) were compared with 30 full-thickness vaginal biopsy specimens from women who underwent benign gynecologic surgery without mesh. Macrophage M1 proinflammatory vs M2 proremodeling phenotypes were examined via immunofluorescent labeling for cell surface markers CD86 (M1) vs CD206 (M2) and M1 vs M2 cytokines via enzyme-linked immunosorbent assay. The amount of matrix metalloproteinase-2 (MMP-2) and matrix metalloproteinase-9 (MMP-9) proteolytic enzymes were quantified by zymography and substrate degradation assays, as an indication of tissue matrix degradation. Statistics were performed with the use of 1-way analysis of variance with appropriate post hoc tests, t-tests, and Fisher’s Exact test. Results Twenty-seven mesh-vaginal tissue complexes were excised from 27 different women with mesh complications: 15 incontinence mid urethral slings and 12 prolapse meshes. On histologic examination, macrophages surrounded each mesh fiber in both groups, with predominance of the M1 subtype. M1 and M2 cytokines/chemokines, MMP-9 (pro- and active), and MMP-2 (active) were increased significantly in mesh-vagina explants, as compared with vagina without mesh. Mesh explants that were removed for exposure had 88.4% higher pro-MMP-9 (P =.035) than those removed for pain. A positive correlation was observed between the profibrotic cytokine interleukin-10 and the percentage of M2 cells (r = 0.697; P =.037) in the pain group. Conclusion In women with complications, mesh induces a proinflammatory response that persists years after implantation. The increase in MMP-9 in mesh explants that were removed for exposure indicates degradation; the positive association between interleukin-10 and M2 macrophages in mesh explants that are removed for pain is consistent with fibrosis.

**Copyright © 2016**

**Status**
EMBASE

**Institution**
(Nolfi, Brown, Liang, Palcsey, Moalli) Magee-Womens Research Institute, University of Pittsburgh, Pittsburgh, PA, United States
(Nolfi, Brown, Abramowitch, Moalli) Department of Bioengineering, University of Pittsburgh, Pittsburgh, PA, United States
Swallowed fluticasone propionate is an effective long-term maintenance therapy for children with eosinophilic esophagitis.

Andreae D.A., Hanna M.G., Magid M.S., Malerba S., Andreae M.H., Bagiella E., Chehade M.

Embase

[Article]

AN: 610906917

OBJECTIVES: Although effective in the treatment of eosinophilic esophagitis (EoE) in children, limited data exist on long-term safety and efficacy of swallowed topical corticosteroids. We investigated whether long-term use of swallowed fluticasone in children with EoE leads to sustained reduction in esophageal eosinophils, and endoscopic and clinical improvement.

METHODS: In an open-label, prospective, single-center study, we offered pediatric patients with active EoE fluticasone 2 puffs to swallow twice a day (strengths in mug/puff: 2-4 years: 44, 5-11 years: 110, >=12 years: 220). Clinical, endoscopic, and histological assessments were performed at baseline and shortly after therapy. If histological remission was seen, fluticasone was continued with clinical follow-ups every 4 months and endoscopic and histological follow-ups yearly. Clinical scores were derived from eight symptoms (abdominal pain, nausea, vomiting, regurgitation, chest pain, dysphagia, food impaction, and early satiety). Endoscopic scores were
derived from six features (rings, exudates, furrows, edema, stricture, and shearing). Scores were expressed as ratio (features present/total). In addition to peak eosinophils/high power field (HPF) (primary outcome), histological features (eosinophilic microabscesses, degranulation, superficial layering, basal zone hyperplasia, dilated intercellular spaces, and lamina propria fibrosis) were assessed. Median clinical and endoscopic scores and individual histologic features were compared over 4 time intervals: <4 months, 4-12 months, 13-24 months, and >24 months. Growth and adverse effects were monitored. RESULTS: We enrolled 54 patients, 80% male, median age 6.5 years (range 2-17 years), 85% atopic (57% asthma, 68% allergic rhinitis, and 31% atopic dermatitis), and 74% with food allergy. Mean follow-up was 20.4 months, the longest being 68 months (5.7 years). Esophageal eosinophil counts significantly decreased (median peak eosinophils/HPF at baseline 72, <4 months: 0.5, 4-12 months: 1.75, 13-24 months: 10, and >24 months: 12, all P<0.01). All histological features significantly decreased from baseline to all follow-up time points (all P<0.01). Lamina propria fibrosis significantly decreased (% patients with fibrosis at baseline 92, <4 months: 41, 4-12 months: 50, 13-24 months: 45, and >24 months: 39, all P<0.01). Endoscopic features improved (score at baseline 0.37, <4 months: 0.17, 4-12 months: 0.17, 13-24 months: 0, and >24 months: 0.1, all P<0.01, except at >24 months: P<0.05). Symptoms improved (score at baseline 0.22, <4 months: 0, 4-12 months: 0.11, 13-24 months: 0.11, and >24 months: 0.11, all P<0.05 except at >24 months: P=0.05). In a mixed linear regression model that accounts for correlation of repeated observations in the patient in a per-patient analysis, we found that treatment with swallowed fluticasone led to a statistically significant and sustained decrease in peak esophageal eosinophil counts. Asymptomatic esophageal candidiasis was seen in three children but resolved with anti-fungal therapy. Height and weight z-scores followed expected growth curves. CONCLUSIONS: We demonstrate that swallowed fluticasone is effective as a long-term maintenance therapy for children with EoE, without growth impediment or serious side effects. Copyright © 2016 by the American College of Gastroenterology.

Status
EMBASE
Institution
(Andreae, Chehade) Department of Pediatrics and Medicine, Mount Sinai Center for Eosinophilic Disorders, Jaffe Food Allergy Institute, Icahn School of Medicine at Mount Sinai, One Gustave L Levy Place, New York, NY 10029, United States (Hanna, Magid) Department of Pathology, Icahn School of Medicine at Mount Sinai, New York, NY, United States (Malerba, Bagiella) Department of Population Health Science and Policy, Icahn School of Medicine at Mount Sinai, New York, NY, United States (Andreae) Department of Anesthesiology, Albert Einstein College of Medicine, New York, NY, United States
Response of male pudendal neuralgia to two different pulsed electromagnetic field therapy programs.


Purpose: to evaluate the efficacy of two different pulsed electromagnetic field therapy programmes on male pudendal neuralgia. Methods of evaluation: Measurement of the serum cortisol level (SCL), naproxen medicament intake (NMI) and the visual analogue scale (VAS).

Methods:- Sixty male patients who had chronic pudendal neuralgia were participated in the study, their ages ranged from 30 to 50 years, they were randomly divided into 3 equal groups in number; 2 experimental groups (A) and (B) and a control one (C). Group (A) received a programme of strong impulses, stimulating South polarity of the magnetic pulses with frequency Fluently changing from 12.5-50 Hz, with buttons 1, 3 and 6 up while buttons 2, 4 and 5 down in addition to the traditional physical therapy and medical care. Group (B) received a programme of mild impulses, soothing North polarity of the magnetic pulses with frequency of 12.5Hz with buttons 1,2,4 and 5 down while buttons 3 and 6 up, in addition to the traditional physical therapy and medical care. Group (C) received the traditional physical therapy and medical care only for 4 months. The pulsed electromagnetic field therapy (PEMF) was applied once daily, three times per week for 4 months as a total period of treatment, each session was conducted for 20 minutes in the form 10 minutes over the perineal area between anus and scrotum on the centrum tendineum with the patient in comfortable supine hook-lying position with abducted hips, while the other 10
307.

Enteric-coated mycophenolate sodium containing GvHD prophylaxis reduces GvHD rate after allogeneic HSCT.

Weber T., Niestadtkotter J., Wienke A., Muller-Tidow C., Muller L.P.

Embase

European Journal of Haematology. 97 (3) (pp 232-238), 2016. Date of Publication: 01 Sep 2016.

[Article]

AN: 611710281

Objectives: The aim of this study was to evaluate whether cyclosporine A (CsA)-based Graft vs. Host Disease (GvHD) prophylaxis with enteric-coated mycophenolate sodium (EC-MPS) instead
of mycophenolate mofetil (MMF) or methotrexate (MTX) reduces the GvHD incidence and lowers gastrointestinal (GI-) toxicities. Methods: In a retrospective analysis of 102 allogeneic hematopoietic stem cell transplant (HSCT) patients, incidences of overall and severe aGvHD (>IIdegree), cGvHD as well as overall and severe (CTC >IIdegree) GI-toxicities were compared between GvHD prophylaxis containing EC-MPS vs. MMF or MTX (control group). Results: The overall aGvHD rate was significantly lower in the EC-MPS group compared to the control (47% vs. 72%, P = 0.022) with lower rates of severe aGvHD (10% vs. 25%, P = 0.088) and cGvHD (20% vs. 39%, P = 0.065). Prophylaxis with EC-MPS remained significantly associated with a lower aGvHD rate in a multiple logistic regression model. GI-toxicities did not differ between both groups except for severe abdominal pain for which the incidence was increased in the EC-MPS group (17% vs. 3%, P = 0.022). Conclusions: This data support the hypothesis that replacement of MMF or MTX by EC-MPS reduces GvHD rates after HSCT. This appears not to be due to a reduced GI-toxicity of EC-MPS. Copyright © 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd

PMID

Status
EMBASE

Institution
(Weber, NiestadtKotter, Muller-Tidow, Muller) Department of Hematology and Oncology, Germany (Wienke) Institute of Medical Epidemiology, Biostatistics and Informatics, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany

Country of Publication
United Kingdom

Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Date Created
20160820

Year of Publication
2016

308.
Assessment of pelvic floor muscles in women with deep endometriosis.
Purpose: To assess function and prevalence of spasms and trigger points of the pelvic floor muscles in women with deep endometriosis. Methods: One hundred and four (104) patients were assessed. Group 1 (G1) was composed of 52 subjects diagnosed with deep endometriosis proven by magnetic resonance imaging (MRI); Group 2 (G2) was composed of 52 women with no signs of endometriosis. Subjects from both G1 and G2 were seen at the Division of Pelvic Pain and Endometriosis and at Center for Prevention of Sexually Transmitted Diseases, both at Federal University of Sao Paulo (UNIFESP), respectively. A full physical therapy evaluation was carried out, including medical history, presence of dyspareunia and physical examination, which included detailed evaluation of pelvic floor muscles and occurrence of muscle spasm, trigger point and muscle function. Results: The average age of the subjects in the study group was 36.4 and 30.9 years in the control group (p = 0.002). A greater prevalence of deep dyspareunia was found in the subjects in the endometriosis group when compared to the control group (p = 0.010). Women in G1 had higher prevalence of muscle spasms. In this group, 53.9 % had spasms—compared to only 17.3 % of women in G2 (p < 0.001). On the other hand, no significant difference between the groups (p = 0.153) was found while searching for the presence of trigger points. Conclusion: Women with deep endometriosis have increased prevalence of pelvic floor muscle spasms when compared to the control group. Copyright © 2016, Springer-Verlag Berlin Heidelberg.
Assessing the relationship between chronic pain and cardiovascular disease: A systematic review and meta-analysis.


[Review]

AN: 611504525

Background and Aims Chronic pain is a potentially disabling condition affecting one in three people through impaired physical function and quality of life. While the psychosocial impact of chronic pain is already well established, little is known about the potential biological consequences. Chronic pain may be associated with an increased prevalence of cardiovascular disease, an effect that has been demonstrated across a spectrum of chronic pain conditions including low back pain, pelvic pain, neuropathic pain and fibromyalgia. The aim of this study was to review and summarize the evidence for a link between chronic pain and cardiovascular disease. We sought to clarify the nature of the relationship by examining the basis for a dose-response gradient (whereby increasing pain severity would result in greater cardiovascular disease), and by evaluating the extent to which potentially confounding variables may contribute to this association. Methods Major electronic databases MEDLINE, EMBASE, Psychinfo, Cochrane, ProQuest and Web of Science were searched for articles reporting strengths of association between chronic pain (pain in one or more body regions, present for three months or longer) and cardiovascular outcomes (cardiovascular mortality, cardiac disease, and cerebrovascular disease). Meta-analysis was used to pool data analysing the association between chronic pain and the three principal cardiovascular outcomes. The impact of pain severity, and the role of potentially confounding variables were explored narratively. Results The searches generated 11,141 studies, of which 25 matched our inclusion criteria and were included in the review. Meta-analysis (of unadjusted study outcomes) demonstrated statistically significant associations between chronic pain and mortality from cardiovascular diseases: pooled odds ratio
1.20, (95% confidence intervals 1.05-1.36); chronic pain and cardiac disease: pooled odds ratio 1.73 (95% confidence intervals 1.42-2.04); and chronic pain and cerebrovascular disease: pooled odds ratio 1.81 (95% confidence intervals 1.51-2.10). The systematic review also found evidence supporting a dose-response relationship, with greater pain intensity and distribution producing a stronger association with cardiovascular outcomes. All of the included studies were based on observational data with considerable variation in chronic pain taxonomy, methodology and study populations. The studies took an inconsistent and incomplete approach in their adjustment for potentially confounding variables, making it impossible to pool data after adjustments for confounding variables, so it cannot be concluded that these associations are causal. Conclusions

Our review supports a possible dose-response type of association between chronic pain and cardiovascular disease, supported by a range of observational studies originating from different countries. Such research has so far failed to satisfactorily rule out that the association is due to confounding variables. What is now needed are further population based longitudinal studies that are designed to allow more robust exploration of a cause and effect relationship. Implications

Given the high prevalence of chronic pain in developed and developing countries our results highlight a significant, but underpublicized, public health concern. Greater acknowledgement of the potentially harmful biological consequences of chronic pain may help to support regional, national and global initiatives aimed at reducing the burden of chronic pain.   Copyright © 2016 Scandinavian Association for the Study of Pain

Author NameID
Fayaz, Alan; ORCID: http://orcid.org/0000-0002-4643-4846

Institution
(Fayaz) Department of Surgery and Cancer, Imperial College London W2 1NY, United Kingdom
(Ayis) Kings College London, Guy's Campus, London SE11 1UL, United Kingdom
(Panesar) Department of Primary Care and Public Health, Imperial College London W6 8RP, United Kingdom
(Langford) Pain and Anaesthesia Research Centre, St Bartholomew's Hospital, Barts Health NHS Trust, West Smithfield, London EC1A 7BE, United Kingdom
(Donaldson) Institute of Global Health Innovation, Imperial College London W2 1NY, United Kingdom

Country of Publication
Netherlands

Publisher
Elsevier

Date Created
Autonomic Testing in Women with Chronic Pelvic Pain.
Chelimsky G., Simpson P., McCabe N., Zhang L., Chelimsky T., Erickson D., Pajer K., Thayer J.,
Wessellmann U., Zee P., Zolnoun D.
Embase
[Article]
AN: 611443346
Purpose We determined whether abnormal autonomic nervous system innervation of the bladder
underlies IC (interstitial cystitis)/BPS (bladder pain syndrome) differently than other chronic pelvic
pain. Materials and Methods In this institutional review board approved protocol 39 healthy
controls and 134 subjects were enrolled, including 36 with IC/BPS, 14 with myofascial pelvic pain
and 42 with IC/BPS plus myofascial pelvic pain. Three subjects were excluded from study.
Autonomic nervous system evaluations included deep breathing, the Valsalva maneuver, and the
tilt table and sudomotor tests. The latter evaluates autonomic neuropathy. A modified validated
composite autonomic laboratory score was applied. Results Median age in the IC/BPS group was
47.5 years (range 21 to 78), greater than in healthy controls (34 years, range 20 to 75, p = 0.006),
the myofascial pelvic pain group (33 years, range 22 to 56, p = 0.004) and the IC/BPS plus
myofascial pelvic pain group (38 years, range 18 to 64, p = 0.03). Body mass index did not
significantly differ but the myofascial pelvic pain and IC/BPS plus myofascial pelvic pain groups
had a higher body mass index than healthy controls (p = 0.05 and 0.03, respectively).
Cardiovascular and adrenergic indexes did not differ. The tilt table test showed more orthostatic
intolerance in all chronic pelvic pain groups. Tilt table test diagnoses (orthostatic hypotension,
postural tachycardia syndrome and reflex syncope) were rare. Baseline heart rate was higher in
all chronic pelvic pain groups (p = 0.004). Compared to healthy controls all myofascial pelvic pain
groups showed significantly more clear-cut autonomic neuropathy, defined as a sweat score of 3
or greater (vs IC/BPS plus myofascial pelvic pain p = 0.007 and vs myofascial pelvic pain p =
0.03). Conclusions Some chronic pelvic pain types show autonomic neuropathy and some show
vagal withdrawal. In all types orthostatic intolerance likely reflects central sensitization and
perhaps catastrophizing. Some of these findings suggest novel therapeutic targets. Copyright © 2016 American Urological Association Education and Research, Inc.


[Article]
AN: 611443284

Purpose Subjective measures of success after urethroplasty have become increasingly valuable in postoperative monitoring. We examined patient reported satisfaction following anterior urethroplasty using objective measures as a proxy for success. Materials and Methods Men 18 years old or older with urethral strictures undergoing urethroplasty were prospectively enrolled in a longitudinal, multi-institutional urethroplasty outcomes database. Preoperative and postoperative assessment included questionnaires to assess lower urinary tract symptoms, pain,
satisfaction and sexual health. Analyses controlling for stricture recurrence (defined as the inability to traverse the reconstructed urethra with a flexible cystoscope) were performed to determine independent predictors of dissatisfaction. Results At a mean followup of 14 months we found a high 89.4% rate of overall postoperative satisfaction in 433 patients and a high 82.8% rate in those who would have chosen the operation again. Men with cystoscopic recurrence were more likely to report dissatisfaction (OR 4.96, 95% CI 2.07-11.90) and men reporting dissatisfaction had significantly worse uroflowmetry measures (each p <0.02). When controlling for recurrence, multivariate analysis revealed that urethra and bladder pain (OR 1.71, 95% CI 1.05-2.77 and OR 2.74, 95% CI 1.12-6.69, respectively), a postoperative decrease in sexual activity (OR 4.36, 95% CI 2.07-11.90) and persistent lower urinary tract symptoms (eg straining to urinate OR 3.23, 1.74-6.01) were independent predictors of dissatisfaction. Conclusions Overall satisfaction after anterior urethroplasty is high and traditional measures of surgical success strongly correlate with satisfaction. However, independently of the anatomical appearance of the reconstructed urethra, postoperative pain, sexual dysfunction and persistent lower urinary tract symptoms were predictors of patient dissatisfaction. Copyright © 2016 American Urological Association Education and Research, Inc.
Ebola virus disease and critical illness.

Embase
[Article]
AN: 611387738
As of 20 May 2016 there have been 28,646 cases and 11,323 deaths resulting from the West African Ebola virus disease (EVD) outbreak reported to the World Health Organization. There continue to be sporadic flare-ups of EVD cases in West Africa. EVD presentation is nonspecific and characterized initially by onset of fatigue, myalgias, arthralgias, headache, and fever; this is followed several days later by anorexia, nausea, vomiting, diarrhea, and abdominal pain. Anorexia and gastrointestinal losses lead to dehydration, electrolyte abnormalities, and metabolic acidosis, and, in some patients, acute kidney injury. Hypoxia and ventilation failure occurs most often with severe illness and may be exacerbated by substantial fluid requirements for intravascular volume repletion and some degree of systemic capillary leak. Although minor bleeding manifestations are common, hypovolemic and septic shock complicated by multisystem organ dysfunction appear the most frequent causes of death. Males and females have been equally affected, with children (0-14 years of age) accounting for 19 %, young adults (15-44 years) 58 %, and older adults (>=45 years) 23 % of reported cases. While the current case fatality proportion in West Africa is approximately 40 %, it has varied substantially over time (highest near the outbreak onset) according to available resources (40-90 % mortality in West Africa compared to under 20 % in Western Europe and the USA), by age (near universal among neonates and high among older adults), and by Ebola viral load at admission. While there is no Ebola virus-specific therapy proven to be effective in clinical trials, mortality has been dramatically lower among EVD patients managed with supportive intensive care in highly resourced settings, allowing for the avoidance of hypovolemia, correction of electrolyte and metabolic abnormalities, and the provision of oxygen, ventilation, vasopressors, and dialysis when indicated. This experience emphasizes that, in addition to evaluating specific medical treatments, improving the
global capacity to provide supportive critical care to patients with EVD may be the greatest opportunity to improve patient outcomes. Copyright © 2016 Leligdowicz et al.

Status
EMBASE
Institution
(LEDGOWICZ, ADHIKARI, FOWLER) University of Toronto, Interdepartmental Division of Critical Care, Toronto, ON, Canada
(FISCHER) University of North Carolina, Department of Medicine, Chapel Hill, NC, United States
(UYEKI) Centers for Disease Control and Prevention, Atlanta, Georgia, United States
(FLICHER) Whittington Barracks, Defence Medical Services, Lichfield, United Kingdom
(FLICHER) Liverpool School of Tropical Medicine, Liverpool, Merseyside, United Kingdom
(ADHIKARI, FOWLER) Sunnybrook Health Sciences Centre, Department of Critical Care Medicine, Toronto, ON, Canada
(PORTELLA) Emergency NGO, Milan, Italy
(LAMONTAGNE) Universite de Sherbrooke, Department of Medicine, Sherbrooke, QC, Canada
(CLEMENT) Polyclinique Bordeaux Nord Aquitaine, Bordeaux, France
(JACOB) University of Washington, Department of Medicine, Seattle, WA, United States
(RUBINSON) University of Maryland, Department of Medicine, Baltimore, MD, United States
(VANDERSCHUREN) Centre de recherche de l'institut Universitaire de Cardiologie et de Pneumologie de Quebec, Quebec City, QC, Canada
(HAJEK) University of British Columbia, Division of Infectious Diseases, Vancouver, BC, Canada
(MURTHY) University of British Columbia, Department of Paediatrics, Vancouver, BC, Canada
(CROZIER) Makerere University, Infectious Diseases Institute, College of Health Sciences, Kampala, Uganda
(IBRAHIMA, LAMAH) Donka Hospital, Department of Infectious and Parasitic Diseases, Conakry, Guinea
(SCHIEFFELIN) Tulane University, Department of Pediatrics, School of Medicine and School of Public Health and Tropical Medicine, New Orleans, LA, United States
(BRETT-MAJOR) Uniformed Services University, Department of Preventive Medicine and Biometrics, Bethesda, MD, United States
(BAUSCH, SHINDO) World Health Organization, Department of Pandemic and Epidemic Diseases, Geneva, Switzerland
(CHAN) Sunnybrook Health Sciences Centre, Division of Infectious Diseases, Toronto, ON, Canada
(O'DEMPSEY) Liverpool School of Tropical Medicine, Department of Clinical Sciences, Liverpool, United Kingdom
(MISHRA) University of Toronto, Department of Medicine, Toronto, ON, Canada
Background - Several scoring was developed for evaluation of children with fecal retention using plain radiograph. There are controversies about specificity and sensitivity of these scoring system. Objectives - The aim of this study was to evaluate Barr, Blethyn, and Leech score in evaluation of fecal load in plain radiograph. Methods - This case control study was conducted on children aged 2-14 years old with abdominal pain who visited Abuzar children's Hospital of Ahvaz University of Medical Sciences. This study was conducted in fall season. Children with history of previous abdominal surgery, any systemic illness including sickle cell anemia were excluded.
Children with constipation were placed in case group. Subjects without constipation were placed in control group. Subjects without exclusion criteria were examined by physician who is blind to aim of the study. Careful history and physical examination was done. Demographic features, history of gastrointestinal problem, duration of abdominal pain, defecation habit, stool consistency (loose, hard), and results of physical examination were recorded. Rome III criteria was used for definition of constipation. Abdominal x-ray was ordered for each patients. Abdominal radiography was reviewed by radiologist. Barr, Leach, and Blethyn scores were calculated for each case.

Results - In this study 102 children with functional constipation and 102 children without constipation as a control were included. Mean +/-SD for case and control group was 68.39+/−34.88 and 69.46+/−32.60 (P=0.82). Leech score (mean +/-SD) was 11.05+/−2.177 and 5.67+/−3.228 for case and control group respectively (P<0.0001). Barr score (mean +/-SD) was 14.86+/−3.54 and 7.16+/−5.59 for case and control group respectively (P=<0.0001). Blethyn (mean +/-SD) score was 1.97+/−0.667 and 1.04+/−0.900 for case and control group respectively (P=0.000).

Sensitivity and specificity of Barr score was 83% and 79% respectively. Sensitivity and specificity of Leech score was 92% and 80% respectively. Sensitivity and specificity of Blethyn score was 79% and 92% respectively. Conclusion - Barr, Blethyn and Leech scores were significantly higher in children with abdominal pain and constipation in contrast to children with abdominal pain and without constipation. Sensitivity of Leech score was more than Barr and Blethyn scoring systems. Specificity of Blethyn score was more than Barr and Leech score. Copyright © 2016, IBEPEGE - Inst. Bras. Estudos Pesquisas Gastroent. All rights reserved.

Status
EMBASE
Institution
(Rezazadeh, Tahmasebi) Department of Radiology, School of Medicine, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, Islamic Republic of (Javaherizadeh, Sadjadei) Nursing Care Research Center in Chronic Diseases, Dept. of Pediatric Gastroenterology, School of Medicine, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, Islamic Republic of (Chahardahcherik) Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, Islamic Republic of (Yavarahmadi) Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of
Country of Publication
Brazil
Publisher
Date Created
20160724
Year of Publication
Kunxian capsules in the treatment of patients with ankylosing spondylitis: A randomized placebo-controlled clinical trial.
Li Q., Li L., Bi L., Xiao C., Lin Z., Cao S., Liao Z., Gu J.
Embase Trials. 17 (1) (no pagination), 2016. Article Number: 337. Date of Publication: 22 Jul 2016.

Background: Ankylosing spondylitis (AS) is a chronic inflammatory autoimmune disease. Kunxian capsule, a Chinese patent medicine which has been used in the treatment of immunologic diseases for many years in China, has anti-inflammatory and immunoregulatory effects. This study investigates the efficacy and safety of Kunxian capsules in the treatment of AS. Method: This was a randomized, double-blind, parallel control clinical trial involving 80 patients with AS who fulfilled the modified New York criteria (1984) and had active disease defined by a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) >=40 mm under background stable nonsteroidal anti-inflammatory drugs (NSAIDs) for more than 4 weeks. Patients were randomly divided into two groups, the Kunxian group and the placebo group, and Kunxian (0.6 g, three times per day) and the placebo were provided for 12 weeks. The primary endpoint was the Assessment of SpondyloArthritis international Society (ASAS) 20 response rate at week 12. The secondary endpoints were ASAS 40, BASDAI 50, the Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Metrology Index (BASMI), and Ankylosing Spondylitis Disease Activity Score on the basis of C-reactive protein level (ASDAS-CRP) at weeks 2, 6, and 12. Results: The primary endpoint of ASAS 20 at week 12 was achieved in 13 of 35 patients (37.1 %) among the Kunxian group, compared with 4 of 33 (12.1 %) in the placebo group (p < 0.05). Significant improvement (BASDAI 50) was also observed between the Kunxian group and the placebo group at week 6 (14 (40 %) and 5 (15.5 %), respectively, p < 0.05). At weeks 2, 6, and 12, the ASDAS-CRP level of the Kunxian group was significantly lower than that of the placebo group, especially at week 6 (p < 0.01). Kunxian obviously reduced CRP levels compared to placebo at weeks 2, 6, and 12 (p < 0.05). Compared with the placebo, Kunxian was associated with greater improvements in signs and symptoms of patients with AS from the baseline to week 12, and significant intergroup differences of additional composite indices of disease activity (i.e.,
erythrocyte sedimentation rate, patient global assessment of disease activity, total back pain, level of morning stiffness, tender joints, and BASFI scores) were also observed. Conclusion: Kunxian capsule significantly decreased the disease activity of patients with AS. Trial registration:NCT00953979. Registered on 5 August 2009. Copyright © 2016 Li et al.

Switching Opioid-Dependent Patients From Methadone to Morphine: Safety, Tolerability, and Methadone Pharmacokinetics.

The aim of this study was to switch patients established on methadone opioid substitution therapy (OST) to morphine over 1 week. Subjects established on daily methadone OST (mean dose 60 mg/day) were switched to morphine slow-release capsules, dosed at 4x the previous total daily methadone dose, for 6 days, then given morphine syrup dosed q3h. All 27 subjects enrolled in
this study completed the switch from methadone to morphine. Opioid withdrawal symptoms (OWS) peaked within 12-24 hours of starting morphine, and 24/27 subjects required higher daily morphine doses (mean 5.2x multiple). Pharmacokinetic evaluation showed that 91% of methadone was cleared during this time, with a mean elimination half-life of 59 hours. The most frequent treatment-emergent non-OWS adverse events were headache, nausea, constipation, and neck pain. The method described here appears to be a safe and acceptable approach to switch subjects from methadone to morphine. Copyright © 2016, The American College of Clinical Pharmacology

PMID

Status
EMBASE

Institution
(Glue, Gray, Hung, Harland) University of Otago, Dunedin, New Zealand
(Cape, Tunnicliff) Southern District Health Board, Dunedin, New Zealand
(Lockhart) University of Auckland, Auckland, New Zealand
(Lam, Hung) Zenith Technology, Dunedin, New Zealand
(Devane, Howes, Weis) DemeRx, Fort Lauderdale, FL, United States
(Friedhoff) Pharmaceutical Special Projects Group, New York City, NY, United States

Country of Publication
United States

Publisher
Blackwell Publishing Inc. (E-mail: subscrip@blackwellpub.com)

Date Created
20160721

Year of Publication
2016

316.
Comparative, open-label prospective study on the quality of life and sexual function of women affected by endometriosis-associated pelvic pain on 2 mg dienogest/30 micro g ethinyl estradiol continuous or 21/7 regimen oral contraceptive.
Caruso S., Iraci M., Cianci S., Fava V., Casella E., Cianci A.
Purpose: To evaluate the effects of a continuous regimen combined oral contraceptive (COC) containing 2 mg dienogest and 30 micro g ethinyl estradiol (DNG/EE) compared to a 21/7 regimen on the quality of life (QoL) and sexual function in women affected by endometriosis-associated pelvic pain. Methods: Sixty-three women constituted the Study group treated with DNG/EE COC continuous regimen; 33 women were given DNG/EE COC in a 21/7 regimen. To define the endometriosis-associated pelvic pain, the Visual Analogic Scale was used. The Short Form-36, Female Sexual Function Index (FSFI) and the Female Sexual Distress Scale (FSDS) were used to assess QoL, sexual function and sexual distress, respectively. The study included two follow-ups. Results: At 3 and 6 months of treatment there was an improvement in pain of the Study group (p < 0.001). The Control group underwent pain improvement at the second follow-up (p < 0.05). At the first and the second follow-ups, the Study group reported QoL improvements in all categories (p < 0.001). The Control group reported QoL improvements in all categories at the second follow-up (p < 0.05). At the first and the second follow-ups of the Study group, the FSFI total score had risen (p < 0.001), and the FSDS score had dropped (p < 0.001). An improvement of the FSFI score and a reduction of the FSDS score of the Control group was observed at the second follow-up (p < 0.001), but not at the first follow-up (p = NS). Conclusions: Women on DNG/EE COC continuous regimen reported a reduction of endometriosis-associated pelvic pain and there was an improvement of their sexual activity and their QoL that was better than the DNG/EE 21/7 conventional regimen. Copyright © 2016, Italian Society of Endocrinology (SIE).
Stimulation of the spinal cord and dorsal nerve roots for chronic groin, pelvic, and abdominal pain. Levine A.B., Parrent A.G., MacDougall K.W.

Embase
Pain Physician. 19 (6) (pp 405-412), 2016. Date of Publication: August 2016.

[Article]
AN: 611350203

Background: Chronic neuropathic groin pain is a common problem. It can arise following surgery or trauma, or spontaneously as part of various pelvic pain syndromes. A number of different stimulation techniques have been reported in the literature to treat this area, but due to the complex anatomy of the region, it can be difficult to target effectively with paresthesias.

Objectives: In this study we report our results treating patients with chronic neuropathic groin, pelvic, and abdominal pain, using spinal cord stimulation and dorsal nerve root stimulation.

Study Design: Open label, prospective study that includes all patients treated with a new trial stimulator system at a single center between July 1, 2011, and October 31, 2013. Setting: Academic university neurosurgical pain center, Canada. Methods: Thirty-two patients had trials of spinal cord stimulation and/or dorsal nerve root stimulation in the thoracic or lumbar spine. Patients were evaluated on visual analog scale pain scores, SF-36, and morphine equivalent daily dose. Data were recorded at the pre-implant visit, and 3, 6, and 12 months following permanent implant.

Results: The 15 patients who went on to permanent implants had, on average, significant pain reduction and improvements in quality of life at the 12 month follow-up. The majority of patients who were taking opioids at the initial assessment were able to reduce their dose with treatment. Three patients with successful trials were long-term non-responders, of whom 2 had the permanent device removed.

Limitations: This study would benefit from a larger sample size that would have adequate power for comparisons between patient subgroups and stimulation techniques.

Conclusion: Dorsal nerve root stimulation is an effective long-term treatment for neuropathic groin pain. Copyright © 2016, American Society of Interventional Pain Physicians.

All rights reserved.
318.
Roldan C.J., Huh B.
Embase
[Article]
AN: 611349911
Background: Pain of myofascial origin is a well-recognized pathology characterized by the presence of two components: referred pain; which is often distant from its source and specific to each muscle, and the trigger point, a localized hyperirritable band present in the affected muscle and able to reproduce the referred pain when stimulated. Myofascial pain (MP) commonly coexists in patients with acute or chronic pain of other etiologies. The uniqueness of the clinical presentation of some MPs and the lack of training of most specialties represent a clinical challenge. Thus, many patients with MPS receive less than optimal management of this condition. Objective: Pain at the anterior torso, originating at the posterior torso, can mimic common pathologies that correlate with the same anatomical area such as cardiac and intra-abdominal conditions. These clinical characteristics could be caused by MP of the iliocostalis thoracis-lumborum (ITL) muscle. However, this entity has not been well addressed in the medical literature. In this report we characterize the manifestations, diagnosis, and clinical implications of ITL MP. Study Design: Observational assessment. Setting: Two university-based academic emergency medicine departments (ED) in an urban setting in the United States. Methods: A
convenience sample of 43 patients who presented to the ED with pain at the anterior aspect of the torso (chest, abdomen, or pelvis) and clinical evidence of MP originated in the ITL muscle. Of a clinical trial of patients with MP, we describe a subgroup of patients with MP of the ITL which was clinically evident by the presence of a trigger point (TP) in its ability to reproduce the referred pain present at the anterior aspect of the torso. Patients received a TP injection. In this trial we intend to demonstrate that TP injections using particulate steroids mixed with a local are no more effective than saline alone to treat MP. The primary outcome was pain control (decrease in intensity of 50% or more below baseline numeric pain rating). A follow-up telephone interview was performed by third-party abstractors. Results: Forty-three patients presented with pain of the anterior torso and ipsilateral back, both correlating with the level of the TP of the ITL muscle. The pain had been present from 2 days to 7 years. The most common locations of pain were the right-lower quadrant and the left side of the chest. In many of them a pattern of missed diagnosis was evident despite extensive workups and consultations. Only 17 patients were able to identify the precipitating event; the most common was coughing. Two weeks after TP injection, all patients still had satisfactory pain control. After treatment, no missed pathology or returns to the ED were reported. Limitations: This descriptive portion of the ongoing study does not affect the integrity of the trial itself but could be subject to the introduction of subject selection and selective reporting bias. Similarly, this convenience sample does not establish the incidence of this pathology and challenges the external validity to other clinical settings. Conclusions: Anterior torso pain often resulted in extensive workups before ITL myofascial pain was diagnosed. TP injections were diagnostic and therapeutic of ITL myofascial pain. Copyright © 2016, American Society of Interventional Pain Physicians. All rights reserved.
The pelvis and beyond.
Embese
[Article]
AN: 606579455
Objective: To determine the feasibility of a detailed pain sensitivity assessment using body-wide musculoskeletal tender points (TPs) in women with different types of chronic pelvic pain (CPP) and compare phenotypic differences. Materials and Methods: Seventy women with CPP and 35 pain-free women underwent musculoskeletal evaluation of TPs in the pelvic floor, abdomen, groin, inner thigh, and all 18 fibromyalgia TPs. Patients scored elicited pain on a numeric rating scale. TP pain scores were used for intergroup comparison and intragroup correlation. Results: Women with CPP were grouped as having either bladder pain syndrome (BPS, n=24) or myofascial pelvic pain (MPP, n=11) singularly or both concomitantly (BPS+MPP, n=35). TP pain scores for all evaluations were higher in women with CPP compared with healthy women (P<0.001). Women with BPS+MPP had elevated TP pain for each evaluation compared with women with BPS alone. Pelvic floor and fibromyalgia TP scores correlated strongly in the MPP group, moderately in the BPS+MPP group, and weakly in the BPS alone group. Although some moderate and strong correlations between different body locations were present in all 3 groups, only the BPS+MPP group showed moderate to strong correlations between all body TPs. Conclusions: Detailed musculoskeletal evaluation of women with CPP is feasible and well tolerated. Careful phenotyping differentiated BPS, MPP, and BPS+MPP groups. Attending to the differences between these groups clinically may lead to more effective treatment strategies and improved outcomes for patients with CPP. Copyright © 2015 Wolters Kluwer Health, Inc.
Acute pancreatitis and acalculous cholecystitis have been occasionally reported in primary acute symptomatic Epstein-Barr virus infection. We completed a review of the literature and retained 48 scientific reports published between 1966 and 2016 for the final analysis. Acute pancreatitis was recognized in 14 and acalculous cholecystitis in 37 patients with primary acute symptomatic Epstein-Barr virus infection. In all patients, the features of acute pancreatitis or acalculous cholecystitis concurrently developed with those of primary acute symptomatic Epstein-Barr virus infection.
infection. Acute pancreatitis and acalculous cholecystitis resolved following a hospital stay of 25 days or less. Acalculous cholecystitis was associated with Gilbert-Meulengracht syndrome in two cases. In conclusion, this thorough analysis indicates that acute pancreatitis and acalculous cholecystitis are unusual but plausible complications of primary acute symptomatic Epstein-Barr virus infection. Pancreatitis and cholecystitis deserve consideration in cases with severe abdominal pain. These complications are usually rather mild and resolve spontaneously without sequelae. Copyright © 2016 Elsevier B.V.

321.

Validity of paediatric appendicitis score in Chinese population: A prospective study.
Embase
Surgical Practice. 20 (3) (pp 114-118), 2016. Date of Publication: 01 Aug 2016.
[Article]
AN: 611305174
Aim: Paediatric appendicitis score (PAS) was described to improve the clinical diagnostic accuracy of paediatric appendicitis. The present study aimed to prospectively evaluate the validity of PAS in a Chinese population. Patients and Methods: From 2011 to 2012, consecutive patients aged 4-18 years admitted with acute, right-sided abdominal pain lasting less than 7 days were enrolled. PAS was calculated on admission by surgical residents, from eight components, with a maximum score of 10. Clinical outcomes were assessed prospectively, with follow up for those discharged without operation. Results: Sixty-four children were recruited. Twenty-two patients (34.4 per cent) underwent appendectomy. Eight patients with PAS <=2 were managed conservatively and discharged without additional radiological investigations. Twelve patients had PAS >=7, of which 11(92 per cent) had an appendectomy performed; 10 were confirmed appendicitis on histology. One patient with PAS =7 was managed conservatively and discharged uneventfully. Of the 44 patients with PAS =3-6, 18 (36.4 per cent) underwent sonogram or computed tomography. Eleven patients (25 per cent) with PAS =3-6 had an operation performed, and all histology confirmed appendicitis. For the accuracy of PAS in diagnosing appendicitis, the area under the receiver-operating characteristic curve was 0.883 (95 per cent confidence interval: 0.798, 0.968, P < 0.05). To diagnose appendicitis at cut-off PAS >=7, the sensitivity was 0.48, specificity was 0.95 and the positive predictive value was 0.83. The negative predictive value at cut-off PAS <=2 was 1.00. The overall negative appendectomy rate was 4.5 per cent. Conclusion: The PAS is a simple diagnostic tool that only requires basic physical examination skills with objective laboratory results. It does not replace clinical judgments and decision for operation, but can assist in the decision-making process, especially in the general clinic or emergency department, or for relatively inexperienced surgical residents. PAS >=7 cut-off has high validity for predicting appendicitis, and PAS <=2 rules out appendicitis. Children with PAS =3-6 might warrant further evaluation with repeat clinical and/or radiological assessments. Copyright © 2016 College of Surgeons of Hong Kong
OBJECTIVE: Prostatitis affects 10-14% of men of all ages and ethnicities. More than 50% of the men experience episodes of prostatitis at one time of their lives. Patients with CP typically have longlasting genitourinary/pelvic pain and obstructive and/or irritative voiding symptoms. Sexual dysfunction and psychological symptoms are frequently added to these symptoms. We also investigated the relationship between sexual functions, and lower urinary system symptoms, and asymptomatic histological prostatitis detected on transrectal ultrasound-guided (TRUS) biopsy performed with the indication of high PSA levels.

METHODS: Sixty cases compliant with the study criteria among patients who underwent prostate biopsies between September 2014 and June 2015 with the indication of higher PSA levels were included in the study. All patients were requested to complete IIEF-5 and IPSS forms one day previously. Based on histological analysis of biopsy materials, the patients were allocated into groups of BPH (simple BPH without histological prostatitis) (n:30) and histological chronic prostatitis (combination of BPH and histological prostatitis) (n:30).

RESULTS: Mean age of the cases was 65.73+/−5.01 (range, 56-75 yrs) years. PSA levels ranged between 4-15 ng/ml. A statistically significant intergroup difference was not found regarding mean age, BMIs, PSA levels, incidence rates of hypertension and coronary artery disease (p>0.05). Prostate volumes of the HCP group were higher than those of the BPH group, with statistically significant differences (p:0.001; p<0.01). Questionnaire forms of the patients included in the study were statistically evaluated, and mean IPSS score of the HCP group was found to be higher when compared with that of the BPH group, with statistically significant differences. (p:0.016; p<0.05). However mean IIEF score of the BPH group was higher than that of the HCP group, with statistically significant differences (p:0.039; p<0.05).
DISCUSSION: These findings suggested the presence of a correlation between chronic inflammation and lower urinary tract symptoms (LUTS). In addition, statistically significant lower IIEF values in patients with histological chronic prostatitis relative to those without suggested negative effects of even asymptomatic inflammation on sexual functions and mechanism of erection.

PMID

Institution
(Urkmez) Haydarpasa Numune Research and Training Hospital. Istanbul. Turkey  (Yuksel)
Department of Urology. Fatih Sultan Mehmet Research & Training Hospital. Istanbul. Turkey
(Uruc) Department of Urology. Fatih Sultan Mehmet Research & Training Hospital. Istanbul. Turkey
(Akan) Department of Urology. Fatih Sultan Mehmet Research & Training Hospital. Istanbul. Turkey
(Yildirim) Department of Urology. Fatih Sultan Mehmet Research & Training Hospital. Istanbul. Turkey
(Sahin) Department of Urology. Fatih Sultan Mehmet Research & Training Hospital. Istanbul. Turkey
(Verit) Department of Urology. Fatih Sultan Mehmet Research & Training Hospital. Istanbul. Turkey

Country of Publication
Spain

Date Created
20161010

Year of Publication
2016

323.
ROLE OF DIAGNOSTIC LAPAROSCOPY IN EVALUATION AND TREATMENT OF CHRONIC ABDOMINAL PAIN IN CHILDREN.
Talat N., Afzal M., Ahmad S., Rasool N., Wasti A.R., Saleem M.
Embase
BACKGROUND: Chronic abdominal pain in children is a very common cause of hospital admission. Many of them are discharged without a diagnosis even after battery of investigations. Laparoscopy plays a significant role in diagnosis and management of many causes of acute and chronic abdominal pain. The purpose of this study was to determine the efficacy of laparoscopy as an efficient diagnostic and management tool in children with chronic abdominal pain.

METHODS: A descriptive, prospective case series was collected in the department of Paediatric surgery Mayo's Hospital Lahore, over the period of 5 years between Jan 2007-Dec 2013. The data of consecutive 50 patients, who were admitted in the department with the diagnosis of chronic abdominal pain, was recorded. All patients who had 2-3 admissions in hospital for last 2 months and failed to establish a definitive diagnosis after clinical examination and base line investigations underwent laparoscopy. The details of associated symptoms, finding of laparoscopy, laparoscopic procedures done, definitive diagnosis, histopathology, complications and relief of symptoms were collected and analysed and results were evaluated using SPSS-17.

RESULTS: Out of 50 patients studies, 27/50 (54%) were male, 23/50 (46%) were female. Age ranged from 2-12 years, with the mean age of 7.24 year. Tuberculosis abdomen, adhesions, mesenteric lymphadenitis, appendicitis and cholecystitis were the final diagnosis. Five abdomens were found normal on laparoscopy. Complete pain relief was achieved in 30/50 (60%), reduced intensity of pain was gained in 12/50 (24%) cases while 16% (8/50) still complained of pain.

CONCLUSIONS: Laparoscopy is an efficient diagnostic and treatment tool in children with chronic unexplained abdominal pain. It avoids serial examinations; prolong admission, battery of investigations and unnecessary surgeries.

PMID
Abstracts from IFOMPT 2016 Conference.

Anonymous

Embase


[Conference Review]

AN: 613321313

The proceedings contain 316 papers. The topics discussed include: exercise prescription in chronic pain: do manual therapists need to understand emotion?; the role of physiotherapy in the management of osteoporosis & bone health; pelvic floor dysfunction in women with chronic or recurrent lumbo-pelvic pain; well characterized neck posture is not related to neck pain in adolescents in a large community-based sample; examination of a clinical prediction rule to identify patients with shoulder pain likely to benefit from cervicothoracic manipulation: a multi-center randomized clinical trial; influence of long-term immobilization of the wrist on motor imagery ability; and a novel treatment of dry needling and eccentric exercise for patients with chronic bicipital tendinopathy: a case series.

Status

CONFERENCE ABSTRACT

Country of Publication
Netherlands

Publisher
Churchill Livingstone

Date Created
20161124

Year of Publication
2016

325.

Persistent posthysterectomy pain: A prospective, observational study.

Pokkinnen S.M., Nieminen K., Yli-Hankala A., Kalliomaki M.-L.

Embase
BACKGROUND There is a large variation in the prevalence of persistent postsurgical pain depending on the type of surgery. It is unclear how common persistent postsurgical pain is after vaginal or laparoscopic hysterectomy. OBJECTIVES The objective of this study was to define the prevalence of persistent postsurgical pain 6 months after laparoscopic or vaginal hysterectomy for benign causes and to ascertain the intensity of the pain and its possible predictors. DESIGN A prospective, observational study. SETTING Pirkanmaa Hospital District between October 2008 and September 2013. PATIENTS Two hundred and forty-two women who underwent laparoscopic (150) or vaginal (92) hysterectomy for benign causes and who also participated in our earlier studies concerning acute pain. INTERVENTIONS A pain questionnaire and a prestamped return envelope were mailed to all women 6 months after surgery. If the questionnaire had not been returned within 4 weeks, a reminder was sent. Data regarding preoperative pain and acute postoperative pain were collected from the records of our earlier studies concerning acute pain. The patient characteristics and surgical outcomes were collected from the patients medical records. MAIN OUTCOME MEASURE The prevalence of persistent postsurgical pain 6 months after hysterectomy. RESULTS The response rate was 94% (227 respondents). Twenty-seven (18.9%) of 143 patients who had no pain preoperatively had persistent pain after surgery. Overall, 26.0% of patients had persistent pelvic pain 6 months after surgery. On an 11-point numeric rating scale (NRS), most of the patients rated their average pain as mild (NRS 0 to 3) and only 6.9% rated their worst pain as severe (NRS 7 to 10). Smoking, acute postoperative pain at 4 h after surgery and a laparoscopic approach were significantly associated with persistent pain in a multivariable analysis. CONCLUSION Persistent posthysterectomy pain is common, but pain is mild and does not interfere with daily activities for most of the patients 6 months after surgery. Smoking is the strongest predictor for persistent pain. TRIAL REGISTRATION clinicaltrials.gov Identifier: NCT 01537731.
Prevalence, characteristics and risk factors of chronic postsurgical pain after laparoscopic colorectal surgery: Retrospective analysis.
Joris J.L., Georges M.J., Medjahed K., Ledoux D., Damilot G., Ramquet C.C., Coimbra C.I., Kohnen L.P., Brichant J.F.E.

Embase

[Conference Paper]
AN: 612286764

BACKGROUND The prevalence of chronic postsurgical pain (CPSP) is a critical medical problem with economic implications. Its prevalence after gastrointestinal surgery is not well documented, particularly when a laparoscopic approach is used. OBJECTIVE The aim of the study was to determine the prevalence, the characteristics and the risk factors for CPSP after laparoscopic colorectal surgery. DESIGN A retrospective analysis using a postal questionnaire. SETTING The study was conducted at a university teaching hospital. PATIENTS Patients who underwent laparoscopic colorectal surgery from April 2008 until December 2011 (n=260). No epidural analgesia was used. MAIN OUTCOME MEASURES Postoperative pain intensity, incidence and characteristics of CPSP, and impact on quality of life and sleep. RESULTS Of 199 responses, 33 patients (17%) reported chronic pain at a median [interquartile range, IQR] of 38 [27 to 55] months after laparoscopic surgery with a median intensity of 4 [3 to 5]. CPSP had a negative impact on the quality of life in 84% of patients and on sleep in 43%. CPSP required regular
analgesic(s) intake in 54% patients. Using a backward stepwise multivariate logistic regression model, the following variables were determined as independent risk factors for CPSP: redo surgery for anastomotic leakage (P=0.01), inflammatory bowel disease (IBD) as the indication for surgery (P=0.01) and preoperative pain (P=0.05). CONCLUSION The incidence of CPSP after laparoscopic colorectal surgery (17%) is similar to those reported in the literature after laparotomy. Risk factors are redo surgery for postoperative peritonitis, IBD and preoperative pain. TRIAL REGISTRATION EudraCT 2012-005712-25. Copyright © 2015 European Society of Anaesthesiology. All rights reserved.

PMID

Status
EMBASE
Institution
(Joris, Georges, Medjahed, Ledoux, Damilot, Ramquet, Brichant) Department of Anaesthesiology and Intensive Care Medicine, CHU de Liege, University of Liege, Domaine du Sart Tilman, Liege B-4000, Belgium (Coimbra, Kohnen) Department of Abdominal Surgery and Transplantation, CHU of Liege, University of Liege, Liege, Belgium
Country of Publication
United Kingdom
Publisher
Lippincott Williams and Wilkins (E-mail: agents@lww.com)
Date Created
20160930
Year of Publication
2015
Aim: The aim of our study was to evaluate and establish the role of diagnostic laparoscopy (DL) in unexplained/nonspecific abdominal pain (NSAP) in this era of therapeutic laparoscopy, and thus to analyze and support the theory of minimal access surgery in diagnosing and treating abdominal conditions. Materials and methods: In this prospective study included patients with abdominal pain of (i) more than 6 hours and less than 6 days duration (acute) and (ii) more than or equal to 6 months duration (chronic) were included whether presenting as a surgical emergency or coming to surgical outpatient department (OPD) in whom a DL was performed after failure to achieve a diagnosis with conventional methods. The study included a total of 168 consecutive patients who fulfilled our inclusion criteria and underwent DL for NSAP. Their demographic and clinical data, admission dates and dates of surgery were noted. Outcome of surgery was recorded and the data were analyzed to ascertain the role and diagnostic yield of laparoscopy in our department, both in acute and chronic abdominal pain of nonspecific nature. Patients were followed postoperative for 3 months for any recurrence of symptoms. Results: Laparoscopy yielded diagnoses in 161 of these patients giving a diagnostic yield of 95.8%. Appendicitis (39.2%), gynecological pathology (16%) and abdominal tuberculosis (8.9%) were the major findings. Therapeutic procedures were performed in 112 cases (66.6%) where peroperative pathology was identified. In 38 cases (22.6%) where there was strong clinical suspicion of appendicitis and no pathology could be identified peroperative, an appendectomy was performed. Twenty-eight (73.6%) of these appendix specimens were found inflamed on subsequent histologic examination. There were no complications in this series. Conclusion: This study establishes the role of early DL as a safe procedure with high efficacy. Hence, it is an effective investigative tool in undiagnosed abdominal pain of both acute and chronic nature. Copyright © 2015, Jaypee Brothers Medical Publishers (P) Ltd. All rights reserved. Status
EMBASE
Institution
(Rubbia, Faryal, Javeria, Roohul) Department of Surgery, Khyber Teaching Hospital, Peshawar, Pakistan
Country of Publication
India
Publisher
Jaypee Brothers Medical Publishers (P) Ltd (4838/24 Ansari Road, Daryaganj, New Delhi 110 002, India)
Date Created
20160908
Year of Publication
2015

Eftekhari K., Vahedi Z., Aghdam M.K., Diaz D.N.

Embase


[Article]

AN: 611648406

Background: Functional abdominal pain (FAP) is one of the most common diseases, and large percentages of children suffer from it. Objectives: The purpose of the study was to evaluate the effect of Lactobacillus reuteri in treatment of children with functional abdominal pain. Patients and Methods: This study was a randomized double-blind placebo-controlled trial. Children aged 4 to 16 years with chronic functional abdominal pain (based on Rome III criteria) were enrolled in the study. They were randomly divided into two groups, one receiving probiotic and the other placebo. Results: Forty children received probiotic and forty others placebo. There were no significant differences in age, weight, sex, location of pain, associated symptoms, frequency and intensity of pain between the groups. The severity and frequency of abdominal pain in the first month compared to baseline was significantly less and at the end of the second month, there was no significant difference between both groups compared to the end of the first month. Conclusions: This study showed that the severity of pain was significantly reduced in both groups. There was no significant difference in pain scores between them. The effect of probiotic and placebo can probably be attributed to psychological effect of the drugs. Copyright © 2015, Growth & Development Research Center.

Status

EMBASE

Institution

(Eftekhari) Department of Pediatrics, Bahrami Hospital, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of (Vahedi, Aghdam, Diaz) Department of Pediatrics, Mousavi Hospital, Zanjan University of Medical Sciences, Zanjan, Iran, Islamic Republic of Country of Publication

Iran, Islamic Republic of
Developing strategies to be added to the protocol for antenatal care: an exercise and birth preparation program.
Miquelutti M.A., Cecatti J.G., Makuch M.Y.

Embase
Clinics (Sao Paulo, Brazil). 70 (4) (pp 231-236), 2015. Date of Publication: 01 Apr 2015.
[Article]
AN: 613657495

OBJECTIVES: To describe the implementation process of a birth preparation program, the activities in the protocol for physical and birth preparation exercises, and the educational activities that have been evaluated regarding effectiveness and women's satisfaction. The birth preparation program described was developed with the following objectives: to prevent lumbopelvic pain, urinary incontinence and anxiety; to encourage the practice of physical activity during pregnancy and of positions and exercises for non-pharmacological pain relief during labor; and to discuss information that would help women to have autonomy during labor. METHODS: The program comprised the following activities: supervised physical exercise, relaxation exercises, and educational activities (explanations of lumbopelvic pain prevention, pelvic floor function, labor and delivery, and which non-pharmacological pain relief to use during labor) provided regularly after prenatal consultations. These activities were held monthly, starting when the women joined the program at 18-24 weeks of pregnancy and continuing until 30 weeks of pregnancy, fortnightly thereafter from 31 to 36 weeks of pregnancy, and then weekly from the 37th week until delivery. Information and printed materials regarding the physical exercises to be performed at home were provided. Clinicaltrials.gov: NCT01155804.
RESULTS: The program was an innovative type of intervention that systematized birth preparation activities that were organized to encompass aspects related both to pregnancy and to labor and that included physical, educational and home-based activities.

CONCLUSIONS: The detailed description of the protocol used may serve as a basis for further studies and also for the implementation of birth preparation programs within the healthcare system in different settings.


Institution
(Miquelutti) Department of Obstetrics and Gynecology, School of Medical Sciences, Universidade de Campinas, Campinas, SP, Brazil  (Cecatti) Department of Obstetrics and Gynecology, School of Medical Sciences, Universidade de Campinas, Campinas, SP, Brazil
(Makuch) Department of Obstetrics and Gynecology, School of Medical Sciences, Universidade de Campinas, Campinas, SP, Brazil

Country of Publication
Brazil

Date Created
20161215

Year of Publication
2015

330.
Primary Dysmenorrhea in Adolescents: Prevalence, Impact and Recent Knowledge.
De Sanctis V., Soliman A., Bernasconi S., Bianchin L., Bona G., Bozzola M., Buzi F., De Sanctis C., Tonini G., Rigon F., Perissinotto E.

Embase
Pediatric endocrinology reviews : PER. 13 (2) (pp 512-520), 2015. Date of Publication: 01 Dec 2015.
[Review]

AN: 613595450

BACKGROUND AND OBJECTIVES: Dysmenorrhea is commonly categorized into two types; primary and secondary. Primary dysmenorrhea (PD) is the focus of this review. PD is defined as painful menses with cramping sensation in the lower abdomen that is often accompanied by other
symptoms, such as sweating, headache, nausea, vomiting, diarrhea, and tremulousness. All these symptoms occur just before or during the menses in women with normal pelvic anatomy. In adolescents the prevalence of PD varies between 16% and 93%, with severe pain perceived in 2% to 29% of the studied girls. Several studies suggest that severe menstrual pain is associated with absenteeism from school or work and limitation of other daily activities. One-third to one-half of females with PD are missing school or work at least once per cycle, and more frequently in 5% to 14% of them. The wide variation in the prevalence rates may be attributed to the use of selected groups of subjects. Many risk factors are associated with increased severity of dysmenorrhea including earlier age at menarche, long menstrual periods, heavy menstrual flow, smoking and positive family history. Young women using oral contraceptive pills (OCP) report less severe dysmenorrhea. The considerably high prevalence of dysmenorrhea among adolescents verified that this condition is a significant public health problem that requires great attention. SUMMARY OF MAIN RESULTS: Many methodological problems are encountered during quantifying and grading severity of pain related to dysmenorrhea. Quantifying and assessment tools depend on women's self-reporting with potential bias. There is a scarcity of longitudinal studies on the natural history of dysmenorrhea as well as the possible effects of many modifiable risk factors. In addition, the duration of follow-up in the available studies is relatively short. Therefore, several aspects are still open for research. Medical treatment for dysmenorrhea includes anti-inflammatory drugs (NSAIDs), OCP or surgical intervention. The efficacy of conventional treatments using NSAIDs and OCP is high. However, failure rate may reach up to 20% to 25%, besides the occurrence of drug-associated adverse effects. Only 6% of adolescents receive medical advice to treat dysmenorrhea while 70% practice self-management. Unfortunately, some girls even abuse these medications (non-therapeutic high doses) for quick pain relief. The persistence of dysmenorrhea despite the use of OCP and/or NSAIDs drugs is a strong indicator of an organic pelvic disease. This condition mandates an appropriate referral to a gynecologist with proper laparoscopic diagnosis of endometriosis and/or other pelvic diseases. CONCLUSIONS: Dysmenorrhea is an important health problem for adolescents, school and occupational as well as practitioners that adversely affects the daily activities and quality of life for adolescent women. The accurate prevalence of dysmenorrhea is difficult to establish due to the variety of diagnostic criteria and the subjective nature of the symptoms. In adolescents, moderate to severe dysmenorrhea that affects lifestyle and does not respond to medical treatment requires professional attention and proper diagnosis of possible underlying pelvic disease. Therefore, adolescent care providers should be more knowledgeable and actively involved in the care of dysmenorrhea.

PMID

Country of Publication
OBJECTIVE: The primary objective was to compare the gastrointestinal (GI) symptoms and worry of pediatric patients with functional GI disorders (FGIDs) and organic GI diseases to healthy controls utilizing the Pediatric Quality of Life Inventory™ (PedsQL™) Gastrointestinal Symptoms and Worry Scales for patient self-reports ages 5-18 years and parent proxy-reports for ages 2-18 years. The secondary objective was to compare FGIDs and organic GI diseases to each other. METHODS: The PedsQL™ Gastrointestinal Symptoms and Worry Scales were completed in a 9-site study by 587 pediatric patients with GI disorders and 685 parents of patients. Patients had physician-diagnosed GI disorders (chronic constipation, functional abdominal pain, irritable bowel syndrome, functional dyspepsia, Crohn's disease, ulcerative colitis, and gastroesophageal reflux disease). Ten Gastrointestinal Symptoms Scales measuring Stomach Pain, Stomach Discomfort When Eating, Food and Drink Limits, Trouble Swallowing, Heartburn and Reflux, Nausea and Vomiting, Gas and Bloating, Constipation, Blood, and Diarrhea were administered along with two Gastrointestinal Worry Scales. Five hundred and thirteen healthy children and 337 parents of healthy children completed the PedsQL™ Gastrointestinal Scales in an Internet panel survey. RESULTS: The PedsQL™ Gastrointestinal Symptoms and Worry Scales distinguished between pediatric patients with FGIDs and organic GI diseases in comparison with healthy controls,
supporting known-groups validity. Patients with FGIDs reported more GI symptoms and worry than patients with organic GI diseases.

CONCLUSIONS: The PedsQL™ Gastrointestinal Symptoms and Worry Scales may be utilized as common metrics across pediatric patient groups with FGIDs and organic GI diseases and healthy samples to measure GI-specific symptoms in clinical research and practice.


Institution
(Varni, Bendo, Denham, Shulman, Self, Neigut, Nurko, Patel, Franciosi, Saps, Yeckes, Langseder, Saeed, Pohl) Department of Pediatrics, College of Medicine, Texas A&M University, College Station, TX, USA, jvarni@arch.tamu.edu

Country of Publication
Netherlands

Date Created
20161127

Year of Publication
2015

Preoperative Platelet-Lymphocyte Ratio Augments CA 19-9 as a Predictor of Malignancy in Chronic Calcific Pancreatitis.
Rammohan A., Cherukuri S.D., Palaniappan R., Perumal S.K., Sathyanesan J., Govindan M.

Embase
World journal of surgery. 39 (9) (pp 2323-2328), 2015. Date of Publication: 01 Sep 2015.
[Article]
AN: 612724743

INTRODUCTION: Differentiating inflammatory from malignant head mass in the background of chronic calcific pancreatitis (CCP) is difficult, and there is no investigation which can reliably solve this dilemma. An accurate diagnosis is crucial as the treatment is different for the two cases and a failure to identify malignancy before surgery can be disastrous. We aimed to assess the accuracy of platelet-lymphocyte ratio (PLR) and to compare it with CA 19-9 in determining the nature of pancreatic head mass (PHM). MATERIALS AND METHODS: Eighty-three patients, who presented with CCP and PHM between 2005 and 2011, were included in the study. Patients
identified to have malignancy underwent pancreaticoduodenectomy, while those deemed to have a benign lesion underwent Frey's procedure. Clinical features of both the groups were compared. CA 19-9 and PLR individually and in combination were compared in both groups. Receiver operating characteristic curves were used to analyze the predictive values of CA 19-9 and PLR individually and together.

RESULTS: Histologically, 66.3% had an inflammatory head mass and 33.7% had a malignant head mass. Significant clinical features which predicted a malignancy included the presence of a head mass in CCP of tropics, older age, jaundice, sudden worsening abdominal pain, gastric outlet obstruction, and significant weight loss. Sensitivity and specificity of CA 19-9 and PLR in diagnosing malignancy were similar (85.5 vs. 81.2 and 96.4 vs. 92.8%, respectively), on combining CA 19-9 and PLR, there was an improvement in sensitivity (94.5%).

CONCLUSION: PLR is at least as good as CA 19-9 as a diagnostic marker to differentiate between malignant and inflammatory head mass in CCP. When used together, PLR improves the predictive value of serum CA 19-9.


Institution
(Rammohan, Cherukuri, Palaniappan, Perumal, Sathyanesan, Govindan) The Institute of Surgical Gastroenterology & Liver Transplantation, Centre for GI Bleed, Division of HPB Diseases, Stanley Medical College Hospital, Old Jail Road, Chennai, India,

Country of Publication
United States

Date Created
20161018

Year of Publication
2015

333.
Differential Associations of Communication and Love in Heterosexual, Lesbian, and Bisexual Women's Perceptions and Experiences of Chronic Vulvar and Pelvic Pain.
Blair K.L., Pukall C.F., Smith K.B., Cappell J.

Embase
The literature on genital and pelvic pain has largely focused on heterosexual women. An online study examined characteristics of vulvar pain in 839 lesbian, bisexual, and heterosexual women 18-45 years of age and investigated associations between relationship qualities such as love and communication with participants' perceptions of pain's influence on relationships. Characteristics of vulvar pain were similar across groups. Groups differed in how they perceived pain to impact their relationships, such that better communication for same-sex couples and more love for mixed-sex couples was associated with the perception of their pain as having less of an effect on their relationship functioning.


Institution (Blair, Pukall, Smith, Cappell) a Psychology, University of Utah, Salt Lake City, Utah, USA
Country of Publication United Kingdom
Date Created 20161018
Year of Publication 2015

334.
Interventions for preventing and treating kidney disease in Henoch-Schonlein Purpura (HSP). Hahn D., Hodson E.M., Willis N.S., Craig J.C.
Embase
The Cochrane database of systematic reviews. 8 (pp CD005128), 2015. Date of Publication: 2015.

[Article]
AN: 612707288
BACKGROUND: Henoch-Schonlein purpura (HSP) is the most common vasculitis of childhood but may occur in adults. This small vessel vasculitis is characterised by palpable purpura, abdominal pain, arthritis or arthralgia and kidney involvement. This is an update of a review first published in 2009. OBJECTIVES: To evaluate the benefits and harms of different agents (used
singularly or in combination) compared with placebo, no treatment or any other agent for: (1) the prevention of severe kidney disease in patients with HSP without kidney disease at presentation; (2) the prevention of severe kidney disease in patients with HSP and minor kidney disease (microscopic haematuria, mild proteinuria) at presentation; (3) the treatment of established severe kidney disease (macroscopic haematuria, proteinuria, nephritic syndrome, nephrotic syndrome with or without acute kidney failure) in HSP; and (4) the prevention of recurrent episodes of HSP-associated kidney disease.

SEARCH METHODS: We searched the Cochrane Kidney and Transplant's Specialised Register to 13 July 2015 through contact with the Trials Search Co-ordinator using search terms relevant to this review.

SELECTION CRITERIA: Randomised controlled trials (RCTs) comparing interventions used to prevent or treat kidney disease in HSP compared with placebo, no treatment or other agents were included.

DATA COLLECTION AND ANALYSIS: Two authors independently determined study eligibility, assessed risk of bias and extracted data from each study. Statistical analyses were performed using the random effects model and the results were expressed as risk ratio (RR) or risk difference (RD) for dichotomous outcomes and mean difference (MD) for continuous outcomes with 95% confidence intervals (CI).

MAIN RESULTS: Thirteen studies (1403 enrolled patients) were identified. Risks of bias attributes were frequently poorly performed. Low risk of bias was reported in six studies (50%) for sequence generation (selection bias) and in seven (58%) for allocation concealment (selection bias). Blinding of participants and personnel (performance bias) and of outcome assessment (detection bias) was at low risk of bias in three studies. Five studies reported complete outcome data (attrition bias) while eight studies reported expected outcomes so were at low risk of reporting bias. Eight studies evaluated therapy to prevent persistent kidney disease in HSP. There was no significant difference in the risk of persistent kidney disease any time after treatment (5 studies, 746 children: RR 0.74, 95% CI 0.42 to 1.32), or at one, three, six and 12 months in children given prednisone for 14 to 28 days at presentation of HSP compared with placebo or supportive treatment. There were no significant differences in the risk of persistent kidney disease with antiplatelet therapy in children with or without kidney disease at entry. Heparin significantly reduced the risk of persistent kidney disease by three months compared with placebo (1 study, 228 children: RR 0.27, 95% CI 0.14 to 0.55); no significant bleeding occurred. Four studies examined the treatment of severe HSP-associated kidney disease. Two studies (one involving 56 children and the other involving 54 adults) compared cyclophosphamide with placebo or supportive treatment and found no significant benefit of cyclophosphamide. There were no significant differences in adverse effects. In one study comparing cyclosporin with methylprednisolone (15 children) there was no significant difference in remission at final follow-up
at a mean of 6.3 years (RR 1.37, 95% CI 0.74 to 2.54). In one study (17 children) comparing mycophenolate mofetil with azathioprine, there was no significant difference in the remission of proteinuria at one year (RR 1.32, 95% CI 0.86 to 2.03). No studies were identified which evaluated the efficacy of therapy on kidney disease in participants with recurrent episodes of HSP.

AUTHORS’ CONCLUSIONS: There are no substantial changes in conclusions from this update compared with the initial review. From generally low quality evidence, we found no evidence of benefit from RCTs for the use of prednisone or antiplatelet agents to prevent persistent kidney disease in children with HSP. Though heparin appeared effective, this potentially dangerous therapy is not justified to prevent serious kidney disease when fewer than 2% of children with HSP develop severe kidney disease. No evidence of benefit has been found for cyclophosphamide treatment in children or adults with HSP and severe kidney disease. Because of small patient numbers and events leading to imprecision in results, it remains unclear whether cyclosporin and mycophenolate mofetil have any roles in the treatment of children with HSP and severe kidney disease.

PMID

Institution
(Hahn, Hodson, Willis, Craig) Department of Nephrology, The Children’s Hospital at Westmead, Locked Bag 4001, Westmead, NSW, Australia, 2145

Country of Publication
United Kingdom

Date Created
20161018

Year of Publication
2015

335.
Zhao Y., Zhao W., Lang G., Chen Y., Liu J., Wang G., Ma X., Gong M., Xu D., Xia S.

Embase
PURPOSE: The purpose of the study was to evaluate the efficacy of circumcision combined with antibiotic, anti-inflammatory, and alpha-blocker therapy for the treatment for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). METHODS: Subjects assigned to the circumcision group were given antibiotic, anti-inflammatory, and alpha-blocker medications and scheduled for surgery the same period in each site by study clinicians. Subjects assigned to the control group were asked to only take the same medications and remain uncircumcised until the end of the 3-month study period. The primary outcome was a reduction of at least four points on the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI).

RESULTS: A total of 774 eligible participants underwent randomization, and the ratio of men with a decrease of at least four points on the total NIH-CPSI score from baseline to 12 weeks was 84.6% in the circumcision group and 68.5% in the control group (P < 0.001). Of the 713 men who completed the trial, the median total NIH-CPSI score decreased significantly from 21.0 +/- 7.0 to 12.0 +/- 8.0 (P < 0.001) in the circumcision group, and in the control group, the change was from 21.0 +/- 8.0 to 15.0 +/- 7.0 (P < 0.001). Comparison of the changes in the total and three subdomain NIH-CPSI scores over time revealed significant differences between the circumcision and control groups (P < 0.001).

CONCLUSIONS: Our findings show that circumcision plus antibiotic, anti-inflammatory, and alpha-blocker therapy for CP/CPPS patients resulted in improved NIH-CPSI scores compared with medication therapy only.

End of the road for a dysfunctional end organ: laparoscopic gastrectomy for refractory gastroparesis.

Bhayani N.H., Sharata A.M., Dunst C.M., Kurian A.A., Reavis K.M., Swanstrom L.L.

Embase

[Article]
AN: 612545636

INTRODUCTION: Gastroparesis is a functional disorder resulting in debilitating nausea, esophageal reflux, and abdominal pain and is frequently refractory to medical treatment. Therapies such as pyloroplasty and neurostimulators can improve symptoms. When medical and surgical treatments fail, palliative gastrectomy is an option. We examined outcomes after gastrectomy for postoperative, diabetic, and idiopathic gastroparesis.

METHODS: A prospective database was queried for gastrectomies performed for gastroparesis from 1999 to 2013. Primary outcomes were improvements in pre- versus postoperative symptoms at last follow-up, measured on a five-point scale. Secondary outcome was operative morbidity.

RESULTS: Thirty-five patients underwent laparoscopic total or near-total gastrectomies for postoperative (43 %), diabetic (34 %), or idiopathic (23 %) gastroparesis. Antiemetics and prokinetics afforded minimal relief for one third of patients. There were no mortalities. Six patients suffered a leak, all treated with surgical reintervention. With a median follow-up of 6 months, nausea improved or resolved in 69 %. Chronic abdominal pain improved or resolved in 70 %.

CONCLUSIONS: Regardless of etiology, medically refractory gastroparesis can be a devastating disease. Near-total gastrectomy can ameliorate or relieve nausea, belching, and bloating. Chronic abdominal pain commonly resolved or improved with resection. Despite attendant morbidity, gastrectomy can effectively palliate symptoms of gastroparesis.


Institution
(Bhayani, Sharata, Dunst, Kurian, Reavis, Swanstrom) Providence Cancer Center, Portland, OR, USA, neil03@gmail.com

Country of Publication
United States

Date Created
20161010

Year of Publication
Physical activity and chronic prostatitis/chronic pelvic pain syndrome.

Embase

Medicine and science in sports and exercise. 47 (4) (pp 757-764), 2015. Date of Publication: 01 Apr 2015.

[Article]

AN: 612510416

PURPOSE: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a prevalent urologic disorder among men, but its etiology is still poorly understood. Our objective was to examine the relation between physical activity and incidence of CP/CPPS in a large cohort of male health professionals. METHODS: We conducted a prospective cohort study among men in the Health Professionals Follow-up Study followed from 1986 to 2008. The study population included 20,918 men who completed all CP/CPPS questions on the 2008 questionnaire. Leisure-time physical activity, including type and intensity of activity, was measured by questionnaire in 1986. A National Institute of Health Chronic Prostatitis Symptom Index pain score was calculated on the basis of the responses on the 2008 questionnaire. Participants with pain scores >=8 were considered CP/CPPS cases (n = 689).

RESULTS: Higher leisure-time physical activity was associated with lower risk of CP/CPPS. The multivariable-adjusted odds ratio comparing >35.0 to <=3.5 MET.h.wk of physical activity was 0.72 (95% confidence interval, 0.56-0.92; P for trend <0.001). Observed inverse associations between physical activity and CP/CPPS were similar for both moderate- and vigorous-intensity activities. Sedentary behavior, measured as time spent watching television, was not associated with risk of CP/CPPS (P for trend = 0.64).

CONCLUSIONS: Findings from this study, the first large scale and most comprehensive study to date on this association, suggest that higher levels of leisure-time physical activity may lower risk of CP/CPPS in middle-age and older men.

PMID

Non-celiac gluten sensitivity (NCGS) is a syndrome characterized by intestinal and extraintestinal symptoms related to the ingestion of gluten-containing food in subjects who are not affected by either celiac disease (CD) or wheat allergy (WA). The prevalence of NCGS is not clearly defined yet. Indirect evidence suggests that NCGS is slightly more common than CD, the latter affecting around 1% of the general population. NCGS has been mostly described in adults, particularly in females in the age group of 30-50 years; however, pediatric case series have also been reported. Since NCGS may be transient, gluten tolerance needs to be reassessed over time in patients with NCGS. NCGS is characterized by symptoms that usually occur soon after gluten ingestion, disappear with gluten withdrawal, and relapse following gluten challenge within hours/days. The 'classical' presentation of NCGS is a combination of irritable bowel syndrome-like symptoms,
including abdominal pain, bloating, bowel habit abnormalities (either diarrhea or constipation), and systemic manifestations such as 'foggy mind', headache, fatigue, joint and muscle pain, leg or arm numbness, dermatitis (eczema or skin rash), depression, and anemia. In recent years, several studies explored the relationship between the ingestion of gluten-containing food and the appearance of neurological and psychiatric disorders/symptoms like ataxia, peripheral neuropathy, schizophrenia, autism, depression, anxiety, and hallucinations (so-called gluten psychosis). The diagnosis of NCGS should be considered in patients with persistent intestinal and/or extraintestinal complaints showing a normal result of the CD and WA serological markers on a gluten-containing diet, usually reporting worsening of symptoms after eating gluten-rich food. NCGS should not be an exclusion diagnosis only. Unfortunately, no biomarker is sensitive and specific enough for diagnostic purposes; therefore, the diagnosis of NCGS is currently based on establishing a clear-cut cause-effect relationship between the ingestion of gluten and the appearance of symptoms by a standardized double-blind, placebo-controlled gluten challenge.

Copyright © 2015 S. Karger AG, Basel.

PMID

Institution
(Catassi) Department of Pediatrics, Universita Politecnica delle Marche, Ancona, Italy

Country of Publication
Switzerland

Date Created
20160920

Year of Publication
2015

339.
Oral budesonide for induction of remission in ulcerative colitis.
Sherlock M.E., MacDonald J.K., Griffiths A.M., Steinhart A.H., Seow C.H.
Embase
The Cochrane database of systematic reviews. 10 (pp CD007698), 2015. Date of Publication: 2015.
[Article]
AN: 611484273
BACKGROUND: Corticosteroids are first-line therapy for induction of remission in ulcerative colitis. Although corticosteroids may improve symptoms, they have significant adverse effects. Steroids which act topically, with less systemic side-effects may be more desirable. Budesonide is a topically acting corticosteroid with extensive first pass hepatic metabolism. There are currently three formulations of budesonide: two standard formulations including a controlled-ileal release capsule and a pH-dependent capsule both designed to release the drug in the distal small intestine and right colon; and the newer Budesonide-MMX capsule designed to release the drug throughout the entire colon. OBJECTIVES: The primary objective was to evaluate the efficacy and safety of oral budesonide for the induction of remission in ulcerative colitis.

SEARCH METHODS: We searched MEDLINE, EMBASE, CENTRAL, and the Cochrane IBD Group Specialised Register from inception to April 2015. We also searched reference lists of articles, conference proceedings and ClinicalTrials.gov.

SELECTION CRITERIA: Randomised controlled trials comparing oral budesonide to placebo or another active therapy for induction of remission in ulcerative colitis were considered eligible. There were no exclusions based on patient age or the type, dose, duration or formulation of budesonide therapy.

DATA COLLECTION AND ANALYSIS: Two independent investigators reviewed studies for eligibility, extracted data and assessed study quality. Methodological quality was assessed using the Cochrane risk of bias tool. The overall quality of the evidence supporting the outcomes was evaluated using the GRADE criteria. The primary outcome was induction of remission (as defined by the primary studies) at week eight. Secondary outcomes included clinical, endoscopic and histologic improvement, adverse events and early withdrawal. We calculated the risk ratio (RR) and corresponding 95% confidence interval (CI) for each dichotomous outcome and the mean difference (MD) and corresponding 95% CI for each continuous outcome. Data were analysed on an intention-to-treat basis.

MAIN RESULTS: Six studies (1808 participants) were included. Four studies compared budesonide-MMX with placebo, one small pilot study looked at clinical remission at week four, and was subsequently followed by three large, studies that assessed combined clinical and endoscopic remission at week eight. Although two placebo-controlled studies had mesalamine and Entocort (standard budesonide) treatment arms, these studies were not sufficiently powered to compare Budesonide-MMX with these active comparators. One small study compared standard budesonide with prednisolone and one study compared standard budesonide to mesalamine. Four studies were rated as low risk of bias and two studies had an unclear risk of bias. A pooled analysis of three studies (900 participants) showed that budesonide-MMX 9 mg was significantly superior to placebo for inducing remission (combined clinical and endoscopic remission) at 8 weeks. Fifteen per cent (71/462) of budesonide-MMX 9 mg patients achieved remission compared to 7% (30/438) of placebo patients (RR 2.25, 95% CI 1.50 to 3.39). A
GRADE analysis indicated that the overall quality of the evidence supporting this outcome was moderate due to sparse data (101 events). A subgroup analysis by concurrent mesalamine use suggests higher efficacy in the 442 patients who were not considered to be mesalamine-refractory (RR 2.89, 95% CI 1.59 to 5.25). A subgroup analysis by disease location suggests budesonide is most effective in patients with left-sided disease (RR 2.98, 95% CI 1.56 to 5.67; 289 patients). A small pilot study reported no statistically significant difference in endoscopic remission between budesonide and prednisolone (RR 0.75, 95% CI 0.23 to 2.42; 72 patients). GRADE indicated that the overall quality of the evidence supporting this outcome was very low due to unclear risk of bias and very sparse data (10 events). Standard oral budesonide was significantly less likely to induce clinical remission than oral mesalamine after 8 weeks of therapy (RR 0.72, 95% CI 0.57 to 0.91; 1 study, 343 patients). A GRADE analysis indicated that the overall quality of the evidence supporting this outcome was moderate due to sparse data (161 events). Another study found no difference in remission rates between budesonide-MMX 9 mg and mesalamine (RR 1.48, 95% CI 0.81 to 2.71; 247 patients). GRADE indicated that the overall quality of the evidence supporting this outcome was low due to very sparse data (37 events). One study found no difference in remission rates between budesonide-MMX 9 mg and standard budesonide 9 mg (RR 1.38, 95% CI 0.72 to 2.65; 212 patients). A GRADE analysis indicated that the overall quality of the evidence supporting this outcome was low due to very sparse data (32 events). Suppression of plasma cortisol was more common in prednisolone-treated patients (RR 0.02, 95% CI 0.0 to 0.33). While budesonide does appear to suppress morning cortisol to some extent, mean morning cortisol values remained within the normal range in 2 large studies (n = 899) and there was no difference in glucocorticoid-related side-effects across different treatment groups. Further, study withdrawal due to adverse events was not more common in budesonide compared with placebo treated patients (RR 0.85, 95% CI 0.53 to 1.38). Common adverse events included worsening ulcerative colitis, headache, pyrexia, insomnia, back pain, nausea, abdominal pain, diarrhoea, flatulence and nasopharyngitis.

AUTHORS’ CONCLUSIONS: Moderate quality evidence to supports the use of oral budesonide-MMX at a 9 mg daily dose for induction of remission in active ulcerative colitis, particularly in patients with left-sided colitis. Budesonide-MMX 9 mg daily is effective for induction of remission in the presence or absence of concurrent 5-ASA therapy. Further, budesonide-MMX appears to be safe, and does not lead to significant impairment of adrenocorticoid function compared to placebo. Moderate quality evidence from a single study suggests that mesalamine may be superior to standard budesonide for the treatment of active ulcerative colitis. Low quality evidence from one study found no difference in remission rates between budesonide MMX and mesalamine. Very low quality evidence from one small study showed no difference in endoscopic remission rates between standard budesonide and prednisolone. Low quality evidence from one study showed no difference in remission rates between budesonide-MMX and standard...
budesonide. Adequately powered studies are needed to allow conclusions regarding the comparative efficacy and safety of budesonide versus prednisolone, budesonide-MMX versus standard budesonide and budesonide versus mesalamine.


Institution
(Sherlock, MacDonald, Griffiths, Steinhart, Seow) Division of Gastroenterology & Nutrition, McMaster Children's Hospital, Hamilton Health Sciences, 1280 Main Street West, Hamilton, ON, Canada

Country of Publication
United Kingdom

Date Created
20160803

Year of Publication
2015

340.
Sacral Neuromodulation for Genitourinary Problems.
Banakhar M., Hassouna M.

Embase
Progress in neurological surgery. 29 (pp 192-199), 2015. Date of Publication: 2015.
[Review]
AN: 611135728

Sacral neuromodulation (SNM) is a minimally invasive therapeutic option for many voiding dysfunction conditions. It is approved by the US FDA for refractory overactive bladder with and without incontinence and nonobstructive retention. Since SNM has shown a favorable response for these approved indications, other therapeutic applications have been proposed for various conditions such as painful bladder syndrome, chronic pelvic pain and neurological voiding dysfunction in both adult and pediatric age groups. SNM therapy with the most commonly used dedicated SNM device (InterStim) involves insertion of electrode(s) in the third and/or fourth sacral foramen next to the nerve root. The electrode is then connected to a battery-operated pulse generator. All patients need to have a test trial period before definitive device insertion.
Here we discuss SNM therapy in functional urinary disorders and the technique of device insertion with the potential pitfalls.  Copyright © 2016 S. Karger AG, Basel.

PMID

Country of Publication
Switzerland
Date Created
20160712
Year of Publication
2015

341.
Gastroparesis Updates on Pathogenesis and Management. [Review]
Liu N; Abell T.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28535580
Gastroparesis (Gp) is a chronic disease that presents with clinical symptoms of early satiety, bloating, nausea, vomiting, and abdominal pain. Along with these symptoms, an objective finding of delayed gastric emptying, along with a documented absence of gastric outlet obstruction, are required for diagnosis. This article focuses on updates in the pathogenesis and management of Gp. Recent studies on full thickness biopsies of Gp patients have shed light on the complex interactions of the central, autonomic, and enteric nervous systems, which all play key roles in maintaining normal gut motility. The management of Gp has evolved beyond prokinetics and antiemetics with the use of gastric electrical stimulators (GES). In addition, this review aims to introduce the concept of gastroparesis-like syndrome (GLS). GLS helps groups of patients who have the cardinal symptoms of Gp but have a normal or rapid emptying test. Recent tests have shown that patients with Gp and GLS have similar pathophysiology, benefit greatly from GES placement, and likely should be treated in a similar manner.
Status
Publisher
Clinical and Psychosocial Predictors of Urologic Chronic Pelvic Pain Symptom Change Over One Year: A Prospective Study from the MAPP Research Network.

Naliboff BD; Stephens AJ; Lai HH; Griffith JW; Clemens JQ; Lutgendorf S; Rodriguez LV; Newcomb C; Sutcliffe S; Guo W; Kusek JW; Landis JR; MAPP Research Network.

OBJECTIVE: To examine baseline clinical and psychosocial characteristics that predict 12-month symptom change in men and women with urologic chronic pelvic pain syndromes (UCPPS).

METHODS: 221 female and 176 male UCPPS patients were recruited from 6 academic medical centers in the United States and evaluated at baseline with a comprehensive battery of symptom, psychosocial, and illness-impact measures. Based on biweekly symptom reports, a functional
clustering procedure classified participant's outcome as worse, stable, or improved on pain and urinary symptom severity. Cumulative logistic modeling was used to examine individual predictors associated with symptom change as well as multiple predictor combinations and interactions.

RESULTS: About 60% of participants had stable symptoms with smaller numbers (13% to 22%) showing clear symptom worsening or improvement. For both pain and urinary outcomes the extent of widespread pain, amount of non-urological symptoms and poorer overall health were predictive of worsening outcomes. Anxiety, depression and general mental health were not significant predictors of outcomes, but pain catastrophizing and self-reported stress were associated with pain outcome. Prediction models did not differ between men and women and for the most part were independent of symptom duration and age.

CONCLUSION: These results demonstrate for the first time in a large multisite prospective study that presence of widespread pain, non-urological symptoms and poorer general health are risk factors for poorer pain and urinary outcomes in both men and women. The results point to the importance of broad based assessment in UCPPS and future studies of mechanisms that underlie these findings.

Copyright © 2017 American Urological Association Education and Research, Inc. Published by Elsevier Inc. All rights reserved.
Chronic Prostate Inflammation Predicts Symptom Progression in Patients with Chronic Prostatitis/Chronic Pelvic Pain.

Nickel JC; Freedland SJ; Castro-Santamaria R; Moreira DM.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28089730

PURPOSE: We examined the 4-year longitudinal association between histological prostate inflammation and chronic prostatitis/chronic pelvic pain syndrome. We also studied the development of new and progressing existing chronic prostatitis/chronic pelvic pain syndrome in
men randomized to placebo in the REDUCE (REduction by DUtasteride of prostate Cancer Events) population.

MATERIALS AND METHODS: At multiple time points during 4 years univariable and multivariable analyses were performed between acute and chronic inflammation detected on baseline biopsies and the incidence of chronic pelvic pain syndrome-like symptoms, defined as a positive response to CPSI (Chronic Prostatitis Symptom Index) question 1a-perineal pain and/or question 2b-ejaculatory pain and a total pain subscore of at least 4, and progression of chronic prostatitis/chronic pelvic pain syndrome, defined as a 4-point or greater increase from baseline in total CPSI score, in patients with a baseline categorization of chronic prostatitis/chronic pelvic pain syndrome.

RESULTS: Of the 4,109 men in the study acute and chronic inflammation was detected in 641 (15.6%) and 3,216 (78.3%), respectively. Chronic prostatitis/chronic pelvic pain syndrome symptom status was available for 2,816 at baseline. Chronic prostatitis/chronic pelvic pain syndrome-like symptoms developed in 317 of 2,150 men without the condition at baseline who had followup data. Acute and chronic inflammation was not associated with the incidence of the symptoms (p >0.1). At a median followup of 12.0 months 109 of 145 men with baseline chronic prostatitis/chronic pelvic pain syndrome and followup data showed symptomatic progression. Chronic but not acute inflammation was significantly associated with shorter time to progression on univariable and multivariable analyses (p = 0.029 and 0.018, respectively).

CONCLUSIONS: Inflammation is not associated with an increased risk of chronic prostatitis/chronic pelvic pain syndrome. However, chronic inflammation predicts the risk of symptomatic progression in men in whom chronic prostatitis/chronic pelvic pain syndrome symptoms have been identified.

Copyright © 2017 American Urological Association Education and Research, Inc. Published by Elsevier Inc. All rights reserved.

Kvasnovsky CL; Bjarnason I; Donaldson AN; Sherwood RA; Papagrigoriadis S.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28528364

BACKGROUND: Diverticular disease is a significant burden on healthcare systems that is managed, surgically or medically, mainly as an emergency or acute condition. There are no
standardized treatment recommendations for symptomatic uncomplicated disease. We hypothesized that a probiotic would reduce abdominal pain in such patients.

METHODS: We conducted a single-center, double-blind, placebo-controlled trial of probiotic treatment (Symprove) in adult patients with moderate-to-severe chronic, non-acute symptomatic diverticular disease. 143 patients were randomized to receive 1 mL/kg/day of probiotic liquid (N = 72) or placebo (N = 71) daily for 3 months. The primary endpoint was abdominal pain severity. Secondary endpoints consisted of the change in the frequency of eight abdominal symptoms and the level of intestinal inflammation (fecal calprotectin).

RESULTS: 120 patients completed the trial. Abdominal pain score, the primary end point, decreased in both groups, but no significant difference between the groups was found (P = 0.11). In relation to placebo, the probiotic significantly decreased the frequency of four of the eight secondary endpoints: constipation, diarrhea, mucorrhea, and back pain (P < 0.04). No significant differences were found in frequency of abdominal pain, PR bleeding, dysuria, and bloating.

CONCLUSIONS: Multi-strain liquid probiotic did not improve abdominal pain scores significantly, but significantly improved the frequency of four other symptoms associated with chronic, non-acute symptomatic diverticular disease.

PURPOSE: Intravesical instillation of liposomal formulated botulinum toxin A (lipotoxin) has shown therapeutic effects as treatment of refractory overactive bladder without needle injections. We assessed lipotoxin to treat refractory interstitial cystitis/bladder pain syndrome.

MATERIALS AND METHODS: This 2-center, double-blind, randomized, placebo controlled, physician initiated study enrolled patients with refractory interstitial cystitis/bladder pain syndrome. A total of 31 patients were assigned to intravesical instillation of lipotoxin (onabotulinumtoxinA 200 U with 80 mg sphingomyelin), 28 were assigned to onabotulinumtoxinA 200 U in normal saline and 31 were assigned to normal saline alone. The primary end point was the average change in O'Leary-Sant symptom scores, including ICSI (Interstitial Cystitis Symptom Index) and ICPI (Interstitial Cystitis Problem Index) between baseline and 4 weeks after treatment. Other end points included the average changes in a 3-day voiding diary, a visual analog scale for pain and a global response assessment of patient satisfaction.

RESULTS: Improvements in the pain scale and O'Leary-Sant symptom scores occurred in all 3 groups by 4 weeks after treatment. Lipotoxin instillation was associated with a statistically significant decrease in O'Leary-Sant symptom scores (mean +/- SD 7.38 +/- 8.75), ICSI (4.00 +/- 4.28), ICPI (3.35 +/- 5.11) and the visual analog scale pain scale (1.64 +/- 2.52), and an increase in the global response assessment (1.35 +/- 1.28). However, there was no difference in improvement among the 3 groups. No significant adverse events were found in any group.

CONCLUSIONS: Lipotoxin failed to demonstrate a positive proof of concept compared to onabotulinumtoxinA or placebo. However, a single intravesical instillation of lipotoxin was
associated with decreased of interstitial cystitis/bladder pain syndrome symptoms compared to baseline in patients with moderate to severe interstitial cystitis/bladder pain syndrome. The effect was likely due to a significant placebo effect.

Copyright © 2017 American Urological Association Education and Research, Inc. Published by Elsevier Inc. All rights reserved.

Chuang, Yao-Chi; Kuo, Hann-Chorng.

Chuang, Yao-Chi. Department of Urology, Kaohsiung Chang Gang Memorial Hospital, College of Medicine, Chang Gung University, Hualien, Taiwan; Department of Urology, Buddhist Tzu Chi General Hospital and Tzu Chi University, Hualien, Taiwan. Kuo, Hann-Chorng. Department of Urology, Kaohsiung Chang Gang Memorial Hospital, College of Medicine, Chang Gung University, Hualien, Taiwan; Department of Urology, Buddhist Tzu Chi General Hospital and Tzu Chi University, Hualien, Taiwan. Electronic address: hck@tzuchi.com.tw.

Country of Publication
United States

Publication History Status
2017/02/04 [accepted]

Date of Publication
2017 Feb 12

Date Created
20170216

Year of Publication
2017

346.

Treatment of Endometriosis-Associated Pain with Elagolix, an Oral GnRH Antagonist.
Taylor HS; Giudice LC; Lessey BA; Abrao MS; Kotarski J; Archer DF; Diamond MP; Surrey E; Johnson NP; Watts NB; Gallagher JC; Simon JA; Carr B; Dmowski WP; Leyland N; Rowan JP; Duan WR; Ng J; Schwefel B; Thomas JW; Jain RI; Chwalisz K.
Background Endometriosis is a chronic, estrogen-dependent condition that causes dysmenorrhea and pelvic pain. Elagolix, an oral, nonpeptide, gonadotropin-releasing hormone (GnRH) antagonist, produced partial to nearly full estrogen suppression in previous studies. Methods We performed two similar, double-blind, randomized, 6-month phase 3 trials (Elaris Endometriosis I and II [EM-I and EM-II]) to evaluate the effects of two doses of elagolix - 150 mg once daily (lower-dose group) and 200 mg twice daily (higher-dose group) - as compared with placebo in women with surgically diagnosed endometriosis and moderate or severe endometriosis-associated pain. The two primary efficacy end points were the proportion of women who had a clinical response with respect to dysmenorrhea and the proportion who had a clinical response with respect to nonmenstrual pelvic pain at 3 months. Each of these end points was measured as a clinically meaningful reduction in the pain score and a decreased or stable use of rescue analgesic agents, as recorded in a daily electronic diary. Results A total of 872 women underwent randomization in Elaris EM-I and 817 in Elaris EM-II; of these women, 653 (74.9%) and 632 (77.4%), respectively, completed the intervention. At 3 months, a significantly greater proportion of women who received each elagolix dose met the clinical response criteria for the two primary end points than did those who received placebo. In Elaris EM-I, the percentage of women who had a clinical response with respect to dysmenorrhea was 46.4% in the lower-dose elagolix group and 75.8% in the higher-dose elagolix group, as compared with 19.6% in the placebo group; in Elaris EM-II, the corresponding percentages were 43.4% and 72.4%, as compared with 22.7% (P<0.001 for all comparisons). In Elaris EM-I, the percentage of women who had a clinical response with respect to nonmenstrual pelvic pain was 50.4% in the lower-dose elagolix group and 54.5% in the higher-dose elagolix group, as compared with 36.5% in the placebo group (P<0.001 for all comparisons); in Elaris EM-II, the corresponding percentages were 49.8% and 57.8%, as compared with 36.5% (P=0.003 and P<0.001, respectively). The responses with respect to dysmenorrhea and nonmenstrual pelvic pain were sustained at 6 months. Women who received elagolix had higher rates of hot flushes (mostly mild or moderate), higher levels of serum lipids, and greater decreases from baseline in bone mineral density than did those who received placebo; there were no adverse endometrial findings. Conclusions Both higher and lower doses of elagolix were effective in improving dysmenorrhea and nonmenstrual pelvic pain during a 6-month period in women with endometriosis-associated pain. The two doses of elagolix were associated with hypoestrogenic adverse effects. (Funded by AbbVie; Elaris EM-I and EM-II ClinicalTrials.gov numbers, NCT01620528 and NCT01931670 .).
status

Publisher

Authors Full Name
Taylor, Hugh S; Giudice, Linda C; Lessey, Bruce A; Abrao, Mauricio S; Kotarski, Jan; Archer, David F; Diamond, Michael P; Surrey, Eric; Johnson, Neil P; Watts, Nelson B; Gallagher, J Chris; Simon, James A; Carr, Bruce; Dmowski, W Paul; Leyland, Nicholas; Rowan, Jean P; Duan, W Rachel; Ng, Juki; Schwefel, Brittany; Thomas, James W; Jain, Rita I; Chwalisz, Kristof.

Institution
Taylor, Hugh S. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.). Giudice, Linda C. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Lessey, Bruce A. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.);
Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Watts, Nelson B. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Gallagher, J Chris. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Simon, James A. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.);
George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Carr, Bruce. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Dmowski, W Paul. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Leyland, Nicholas. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).
Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Rowan, Jean P. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Duan, W Rachel. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Ng, Juki. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie,
North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Schwefel, Brittany. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.);

Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.);

George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Thomas, James W. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.);

Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.);

George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).

Jain, Rita I. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.);

Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie,
North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).
Chwalisz, Kristof. From Yale School of Medicine, New Haven, CT (H.S.T.); University of California, San Francisco, San Francisco (L.C.G.); Greenville Health System, Greenville, SC (B.A.L.); University of Sao Paulo and Sirio Libanes Hospital, Sao Paulo (M.S.A.); Medical University, Lublin, Poland (J.K.); Eastern Virginia Medical School, Norfolk (D.F.A.); Augusta University, Augusta, GA (M.P.D.); Colorado Center for Reproductive Medicine, Lone Tree (E.S.); Robinson Research Institute, University of Adelaide, Adelaide, SA, Australia (N.P.J.); Repromed Auckland, Auckland, New Zealand (N.P.J.); Mercy Health Osteoporosis and Bone Health Services, Cincinnati (N.B.W.); Creighton University School of Medicine, Omaha, NE (J.C.G.); George Washington University, Washington, DC (J.A.S.); University of Texas Southwestern Medical Center, Dallas (B.C.); Institute for the Study and Treatment of Endometriosis, Oak Brook (W.P.D.), and AbbVie, North Chicago (J.P.R., W.R.D., J.N., B.S., J.W.T., R.I.J., K.C.) - both in Illinois; and McMaster University, Hamilton, ON, Canada (N.L.).
Country of Publication
United States
Date of Publication
2017 May 19
Date Created
20170519
Year of Publication
2017

347.
Peg-interferon plus nucleotide analogue treatment versus no treatment in patients with chronic hepatitis B with a low viral load: a randomised controlled, open-label trial.
de Niet A; Jansen L; Stelma F; Willemse SB; Kuiken SD; Weijer S; van Nieuwkerk CMJ; Zaaijer HL; Molenkamp R; Takkenberg RB; Koot M; Verheij J; Beuers U; Reesink HW.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28522204
BACKGROUND: Antiviral treatment is currently not recommended for patients with chronic hepatitis B with a low viral load. However, they might benefit from acquiring a functional cure (hepatitis B surface antigen [HBsAg] loss with or without formation of antibodies against hepatitis B surface antigen [anti-HBs]). We assessed HBsAg loss during peg-interferon-alfa-2a (peg-IFN) and nucleotide analogue combination therapy in patients with chronic hepatitis B with a low viral load.

METHODS: In this randomised controlled, open-label trial, patients were enrolled from the Academic Medical Center (AMC), Amsterdam, Netherlands. Eligible patients were HBsAg positive and hepatitis B e antigen (HBeAg) negative for more than 6 months, could be treatment naive or treatment experienced, and had alanine aminotransferase (ALT) concentrations less than 5 x upper limit of normal (ULN). Participants were randomly assigned (1:1:1) by a computerised randomisation programme (ALEA Randomisation Service) to receive peg-IFN 180 mug/week plus adefovir 10 mg/day, peg-IFN 180 mug/week plus tenofovir disoproxil fumarate 245 mg/day, or no treatment for 48 weeks. The primary endpoint was the proportion of patients with serum HBsAg loss among those who received at least one dose of study drug or had at least one study visit (modified intention-to-treat population [mITT]). All patients have finished the initial study of 72 weeks and will be observed for up to 5 years of follow-up. This study is registered with ClinicalTrials.gov, number NCT00973219.

FINDINGS: Between Aug 4, 2009, and Oct 17, 2013, 167 patients were screened for enrolment, of whom 151 were randomly assigned (52 to peg-IFN plus adefovir, 51 to peg-IFN plus tenofovir, and 48 to no treatment). 46 participants in the peg-IFN plus adefovir group, 45 in the peg-IFN plus tenofovir group, and 43 in the no treatment group began treatment or observation and were included in the mITT population. At week 72, two (4%) patients in the peg-IFN plus adefovir group and two (4%) patients in the peg-IFN plus tenofovir group had achieved HBsAg loss, compared with none of the patients in the no treatment group (p=0.377). The most frequent adverse events (>30%) were fatigue, headache, fever, and myalgia, which were attributed to peg-IFN dosing.

Two (4%) serious adverse events were reported in the peg-IFN plus adefovir group (admission to hospital for alcohol-related pancreatitis [week 6; n=1] and pregnancy, which was electively aborted [week 9; n=1]), three (7%) in the peg-IFN plus tenofovir group (admission to hospital after a suicide attempt during a severe depression [week 23; n=1], admission to hospital for abdominal pain [week 2; n=1], and an elective laminectomy [week 40; n=1]), and three (7%) in the no treatment group (admission to hospital for septic arthritis [week 72; n=1], endocarditis [week 5; n=1], and hyperthyroidism [week 20; n=1]).

INTERPRETATION: In patients with chronic hepatitis B with a low viral load, combination treatment (peg-IFN plus adefovir and peg-IFN plus tenofovir) did not result in significant HBsAg loss compared with no treatment, which does not support the use of combination treatment in this population of patients.
FUNDING: Roche, Fonds NutsOhra.

Copyright © 2017 Elsevier Ltd. All rights reserved.

Status

Publisher

Authors Full Name

de Niet, Annikki; Jansen, Louis; Stelma, Femke; Willemse, Sophie B; Kuiken, Sjoerd D; Weijer, Sebastiaan; van Nieuwkerk, Carin M J; Zaaijer, Hans L; Molenkamp, Richard; Takkenberg, R Bart; Koot, Maarten; Verheij, Joanne; Beuers, Ulrich; Reesink, Hendrik W.

Institution

de Niet, Annikki. Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands. Jansen, Louis. Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands.
Stelma, Femke. Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands.
Willemse, Sophie B. Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands.
Kuiken, Sjoerd D. Department of Gastroenterology and Hepatology, OLVG West, Amsterdam, Netherlands.
Weijer, Sebastiaan. Department of Internal Medicine, Medical Center Zuiderzee, Lelystad, Netherlands.
van Nieuwkerk, Carin M J. Department of Gastroenterology and Hepatology, VU Medical Center, Amsterdam, Netherlands.
Zaaijer, Hans L. Department of Medical Microbiology, Academic Medical Center, Amsterdam, Netherlands; Department of Blood-borne Infections, Sanquin Blood Supply Foundation, Amsterdam, Netherlands.
Molenkamp, Richard. Department of Medical Microbiology, Academic Medical Center, Amsterdam, Netherlands.
Takkenberg, R Bart. Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands.
Koot, Maarten. Department of Virus Diagnostic Services, Sanquin Blood Supply Foundation, Amsterdam, Netherlands.
Verheij, Joanne. Department of Pathology, Academic Medical Center, Amsterdam, Netherlands.
Beuers, Ulrich. Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands.
Reesink, Hendrik W. Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands. Electronic address: h.w.reesink@amc.nl.

Country of Publication

Page 498
Systematic Reviews Published in the Cochrane Library January-March 2017.

Wiffen PJ.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

[Journal Article]
UI: 28521551

The Cochrane Library of Systematic Reviews is now only published monthly online (http://www.thecochranelibrary.com). The methods for searching have changed and are in flux. This report attempted to identify all relevant reviews published in the last 3 months to March 30, 2017. The current version contains 7243 complete reviews and 2544 protocols for reviews in production. In addition, there are citations of 1,036,153 randomized controlled trials (first time passing the million mark) and 15,700 cited papers in the Cochrane Methodology Register. The Health Technology Assessment database contains some 17,000 citations. Six reviews have been identified that have potential relevance for practitioners in pain and palliative medicine. The impact factor of the Cochrane Library stands at 6.1. Readers are encouraged to access the full report for any articles of interest, as only a brief commentary is provided.

Status
Publisher
Authors Full Name
Wiffen, Phillip J.
349.
Prospective Audit of a Pathway for In-Patient Pain Management of Chronic Abdominal Pain: A Novel and Cost-Effective Strategy.
Niraj G; Chaudhri S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Pain Medicine. , 2017 May 17.
[Journal Article]
UI: 28521010
Background.: Unexplained abdominal pain is a common cause of hospital admission and utilizes significant resource. Current in-patient pain management of acute exacerbation of chronic abdominal pain is primarily directed at pharmacological and psychological management strategies in this group of complex patients. We adopted a novel approach that proved to be both clinically effective and cost-effective.
Design.: Adult patients admitted to a surgical ward with acute exacerbation of chronic abdominal pain referred to in-patient pain management were prospectively audited over a two-year period at a single tertiary centre.
Methods.: Management strategy focused on a somatic source as the predominant pain generator. Patients were offered ultrasound-guided trigger point injection with steroids within 48 hours of referral and were discharged when pain control was achieved. Subsequent care by the pain physician included targeted treatment of somatic component (repeated trigger point injection with steroids or pulsed radiofrequency treatment of trigger points).
Results.: We audited 43 patients referred to the inpatient pain management service over a two-year period. Four patients refused to undergo the diagnostic trigger point injection. Three patients
with active visceral disease had a transient response to the injection. Thirty-six patients were diagnosed with abdominal myofascial pain syndrome, and two-thirds of these patients were discharged home within 36 hours of the intervention.

Conclusions.: Abdominal myofascial pain syndrome is a poorly recognized cause of chronic abdominal pain, especially in patients with a past history of visceral inflammation. The novel strategy resulted in a significant reduction in opioid consumption, length of stay, and readmission rate.

Status
Publisher
Authors Full Name
Niraj, Gopinath; Chaudhri, Sanjay.
Institution
Country of Publication
England
Date of Publication
2017 May 17
Date Created
20170518
Year of Publication
2017

350.
Wu BU; Batech M; Quezada M; Lew D; Fujikawa K; Kung J; Jamil LH; Chen W; Afghani E; Reicher S; Buxbaum J; Pandol SJ.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28462914
OBJECTIVES: Acute pancreatitis has a highly variable course. Currently there is no widely accepted method to measure disease activity in patients hospitalized for acute pancreatitis. We aimed to develop a clinical activity index that incorporates routine clinical parameters to assist in the measurement, study, and management of acute pancreatitis.

METHODS: We used the UCLA/RAND appropriateness method to identify items for inclusion in the disease activity instrument. We conducted a systematic literature review followed by two sets of iterative modified Delphi meetings including a panel of international experts between November 2014 and November 2015. The final instrument was then applied to patient data obtained from five separate study cohorts across Southern California to assess profiles of disease activity.

RESULTS: From a list of 35 items comprising 6 domains, we identified 5 parameters for inclusion in the final weighted clinical activity scoring system: organ failure, systemic inflammatory response syndrome, abdominal pain, requirement for opiates and ability to tolerate oral intake. We applied the weighted scoring system across the 5 study cohorts comprising 3,123 patients. We identified several distinct patterns of disease activity: (i) overall there was an elevated score at baseline relative to discharge across all study cohorts, (ii) there were distinct patterns of disease activity related to duration of illness as well as (iii) early and persistent elevation of disease activity among patients with severe acute pancreatitis defined as persistent organ failure.

Kung, Jonathan. Division of Gastroenterology, University of California San Francisco Fresno Medical Center, Fresno, California, USA.
Jamil, Laith H. Cedars-Sinai Medical Center, VA Greater Los Angeles Healthcare System and University of California, Los Angeles, California, USA.
Chen, Wansu. Department of Research and Evaluation, Kaiser Permanente Southern California, Pasadena, California, USA.
Afghani, Elham. Cedars-Sinai Medical Center, VA Greater Los Angeles Healthcare System and University of California, Los Angeles, California, USA.
Reicher, Sonya. Division of Gastroenterology, University of California Los Angeles Harbor Medical Center, Los Angeles, California, USA.
Buxbaum, James. Division of Gastroenterology, Los Angeles County Hospital, University of Southern California, Los Angeles, California, USA.
Pandol, Stephen J. Cedars-Sinai Medical Center, VA Greater Los Angeles Healthcare System and University of California, Los Angeles, California, USA.

Country of Publication
United States

Publication History Status
2016/12/05 [received] 2017/03/13 [accepted]

Date of Publication
2017 May 02

Date Created
20170502

Year of Publication
2017

351.
Evaluation of intensity modulated radiation therapy dose painting for localized prostate cancer using 68Ga-HBED-CC PSMA-PET/CT: A planning study based on histopathology reference.
Zamboglou C; Sachpazidis I; Koubar K; Drendel V; Wiehle R; Kirste S; Mix M; Schiller F; Mavroidis P; Meyer PT; Werner M; Grosu AL; Baltas D.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Radiotherapy & Oncology. , 2017 May 09.
PURPOSE: To demonstrate the feasibility and to evaluate the tumour control probability (TCP) and normal tissue complication probability (NTCP) of IMRT dose painting using 68Ga-HBED-CC PSMA PET/CT for target delineation in prostate cancer (PCa).

METHODS AND MATERIALS: 10 patients had PSMA PET/CT scans prior to prostatectomy. GTV-PET was generated on the basis of an intraprostatic SUVmax of 30%. Two IMRT plans were generated for each patient: Plan77 which consisted of whole-prostate IMRT to 77Gy, and Plan95 which consisted of whole-prostate IMRT to 77Gy and a simultaneous integrated boost to the GTV-PET up to 95Gy (35 fractions). The feasibility of these plans was judged by their ability to adhere to the FLAME trial protocol. TCP-histo/PET were calculated on co-registered histology (GTV-histo) and GTV-PET, respectively. NTCPs for rectum and bladder were calculated.

RESULTS: All plans reached prescription doses whilst adhering to dose constraints. In Plan77 and Plan95 mean doses in GTV-histo were 75.8+/−0.3Gy and 96.9+/−1Gy, respectively. Average TCP-histo values for Plan77 and Plan95 were 70% (range: 15-97%), and 96% (range: 78-100%, p<0.0001). Average TCP-PET values for Plan77 and Plan95 were 55% (range: 27-82%), and 100% (range: 99-100%, p<0.0001). There was no significant difference between TCP-PET and TCP-histo in Plan95 (p=0.25). There were no significant differences in rectal (p=0.563) and bladder (p=0.3) NTCPs.

CONCLUSIONS: IMRT dose painting using PSMA PET/CT was technically feasible and resulted in significantly higher TCPs without higher NTCPs.

Copyright © 2017 Elsevier B.V. All rights reserved.

Authors Full Name
Zamboglou, Constantinos; Sachpazidis, Ilias; Koubar, Khodor; Drendel, Vanessa; Wiehle, Rolf; Kirste, Simon; Mix, Michael; Schiller, Florian; Mavroidis, Panayiotis; Meyer, Philipp T; Werner, Martin; Grosu, Anca L; Baltas, Dimos.

Institution
Zamboglou, Constantinos. Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany. Electronic address: constantinos.zamboglou@uniklinik-freiburg.de. Sachpazidis, Ilias. Division of Medical Physics, Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Koubar, Khodor. Division of Medical Physics, Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Drendel, Vanessa. Department of Pathology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Wiehle, Rolf. Division of Medical Physics, Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Kirste, Simon. Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Mix, Michael. Department of Nuclear Medicine, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Schiller, Florian. Department of Nuclear Medicine, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Mavroidis, Panayiotis. Department of Radiation Oncology, University of North Carolina, Chapel Hill, USA.
Meyer, Philipp T. Department of Nuclear Medicine, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Werner, Martin. Division of Medical Physics, Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Grosu, Anca L. Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.
Baltas, Dimos. Division of Medical Physics, Department of Radiation Oncology, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany; German Cancer Consortium (DKTK), Partner Site Freiburg, Germany.

Country of Publication
Ireland

Publication History Status
2016/11/01 [received] 2017/04/06 [revised]
2017/04/22 [accepted]
Establishment of a rat model of chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) induced by immunization with a novel peptide T2.

Ihsan AU; Khan FU; Nawaz W; Khan MZ; Yang M; Zhou X.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28499240

BACKGROUND: The exact etiological mechanism of Chronic Prostatitis/chronic pelvic pain syndrome (CP/CPPS) is still unclear however autoimmunity is the most valid theory. We developed a rat model of Chronic Prostatitis/chronic pelvic pain syndrome by using a novel peptide (T2) isolated from TRPM8. This model might be beneficial in elucidating mechanisms involved in the pathogenesis of Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS).

METHODS: 40 male Sprague-Dawley rats with an average weight of 180-220g were equally distributed into five groups. The normal control group was injected with normal saline (.9% NACL), the CFA group with CFA, AL(OH)3 group was given AL(OH)3 injection, T2 group using a novel peptide T2 and T2+AL(OH)3+CFA group was injected with T2+AL(OH)3+CFA. Dosing to all rat groups were injected subcutaneously. Hematoxylin and eosin staining and Immunohistochemistry were used to investigate inflammatory cell infiltration and IL-1beta in the prostate tissue respectively. ELISA technique was used to measure the serum level of CRP and TNF-alpha. T-test was used to analyze the results.

RESULTS: Maximum infiltration of inflammatory cells and the highest level of IL-1beta in the prostate tissue was observed in T2+AL(OH)3+CFA group as revealed by histopathology and Immunohistochemistry, respectively. Furthermore, T2+AL(OH)3+CFA group attained the peak value of serum TNF-alpha and CRP as determined by ELISA technique.
CONCLUSION: Our results demonstrated that T2 in combination with AL(OH)3 and CFA induced severe Prostatitis in rats. We believe that our present model will be highly beneficial for investigation of the pathophysiology of Chronic Prostatitis/Chronic Pelvic Pain Syndrome.

Copyright © 2017 Elsevier Masson SAS. All rights reserved.

Status
Publisher
Authors Full Name
Ihsan, Awais Ullah; Khan, Farhan Ullah; Nawaz, Waqas; Khan, Muhammad Zahid; Yang, Mengqi; Zhou, Xiaohui.
Institution
Ihsan, Awais Ullah. Department of Clinical Pharmacy, School of Basic Medicine and Clinical Pharmacy, China Pharmaceutical University, Nanjing, Jiangsu Province, 211198, PR China. Electronic address: awaisullahihsan@yahoo.com. Khan, Farhan Ullah. Department of Clinical Pharmacy, School of Basic Medicine and Clinical Pharmacy, China Pharmaceutical University, Nanjing, Jiangsu Province, 211198, PR China. Electronic address: farhankkwazir@yahoo.com. Nawaz, Waqas. Department of Clinical Pharmacy, School of Basic Medicine and Clinical Pharmacy, China Pharmaceutical University, Nanjing, Jiangsu Province, 211198, PR China. Electronic address: imwaqasnawaz@yahoo.com.
Khan, Muhammad Zahid. Department of Pharmacology, China Pharmaceutical University, Nanjing, Jiangsu Province, 211198, PR China. Electronic address: mzahidk786@hotmail.com.
Yang, Mengqi. Department of Clinical Pharmacy, School of Basic Medicine and Clinical Pharmacy, China Pharmaceutical University, Nanjing, Jiangsu Province, 211198, PR China. Electronic address: 1326071739@qq.com.
Zhou, Xiaohui. Department of Clinical Pharmacy, School of Basic Medicine and Clinical Pharmacy, China Pharmaceutical University, Nanjing, Jiangsu Province, 211198, PR China; Department of Surgery, Nanjing Shuiximen Hospital, Nanjing, Jiangsu Province, 211198, PR China; Department of Surgery, Nanjing First Hospital, Nanjing, Jiangsu Province, 210017, PR China. Electronic address: zhxhcpu@163.com.
Country of Publication
France
Publication History Status
2017/03/23 [received]  2017/04/18 [revised]
2017/05/01 [accepted]
Date of Publication
2017 May 09
Date Created
20170512
353.
The Clinical Efficacy of Pollen Extract and Vitamins on Chronic Prostatitis/Chronic Pelvic Pain Syndrome Is Linked to a Decrease in the Pro-Inflammatory Cytokine Interleukin-8.
Cai T; Verze P; La Rocca R; Palmieri A; Tiscione D; Luciani LG; Mazzoli S; Mirone V; Malossini G.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[JOURNAL ARTICLE]
UI: 28497911
PURPOSE: We aim to evaluate the efficacy of pollen extract in association with vitamins in patients affected by chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and to evaluate the level of the pro-inflammatory mediators interleukin (IL)-6, IL-8, and IL-10.
MATERIALS AND METHODS: Patients diagnosed with CP/CPPS between January and December 2015 were enrolled in this study. Participants were randomly assigned to receive oral capsules of pollen extract and vitamins (group A) or bromelain (group B) for 3 months. At the enrolment time and 3 months after enrolment, all patients completed questionnaires (the National Institutes of Health Chronic Prostatitis Symptom Index [NIH-CPSI] and the Short Form-36 and underwent urological examinations and microbiological evaluation. Levels of IL-6, IL-8, and IL-10 were evaluated in seminal plasma.
RESULTS: Sixty-five male patients (mean age of 32.7+/−4.7 years) were analysed (group A, n=32; group B, n=33). At the follow-up examination, 24 of the 32 patients in group A showed a significant reduction in the NIH-CPSI total score compared with 8 of the 33 patients in the bromelain group (p<0.001). Moreover, the mean level of IL-8 was significantly lower in the pollen extract and vitamins group when compared with the bromelain group (298 pg/mL vs. 736 pg/mL, respectively; p<0.001). In group A we found a statistically significant reduction in the levels of IL-8 between enrolment and the follow-up visit (878 pg/mL vs. 298 pg/mL, respectively; p<0.001).
CONCLUSIONS: Treatment with pollen extract and vitamins improved the quality of life in CP/CPPS patients by reducing the levels of pro-inflammatory IL-8.
Chronic prostatitis and its detrimental impact on sperm parameters: a systematic review and meta-analysis.
Condorelli RA; Russo GI; Calogero AE; Morgia G; La Vignera S.
PURPOSE: Prostatitis is a very common urogenital disease of the male with prevalence ranging from 2.2 to 9.7% worldwide. Interestingly, some recent evidences have showed a significant association between chronic prostatitis (CP) and male infertility including a detrimental effect on sperm parameters, reduction of zinc concentration on semen sperm and production of anti-semen antibodies (ASAs). The aim of the current meta-analysis was to evaluate the association between CP and alteration of semen parameters.

METHODS: This analysis was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis guidelines and we included in the final analysis 27 studies, with a total of 3241 participants, including 381 (11.75%) with chronic bacterial prostatitis (CBP), 1670 (51.53%) with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and 1190 (36.72%) controls.

RESULTS: CBP was associated with reduction of sperm concentration, sperm vitality, sperm total and progressive motility, while CP/CPPS was related to the reduction of semen volume, sperm concentration, sperm progressive motility and sperm normal morphology. We found that CP was significantly associated with reduced zinc concentration on seminal plasma (SMD: -20.73; p = 0.005). Finally, CP statistically increased the risk of developing ASA on seminal plasma (OR 3.26; p < 0.01).

CONCLUSION: In conclusion, chronic prostatitis showed a detrimental effect on sperm and both CPB or CP/CPPS may differently show negative impact on sperm.
Outcomes of Endoscopic Retrograde Cholangiopancreatography (ERCP) and Sphincterotomy for Suspected Sphincter of Oddi Dysfunction (SOD) Post Roux-En-Y Gastric Bypass.

Lim CH; Jahansouz C; Freeman ML; Leslie DB; Ikramuddin S; Amateau SK.

BACKGROUND: Sphincter of Oddi dysfunction (SOD) is thought to be a cause of chronic abdominal pain post Roux-en-Y gastric bypass, and current practice of performing endoscopic retrograde cholangiopancreatography (ERCP) with or without sphincterotomy is not supported by evidence. In addition to the complexity and risks of the procedure in patients with Roux-en-Y anatomy, the outcomes are uncertain and debatable. We performed a retrospective review and analysis of post-gastric bypass patients who had undergone ERCP with sphincterotomy to determine the effectiveness in patients with suspected SOD.

METHODS: Over a period of 5 years at the University of Minnesota, we retrospectively reviewed a prospectively collected database of a cohort of patients whom had a previous Roux-en-Y gastric bypass and whom had a subsequent ERCP for suspected SOD. Patients were
RESULTS: We identified 50 patients who underwent laparoscopic-assisted gastrostomy for endoscopic retrograde cholangiopancreatography post Roux-en-Y gastric bypass over the study period. Within this group, 35 patients (70%) were suspected to have SOD. Nine patients (25.7%) were classified as type I, 19 patients (54.3%) type II, and seven patients (20%) type III. Thirty-four patients (97.1%) had biliary sphincterotomy, and 17 patients (48.6%) had both biliary and pancreatic sphincterotomy. Fourteen (40%) had repeated ERCP. At median follow-up of 11.5 months, type I SOD had two responders (25%), type II had nine responders (52.9%), and type III had one responder (14.3%). A subgroup analysis did not show significant differences in improvement of symptoms between patients whom had single versus repeated ERCP or biliary sphincterotomy alone versus both biliary and pancreatic sphincterotomy. Three patients (9%) had post-ERCP pancreatitis.

CONCLUSIONS: SOD in patients post Roux-en-Y gastric bypass is complex due to multiple confounding factors. Rome III and Milwaukee classification systems assist us in the diagnosis and treatment of sphincter dysfunction until we have a better way to predict treatment response post sphincterotomy. Current treatment is based on the type of disorder and anatomy of biliary ducts. Types I and II sphincter dysfunction particularly associated with dilated biliary duct on imaging have the best response to endoscopic sphincterotomy and therefore should be considered taking into account the risks and benefit. Repeated sphincterotomy and concurrent pancreatic sphincterotomy is generally not useful.

Status
Publisher
Authors Full Name
Lim, Chin Hong; Jahansouz, Cyrus; Freeman, Martin L; Leslie, Daniel B; Ikramuddin, Sayeed; Amateau, Stuart K.
Institution
Lim, Chin Hong. Division of Upper Gastrointestinal & Bariatric Surgery, Department of Surgery, Singapore General Hospital, Academia, 20 College Road, Singapore, 169856, Singapore. limxx504@umn.edu. Jahansouz, Cyrus. Division of Minimally Invasive Gastrointestinal Surgery and Medicine, Department of Surgery, University of Minnesota Medical Center, Minneapolis, MN, USA. Freeman, Martin L. Division of Gastroenterology and Hepatology, Department of Medicine, University of Minnesota Medical Center, Minneapolis, MN, USA. Leslie, Daniel B. Division of Minimally Invasive Gastrointestinal Surgery and Medicine, Department of Surgery, University of Minnesota Medical Center, Minneapolis, MN, USA.
356.
Physical pain and emotion regulation as the main predictive factors of health-related quality of life in women living with endometriosis.
Marki G; Bokor A; Rigo J; Rigo A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28482063
STUDY QUESTION: To what extent are pain symptoms, psychological variables (anxiety, depression and distress) and emotion regulation associated with women's health in endometriosis?
SUMMARY ANSWER: Physical pain symptoms and emotion regulation difficulties via psychological stress negatively affect the health-related quality of life (HRQoL) of women living with endometriosis.
WHAT IS KNOWN ALREADY: There are some missing links in the definitive treatment and recovery from endometriosis. Women with chronic pain report a decrease in HRQoL and an increase in the frequency of psychological problems, but little is known about the complex relationship between these variables in the context of endometriosis.
STUDY DESIGN, SIZE, DURATION: This cross-sectional study was conducted between October 2014 and October 2015 on 193 women living with endometriosis.

PARTICIPANTS/MATERIALS, SETTING, METHODS: The sample consisted of women with a medically confirmed diagnosis of endometriosis who received treatment at the participating clinic. All participants completed the Short Form Health Survey (SF-36), the Hospital Anxiety and Depression Scale, the Perceived Stress Scale and the Difficulties in Emotion Regulation Scale. Spearman's rank correlation was used to explore the associations between the measured variables, and structural equation modeling was used to test the proposed mediation models.

MAIN RESULTS AND THE ROLE OF CHANCE: The response rate was 46%. In this study, 54.79% of the participants presented with anxiety and 20.3% with depressive symptoms. Pain symptoms, psychological variables and difficulties in emotion regulation were negatively associated with HRQoL. Mediation models revealed that physical pain, psychological stress and difficulties in emotion regulation explained 55% of the variance in the overall HRQoL, 41% of the variation in physical and 55% of the variation in mental HRQoL. Accordingly, severe physical pain (beta = -0.39, P < 0.001) was directly, and difficulties in emotion regulation (beta = -0.38, P < 0.001) was indirectly related to deterioration in overall HRQoL. Physical pain had a higher direct standardized effect (beta = -0.51, P < 0.001) on physical HRQoL, and had no significant direct effect on mental HRQoL. Furthermore, both physical pain (beta = -0.07, P < 0.001) and difficulties in emotion regulation (beta = -0.46, P < 0.001) had a significant indirect effect on mental HRQoL.

LIMITATIONS, REASONS FOR CAUTION: The data were heterogeneous with regard to the severity of endometriosis. The validity of this cross-sectional study is limited to correlations; therefore, further longitudinal studies using a more representative sample are needed to explore valid causal relationships.

WIDER IMPLICATIONS OF THE FINDINGS: The results of this study indicate that HRQoL can be improved through pain management and emotion regulation strategies. The authors believe that HRQoL would increase with concomitant application of physical treatment and psychological care.

STUDY FUNDING/COMPETING INTEREST(S): There were no external funding sources for this study, and the authors have no conflicts of interest to declare.

TRIAL REGISTRATION NUMBER: Not applicable.
Accuracy of circulating histones in predicting persistent organ failure and mortality in patients with acute pancreatitis.

Liu T; Huang W; Szatmary P; Abrams ST; Alhamdi Y; Lin Z; Greenhalf W; Wang G; Sutton R; Toh CH.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28436602

BACKGROUND: Early prediction of acute pancreatitis severity remains a challenge. Circulating levels of histones are raised early in mouse models and correlate with disease severity. It was hypothesized that circulating histones predict persistent organ failure in patients with acute pancreatitis.
METHODS: Consecutive patients with acute pancreatitis fulfilling inclusion criteria admitted to Royal Liverpool University Hospital were enrolled prospectively between June 2010 and March 2014. Blood samples were obtained within 48 h of abdominal pain onset and relevant clinical data during the hospital stay were collected. Healthy volunteers were enrolled as controls. The primary endpoint was occurrence of persistent organ failure. The predictive values of circulating histones, clinical scores and other biomarkers were determined.

RESULTS: Among 236 patients with acute pancreatitis, there were 156 (66.1 per cent), 57 (24.2 per cent) and 23 (9.7 per cent) with mild, moderate and severe disease respectively, according to the revised Atlanta classification. Forty-seven healthy volunteers were included. The area under the receiver operating characteristic (ROC) curve (AUC) for circulating histones in predicting persistent organ failure and mortality was 0.92 (95 per cent c.i. 0.85 to 0.99) and 0.96 (0.92 to 1.00) respectively; histones were at least as accurate as clinical scores or biochemical markers. For infected pancreatic necrosis and/or sepsis, the AUC was 0.78 (0.62 to 0.94). Histones did not predict or correlate with local pancreatic complications, but correlated negatively with leucocyte cell viability (r = -0.511, P = 0.001).

CONCLUSION: Quantitative assessment of circulating histones in plasma within 48 h of abdominal pain onset can predict persistent organ failure and mortality in patients with acute pancreatitis. Early death of immune cells may contribute to raised circulating histone levels in acute pancreatitis.

Copyright © 2017 The Authors. BJS published by John Wiley & Sons Ltd on behalf of BJS Society Ltd.

Liu, T; Huang, W; Szatmary, P; Abrams, S T; Alhamdi, Y; Lin, Z; Greenhalf, W; Wang, G; Sutton, R; Toh, C H.

Liu, T. Institute of Infection and Global Health, University of Liverpool, Liverpool, UK. Huang, W. National Institute for Health Research (NIHR) Liverpool Pancreas Biomedical Research Unit, Royal Liverpool University Hospital, Liverpool, UK.

Szatmary, P. National Institute for Health Research (NIHR) Liverpool Pancreas Biomedical Research Unit, Royal Liverpool University Hospital, Liverpool, UK.

Abrams, S T. Institute of Infection and Global Health, University of Liverpool, Liverpool, UK.

Alhamdi, Y. Institute of Infection and Global Health, University of Liverpool, Liverpool, UK.

Lin, Z. Institute of Infection and Global Health, University of Liverpool, Liverpool, UK.

Lin, Z. Department of Integrated Traditional Chinese and Western Medicine, Sichuan Provincial Pancreatitis Centre, West China Hospital, Sichuan University, Chengdu, China.
358.
High dosage of a fixed combination oxycodone/naloxone prolonged release: efficacy and tolerability in patients with chronic cancer pain.
Amato F; Ceniti S; Mameli S; Pisanu GM; Vellucci R; Palmieri V; Consoletti L; Magaldi D; Notaro P; Marcassa C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Supportive Care in Cancer. , 2017 May 03.
[Journal Article]
UI: 28470370
PURPOSE: Opioids are associated with side effects in the treatment of moderate-to-severe chronic cancer pain. Oral combination of opioid agonist-antagonist oxycodone-naloxone (OXN-PR) attenuates gastrointestinal side effects; however, evidence on high-dose OXN-PR treatment
is scant. This study evaluates the efficacy and tolerability of high-dose OXN-PR in chronic cancer pain.

PATIENTS AND METHODS: This was a multicenter, prospective 60-day observation on consecutive cancer patients with uncontrolled moderate-severe chronic pain or intolerant to other analgesics, who were switched at entry visit (T0) to OXN-PR >=80 mg daily. Patients were reassessed 14, 30, 45, and 60 days later (T60). Primary endpoint of the study was analgesic response rate (decrease >=30% of pain intensity from baseline, measured on a 0-10 numerical rating scale, NRS) after 30 days on OXN-PR. Additional endpoints assessed at every visit were the impact of pain on quality of life (QoL), breakthrough cancer pain (BTCP) episodes, opioid dosage escalation index, bowel dysfunction, safety, and other side effects.

RESULTS: One hundred nineteen patients were included (age 64 +/- 12, metastatic disease in 91.6%); 101 of them (84.9%) completed the 60-day observation. At T0, the majority had severe pain (NRS >=7 in 79.8%; neuropathic features in 83.2%). Response rate at 30-day visit was 79.8% (n = 95). OXN-PR resulted in a significant reduction in pain over time (T0: 7.4 +/- 1.3; T60: 3.3 +/- 1.8; p < 0.001), and the number of daily (BTCP) declined (3.9 +/- 2.2 vs. 2.0 +/- 0.6, p < 0.001). Daily dosage of OXN-PR slightly increased (T0: 81.3 +/- 6.0; T60: 93.6 +/- 34.0; p < 0.001). The impact of pain on QoL abated (p < 0.0001), and bowel function improved overtime (p < 0.001). After the switch to OXN-PR, the number of patients complaining for side effects decreased overall (p < 0.0001); laxatives and antiemetic use also declined significantly.

CONCLUSIONS: OXN-PR was highly effective and well tolerated even at high doses in cancer patients with chronic pain. The agonist-antagonist combination rapidly alleviated pain and its impact on life style, reducing the number of BTCP and improving opioid side effects.
Magaldi, Dorotea. Azienda Ospedaliera Piove di Sacco UO Terapia Dolore e Cure Palliative, Padova, Italy.
Notaro, Paolo. Azienda Ospedaliera Niguarda, UO Terapia Dolore, Milan, Italy.
Marcassa, Claudio. Istituti Clinici e Scientifici Maugeri, Veruno, Italy.

Country of Publication
Germany

Publication History Status
2016/11/21 [received] 2017/04/10 [accepted]

Date of Publication
2017 May 03

Date Created
20170504

Year of Publication
2017

359.
Contrast induced-acute kidney injury following peripheral angiography with carbon dioxide versus iodinated contrast media: A meta-analysis and systematic review of current literature.
Ghumman SS; Weinerman J; Khan A; Cheema MS; Garcia M; Levin D; Suri R; Prasad A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Catheterization & Cardiovascular Interventions. , 2017 May 02.

[Journal Article]
UI: 28463460

OBJECTIVE: We conducted a meta-analysis to compare the incidence of acute kidney injury (AKI) with carbon dioxide (CO2) versus iodinated contrast media (ICM).

BACKGROUND: Contrast induced-acute kidney injury (CI-AKI) is a known complication following endovascular procedures with ICM. CO2 has been employed as an alternative imaging medium as it is nontoxic to the kidneys.

METHODS: Search of indexed databases was performed and 1,732 references were retrieved. Eight studies (7 observational, 1 Randomized Controlled Trial) formed the meta-analysis. Primary outcome was AKI. Fixed effect model was used when possible in addition to analysis of publication bias.
RESULTS: In this meta-analysis, 677 patients underwent 754 peripheral angiographic procedures. Compared with ICM, CO2 was associated with a decreased incidence of AKI (4.3% vs. 11.1%; OR 0.465, 95% CI: 0.218-0.992; P=0.048). Subgroup analysis of four studies that included granular data for patients with chronic kidney disease (CKD) did not demonstrate a decreased incidence of AKI with CO2 (4.1% vs. 10.0%; OR 0.449, 95% CI: 0.165-1.221, P=0.117). Patients undergoing CO2 angiography experienced a higher number of nonrenal events including limb/abdominal pain (11 vs. 0; P=0.001) and nausea/vomiting (9 vs. 1; P=0.006).

CONCLUSIONS: In comparison to ICM, CO2 use is associated with a modestly reduced rate of AKI with more frequent adverse nonrenal events. In studies that use CO2 as the primary imaging agent, the average incidence of AKI remained high at 6.2%-supporting the concept that factors other than renal toxicity from ICM may contribute to renal impairment following peripheral angiography. © 2017 Wiley Periodicals, Inc.

Copyright © 2017 Wiley Periodicals, Inc.

Dagher A; Curatolo A; Sachdev M; Stephens AJ; Mullins C; Landis JR; van Bokhoven A; El-Hayek A; Froehlich JW; Briscoe AC; Roy R; Yang J; Pontari MA; Zurakowski D; Lee RS; Moses MA; MAPP Research Network.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BJU International. , 2017 Mar 06.

[Journal Article]

UI: 28263447

OBJECTIVE: To examine a series of candidate markers for urological chronic pelvic pain syndrome (UCPPS), selected based on their proposed involvement in underlying biological processes so as to provide new insights into pathophysiology and suggest targets for expanded clinical and mechanistic studies.

METHODS: Baseline urine samples from Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network study participants with UCPPS (n = 259), positive controls (PCs; chronic pain without pelvic pain, n = 107) and healthy controls (HCs, n = 125) were analysed for the presence of proteins that are suggested in the literature to be associated with UCPPS. Matrix metalloproteinase (MMP)-2, MMP-9, MMP-9/neutrophil gelatinase-associated
lipocalin (NGAL) complex (also known as Lipocalin 2), vascular endothelial growth factor (VEGF), VEGF receptor 1 (VEGF-R1) and NGAL were assayed and quantitated using mono-specific enzyme-linked immunosorbent assays for each protein. Log-transformed concentration (pg/mL or ng/mL) and concentration normalized to total protein (pg/mug) values were compared among the UCPPS, PC and HC groups within sex using the Student's t-test, with P values adjusted for multiple comparisons. Multivariable logistic regression and receiver-operating characteristic curves assessed the utility of the biomarkers in distinguishing participants with UCPPS and control participants. Associations of protein with symptom severity were assessed by linear regression.

RESULTS: Significantly higher normalized concentrations (pg/mug) of VEGF, VEGF-R1 and MMP-9 in men and VEGF concentration (pg/mL) in women were associated with UCPPS vs HC. These proteins provided only marginal discrimination between UCPPS participants and HCs. In men with UCPPS, pain severity was significantly positively associated with concentrations of MMP-9 and MMP-9/NGAL complex, and urinary severity was significantly positively associated with MMP-9, MMP-9/NGAL complex and VEGF-R1. In women with UCPPS, pain and urinary symptom severity were associated with increased normalized concentrations of MMP-9/NGAL complex, while pain severity alone was associated with increased normalized concentrations of VEGF, and urinary severity alone was associated with increased normalized concentrations of MMP-2. Pain severity in women with UCPPS was significantly positively associated with concentrations of all biomarkers except NGAL, and urinary severity with all concentrations except VEGF-R1.

CONCLUSION: Altered levels of MMP-9, MMP-9/NGAL complex and VEGF-R1 in men, and all biomarkers in women, were associated with clinical symptoms of UCPPS. None of the evaluated candidate markers usefully discriminated UCPPS patients from controls. Elevated VEGF, MMP-9 and VEGF-R1 levels in men and VEGF levels in women may provide potential new insights into the pathophysiology of UCPPS.

Copyright © 2017 The Authors BJU International © 2017 BJU International Published by John Wiley & Sons Ltd.

Moses, Marsha A; ORCID: http://orcid.org/0000-0003-3108-0704

Authors Full Name
Dagher, Adelle; Curatolo, Adam; Sachdev, Monisha; Stephens, Alisa J; Mullins, Chris; Landis, J Richard; van Bokhoven, Adrie; El-Hayek, Andrew; Froehlich, John W; Briscoe, Andrew C; Roy, Roopali; Yang, Jiang; Pontari, Michel A; Zurakowski, David; Lee, Richard S; Moses, Marsha A; MAPP Research Network.
Laparoscopic excision versus ablation for endometriosis-associated pain - Updated systematic review and meta-analysis. [Review]
Pundir J; Omanwa K; Kovoor E; Pundir V; Lancaster G; Barton Smith P.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28456617
The aim of the study is to update the evidence on surgical management of endometriosis associated pain - does laparoscopic excision offers any benefits over laparoscopic ablation? This is a systematic review and meta-analysis, where we searched MEDLINE, EMBASE, ISI conference proceedings, ISRCTN, Register and Meta-register for RCTs, WHO trials search portal, Cochrane Library and the 'British Library of electronic theses'. Three RCTs were included which enrolled 335 participants with a sample size per study ranging from 24 to 178 participants. Out of these three studies, data from two could be pooled for meta-analysis. Primary outcome measure was reduction in VAS score for dysmenorrhea. Secondary outcome measures included reduction in VAS score for dyspareunia, dyschezia, chronic pelvic pain and reduction in EHP30 Core pain scores. Meta-analysis showed that the excision group had a significantly greater reduction in symptoms of dysmenorrhea (MD 0.99; 95% CI -0.02, 2.00; p = 0.05), and dyschezia (MD 1.31; 95% CI 0.33, 2.29; p = 0.009) compared with ablation. The symptoms of dyspareunia showed non-significant benefit with excision (MD 0.96; 95% CI -0.07, 1.99; p = 0.07). Data from one study showed a significant reduction in chronic pelvic pain (MD 2.57; 95% CI 1.27, 3.87; p = 0.0001) and EHP30 Core pain scores (MD 13.20; 95% CI 3.70, 22.70; p = 0.006) with the excision group as compared with the ablation group. The limited available evidence shows that at twelve months post-surgery, symptoms of dysmenorrhea, dyschezia and chronic pelvic pain secondary to endometriosis showed significantly greater improvement with laparoscopic excision compared with ablation.
Copyright © 2017. Published by Elsevier Inc.
Adverse impacts of chronic pain on health-related quality of life, work productivity, depression and anxiety in a community-based study.

Kawai K; Kawai AT; Wollan P; Yawn BP.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Background.: Chronic pain has major clinical and social consequences. Few studies have examined any variation in the extent of impairment on quality of life and work productivity by site and type of chronic pain.

Objective.: The objective of our study is to examine adverse impacts of chronic pain on physical and psychological health and work productivity.

Methods.: Our community-population study was based on a phone-interview of adults with chronic pain, residing in Olmsted County, MN. Chronic pain groups were categorized into abdominal pain, back pain, joint pain, multisite pain, neuropathic pain or no chronic pain. We used standardized instruments, including the Brief Pain Inventory, the Patients Health Questionnaire-9, and Work Productivity and Activity Impairment Questionnaire.

Results.: We evaluated 591 patients suffering from chronic pain and 150 participants with no chronic pain. Almost one third of patients with multisite pain (33%) and neuropathic pain (32%) reported mild/major depressive symptoms. Patients suffering from chronic pain, particularly from multisite pain and neuropathic pain, reported significant pain interferences with daily activities and impairments in physical function. Chronic pain was significantly associated with reduced performance at work but not with missed work hours. The average reported reduction in work productivity ranged from 2.4 hours (+/-5.6) per week for adults with joint chronic pain to 9.8 hours (+/-11.1) per week for adults with multisite chronic pain.

Conclusions.: Chronic pain, particularly multisite pain and neuropathic pain, significantly affected physical and psychological health. Chronic pain is a multifaceted health condition that requires a multidisciplinary treatment approach.
Stem Cell Treatment in Crohn's Disease.
Zhang XM; Zhang YJ; Wang W; Wei YQ; Deng H.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28132518

Crohn's disease which mainly affects the gastrointestinal tract and impairs patient's quality of life, is a refractory inflammatory disease with clinical manifestations of abdominal pain, fever, bowel obstruction and diarrhoea with blood or mucus. Besides the common complication of intestinal obstruction, the formation of fistulas should also be concerned about and anorectal fistula is the most typical. The disease is difficult to radical cure and easy to relapse, which urges people to find other effective treatment in addition to surgery. Given the challenges and prospective medical needs in Crohn's fistula, attention has been directed at stem cell therapy. Several studies suggest that mesenchymal stem cells (MSCs) improve Crohn's disease and Crohn's fistula. In the recent years, a lot of studies of mesenchymal stem cell transplantation or local rejection with bone marrow-derived stem cells and adipose tissue-derived stem cells have been reported in the treatment of refractory Crohn's disease and many of which are in remission. A number of clinical trials for refractory Crohn's disease have also evaluated autologous or allogenic MSCs and have shown that MSCs can be safely administered with some patients achieving clinical response.
Development and Feasibility of a Group-Based Therapeutic Yoga Program for Women with Chronic Pelvic Pain.

Huang AJ; Rowen TS; Abercrombie P; Subak LL; Schembri M; Plaut T; Chao MT.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Objective.: To develop a group-based therapeutic yoga program for women with chronic pelvic pain (CPP) and explore the effects of this program on pain severity, sexual function, and well-being.

Methods.: A yoga therapy program for CPP was developed by a multidisciplinary panel of clinicians, researchers, and yoga consultants. Women reporting moderate to severe pelvic pain for at least six months were recruited into a single-arm trial. Participants attended twice weekly group classes focusing on Iyengar-based yoga techniques and were instructed to practice yoga at home an hour a week for six weeks. Participants self-rated the severity of their pelvic pain using daily logs. The impact of participants’ pain on everyday activities, emotional well-being, and sexual function was assessed using an Impact of Pelvic Pain (IPP) questionnaire. Sexual function was further assessed using the Sexual Health Outcomes in Women Questionnaire (SHOW-Q).

Results.: Among the 16 participants (age range = 31-64 years), average ratings of the severity of pain "at its worst," "at its best," and "on average" decreased by 29%, 32%, and 34%, respectively, from start to six weeks (P <0.05 for all). Women demonstrated improvements in scores on IPP subscales for daily activities (1.8+/−0.7 to 0.9+/−0.7, P <0.001), emotional well-being (1.7+/−0.9 to 0.9+/−0.7, P =0.005), and sexual function (1.9+/−1.1 to 1.0+/−0.9, P =0.04). Scores on the SHOW-Q "pelvic problem interference" scale also improved over six weeks (53+/−23 to 27+/−23, P =0.002).

Conclusions.: Findings provide preliminary evidence of the feasibility of teaching women with CPP to practice yoga to self-manage pain and improve quality of life and sexual function.

Authors Full Name
Huang, Alison J; Rowen, Tami S; Abercrombie, Priscilla; Subak, Leslee L; Schembri, Michael; Plaut, Traci; Chao, Maria T.

Institution
Huang, Alison J. Department of Medicine. Huang, Alison J. Women's Health Clinical Research Center.
Rowen, Tami S. Department of Obstetrics, Gynecology, and Reproductive Sciences.
Abercrombie, Priscilla. Women's Health & Healing, Healdsburg, California, USA.
Subak, Leslee L. Women's Health Clinical Research Center.
Subak, Leslee L. Department of Obstetrics, Gynecology, and Reproductive Sciences.
Characterization of Whole Body Pain in Urologic Chronic Pelvic Pain Syndrome at Baseline - A MAPP Research Network Study.
Lai HH; Jemielita T; Sutcliffe S; Bradley CS; Naliboff B; Williams DA; Gereau RW 4th; Kreder K; Clemens JQ; Rodriguez LV; Krieger JN; Farrar JT; Robinson N; Landis JR; MAPP Research Network.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28373134
PURPOSE: We characterized the location and spatial distribution of whole body pain among patients with urologic chronic pelvic pain syndrome (UCPPS) using a body map; and compared the severity of urinary symptoms, pelvic pain, non-pelvic pain, and psychosocial health among patients with different pain patterns.
METHODS: 233 women and 191 men with UCPPS enrolled in a multi-center, one-year observational study completed a battery of baseline measures, including a body map describing the location of pain during the past week. Participants were categorized as having "pelvic pain only" if they reported pain in the abdomen and pelvis only. Participants who reported pain beyond
the pelvis were further divided into two sub-groups based on the number of broader body regions affected by pain: an "intermediate" group (1-2 additional regions outside the pelvis) and a "widespread pain" group (3-7 additional regions).

RESULTS: Of the 424 enrolled patients 25% reported pelvic pain only, and 75% reported pain beyond the pelvis of which 38% reported widespread pain. Participants with greater number of pain locations had greater non-pelvic pain severity (p<0.0001), sleep disturbance (p=0.035), depression (p=0.005), anxiety (p=0.011), psychological stress (p=0.005), negative affect scores (p=0.0004), and worse quality of life (p<=0.021). No difference in pelvic pain and urinary symptom severity were observed by increasing pain distribution.

CONCLUSIONS: Three-quarters of men and women with UCPPS reported pain outside the pelvis. Widespread pain was associated with greater severity of non-pelvic pain symptoms, poorer psychosocial health and worse quality of life, but not worse pelvic pain or urinary symptoms.

Copyright © 2017 American Urological Association Education and Research, Inc. Published by Elsevier Inc. All rights reserved.

Status
Publisher
Authors Full Name
Lai, H Henry; Jemielita, Thomas; Sutcliffe, Siobhan; Bradley, Catherine S; Naliboff, Bruce; Williams, David A; Gereau, Robert W 4th; Kreder, Karl; Clemens, J Quentin; Rodriguez, Larissa V; Krieger, John N; Farrar, John T; Robinson, Nancy; Landis, J Richard; MAPP Research Network.
Institution
Lai, H Henry. Division of Urologic Surgery; Department of Anesthesiology and Washington University Pain Center, Washington University School of Medicine, St Louis, MO. Jemielita, Thomas. Department of Biostatistics and Epidemiology, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA.
Sutcliffe, Siobhan. Division of Public Health Sciences, Department of Surgery, Washington University School of Medicine, St Louis, MO.
Bradley, Catherine S. Department of Obstetrics and Gynecology, University of Iowa School of Medicine, Iowa City, IA.
Naliboff, Bruce. Department of Medicine and Psychiatry and Biobehavioral Sciences, University of California School of Medicine, Los Angeles, CA.
Williams, David A. Department of Anesthesiology, University of Michigan School of Medicine, Ann Arbor, MI.
Gereau, Robert W 4th. Department of Anesthesiology and Washington University Pain Center, Washington University School of Medicine, St Louis, MO.
Varicella-Zoster Virus Gastritis.
Nohr EW; Itani DM; Andrews CN; Kelly MM.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28381144
We report varicella-zoster virus (VZV) gastritis in a 70-year-old woman postchemotherapy for lymphoma, presenting with abdominal pain, vomiting, and delirium without rash. A gastric biopsy demonstrated viral inclusions but posed a diagnostic challenge as immunohistochemistry for cytomegalovirus and herpes simplex virus were negative, and VZV immunohistochemistry was not available. The patient developed a vesicular rash 7 days after her symptoms began. Molecular testing of the gastric biopsy and a skin swab both confirmed VZV infection. She also had probable involvement of her liver and pancreas based on imaging and serum chemistry, and possible central nervous system involvement. She recovered with appropriate antiviral therapy but later developed a postherpetic neuralgia, and chronic intrahepatic biliary strictures; liver biopsy demonstrated a cholangiopathy of uncertain etiology. A literature review of the pathogenesis, epidemiology and sequelae of VZV infection is included.

Status
Publisher
Authors Full Name
Nohr, Erik W; Itani, Doha M; Andrews, Christopher N; Kelly, Margaret M.
Institution
Nohr, Erik W. 1 University of Calgary, Calgary, Alberta, Canada. Itani, Doha M. 1 University of Calgary, Calgary, Alberta, Canada.
Andrews, Christopher N. 1 University of Calgary, Calgary, Alberta, Canada.
Kelly, Margaret M. 1 University of Calgary, Calgary, Alberta, Canada.
Country of Publication
United States
Date of Publication
2017 Mar 01
Date Created
20170406
Year of Publication
2017

Managing irritable bowel syndrome: The impact of micro-physiotherapy.
Grosjean D; Benini P; Carayon P.
Background Irritable bowel syndrome (IBS) has a complex pathology, high prevalence and large impact on patients' quality of life. As conventional therapy may yield unsatisfactory results, a more holistic approach may be desirable. The current study assessed the effect of micro-physiotherapy on the severity of IBS symptoms. Methods In a double-blind study, 61 recurrent IBS patients were randomised to two sessions of micro-physiotherapy or sham micro-physiotherapy. Inclusion criteria were the presence of >=1 IBS symptom from abdominal pain, constipation, diarrhoea or bloating. Exclusion criteria were previous major intestinal surgery and the presence of chronic diseases. The mean patient age was 53.5+/−15.3 years. Micro-physiotherapy consisted of micro-palpatory examination to identify osteopathic lesions, followed by micro-massage to stimulate self-healing. The control group underwent a sham procedure. The presence and severity of symptoms was assessed at baseline and at 1-month follow-up by the same gastroenterologist. Results Two patients did not complete the study. There was a significant difference in percentage of patients that improved after the first session, at 74% for the micro-physiotherapy group and 38% for the sham group, respectively (p=0.005). After the second session, the initial improvement was maintained in both groups, although with no further gains, and the differences between the study groups remained significant (p=0.007). Conclusions Micro-physiotherapy significantly improves IBS symptoms and should be explored further for use in mainstream healthcare.
Do Interoceptive Sensations Provoke Fearful Responses in Adolescents With Chronic Headache or Chronic Abdominal Pain? A Preliminary Experimental Study.

Flack F; Pane-Farre CA; Zernikow B; Schaan L; Hechler T.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28340127

Objective: To determine whether fear can be triggered when experiencing interoceptive sensations locally proximal to the primary pain region. Two groups of adolescents (11-18 years) with chronic headache (n =20) or chronic abdominal pain (CAP; n =20) completed three muscle tensing tasks to induce proximal versus distal sensations: (1) "frown" task (proximal for chronic headache; distal for CAP), (2) "tighten stomach" task (proximal for CAP; distal for chronic headache), and (3) safe comparison task (clench fist). Fear and avoidance were assessed via self-report.

Results: Adolescents with CAP reported greater fear and avoidance after the proximal compared with the distal task, while adolescents with chronic headache did not. Both groups reported similar levels of fear and avoidance in the frown and safe comparison task. Results suggest that the perception of proximal interoceptive sensations appears to activate the fear system in adolescents with CAP. Future research is warranted.

Status

Publisher

Authors Full Name

Flack, Florentina; Pane-Farre, Christiane A; Zernikow, Boris; Schaan, Luca; Hechler, Tanja.

Institution

Flack, Florentina. German Paediatric Pain Centre, Children's and Adolescents' Hospital. Flack, Florentina. Department of Children's Pain Therapy and Paediatric Palliative Care, Faculty of Health-School of Medicine, Witten/Herdecke University.

Pane-Farre, Christiane A. Department of Biological and Clinical Psychology, University of Greifswald.

Zernikow, Boris. German Paediatric Pain Centre, Children's and Adolescents' Hospital.
369.
Surgical treatment of adhesion-related chronic abdominal and pelvic pain after gynaecological and general surgery: a systematic review and meta-analysis.
van den Beukel BA; de Ree R; van Leuven S; Bakkum EA; Strik C; van Goor H; Ten Broek RP.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28333221
BACKGROUND: Chronic pain is a frequent post-operative complication, affecting ~20-40% of patients who have undergone surgery of the female genital or alimentary tract. Chronic pain is an important risk factor for diminished quality of life after surgery. Adhesions are frequently
associated with chronic post-operative pain; however, surgical treatment of adhesion-related pain is controversial.

OBJECTIVE AND RATIONALE: The aim of this study was to investigate the efficacy and harms of surgical interventions for chronic post-operative pain attributable to adhesions.

SEARCH METHODS: A search was conducted using PubMed, EMBASE and CENTRAL, without restrictions pertaining to date, publication status or language. Randomized trials and cohort studies from all surgical interventions for chronic post-operative pain were considered eligible. Patients with a concomitant diagnosis that could cause chronic pain (e.g. endometriosis or inflammatory conditions) were excluded. Outcome measures were graded according to clinical relevance, with improvement of pain at long-term follow-up regarded as most clinically relevant.

OUTCOMES: A total of 4294 unique citations were identified, of which 13 studies met the criteria for inclusion. Two of the analysed studies were randomized trials, of which one had a low risk of bias. Only one trial, randomizing between laparoscopic adhesiolysis without an adhesion barrier and diagnostic laparoscopy, reported improvement of pain at long-term follow-up. In this trial, pain improved in 55.8% of patients after adhesiolysis and in 41.7% of patients in the control group; however, the difference was not significant (relative risk (RR) 1.34; 95% CI: 0.89-2.02). Most non-randomized studies had mid-length follow-up (6-12 months). In pooled analyses of trials and non-randomized studies, improvement of pain was reported in 72% of patients who underwent adhesiolysis (95% CI: 61-83%) at any follow-up longer than 3 months. The incidence of negative laparoscopies was 20% (95% CI: 10-30%). The overall incidence of complications following laparoscopic adhesiolysis was 4% (95% CI: 1-6%).

WIDER IMPLICATIONS: Laparoscopic adhesiolysis reduces pain from adhesions in ~70% of patients in the initial phase after treatment. However, there is little evidence for long-term efficacy of adhesiolysis for chronic pain. Other drawbacks of laparoscopic adhesiolysis are the high rate of negative laparoscopies and the risk of bowel injury. At present, there is little evidence to support routine use of adhesiolysis in treatment for chronic pain. New research is needed to investigate whether the results of adhesiolysis can be improved with new techniques for diagnosis and prevention of adhesion reformation.

Status
Publisher
Authors Full Name
van den Beukel, Barend A; de Ree, Roy; van Leuven, Suzanne; Bakkum, Erica A; Strik, Chema; van Goor, Harry; Ten Broek, Richard P G.
Institution
van den Beukel, Barend A. Radboud University Medical Centre, Department of Surgery, PO Box 9101, 6500 HB Nijmegen, The Netherlands. de Ree, Roy. Radboud University Medical Centre, Department of Surgery, PO Box 9101, 6500 HB Nijmegen, The Netherlands.
van Leuven, Suzanne. Radboud University Medical Centre, Department of Surgery, PO Box 9101, 6500 HB Nijmegen, The Netherlands.
Bakkum, Erica A. Onze Lieve Vrouwe Gasthuis, Department of Obstetrics and Gynaecology, PO Box 95500, 1090 HM Amsterdam, The Netherlands.
Strik, Chema. Radboud University Medical Centre, Department of Surgery, PO Box 9101, 6500 HB Nijmegen, The Netherlands.
van Goor, Harry. Radboud University Medical Centre, Department of Surgery, PO Box 9101, 6500 HB Nijmegen, The Netherlands.
Ten Broek, Richard P G. Radboud University Medical Centre, Department of Surgery, PO Box 9101, 6500 HB Nijmegen, The Netherlands.

Country of Publication
England
Publication History Status
2016/09/12 [received] 2017/02/15 [accepted]
Date of Publication
2017 Mar 02
Date Created
20170323
Year of Publication
2017

Qualitative Assessment of the Symptoms and Impact of Pancreatic Exocrine Insufficiency (PEI) to Inform the Development of a Patient-Reported Outcome (PRO) Instrument.
Johnson CD; Arbuckle R; Bonner N; Connett G; Dominguez-Munoz E; Levy P; Staab D; Williamson N; Lerch MM.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28332032
BACKGROUND: Pancreatic exocrine insufficiency (PEI) affects patients with chronic pancreatitis (CP) and cystic fibrosis (CF) who produce insufficient digestive pancreatic enzymes. Common symptoms include steatorrhoea, diarrhea, and abdominal pain.

OBJECTIVE: The objective of the study was to develop and test the content validity of a patient-reported outcome (PRO) instrument assessing PEI symptoms and their impact on health-related quality of life.

METHODS: Instrument development was supported by a literature review, expert physician interviews (n = 10: Germany 4, UK 3, France 3), and exploratory, qualitative, concept-elicitation interviews with patients with CF and CP with PEI (n = 61: UK 29, Germany 18, France 14) and expert physicians (n = 10). Cognitive debriefing of the draft instrument was then performed with patients with PEI (n = 37: UK 24, Germany 8, France 5), and feasibility was assessed with physicians (n = 3). For all interviews, verbatim transcripts were qualitatively analysed using thematic analysis methods and Atlas.ti computerized qualitative software. All themes were data driven rather than a priori.

RESULTS: Patient interviews elicited symptoms and impacts not reported in the literature. Six symptom concepts emerged: pain, bloating, bowel symptoms, nausea/vomiting, eating problems, and tiredness/fatigue. Six impact domains were also identified. A 45-item instrument was developed in English, French, and German for testing in cognitive debriefing patient interviews. Following cognitive debriefing, 18 items were deleted.

CONCLUSION: Rigorous qualitative patient research and expert clinical input supported development of a PEI-specific PRO with the potential to aid management and monitoring of unmet needs among patients with PEI. The next step is to perform psychometric evaluation of the resulting instrument.
ASSESSING THE SLEEP QUALITY AND DEPRESSION-ANXIETY-STRESS IN IRRITABLE BOWEL SYNDROME PATIENTS.
Baniasadi N; Dehesh MM; Mohebbi E; Hayatbakhsh Abbasi M; Oghabian Z.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Arquivos de Gastroenterologia. 0, 2017 Feb 23.
[Journal Article]
UI: 28273275
BACKGROUND: Irritable bowel syndrome (IBS) is one of the most common functional gastrointestinal disorders with chronic abdominal pain and altered bowel habit without any organic reason. Sleep disorders may be associated to IBS.

OBJECTIVE: We aimed to assess sleep disturbances and depression-anxiety-stress in IBS patients.

METHODS: In this analytical cross sectional study from November 2013 to May 2014, A total of 123 IBS patients were recruited by simple random sampling. IBS was diagnosed using ROME-III criteria. Demographic and basic data were driven from all patients then Pittsburg Sleep Quality Index questionnaire was utilized to estimate sleep quality and DASS (depression anxiety stress scale) questionnaire was filled out for depression, anxiety and stress.

RESULTS: The mean age of patients was 29+/-9, where 48 cases (39%) were male. Twelve cases (10%) had a background disease. Types of IBS in patients were included 38% diarrhea, 42% constipation and 20% mixed. From all IBS patients 87 (71%) cases had depression, 97 (79%) patients stress, 94 (76%) patients had anxiety. Seventy-six (62%) cases of IBS patients had poor sleep quality. Simultaneously employing predictors demonstrate that gender, background disease, and type of IBS did not statistically significant. On the other hand, depression (P=0.034, OR=2.35), anxiety (P=0.011, OR=3.022), and stress (P=0.029, OR=2.77) were significantly effect on sleep quality in poor sleepers.

CONCLUSION: Many of IBS patients is suffering from poor sleep quality. It seems that sleep disorder should be considered and treated in this patients.
372.
Common Pediatric Pain Disorders and their Clinical Associations.
Donnelly T; Bott A; Bui M; Goh S; Jaaniste T; Chapman C; Crawford M; Hopper JL; Champion D.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28272118
BACKGROUND: Common childhood pain conditions (non-migraine headache, migraine, recurrent abdominal pain, growing pains, low back pain) and persistent pains are often associated with each other and have significant implications in later life. Emerging evidence suggests additional associations between these pain conditions and restless legs syndrome, iron deficiency, anxiety and depression. The aim of this cross-sectional study in pediatric twin individuals and their siblings was to investigate these associations.
METHODS: Surveys were sent to Australian twin families via the Australian Twin Registry, yielding responses from 2530 pediatric individuals. The lifetime prevalence of the common pain disorders of childhood and of other persistent pains, restless legs syndrome and iron deficiency, and anxious/depressed score were determined by questionnaires. Random-effects logistic regression modelling was used to investigate univariate and multivariate associations between conditions.
RESULTS: Univariate associations were found between each of the pain conditions and persistent pain, and between the pain conditions with restless legs syndrome, iron deficiency and anxious/depressed score. Derivative multivariate analyses retained statistically significant associations between each of the pain disorders included in the respective models (odds ratios
with the exception of growing pains with persistent pain. Of the non-pain conditions included in the multivariate analyses, restless legs syndrome remained associated with growing pains (OR 8.50) and persistent pain (OR 2.01). Iron deficiency remained significantly associated with migraine (OR 2.38), persistent pain (OR 3.70) and restless legs syndrome (OR 5.10).

CONCLUSIONS: In light of their extensive associations, the common pain conditions, persistent pain, restless legs syndrome, iron deficiency, anxiety and depression, are likely to involve common etiological mechanisms that warrant further investigation.

Status
Publisher
Authors Full Name
Donnelly, Theresa; Bott, Aneeka; Bui, Minh; Goh, Shuxiang; Jaaniste, Tiina; Chapman, Cindy; Crawford, Matthew; Hopper, John L; Champion, David.
Institution
Donnelly, Theresa. *Department of Anaesthesia and Pain Medicine, Sydney Children's Hospital, Randwick, Australia +Melbourne School of Population and Global Health, The University of Melbourne, Carlton, Australia ++School of Women's and Children's Health, University of New South Wales, Kensington, Australia.
Country of Publication
United States
Date of Publication
2017 Mar 07
Date Created
20170308
Year of Publication
2017

373. Colorectal cancer diagnosed during pregnancy: systematic review and treatment pathways. Pellino G; Simillis C; Kontovounisios C; Baird DL; Nikolaou S; Warren O; Tekkis PP; Rasheed S. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present European Journal of Gastroenterology & Hepatology. , 2017 Mar 01.
The aim of this study was to identify the mode of presentation and incidence of colorectal cancer in pregnancy (CRC-p), assess the outcomes of the mother and foetus according to gestational age, treatment delivered and cancer features and location. A systematic review of the literature was carried out to identify studies reporting on CRC-p and pooled analysis of the reported data. Seventy-nine papers reporting on 119 patients with unequivocal CRC-p were included. The calculated pooled risk is 0.002% and age at diagnosis has decreased over time. The median age at diagnosis was 32 (range, 17-46) years. Twelve per cent, 41 and 47% of CRC-p were diagnosed during the first, second and third trimester. The CRC-p site was the colon in 53.4% of cases, the rectum in 44% and multiple sites in 2.6%. Bleeding occurred in 47% of patients, abdominal pain in 37.6%, constipation in 14.1%, obstruction in 9.4% and perforation in 2.4%. Out of 82 patients whose treatment was described, 9.8% received chemotherapy during pregnancy. None of their newborns developed permanent disability, one developed hypothyroidism and 72% of newborns were alive. Vaginal delivery was possible in 60% of cases. Anterior resection was performed in 30% of patients and abdominoperineal excision of the rectum in 14.9%. Five patients had either synchronous (60%) or metachronous liver resection (40%). The median survival in these patients was 42 (0-120) months. Fifty-five per cent of patients were alive at the last available follow-up. The median survival of the mother was 36 (0-360) months. Patients with rectal cancer had longer survival compared with patients with colon cancer (P=0.0072). CRC-p is rare, leading to symptoms being overlooked, and diagnosis made at advanced stages. Cases described in the literature include patients who had cancer before pregnancy or developed it after delivery. Survival has not increased over time and the management of these patients requires collaboration between specialties and active interaction with the patients.
Does a pelvic belt reduce hip adduction weakness in pregnancy-related posterior pelvic girdle pain? A case-control study.
Mens JM.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
European journal of physical & rehabilitation medicine.., 2017 Mar 01.
[Journal Article]
UI: 28251846
BACKGROUND: The cause of non-specific lumbopelvic pain is unknown. Pregnancy-related pelvic girdle pain seems to be a subgroup that deserves a specific treatment. One of the options is the use of a pelvic belt.
AIM: To objectify the influence of a pelvic belt in patients with pelvic girdle pain.
DESIGN: Case-control study.
SETTING: Outpatient clinic.
POPULATION: A total of 49 women with long-lasting posterior pelvic girdle pain and 37 parous women of the same age group without pelvic girdle pain.
METHODS: Hip adduction force was measured by asking the participant to squeeze a hand-held dynamometer between the knees. This was firstly performed without a pelvic belt and then with a pelvic belt. The increase of hip adduction force after applying the pelvic belt was expressed in percentages.
RESULTS: After tightening a pelvic belt hip adduction force increased 25.9% (SD 33.9%) in patients with pelvic girdle pain (P<0.0001) and 1.0% (SD 8.6%) in participants without (P=0.67). The difference between groups was significant (P<0.00001).
CONCLUSION: A pelvic belt has a positive influence on hip adduction force in pregnancy-related posterior pelvic girdle pain.
CLINICAL REHABILITATION IMPACT: The results show an objective positive effect of the pelvic belt in women with long-lasting pregnancy-related posterior pelvic girdle pain in a test-situation.
The results support the idea that the use of a belt could be part of a multidisciplinary rehabilitation of those patients.

Status
Publisher
Authors Full Name
Mens, Jan M.
Institution
Mens, Jan M. Department of Rehabilitation Medicine, Erasmus University Medical Centre, Rotterdam, The Netherlands - info@janmens.nl.
Country of Publication
Italy
Date of Publication
2017 Mar 01
Date Created
20170302
Year of Publication
2017

375.
Polylactide-caprolactone composite mesh used for ventral hernia repair: a prospective, randomized, single-blind controlled trial.
Shen YM; Li Q; Chen J; Sun L; Chen FQ.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Minerva Chirurgica. , 2017 Feb 23.
[Journal Article]
UI: 28233477
BACKGROUND: Although composite surgical meshes are widely used in laparoscopic repair of ventral hernia, the risk of postoperative complications associated with these type of mesh is relatively high. In this report, we demonstrated the safety as well as the effectiveness of a new composite polypropylene mesh coated with poly Llactideocaprolactone epsilon (EasyProsthesTM) for the repair of ventral hernia.
METHODS: This study was a randomized, controlled trial designed to compare EasyProsthes composite mesh (EPM) with ParietexTM Composite (PCO) in patients undergoing laparoscopic ventral hernia repair. Hernia recurrence, chronic pain, seroma formation, intestinal fistula or obstruction, wound or abdominal infection, and viscera adhesion were evaluated. 80 patients who needed repair surgery for primary or secondary ventral hernias were enrolled in this study. Patients were divided into two groups: the EPM group (n=40) and the PCO group (n=40). Patients completed 12 months of followup.

RESULTS: Our results revealed that one patient in the EPM group (2.5%) and two patients in the PCO group (5%) developed mesh viscera adhesions after surgery (p=1.000). We had no case of intestinal fistulas or obstruction. Seventeen patients in EPM group (42.5%) and 21 in PCO group (52.2%) developed post surgical seromas in the surgery area (p=0.370). One patient from each group developed postoperative wound infection. There was no case of abdominal infection, chronic pain or hernia recurrence. The incidence of postoperative complications in the EPM group was similar to that observed in the PCO group.

CONCLUSIONS: We concluded that EPM is a safe and effective method to be used in ventral hernia repair surgeries.
Osteopathic management of chronic constipation in women patients. Results of a pilot study. Belvaux A; Bouchoucha M; Benamouzig R.

BACKGROUND AND AIMS: Constipation is a common problem in western countries. The aim of this pilot study was to determine the effectiveness of osteopathic manipulative treatment (OMT) for the treatment of constipated women with functional constipation (FC) or defeation disorders (DD).

METHODS: Twenty-one constipated females referred to a tertiary center were recruited. A course of OMT, weekly for four weeks, was given. Clinical questionnaire, Bristol stool form scale and patients' subjective perception of constipation, bloating and abdominal pain, were recorded. Total and segmental colonic transit time (CTT) were performed before and after OMT.

RESULTS: Eleven patients had FC and 10 DD, as defined by Rome III criteria. After OMT, the Knowless Eccersley Scott Symptom score (P=0.020), the oro-anal transit time (P=0.002), the right (P=0.005) and left (P=0.009) CTT had decreased while the stool frequency (P=0.005) and the Bristol Stool Form scale (P=0.003) had increased. After OMT, the intensity of constipation, and the Patient assessment of constipation symptoms score did not change but a decrease of abdominal pain, bloating, quality of life score and drug use was found.

CONCLUSIONS: This study shows OMT has potential benefit for treating functional constipation in women. Further randomised trials are required to confirm these results.

Copyright © 2017 Elsevier Masson SAS. All rights reserved.

Authors Full Name
Belvaux, Aurelie; Bouchoucha, Michel; Benamouzig, Robert.

Institution
377.
Provoked Vestibulodynia: A Comparative Examination of Mental Health, Sleep, Sexual Functioning, and Relationship Adjustment.
Dargie E; Gilron I; Pukall C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28118257
OBJECTIVES: Provoked vestibulodynia (PVD) is an idiopathic vulvar pain condition characterized by burning pain at the vaginal opening in response to contact or pressure. Previous research has established some of the psychosocial difficulties experienced by these patients, but direct comparisons with other pain conditions are needed. The purpose of this study was to compare women with PVD to those with post-herpetic neuralgia and pain-free control participants.
METHODS: Participants were invited to complete an anonymous online survey consisting of sociodemographic questions and a range of validated measures.
RESULTS: Women with PVD and PHN did not differ in terms of pain catastrophizing or pain anxiety, but women with PHN reported greater pain disability than those with PVD. Participants in both pain groups reported significantly more symptoms of stress, depression, anxiety, and sleep disturbances than pain-free controls; women with PHN reported more symptoms of depression than those with PVD, with no other differences between pain groups. Groups did not differ on relationship adjustment, but participants with PVD reported poorer sexual functioning than the other groups.

DISCUSSION: These results indicate that women with PVD and PHN experience similar mental health difficulties, but women with PHN experience more severe impact on their day-to-day functioning and mood. These results support the classification of PVD as a chronic pain condition, since both the pain groups differed from pain-free control participants on a range of measures. Finally, the presence of mental health difficulties and poorer sexual functioning highlights the importance of conducting biopsychosocial pain assessments.
Supplementation with a lecithin-based delivery form of Boswellia serrata extract (Casperome) controls symptoms of mild irritable bowel syndrome.
Belcaro G; Gizzi G; Pellegrini L; Corsi M; Dugall M; Cacchio M; Feragalli B; Togni S; Riva A; Eggenhoffner R; Giacomelli L.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present European Review for Medical & Pharmacological Sciences. 21(9):2249-2254, 2017 May. [Journal Article]
Ui: 28537656

OBJECTIVE: Irritable Bowel Syndrome (IBS) is a chronic, gastrointestinal disorder in which abdominal pain or discomfort is associated with defecation or changes in bowel habits. Its multifactorial pathophysiology leads to a variety of available treatments, mainly aimed at controlling symptoms. The management of IBS patients could be optimized by individualized strategies, including non-pharmaceutical approaches. In this study, we evaluated the efficacy and safety of a novel delivery form of Boswellia serrata extracts (BSE) (Casperome) in patients with IBS.

PATIENTS AND METHODS: 71 otherwise healthy subjects with idiopathic IBS were recruited. Participants were assigned to the following management strategies: hyoscine butylbromide; papaverine hydrochloride + A. belladonna extract; supplementation with Casperome. Predominant IBS symptoms were evaluated at inclusion and at the end of the observational period (4 weeks). The numbers of subjects who needed rescue medication or medical attention/hospital admission were recorded. Adverse events were also evaluated.

RESULTS: In all groups, the IBS symptoms investigated, namely abdominal pain, altered bowel movements, meteorism and cramps improved during the observational period. Of note, the number of subjects who needed medical attention significantly decreased only in Casperome-supplemented group. In addition, Casperome supplementation was related to a lower incidence of side effects (mainly stypsis).

CONCLUSIONS: This preliminary study suggests that Casperome supplementation could represent a promising alternative approach to manage symptoms associated with IBS in otherwise healthy subjects.

Status
In-Process
Authors Full Name
Belcaro, G; Gizzi, G; Pellegrini, L; Corsi, M; Dugall, M; Cacchio, M; Feragalli, B; Togni, S; Riva, A; Eggenhoffner, R; Giacomelli, L.
Institution
Inguinal pain syndrome. The influence of intraoperative local administration of 0.5% bupivacaine on postoperative pain control following Lichtenstein hernioplasty. A prospective case-control study.
Cybulka B.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28537569
With current technological advancement and availability of synthetic materials used in inguinal hernia repair, a recurrence after first intervention is not a common and important adverse event. On the other hand, however, some patients complain about chronic pain of the operated site after surgeries using a polypropylene mesh. Many patients are constrained to a prolonged use of analgesics and increased frequency of control visits, which may eventually result in loss of trust in the operator. Every surgical intervention is associated with the risk of immediate or delayed complications. Genitofemoral neuralgia is associated with dysfunction of peripheral nerves passing through the inguinal canal or the surrounding tissue and it is a chronic, troublesome and undesired complication of an inguinal hernia repair. The possibility of minimizing chronic inguinal pain by proper management during hemiorrhaphy should be considered in all cases of an inguinal canal reconstruction. The aim of the study was to investigate whether an intraoperative injection of 0.5% bupivacaine into the operated site (preemptive analgesia) has an influence on the
postoperative pain assessed on the day of operation as well as the 1st and 2nd postoperative day after Lichtenstein hernioplasty of an inguinal, scrotal or recurrent hernia. In the studied population, we attempted to identify risk factors affecting pain level after surgical repair of an inguinal, scrotal or recurrent hernia.

MATERIALS AND METHODS: During the period between December 2015 and May 2016, 133 patients with preoperative diagnosis of an inguinal (81.95%, n=109), scrotal (13.53%, n=18) or recurrent hernia (4.51%, n=6) underwent an elective intervention and were randomly allocated to the group, which intraoperatively received 20 mL of 0.5% bupivacaine locally in selected anatomical points of the inguinal canal. In the group with preoperative diagnosis of an inguinal hernia, this intervention was applied in 56.88% of cases (n=62). In the case of scrotal or recurrent hernia, a similar intervention was applied in 41.67% (n=10) of patients. During the hospital stay, pain was assessed four times a day using the NRS numeric scale. All patients received preoperative antibiotic prophylaxis, and, during observation, analgesics and low-molecular-weight heparin were used. In the studied group, risk factor were identified, which affect the pain level associated with surgical treatment of an inguinal hernia.

RESULTS: Mean pain level score according to the NRS scale (0-10) for an inguinal hernia was 4.17 on day 0 (standard deviation 2.22; minimum 0; maximum 10). On day 1 - 2.86 (standard deviation 1.86; minimum 0; maximum 8). On day 2 - 0.84 (standard deviation 1.21; minimum 0; maximum 5). The values of those parameters for a scrotal and recurrent hernia were as follows: on day 0 - 3.67 (standard deviation 1.76; minimum 0; maximum 7). On day 1 - 3.79 (standard deviation 1.67; minimum 0; maximum 7). On day 2 - 2.25 (standard deviation 1.54; minimum 0; maximum 4). Intraoperative application of 20 mL 0.5% bupivacaine did not reduce the postoperative pain on the postoperative day 0, 1, 2. Among independent risk factors exacerbating pain, the following variables were identified: local complications of the operated site including edema, ecchymosis and hematoma of the inguinal region. More frequent dressing changes were directly correlated with an increased pain sensation. Postoperative urethral catheterization due to urinary retention was associated with an increased pain immediately after surgery. In the case of intraoperative diagnosis of concurrent direct and indirect hernia (so-called pantaloon hernia), less intense pain was observed on postoperative day 0. Other parameters such as age, sex, duration of operation, duration of hospitalization and wound drainage did not influence the pain sensation.

CONCLUSIONS: Local injection of an analgesic into the operated site was not associated with the reduction of pain assessed on postoperative day 0, 1 and 2 after an isolated inguinal, scrotal or recurrent hernia repair. Pathologies of the operated site such as edema, ecchymosis or hematoma were associated with an increased pain sensations on observation. Also, postoperative urinary retention and urethral catheterization increased the pain sensation after an inguinal hernia repair. A lack of wound complications significantly decreased the pain sensation during the immediate postoperative period after hernia repair.
Myelodysplastic syndrome diagnosed on the occasion of Fournier's gangrene.
Adachi M; Mitsuhashi K; Matsuda H; Watanabe J; Nakanishi K.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28321087
Fournier's gangrene (FG) is a fulminant infective necrotizing fasciitis, which includes the genital, perineal, and perianal regions. A 77-year-old man had previously been diagnosed as having diabetes mellitus (DM) and was treated with pioglitazone (15 mg) and miglitol (150 mg). He developed sudden perineal discomfort, fever with painful penile, and scrotal edema, subsequently leading to urinary retention. According to physical examination and CT scan results for the swollen penis and scrotum, he was diagnosed with FG. FG was eventually controlled by extensive treatment with broad spectrum antibiotics and repeated surgical debridement including penectomy and scrotectomy. He showed persistent anemia and decreased neutrophils exhibiting
hypogranulation. Bone marrow aspiration revealed hypercellularity with 9% myeloblasts, micromegakaryocytes, abnormal leukocyte granulation, and erythrocytic dyspoiesis, leading to a diagnosis of myelodysplastic syndrome (MDS) RAEB-1, and he was evaluated as high risk according to IPSS-R. After 4 courses of azacitidine treatment, he achieved HI-E and had no further recurrence of FG for more than 18 months. Although DM and alcohol misuse are common systemic comorbidities in patients with FG, MDS should be considered in elderly FG cases, even when DM complications are present.

Status
In-Process

Authors Full Name
Adachi, Masaaki; Mitsuhashi, Kimiyoshi; Matsuda, Hiroyuki; Watanabe, Junko; Nakanishi, Katsuya.

Institution
Adachi, Masaaki. Hematology Division, JCHO Sapporo Hokushin Hospital.

Country of Publication
Japan

Date of Publication
2017

Date Created
20170321

Year of Publication
2017

381.
Benefits of preparing for childbirth with mindfulness training: a randomized controlled trial with active comparison.
Duncan LG; Cohn MA; Chao MT; Cook JG; Riccobono J; Bardacke N.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28499376
BACKGROUND: Childbirth fear is linked with lower labor pain tolerance and worse postpartum adjustment. Empirically validated childbirth preparation options are lacking for pregnant women facing this problem. Mindfulness approaches, now widely disseminated, can alleviate symptoms of both chronic and acute pain and improve psychological adjustment, suggesting potential benefit when applied to childbirth education.

METHODS: This study, the Prenatal Education About Reducing Labor Stress (PEARLS) study, is a randomized controlled trial (RCT; n=30) of a short, time-intensive, 2.5-day mindfulness-based childbirth preparation course offered as a weekend workshop, the Mind in Labor (MIL): Working with Pain in Childbirth, based on Mindfulness-Based Childbirth and Parenting (MBCP) education. First-time mothers in the late 3rd trimester of pregnancy were randomized to attend either the MIL course or a standard childbirth preparation course with no mind-body focus. Participants completed self-report assessments pre-intervention, post-intervention, and post-birth, and medical record data were collected.

RESULTS: In a demographically diverse sample, this small RCT demonstrated mindfulness-based childbirth education improved women's childbirth-related appraisals and psychological functioning in comparison to standard childbirth education. MIL program participants showed greater childbirth self-efficacy and mindful body awareness (but no changes in dispositional mindfulness), lower post-course depression symptoms that were maintained through postpartum follow-up, and a trend toward a lower rate of opioid analgesia use in labor. They did not, however, retrospectively report lower perceived labor pain or use epidural less frequently than controls.

CONCLUSIONS: This study suggests mindfulness training carefully tailored to address fear and pain of childbirth may lead to important maternal mental health benefits, including improvements in childbirth-related appraisals and the prevention of postpartum depression symptoms. There is also some indication that MIL participants may use mindfulness coping in lieu of systemic opioid pain medication. A large-scale RCT that captures real-time pain perceptions during labor and length of labor is warranted to provide a more definitive test of these effects.

TRIAL REGISTRATION: The ClinicalTrials.gov identifier for the PEARLS study is: NCT02327559. The study was retrospectively registered on June 23, 2014.

Status
In-Process

Authors Full Name
Duncan, Larissa G; Cohn, Michael A; Chao, Maria T; Cook, Joseph G; Riccobono, Jane; Bardacke, Nancy.

Institution
Duncan, Larissa G. School of Human Ecology, University of Wisconsin-Madison, Madison, Wisconsin, USA. larissa.duncan@wisc.edu. Duncan, Larissa G. Department of Family Medicine
The effectiveness of long-needle acupuncture at acupoints BL30 and BL35 for CP/CPPS: a randomized controlled pilot study.

Zhou M; Yang M; Chen L; Yu C; Zhang W; Ji J; Chen C; Shen X; Ying J.
BACKGROUND: The chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is one of the commonest chronic inflammatory diseases in adult men, for which acupuncture has been used to relieve related symptoms. The present study aimed to evaluate the therapeutic effect of the long-needle acupuncture on CP/CPPS.

METHODS: A randomized traditional acupuncture-controlled single blind study was conducted on 77 patients who were randomized into long-needle acupuncture (LA) and traditional acupuncture (TA) groups. The patients received six sessions of acupuncture for 2 weeks and a follow-up was scheduled at week 24. The primary outcome was measured by the total National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) score at week 2. Four domains of the NIH-CPSI (urination, pain or discomfort, effects of symptoms, and quality of life) and the clinical efficacy score served as the secondary outcome.

RESULTS: The total NIH-CPSI score at week 2 and week 24 was significantly improved in the LA group compared with the TA group. LA significantly improved urination, pain or discomfort, the effects of symptoms, and the quality of life at week 2 and week 24 and patients undergoing LA treatment had a higher clinical efficacy score.

CONCLUSION: Needling at the BL30 and BL35 using LA benefits patients with CP/CPPS.

TRIAL REGISTRATION: The study was registered at the Chinese Clinical Trial Register (ChiCTR-ICR-15006138 ).

Status
In-Process

Author Initials
Ying, Jian; ORCID: http://orcid.org/0000-0003-3609-1568

Authors Full Name
Zhou, Minjie; Yang, Mingyue; Chen, Lei; Yu, Chao; Zhang, Wei; Ji, Jun; Chen, Chi; Shen, Xueyong; Ying, Jian.

Institution
Zhou, Minjie. Shanghai Qigong Research Institute, Shanghai, China. Zhou, Minjie. Shanghai TCM-INTEGRATED Hospital, Shanghai, Shanghai University of Traditional Chinese Medicine, Shanghai, China.

Yang, Mingyue. The Department of Pain Management, Luoyang Central Hospital, Luoyang, China.
Clinical impact of duodenal pancreatic heterotopia - Is there a need for surgical treatment?
Betzler A; Mees ST; Pump J; Scholch S; Zimmermann C; Aust DE; Weitz J; Welsch T; Distler M.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: Pancreatic heterotopia (PH) is defined as ectopic pancreatic tissue outside the normal pancreas and its vasculature and duct system. Most frequently, PH is detected incidentally by histopathological examination. The aim of the present study was to analyze a large single-center series of duodenal PH with respect to the clinical presentation.

METHODS: A prospective pancreatic database was retrospectively analyzed for cases of PH of the duodenum. All pancreatic and duodenal resections performed between January 2000 and October 2015 were included and screened for histopathologically proven duodenal PH. PH was classified according to Heinrich's classification (Type I acini, ducts, and islet cells; Type II acini and ducts; Type III only ducts).

RESULTS: A total of 1274 pancreatic and duodenal resections were performed within the study period, and 67 cases of PH (5.3%) were identified. The respective patients were predominantly male (72%) and either underwent pancreatoduodenectomy (n = 60); a limited pancreas resection with partial duodenal resection (n = 4); distal pancreatectomy with partial duodenal resection (n = 1); total pancreatectomy (n = 1); or enucleation (n = 1). Whereas 65 patients (83.5%) were asymptomatic, 11 patients (18.4%) presented with symptoms related to PH (most frequently with abdominal pain [72%] and duodenal obstruction [55%]). Of those, seven patients (63.6%) had chronic pancreatitis in the heterotopic pancreas. The risk of malignant transformation into adenocarcinoma was 2.9%.

CONCLUSIONS: PH is found in approximately 5% of pancreatic or duodenal resections and is generally asymptomatic. Chronic pancreatitis is not uncommon in heterotopic pancreatic tissue, and even there is a risk of malignant transformation. PH should be considered for the differential diagnosis of duodenal lesions and surgery should be considered, especially in symptomatic cases.
Therapeutic effect of urine-derived stem cells for protamine/lipopolysaccharide-induced interstitial cystitis in a rat model.
Li J; Luo H; Dong X; Liu Q; Wu C; Zhang T; Hu X; Zhang Y; Song B; Li L.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Stem Cell Research & Therapy. 8(1):107, 2017 May 08.
BACKGROUND: Interstitial cystitis (IC) is a chronic inflammation disorder mainly within the submucosal and muscular layers of the bladder. As the cause of IC remains unknown, no effective treatments are currently available. Administration of stem cell provides a potential for treatment of IC.

METHODS: This study was conducted using urine-derived stem cells (USCs) for protamine/lipopolysaccharide (PS/LPS)-induced interstitial cystitis in a rodent model. In total, 60 female Sprague-Dawley rats were randomized into three experimental groups (n=5/group): sham controls; IC model alone; and IC animals intravenously treated with USCs (1.2x10^6 suspended in 0.2 ml phosphate-buffered saline (PBS)).

RESULTS: Our data showed that the bladder micturition function was significantly improved in IC animals intravenously treated with USCs compared to those in the IC model alone group. The amount of antioxidants and antiapoptotic protein biomarkers heme oxygenase (HO)-1, NAD(P)H quinone oxidoreductase (NQO)-1, and Bcl-2 within the bladder tissues were significantly higher in IC animals intravenously treated with USCs and lower in the sham controls group as assessed by Western blot and immunofluorescent staining. In addition, the expression of autophagy-related protein LC3A was significantly higher in the IC model alone group than that in IC animals intravenously treated with USCs. Inflammatory biomarkers and apoptotic biomarkers (interleukin (IL)-6, tumor necrosis factor (TNF)alpha, nuclear factor (NF)-kappaB, caspase 3, and Bax) and the downstream inflammatory and oxidative stress biomarkers (endoplasmic reticulum stress and autophagy-related protein (GRP78, LC3, Beclin1)) in the bladder tissue revealed statistically different results between groups.

CONCLUSIONS: USCs restored the bladder function and histological construction via suppressing oxidative stress, inflammatory reaction, and apoptotic processes in a PS/LPS-induced IC rodent model, which provides potential for treatment of patients with IC.
Etiology, pathophysiology and biomarkers of interstitial cystitis/painful bladder syndrome.

[Review]
Patnaik SS; Lagana AS; Vitale SG; Buttice S; Noventa M; Gizzo S; Valenti G; Rapisarda AMC; La Rosa VL; Magno C; Triolo O; Dandolu V.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
PURPOSE: Interstitial cystitis/painful bladder syndrome (IC/PBS) is a chronic pain syndrome and a chronic inflammatory condition prevalent in women that leads to urgency, sleep disruption, nocturia and pain in the pelvic area, to the detriment of the sufferer's quality of life. The aim of this review is to highlight the newest diagnostic strategies and potential therapeutic techniques.

METHODS: A comprehensive literature review was performed on MEDLINE, PubMed, and Cochrane databases gathering all literature about "Interstitial cystitis" and "Painful Bladder Syndrome". Visual analogue scales, epidemiological strategies, pain questionnaires and similar techniques were not included in this literature survey.

RESULTS: The etiology, exact diagnosis and epidemiology of IC/PBS are still not clearly understood. To date, its prevalence is estimated to be in the range of 45 per 100,000 women and 8 per 100,000 men, whereas joint prevalence in both sexes is 10.6 cases per 100,000. There are no "gold standards" in the diagnosis or detection of IC/PBS, therefore, several etiological theories were investigated, such as permeability, glycosaminoglycans, mast cell, infection and neuroendocrine theory to find new diagnostic strategies and potential biomarkers.

CONCLUSION: Due to the fact that this disease is of an intricate nature, and that many of its symptoms overlap with other concomitant diseases, it could be suggested to classify the patients with emphasis on the phenotype, as well as their symptom clusters, to tailor the diagnostic and management choices according to the observed biomarkers.

Status
In-Process

Author Initials
Lagana, Antonio Simone; ORCID: http://orcid.org/0000-0003-1543-2802

Authors Full Name
Patnaik, Sourav Sanchit; Lagana, Antonio Simone; Vitale, Salvatore Giovanni; Buttice, Salvatore; Noventa, Marco; Gizzo, Salvatore; Valent, Gaetano; Rapisarda, Agnese Maria Chiara; La Rosa, Valentina Lucia; Magno, Carlo; Triolo, Onofrio; Dandolu, Vani.

Institution
Patnaik, Sourav Sanchit. Department of Mechanical Engineering, University of Texas at San Antonio, San Antonio, TX, USA. Lagana, Antonio Simone. Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Via Consolare Valeria 1, 98125, Messina, Italy. antilagana@unime.it.

Vitale, Salvatore Giovanni. Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Via Consolare Valeria 1, 98125, Messina, Italy.
Buttice, Salvatore. Unit of Urology, Department of Human Pathology, University of Messina, Messina, Italy.
Noventa, Marco. Department of Woman and Child Health, University of Padua, Padua, Italy.
Gizzo, Salvatore. Department of Woman and Child Health, University of Padua, Padua, Italy.
Valenti, Gaetano. Department of General Surgery and Medical Surgical Specialties, University of Catania, Catania, Italy.
Rapisarda, Agnese Maria Chiara. Department of General Surgery and Medical Surgical Specialties, University of Catania, Catania, Italy.
La Rosa, Valentina Lucia. Unit of Psychodiagnosics and Clinical Psychology, University of Catania, Catania, Italy.
Magno, Carlo. Unit of Urology, Department of Human Pathology, University of Messina, Messina, Italy.
Triolo, Onofrio. Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Via Consolare Valeria 1, 98125, Messina, Italy.
Dandolu, Vani. Department of Obstetrics and Gynecology, University of Nevada Medical School, Reno, NV, USA.
Country of Publication
Germany
Publication History Status
2017/02/15 [received] 2017/03/30 [accepted]
Date of Publication
2017 Jun
Date Created
20170409
Year of Publication
2017

386.
Activated phosphoinositide 3-kinase delta syndrome presenting with gut-associated T-cell lymphoproliferative disease.
Teranishi H; Ishimura M; Koga Y; Eguchi K; Sonoda M; Kobayashi T; Shiraiishi S; Nakashima K; Ikegami K; Aman M; Yamamoto H; Takada H; Ohga S.
A 13-year-old boy was admitted to our hospital because of persistent diarrhea, abdominal pain, and bloody stools. The patient had experienced repeated hospitalizations for the treatment of respiratory infections since early childhood. Colonoscopic and pathological studies led to a diagnosis of gut-associated T-cell lymphoproliferative disease (T-cell LPD). Laboratory data showed T-lymphocytopenia (492/micro l), increased serum IgG levels (1,984 mg/dl), and low serum antibody titers for specific pathogens. Combined immunodeficiency accompanied by T-LPD suggested the diagnosis of activated PI3Kdelta syndrome (APDS). Genetic analyses identified a heterozygous mutation of the PIK3CD gene (c.1573 G to A p.Glu525Lys). Although prednisolone and cyclosporine therapy has controlled the T-cell LPD, this patient awaits allogeneic hematopoietic cell transplantation to achieve a complete cure of his APDS.
Epidemiology of Cryptosporidium in Pediatric Diarrheal Illnesses.
Dabas A; Shah D; Bhatnagar S; Lodha R.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28474590

CONTEXT: Cryptosporidium spp. is a zoonotic infection, now being recognized as a significant cause of diarrhea in both immunocompetent and immunocompromised hosts. However, there still exist significant knowledge gaps in its estimated global burden, epidemiology, diagnosis and management.

EVIDENCE ACQUISITION: A semi-systematic search was performed across PubMed to select studies on epidemiological burden of cryptosporidium diarrhea using the following keywords-['cryptosporidiosis' OR 'cryptosporidium'] AND ['diarrhea' OR 'diarrhoea']. Articles were included if participants were 'Humans', belonged to pediatric (0-18 y) age group, and were published after 1990. The results were compiled separately for acute and persistent diarrhea.

RESULTS: Cryptosporidium spp is commonly detected in stools of both cases (acute/ persistent diarrhea) and asymptomatic controls. The prevalence is higher in children with diarrhea than non-diarrheal controls (1.7-35% vs 0.3-15%); varying widely across different studies. The positivity rate is higher in younger children (<2 years) suffering from diarrhea. The main symptoms associated with cryptosporidiosis include fever, vomiting and abdominal pain with propensity for prolonged duration of diarrhea. It predisposes to malnutrition, which is also a risk factor for cryptosporidiosis. The prevalence is higher in HIV positive patients; certain socio-demographic factors play a more important role than mere geographical distribution for infection.

CONCLUSION: The high positivity rates during both acute and persistent diarrhea highlights the need to suspect this infection even in immunocompetent children.

Status
In-Process

Authors Full Name
Dabas, Aashima; Shah, Dheeraj; Bhatnagar, Shinjini; Lodha, Rakesh.

Institution
Dabas, Aashima. Departments of Pediatrics, $AIIMS; University College of Medical Sciences and Guru Teg Bahadur Hospital; and *Chacha Nehru Bal Chikitsalaya, Delhi and #Pediatric Biology Center, Translational Health Science and Technology Institute, Faridabad, Haryana; India.

Correspondence to: Dr. Dheeraj Shah, Professor, Department of Pediatrics, University College of
Different clinical presentations of choledochal cyst among infants and older children: A 10-year retrospective study.

Badebarin D; Aslanabadi S; Teimouri-Dereshki A; Jamshidi M; Tarverdizadeh T; Shad K; Ghabili K; Khajir G.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Medicine. 96(17):e6679, 2017 Apr.

[Journal Article]

UI: 28445267

Choledochal cyst is a rare and often benign congenital cystic dilation throughout the biliary tree. Due to the benign nature of choledochal cyst among early-diagnosed patients, the clinical assumption and diagnosis seem to be of utmost significance. Therefore, we sought to assess different clinical manifestations of choledochal cyst and relevant laboratory findings in infants and older children. Retrospectively, medical records of all patients with the diagnosis of choledochal cyst between 2005 and 2015 were reviewed. Demographic data, initial clinical presentation, positive findings on physical examination, history of any remarkable behavior such as persistent and unexplained crying and poor feeding, and diagnostic imaging modalities were listed. In addition, laboratory values for total and direct bilirubin, alkaline phosphatase, alanine transaminase, aspartate transaminase, prothrombin time, and partial thromboplastin time (PTT) were recorded for each patient. Patients were divided into 2 groups; younger than 1-year-old (infants), and 1 year to 18 years old (older children). Demographic data, clinical data, and
laboratory values were compared between the infants and older children. Thirty-two patients with a diagnosis of choledochal cyst were included in the study: 9 patients (28.12%) were infants and 23 patients (71.87%) were older children. Abdominal pain was the most common presenting symptom (62.5%), followed by nausea/vomiting (59.4%) and jaundice (28.1%). None of the patients presented with the classic triad of abdominal pain, jaundice, and right upper quadrant mass. Seventeen older children (73.91%) presented with nausea and vomiting, while 2 subjects (22.22%) in the infantile group presented with this feature (P = .01). Similarly, abdominal pain was found in 20 older children (86.95%); however, none of the infants presented with abdominal pain at diagnosis (P < .001). By contrast, the abdominal mass was more detected in infants than the older children (33.33% vs. 0%, P = .01). In terms of laboratory values, the median PTT was 44 and 36 s in infants and older children, respectively (P = .04). Infants were more likely to present with abdominal mass and older children were more likely to have nausea, vomiting, and abdominal pain. Furthermore, infants had more prolonged PTT than older children, implying a potential bleeding tendency.
Is overactive bladder in the female surgically curable by ligament repair?.

Liedl B; Inoue H; Sekiguchi Y; Haverfield M; Richardson P; Yassourides A; Wagenlehner F.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28461989

INTRODUCTION: Overactive bladder (OAB) symptoms (urge, frequency, nocturia) are not generally considered surgically curable by learning institutions. The Integral Theory hypothesizes that OAB is a prematurely activated, but normal micturition reflex caused by loose suspensory ligaments and potentially curable surgically by repairing such ligaments. To test this hypothesis by surgical repair of loose cardinal and uterosacral ligaments in patients with 2nd degree or greater uterine/apical prolapse.

MATERIAL AND METHODS: Multicenter prospective case control audit. 611 females, mean age 70. Inclusions: symptomatic apical prolapse of 2nd or greater degree, (POPQ stages 2-4), and at least two pelvic symptoms. Exclusions: Comorbid medical problems known to cause chronic pelvic pain (e.g., infection), sphincter tears, neurological bladder conditions. Surgery: minimally invasive cardinal/uterosacral ligament repair using the TFS (Tissue Fixation System). Primary outcome: Uterine prolapse cure; Secondary outcomes; bladder, bowel, and pain symptoms improvement.

RESULTS: 90% prolapse cure in 611 patients. Symptom incidence (% Cure at 12 months in brackets) was: urge incontinence: n = 310 (85%); frequency: n = 317 (83%); nocturia: n = 254 (68%); chronic pelvic pain (CPP): n = 194 (77%); fecal incontinence: n = 93 (65%). Statistics: McNemar x2-tests to test for significant changes in the symptoms' incidence-frequency from baseline (preoperative) to the postoperative phase. For each symptom the null hypothesis H0: P(baseline) = P(12 months after surgery) versus H1: P(baseline) > P(12 months after surgery) was tested, with P indicating prevalence or incidence rate.

CONCLUSIONS: Bladder & bowel incontinence and chronic pelvic pain occur in predictable groupings and are associated with apical prolapse. OAB symptom improvement with the TFS ligament repair provides a good alternative to anticholinergics, especially when considering their association with dementia causation. Application of the Integral Theory System has the potential to significantly improve clinical practice, QoL for ageing women, delaying entry into Nursing Homes and creating new scientific research directions. The take home message is that symptoms of chronic pelvic pain, bladder and bowel dysfunction occur in relatively predictable
groups, caused by lax suspensory ligaments and can be cured or improved by TFS mini sling ligament repair.

Status
PubMed-not-MEDLINE

Authors Full Name
Liedl, Bernhard; Inoue, Hiromi; Sekiguchi, Yuki; Haverfield, Max; Richardson, Peter; Yassourides, Alexander; Wagenlehner, Florian.

Institution
Liedl, Bernhard. Zentrum fur Urogenital Chirurgie BBZ, Fachkliniken Munchen AG, Germany.
Inoue, Hiromi. Urogynaecology Center, Shonan Kamakura General Hospital, Kamakura, Japan.
Inoue, Hiromi. LUNA Pelvic Floor Total Support Clinic, Women's Clinic LUNA Group, Yokohama, Japan.
Sekiguchi, Yuki. LUNA Pelvic Floor Total Support Clinic, Women's Clinic LUNA Group, Yokohama, Japan.
Haverfield, Max. Department of Gynaecology, The Northern Hospital, Melbourne Victoria, Australia.
Richardson, Peter. Department of Health, Medical and Applied Sciences, University of Central Queensland, Australia University of Central Queensland, Australia.
Yassourides, Alexander. Zentrum fur Urogenital Chirurgie BBZ, Fachkliniken Munchen AG, Germany.
Wagenlehner, Florian. Clinic for Urology, Pediatric Urology und Andrology, Justus-Liebig-University Giessen, Germany.

Country of Publication
Poland

Publication History Status
2016/10/23 [received]   2016/11/23 [revised]
2017/01/16 [accepted]

Date of Publication
2017

Date Created
20170502

Year of Publication
2017
Efficacy of transcutaneous electrical nerve stimulation in the treatment of chronic pelvic pain.
Sharma N; Rekha K; Srinivasan JK.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28458478

BACKGROUND: Chronic pelvic pain is prevalent in 2% of women population globally. The etiology is multifactorial. Even in the absence of pelvic pathology, there is a subgroup of women who do not respond to analgesic and anti-inflammatory therapy. Chronic pelvic pain can be inhibited by direct inhibition of impulses in the preganglionic afferent neuron by closing the hypothetical gate in the dorsal horn of the spinal cord. Transcutaneous electrical nerve stimulation (TENS) is based on the gate control theory of abolishing the painful stimuli by providing simultaneous inputs in larger myelinated nerve fibers.

AIMS AND OBJECTIVES: This study was designed to assess the effectiveness and safety of TENS in idiopathic chronic pelvic pain.

METHODS: It is a prospective, experimental study to evaluate the effectiveness of TENS versus placebo in reducing pain severity in chronic pelvic pain (G1 = 30, G2 = 32, G3 = 30, and G0 = 30). Patients with chronic pelvic pain due to benign lesions of genital tract, gastrointestinal, and renal disorders were excluded from the study after performing an ultrasound study of abdomen and pelvis. Ten treatment sessions (5 sessions/week) of 30 min were conducted.

OBSERVATIONS AND RESULTS: There was a significant improvement in pain scores in TENS group as compared with control group, and two patients were completely pain free following TENS therapy.

CONCLUSION: In women patients with idiopathic chronic pelvic pain, TENS can be a useful intervention. TENS units are safe, economical, and easily commercially available.

Status
In-Data-Review

Authors Full Name
Sharma, Nidhi; Rekha, Kaja; Srinivasan, Jayashree K.

Institution
Sharma, Nidhi. Department of Obstetrics and Gynaecology, Saveetha Medical College, Saveetha University, Chennai, Tamil Nadu, India. Rekha, Kaja. Department of Physiotherapy, Saveetha University, Chennai, Tamil Nadu, India.

Geneen LJ; Moore RA; Clarke C; Martin D; Colvin LA; Smith BH.

BACKGROUND: Chronic pain is defined as pain lasting beyond normal tissue healing time, generally taken to be 12 weeks. It contributes to disability, anxiety, depression, sleep disturbances, poor quality of life, and healthcare costs. Chronic pain has a weighted mean prevalence in adults of 20%. For many years, the treatment choice for chronic pain included recommendations for rest and inactivity. However, exercise may have specific benefits in reducing the severity of chronic pain, as well as more general benefits associated with improved overall physical and mental health, and physical functioning. Physical activity and exercise programmes are increasingly being promoted and offered in various healthcare systems, and for a variety of chronic pain conditions. It is therefore important at this stage to establish the efficacy and safety of these programmes, and furthermore to address the critical factors that determine their success or failure.

OBJECTIVES: To provide an overview of Cochrane Reviews of adults with chronic pain to determine (1) the effectiveness of different physical activity and exercise interventions in reducing...
pain severity and its impact on function, quality of life, and healthcare use; and (2) the evidence for any adverse effects or harm associated with physical activity and exercise interventions.

METHODS: We searched the Cochrane Database of Systematic Reviews (CDSR) on the Cochrane Library (CDSR 2016, Issue 1) for systematic reviews of randomised controlled trials (RCTs), after which we tracked any included reviews for updates, and tracked protocols in case of full review publication until an arbitrary cut-off date of 21 March 2016 (CDSR 2016, Issue 3). We assessed the methodological quality of the reviews using the AMSTAR tool, and also planned to analyse data for each painful condition based on quality of the evidence. We extracted data for (1) self-reported pain severity, (2) physical function (objectively or subjectively measured), (3) psychological function, (4) quality of life, (5) adherence to the prescribed intervention, (6) healthcare use/attendance, (7) adverse events, and (8) death. Due to the limited data available, we were unable to directly compare and analyse interventions, and have instead reported the evidence qualitatively.

MAIN RESULTS: We included 21 reviews with 381 included studies and 37,143 participants. Of these, 264 studies (19,642 participants) examined exercise versus no exercise/minimal intervention in adults with chronic pain and were used in the qualitative analysis. Pain conditions included rheumatoid arthritis, osteoarthritis, fibromyalgia, low back pain, intermittent claudication, dysmenorrhoea, mechanical neck disorder, spinal cord injury, postpolio syndrome, and patellofemoral pain. None of the reviews assessed ‘chronic pain’ or ‘chronic widespread pain’ as a general term or specific condition. Interventions included aerobic, strength, flexibility, range of motion, and core or balance training programmes, as well as yoga, Pilates, and tai chi. Reviews were well performed and reported (based on AMSTAR), and included studies had acceptable risk of bias (with inadequate reporting of attrition and reporting biases). However the quality of evidence was low due to participant numbers (most included studies had fewer than 50 participants in total), length of intervention and follow-up (rarely assessed beyond three to six months). We pooled the results from relevant reviews where appropriate, though results should be interpreted with caution due to the low quality evidence. Pain severity: several reviews noted favourable results from exercise: only three reviews that reported pain severity found no statistically significant changes in usual or mean pain from any intervention. However, results were inconsistent across interventions and follow-up, as exercise did not consistently bring about a change (positive or negative) in self-reported pain scores at any single point. Physical function: was the most commonly reported outcome measure. Physical function was significantly improved as a result of the intervention in 14 reviews, though even these statistically significant results had only small-to-moderate effect sizes (only one review reported large effect sizes). Psychological function and quality of life: had variable results: results were either favourable to exercise (generally small and moderate effect size, with two reviews reporting significant, large effect sizes for quality of life), or showed no difference between groups. There were no negative effects.
Adherence to the prescribed intervention: could not be assessed in any review. However, risk of withdrawal/dropout was slightly higher in the exercising group (82.8/1000 participants versus 81/1000 participants), though the group difference was non-significant. Healthcare use/attendance: was not reported in any review. Adverse events, potential harm, and death: only 25% of included studies (across 18 reviews) actively reported adverse events. Based on the available evidence, most adverse events were increased soreness or muscle pain, which reportedly subsided after a few weeks of the intervention. Only one review reported death separately to other adverse events: the intervention was protective against death (based on the available evidence), though did not reach statistical significance.

AUTHORS’ CONCLUSIONS: The quality of the evidence examining physical activity and exercise for chronic pain is low. This is largely due to small sample sizes and potentially underpowered studies. A number of studies had adequately long interventions, but planned follow-up was limited to less than one year in all but six reviews. There were some favourable effects in reduction in pain severity and improved physical function, though these were mostly of small-to-moderate effect, and were not consistent across the reviews. There were variable effects for psychological function and quality of life. The available evidence suggests physical activity and exercise is an intervention with few adverse events that may improve pain severity and physical function, and consequent quality of life. However, further research is required and should focus on increasing participant numbers, including participants with a broader spectrum of pain severity, and lengthening both the intervention itself, and the follow-up period.

Status
In-Process

Authors Full Name
Geneen, Louise J; Moore, R Andrew; Clarke, Clare; Martin, Denis; Colvin, Lesley A; Smith, Blair H.

Institution
Geneen, Louise J. Division of Population Health Sciences, University of Dundee, Dundee, UK.
Moore, R Andrew. Pain Research and Nuffield Department of Clinical Neurosciences (Nuffield Division of Anaesthetics), University of Oxford, Pain Research Unit, Churchill Hospital, Oxford, Oxfordshire, UK, OX3 7LE.
Clarke, Clare. Division of Population Health Sciences, University of Dundee, Ninewells Hospital & Medical School, Kirsty Semple Way, Dundee, UK, DD2 4DB.
Martin, Denis. Institute of Health and Social Care, Teesside University, Parkside, Middlesbrough, UK, TS1 3BA.
Colvin, Lesley A. Anaesthesia & Pain Medicine, University of Edinburgh, Western General Hospital, Edinburgh, UK.
Smith, Blair H. Division of Population Health Sciences, University of Dundee, Dundee, UK.
BACKGROUND: The treatment of people with acute abdominal pain differs if they have acute pancreatitis. It is important to know the diagnostic accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase for the diagnosis of acute pancreatitis, so that an informed decision can be made as to whether the person with abdominal pain has acute pancreatitis. There is currently no Cochrane review of the diagnostic test accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase for the diagnosis of acute pancreatitis.

OBJECTIVES: To compare the diagnostic accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase, either alone or in combination, in the diagnosis of acute pancreatitis in people with acute onset of a persistent, severe epigastric pain or diffuse abdominal pain.

SEARCH METHODS: We searched MEDLINE, Embase, Science Citation Index Expanded, National Institute for Health Research (NIHR HTA and DARE), and other databases until March 2017. We searched the references of the included studies to identify additional studies. We did not restrict studies based on language or publication status, or whether data were collected.
prospectively or retrospectively. We also performed a ‘related search’ and ‘citing reference’
search in MEDLINE and Embase.

SELECTION CRITERIA: We included all studies that evaluated the diagnostic test accuracy of
serum amylase, serum lipase, urinary trypsinogen-2, and urinary amylase for the diagnosis of
acute pancreatitis. We excluded case-control studies because these studies are prone to bias.
We accepted any of the following reference standards: biopsy, consensus conference definition,
radiological features of acute pancreatitis, diagnosis of acute pancreatitis during laparotomy or
autopsy, and organ failure. At least two review authors independently searched and screened the
references located by the search to identify relevant studies.

DATA COLLECTION AND ANALYSIS: Two review authors independently extracted data from the
included studies. The thresholds used for the diagnosis of acute pancreatitis varied in the trials,
resulting in sparse data for each index test. Because of sparse data, we used -2 log likelihood
values to determine which model to use for meta-analysis. We calculated and reported the
sensitivity, specificity, post-test probability of a positive and negative index test along with 95%
confidence interval (CI) for each cutoff, but have reported only the results of the recommended
cutoff of three times normal for serum amylase and serum lipase, and the manufacturer-
recommended cutoff of 50 mg/mL for urinary trypsinogen-2 in the abstract.

MAIN RESULTS: Ten studies including 5056 participants met the inclusion criteria for this review
and assessed the diagnostic accuracy of the index tests in people presenting to the emergency
department with acute abdominal pain. The risk of bias was unclear or high for all of the included
studies. The study that contributed approximately two-thirds of the participants included in this
review was excluded from the results of the analysis presented below due to major concerns
about the participants included in the study. We have presented only the results where at least
two studies were included in the analysis. Serum amylase, serum lipase, and urinary trypsinogen-
2 at the standard threshold levels of more than three times normal for serum amylase and serum
lipase, and a threshold of 50 ng/mL for urinary trypsinogen-2 appear to have similar sensitivities
(0.72 (95% CI 0.59 to 0.82); 0.79 (95% CI 0.54 to 0.92); and 0.72 (95% CI 0.56 to 0.84),
respectively) and specificities (0.93 (95% CI 0.66 to 0.99); 0.89 (95% CI 0.46 to 0.99); and 0.90
(95% CI 0.85 to 0.93), respectively). At the median prevalence of 22.6% of acute pancreatitis in
the studies, out of 100 people with positive test, serum amylase (more than three times normal),
serum lipase (more than three times normal), and urinary trypsinogen (more than 50 ng/mL), 74
(95% CI 33 to 94); 68 (95% CI 21 to 94); and 67 (95% CI 57 to 76) people have acute
pancreatitis, respectively; out of 100 people with negative test, serum amylase (more than three
times normal), serum lipase (more than three times normal), and urinary trypsinogen (more than
50 ng/mL), 8 (95% CI 5 to 12); 7 (95% CI 3 to 15); and 8 (95% CI 5 to 13) people have acute
pancreatitis, respectively. We were not able to compare these tests formally because of sparse
data.
AUTHORS' CONCLUSIONS: As about a quarter of people with acute pancreatitis fail to be diagnosed as having acute pancreatitis with the evaluated tests, one should have a low threshold to admit the patient and treat them for acute pancreatitis if the symptoms are suggestive of acute pancreatitis, even if these tests are normal. About 1 in 10 patients without acute pancreatitis may be wrongly diagnosed as having acute pancreatitis with these tests, therefore it is important to consider other conditions that require urgent surgical intervention, such as perforated viscus, even if these tests are abnormal. The diagnostic performance of these tests decreases even further with the progression of time, and one should have an even lower threshold to perform additional investigations if the symptoms are suggestive of acute pancreatitis.

Status
In-Process

Authors Full Name
Rompianesi, Gianluca; Hann, Angus; Komolafe, Oluyemi; Pereira, Stephen P; Davidson, Brian R; Gurusamy, Kurinchi Selvan.

Institution
Rompianesi, Gianluca. International Doctorate School in Clinical and Experimental Medicine, University of Modena and Reggio Emilia, Modena, Italy. Hann, Angus. Royal Free Hospital, London, UK.
Pereira, Stephen P. UCL Institute for Liver and Digestive Health, Royal Free Hospital Campus, Upper 3rd Floor, London, UK, NW3 2PF.
Davidson, Brian R. Department of Surgery, Royal Free Campus, UCL Medical School, Pond Street, London, UK, NW3 2QG.
Gurusamy, Kurinchi Selvan. Department of Surgery, Royal Free Campus, UCL Medical School, Pond Street, London, UK, NW3 2QG.

Country of Publication
England

Date of Publication
2017 Apr 21
Date Created
20170421
Year of Publication
2017
The role of flower pollen extract in managing patients affected by chronic prostatitis/chronic pelvic pain syndrome: a comprehensive analysis of all published clinical trials.

Cai T; Verze P; La Rocca R; Anceschi U; De Nunzio C; Mirone V.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28431537

BACKGROUND: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is still a challenge to manage for all physicians. We feel that a summary of the current literature and a systematic review to evaluate the therapeutic efficacy of flower pollen extract would be helpful for physicians who are considering a phytotherapeutic approach to treating patients with CP/CPPS.

METHODS: A comprehensive search of the PubMed and Embase databases up to June 2016 was performed. This comprehensive analysis included both pre-clinical and clinical trials on the role of flower pollen extract in CP/CPPS patients. Moreover, a meta-analysis of available randomized controlled trials (RCTs) was performed. The NIH Chronic Prostatitis Symptom Index (NIH-CPSI) and Quality of Life related questionnaires (QoL) were the most commonly used tools to evaluate the therapeutic efficacy of pollen extract.

RESULTS: Pre-clinical studies demonstrated the anti-inflammatory and anti-proliferative role of pollen extract. 6 clinical, non-controlled studies including 206 patients, and 4 RCTs including 384 patients were conducted. The mean response rate in non-controlled studies was 83.6% (62.2%-96.0%). The meta-analysis revealed that flower pollen extract could significantly improve patients' quality of life [OR 0.52 (0.34-.0.81); p=0.02]. No significant adverse events were reported.

CONCLUSION: Most of these studies presented encouraging results in terms of variations in NIH-CPSI and QoL scores. These studies suggest that the use of flower pollen extract for the management of CP/CPPS patients is beneficial. Future publications of robust evidence from additional RCTs and longer-term follow-up would provide more support encouraging the use of flower pollen extracts for CP/CPPS patients.

Status

In-Process

Author Initials

Cai, Tommaso; ORCID: http://orcid.org/0000-0002-7234-3526

Authors Full Name

Cai, Tommaso; Verze, Paolo; La Rocca, Roberto; Anceschi, Umberto; De Nunzio, Cosimo; Mirone, Vincenzo.
OBJECTIVE: Chronic pain is now recognized as a neural disease, which results from a maladaptive functional and structural transformation process occurring over time. In its chronic phase, pain is not just a symptom but also a disease entity. Therefore, pain must be properly addressed, as many patients still report unsatisfactory pain control despite on-going treatment. The selection of the therapy - taking into account the pathophysiological mechanisms of pain -
and the right timing can result in a successful analgesic outcome. This review will present the functional and structural modifications leading to chronification of pain, focusing on the role of tapentadol in this setting.

MATERIALS AND METHODS: For inclusion in this review, research studies were retrieved via a keyword-based query of multiple databases (MEDLINE, Embase, Cochrane). The search was last updated in November 2016; no limitations were applied.

RESULTS: Functional and structural abnormalities of the nervous system associated with pain chronification have been reported in several conditions, including osteoarthritis, chronic back pain, chronic pelvic pain and fibromyalgia. Correct identification and treatment of pain in recurrent/progressive stage is crucial to prevent chronification and related changes in neural structures. Among analgesic drugs, tapentadol, with its dual mechanism of action (opioid agonist and noradrenaline reuptake blocker), has recently resulted active in pain control at both central and spinal level.

CONCLUSIONS: Tapentadol represents a suitable candidate for patients at early progressive stage of pain who have developed neuroplasticity with modification of pain pathways. The availability of different doses of tapentadol may help clinicians to tailor treatment based on the individual need of each patient, with the aim to enhance therapeutic appropriateness in the treatment of musculoskeletal and neuropathic pain.
Protocol for a placebo-controlled, within-participants crossover trial evaluating the efficacy of intranasal oxytocin to improve pain and function among women with chronic pelvic musculoskeletal pain.

Rash JA; Toivonen K; Robert M; Nasr-Esfahani M; Jarrell JF; Campbell TS.

INTRODUCTION: This protocol presents the rationale and design for a trial evaluating the efficacy of intranasal oxytocin in improving pain and function among women with chronic pelvic musculoskeletal pain. Oxytocin is a neuropeptide traditionally recognised for involvement in labour, delivery and lactation. Novel evidence suggests that oxytocin decreases pain sensitivity in humans. While oxytocin administration has been reported to lower pain sensitivity among patients experiencing chronic back pain, headache, constipation and colon pain, no research has evaluated the association between intranasal oxytocin and chronic pelvic musculoskeletal pain. The association between oxytocin and pain may differ in women with chronic pelvic musculoskeletal pain relative to other chronic pain conditions because of the abundance of oxytocin receptors in the uterus.

METHODS AND ANALYSIS: This is a prospective, randomised, placebo-controlled, double-blind, within-participants crossover trial. 50 women with chronic pelvic musculoskeletal pain will be recruited through a local chronic pain centre and gynaecology clinics. Women will complete baseline measures and be randomised to an experimental or control condition that involve 2 weeks of self-administering twice-daily doses of 24 IU intranasal oxytocin or placebo, respectively. Women will then undergo a 2-week washout period before crossing over to receive the condition that they had not yet received. The primary outcome will be pain and function measured using the Brief Pain Inventory-Short Form. Secondary outcomes include emotional function, sleep disturbance and global impression of change. This trial will provide data on the 14-day safety and side-effect profile of intranasal oxytocin self-administered as an adjuvant treatment for chronic pelvic musculoskeletal pain.

ETHICS AND DISSEMINATION: This trial was granted approval from Health Canada and the University of Calgary Conjoint Health Research Ethics Board, and is registered online at
ClinicalTrials.gov (#NCT02888574). Results will be disseminated to healthcare professionals through peer-reviewed publications and to the general public through press releases.

TRIAL REGISTRATION NUMBER: NCT02888574; Pre-results.

Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/.

Status
In-Process

Authors Full Name
Rash, Joshua A; Toivonen, Kirsti; Robert, Magali; Nasr-Esfahani, Maryam; Jarrell, John F;
Campbell, Tavis S.

Institution
Rash, Joshua A. Department of Psychology, University of Calgary, Calgary, Alberta, Canada.
Rash, Joshua A. Department of Psychology, Memorial University of Newfoundland, St. John's, Newfoundland, Canada.
Toivonen, Kirsti. Department of Psychology, University of Calgary, Calgary, Alberta, Canada.
Robert, Magali. Department of Obstetrics and Gynecology, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada.
Nasr-Esfahani, Maryam. Department of Obstetrics and Gynecology, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada.
Jarrell, John F. Department of Obstetrics and Gynecology, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada.
Campbell, Tavis S. Department of Psychology, University of Calgary, Calgary, Alberta, Canada.

Country of Publication
England

Date of Publication
2017 Apr 16

Date Created
20170418

Year of Publication
2017
The cannabinoid hyperemesis syndrome (CHS) and the cyclic vomiting syndrome in adults (CVS) are both characterized by recurrent episodes of heavy nausea, vomiting and frequently abdominal pain. Both syndromes are barely known among physicians. Literature is inconsistent concerning clinical features which enable differentiation between CVS and CHS. We performed a literature review using the LIVIVO search portal for life sciences to develop a pragmatic approach towards these two syndromes. Our findings indicate that complete and persistent resolution of all symptoms of the disease following cannabis cessation is the only reliable criterion applicable to distinguish CHS from CVS. Psychiatric comorbidities (e.g. panic attacks, depression), history of migraine attacks and rapid gastric emptying may serve as supportive criteria for the diagnosis of CVS. Compulsive bathing behaviour, a clinical observation previously attributed only to CHS patients is equally present in CVS patients. Long-term follow-up is essential in order to clearly separate CHS from CVS. However, long-term follow-up of CVS and CHS cases is seldom. We provide a standard operating procedure applicable to a broad spectrum of health care facilities which addresses the major issues of CVS and CHS: awareness, diagnosis, treatment, and follow-up.

Language: German

Publication History Status
2016/12/27 [received] 2017/02/10 [revised]

Date of Publication
2017

Date Created
20170412

Year of Publication
2017

397.

Cocktail treatment with EGFR-specific and CD133-specific chimeric antigen receptor-modified T cells in a patient with advanced cholangiocarcinoma.

Feng KC; Guo YL; Liu Y; Dai HR; Wang Y; Lv HY; Huang JH; Yang QM; Han WD.
BACKGROUND: Cholangiocarcinoma (CCA) is one of the most fatal malignant tumors with increasing incidence, mortality, and insensitivity to traditional chemo-radiotherapy and targeted therapy. Chimeric antigen receptor-modified T cell (CART) immunotherapy represents a novel strategy for the management of many malignancies. However, the potential of CART therapy in treating advanced unresectable/metastatic CCA is uncharted so far.

CASE PRESENTATION: In this case, a 52-year-old female who was diagnosed as advanced unresectable/metastatic CCA and resistant to the following chemotherapy and radiotherapy was treated with CART cocktail immunotherapy, which was composed of successive infusions of CART cells targeting epidermal growth factor receptor (EGFR) and CD133, respectively. The patient finally achieved an 8.5-month partial response (PR) from the CART-EGFR therapy and a 4.5-month-lasting PR from the CART133 treatment. The CART-EGFR cells induced acute infusion-related toxicities such as mild chills, fever, fatigue, vomiting and muscle soreness, and a 9-day duration of delayed lower fever, accompanied by escalation of IL-6 and C reactive protein (CRP), acute increase of glutamic-pyruvic transaminase and glutamic-oxalacetic transaminase, and grade 2 lichen striatus-like skin pathological changes. The CART133 cells induced an intermittent upper abdominal dull pain, chills, fever, and rapidly deteriorative grade 3 systemic subcutaneous hemorrhages and congestive rashes together with serum cytokine release, which needed emergent medical intervention including intravenous methylprednisolone.

CONCLUSIONS: This case suggests that CART cocktail immunotherapy may be feasible for the treatment of CCA as well as other solid malignancys; however, the toxicities, especially the epidermal/endothelial damages, require a further investigation.

TRIAL REGISTRATION: ClinicalTrials.gov NCT01869166 and NCT02541370.

Status
In-Data-Review

Authors Full Name
Feng, Kai-Chao; Guo, Ye-Lei; Liu, Yang; Dai, Han-Ren; Wang, Yao; Lv, Hai-Yan; Huang, Jian-Hua; Yang, Qing-Ming; Han, Wei-Dong.

Institution
Feng, Kai-Chao. Department of Bio-therapeutic, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China. Guo, Ye-Lei. Department of Immunology, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China.
Liu, Yang. Department of Geriatric Hematology, Chinese PLA General Hospital, Beijing, China.
Dai, Han-Ren. Department of Immunology, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China.
Wang, Yao. Department of Immunology, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China.
Lv, Hai-Yan. Department of Immunology, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China.
Huang, Jian-Hua. Department of Immunology, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China.
Yang, Qing-Ming. Department of Bio-therapeutic, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China.
Han, Wei-Dong. Department of Bio-therapeutic, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China. hanwdrsw69@yahoo.com.
Han, Wei-Dong. Department of Immunology, Institute of Basic Medicine, Chinese PLA General Hospital, No. 28 Fuxing Road, Beijing, 100853, China. hanwdrsw69@yahoo.com.

Country of Publication
England
Publication History Status
2016/10/17 [received] 2016/12/16 [accepted]
Date of Publication
2017 Jan 05
Date Created
20170106
Year of Publication
2017

398.
Efficacy and safety of Entoban for the treatment of chronic diarrhea.
Shakeel S; Usmanghani K; Asif HM.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28375094

The current randomized clinical trial was conducted to assess the safety and effectiveness of Entoban for treating patients of chronic diarrhea. The study enrolled 150 patients fulfilling the inclusion criteria, among them 95 were males and 55 were females. Written informed consent was obtained from all study participants. Metronidazole tablets (400 mg) were used in a control group for 7-10 days. The test group received Entoban capsule 400mg every 8 hours for five days. Primary outcome of the study was daily bowel frequency evaluation; the secondary outcome was evaluation of clinical symptoms including abdominal pain, distention, stool consistency and sensation of incomplete evacuation. The study is registered at (https://register.clinicaltrials.gov) having registration number NCT02642250. In an intention-to-treat (ITT) analysis, it has been observed that 39(84.78%) in test group and 37(78.72%) in control group showed complete improvement. Participants in the test group exhibited a marked reduction in symptoms; the symptom score was decreased from 3 (maximum) to 1 (minimum) or 0 (absent) in most of participants. Major difference was observed regarding side effects reported between two treatment groups (p value <0.0001). Entoban possesses considerable therapeutic efficacy for the treatment of chronic diarrhea analogous with the conventional Metronidazole therapy.

Status
In-Data-Review

Authors Full Name
Shakeel, Sadia; Usmanghani, Khan; Asif, Hafiz Muhammad.

Institution
Shakeel, Sadia. Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan.
Usmanghani, Khan. Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan.
Asif, Hafiz Muhammad. University College of Conventional Medicine, Faculty of Pharmacy & Alternative Medicine, Islamia University of Bahawalpur, Pakistan.

Country of Publication
Pakistan

Date of Publication
2016 Nov

Date Created
20170404

Year of Publication
2016
Severe chronic norovirus diarrheal disease in transplant recipients: Clinical features of an under-recognized syndrome.

Avery RK; Lonze BE; Kraus ES; Marr KA; Montgomery RA.

BACKGROUND: Norovirus (NV) infection has been reported as a cause of severe chronic diarrhea in transplant recipients, but this entity remains under-recognized in clinical practice, leading to diagnostic delays. Transplant clinicians should become familiar with this syndrome in order to facilitate early detection and management.

METHODS: Demographic, clinical, and outcomes variables were summarized from a series of transplant recipients with positive stool NV reverse transcription polymerase chain reaction (RT-PCR) assays at Johns Hopkins in 2013-2014. Factors associated with longer duration of symptoms were compared using random forest analysis.

RESULTS: Thirty-one of 193 (16%) transplant recipients who were tested for NV had positive stool RT-PCRs. Symptoms included diarrhea (100%), nausea/vomiting (58%), abdominal pain (52%), and wasting (35%). Acute kidney injury occurred in 23%, and persisted in 21% after 6 months. Median duration of diarrheal symptoms was 4 months (range, <1-20) and 11/31 (35.4%) patients had relapses after improvement. Wasting, incompatible kidney transplant status, and plasmapheresis were associated with longer diarrhea durations. Treatments included nitazoxanide (in 74%), reduction of immunosuppression (58%), and intravenous immunoglobulin (32%). Six patients died, but no deaths were attributed to NV.

CONCLUSIONS: It is important for clinicians to recognize that NV can cause severe chronic diarrhea in transplant recipients. In this series, receipt of a human leukocyte antigen- and/or blood type-incompatible kidney transplant, and plasmapheresis were associated with longer symptom duration.

Copyright © 2017 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

Status
In-Process

Authors Full Name
Avery, Robin K; Lonze, Bonnie E; Kraus, Edward S; Marr, Kieren A; Montgomery, Robert A.

Institution
Chlamydia trachomatis Genital Infections. [Review]
O'Connell CM; Ferone ME.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Microbial Cell. 3(9):390-403, 2016 Sep 05.
[Journal Article. Review]
UI: 28357377

Etiology, transmission and protection: Chlamydia trachomatis is the leading cause of bacterial sexually transmitted infection (STI) globally. However, C. trachomatis also causes trachoma in endemic areas, mostly Africa and the Middle East, and is a leading cause of preventable blindness worldwide. Epidemiology, incidence and prevalence: The World Health Organization
estimates 131 million new cases of C. trachomatis genital infection occur annually. Globally, infection is most prevalent in young women and men (14-25 years), likely driven by asymptomatic infection, inadequate partner treatment and delayed development of protective immunity. Pathology/Symptomatology: C. trachomatis infects susceptible squamocolumnar or transitional epithelial cells, leading to cervicitis in women and urethritis in men. Symptoms are often mild or absent but ascending infection in some women may lead to Pelvic Inflammatory Disease (PID), resulting in reproductive sequelae such as ectopic pregnancy, infertility and chronic pelvic pain. Complications of infection in men include epididymitis and reactive arthritis. Molecular mechanisms of infection: Chlamydiae manipulate an array of host processes to support their obligate intracellular developmental cycle. This leads to activation of signaling pathways resulting in disproportionate influx of innate cells and the release of tissue damaging proteins and pro-inflammatory cytokines. Treatment and curability: Uncomplicated urogenital infection is treated with azithromycin (1 g, single dose) or doxycycline (100 mg twice daily x 7 days). However, antimicrobial treatment does not ameliorate established disease. Drug resistance is rare but treatment failures have been described. Development of an effective vaccine that protects against upper tract disease or that limits transmission remains an important goal.

Status
In-Data-Review

Authors Full Name
O'Connell, Catherine M; Ferone, Morgan E.

Institution
O'Connell, Catherine M. Department of Pediatrics, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA. Ferone, Morgan E. Department of Pediatrics, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.

Country of Publication
Austria

Date of Publication
2016 Sep 05

Date Created
20170330

Year of Publication
2016
Giardia-filled Pancreatic Mass in a Patient With Recently Treated T-cell-rich B-cell Lymphoma.

Shah R; Asif T; Johnson R.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

Available at: 28348938

Giardia lamblia (G. lamblia)-filled pancreatic masses are a rarely reported entity. Furthermore, there are only a few case reports in literature on the association of these masses with cancer. We present a case of a G. lamblia-filled pancreatic cystic mass in a patient with a history of T-cell-rich B-cell lymphoma. The authors performed a PubMed search using (Medical Subject Headings) MeSH terms of pancreas, mass, Giardia, and lymphoma. A 53-year-old male with past medical and surgical history of T-cell-rich B-cell lymphoma, status post R-CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone plus rituximab) therapy with positron emission tomography (PET) scan showing no residual disease, essential hypertension, and alcohol use disorder presented to the emergency department (ED) with epigastric pain and nausea for one week. Computed tomography (CT) scan of the abdomen showed a 2.3 cm hypodense pancreatic cystic mass. This was a new finding when compared to his prior abdominal imaging. Fine needle aspiration (FNA) biopsy of the mass showed lymphocytes, reactive atypical epithelial cells, and numerous organisms consistent with Giardia lamblia. He was treated with metronidazole 250 mg by mouth three times a day (TID) for five days. Follow-up magnetic resonance imaging (MRI) and magnetic resonance cholangiopancreatography (MRCP) showed complete resolution of the pancreatic mass. There are only a few case reports on G. lamblia in the pancreas. The pathologist indicated sheets of numerous Giardia in the sample, making small bowel contamination less likely and G. lamblia aspirate from the pancreas more probable as the source. The authors hypothesize that this patient may have had chronic G. lamblia infection as a potential cause for the T-cell-rich B-cell lymphoma manifestation. The patient reported travel to an area with possible exposure to G. lamblia one year prior to presentation with the lymphoma. During that time he had increasing abdominal pain, intermittent chronic diarrhea, and weight loss. G. lamblia's mechanism of action has been theorized to involve induction of pro-apoptotic factors, intestinal barrier dysfunction, up-regulation of cell-cycle genes, and crypt hyperplasia. The mechanism of action of pancreatic masses filled with G. lamblia and the association of G. lamblia and cancer is not completely understood. Further research is required to better understand these possible phenomena as it can help us better comprehend G. lamblia, its associations, and new cancer etiologies.
402.
Psychological aspects of Recurrent Abdominal Pain Syndrome in children.
Moayedi A; Moayedi F.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28316707

Introduction. Intermittent visceral distress syndrome is described as "at least three scenes of visceral distress, sufficiently severe to hinder their actions over a time longer than 3 months, continuing from the preceding year". Organic factors causing abdominal pain are rare, so most of the children with an intermittent visceral distress are designated to have a functional abdominal pain. This study was designed to evaluate psychological problems such as anxiety and distress in children with functional intestinal distress. Method. 120 children (50 boys and 70 girls) with an age range of 5-18 years, who complained of abdominal pain among other things, were included in this cross-sectional case-control study (forty with an organic etiology, 38 diagnosed as RAPS and 42 healthy controls). Revised Children's Manifest Anxiety Scale (RCMAS) questionnaire and
Depression Self-Rated Scale (DSRS) questionnaire were used to determine the level of anxiety. A 28-question General Health Questionnaire (GHQ-28) was also used to investigate the general mental health of their mothers. Result. In the present study, organic and functional etiology of abdominal pain was significantly different with regard to the anxiety score. However, this was not seen as far as depression was concerned. The total GHQ score of mothers was not significantly different between the three groups. ANOVA was used to compare groups. Conclusion. As shown in the present study, that is consistent with most other studies, psychological factors were seen in RAP and need a more in depth investigation to be resolved.

Status
PubMed-not-MEDLINE

Authors Full Name
Moayedi, A; Moayedi, F.

Institution
Moayedi, A. Department of Pediatrics, Clinical Research Development Center of Children Hospital, Hormozgan University of Medical Sciences, Bandar Abbas, Iran. Moayedi, F. Department of Psychiatry, Behavioral and Neurosciences Research Center, Hormozgan University of Medical Sciences, Bandar Abbas, Iran.

Country of Publication
Romania

Date of Publication
2015

Date Created
20170320

Year of Publication
2015

403.

Transanal Irrigation for Refractory Chronic Idiopathic Constipation: Patients Perceive a Safe and Effective Therapy.
Etherson KJ; Minty I; Bain IM; Cundall J; Yiannakou Y.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Background. Transanal irrigation (TAI) can successfully treat neurogenic bowel dysfunction (NBD), but patient perception of its use in chronic idiopathic constipation (CIC) is unknown. Objective. To evaluate patient perceptions of the efficacy and safety of TAI for CIC and whether there are predictive factors of perceived treatment response. Methods. Prospective data collection of baseline physiology and symptom severity; retrospective evaluation of efficacy and safety perceptions using a snapshot survey. All patients fulfilling the Rome III criteria for functional constipation with chronic idiopathic aetiology were included. The main outcome measure was the duration of patients' usage of TAI. Results. 102 patients reported 21,476 irrigations over 119 patient years, with a mean duration of therapy use of 60.5 weeks [SD 73.2; SE 7.3]. Overall symptom improvement included general well-being (65%), rectal clearance (63%), bloating (49%), abdominal pain (48%), and bowel frequency (42%). 68 patients (67%) were "moderately better" or "very much better" on a satisfaction question. Reported complications were minor. No correlation was demonstrated between duration of therapy use and baseline measures. Conclusion. A significant proportion of CIC sufferers use TAI as a long-term or bridging therapy and perceive it as safe. This therapy demands a prospective investigation of efficacy and safety.

Status
In-Data-Review

Author Initials
Etherson, Kevin J; ORCID: https://orcid.org/0000-0002-1133-5792

Authors Full Name
Etherson, Kevin J; Minty, Ian; Bain, Iain M; Cundall, Jeremy; Yiannakou, Yan.

Institution
Etherson, Kevin J. Department of Colorectal Surgery, County Durham and Darlington NHS Foundation Trust, Durham, UK. Minty, Ian. Department of Radiology, County Durham and Darlington NHS Foundation Trust, Durham, UK.
Bain, Iain M. Department of Colorectal Surgery, County Durham and Darlington NHS Foundation Trust, Durham, UK.
Cundall, Jeremy. Department of Colorectal Surgery, County Durham and Darlington NHS Foundation Trust, Durham, UK.
Yiannakou, Yan. Department of Colorectal Surgery, County Durham and Darlington NHS Foundation Trust, Durham, UK.

Country of Publication
Egypt

Publication History Status
2016/07/14 [received] 2016/10/06 [revised]
BACKGROUND: Dysmenorrhoea is characterised by cramping lower abdominal pain that may radiate to the lower back and upper thighs and is commonly associated with nausea, headache, fatigue and diarrhoea. Physical exercise has been suggested as a non-medical approach to the management of these symptoms.

OBJECTIVES: To assess the evidence for the effectiveness of exercise in the treatment of dysmenorrhoea.

SEARCH METHODS: A search was conducted using the methodology of the Menstrual Disorders and Subfertility Group (August 2009). CENTRAL (The Cochrane Library), MEDLINE, EMBASE, AMED and PsycINFO electronic databases were searched. Handsearching of relevant bibliographies and reference lists was also conducted.

SELECTION CRITERIA: Randomised controlled trials comparing exercise with a control or no intervention in women with dysmenorrhoea.

DATA COLLECTION AND ANALYSIS: Trials were independently selected and data extracted by two review authors.

MAIN RESULTS: Four potential trials were identified of which one was included in the review. The available data could only be included as a narrative description. There appeared to be some
evidence from the trial that exercise reduced the Moos' Menstrual Distress Questionnaire (MDQ) score during the menstrual phase ($P < 0.05$) and resulted in a sustained decrease in symptoms over the three observed cycles ($P < 0.05$).

AUTHORS' CONCLUSIONS: The results of this review are limited to a single randomised trial of limited quality and with a small sample size. The data should be interpreted with caution and further research is required to investigate the hypothesis that exercise reduces the symptoms associated with dysmenorrhoea.

Status
In-Process

Authors Full Name
Brown, Julie; Brown, Stephen.

Institution
Brown, Julie. Liggins Institute, The University of Auckland, Park Rd, Grafton, Auckland, New Zealand, 1142. Brown, Stephen. School of Interprofessional Health Studies, Auckland University of Technology, 90 Akoranga Drive, Auckland, New Zealand, 0627.

Country of Publication
England

Date of Publication
2017 02 14

Date Created
20170214

Year of Publication
2017

405.

Undigested Pills in Stool Mimicking Parasitic Infection.

Mir F; Achakzai I; Ibdah JA; Tahan V.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28255472
Background. Orally ingested medications now come in both immediate release and controlled release preparations. Controlled release preparations were developed by pharmaceutical companies to improve compliance and decrease frequency of pill ingestion. Case Report. A 67-year-old obese male patient presented to our clinic with focal abdominal pain that had been present 3 inches below umbilicus for the last three years. This pain was not associated with any trauma or recent heavy lifting. Upon presentation, the patient reported that for the last two months he started to notice pearly oval structures in his stool accompanying his chronic abdominal pain. This had coincided with initiation of his nifedipine pills for his hypertension. He reported seeing these undigested pills daily in his stool. Conclusion. The undigested pills may pose a cause of concern for both patients and physicians alike, as demonstrated in this case report, because they can mimic a parasitic infection. This can result in unnecessary extensive work-up. It is important to review the medication list for extended release formulations and note that the outer shell can be excreted whole in the stool.

Status
PubMed-not-MEDLINE
Author Initials
Tahan, Veysel; ORCID: https://orcid.org/0000-0001-6796-9359
Authors Full Name
Mir, Fazia; Achakzai, Ilyas; Ibdah, Jamal A; Tahan, Veysel.
Institution
Mir, Fazia. Division of Gastroenterology and Hepatology, University of Missouri, Columbia, 1 Hospital Drive, Columbia, MO 65212, USA. Achakzai, Ilyas. Department of Internal Medicine, Erie County Medical Center, 1 John James Audubon Pkwy, Buffalo, NY 14228, USA. Ibdah, Jamal A. Division of Gastroenterology and Hepatology, University of Missouri, Columbia, 1 Hospital Drive, Columbia, MO 65212, USA. Tahan, Veysel. Division of Gastroenterology and Hepatology, University of Missouri, Columbia, 1 Hospital Drive, Columbia, MO 65212, USA.
Country of Publication
United States
Publication History Status
2016/07/25 [received] 2017/01/15 [accepted]
Date of Publication
2017
Date Created
20170303
Year of Publication
2017
Comparison of the effects of acupressure and self-care behaviors training on the intensity of primary dysmenorrhea based on McGill pain questionnaire among Shiraz University students. Behbahani BM; Ansaripour L; Akbarzadeh M; Zare N; Hadianfard MJ.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Background: Dysmenorrhea is one of the common problems during reproductive ages, with prevalence rate of 60-90%. This study aimed to compare the effects of acupressure at Guan yuan (RN-4) and Qu gu (RN-2) acupoints, self-care behaviors training, and ibuprofen on the intensity of primary dysmenorrhea based on McGill pain questionnaire.

Materials and Methods: In the randomized clinical trial, 120 females, aged between 18 and 25 years, with primary dysmenorrhea, randomly selected from five dormitories of Shiraz University, Shiraz, Iran were screened and randomized into acupressure group, in that pressure was applied for 20 min over the 1st 2 days of menstruation for two cycles. In the second group, the training group took part in four educational sessions each lasting for 60-90 min and control group received ibuprofen 400 mg. The intensity of pain before and after the intervention was measured using short-form McGill pain questionnaire. The data were entered into the SPSS statistical software (version 16) and analyzed using Kruskal-Wallis test, paired t-test, and Chi-square test.

Results: A significant difference was found in the mean intensity of pain before and after the intervention in all the three study groups. The mean score of pain intensity was 10.65 +/- 5.71 in the training group, 19 +/- 5.41 in the control group, and 14.40 +/- 6.87 in the acupressure group after the intervention. The results of Kruskal-Wallis test revealed that both interventions were more effective compared to consumption of ibuprofen.

Conclusion: Training and acupressure were more effective than ibuprofen in the reduction of dysmenorrhea. Thus, they can be considered as trainable methods without side effects in adolescent girls.

Status
In-Data-Review
Hydrogen sulfide prevents postoperative adhesion in a rat uterine horn model.
Xia Y; Zhu YZ; Xu C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
OBJECTIVE: Abdominal adhesions are primarily severe postoperative complications that can cause gynecological problems such as infertility and chronic pelvic pain. Inflammatory mediators are significantly related to adhesion formation, and hydrogen sulfide plays a significant anti-inflammatory role in multiple physiological processes. Therefore, the effect of NaHS, a hydrogen sulfide donor, on postoperative adhesion formation was examined in a rat uterine horn model.

MATERIALS AND METHODS: A rat uterine horn model was created to evaluate whether NaHS, a hydrogen sulfide donor, could decrease postoperative adhesion formation. Rats were randomly grouped and administrated with different doses of NaHS, where DL-propargylglycine and low-molecular-weight heparin acted as negative and positive controls, respectively. The extent and severity of adhesions were assessed on the 14th postoperative day. Serum of rats was sampled for the determination of 27 cytokines using a chip.

RESULTS: The severity and total scores of adhesion in rats given 112muM/kg and 56muM/kg NaHS were significantly less compared with those of the control group (p<0.01). Scores for the extent of adhesion re-formation in the DL-propargylglycine and control groups did not differ (p>0.05). At least six cytokines were involved in the procedures for the prevention of adhesion formation, as they varied significantly among different groups.

CONCLUSION: Administration of NaHS could apparently reduce postoperative adhesion in the rat uterine horn model. This preventive effect may be associated with the variation of cytokine that is related to inflammatory.

Copyright © 2017 Taiwan Association of Obstetrics & Gynecology. Published by Elsevier B.V. All rights reserved.

Status
In-Process

Authors Full Name
Xia, Ye; Zhu, Yi Zhun; Xu, Congjian.

Institution
Xia, Ye. Obstetrics & Gynecology Hospital, Fudan University, Shanghai, China. Zhu, Yi Zhun. Obstetrics & Gynecology Hospital, Fudan University, Shanghai, China; Department of Pharmacology, School of Pharmacy, Fudan University, Shanghai, China; Institute of Biomedical Sciences, Fudan University, Shanghai, China.
Xu, Congjian. Obstetrics & Gynecology Hospital, Fudan University, Shanghai, China; Institute of Biomedical Sciences, Fudan University, Shanghai, China; Shanghai Key Laboratory of Female Reproductive Endocrine-Related Diseases, Fudan University, Shanghai, China. Electronic address: XCJgroup@163.com.

Country of Publication
408.
A Framework of Care in Multiple Sclerosis, Part 2: Symptomatic Care and Beyond.
Newsome SD; Aliotta PJ; Bainbridge J; Bennett SE; Cutter G; Fenton K; Lublin F; Northrop D; Rintell D; Walker BD; Weigel M; Zackowski K; Jones DE.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28243186
The Consortium of Multiple Sclerosis Centers (CMSC) convened a Framework Taskforce composed of a multidisciplinary group of clinicians and researchers to examine and evaluate the current models of care in multiple sclerosis (MS). The methodology of this project included analysis of a needs assessment survey and an extensive literature review. The outcome of this work is a two-part continuing education series of articles. Part 1, published previously, covered the updated disease phenotypes of MS along with recommendations for the use of disease-modifying therapies. Part 2, presented herein, reviews the variety of symptoms and potential complications of MS. Mobility impairment, spasticity, pain, fatigue, bladder/bowel/sexual dysfunction, cognitive dysfunction, and neuropsychiatric issues are examined, and both pharmacologic and nonpharmacologic interventions are described. Because bladder and bowel symptoms substantially affect health-related quality of life, detailed information about elimination dysfunction is provided. In addition, a detailed discussion about mental health and cognitive dysfunction in people with MS is presented. Part 2 concludes with a focus on the role of
rehabilitation in MS. The goal of this work is to facilitate the highest levels of independence or interdependence, function, and quality of life for people with MS.

409.

From Pathogenesis, Clinical Manifestation, and Diagnosis to Treatment: An Overview on Autoimmune Pancreatitis. [Review]
Cai O; Tan S.
[Journal Article. Review]
UI: 28197205

Autoimmune pancreatitis (AIP) is a special type of chronic pancreatitis which is autoimmune mediated. The international consensus diagnostic criteria (ICDC) 2011 proposed two types of AIP: type I is associated with histological pattern of lymphoplasmacytic sclerosing pancreatitis (LPSP), characterized by serum IgG4 elevation, whereas type 2 is named idiopathic duct-centric pancreatitis (IDCP), with granulocytic epithelial lesion (GEL) and immunoglobulin G4 (IgG4) negative. The pathogenic mechanism is unclear now; based on genetic factors, disease specific or related antigens, innate and adaptive immunity may be involved. The most common clinical
manifestations of AIP are obstructive jaundice and upper abdominal pain. The diagnosis can be made by a combination of parenchymal and ductal imaging, serum IgG4 concentrations, pancreatic histology, extrapancreatic disease, and glucocorticoid responsiveness according to ICDC 2011. Because of the clinical and imaging similarities with pancreatic cancer, general work-up should be done carefully to exclude pancreatic malignant tumor before empirical trial of glucocorticoid treatment. Glucocorticoid is the most common drug for AIP to induce remission, while there still exists controversy on steroid maintenance and treatment for relapse. Further studies should be done to identify more specific serum biomarkers for AIP, the pathogenic mechanisms, and the treatment for relapse.

Status
In-Data-Review

Author Initials
Tan, Shiyun; ORCID: https://orcid.org/0000-0003-1027-3048

Authors Full Name
Cai, Ou; Tan, Shiyun.

Institution
Cai, Ou. Department of Gastroenterology, Renmin Hospital of Wuhan University, Wuhan, Hubei, China. Tan, Shiyun. Department of Gastroenterology, Renmin Hospital of Wuhan University, Wuhan, Hubei, China.

Country of Publication
Egypt

Publication History Status
2016/07/12 [received] 2016/11/01 [revised] 2016/12/27 [accepted]

Date of Publication
2017

Date Created
20170215

Year of Publication
2017
BACKGROUND: Incidences of side effects and relapses are very common in chronic ulcerative colitis patients after termination of the treatment.

AIMS AND OBJECTIVES: This study aims to compare the treatment with monoherbal formulation of Holarrhena antidysenterica with Mesalamine in chronic ulcerative colitis patients with special emphasis to side effects and relapse.

SETTINGS AND DESIGN: Patients were enrolled from an Ayurveda Hospital and a private Hospital, Gujarat. The study was randomized, parallel group and single blind design.

MATERIALS AND METHODS: The protocol was approved by Institutional Human Research Ethics Committee of Anand Pharmacy College on 23rd Jan 2013. Three groups (n = 10) were treated with drug Mesalamine (Group I), monoherbal tablet (Group II) and combination of both (Group III) respectively. Baseline characteristics, factors affecting quality of life, chronicity of disease, signs and symptoms, body weight and laboratory investigations were recorded. Side effects and complications developed, if any were recorded during and after the study.

STATISTICAL ANALYSIS USED: Results were expressed as mean +/- SEM. Data was statistically evaluated using t-test, Wilcoxon test, Mann Whitney U test, Kruskal Wallis test and ANOVA, wherever applicable, using GraphPad Prism 6.

RESULTS: All the groups responded positively to the treatments. All the patients were positive for occult blood in stool which reversed significantly after treatment along with rise in hemoglobin. Patients treated with herbal tablets alone showed maximal reduction in abdominal pain, diarrhea, and bowel frequency and stool consistency scores than Mesalamine treated patients. Treatment with herbal tablet alone and in combination with Mesalamine significantly reduced the stool infection. Patients treated with herbal drug alone and in combination did not report any side effects, relapse or complications while 50% patients treated with Mesalamine exhibited the relapse with diarrhea and flatulence after drug withdrawal.

CONCLUSION: Thus, monoherbal formulation alone and with Mesalamine was efficacious than Mesalamine alone in UC.
Moxibustion for pain relief in patients with primary dysmenorrhea: A randomized controlled trial.

Yang M; Chen X; Bo L; Lao L; Chen J; Yu S; Yu Z; Tang H; Yi L; Wu X; Yang J; Liang F.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28170396

BACKGROUND: Though moxibustion is frequently used to treat primary dysmenorrhea in China, relevant evidence supporting its effectiveness is still scanty.

METHODS: This study was a pragmatic randomized, conventional drug controlled, open-labeled clinical trial. After initial screen, 152 eligible participants were averagely randomized to receive two different treatment strategies: Moxibustion and conventional drugs. Participants and practitioners were not blinded in this study. The duration of each treatment was 3 months. The primary outcome was pain relief measured by the Visual Analogue Scale. The menstrual pain severity was recorded in a menstrual pain diary.

RESULTS: 152 eligible patients were included but only 133 of them eventually completed the whole treatment course. The results showed that the menstrual pain intensity in experimental group and control group was reduced from 6.38+/-1.28 and 6.41+/-1.29, respectively, at baseline, to 2.54+/-1.41 and 2.47+/-1.29 after treatment. The pain reduction was not significantly different
between these two groups (P = 0.76), however; the pain intensity was significantly reduced relative to baseline for each group (P<0.01). Three months after treatment, the effectiveness of moxibustion sustained and started to be superior to the drug's effect (-0.87, 95%CI -1.32 to -0.42, P<0.01). Secondary outcome analyses showed that moxibustion was as effective as drugs in alleviating menstrual pain-related symptoms. The serum levels of pain mediators, such as PGF2alpha, OT, vWF, beta-EP, PGE2, were significantly improved after treatment in both groups (P<0.05). No adverse events were reported in this trial.

CONCLUSIONS: Both moxibustion and conventional drug showed desirable merits in managing menstrual pain, given their treatment effects and economic costs. This study as a pragmatic trial only demonstrates the effectiveness, not the efficacy, of moxibustion for menstrual pain. It can't rule out the effect of psychological factors during treatment process, because no blind procedure or sham control was used due to availability. In clinical practice, moxibustion should be used at the discretion of patients and their physicians.

TRIAL REGISTRATION: ClinicalTrials.gov NCT01972906.

Status
In-Data-Review
Authors Full Name
Yang, Mingxiao; Chen, Xiangzhu; Bo, Linna; Lao, Lixing; Chen, Jiao; Yu, Siyi; Yu, Zheng; Tang, Hongzhi; Yi, Ling; Wu, Xi; Yang, Jie; Liang, Fanrong.
Institution
Yang, Mingxiao. School of Acupuncture and moxibustion, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan, China. Chen, Xiangzhu. Pixian Hospital of Traditional Chinese Medicine, Chengdu, Sichuan, China. Bo, Linna. Rentong Clinics of Traditional Chinese Medicine, Chengdu, Sichuan, China. Lao, Lixing. School of Chinese Medicine, The University of Hong Kong, Hong Kong. Chen, Jiao. School of Acupuncture and moxibustion, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan, China. Yu, Siyi. School of Acupuncture and moxibustion, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan, China. Yu, Zheng. Pixian Hospital of Traditional Chinese Medicine, Chengdu, Sichuan, China. Tang, Hongzhi. School of Acupuncture and moxibustion, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan, China. Yi, Ling. Medical Center and Hospital of Qionglai, Chengdu, Sichuan, China. Wu, Xi. School of Acupuncture and moxibustion, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan, China. Yang, Jie. School of Acupuncture and moxibustion, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan, China.
412.
Effects of yogic intervention on pain scores and quality of life in females with chronic pelvic pain.
Saxena R; Gupta M; Shankar N; Jain S; Saxena A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28149062

CONTEXT: Chronic pelvic pain (CPP) is a common condition of women of the reproductive age group. It has a negative impact on a woman's personal health and quality of life (QOL). Practicing yoga has shown numerous benefits in various chronic painful conditions.

AIM: To study the effects of yogic intervention on pain scores and quality of life in females of reproductive age group with CPP, on conventional therapy.

SETTNGS AND DESIGN: It is a follow-up, randomized case-control study done in a tertiary care hospital.

SUBJECTS AND METHODS: Sixty female patients of CPP in the age group of 18-45 years were randomly divided into Group I (n = 30) and Group II (n = 30). Group I received only conventional therapy in the form of NSAIDS and Group II received yoga therapy in the form of asanas, pranayama, and relaxation along with the conventional therapy for 8 weeks. They were assessed
twice (pre- and post-treatment) for pain scores through visual analog scale (VAS) score and QOL by the World Health Organization quality of life-BREF (WHOQOL-BREF) questionnaire. STATISTICAL ANALYSIS USED: Repeated measure ANOVA followed by Tukey's test. P < 0.05 was considered significant.

RESULTS: After 8 weeks of yogic intervention, Group II patients showed a significant decrease in intensity of pain seen by a decrease in VAS score (P < 0.001) and improvement in the quality of life with a significant increase (P < 0.001) in physical, psychological, social, and environmental domain scores of WHOQOL-BREF.

CONCLUSIONS: The practice of yoga causes a reduction in the pain intensity and improves the quality of life in patients with chronic pelvic pain.

Status
In-Data-Review
Authors Full Name
Saxena, Rahul; Gupta, Manish; Shankar, Nilima; Jain, Sandhya; Saxena, Arushi.
Institution
Saxena, Rahul. Department of Physiology, Guru Teg Bahadur Hospital, University College of Medical Sciences, New Delhi, India. Gupta, Manish. Department of Physiology, Guru Teg Bahadur Hospital, University College of Medical Sciences, New Delhi, India. Shankar, Nilima. Department of Physiology, Guru Teg Bahadur Hospital, University College of Medical Sciences, New Delhi, India. Jain, Sandhya. Department of Obstetrics and Gynaecology, Guru Teg Bahadur Hospital, University College of Medical Sciences, New Delhi, India. Saxena, Arushi. Department of Obstetrics and Gynaecology, Guru Teg Bahadur Hospital, University College of Medical Sciences, New Delhi, India.
Country of Publication
India
Date of Publication
2017 Jan-Apr
Date Created
20170202
Year of Publication
2017
Islet transplantation a realistic approach to curing diabetes?. [Review]

Jin SM; Kim KW.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Review. Journal Article]

UI: 28049286

Since the report of type 1 diabetes reversal in seven consecutive patients by the Edmonton protocol in 2000, pancreatic islet transplantation has been reappraised based on accumulated clinical evidence. Although initially expected to therapeutically target long-term insulin independence, islet transplantation is now indicated for more specific clinical benefits. With the long-awaited report of the first phase 3 clinical trial in 2016, allogeneic islet transplantation is now transitioning from an experimental to a proven therapy for type 1 diabetes with problematic hypoglycemia. Islet autotransplantation has already been therapeutically proven in chronic pancreatitis with severe abdominal pain refractory to conventional treatments, and it holds promise for preventing diabetes after partial pancreatectomy due to benign pancreatic tumors. Based on current evidence, this review focuses on islet transplantation as a realistic approach to treating diabetes.

Status

In-Process

Authors Full Name

Jin, Sang-Man; Kim, Kwang-Won.

Institution

Jin, Sang-Man. Division of Endocrinology and Metabolism, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea. Kim, Kwang-Won. Division of Endocrinology and Metabolism, Department of Internal Medicine, Gachon University Gil Medical Center, Incheon, Korea.

Country of Publication

Korea (South)

Publication History Status

2016/06/30 [received] 2016/12/19 [accepted]

Date of Publication

2017 Jan

Date Created

20170103

Year of Publication
Chronic pelvic pain, psychiatric disorders and early emotional traumas: Results of a cross-sectional case-control study.

Osorio FL; Carvalho AC; Donadon MF; Moreno AL; Polli-Neto O.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 27679773

AIM: To compare the prevalence of psychiatric disorders and early emotional traumas between women with chronic pelvic pain (CPP) and healthy women.

METHODS: One hundred women in reproductive age, 50 of them had CPP (according to the criteria set by the International Association for Study of Pain), and 50 were considered healthy after the gynecological evaluation. The eligibility criteria were defined as follows: chronic or persistent pain perceived in the pelvis-related structures (digestive, urinary, genital, myofascial or neurological systems). Only women in reproductive age with acyclic pain for 6 mo, or more, were included in the present study. Menopause was the exclusion criterion. The participants were grouped according to age, school level and socio-economic status and were individually assessed through DSM-IV Structured Clinical Interview (SCID-I) and Early Trauma Inventory Self-report - short form (ETISR-SF Brazilian version). Descriptive statistics, group comparison tests and multivariate logistics regression were used in the data analysis.

RESULTS: The early emotional traumas are highly prevalent, but their prevalence did not differ between the two groups. The current Major Depressive Disorder was more prevalent in women with CPP. The CPP was associated with endometriosis in 48% of the women. There was no difference in the prevalence of disorders when endometriosis was taken into account (endometriosis vs other diseases: P > 0.29). The current Major Depressive Disorder and the Bipolar Disorder had greater occurrence likelihood in the group of women with CPP (ODDS = 5.25 and 9.0).

CONCLUSION: The data reinforce the link between mood disorders and CPP. The preview evidences about the association between CPP and early traumas tended not to be significant after a stronger methodological control was implemented.
Osorio, Flavia L; Carvalho, Ana Carolina F; Donadon, Mariana F; Moreno, Andre L; Polli-Neto, Omero.

Institution
Osorio, Flavia L. Flavia L Osorio, Ana Carolina F Carvalho, Mariana F Donadon, Andre L Moreno, Omero Polli-Neto, Medical School of Ribeirao Preto, Sao Paulo University, Ribeirao Preto 14048-900, Brazil. Carvalho, Ana Carolina F. Flavia L Osorio, Ana Carolina F Carvalho, Mariana F Donadon, Andre L Moreno, Omero Polli-Neto, Medical School of Ribeirao Preto, Sao Paulo University, Ribeirao Preto 14048-900, Brazil. Donadon, Mariana F. Flavia L Osorio, Ana Carolina F Carvalho, Mariana F Donadon, Andre L Moreno, Omero Polli-Neto, Medical School of Ribeirao Preto, Sao Paulo University, Ribeirao Preto 14048-900, Brazil. Moreno, Andre L. Flavia L Osorio, Ana Carolina F Carvalho, Mariana F Donadon, Andre L Moreno, Omero Polli-Neto, Medical School of Ribeirao Preto, Sao Paulo University, Ribeirao Preto 14048-900, Brazil.

Country of Publication
United States

Publication History Status
2016/03/04 [received] 2016/07/26 [revised] 2016/08/30 [accepted]

Date of Publication
2016 Sep 22

Date Created
20160928

Year of Publication
2016
Autosomal dominant polycystic kidney disease: Study of clinical characteristics in an Indian population.

Vikrant S; Parashar A.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28098112

Autosomal dominant polycystic kidney disease (ADPKD) is the most common hereditary form of kidney disease. Clinical data on this multisystem disorder are scarce from developing countries. We conducted a prospective observational study of the clinical profile of ADPKD patients at a single center over a period of six years. A total of 208 patients were studied. Majority were male (60.6%) and the mean age was 45.8 +/- 14.5 years. About 61.5% had early stage (Stages 1-3) of chronic kidney disease (CKD) and 38.5% had advanced CKD (Stages 4 and 5). Clinical features observed included pain abdomen (46.2%), nocturia (65.9%), hematuria (21.6%), nephrolithiasis (38.9%), urinary tract infection (UTI) (38.9%), hypertension (69.5%), and raised serum creatinine (54.3%). The prevalence of nocturia, hypertension, and renal dysfunction showed a significant increase with age (P = 0.001). Extrarenal manifestations were polycystic liver disease in 77 patients (37%), cysts in pancreas in two (1%), and stroke in three (1.5%) (hemorrhage in 2 and infarct in 1). There was significantly higher prevalence of hypertension (P = 0.027) and nephrolithiasis (P = 0.044) in males compared to females. Ninety-two patients (44.2%) had a positive family history for ADPKD. Fifteen (7.2%) had kidney failure at the diagnosis of ADPKD, were hospitalized, and underwent emergency dialysis. A total of 20 patients (9.6%) developed end-stage kidney disease during the study period. The age at diagnosis was higher, and there was a high prevalence of hypertension, nocturia, abdominal pain, nephrolithiasis, UTI, and renal dysfunction in Indian ADPKD patients.

Status
In-Data-Review

Authors Full Name
Vikrant, Sanjay; Parashar, Anupam.

Institution
Vikrant, Sanjay. Department of Nephrology, Indira Gandhi Medical College, Shimla, Himachal Pradesh, India. Parashar, Anupam. Department of Community Medicine, Indira Gandhi Medical College, Shimla, Himachal Pradesh, India.

Country of Publication
Saudi Arabia

Date of Publication
Irritable bowel syndrome (IBS) is characterized by chronic intermittent abdominal pain and associated diarrhea (IBS-D), constipation (IBS-C), or both. IBS can significantly impact patient function and quality of life. The diagnosis of IBS is based on the presence of characteristic symptoms, the exclusion of concerning features, and selected tests to exclude organic diseases that can mimic IBS. The pathophysiology of IBS remains incompletely understood, and new contributing factors have been identified over the past decade. Altered gut immune activation, intestinal permeability, and the intestinal and colonic microbiome may be important factors. Poorly absorbed carbohydrates have been implicated in triggering IBS symptoms. Increasing evidence supports the benefit of a diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (FODMAPs). Although there are several randomized controlled trials of probiotics in IBS, they are typically poorly designed and have not consistently demonstrated efficacy. Until recently, there were few effective treatments for IBS-D. Data from recent clinical trials support the use of rifaximin, eluxadoline, and peppermint oil. Options for the treatment of IBS-C include lubiprostone and linaclotide.

Status
In-Data-Review

Authors Full Name
Schoenfeld, Philip S.

Institution
Opioid-Induced Constipation among a Convenience Sample of Patients with Cancer Pain.
Coyne KS; Sexton C; LoCasale RJ; King FR; Margolis MK; Ahmedzai SH.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27376025
BACKGROUND: Little is known regarding the burden of opioid-induced constipation (OIC) among patients who suffer from cancer-related pain.
METHODS: A prospective longitudinal study was conducted among cancer patients in the United Kingdom (UK), Canada, and Germany, which included medical record data abstraction, Internet-based patient surveys, and physician surveys. Patients on daily opioid therapy (>=30mg for >=4weeks) for treatment of cancer pain with self-reported OIC were recruited. Response to laxatives was defined by classifying participants into categories of laxative use and evaluating the prevalence of inadequate response. Descriptive statistics were used to evaluate outcomes, including the patient assessment of constipation-symptom (PAC-SYM), patient assessment of constipation-quality of life, EuroQOL-5 dimensions, and global assessment of treatment benefit, satisfaction, and willingness to continue.
RESULTS: Recruitment was difficult for this study with only 31 participants completing the baseline survey and meeting criteria for opioid use and OIC (26 UK, 1 Canada, and 4 Germany). Fifty-two percent (n=16) of participants were male, and all were White. Breast (23%, n=7),
pancreatic (13%, n=4), and multiple myeloma (13%, n=4) were the most common cancers. Mean duration of chronic pain and opioid use were 2.3 and 1.3 years, respectively. Participants reported having a mean of 4.4 bowel movements/week in the 2 weeks prior to baseline, of which a mean of 0.9 were spontaneous. Most participants (90%, n=28) were using at least 1 lifestyle approach to manage their constipation; 65% (n=20) were taking >=1 over-the-counter laxative; 19% (n=6) were taking >=1 prescription laxative; 23% (n=7) reported no laxative use in the prior 2 weeks. Moderate-to-severe constipation symptoms on the PAC-SYM were common, and mean scores on health-related quality of life outcomes were comparable to chronic pain populations.

CONCLUSION: In this primarily UK sample, there appears to be considerable unmet OIC treatment needs among cancer patients.

Status
PubMed-not-MEDLINE
Authors Full Name
Coyne, Karin S; Sexton, Chris; LoCasale, Robert J; King, Frederic R; Margolis, Mary Kay; Ahmedzai, Sam H.
Institution
Coyne, Karin S. Outcomes Research, Evidera, Bethesda, MD, USA. Sexton, Chris. Outcomes Research, Evidera, Bethesda, MD, USA.
LoCasale, Robert J. Medical Evidence and Observational Research in Global Medical Affairs, AstraZeneca, Gaithersburg, MD, USA.
King, Frederic R. Global Payer Evidence and Pricing in Global Medicines and Development, AstraZeneca, Gaithersburg, MD, USA.
Margolis, Mary Kay. Outcomes Research, Evidera, Bethesda, MD, USA.
Ahmedzai, Sam H. Department of Oncology, University of Sheffield, Sheffield, UK.
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4896913
Country of Publication
Switzerland
Publication History Status
2016/01/11 [received] 2016/05/17 [accepted]
Date of Publication
2016
Date Created
20160704
Year of Publication
2016
Persistent constipation and abdominal adverse events with newer treatments for constipation.
Sonu I; Triadafilopoulos G; Gardner JD.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27486521

BACKGROUND: Clinical trials of several new treatments for opioid-induced constipation (OIC), chronic idiopathic constipation (CIC) and constipation-predominant irritable bowel syndrome (IBS-C) have focused on differences between subjects relieved of constipation with placebo and active treatment. Patients and clinicians however, are more interested in the probability these treatments provide actual relief of constipation and its associated symptoms.

METHODS: We searched the medical literature using MEDLINE and Cochrane central register of controlled trials. Randomised, placebo-controlled trials that examined the use of methylnaltrexone, naloxegol, lubiprostone, prucalopride or linaclotide in adults with OIC, CIC and IBS-C were eligible for inclusion. The primary efficacy measure was relief of constipation. Adverse event data for abdominal symptoms were also analysed.

KEY RESULTS AND FINDINGS: 25 publications were included in our analyses. The proportion of constipated individuals with active treatment was significantly lower than the proportion with placebo; however, in 15 of these 20 trials analysed, a majority of patients remained constipated with active treatment. Analyses of adverse event data revealed that the percentage of participants who experienced abdominal pain, diarrhoea and flatulence with active treatment was higher than that with placebo in the majority of trials analysed.

CONCLUSIONS: Newer pharmacological treatments for constipation are superior to placebo in relieving constipation, but many patients receiving active treatment may remain constipated. In addition, all 5 of the treatments studied are accompanied by no change or a possible increase in the prevalence of abdominal symptoms, such as abdominal pain, diarrhoea and flatulence.
OBJECTIVE: To present an updated description of the relation between Crohn's disease (CD) and urolithiasis.

PATIENTS AND METHODS: A literature search for English-language original and review articles was conducted in Medline, Embase, and Cochrane databases in the month of December 2014 for papers either published or e-published up to that date, addressing the association between CD and urolithiasis as its consequence. All articles published in English language were selected for screening based on the following search terms: "CD," "renal calculus," "IBD," and "urolithiasis."

We restricted the publication dates to the last 15 years (2000-2014).
RESULTS: In total, 901 patients were included in this review of which 95 were identified as having CD and urolithiasis simultaneously, for a total of 10.5%. Average age was 45.07 years old, irrespective of gender. 28.6% of patients received some kind of medical intervention without any kind of surgical technique involved, 50% of patients were submitted to a surgical treatment, and the remaining 21.4% were submitted to a combination of surgical and medical treatment. Urolithiasis and pyelonephritis incidence ranged from 4% to 23% with a risk 10-100 times greater than the risk for general population or for patients with UC, being frequent in patients with ileostomy and multiple bowel resections. We found that urolithiasis occurred in 95 patients from a total of 901 patients with CD (10.5%); 61.81% in men and 38.19% in women. Stone disease seems to present approximately 4-7 years after the diagnosis of bowel disease and CaOx seems to be the main culprit.

CONCLUSIONS: CD is a chronic, granulomatous bowel disease, with urolithiasis as the most common extraintestinal manifestation (EIM), particularly frequent in patients submitted to bowel surgery. This complication needs to be recognized and addressed appropriately, especially in patients with unexplained renal dysfunction, abdominal pain, or recurrent urinary tract infection. We believe this study to be an updated valuable review as most data related to this kind of EIM refers to articles published before 2000, most of them before 1990. These patients need to be followed up with a specific prevention plan to eliminate or mitigate the risk factors for stone disease, aiming at preventing its formation and its complications, preserving renal function, reducing morbidity, and ultimately improving their quality of life.

Status
PubMed-not-MEDLINE

Authors Full Name
Gaspar, Sandro Roberto da Silva; Mendonca, Tiago; Oliveira, Pedro; Oliveira, Tiago; Dias, Jose; Lopes, Tome.

Institution
Gaspar, Sandro Roberto da Silva. Department of Urology, Hospital Santa Maria, Centro Hospitalar Lisboa Norte, Lisbon, Portugal. Mendonca, Tiago. Department of Urology, Central Manchester University Hospitals NHS Foundation Trust, Manchester, United Kingdom. Oliveira, Pedro. Department of Urology, Hospital Santa Maria, Centro Hospitalar Lisboa Norte, Lisbon, Portugal. Oliveira, Tiago. Department of Urology, Hospital Santa Maria, Centro Hospitalar Lisboa Norte, Lisbon, Portugal. Dias, Jose. Department of Urology, Hospital Santa Maria, Centro Hospitalar Lisboa Norte, Lisbon, Portugal. Lopes, Tome. Department of Urology, Hospital Santa Maria, Centro Hospitalar Lisboa Norte, Lisbon, Portugal.
The combination of oligo- and polysaccharides and reticulated protein for the control of symptoms in patients with irritable bowel syndrome: Results of a randomised, placebo-controlled, double-blind, parallel group, multicentre clinical trial.

Alexea O; Bacarea V; Pique N.

BACKGROUND: A medical device containing the film-forming agent reticulated protein and a prebiotic mixture of vegetable oligo- and polysaccharides has been developed, recently receiving European approval as MED class III for the treatment of chronic/functional or recidivant diarrhoea due to different causes including irritable bowel syndrome (IBS). In the present paper, we evaluate a protein preparation containing these components in comparison with placebo in adult patients with diarrhoea-predominant IBS.

METHODS: In a randomised, placebo-controlled, double-blind, parallel group, multicentre clinical trial, patients were randomly assigned to receive the combination of oligo- and polysaccharides and reticulated protein and placebo (four oral tablets/day for 56 days). Demographic, clinical and quality of life characteristics and presence and intensity of abdominal pain and flatulence (seven-point Likert scale) were assessed at three study visits (baseline and at 28 and 56 days). Stool emissions were recorded on the diary card using the seven-point Bristol Stool Scale.
RESULTS: A total of 128 patients were randomised to receive either tablets containing the combination (n=63) or placebo (n=65). Treatment with oligo- and polysaccharides and reticulated protein was safe and well tolerated. A significant improvement in symptoms across the study was observed in patients treated with oligo- and polysaccharides and reticulated protein between visit 2 and visit 3 in abdominal pain (p=0.0167) and flatulence (p=0.0373). We also detected a statistically significant increase in the quality of life of patients receiving the active treatment from baseline to visit 3 (p<0.0001).

CONCLUSIONS: Treatment with oligo- and polysaccharides and reticulated protein is safe, improving IBS symptoms and quality of life of patients with diarrhoea-predominant IBS.
AIM: To re-examine whether hepatic vein thrombosis (HVT) (classical Budd-Chiari syndrome) and hepatic vena cava-Budd Chiari syndrome (HVC-BCS) are the same disorder.

METHODS: A systematic review of observational studies conducted in adult subjects with primary BCS, hepatic vein outflow tract obstruction, membranous obstruction of the inferior vena cava (IVC), obliterative hepatocavopathy, or HVT during the period of January 2000 until February 2015 was conducted using the following databases: Cochrane Library, CINAHL, MEDLINE, PubMed and Scopus.

RESULTS: Of 1299 articles identified, 26 were included in this study. Classical BCS is more common in women with a pure hepatic vein obstruction (49%-74%). HVC-BCS is more common in men with the obstruction often located in both the inferior vena cava and hepatic veins (14%-84%). Classical BCS presents with acute abdominal pain, ascites, and hepatomegaly. HVC-BCS presents with chronic abdominal pain and abdominal wall varices. Myeloproliferative neoplasms (MPN) are the most common etiology of classical BCS (16%-62%) with the JAK2V617F mutation found in 26%-52%. In HVC-BCS, MPN are found in 4%-5%, and the JAK2V617F mutation in 2%-5%. Classical BCS responds well to medical management alone and 1(st) line management of HVC-BCS involves percutaneous recanalization, with few managed with medical management alone.

CONCLUSION: Systematic review of recent data suggests that classical BCS and HVC-BCS may be two clinically different disorders that involve the disruption of hepatic venous outflow.

Status
PubMed-not-MEDLINE

Authors Full Name
Shin, Naomi; Kim, Young H; Xu, Hao; Shi, Hai-Bin; Zhang, Qing-Qiao; Colon Pons, Jean Paul; Kim, Ducksoo; Xu, Yi; Wu, Fei-Yun; Han, Samuel; Lee, Byung-Boong; Li, Lin-Sun.

Institution
Shin, Naomi. Naomi Shin, Young H Kim, Department of Radiology, University of Massachusetts Medical School, Worcester, MA 01655, United States. Kim, Young H. Naomi Shin, Young H Kim, Department of Radiology, University of Massachusetts Medical School, Worcester, MA 01655, United States.
Deep Retraction Pockets, Endometriosis, and Quality of Life.
Yeung PP Jr; Logan I; Gavard JA.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27242981

OBJECTIVE: The purpose of this study was to examine if deep retraction pockets (DRPs) in the posterior cul-de-sac and uterosacral ligaments could be a manifestation of endometriosis and if excision of these pockets improves pain symptoms and quality of life.

STUDY DESIGN: Prospective cohort study Canadian Task Force Classification, II-3.

MATERIALS AND METHODS: Preoperative data, operative data, and follow-up data were collected prospectively at the Center for Endometriosis at Saint Louis University, a referral center for the surgical management of endometriosis.

RESULTS: The 107 consecutive patients who presented with preoperative deep dyspareunia were included in the study, and the median postoperative follow-up was 13 months. Endometriosis was confirmed histologically in any location excised in 88/107 (82.2%) of the women, and 31 DRPs were excised from 25 women with DRPs in the posterior cul-de-sac or uterosacral ligaments, of which 15/31 (48.4%) had endometriosis. Of the 10 DRPs without visible surface lesions, 3 (30.0%) had endometriosis on histology. Pain symptoms and quality of life significantly improved after excision surgery, whether or not DRPs were present. Women who had endometriosis in their DRP also had significant improvement in deep dyspareunia and chronic pelvic pain and quality of life. Results did not differ when patients who took postoperative hormonal suppression were removed from the analyses.

CONCLUSION: Patients had significantly improved pain symptoms and quality of life after excision surgery, whether or not DRPs were present. This study demonstrated that a DRP may be a manifestation of endometriosis (even with a clear surface of the pocket), so that DRPs should be excised to achieve optimal excision of endometriosis.

Status
PubMed-not-MEDLINE

Authors Full Name
Yeung, Patrick P Jr; Logan, Ian; Gavard, Jeffrey A.

Institution
Surgical and nonsurgical interventions for vulvar and clitoral pain in girls and women living with female genital mutilation: A systematic review. [Review]
Ezebialu I; Okafo O; Oringanje C; Ogbonna U; Udoh E; Odey F; Meremikwu MM.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28164286

BACKGROUND: Vulvar and clitoral pain are known complications of female genital mutilation (FGM). Several interventions have been used to treat these conditions. This review focuses on surgical and nonsurgical interventions to improve vulvar and clitoral pain in women living with FGM.
OBJECTIVE: To evaluate the impact of nonsurgical and surgical interventions for alleviating vulvar and clitoral pain in women living with any type of FGM and to assess the associated adverse events.

SEARCH STRATEGY: The search included the following major databases: Cochrane Central Register for Controlled Trials (CENTRAL), MEDLINE, Scopus, Web of Science, and ClinicalTrials.gov. These were searched from inception until August 10, 2015 without any language restrictions.

SELECTION CRITERIA: Study designs included randomized controlled trials, cluster randomized trials, nonrandomized trials, cohort studies, case-control studies, controlled before-and-after studies, historical control studies, and interrupted time series with reported data comparing outcomes among women with FGM who were treated for clitoral or vulvar pain with either surgical or nonsurgical interventions.

DATA COLLECTION AND ANALYSIS: Two team members independently screened studies for eligibility.

RESULTS: No studies were included.

CONCLUSION: Limited information exists on management of vulvar and clitoral pain in women living with FGM. This constitutes an important area for further research.

PROSPERO REGISTRATION: CRD42015024521.

Copyright © 2017 International Federation of Gynecology and Obstetrics. The World Health Organization retains copyright and all other rights in the manuscript of this article as submitted for publication.
BACKGROUND: Intraperitoneal adhesions are associated with considerable co-morbidity and have large financial and public health repercussions. They have secondary effects that include chronic pelvic pain, dyspareunia, subfertility and bowel obstruction. In women with adhesions, subsequent surgery is more difficult, often takes longer, and is associated with a higher complication rate (Broek 2013). The significant burden of adhesions has led to the development of several anti-adhesion agents, although there is disagreement as to their relative effectiveness.

OBJECTIVES: To summarise evidence derived from Cochrane systematic reviews on the clinical safety and effectiveness of solid agents, gel agents, liquid agents and pharmacological agents, used as adjuvants to prevent formation of adhesions after gynaecological pelvic surgery.
METHODS: The Cochrane Database of Systematic Reviews was searched using the keyword ‘adhesion’ up to August 2014. The Cochrane information management system was also searched for any titles or protocols of reviews in progress. Two review authors independently extracted information from the reviews, with disagreements being resolved by a third review author. The quality of the included reviews was described in a narrative manner, and the AMSTAR tool was used to formally assess each review included in this overview. The quality of evidence provided in the original reviews was described using GRADE methods.

MAIN RESULTS: We included two reviews, one with 18 studies comparing solid agents (oxidised regenerated cellulose expanded polye tetrafluoroethylene, sodium hyaluronate and carboxymethylcellulose, and fibrin sheets) with control or with each other. The other review included 29 studies which compared liquid agents (4% icodextrin, 32% dextran, crystalloids), gel agents (carboxymethylcellulose and polyethylene oxide, polyethylene glycol gels, hyaluronic acid-based gel, 0.5% ferric hyaluronate gel, sodium hyaluronate spray) and pharmacological agents (gonadotrophin-releasing hormone agonist, reteplase plasminogen activator, N,O-carboxymethyl chitosan, steroid agents, intraperitoneal noxytioline, intraperitoneal heparin, systemic promethazine) with control or each other. Both reviews met all of the criteria of the AMSTAR assessment. The reviews included as outcomes both the primary outcomes of this overview (pelvic pain, pregnancy, live birth rate and quality of life (QoL)) and our secondary outcomes (adverse effects, presence or absence of adhesions at second-look laparoscopy (SLL) and adhesion score). However, neither of the reviews identified any primary studies of solid, gel or pharmacological agents that reported any of our primary outcomes. The only studies in either review that reported any of our primary outcomes were studies comparing liquid agents versus control (saline or Hartmann’s solution), which reported pelvic pain (two studies), live birth (two studies) and pregnancy (three studies). An external source of funding was stated for 25 of the 47 studies across both reviews; in 24 of these studies the funding was commercial. Solid agents (18 studies) None of our primary outcomes were reported. Adverse events were reported as an outcome by only 9 of the 18 studies. These reported no adverse events. Liquid agents (nine studies) There was no evidence of a difference between liquid agents and control (saline or Hartmann’s solution) with respect to pelvic pain (odds ratio (OR) 0.65, 95% confidence interval (CI) 0.37 to 1.14, 1 study, n = 286, moderate quality evidence), pregnancy rate (OR 0.64, 95% CI 0.36 to 1.14, 3 studies, n = 310, moderate quality evidence) or live birth rate (OR 0.67, 95% CI 0.29 to 1.58, 2 studies, n = 208, moderate quality evidence). No studies of liquid agents reported QoL. Adverse events were not reported as an outcome by any of the nine studies. Gel agents (seven studies) None of our primary outcomes were reported. Adverse events were not reported as an outcome by any of the seven studies. Pharmacological agents (seven studies) None of our primary outcomes were reported. Adverse events were reported as an outcome by only one of the seven primary studies. This study reported no evidence of difference in ectopic pregnancy.
rates between intraperitoneal noxytioline and no treatment (OR 4.91, 95% CI 0.45 to 53.27, 1 study, n = 33, low quality evidence).

AUTHORS' CONCLUSIONS: There is insufficient evidence to allow us to draw any conclusions about the effectiveness and safety of anti-adhesion agents in gynaecological surgery, due to the lack of data on pelvic pain, fertility outcomes, quality of life or safety. A substantial proportion of research in this field has been funded by private companies that manufacture these agents, and further high powered, independent trials will be needed before definitive conclusions can be made.

Status
MEDLINE
Authors Full Name
Hindocha, Akshay; Beere, Lawrence; Dias, Sofia; Watson, Andrew; Ahmad, Gaity.
Institution
Hindocha, Akshay. Pennine Acute Hospitals NHS Trust, Delaunays Road, Crumpsall, Manchester, UK, M8 5RB.
Country of Publication
England
Date of Publication
2015 Jan 06
Date Created
20150202
Year of Publication
2015

425.
Opioid analgesic use among patients presenting with acute abdominal pain and factors associated with surgical diagnoses.
Khemani D; Camilleri M; Roldan A; Nelson AD; Park SY; Acosta A; Zinsmeister AR.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Neurogastroenterology & Motility. 29(5), 2017 May.
[Journal Article. Observational Study]
UI: 28019066
BACKGROUND: The prevalence of chronic opioid use among non-cancer patients presenting with acute abdominal pain (AAP) is unknown. The aim was to characterize opioid use, constipation, diagnoses, and risk factors for surgical diagnoses among non-cancer patients presenting with AAP to an emergency department (ED).

METHODS: We performed a retrospective, observational cohort study of all (n=16,121) adult patients (88% from MN, IA and WI) presenting during 2014 with AAP. We used electronic medical records, and focused on 2352 adults with AAP who underwent abdominal CT scan within 24 hours of presentation. We determined odds ratios of association with constipation and features predicting conditions that may require surgery (surgical diagnosis).

KEY RESULTS: There were 2352 eligible patients; 18.8% were opioid users. Constipation was more frequent in opioid (35.1%) compared to non-opioid users [OR 2.88 (95% CI 2.28, 3.62)]. Prevalence of surgical diagnosis in the opioid and non-opioid users was 35.3% and 41.7% respectively (P=.019). By univariate analysis, age and neutrophil count independently predicted increased risk, and chronic opioid use decreased risk of surgical diagnosis. Internal validation of logistic models using a randomly selected validation subset (25% of entire cohort, 587/2352) showed receiver operating characteristic (ROC) curves for the validation and full cohorts were similar.

CONCLUSIONS AND INFERENCEs: Approximately 19% of adults presenting with AAP were opioid users; constipation is almost three times as likely in opioid users compared to non-opioid users presenting with AAP. Factors significantly associated with altered risk of surgical diagnoses were age, opioid use, and neutrophil count.

Copyright © 2016 John Wiley & Sons Ltd.

Status
MEDLINE

Authors Full Name
Khemani, D; Camilleri, M; Roldan, A; Nelson, A D; Park, S-Y; Acosta, A; Zinsmeister, A R.

Institution
Khemani, D. Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER), Mayo Clinic, Rochester, MN, USA. Camilleri, M. Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER), Mayo Clinic, Rochester, MN, USA. Roldan, A. Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER), Mayo Clinic, Rochester, MN, USA. Nelson, A D. Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER), Mayo Clinic, Rochester, MN, USA. Park, S-Y. Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER), Mayo Clinic, Rochester, MN, USA.
Fecal microbiota transplantation is a rescue treatment modality for refractory ulcerative colitis.

Uygun A; Ozturk K; Demirci H; Oger C; Avci IY; Turker T; Gulsen M.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Medicine. 96(16):e6479, 2017 Apr.
[Clinical Trial. Journal Article]
UI: 28422836

BACKGROUND: Fecal microbial transplantation (FMT) provides to replace beneficial bacteria with more favorable microbiomes in recipient with dysbiosis. The aim of the present study was to prospectively investigate the efficacy of FMT by assessing the clinical and endoscopic response in patients with ulcerative colitis (UC) who had failed anti-inflammatory and immunosuppressive therapy.

METHODS: In this prospective and uncontrolled study, 30 patients with UC were included. All medications except mesalazine were stopped 4 weeks before FMT. Colonoscopy was performed both before and after FMT. To assess the efficacy of FMT, Mayo scores were calculated at week
A total of 500 mL extracted fresh fecal suspension was administered into the 30 to 40 cm proximal of terminal ileum of recipients.

RESULTS: After FMT, 21 of the (70%) 30 patients showed clinical response, and 13 of the 30 (43.3%) patients achieved clinical and endoscopic remission at the week 12. Nine patients (30%) were accepted as a nonresponder at the end of the week 12. There was no significant difference among donors concerning both the rate of clinical remission and clinical response. No adverse events were observed in the majority of patients during FMT and 12 weeks follow-up. Seven patients (23.3%) experienced mild adverse events such as nausea, vomiting, abdominal pain, diarrhea, and fewer after FMT.

CONCLUSION: FMT could be considered as a promising rescue treatment modality before surgery in patients with refractory UC. Besides, FMT also appears to be definitely safer and more tolerable than the immunosuppressive therapy in patients with UC (NCT02575040).
BACKGROUND: This review supersedes the original Cochrane review first published in 2008 (Huertas-Ceballos 2008). Between 4% and 25% of school-aged children complain of recurrent abdominal pain (RAP) severe enough to interfere with their daily activities. No organic cause for this pain can be found on physical examination or investigation for the majority of such children. Although many children are managed by reassurance and simple measures, a large range of psychosocial interventions involving cognitive and behavioural components have been recommended.

OBJECTIVES: To determine the effectiveness of psychosocial interventions for reducing pain in school-aged children with RAP.

SEARCH METHODS: In June 2016 we searched CENTRAL, MEDLINE, Embase, eight other databases, and two trials registers. We also searched the references of identified studies and relevant reviews.

SELECTION CRITERIA: Randomised controlled trials comparing psychosocial therapies with usual care, active control, or wait-list control for children and adolescents (aged 5 to 18 years) with RAP or an abdominal pain-related functional gastrointestinal disorder defined by the Rome III criteria were eligible for inclusion.

DATA COLLECTION AND ANALYSIS: We used standard methodological procedures expected by Cochrane. Five review authors independently selected studies, assessed them for risk of bias, and extracted relevant data. We also assessed the quality of the evidence using the GRADE approach.

MAIN RESULTS: This review includes 18 randomised controlled trials (14 new to this version), reported in 26 papers, involving 928 children and adolescents with RAP between the ages of 6 and 18 years. The interventions were classified into four types of psychosocial therapy: cognitive behavioural therapy (CBT), hypnotherapy (including guided imagery), yoga, and written self-disclosure. The studies were carried out in the USA, Australia, Canada, the Netherlands, Germany, and Brazil. The majority of the studies were small and short term; only two studies included more than 100 participants, and only five studies had follow-up assessments beyond six months. Small sample sizes and the degree of assessed risk of performance and detection bias in many studies led to the overall quality of the evidence being rated as low to very low for all outcomes. For CBT compared to control, we found evidence of treatment success postintervention (odds ratio (OR) 5.67, 95% confidence interval (CI) 1.18 to 27.32; Z = 2.16; P = 0.03; 4 studies; 175 children; very low-quality evidence), but no evidence of treatment success at
medium-term follow-up (OR 3.08, 95% CI 0.93 to 10.16; Z = 1.85; P = 0.06; 3 studies; 139 children; low-quality evidence) or long-term follow-up (OR 1.29, 95% CI 0.50 to 3.33; Z = 0.53; P = 0.60; 2 studies; 120 children; low-quality evidence). We found no evidence of effects of intervention on pain intensity scores measured postintervention (standardised mean difference (SMD) -0.33, 95% CI -0.74 to 0.08; 7 studies; 405 children; low-quality evidence), or at medium-term follow-up (SMD -0.32, 95% CI -0.85 to 0.20; 4 studies; 301 children; low-quality evidence). For hypnotherapy (including studies of guided imagery) compared to control, we found evidence of greater treatment success postintervention (OR 6.78, 95% CI 2.41 to 19.07; Z = 3.63; P = 0.0003; 4 studies; 146 children; low-quality evidence) as well as reductions in pain intensity (SMD -1.01, 95% CI -1.41 to -0.61; Z = 4.97; P < 0.00001; 4 studies; 146 children; low-quality evidence) and pain frequency (SMD -1.28, 95% CI -1.84 to -0.72; Z = 4.48; P < 0.00001; 4 studies; 146 children; low-quality evidence). The only study of long-term effect reported continued benefit of hypnotherapy compared to usual care after five years, with 68% reporting treatment success compared to 20% of controls (P = 0.005). For yoga therapy compared to control, we found no evidence of effectiveness on pain intensity reduction postintervention (SMD -0.31, 95% CI -0.67 to 0.05; Z = 1.69; P = 0.09; 3 studies; 122 children; low-quality evidence). The single study of written self-disclosure therapy reported no benefit for pain. There was no evidence of effect from the pooled analyses for any type of intervention on the secondary outcomes of school performance, social or psychological functioning, and quality of daily life. There were no adverse effects for any of the interventions reported.

AUTHORS' CONCLUSIONS: The data from trials to date provide some evidence for beneficial effects of CBT and hypnotherapy in reducing pain in the short term in children and adolescents presenting with RAP. There was no evidence for the effectiveness of yoga therapy or written self-disclosure therapy. There were insufficient data to explore effects of treatment by RAP subtype. Higher-quality, longer-duration trials are needed to fully investigate the effectiveness of psychosocial interventions. Identifying the active components of the interventions and establishing whether benefits are sustained in the long term are areas of priority. Future research studies would benefit from employing active control groups to help minimise potential bias from wait-list control designs and to help account for therapist and intervention time.

Status
MEDLINE
Authors Full Name
Abbott, Rebecca A; Martin, Alice E; Newlove-Delgado, Tamsin V; Bethel, Alison; Thompson-Coon, Joanna; Whear, Rebecca; Logan, Stuart.
Institution
Abbott, Rebecca A. NIHR CLAHRC South West Peninsula (PenCLAHRC), University of Exeter Medical School, South Cloisters, St Luke's Campus, Exeter, England, UK, EX1 2LU. Martin,
Effect of Somatostatin, Ulinastatin and Gabexate on the Treatment of Severe Acute Pancreatitis.

Wang G; Liu Y; Zhou SF; Qiu P; Xu L; Wen P; Wen J; Xiao X.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

American Journal of the Medical Sciences. 351(5):506-12, 2016 May.

[Journal Article. Randomized Controlled Trial]
UI: 27140710

OBJECTIVE: The objective of this study is to evaluate the efficacy of somatostatin, ulinastatin and gabexate for the treatment of severe acute pancreatitis.

MATERIALS AND METHODS: A total of 492 patients with severe acute pancreatitis were assigned randomly into the following 4 groups: (1) somatostatin; (2) somatostatin + ulinastatin; (3)
somatostatin + gabexate and (4) somatostatin + ulinastatin + gabexate. Acute physiology and chronic health evaluation II scores; clinical parameters including time of abdominal pain and distention extinct; recovering to normality of heart rate and respiration rate; amylase and blood glucose; ratios of efficacy; multiple organ dysfunction syndrome (MODS); mortality; complication; levels of endotoxin; tumor necrosis factor alpha; interleukin-6 (IL-6), IL-8 and IL-10 and side effects were analyzed.

RESULTS: Acute physiology and chronic health evaluation II scores, time of abdominal pain extinct and distention extinct, time of recovering to normality of heart rate, time of recovering to normality of respiration rate and time of recovering to normality of amylase and blood glucose were significantly decreased in the somatostatin + ulinastatin, the somatostatin + gabexate and the somatostatin + ulinastatin + gabexate subgroups compared with the somatostatin subgroup. Ratios of efficacy were significantly improved, whereas ratios of MODS, mortality and complication were significantly decreased in the somatostatin + ulinastatin and the somatostatin + ulinastatin + gabexate subgroups compared with the somatostatin subgroup. Tumor necrosis factor alpha, IL-6 and IL-8 levels on the fourth day after treatment showed significant decrease in the somatostatin + ulinastatin, the somatostatin + gabexate and the somatostatin + ulinastatin + gabexate subgroups compared with the somatostatin subgroup. The IL-10 levels on the fourth day were significantly improved in the somatostatin + ulinastatin, the somatostatin + gabexate and the somatostatin + ulinastatin + gabexate subgroups compared with the somatostatin subgroup.

CONCLUSIONS: Somatostatin is effective for the treatment of acute pancreatitis, ulinastatin demonstrates improvement in therapeutic benefits and gabexate can relieve the clinical symptoms and shorten the course of disease but cannot improve the effective ratio or decrease MODS, mortality and complication.

Copyright © 2016 Southern Society for Clinical Investigation. Published by Elsevier Inc. All rights reserved.

Status
MEDLINE

Authors Full Name
Wang, Guiliang; Liu, Yan; Zhou, Shu-Feng; Qiu, Ping; Xu, Linfang; Wen, Ping; Wen, Jianbo; Xiao, Xianzhong.

Institution
Wang, Guiliang. Department of Digestive Internal Medicine, Gannan Medical University Pingxiang Hospital, Pingxiang, PR China; Department of Digestive Internal Medicine, Affiliated Hospital of Academy of Military Medical Sciences, Beijing, PR China. Liu, Yan. Department of Digestive Internal Medicine, Affiliated Hospital of Academy of Military Medical Sciences, Beijing, PR China.
Chronic prostatitis/chronic pelvic pain syndrome: a review of evaluation and therapy. [Review] Polackwich AS; Shoskes DA.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), also known as NIH Category III Prostatitis is a highly prevalent syndrome with significant impact on quality of life. As a heterogeneous syndrome, there exists no 'one size fits all' therapy with level 1 evidence to guide therapy. This often leads to a nihilistic approach to patients and clinical outcomes are poor. In this review, we examine the evidence for CP/CPPS therapies and discuss our technique of clinical phenotyping combined with multimodal therapy.

METHODS: Review of Medline articles with terms 'non-bacterial prostatitis', 'abacterial prostatitis' and 'chronic pelvic pain syndrome'.

RESULTS: Many individual therapies have been evaluated in the treatment of CP/CPPS; antibiotics, anti-inflammatory medications (including bioflavonoids), neuromodulators, alpha blockers, pelvic floor physical therapy and cognitive behavior therapy. Each of these has been found to have varying success in alleviating symptoms. UPOINT is a system of clinical phenotyping for CP/CPPS patients that has 6 defined domains, which guide multimodal therapy. It has been validated to correlate with symptom burden and therapy guided by UPOINT leads to significant symptom improvement in 75-84% of patients based on three independent studies.

CONCLUSIONS: CP/CPPS is a heterogeneous condition and, much like with prostate cancer, optimal therapy can only be achieved by classifying patients into clinically meaningful phenotypic groups (much like TNM) and letting the phenotype drive therapy.

Status
MEDLINE
Authors Full Name
Polackwich, A S; Shoskes, D A.
Institution
Polackwich, A S. Columbia University Division of Urology, Mount Sinai Medical Center, Miami Beach, FL, USA.  Shoskes, D A. Glickman Urological and Kidney Institute, Cleveland Clinic Foundation, Cleveland, OH, USA.
Country of Publication
England
Publication History Status
2015/10/25 [received] 2016/01/20 [revised]
2016/01/23 [accepted]
Date of Publication
2016 06
Date Created
20160512
Year of Publication
2016
OnabotulinumtoxinA (onaBoNTA) is approved by the US Food and Drug Administration for the treatment of urinary incontinence due to neurogenic detrusor overactivity and for the treatment of refractory overactive bladder. As a treatment for benign prostatic hyperplasia, onaBoNTA showed no difference over placebo in recently published studies. In contrast, treating interstitial cystitis/bladder pain syndrome with onaBoNTA has shown efficacy, and the current American Urological Association guideline for the diagnosis and treatment of interstitial cystitis/bladder pain syndrome lists onaBoNTA as fourth-line treatment. This comprehensive review will present all studied applications of onaBoNTA within the lower urinary tract.

Copyright © 2016 Elsevier Inc. All rights reserved.
OBJECTIVE: To evaluate the perceptions of women with endometriosis and chronic pelvic pain regarding their social ties.

METHODS: A qualitative study was undertaken of women with chronic pelvic pain and endometriosis. Focus groups discussions among four to six participants were performed until saturation at the Clinics Hospital of Ribeirao Preto Medical School, Ribeirao Preto, southwest Brazil, between February 2013 and January 2014. Transcripts were analyzed according to the grounded theory approach and the emerging categories were coded using the WebQDA platform.

RESULTS: Six focus group discussions took place, with a total of 29 patients. Social isolation was the main emerging theme. Social isolation was associated with a lack of understanding about endometriosis symptoms and with resignation in face of recurrent pain episodes. Avoiding partner intimacy and isolation from family and friends were components of social isolation.

CONCLUSION: Women with endometriosis develop progressive social isolation after the onset of chronic pelvic pain. This finding is important for the multidisciplinary management of the disease.

Copyright © 2015 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.
The evaluation of uterine artery embolization as a nonsurgical treatment option for adenomyosis.  

Wang S; Meng X; Dong Y.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
OBJECTIVE: To evaluate the safety and efficacy of uterine artery embolization (UAE) for the treatment of adenomyosis.

METHODS: A prospective study was performed at Yuhuangding Hospital, China, between January 2012 and December 2013, enrolling premenopausal patients diagnosed with adenomyosis. All patients were treated with bilateral UAE using 500-700-mum tris-acryl gelatin microspheres. At baseline, and 3, 6, and 12 months after UAE, magnetic resonance imaging was used to assess uterine volume and patient-assessed improvements in dysmenorrhea were recorded. Any complications and adverse events were reported.

RESULTS: In total, 117 patients with adenomyosis were enrolled. The bilateral UAE procedure was successful in 115 (98.3%) patients, who were able to return to normal activity within 1 week of treatment. At 12-month follow-up, a median 51.0% reduction in uterine volume from baseline was recorded (P=0.005). Marked and moderate improvements in dysmenorrhea symptoms were reported by 64 (55.7%) and 31 (27.0%) participants, respectively. Pelvic pain of varying intensity was reported by 112 (97.4%) patients but was managed with analgesia. Persistent amenorrhea was experienced by 2 (1.7%) individuals following treatment. Patients did not encounter any new gynecologic or general complications following UAE treatment.

CONCLUSION: UAE could be considered as a minimally invasive treatment option for patients with adenomyosis. Further research to compare the efficacy and safety of UAE with conventional hysterectomy is warranted.

Copyright © 2015 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.

Status
MEDLINE
Authors Full Name
Wang, Shaoguang; Meng, Xiaomei; Dong, Yaozhong.
Institution
Wang, Shaoguang. Department of Gynecology, Yuhuangding Hospital, Medical College of Qingdao University, Yantai, Shandong 264000, China. Electronic address: shaoguangw@lina.com. Meng, Xiaomei. Department of Gynecology, Yuhuangding Hospital, Medical College of Qingdao University, Yantai, Shandong 264000, China. Dong, Yaozhong. Department of Gynecology, Yuhuangding Hospital, Medical College of Qingdao University, Yantai, Shandong 264000, China.
Country of Publication
United States
Surgical Success in Chronic Pancreatitis: Sequential Endoscopic Retrograde Cholangiopancreatography and Surgical Longitudinal Pancreateojunostomy (Puestow Procedure).
Ford K; Paul A; Harrison P; Davenport M.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 25988745
Introduction Chronic pancreatitis (CP) can be a cause of recurrent, severe, disabling abdominal pain in children. Surgery has been suggested as a useful therapy, although experience is limited and the results unpredictable. We reviewed our experience of a two-stage protocol-preliminary endoscopic retrograde cholangiopancreatography (ERCP) and duct stenting, and if symptoms resolved, definitive surgical decompression by longitudinal pancreateojunostomy (LPJ) (Puestow operation). Patients and Methods This is a single-center, retrospective review of children with established CP who underwent an LPJ between February 2002 and September 2012. A questionnaire was completed (incorporating visual analog scale pain and lifestyle scores) to assess functional outcome. Data are expressed as median (range). Results In this study, eight (M:F ratio of 4:4) children underwent an LPJ and one female child had a more limited pancreateojunostomy anastomosis following preliminary ERCP and stent placement where possible. Diagnoses included hereditary pancreatitis (n=3), idiopathic or structural pancreatitis (n=5), and duct stricture following radiotherapy (n=1). Median duct diameter presurgery was 5 (4-
11) mm. Endoscopic placement of a Zimmon pancreatic stent was possible in six with relief of symptoms in all. Median age at definitive surgery was 11 (range, 7-17) years with a median postoperative stay of 9 (range, 7-12) days and a follow-up of 6 (range, 0.5-12) years. All children reported markedly reduced episodes of pain postprocedure. One developed diabetes mellitus, while three had exocrine deficiency (fecal elastase<200 micro g/g) requiring enzyme supplementation. The child with limited LPJ had symptomatic recurrence and required restenting and further surgery to widen the anastomosis to become pain free. Conclusion ERCP and stenting provide a therapeutic trial to assess possible benefit of a definitive duct drainage procedure. LPJ-the modified Puestow operation was safe and complication-free with good medium-term relief of symptoms. We were not able to identify a consistent etiology-associated outcome.

Foerster R; Schnetzke L; Bruckner T; Arians N; Rief H; Debus J; Lindel K.

BACKGROUND: Adjuvant radiotherapy (RT) for endometrial cancer (EC) may affect patients' quality of life (QoL). There is a paucity of data on prognostic factors for long-term QoL and sexual functioning. This study aimed to investigate such factors and assess the role of the vaginal dilator (VD).

METHODS: QoL was assessed in 112 EC patients 6 years (median) after RT. QoL was compared to normative data, and the influence of age, tumor characteristics, lymphadenectomy, RT, and acute toxicities was assessed. VD use and its effect on subjective vaginal shortening/tightness was analyzed.

RESULTS: QoL was reduced, particularly in younger patients. Vaginal brachytherapy only and intensity-modulated RT (IMRT) were associated with better global health status and reduced chronic gastrointestinal (GI) symptoms. Higher acute GI toxicity was associated with increased chronic GI symptoms, particularly diarrhea, and reduced role functioning. Higher acute urinary toxicity was associated with increased chronic urological symptoms, muscular/pelvic pain, and chronic GI symptoms, as well as with reduced emotional/social functioning and reduced global health status. Sexual interest/activity was increased despite vaginal dryness and dyspareunia. Sexual interest/activity increased with age. Only few, mainly younger patients used the VD. VD use >1 year was found in women with higher sexual interest/activity. Acute vaginal toxicity and chronic pain prevented VD use. Subjective vaginal shortening/tightness was not reduced in VD users.

CONCLUSION: RT technique and acute toxicities are prognostic for the extent of chronic symptoms and long-term QoL. Sexuality is important even at a higher age. Few patients use the VD and a reduction of subjective vaginal shortening/tightness was not achieved.
Adult-onset Still's disease with atypical cutaneous manifestations.

Narvaez Garcia FJ; Pascual M; Lopez de Recalde M; Juarez P; Morales-Ivorra I; Notario J; Jucgla A; Nolla JM.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Medicine. 96(11):e6318, 2017 Mar.
The diagnosis of adult-onset Still's disease (AOSD) can be very difficult. There are no specific tests available, and diagnosis is usually based on a symptom complex and the well-described typical evanescent rash seen in the majority of patients. However, in recent years, other atypical cutaneous manifestations of AOSD have been reported. These atypical skin eruptions often present in addition to the typical evanescent rash but may also be the only skin manifestation, resulting in delayed diagnosis because of under-recognition. In this study, we present 3 new cases of AOSD with atypical cutaneous manifestations diagnosed during a 30-year period in our department and review 78 additional cases previously reported (PubMed 1990-2016). These 81 patients form the basis of the present analysis. The overall prevalence of atypical cutaneous manifestations in our AOSD population was 14%. These manifestations may appear at any time over the course of the disease, and usually occur in patients who have persistent and severe disease, with a considerable frequency of clinical complications (23%), including serositis, myopericarditis, lung involvement, abdominal pain, neurologic involvement, and reactive hemophagocytic syndrome. The most representative and frequent lesion among the nonclassical skin rashes is the development of persistent pruritic papules and/or plaques. Interestingly, these lesions show a distinctive histological pattern. Other, less frequently observed lesions include urticaria and urticaria-like eruptions, generalized or widespread non-pruritic persistent erythema, vesiculopustular eruptions, a widespread peau d'orange appearance of the skin, and edema of the eyelids mimicking dermatomyositis without any accompanying skin lesion. The great majority of these patients required medium or high doses of glucocorticoids (including intravenous methylprednisolone pulse therapy in some cases) and, in nearly 40%, a more potent or maintenance immunotherapy with immunosuppressant drugs and/or biologic agents (mainly anakinra or tocilizumab) to control or manage symptoms because of a polycyclic or chronic course. The development of atypical cutaneous manifestations seems to be associated with a potentially worse prognosis, with a mortality rate reaching 8% primarily because of infectious complications related to immunosuppressive therapy. In conclusion, the appearance of atypical cutaneous manifestations is not uncommon in AOSD. Recognition of this clinical variant is crucial for the early diagnosis of AOSD, as it might imply persistent disease activity and the need for more aggressive treatment.
Clinical study of duloxetine hydrochloride combined with doxazosin for the treatment of pain disorder in chronic prostatitis/chronic pelvic pain syndrome: An observational study.
Zhang M; Li H; Ji Z; Dong D; Yan S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Observational Study. Randomized Controlled Trial]
UI: 28272220
To explore the safety and efficacy of the selective 5-serotonin and norepinephrine reuptake inhibitor duloxetine hydrochloride and alpha-adrenergic receptor blocker (alpha-blocker) doxazosin mesylate-controlled tablets in the treatment of pain disorder in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). In all, 150 patients were enrolled and 126 patients completed the study (41 patients in the doxazosin group, 41 patients in the sertraline group, and 44 patients in the duloxetine group). This was an open randomized 6-month study. CP/CPPS patients who met the diagnostic criteria were randomized into 3 groups. The patients in the duloxetine group received doxazosin 4 mg + duloxetine 30 mg once a day, and the dosage of duloxetine was increased to 60 mg after a week. The patients in the doxazosin group received doxazosin 4 mg once a day. The patients in the sertraline group received doxazosin 4 mg + sertraline 50 mg once a day. National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) score, the short-form McGill Pain questionnaire (SF-MPQ), and the hospital anxiety and depression scale (HAD) were applied for evaluations during follow-up of 1, 3, and 6 months
after treatment. There were slight positive significant correlations between NIH-CPSI scores and
HAD scores, moderate positive significant correlations between the quality of life (QOL) and SF-
MPQ, and slight positive significant correlations between HAD and QOL. The effective rate in the
doxazosin group was 4.88%, 19.51%, and 56.10% after 1, 3, and 6 months, respectively (P <
0.05). The SF-MPQ score in the doxazosin group decreased to 1.80 +/- 1.29, 2.66 +/- 1.57, and
3.24 +/- 1.67 after 1, 3, and 6 months, respectively (P < 0.05). The HAD score in the doxazosin
group decreased to 2.24 +/- 2.17, 4 +/- 2.11, and 4.90 +/- 2.62 after 1, 3, and 6 months,
respectively (P < 0.05). The effective rate in the sertraline group was 9.76%, 36.59%, and
63.41% after 1, 3, and 6 months, respectively. The SF-MPQ score in the sertraline group
decreased to 1.76 +/- 1.28, 3.07 +/- 2, and 3.93 +/- 2.53 after 1, 3, and 6 months, respectively (P
< 0.05). The HAD score in the sertraline group decreased to 3.56 +/- 4.11, 5.73 +/- 5.26, and 7.27
 +/- 6.50 after 1, 3, and 6 months, respectively (P < 0.05). The effective rate in the duloxetine
group was 36.36%, 88.64%, and 88.64% after 1, 3, and 6 months, respectively. The SF-MPQ
score in the duloxetine group decreased to 3.61 +/- 2.54, 6.05 +/- 3.66, and 7.41 +/- 4.26 after 1,
3, and 6 months, respectively (P < 0.05). The HAD score in the duloxetine group decreased to
3.14 +/- 3.28, 6.93 +/- 3.90, and 9.43 +/- 4.67 after 1, 3, and 6 months, respectively (P < 0.05).
There were significant differences in the reduction of the NIH-CPSI score and the SF-MPQ score
between the duloxetine group and the sertraline group and between the duloxetine group and the
doxazosin group (P < 0.01). There were significant differences in the reduction of the HAD score
at 3 months between the duloxetine group and the doxazosin group, and there were significant
differences in the reduction of the HAD score at 6 months among the groups (P < 0.05). The
incidence rates of adverse reactions in the duloxetine group, the sertraline group, and the
duloxetine group were 29.5%, 17%, and 7.3%, respectively, with adverse events ranging from
mild to moderate. There was a clear relationship between the extent of pain and mental factors in
CP/CPPS with the main symptom of pain. Doxazosin combined with duloxetine exhibited good
safety and efficacy in the treatment of pain disorder in CP/CPPS.

Status
MEDLINE
Authors Full Name
Zhang, Mingxin; Li, Hanzhong; Ji, Zhigang; Dong, Dexin; Yan, Su.
Institution
Zhang, Mingxin. Department of Urology, Chinese Academy of Medical Sciences, Peking Union
Medical College Hospital, Beijing, China.
Country of Publication
United States
Date of Publication
2017 Mar
Current Approach to the Evaluation and Management of Microscopic Colitis. [Review]
Cotter TG; Pardi DS.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28265892
PURPOSE OF REVIEW: Microscopic colitis is a common cause of chronic watery diarrhea, particularly in the elderly. The accompanying symptoms, which include abdominal pain and fatigue, can markedly impair patients’ quality of life. Diagnosis is based upon characteristic histologic findings of the colonic mucosa. This review focuses on the current approach to evaluation and management of patients with microscopic colitis.
RECENT FINDINGS: Although the incidence of microscopic colitis has been increasing over time, recent epidemiological studies show stabilization at 21.0-24.7 cases per 100,000 person-years. Recent research has further expanded our knowledge of the underlying pathophysiology and emphasized the entity of drug-induced microscopic colitis and the association with celiac disease. Two recent randomized studies have confirmed the effectiveness of oral budesonide for both induction and maintenance treatment of microscopic colitis and is now endorsed by the American Gastroenterological Association as first-line treatment. The incidence of microscopic colitis has stabilized at just over 20 cases per 100,000 person-years. Celiac disease and drug-induced microscopic colitis should be considered in all patients diagnosed with microscopic colitis. There are a number of treatments available for patients with microscopic colitis; however, budesonide is the only option well studied in controlled trials and is effective for both induction and maintenance treatment.
Status
MEDLINE
Authors Full Name
Experience suggests that many celiac patients suffer from persistent symptoms despite a long-term gluten-free diet (GFD). We investigated the prevalence and severity of these symptoms in patients with variable duration of GFD. Altogether, 856 patients were classified into untreated (n = 128), short-term GFD (1-2 years, n = 93) and long-term GFD (≥3 years, n = 635) groups. Analyses were made of clinical and histological data and dietary adherence. Symptoms were evaluated by the validated GSRS questionnaire. One-hundred-sixty healthy subjects comprised the control group. Further, the severity of symptoms was compared with that in peptic ulcer, reflux disease, inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS). Altogether, 93% of the short-term and 94% of the long-term treated patients had a strict GFD and recovered mucosa. Untreated patients had more diarrhea, indigestion and abdominal pain than those on GFD and controls. There were no differences in symptoms between the short- and long-term...
GFD groups, but both yielded poorer GSRS total score than controls (p = 0.03 and p = 0.05, respectively). Furthermore, patients treated 1-2 years had more diarrhea (p = 0.03) and those treated >10 years more reflux (p = 0.04) than controls. Long-term treated celiac patients showed relatively mild symptoms compared with other gastrointestinal diseases. Based on our results, good response to GFD sustained in long-term follow-up, but not all patients reach the level of healthy individuals.

Status
MEDLINE
Authors Full Name
Laurikka, Pilvi; Salmi, Teea; Collin, Pekka; Huhtala, Heini; Maki, Markku; Kaukinen, Katri; Kurppa, Kalle.
Institution
Laurikka, Pilvi. School of Medicine, University of Tampere, Tampere 33014, Finland.
laurikka.pilvi.l@student.uta.fi. Salmi, Teea. School of Medicine, University of Tampere, Tampere 33014, Finland. teea.salmi@uta.fi.
Salmi, Teea. Department of Dermatology, Tampere University Hospital, Tampere 33014, Finland. teea.salmi@uta.fi.
Collin, Pekka. School of Medicine, University of Tampere, Tampere 33014, Finland.
pekka.collin@uta.fi.
Collin, Pekka. Department of Gastroenterology and Alimentary Tract Surgery, Tampere University Hospital, University of Tampere, Tampere 33014, Finland. pekka.collin@uta.fi.
Huhtala, Heini. Tampere School of Health Sciences, University of Tampere, Tampere 33014, Finland. heini.huhtala@staff.uta.fi.
Maki, Markku. Centre for Child Health Research, University of Tampere and Tampere University Hospital, Tampere 33014, Finland. markku.maki@uta.fi.
Kaukinen, Katri. School of Medicine, University of Tampere, Tampere 33014, Finland.
markku.maki@uta.fi.
Kaukinen, Katri. Department of Internal Medicine, Tampere University Hospital, Tampere 33014, Finland. markku.maki@uta.fi.
Kurppa, Kalle. Centre for Child Health Research, University of Tampere and Tampere University Hospital, Tampere 33014, Finland. kalle.kurppa@uta.fi.
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4963905
Country of Publication
Switzerland
Publication History Status
2016/05/17 [received] 2016/07/07 [revised]
439.

Fulranumab in patients with interstitial cystitis/bladder pain syndrome: observations from a randomized, double-blind, placebo-controlled study.

Wang H; Russell LJ; Kelly KM; Wang S; Thipphawong J.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Multicenter Study. Randomized Controlled Trial]

UI: 28056917

BACKGROUND: This study was designed to evaluate the efficacy and safety of fulranumab, a fully human monoclonal antibody directed against nerve growth factor (NGF), for pain relief in patients with interstitial cystitis/bladder pain syndrome (IC/BPS).

METHODS: In this multicenter, double-blind study, adults with IC/BPS (i.e., interstitial cystitis symptom index [ICSI] total score >=8) accompanied by chronic, moderate-to-severe pain were randomized to fulranumab 9 mg or matching placebo, administered subcutaneously at weeks 1, 5, and 9. The primary efficacy endpoint was change from baseline to study endpoint (week 12 or at withdrawal) in average daily pain intensity score. Key secondary endpoints included change from baseline to study endpoint in worst pain intensity score, ICSI total score, Pelvic Pain and Urgency/Frequency total score, Patient Perception of Bladder Condition score, and global response assessment.

RESULTS: This study was terminated prematurely based on concern that this class may be associated with rapidly progressing osteoarthritis or osteonecrosis. Thirty-one patients (of the targeted 70 patients) were randomized, 17 to placebo and 14 to fulranumab, with 15 and 10 patients, respectively, receiving all 3 doses of double-blind treatment. In ANOVA analyses, there was no statistically significant difference between treatment groups for the primary endpoint (LS
mean difference [95% CI] vs. placebo, -0.2 [-1.52, 1.10]) or any of the secondary endpoints. Fulranumab was well tolerated, with no patient discontinuing due to an adverse event or experiencing a joint-related serious adverse event over a 26-week follow-up period. No events related to the neurologic or motor systems were reported.

CONCLUSIONS: Efficacy was not demonstrated in the present study with the single dose tested and a limited sample size, leading to lack of statistical power. These findings do not exclude the possibility that fulranumab would provide clinical benefit in a larger study and/or specific populations (phenotypes) in this difficult to treat pain condition.

Laxative utilization over time in chronic pain patients with opioid-induced constipation.
Datto CJ; LoCasale RJ; Margolis MK; Thompson CL; Coyne KS.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Pain Management. 6(6):531-541, 2016 Nov.
[Journal Article]
UI: 27476539
AIM: To determine laxative utilization over time among chronic noncancer pain patients with opioid-induced constipation (OIC).
SETTING: A prospective longitudinal study conducted in the USA, Canada, Germany and UK.
METHODS: Patients on daily opioid therapy for treatment of chronic noncancer pain with OIC were recruited from clinics to complete a survey at Baseline and weeks 2, 4, 6, 8, 12, 16, 20 and 24.
RESULTS: 489 patients completed baseline with 452 completing one or more follow-up visits. 128 (28%) were nonlaxative users, 112 (25%) were insufficient laxative users and 212 (47%) were sufficient laxative users. The consistent sufficient laxative users reported the most bowel movements per week.
CONCLUSION: The majority of OIC patients do not take or only intermittently take laxatives.
Response of the muscles in the pelvic floor and the lower lateral abdominal wall during the Active Straight Leg Raise in women with and without pelvic girdle pain: An experimental study.
Sjodahl J; Gutke A; Ghaffari G; Stromberg T; Oberg B.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Clinical Biomechanics. 35:49-55, 2016 06.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 27128765

BACKGROUND: The relationship between activation of the stabilizing muscles of the lumbopelvic region during the Active Straight Leg Raise test and pelvic girdle pain remains unknown. Therefore, the aim was to examine automatic contractions in relation to pre-activation in the muscles of the pelvic floor and the lower lateral abdominal wall during leg lifts, performed as the Active Straight Leg Raise test, in women with and without persistent postpartum pelvic girdle pain.

METHODS: Sixteen women with pelvic girdle pain and eleven pain-free women performed contralateral and ipsilateral leg lifts, while surface electromyographic activity was recorded from the pelvic floor and unilaterally from the lower lateral abdominal wall. As participants performed leg lifts onset time was calculated as the time from increased muscle activity to leg lift initiation.

FINDINGS: No significant differences were observed between the groups during the contralateral leg lift. During the subsequent ipsilateral leg lift, pre-activation in the pelvic floor muscles was observed in 36% of women with pelvic girdle pain and in 91% of pain-free women (P=0.01). Compared to pain-free women, women with pelvic girdle pain also showed significantly later onset time in both the pelvic floor muscles (P=0.01) and the muscles of the lower lateral abdominal wall (P<0.01).

INTERPRETATION: We suggest that disturbed motor activation patterns influence women's ability to stabilize the pelvis during leg lifts. This could be linked to provocation of pain during repeated movements.

Copyright © 2016 Elsevier Ltd. All rights reserved.
Status
MEDLINE
Authors Full Name
Clinical and laboratory characteristics, epidemiology, and outcomes of murine typhus: A systematic review. [Review]

Tsioutis C; Zafeiri M; Avramopoulos A; Prousali E; Miligkos M; Karageorgos SA.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Murine or endemic typhus, a febrile disease caused by Rickettsia typhi, is often misdiagnosed due to its non-specific presentation. We sought to evaluate all available evidence in the literature regarding the clinical and laboratory manifestations, epidemiological characteristics, and outcomes of murine typhus. Pubmed was searched for all articles providing available data. In an effort to incorporate contemporary data, only studies from 1980 were included. Thirty-three case series including 2074 patients were included in final analysis. Available evidence suggests that the classic triad of fever, headache and rash is encountered in only one-third of patients. Other frequent symptoms were chills, malaise, myalgia, and anorexia. A tetrad of reported laboratory abnormalities consisting of elevated liver enzymes, lactate dehydrogenase, erythrocyte sedimentation rate and hypoalbuminemia was detected. Complications were observed in one-fourth of patients, reported mortality was extremely low, but untreated patients had notably longer duration of fever. Among epidemiological characteristics, a seasonal distribution with most cases reported during warmer months, was the most prominent finding. Murine typhus in children exhibits several different characteristics, with abdominal pain, diarrhea, and sore throat reported more commonly, higher frequency of anemia, lower frequency of hypoalbuminemia, hematuria and proteinuria and a much lower rate of complications. This systematic review of published evidence provides a thorough description of the clinical and laboratory features of murine typhus and highlights important differences in children.

Copyright © 2016 Elsevier B.V. All rights reserved.

Status
MEDLINE
Authors Full Name
Tsioutis, Constantinos; Zafeiri, Maria; Avramopoulos, Asimakis; Prousali, Efthymia; Miligkos, Michael; Karageorgos, Spyridon A.
Institution
Tsioutis, Constantinos. Infectious Diseases Working Group, Society of Junior Doctors, Athens, Greece; School of Medicine, European University of Cyprus, Nicosia, Cyprus. Electronic address: tsioutis@sni.gr. Zafeiri, Maria. Infectious Diseases Working Group, Society of Junior Doctors, Athens, Greece; Diabetes and Obesity Outpatient Department, Konstantopouleio General Hospital, Nea Ionia, Athens, Greece.
Avramopoulos, Asimakis. Infectious Diseases Working Group, Society of Junior Doctors, Athens, Greece; School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece.
Prousali, Efthymia. Infectious Diseases Working Group, Society of Junior Doctors, Athens, Greece; School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece; Charing Cross Hospital, Imperial College Healthcare NHS Trust, London, UK.
Can hip abduction and external rotation discriminate sacroiliac joint pain?.

Adhia DB; Tumilty S; Mani R; Milosavljevic S; Bussey MD.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Comparative Study. Journal Article]

UI: 26299325

AIM: The primary aim of the study is to determine if Hip Abduction and External Rotation (HABER) test is capable of reproducing familiar pain in individuals with low back pain (LBP) of sacroiliac joint (SIJ) origin (SIJ-positive) when compared with LBP of Non-SIJ origin (SIJ-negative). If so, the secondary aim is to determine the diagnostic accuracy of HABER test against the reference standard of pain provocation tests, and to determine which increments of the HABER test has highest sensitivity and specificity for identifying SIJ-positive individuals.

DESIGN: Single-blinded diagnostic accuracy study.
METHOD: Participants [n(122)] between ages of 18-50 y, suffering from chronic non-specific LBP (>=3 months) volunteered in the study. An experienced musculoskeletal physiotherapist evaluated and classified participants into either SIJ-positive [n(45)] or SIJ-negative [n(77)], based on reference standard of pain provocation tests [>=3 positive tests = SIJ-positive]. Another musculoskeletal physiotherapist, blinded to clinical groups, evaluated participants for reproduction of familiar pain during each increment (10degree, 20degree, 30degree, 40degree, and 50degree) of HABER test.

RESULTS: The HABER test reproduced familiar pain in SIJ-positive individuals when compared with SIJ-negative individuals [p (0.001), R(2) (0.38), Exp(beta) (5.95-10.32)], and demonstrated moderate level of sensitivity (67%-78%) and specificity (71%-72%) for identifying SIJ-positive individuals. Receiver operator curve analysis demonstrated that the HABER increments of >=30degree have the highest sensitivity (83%-100%) and specificity (52%-64%).

CONCLUSIONS: The HABER test is capable of reproducing familiar pain in SIJ-positive LBP individuals and has moderate levels of sensitivity and specificity for identifying SIJ-positive LBP individuals.

Copyright © 2015 Elsevier Ltd. All rights reserved.

Status
MEDLINE
Authors Full Name
Adhia, Divya Bharatkumar; Tumilty, Steve; Mani, Ramakrishnan; Milosavljevic, Stephan; Bussey, Melanie D.
Institution
Adhia, Divya Bharatkumar. School of Physical Education, Sport and Exercise Sciences, University of Otago, Dunedin, New Zealand; School of Physiotherapy, University of Otago, Dunedin, New Zealand. Electronic address: divya.adhia@otago.ac.nz. Tumilty, Steve. School of Physiotherapy, University of Otago, Dunedin, New Zealand.
Mani, Ramakrishnan. School of Physiotherapy, University of Otago, Dunedin, New Zealand.
Milosavljevic, Stephan. School of Physiotherapy, University of Otago, Dunedin, New Zealand.
Bussey, Melanie D. School of Physical Education, Sport and Exercise Sciences, University of Otago, Dunedin, New Zealand. Electronic address: melanie.bussey@otago.ac.nz.
Country of Publication
Scotland
Publication History Status
2014/12/19 [received] 2015/08/03 [revised]
2015/08/05 [accepted]
Date of Publication
2016 Feb
Osteoarthritis (OA) is the most common form of arthritis in older individuals and is among the most prevalent and disabling chronic conditions worldwide. We conducted a meta-analysis to determine the efficacy and safety of celecoxib, a cyclooxygenase-2 (COX-2) inhibitor in the treatment of osteoarthritis. Studies were pooled, and mean difference (MD), relative risk (RR), and its corresponding 95% confidence interval (CI) were calculated. Fifteen relevant articles were included for this meta-analysis study. We observed that osteoarthritis total score (MD = -4.41, 95% CI: -7.27 to -1.55), pain subscale score (MD = -0.86, 95% CI: -1.10 to -0.62), and function subscale score (MD = -2.90, 95% CI: -5.12 to -0.67) in OA patients treatment with celecoxib was significantly improved than that with placebo. There was no significant difference in the incidence of adverse events (AEs), SAEs, and discontinuations due to AEs; however, the incidence of gastrointestinal AEs in OA patients treatment with celecoxib is significantly higher than that with placebo. For AE, the incidence of abdominal pain in OA patients with celecoxib was significantly higher than that with placebo (RR = 2.24, 95% CI: 1.40-3.58; P = 0.839, I = 0%). There was no significant difference in diarrhea, dyspepsia, headache, and nausea. This meta-analysis indicated that celecoxib treatment (200 mg orally once daily) led to significant improvement in the pain and function of osteoarthritis. However, compared with placebo control, celecoxib resulted in greater gastrointestinal AEs, especially abdominal pain after approximately 10 to 13 weeks of treatment. The current study, therefore, provides valuable information to help physicians make treatment decisions for their patients with OA.
445.
Erectile Dysfunction in Chronic Prostatitis/Chronic Pelvic Pain Syndrome: Outcomes from a Multi-Center Study and Risk Factor Analysis in a Single Center.
Zhang Y; Zheng T; Tu X; Chen X; Wang Z; Chen S; Yang Q; Wan Z; Han D; Xiao H; Sun X; Deng C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't]
UI: 27120096
The aim of this study was to investigate the prevalence of erectile dysfunction (ED) in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and explore the influence of UPOINT domains, National Institutes of Health-CP symptom index (NIH-CPSI) and other factors on ED prevalence. This was a prospective study of consecutive patients with CP/CPPS seen at
11 tertiary hospitals during January-July 2014. ED was diagnosed as a score of<21 on the International Index of Erectile Function (IIEF-5). Patients from one center were evaluated by the UPOINT system and NIH-CPSI. Each patient was assessed using clinical examination, asocio-demographic questionnaire, the Patient Health Questionnaire (PHQ), the Pain Catastrophizing Scale (PCS), NIH-CPSI and IIEF-5.1406 patients from 11 centers (mean age, 32.18 years; range 18-60 years) were enrolled. ED was found in 638/1406 patients (45.4%), and was categorized as mild in 291(45.6%), moderate in 297(46.6%) and severe in50(7.7%). 192 patients from one center(mean age,31.3 years; range 18-57 years) were further studied.IIEF-5 score correlated negatively with NIH-CPSI(r = 0.251), PHQ (r = 0.355) and PCS (r = 0.322)scores (P<0.001).PHQ score correlated positively with NIH-CPSI (r = 0.586) and PCS(r = 0.662) scores (P<0.001).NIH-CPSI, PHQ, PCS and IIEF-5 scores did not differ significantly between class IIIA and IIIB CP/CPPS. Multivariate logistic regression showed that UPOINT psychological (P) domain and NIH-CPSI symptom severity were independent risk factors for ED in CP/CPPS. It is concluded that psychological factors and symptom severity are independent risk factors for ED in CP/CPPS. Status MEDLINE Authors Full Name
Zhang, Yadong; Zheng, Tao; Tu, Xiang’an; Chen, Xin; Wang, Zhu; Chen, Shengfu; Yang, Qiyun; Wan, Zi; Han, Dayu; Xiao, Haipeng; Sun, Xiangzhou; Deng, Chunhua.
Institution
Zhang, Yadong. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Zheng, Tao. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Tu, Xiang'an. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Chen, Xin. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Wang, Zhu. Department of Ultrasound Medicine, Endocrinology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Chen, Shengfu. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Yang, Qiyun. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Wan, Zi. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China. Han, Dayu. Department of Urology, 1st Affiliated Hospital of Sun Yat-sen University, Guangzhou, 510080, Guangdong Province, China.
Clinicopathological features of choledocholithiasis patients with high aminotransferase levels without cholangitis: Prospective comparative study.

Huh CW; Jang SI; Lim BJ; Kim HW; Kim JK; Park JS; Kim JK; Lee SJ; Lee DK.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Randomized Controlled Trial]

UI: 27759652

Common bile duct (CBD) stones are generally associated with greater elevations of alkaline phosphatase and gamma-glutamyl transpeptidase levels than aspartate aminotransferase and alanine aminotransferase levels. However, some patients with CBD stones show markedly increased aminotransferase levels, sometimes leading to the misdiagnosis of liver disease. Therefore, the aim of this study was to investigate the clinicopathologic features of patients with
CBD stones and high aminotransferase levels. This prospective cohort study included 882 patients diagnosed with CBD stones using endoscopic retrograde cholangiopancreatography (ERCP). Among these patients, 38 (4.3%) exhibited aminotransferase levels above 400 IU/L without cholangitis (gallstone hepatitis [GSH] group), and 116 (13.2%) exhibited normal aminotransferase levels (control group). We compared groups in terms of clinical features, laboratory test results, radiologic images, and ERCP findings such as CBD diameter, CBD stone diameter and number, and periampullary diverticulum. Liver biopsy was performed for patients in the GSH group. GSH patients were younger and more likely to have gallbladder stones than control patients, implying a higher incidence of gallbladder stone migration. Also, GSH patients experienced more severe, short-lasting abdominal pain. ERCP showed narrower CBDs in GSH patients than in control patients. Histological analysis of liver tissue from GSH patients showed no abnormalities except for mild inflammation. Compared with control patients, GSH patients were younger and showed more severe, short-lasting abdominal pain, which could be due to a sudden increase of CBD pressure resulting from the migration of gallstones through narrower CBDs. These clinical features could be helpful not only for the differential diagnosis of liver disease but also for investigating the underlying mechanisms of liver damage in obstructive jaundice. Moreover, we propose a new definition of "gallstone hepatitis" based on the specific clinicopathologic characteristics observed in our patients.
Efficacy of acupuncture for chronic prostatitis/chronic pelvic pain syndromes: study protocol for a randomized, sham acupuncture-controlled trial.

Qin Z; Zang Z; Wu J; Zhou J; Liu Z.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Randomized Controlled Trial]
UI: 27821109

BACKGROUND: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) affects many adult men worldwide. The currently available therapies offer little or no proven benefit for CP/CPPS. We designed this study to assess the efficacy of acupuncture therapy for the treatment of CP/CPPS.

METHODS: This study is designed as a randomized, sham acupuncture-controlled trial. We will compare patients with CP/CPPS in an acupuncture group and a sham acupuncture group. Sixty-eight patients will be randomly allocated to receive acupuncture or sham acupuncture. The treatments will consist of 30-min sessions, three times weekly, for 8 weeks. The primary outcome measure is change in the weekly mean National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score from baseline through the 8-week treatment period. Secondary measures include the NIH-CPSI subscale scores, the total International Prostate Symptom Score (IPSS), patients' response rate, and patient satisfaction after treatment. We will also assess changes in the NIH-CPSI total score from baseline at the 20th and 32nd week of follow-up.

DISCUSSION: This is a randomized, sham-controlled trial of acupuncture treatment for CP/CPPS. The results of this trial will provide more evidence on whether acupuncture is efficacious for treating CP/CPPS.

TRIAL REGISTRATION: Clinical Trials.gov NCT02588274.

Status
MEDLINE
Author Initials
Liu, Zhishun; ORCID: [http://orcid.org/0000-0002-1934-2962]
Authors Full Name
Qin, Zongshi; Zang, Zhiwei; Wu, Jiani; Zhou, Jing; Liu, Zhishun.
Evaluation of patients diagnosed with fascioliasis: A six-year experience at a university hospital in Turkey.

Bosnak VK; Karaoglan I; Sahin HH; Nameniduru M; Pehlivan M; Okan V; Mete AO.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 27131001
INTRODUCTION: In this study, clinical, laboratory, radiological, and serological examinations of fascioliasis patients were analyzed, and data with a significant impact on differential diagnosis were evaluated.

METHODOLOGY: Clinical, radiological, and laboratory findings and treatment responses of a total of 22 fascioliasis patients, treated between October 2009 and September 2014, were evaluated. Nineteen patients were diagnosed with fascioliasis at the invasive phase and three patients at the chronic phase. Patients were followed up for clinical, laboratory, and radiology findings for a period of three months to one year after treatment.

RESULTS: The most frequent complaints in both groups were abdominal pain, and the most common physical examination finding was epigastric tenderness. In the performed examination, an eosinophil elevation in whole blood count was detected in 19 patients (100%) in the hepatic phase, and in 2 patients (66.6%) in the biliary phase. The results of the Fasciola hepatica indirect hemagglutination assay (IHA) test ordered in the diagnosis were positive in all patients. Treatment with 10 mg/kg/day triclabendazole for two consecutive days was effective. Live parasites were extracted from patients in the biliary phase with endoscopic retrograde cholangiopancreatography. In the follow-ups, remission in IHA titer and clinical and radiological improvement was achieved in all patients.

CONCLUSIONS: If hypereosinophilia is detected by peripheral smear in patients who are admitted with complaints such as abdominal pain, weakness, nausea, myalgia, and weight loss, radiological evaluation and serological tests should be performed and fascioliasis should be considered in the differential diagnosis.
Efficacy of paraspinal anesthetic block in patients with chronic pelvic pain refractory to drug therapy: a randomized clinical trial.

da Rosa KF; Amantea VA; dos Santos AC; Savaris RF.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Revista Brasileira de Ginecologia e Obstetricia. 37(3):105-9, 2015 Mar.

[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]

UI: 25830642

PURPOSE: To determine whether paraspinal block reduces pain scores compared to placebo in women with chronic pelvic pain refractory to drug therapy.

METHODS: Subjects with chronic pelvic pain due to benign conditions and refractory to drug therapy were invited to participate in a randomized, double blind, superiority trial at a tertiary reference center. Subjects were randomly allocated to receive paraspinal anesthetic block with 1% lidocaine without epinephrine or placebo (control). Lidocaine was injected along the spinal process of the painful segment in the supra- and interspinal ligaments using a 25G X 2" needle. Placebo consisted of introduction of the needle in the same segment without injecting any substance. The main outcome measured was the pain score based on a visual analog scale at T0 (baseline), T1 (within 15 min after the procedure) and T2 (one week after the procedure). Data were statistically analyzed by ANOVA and the 95% confidence interval (95%CI).

RESULTS: Mean age was similar for both groups, i.e., 51.2 (paraspinal anesthetic block) and 51.8 years (control). A blind examiner measured the degree of pain according to the visual analog scale from 0 (no pain) to 10 (worst pain imaginable). Based on the visual analog scale, the mean pain scores of the paraspinal anesthetic block group at T0, T1 and T2 were 5.50 (SD=2.92; 95%CI 3.84-7.15), 2.72 (SD=2.10; 95%CI 1.53-3.90), and 4.36 (SD=2.37; 95%CI 1.89-6.82), respectively. The difference between T0 and T1 was statistically significant, with p=0.03.

CONCLUSIONS: Paraspinal anesthetic block had a small effect on visual analog scale pain score immediately after the injections, but no sustained benefit after one week. Further studies are
needed to determine the efficacy of paraspinal anesthetic block with different lidocaine doses for the treatment of visceral pain of other causes.

Status
MEDLINE

Authors Full Name
da Rosa, Karen Felix; Amantea, Vinicius Atrib; dos Santos, Antonio Cardoso; Savaris, Ricardo Francalacci.

Institution
Amantea, Vinicius Atrib. Department of Surgery, Hospital de Clinicas de Porto Alegre, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.
dos Santos, Antonio Cardoso. Department of Surgery, Hospital de Clinicas de Porto Alegre, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.
Savaris, Ricardo Francalacci. Department of Gynecology and Obstetrics, Hospital de Clinicas de Porto Alegre, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.

Country of Publication
Brazil

Publication History Status
2014/03/11 [received]  2015/07/01 [accepted]

Date of Publication
2015 Mar

Date Created
20150402

Year of Publication
2015

450.
Bozzini G; Provenzano M; Buffi N; Seveso M; Lughezzani G; Guazzoni G; Mandressi A; Taverna G.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: Nonbacterial prostatitis, together with chronic pelvic pain syndrome, accounts for 90-95 % of prostatitis cases. Anti-inflammatory medications are commonly used to reduce storage/inflammatory symptoms that can deteriorate quality of life. The purpose of this study was to observe the efficacy and safety of beclomethasone dipropionate rectal suppositories (Topster) in inflammations of the lower urinary tract in men.

METHODS: Patients underwent diagnostic and therapeutic protocols according to current evidence-based practice. Efficacy assessments: voiding parameters, perineal pain, International Prostate Symptom Score (IPSS), digital rectal examination (DRE). Adverse events and patient compliance were recorded throughout the study.

RESULTS: One hundred eighty patients were enrolled, mean age 52+/−14.97. Most frequent diagnosis: nonbacterial prostatitis (85 %). All patients completed visits 1 and 2. All patients were treated with beclomethasone dipropionate (BDP) suppositories, 136/180 also with Serenoa repens (SR) extract. Antibiotics were rarely required. 162/180 patients presented clinically significant improvements and terminated treatment. Mean change vs. baseline in voiding frequency: -3.55+/−2.70 n/day in patients taking only BDP and -3.68+/−2.81 n/day in those taking both BDP and SR (P<.0001 in both groups). Uroflowmetry improved significantly; change from baseline 3.26+/−5.35 ml/s in BDP only group and 5.61+/−7.32 ml/s in BDP+SR group (P=0.0002 for BDP, P<.0001 for BDP+SR). Urine stream normal in 35 % of patients at visit 1 and 57.22 % of patients at visit 2. Mean change in perineal pain, on 0-10 VAS, -0.66+/−2.24 for BDP only group (P=0.0699) and -1.37+/−2.40 for BDP+SR group (P<.0001). IPSS increased at visit 2. No adverse events were reported. For all parameters, none of the comparisons between groups was found to be statistically significant.

CONCLUSION: This study confirmed the drug’s good safety profile. We also observed an improvement in the main storage symptoms and clinical findings associated with lower urinary tract inflammation in patients treated with beclomethasone dipropionate suppositories.
Buffi, Nicolo. Department of Urology, Humanitas Research Hospital, Milan, Italy.
Seveso, Mauro. Department of Urology, Humanitas Mater Domini, Via Gerenzano 2, I - 21053, Castellanza, Varese, Italy.
Lughezzani, Giovanni. Department of Urology, Humanitas Research Hospital, Milan, Italy.
Guazzoni, Giorgio. Humanitas University, Milan, Italy.
Guazzoni, Giorgio. Department of Urology, Humanitas Research Hospital, Milan, Italy.
Mandressi, Alberto. Department of Urology, Humanitas Mater Domini, Via Gerenzano 2, I - 21053, Castellanza, Varese, Italy.
Taverna, Gianluigi. Department of Urology, Humanitas Mater Domini, Via Gerenzano 2, I - 21053, Castellanza, Varese, Italy.

PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4897870

Country of Publication
England

Publication History Status
2015/09/13 [received]   2016/05/31 [accepted]

Date of Publication
2016 Jun 08

Date Created
20160609

Year of Publication
2016

451.

Regorafenib as Salvage Treatment in Korean Patients with Refractory Metastatic Colorectal Cancer.
Kim ST; Kim TW; Kim KP; Kim TY; Han SW; Lee JY; Lim SH; Lee MY; Kim H; Park YS.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 25672574
PURPOSE: Regorafenib, an oral multi-targeted tyrosine kinase inhibitor, is considered the new standard of care in patients with chemotherapy-refractory colorectal cancers (CRCs). However, there are no data on this drug in Korean patients.

MATERIALS AND METHODS: We evaluated patients who received oral regorafenib 160 mg once daily during the first 3 weeks of each 4-week cycle between August 2013 and September 2013. All patients had previously progressed fluorouracil, irinotecan, and oxaliplatin with or without biologic agents such as cetuximab or bevacizumab.

RESULTS: Thirty-two patients were enrolled (median age, 57 years; male:female ratio, 20:12; Eastern Cooperative Oncology Group performance status [0-1:2], 31:1; colon:rectum, 21:11). The overall response rate was 3.1% and the disease control rate was 50.0% (95% confidence interval [CI]) with one partial response and 15 patients with stable disease. The median progression-free survival was 4.2 months (95% CI, 3.1 to 5.2 months) and the median overall survival has not yet been reached. The most common adverse events of grade two or higher related to regorafenib were hand-foot skin reaction (25%), mucositis (19%), abdominal pain (9%), and liver function test (LFT) abnormalities (9%). Grade 3 or 4 toxicities included LFT abnormalities (9%), abdominal pain (9%), rash (6%), anemia (3%), leukopenia (3%), neutropenic fever (3%), and fatigue (3%). There was no treatment-related death.

CONCLUSION: Regorafenib appears to have promising activity and tolerable toxicity profiles in Korean patients with refractory CRC, consistent with the CORRECT trial findings.

Status
MEDLINE
Authors Full Name
Kim, Seung Tae; Kim, Tae Won; Kim, Kyu-pyo; Kim, Tae-You; Han, Sae-Won; Lee, Ji Yun; Lim, Sung Hee; Lee, Min-Young; Kim, Haesu; Park, Young Suk.
Institution
Kim, Seung Tae. Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea. Kim, Tae Won. Department of Oncology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea.
Kim, Kyu-pyo. Department of Oncology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea.
Kim, Tae-You. Department of Internal Medicine, Seoul National University, Seoul, Korea.
Han, Sae-Won. Department of Internal Medicine, Seoul National University, Seoul, Korea.
Lee, Ji Yun. Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea.
Lim, Sung Hee. Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea.
Chronic Anal Fissure: A Comparative Study of Medical Treatment Versus Surgical Sphincterotomy.
Motie MR; Hashemi P.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Comparative Study. Journal Article. Randomized Controlled Trial]
UI: 27424014
To determine whether the medical Treatment of anal fissure can be an effective alternative for surgery Methods: Retrospectively, we randomly selected 190 Patients being treated for anal fissure between the years 2005-2010 in 3 equal groups: group A: Patients who received medical treatment with topical nitroglycerin, group B: Patient treated with topical diltiazem, and group C: Patients underwent surgery. The results were then correlated with the statistical program SPSS
using chi-square test. Main complaints of the patients were first anal pain and then bleeding. The response to treatments for relieving pain was: 77% in A, 83% in B, and 98% in group C. Response of treatments for fissure healing, in order of groups A, B and C was: 74%, 83%, and 94%. Despite good response to medical treatment, surgical treatment was more effective and medical treatment of choice in patients who are willing to have surgery.

Status
MEDLINE
Authors Full Name
Motie, Mohammad Reza; Hashemi, Parham.
Institution
Motie, Mohammad Reza. Department of General Surgery, Surgical Oncology Research Center, Mashhad University of Medical Sciences, Mashhad, Iran. Hashemi, Parham. Department of General Surgery, Surgical Oncology Research Center, Mashhad University of Medical Sciences, Mashhad, Iran.
Country of Publication
Iran
Publication History Status
2016/07/09 [accepted]
Date of Publication
2016 Jul
Date Created
20160718
Year of Publication
2016

453.
Chronic pelvic pain. [Review]
Wozniak S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 27294622
INTRODUCTION: Chronic pelvic pain (CPP) affects about 10-40% of women presenting to a physician, and is characterised by pain within the minor pelvis persisting for over 6 months.

MATERIALS AND METHOD: The Medline database was searched using the key words 'chronic pelvic pain' and 'pelvic congestion syndrome', published in English during the past 15 years. The condition markedly deteriorates the quality of life of the affected. Its aetiology has not been fully described and elucidated, although organic, functional and psychosomatic factors are implicated. Pain associated with parametrial varices was defined as pelvis congestion syndrome (PCS). Since the aetiology of CPP is complex, multi-directional diagnostic procedures are required.

RESULTS: The main diagnostic methods employed are imaging examinations (ultrasound, computer tomography, magnetic resonance). Advances in interventional radiology considerably contributed to the CPP treatment. Currently, embolization of parametrial vessels is one of the most effective methods to relieve pain associated with pelvic congestion syndrome.

CONCLUSIONS: Due to the complex aetiology of chronic pelvic pain, the most beneficial effects are obtained when the therapy is based on cooperation of the gynaecologist, physiotherapist, psychologist and interventional radiologist.

Status
MEDLINE
Authors Full Name
Wozniak, Slawomir.
Institution
Wozniak, Slawomir. 3rd Department of Gynecology, Medical University, Lublin, Poland.
Country of Publication
Poland
Date of Publication
2016 Jun 02
Date Created
20160614
Year of Publication
2016

454.
Sleep problems and pain: a longitudinal cohort study in emerging adults.
Bonviance IJ; Oldehinkel AJ; Rosmalen JG; Janssens KA.
Sleep and pain are thought to be bidirectional related on a daily basis in adolescents with chronic pain complaints. In addition, sleep problems have been shown to predict the long-term onset of musculoskeletal pain in middle-aged adults. Yet, the long-term effects of sleep problems on pain duration and different types of pain severity in emerging adults (age: 18-25) are unknown. This study investigated the cross-sectional and longitudinal relationship between sleep problems and chronic pain, and musculoskeletal pain, headache, and abdominal pain severity in a general population of emerging adults. We studied whether these relationships were moderated by sex and whether symptoms of anxiety and depression, fatigue, or physical inactivity mediated these effects. Data of participants from the longitudinal Dutch TRacking Adolescents' Individual Lives Survey were used. Follow-up data were collected in 1753 participants who participated in the fourth (N = 1668, mean age: 19.0 years [SD = 0.6]) and/or fifth (N = 1501, mean age: 22.3 years [SD = 0.6]) assessment wave. Autoregressive cross-lagged models were used for analyses. Sleep problems were associated with chronic pain, musculoskeletal pain, headache and abdominal pain severity, and predicted chronic pain and an increase in musculoskeletal pain severity at 3 years of follow-up. This prospective effect was stronger in females than in males and was mediated by fatigue but not by symptoms of anxiety and depression or physical inactivity. Only abdominal pain had a small long-term effect on sleep problems. Our results suggest that sleep problems may be an additional target for treatment in female emerging adults with musculoskeletal pain complaints.
455.
Tailored therapy for different presentations of chronic pain after stapled hemorrhoidopexy.
Asteria CR; Robert-Yap J; Zufferey G; Colpani F; Pascariello A; Lucchini G; Roche B.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27037709
BACKGROUND: As stapled hemorrhoidopexy (SH) becomes more widely used, we see more patients with chronic postoperative anal pain after this surgery. Its presentation is variable and difficult to treat. The aim of our study was to investigate the impact of chronic anal pain after SH and whether tailored therapy was likely to achieve a favorable outcome.
METHODS: We retrospectively analyzed 31 consecutive patients with chronic anal pain who had undergone SH in other hospitals and were referred to our institutions. Depending on the type of pain, unrelated (at rest) or related to defecation, two groups of patients were identified. Moreover, the mean distance of the staple line from the anal verge was calculated in both groups.
Treatments included: topical nifedipine, local anesthetic and steroid infiltration, removal of retained staples, anal dilation, and scar excision with mucosal suturing. A visual analog scale (VAS) was used to compare pain at baseline, postoperatively, and in the follow-up. This mean difference of the VAS score between stages was always used as the main outcome measure, depending on the type of presentation, type of pain, and type of treatment. Treatment response was defined as a 50 % decrease of VAS from baseline.
RESULTS: There were 22 males and 9 females. The overall median age was 43 years (range 21-62 years). On digital examination and proctoscopy, 15 (48 %) patients had inflammatory changes, 19 (61 %) patients had staple retention, 8 (26 %) patients had anorectal stenosis, and 30 (97 %) patients had scar tissue. All patients had one or more of the following treatments listed from the least to most invasive: topical nifedipine in 12 (39 %) patients, anal dilation in 6 (19 %) patients, anesthetic and steroid infiltration in 18 (58 %) patients, removal of staples in 10 (32 %) patients, and scar excision in 18 (58 %) patients. The mean VAS score at baseline was 6.100, +/- 1.953 SD, which dropped significantly after treatment to 1.733, +/- 1.658 SD (p < 0.001) and remained
low at follow-up (1.741 +/- SD 1.251; p < 0.743). In patients with pain at rest (n = 20, 65 %), the symptoms improved in 19 (95 %) patients, while the VAS score decreased from 5.552 +/- 2.115 SD to 1.457 +/- 1.440 SD (95 % CI 3.217-4.964; p < 0.001). In patients with post-evacuation pain (n = 11, 35 %), the symptoms improved in 11 (100 %) patients, while the VAS score decreased from 6.429 +/- 1.835 SD to 1.891 +/- 1.792 SD (95 % CI 3.784-5.269; p < 0.001). Rating of response based on presentation was 90.0 % (0.9/10) after treatment of staple retention, which led to a significant decrease in the mean VAS score from 6.304 +/- 1.845 SD to 1.782 +/- 1.731 SD (95 % CI 3.859-5.185; p < 0.001). Anal stenosis was successfully treated in 100.0 % (n = 8/8) of cases with the mean VAS score dropping from 6.500 +/- 1.309 SD to 2.125 +/- 1.808 SD (95 % CI 2.831-5.919; p < 0.001). Anal inflammation improved in 60.0 % (n = 9/15) of patients and the mean VAS score dropped from 6.006 +/- 2.138 SD to 1.542 +/- 1.457 SD (95 % CI 3.217-4.964; p < 0.001). The response after scar tissue treatment was 94 % (n = 17/18) of patients with a mean VAS decreasing from 6.117 +/- 2.006 SD to 1.712 +/- 1.697 SD (95 % CI 3.812-4.974; p < 0.001). Success for topical nifedipine was between 13 and 25 % of patients depending on the clinical presentation. Anal dilation was successful in 75 % of patients, while Anesthetic and steroid infiltration in 23-54 % of patients depending on the clinical presentation. Staple removal was successful in 77 % of patients, and scar excision with mucosal suturing in 94 % of patients.

CONCLUSIONS: Our retrospective study suggests that most patients with chronic anal pain after SH may be cured with treatment by applying a stepwise approach from the least to the most invasive treatment.
BACKGROUND: Inflammatory bowel diseases are common in Europe, with prevalences as high as 1 in 198 persons (ulcerative colitis) and 1 in 310 persons (Crohn's disease).
METHODS: This review is based on pertinent articles retrieved by a search in PubMed and in German and European guidelines and Cochrane reviews of controlled trials.
RESULTS: Typically, the main clinical features of inflammatory bowel diseases are diarrhea, abdominal pain, and, in the case of ulcerative colitis, peranal bleeding. These diseases are due to a complex immunological disturbance with both genetic and environmental causes. A defective mucosal barrier against commensal bowel flora plays a major role in their pathogenesis. The diagnosis is based on laboratory testing, ultrasonography, imaging studies, and, above all, gastrointestinal endoscopy. Most patients with Crohn's disease respond to budesonide or systemic steroids; aminosalicylates are less effective. Refractory exacerbations may be treated with antibodies against tumor necrosis factor (TNF) or, more recently, antibodies against integrin, a protein of the cell membrane. In ulcerative colitis, aminosalicylates are given first; if necessary, steroids or antibodies against TNF-alpha or integrin are added. Maintenance therapy to prevent
further relapses often involves immunosuppression with thiopurines and/or antibodies. Once all conservative treatment options have been exhausted, surgery may be necessary.

CONCLUSION: The treatment of chronic inflammatory bowel diseases requires individually designed therapeutic strategies and the close interdisciplinary collaboration of internists and surgeons.

Status
MEDLINE
Authors Full Name
Wehkamp, Jan; Gotz, Martin; Herrlinger, Klaus; Steurer, Wolfgang; Stange, Eduard F.
Institution
Wehkamp, Jan. Department of Internal Medicine I - Gastroenterology, Hepatology, Infectiology, University Hospital of Tubingen, Asklepios Klinik Nord - Heidberg, Hamburg, Department of Internal Medicine I (Gastroenterology, Hepatology and Endocrinology), Robert-Bosch-Krankenhaus, Stuttgart.
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4782273
Country of Publication
Germany
Publication History Status
2015/06/28 [received]   2015/12/14 [revised]
2015/12/14 [accepted]
Date of Publication
2016 Feb 05
Date Created
20160222
Year of Publication
2016

457.
Chronic Abdominal Wall Pain. [Review]
Koop H; Koprdova S; Schurmann C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: Chronic abdominal wall pain is a poorly recognized clinical problem despite being an important element in the differential diagnosis of abdominal pain.

METHODS: This review is based on pertinent articles that were retrieved by a selective search in PubMed and EMBASE employing the terms "abdominal wall pain" and "cutaneous nerve entrapment syndrome," as well as on the authors' clinical experience.

RESULTS: In 2% to 3% of patients with chronic abdominal pain, the pain arises from the abdominal wall; in patients with previously diagnosed chronic abdominal pain who have no demonstrable pathological abnormality, this likelihood can rise as high as 30% . There have only been a small number of clinical trials of treatment for this condition. The diagnosis is made on clinical grounds, with the aid of Carnett's test. The characteristic clinical feature is strictly localized pain in the anterior abdominal wall, which is often mischaracterized as a "functional" complaint. In one study, injection of local anesthesia combined with steroids into the painful area was found to relieve pain for 4 weeks in 95% of patients. The injection of lidocaine alone brought about improvement in 83-91% of patients. Long-term pain relief ensued after a single lidocaine injection in 20-30% of patients, after repeated injections in 40-50% , and after combined lidocaine and steroid injections in up to 80% . Pain that persists despite these treatments can be treated with surgery (neurectomy).

CONCLUSION: Chronic abdominal wall pain is easily diagnosed on physical examination and can often be rapidly treated. Any physician treating patients with abdominal pain should be aware of this condition. Further comparative treatment trials will be needed before a validated treatment algorithm can be established.

Status

MEDLINE

Authors Full Name
Koop, Herbert; Koprdova, Simona; Schurmann, Christine.

Institution
Koop, Herbert. Department of General Practice, Internal Medicine and Gastroenterology, HELIOS Klinikum Berlin-Buch.

PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4760149

Country of Publication
Germany

Publication History Status
2015/06/25 [received]   2015/09/30 [revised]
AIMS AND OBJECTIVE: The aim of this study was to conduct a meta-analysis and systematic review of randomized controlled trials (RCTs) comparing 2 methods of colonic insufflation for elective colonoscopy, that is, carbon dioxide (CO2) or air, and to evaluate their efficiency, safety, and side effects.

MATERIALS AND METHODS: Prospective RCTs comparing CO2 versus air insufflation for colonic distension during colonoscopy were selected by searching PubMed, Medline, Embase, Science Citation Index, Current Contents, and the Cochrane Central Register of Controlled Trials published between January 1980 and October 2014. The outcome variables analyzed included procedural and immediate postprocedural pain (during, end, or within 15 min after procedure), early postprocedural pain (between 30 and 120 min), intermediate postprocedural pain (360 min) and late postprocedural pain (720 to 1140 min), cecal/ileal intubation rate, cecal/ileal intubation time, and total colonoscopy examination time. These outcomes were unanimously decided to be important as they influence the practical approach toward patient management within and outside of hospital. Random effects model was used to calculate the effect size of both binary and continuous data. Heterogeneity among the outcome variables of these trials was determined by
the Cochran Q statistic and I2 index. The meta-analysis was prepared in accordance with PRISMA guidelines.

RESULTS: Twenty-four RCTs totaling 3996 patients (CO2=2017, Air=1979) were analyzed. Statistically significant differences for the pooled effect size were observed for procedural and immediate postprocedural pain [weighted mean difference (WMD)=0.49; 95% confidence interval (CI), 0.32, 0.73; P=0.0005], early postprocedural pain between 30 and 120 minutes (WMD=0.25; 95% CI, 0.12, 0.49; P<0.0001), intermediate postprocedural pain, that is, 360 minutes after completion (WMD=0.35; 95% CI, 0.23, 0.52; P<0.0001), and late postprocedural pain between 720 and 1440 minutes (WMD=0.53; 95% CI, 0.34, 0.84; P=0.0061). Comparable effects were noted for cecal/ileal intubation rate (WMD=0.86; 95% CI, 0.61, 1.22; P=0.3975), cecal/ileal intubation time (WMD=-0.64; 95% CI, -1.38, 0.09; P=0.0860), and total examination time (WMD=-0.20; 95% CI, -0.96, 0.57; P=0.6133).

CONCLUSIONS: On the basis of our meta-analysis and systematic review, we conclude that CO2 insufflation significantly reduces abdominal pain during and following the procedure lasting up to 24 hours. There is no difference in the cecal/ileal intubation rate and time and total examination time between the 2 methods. CO2 retention with CO2 insufflation during and after the colonoscopy shows inconsequential variation compared with air insufflation and has no adverse effect on patients. CO2 instead of air should be routinely utilized for colonoscopy.
459.
Smoking and trajectories of dysmenorrhoea among young Australian women.
Ju H; Jones M; Mishra GD.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 25403655
OBJECTIVE: To investigate the association of cigarette smoking at baseline and trajectories of dysmenorrhoea in a large sample of Australian women.
DESIGN: A prospective cohort study.
SETTING: Australian (population-based survey).
PARTICIPANTS: A total of 9067 young women, with at least three measures of dysmenorrhoea, randomly sampled from the national Medicare database and followed up from 2000 to 2012.
MAIN OUTCOME MEASURES: Trajectories of dysmenorrhoea.
RESULTS: At baseline, approximately 25% reported dysmenorrhoea and 26% were current smokers. Four trajectory groups were identified for dysmenorrhoea: normative (42%), late onset (11%), recovering (33%) and chronic (14%), with the chronic group showing high probabilities of reporting dysmenorrhoea over time. Compared with never-smokers, a significantly higher odds of being in the chronic group was detected for smokers, with ORs being 1.33 (95% CI 1.05 to 1.68) for ex-smokers and 1.41 (95% CI 1.17 to 1.70) for current smokers, after adjusting for sociodemographic, lifestyle and reproductive factors. An inverse relationship was identified for earlier age of smoking initiation, with the respective ORs of 1.59 (95% CI 1.18 to 2.15), 1.50 (95% CI 1.18 to 1.90) and 1.26 (95% CI 1.03 to 1.55) for initiation of smoking <=13, 14-15 or >=16 years. No consistent relationship was evident between smoking behaviour and the odds of being in the other trajectory groups.
CONCLUSIONS: Smoking and early initiation of smoking are associated with increased risk of chronic dysmenorrhoea. The immediate adverse health effects of smoking provide further support for smoking prevention programme to target young women, especially teenagers.
Helicobacter pylori infection is high in paediatric nonulcer dyspepsia but not associated with specific gastrointestinal symptoms.

Correa Silva RG; Machado NC; Carvalho MA; Rodrigues MA.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
AIM: The association between Helicobacter pylori infection and gastrointestinal symptoms is debatable in childhood. We examined the potential relationship between H. pylori infection and gastrointestinal symptoms in Brazilian children with nonulcer dyspepsia.

METHODS: This prospective observational study analysed 240 Brazilian children and adolescents (68.7% girls) with chronic nonulcer dyspepsia, who underwent upper gastrointestinal endoscopy and biopsy. Their mean age was 9.8 years (range 4-17). Upper gastrointestinal symptoms, including abdominal pain, nausea, burning, early satiety, belching and weight loss, were evaluated by a questionnaire and H. pylori infection was determined by histopathology of gastric biopsies.

RESULTS: H. pylori infection was identified in 123/240 patients (52%). There was no significant association between the H. pylori infection and gastrointestinal symptoms and no relationship between the infection and abdominal pain or pain characteristics. However, nausea was significantly associated with the H. pylori infection, with an odds ratio of 1.76 and 95% confidence interval of 1.1-2.94 p < 0.03. Symptoms lasting longer than 12 months were significantly more frequent in children with pangastritis than in those with antral gastritis (p < 0.05).

CONCLUSION: The prevalence of H. pylori infection was high in Brazilian children with nonulcer dyspepsia, but was not associated with specific signs and symptoms, except for nausea.

Copyright ©2016 Foundation Acta Paediatrica. Published by John Wiley & Sons Ltd.
Randomized clinical trial: a controlled pilot trial of the 5-HT4 receptor agonist revexepride in patients with symptoms suggestive of gastroparesis.

Tack J; Rotondo A; Meulemans A; Thielemans L; Cools M.

BACKGROUND: Gastroparesis is a chronic gastric disorder characterized by delayed gastric emptying without mechanical obstruction, and clinical symptoms as postprandial fullness, early satiety, bloating, nausea, vomiting, and abdominal pain. Prokinetic agents are used for the treatment of gastroparesis. Revexepride, a 5-hydroxytryptamine (serotonin) receptor (5-HT4 R) agonist, could be a good candidate drug for the gastroparesis treatment.

AIM: In the current phase II, exploratory, double-blind, randomized, stratified, placebo-controlled, repeated dose trial (EudraCT number 2007-004997-23), the efficacy on gastrointestinal symptoms and gastric emptying rate, safety, and pharmacokinetic profile of three oral doses of revexepride (0.02, 0.1, and 0.5 mg administered orally t.i.d. for 4 weeks) was evaluated in trial participants (diabetic and non-diabetic) with upper gastrointestinal tract symptoms suggestive for gastroparesis.

METHODS: Eighty participants, enrolled in four parallel treatment groups, were asked to score their symptom diary data, gastroparesis cardinal symptom index (GCSI), patient assessment of upper gastrointestinal disorders-symptom severity index (PAGI-SYM), quality of life
questionnaires, and meal-related symptom score. Gastric emptying rate was evaluated by (13) C-octanoic acid breath test.

KEY RESULTS: The severity of the symptoms assessed by means of GCSI and PAGI-SYM decreased at Week 2 and decreased further at Week 4 in all treatment groups including placebo, with similar trends in all treatment groups. Quality of life improved in all treatment groups after 4 weeks of treatment. No differences on gastric emptying rate were shown between any of the active treatment groups and placebo. Revexepride was generally safe and well-tolerated.

CONCLUSIONS & INFERENCES: Four weeks of revexepride treatment did not improve symptoms or gastric emptying over placebo in patients with symptoms suggestive of gastroparesis.

Copyright © 2016 John Wiley & Sons Ltd.
Tanezumab Reduces Pain in Women with Interstitial Cystitis/Bladder Pain Syndrome and Patients with Nonurological Associated Somatic Syndromes.

Nickel JC; Mills IW; Crook TJ; Jorga A; Smith MD; Atkinson G; Krieger JN.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Randomized Controlled Trial]

UI: 26576710

PURPOSE: We performed pooled analyses from 3 small, clinical trials of tanezumab in patients with urological chronic pelvic pain, including chronic prostatitis/chronic pelvic pain syndrome and interstitial cystitis/bladder pain syndrome, to identify patient subpopulations more likely to benefit from tanezumab treatment.

MATERIALS AND METHODS: Pooled analyses included data from 208 patients with interstitial cystitis/bladder pain syndrome or chronic prostatitis/chronic pelvic pain syndrome randomized to placebo (104, 65 [62.5%] female) or tanezumab (104, 63 [60.6%] female) who received 1 dose or more of study medication. Data on tanezumab were from study A4091010 (interstitial cystitis/bladder pain syndrome) on 200 µg/kg intravenous, study A4091019 (chronic prostatitis/chronic pelvic pain syndrome) on 20 mg intravenous and study A4091035 (interstitial cystitis/bladder pain syndrome) on 20 mg subcutaneous. Primary study end points were evaluated using analysis of covariance with gender, study and baseline pain as covariates.

RESULTS: For pooled analyses least squares mean (SE) change from baseline in 24-hour pain intensity vs placebo was -0.60 (0.24, 90% CI -0.99, -0.20) overall and -0.99 (0.32, p=0.002) and -0.17 (0.36, p=0.650) for females and males, respectively. The improvement in pain intensity was significant (p=0.011) for patients with symptoms suggesting the concomitant presence of nonurological associated somatic syndromes but not for those with pelvic pain symptoms only (p=0.507).

CONCLUSIONS: Women with interstitial cystitis/bladder pain syndrome and patients with symptoms suggesting the concomitant presence of nonurological associated somatic syndromes were more likely to experience significant pain reduction with tanezumab than with placebo therapy. In contrast, no difference was reported in response between tanezumab and placebo therapy for men with chronic prostatitis/chronic pelvic pain syndrome symptoms only.

Copyright © 2016 American Urological Association Education and Research, Inc. Published by Elsevier Inc. All rights reserved.

Status

MEDLINE

Authors Full Name
Nickel, J Curtis; Mills, Ian W; Crook, Tim J; Jorga, Anamaria; Smith, Michael D; Atkinson, Gary; Krieger, John N.

Institution

Country of Publication
United States

Publication History Status
2015/11/03 [accepted]

Date of Publication
2016 Apr

Date Created
20160615

Year of Publication
2016

463.
Pharmacoepidemiology of chronic noncancer pain patients requiring chronic opioid therapy: A nationwide population-based study.
Chang SC; Ma CC; Lee CT; Hsieh SW.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 26026843

OBJECTIVE: This study was aimed to explore the pharmacoepidemiology of chronic noncancer pain (CNCP) patients who required chronic opioid therapy (COT) in the Taiwanese population.
METHODS: Using the Taiwan National Health Insurance Research Database during 2008-2009, COT-requiring CNCP patients were identified by the inclusion criteria of both chronic analgesic requirement for >3 months per year and long-term use of controlled opioids for >28 therapeutic days during any 3-month period in ambulatory visits with malignancy-related pain excluded. Their demographic data and pharmacoepidemiological characteristics of opioid consumption and opioid prescriptions issued in ambulatory visits were analyzed.

RESULTS: In total, 159 patients were enrolled as COT-requiring CNCP patients, and the prevalence was calculated at 0.016% in a 2-year period. Females were outnumbered by males (45.3% vs. 54.7%). Almost 60% of them were of working age and 93.7% belonged to low-income households, as in the health insurance claims, probably implying socioeconomic disadvantages associated with CNCP. The leading three diagnoses were unspecified myalgia and myositis, lumbago, and abdominal pain of unspecified site. The most common department from where these 159 CNCP patients obtained their opioid prescriptions was the emergency department (27.6%), ensued by a pain clinic (25.3%), but they could acquire only a few opioid therapeutic days through emergency department visits. Moreover, pain clinic satisfied the majority of opioid therapeutic days. Among all opioids, morphine was the most frequently prescribed in opioid-obtaining ambulatory visits, accounting for most of the opioid therapeutic days as well as opioid consumption.

CONCLUSION: COT-requiring CNCP patients were easily associated with adverse socioeconomic liabilities and often visited emergency department as well as pain clinics. Morphine was the main opioid used for their chronic pain. Transfer of COT-requiring CNCP patients to appropriate departments is strongly recommended for efficient long-term pharmacotherapy for their chronic pain.

Copyright © 2015. Published by Elsevier B.V.

Authors Full Name
Chang, Shu-Ching; Ma, Chen-Chung; Lee, Chun-Te; Hsieh, Shao-Wei.

Institution
Chang, Shu-Ching. Division of Anesthesiology, E-DA Hospital, Kaohsiung, Taiwan. Ma, Chen-Chung. Department of Healthcare Administration, I-Shou University, Kaohsiung, Taiwan. Lee, Chun-Te. Department of Leisure and Sports Management, Cheng-Shiu University, Kaohsiung, Taiwan. Hsieh, Shao-Wei. Division of Anesthesiology, E-DA Hospital, Kaohsiung, Taiwan. Electronic address: felidhsieh@gmail.com.

Country of Publication
China (Republic : 1949- )
INTRODUCTION: Bladder pain syndrome (BPS)/interstitial cystitis (IC) is associated with sensory lower urinary tract symptoms. Unfortunately, many of the existing oral treatments are ineffective in most patients of BPS/IC, which is the motivation for developing new drugs and therapeutic approaches. This review covers the latest drugs that have been investigated in BPS/IC patients. Intravesical treatments offer the opportunity to directly target the painful bladder with less systemic side effects.

AREAS COVERED: In this review, the authors analyze the existing literature supporting the treatment of BPS/IC with conventional drugs including heparin, hyaluronic acid, chondroitin sulfate, and dimethylsulfoxide (DMSO). Furthermore, investigational drugs such as tanezumab and adalimumab, capable of sequestering nerve growth factor (NGF), and Tumor necrosis factor-alpha (TNF- alpha) are discussed. Investigational treatments such as liposomes, botulinum toxin (BTX), liposomal BTX, PD-0299685 (a Ca(2+) channel a2delta ligand), continuous intravesical lidocaine, and AQX-1125 (a novel SHIP1 activating compound) are also covered.

EXPERT OPINION: New investigational drugs offer promising improvements in clinical outcomes for BPS/IC patients; however, BPS/IC is a chronic pain disorder that is very vulnerable to a strong
placebo effect. In addition, BPS/IC is a heterogeneous disorder that can be classified into several phenotypes. Since different phenotypes of BPS/IC respond differently to systemic and intravesical treatments, the authors believe that new drugs developed for BPS/IC are more likely to meet their predetermined clinical endpoints if the inclusion/exclusion criterion is tailored to specific phenotype of BPS/IC patients.

Status
MEDLINE

Authors Full Name
Chuang, Yao-Chi; Chermansky, Christopher; Kashyap, Mahendra; Tyagi, Pradeep.

Institution
Chuang, Yao-Chi. a Department of Urology, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Kaohsiung, Taiwan. Chuang, Yao-Chi. b Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan.
Chermansky, Christopher. c Department of Urology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.
Kashyap, Mahendra. c Department of Urology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.
Tyagi, Pradeep. c Department of Urology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.

Country of Publication
England

Date of Publication
2016

Date Created
20160418

Year of Publication
2016

465.
Surgical comparison of subinguinal and high inguinal microsurgical varicocelectomy for adolescent varicocele.
Shiraishi K; Oka S; Matsuyama H.
OBJECTIVE: To compare the surgical outcomes of subinguinal and high inguinal approaches for microsurgical varicocelectomy.

METHODS: A total of 81 patients with left varicocele were randomly assigned to undergo microsurgical left varicocelectomy by the subinguinal (n = 41) or high inguinal (n = 40) approach. These two techniques were compared with regard to the operative parameters, complications and testicular growth. Anatomical parameters, including the numbers and diameters of internal spermatic arteries, veins and lymphatic vessels, were recorded.

RESULTS: The microsurgical step was significantly shorter for the high inguinal approach compared with the subinguinal approach (25.5 vs 33.3 min, respectively, P < 0.01). The numbers of preserved arteries and ligated veins were significantly greater and the artery size was significantly smaller for the subinguinal (1.6 arteries, 11.5 veins and 1.1 mm, respectively) compared with the high inguinal approach (1.2 arteries, 7.3 veins and 1.3 mm; P < 0.001, <0.0001 and <0.01, respectively). There was one patient with postoperative hydrocele, and three with persistent scrotal pain after treatment with the subinguinal approach. The postoperative catch-up growth rates at 24 months were 70% and 78% for the subinguinal and high inguinal approaches, respectively.

CONCLUSIONS: The microsurgical subinguinal and high inguinal approaches seem to yield similar success rates in terms of testicular growth. However, the high inguinal approach is easier to carry out, as it requires fewer divisions of veins and is associated with a larger diameter of the spermatic artery.

Copyright © 2016 The Japanese Urological Association.

Authors Full Name
Shiraishi, Koji; Oka, Shintaro; Matsuyama, Hideyasu.

Institution
Shiraishi, Koji. Department of Urology, Yamaguchi University School of Medicine, Ube, Yamaguchi, Japan. Oka, Shintaro. Department of Urology, Yamaguchi University School of Medicine, Ube, Yamaguchi, Japan. Matsuyama, Hideyasu. Department of Urology, Yamaguchi University School of Medicine, Ube, Yamaguchi, Japan.

Comments
Lactase persistence versus lactose intolerance: Is there an intermediate phenotype?.

Dzialanski Z; Barany M; Engfeldt P; Magnuson A; Olsson LA; Nilsson TK. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Clinical Biochemistry. 49(3):248-52, 2016 Feb. [Journal Article. Research Support, Non-U.S. Gov't]

UI: 26601570

BACKGROUND: According to the prevailing theory about the genetic background to lactose intolerance, there are three genotypes but only two adult physiological phenotypes: lactase persistence in individuals with the CT and TT genotypes and lactase non-persistence in individuals with the CC genotype. However, analysis of lactase activity from intestinal biopsies has revealed three distinct levels of activity, suggesting that an intermediate physiological phenotype may exist.

AIM: To assess possible disparities between different genotypes with regard to biomarkers of lactase activity and physical symptoms during an oral lactose load test.

METHODS: A retrospective study using an oral lactose load test (n=487). Concentrations of hydrogen in exhaled air and blood glucose were measured. Afterwards, subjects were asked to provide oral mucosa samples for genotyping and answer a questionnaire (participation rate 56%, n=274).
RESULTS: Mean hydrogen levels in exhaled air at 120min were significantly higher in the CT genotype than in the TT genotype. There was no significant difference in blood glucose levels between the two groups. Reported symptoms, with the possible exception of abdominal pain, were equally prevalent in both groups.

CONCLUSIONS: Subjects with the CT and TT genotypes, hitherto classified as lactase-persistent, differ in their physiological response to lactose intake, indicating differences in phenotype which could have clinical significance.

Copyright © 2015 The Canadian Society of Clinical Chemists. Published by Elsevier Inc. All rights reserved.
Peripheral blood methylation profiling of female Crohn's disease patients.
Li Yim AY; Duijvis NW; Zhao J; de Jonge WJ; D'Haens GR; Mannens MM; Mul AN; Te Velde AA; Henneman P.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Clinical Epigenetics. 8:65, 2016.
[Journal Article]
UI: 27279921

BACKGROUND: Crohn's disease (CD) is a chronic inflammatory disorder belonging to the inflammatory bowel diseases (IBD). CD affects distinct parts of the gastrointestinal tract, leading to symptoms including diarrhea, fever, abdominal pain, weight loss, and anemia. The aim of this study was to assess whether the DNA methylome of peripheral blood cells can be associated with CD in women.

METHODS: Samples were obtained from 18 female patients with histologically confirmed ileal or ileocolic CD and 25 healthy age- and gender-matched controls (mean age and standard deviation: 30.5+/−6.5 years for both groups). Genome-wide DNA methylation was determined using the Illumina HumanMethylation 450k BeadChip.

RESULTS: Our analysis implicated 4287 differentially methylated positions (DMPs; corrected p<0.05) that are associated to 2715 unique genes. Gene ontology enrichment analysis revealed significant enrichment of our DMPs in immune response processes and inflammatory pathways. Of the 4287 DMPs, 32 DMPs were located on chromosome X with several hits for MIR223 and PABPC5. Comparison with previously performed (epi)genome-wide studies revealed that we replicated 33 IBD-associated genes. In addition to DMPs, we found eight differentially methylated regions (DMRs).

CONCLUSIONS: CD patients display a characteristic DNA methylation landscape, with the differentially methylated genes being implicated in immune response. Additionally, DMPs were found on chromosome X suggesting X-linked manifestations of CD that could be associated with female-specific symptoms.
Authors Full Name
Li Yim, Andrew Y F; Duijvis, Nicolette W; Zhao, Jing; de Jonge, Wouter J; D'Haens, Geert R A M; Mannens, Marcel M A M; Mul, Adri N P M; Te Velde, Anje A; Henneman, Peter.
Institution
Li Yim, Andrew Y F. Department of Clinical Genetics, Genome Diagnostics Laboratory, Academic Medical Center Amsterdam, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands ; Epinova Discovery Performance Unit, GlaxoSmithKline, Stevenage, UK. Duijvis, Nicolette W. Tytgat Institute for Liver & Intestinal Research, Academic Medical Center, Amsterdam, The Netherlands. Zhao, Jing. Tytgat Institute for Liver & Intestinal Research, Academic Medical Center, Amsterdam, The Netherlands. de Jonge, Wouter J. Tytgat Institute for Liver & Intestinal Research, Academic Medical Center, Amsterdam, The Netherlands. D'Haens, Geert R A M. Department of Gastroenterology, Academic Medical Center, Amsterdam, The Netherlands. Mannens, Marcel M A M. Department of Clinical Genetics, Genome Diagnostics Laboratory, Academic Medical Center Amsterdam, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands. Mul, Adri N P M. Department of Clinical Genetics, Genome Diagnostics Laboratory, Academic Medical Center Amsterdam, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands. Te Velde, Anje A. Tytgat Institute for Liver & Intestinal Research, Academic Medical Center, Amsterdam, The Netherlands. Henneman, Peter. Department of Clinical Genetics, Genome Diagnostics Laboratory, Academic Medical Center Amsterdam, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands.
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4897922
Country of Publication
Germany
Publication History Status
2016/01/22 [received] 2016/05/22 [accepted]
Date of Publication
2016
Date Created
20160609
Year of Publication
2016
The impact of opioid-induced constipation among chronic pain patients with sufficient laxative use.

LoCasale RJ; Datto CJ; Margolis MK; Tack J; Coyne KS.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 26344578

BACKGROUND: The impact of sufficient laxative use on opioid-induced constipation (OIC) is not known.

AIM: To understand the experience and symptom burden over time among chronic non-cancer pain patients with OIC who are sufficient laxative users.

METHODS: A prospective longitudinal study was conducted in United States, Canada, Germany and UK which included medical record abstraction, patient surveys and physician surveys. Patients on daily opioid therapy for >= 4 weeks for chronic non-cancer pain with OIC were recruited from physician offices and completed the survey at Baseline and Weeks 2, 4, 6, 8, 12, 16, 20 and 24. Sufficient laxative use was defined as at least one laxative remedy 4 or more times in the prior 2 weeks.

RESULTS: Of the 489 patients who completed the Baseline survey and met OIC criteria, 234 (48%) were categorised as sufficient laxative users; 65% were female; 90% were white and 75 (32%) maintained sufficient laxative use for > 7 of the 8 follow-up periods. Patient Assessment of Constipation-Symptom (PAC-SYM) and Patient Assessment of Constipation-Quality of Life (PAC-QOL) scores indicated moderate symptom severity and impact. PAC-SYM and PAC-QOL scores remained relatively unchanged over time with a maximum score change of 0.5 points. Work productivity and activity impairment remained relatively constant. Mean per cent activity impairment because of constipation was 37% at Baseline and 34% at Week 24.

CONCLUSIONS: These findings demonstrate constipation persists despite sufficient laxative use with little improvement in symptoms, HRQL or activity impairment. This ongoing burden emphasises the need to identify more efficacious constipation therapies for this chronic pain patient population.

Copyright © 2015 John Wiley & Sons Ltd.
Status
MEDLINE
Authors Full Name
OBJECTIVES: A significant proportion of children with functional abdominal pain develop chronic pain. Identifying clinical characteristics predicting pain persistence is important in targeting interventions. We examined whether child anxiety and/or pain-stooling relations were related to maintenance of abdominal pain frequency and compared the predictive value of 3 methods for assessing pain-stooling relations (ie, diary, parent report, child report).

METHODS: Seventy-six children (7-10 years old at baseline) who presented for medical treatment of functional abdominal pain were followed up 18 to 24 months later. Baseline anxiety
and abdominal pain-stooling relations based on pain and stooling diaries and child- and parent questionnaires were examined in relationship to the persistence of abdominal pain frequency.

RESULTS: Children's baseline anxiety was not related to persistence of pain frequency. Children who, however, displayed irritable bowel syndrome (IBS) symptoms at baseline maintained pain frequency at follow-up, whereas in children in whom there was no relationship between pain and stooling, pain frequency decreased. Pain and stool diaries and parent report of pain-stooling relations were predictive of pain persistence but child-report questionnaires were not.

CONCLUSIONS: The presence of IBS symptoms in school-age children with functional abdominal pain appears to predict persistence of abdominal pain over time, whereas anxiety does not. Prospective pain and stooling diaries and parent report of IBS symptoms were predictors of pain maintenance, but child report of symptoms was not.
Four prostatitis syndromes are recognized clinically: acute bacterial prostatitis, chronic bacterial prostatitis, chronic prostatitis/chronic pelvic pain syndrome, and asymptomatic prostatitis. Because Escherichia coli represents the most common cause of bacterial prostatitis, we investigated the importance of bacterial virulence factors and antimicrobial resistance in E. coli strains causing prostatitis and the potential association of these characteristics with clinical outcomes. A structured literature review revealed that we have limited understanding of the virulence-associated characteristics of E. coli causing acute prostatitis. Therefore, we completed a comprehensive microbiological and molecular investigation of a unique strain collection isolated from healthy young men. We also considered new data from an animal model system suggesting certain E. coli might prove important in the etiology of chronic prostatitis/chronic pelvic pain syndrome. Our human data suggest that E. coli needs multiple pathogenicity-associated traits to overcome anatomic and immune responses in healthy young men without urological risk factors. The phylogenetic background and accumulation of an exceptional repertoire of extraintestinal pathogenic virulence-associated genes indicate that these E. coli strains belong to a highly virulent subset of uropathogenic variants. In contrast, antibiotic resistance confers little added advantage to E. coli strains in these healthy outpatients. Our animal model data also suggest that certain pathogenic E. coli may be important in the etiology of chronic prostatitis/chronic pelvic pain syndrome through mechanisms that are dependent on the host genetic background and the virulence of the bacterial strain.

Status
MEDLINE
Authors Full Name
Krieger, John N; Thumbikat, Praveen.
Country of Publication
BACKGROUND: One-year results of the VBLOC DM2 study found that intermittent vagal blocking (VBLOC therapy) was safe among subjects with obesity and type 2 diabetes mellitus (T2DM) and led to significant weight loss and improvements in glycemic parameters and cardiovascular risk factors. Longer-term data are needed to determine whether the results are sustained.

METHODS: VBLOC DM2 is a prospective, observational study of 28 subjects with T2DM and body mass index (BMI) between 30 and 40 kg/m(2) to assess mid-term safety and weight loss and improvements in glycemic parameters, and other cardiovascular risk factors with VBLOC therapy. Continuous outcome variables are reported using mixed models.

RESULTS: At 24 months, the mean percentage of excess weight loss was 22% (95% CI, 15 to 28, p<0.0001) or 7.0% total body weight loss (95% CI, 5.0 to 9.0, p<0.0001). Hemoglobin A1c decreased by 0.6 percentage points (95% CI, 0.2 to 1.0, p=0.0026) on average from 7.8% at baseline. Fasting plasma glucose declined by 15 mg/dL (95% CI, 0 to 29, p=0.0564) on average.
from 151 mg/dL at baseline. Among subjects who were hypertensive at baseline, systolic blood pressure declined 10 mmHg (95% CI, 2 to 19, p=0.02), diastolic blood pressure declined by 6 mmHg (95% CI, 0 to 12, p=0.0423), and mean arterial pressure declined 7 mmHg (95% CI, 2 to 13, p=0.014). Waist circumference was significantly reduced by 7 cm (95% CI, 4 to 10, p<0.0001) from a baseline of 120 cm. The most common adverse events were mild or moderate heartburn, implant site pain, and constipation.

CONCLUSIONS: Improvements in obesity and glycemic control were largely sustained after 2 years of treatment with VBLOC therapy with a well-tolerated risk profile.

Status
MEDLINE
Authors Full Name
Shikora, Scott A; Toouli, James; Herrera, Miguel F; Kulseng, Bard; Brancatisano, Roy; Kow, Lilian; Pantoja, Juan P; Johnsen, Gjermund; Brancatisano, Anthony; Tweden, Katherine S; Knudson, Mark B; Billington, Charles J.
Institution
Shikora, Scott A. Brigham and Women's Hospital, 75 Francis Street, Boston, MA, 02115, USA. sshikora@partners.org. Shikora, Scott A. EnteroMedics Inc, 2800 Patton Road, St. Paul, MN, 55113, USA. sshikora@partners.org.
Toouli, James. Adelaide Bariatric Center, Flinders Private Hospital, Suite 502/Level 5, Bedford Park, SA, 5041, Australia.
Herrera, Miguel F. Instituto Nacional de al Nutricion, Salvador Zubrian (INNSZ), Vasco de Quiroga 15, Tlalpan, 1400, Mexico City, DF, Mexico.
Kulseng, Bard. Center for Obesity, St. Olavs Hospital, Olav Kyrres Gate 6, 7006, Trondheim, Norway.
Brancatisano, Roy. Institute of Weight Control, 495 Windsor Road, Baulkham Hills, NSW, 2153, Australia.
Kow, Lilian. Adelaide Bariatric Center, Flinders Private Hospital, Suite 502/Level 5, Bedford Park, SA, 5041, Australia.
Pantoja, Juan P. Instituto Nacional de al Nutricion, Salvador Zubrian (INNSZ), Vasco de Quiroga 15, Tlalpan, 1400, Mexico City, DF, Mexico.
Johnsen, Gjermund. Center for Obesity, St. Olavs Hospital, Olav Kyrres Gate 6, 7006, Trondheim, Norway.
Brancatisano, Anthony. Institute of Weight Control, 495 Windsor Road, Baulkham Hills, NSW, 2153, Australia.
Tweden, Katherine S. EnteroMedics Inc, 2800 Patton Road, St. Paul, MN, 55113, USA.
Knudson, Mark B. EnteroMedics Inc, 2800 Patton Road, St. Paul, MN, 55113, USA.
Drug consumption and additional risk factors associated with microscopic colitis: Case-control study.

Guagnozzi D; Lucendo AJ; Angueira T; Gonzalez-Castillo S; Tenias JM.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 26031862

BACKGROUND: Microscopic colitis has now emerged as a common cause of chronic diarrhoea, but its aetiology remains unknown. Some studies suggest that commonly prescribed drugs and other additional risk factors may be triggers.

AIMS: To evaluate the effects of drug intake and other risk factors on microscopic colitis patients.

METHODS: A prospective, case-control study with all consecutive adult patients referred to the Hospital General de Tomelloso (Ciudad Real, Spain) for chronic watery diarrhoea (from 2008 to 2011) was performed. Microscopic colitis was diagnosed following the commonly accepted histopathological criteria.

RESULTS: 46 consecutive new cases of microscopic colitis and 317 chronic diarrhoea controls were recruited. Five independent risk factors significantly associated with microscopic colitis were identified: Abdominal pain (OR 3.25; 95%CI, 1.49-7.08), weight loss (OR 2.67; 95%CI, 1.16-
6.15), celiac disease (OR 15.3; 95%CI, 3.70-63.5), topiramate intake (OR 13.6; 95%CI, 1.84-100.8), and older age at diagnosis (OR 1 year increase 1.022; 95%CI, 1.002-1.042). Use of non-steroidal anti-inflammatory drugs was associated with microscopic colitis in the subgroup of patients who fulfilled irritable bowel syndrome criteria (38.5% vs. 10.8%; p < 0.017).

CONCLUSIONS: Microscopic colitis is associated with autoimmune disease, an increased age at diagnosis, topiramate intake and only in a sub-group of irritable bowel disease patients with non-steroidal anti-inflammatory drugs.

Status
MEDLINE
Authors Full Name
Guagnozzi, Danila; Lucendo, Alfredo J; Angueira, Teresa; Gonzalez-Castillo, Sonia; Tenias, Jose Maria.
Country of Publication
Spain
Date of Publication
2015 Jun
Date Created
20150602
Year of Publication
2015

473.
Inferior hypogastric plexus blockade versus acupuncture for the management of idiopathic chronic pelvic pain: A randomized clinical trial.
Amin MM; Ait-Allah AS; Ali Ael-S; Salem RA; Ahmed SR; Alsammami MA.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Randomized Controlled Trial]
UI: 25673173
BACKGROUND: To compare the clinical efficacies of inferior hypogastric plexus blockade and acupuncture in the management of idiopathic chronic pelvic pain (CPP).
METHODS: The study included 117 patients with CPP. Group 1 included 62 patients who underwent inferior hypogastric plexus blockade and group 2 included 55 patients who underwent acupuncture. Pain level was assessed using a visual analogue scale (VAS) immediately and at 2, 6, and 12 weeks after treatment.

RESULTS: The preprocedure VAS score was 7.6 +/- 0.15 in group 1 and 7.7 +/- 0.24 in group 2 (p > 0.05). Pelvic pain decreased significantly in both groups after treatment, with pretreatment and posttreatment scores of 7.6 +/- 0.15 and 2.2 +/- 0.88, respectively, in group 1 (p < 0.0001) and 7.7 +/- 0.24 and 4.7 +/- 0.11, respectively, in group 2 (p < 0.0001). However, the decrease in pain scores throughout the clinical follow-up was significantly more in group 1 than in group 2 (p< 0.0001). Complete disappearance of symptoms was achieved in 72.6% of patients in group 1 compared to 54.5% of patients in group 2 (p = 0.3737). Patients who did not benefit from the treatment were significantly more in group 2 than in group 1 (25.5% vs. 6.5%, p = 0.0294). No complications were reported in both groups.

CONCLUSION: The study results showed that inferior hypogastric blockade had a 72.6% success rate and showed a significantly higher effect on reducing pain intensity in a short period of time in the management of CPP, compared to acupuncture.
Laparoscopic pyloroplasty is a safe and effective first-line surgical therapy for refractory gastroparesis. Shada AL; Dunst CM; Pescarus R; Speer EA; Cassera M; Reavis KM; Swanstrom LL. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Surgical Endoscopy. 30(4):1326-32, 2016 Apr. [Journal Article] UI: 26293794

INTRODUCTION: Surgical options for symptomatic delayed gastric emptying include gastric stimulator implantation, subtotal gastrectomy, and pyloroplasty. Pyloroplasty has been shown to improve gastric emptying yet is seldom described as a primary treatment for gastroparesis. We present a single-institution experience of laparoscopic Heineke-Mikulicz pyloroplasty (LP) as treatment for gastroparesis.

METHODS AND PROCEDURES: A prospective foregut surgery database was queried for LP over a 5-year period. Charts were reviewed for indications, complications, symptom score, and outcomes. Gastroparesis was defined by (1) abnormal gastric emptying study, (2) endoscopic visualization of retained food after prolonged NPO status, or (3) clinical symptoms suspicious of vagal nerve injury following complex re-operative foregut surgery. Results were analyzed using a paired T test and single-factor ANOVA.

RESULTS: One hundred and seventy-seven LP patients were identified and reviewed. One hundred and five had a concurrent fundoplication for objective reflux. There were no intraoperative complications or conversions to laparotomy. Overall morbidity rate was 6.8% with four return to OR and two confirmed leaks (1.1% leak rate). Average length of stay was 3.5 days, and readmission rate was 7%. Eighty-six percent had improvement in GES with normalization in 77%. Gastric emptying half-time decreased from 175 +/- 94 to 91 +/- 45 min. Nineteen patients (10.7%) had subsequent surgical interventions: gastric stimulator implantation (12), feeding jejunostomy and/or gastrostomy tube (6), or subtotal gastrectomy (4). Symptom severity scores for nausea, vomiting, bloating, abdominal pain, and early satiety decreased significantly at 3 months.

CONCLUSION: Laparoscopic pyloroplasty improves or normalizes gastric emptying in nearly 90% of gastroparesis patients with very low morbidity. It significantly improves symptoms of nausea, vomiting, bloating, and abdominal pain. Some patients may go on to another surgical treatment for GP, but it remains a safe and less invasive alternative to a subtotal gastrectomy in these clinically challenging patients.
Adverse Events of Intravesical OnabotulinumtoxinA Injection between Patients with Overactive Bladder and Interstitial Cystitis—Different Mechanisms of Action of Botox on Bladder Dysfunction?

Kuo YC; Kuo HC.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Toxins. 8(3), 2016 Mar 16.
[Comparative Study. Journal Article]
Intravesical onabotulinumtoxinA (BoNT-A) injections have been proposed to treat both overactive bladder (OAB) and interstitial cystitis/bladder pain syndrome (IC/BPS) in patients with refractory conditions. We compared adverse events (AEs) after BoNT-A treatment between IC/BPS and OAB in women. IC/BPS patients who failed conventional treatments were enrolled to receive suburothelial injections of BoNT-A (100 U) followed by hydrodistention. Age matched OAB female patients refractory to antimuscarinic agents underwent BoNT-A (100 U) injections. The bladder capacity, maximum flow rate (Qmax), post-void residual (PVR), and voiding efficiency (VE) at baseline, 3 and 6 months, and the post-treatment AEs were analyzed between groups. Finally, 89 IC/BPS and 72 OAB women were included. In the OAB group, the bladder capacity and PVR increased, and VE decreased significantly at three and six months after BoNT-A treatment. In the IC/BPS group, the Qmax increased significantly at six months. There were significant differences in changes of capacity, Qmax, PVR and VE between the two groups. Moreover, OAB patients suffered more frequently from events of hematuria, UTI, and large PVR (>200 mL), but less frequently from events of straining to void. In conclusion, OAB women had higher PVR volume and lower VE than those in IC/BPS after BoNT-A injections. These results imply that the bladder contractility of OAB patients are more susceptible to BoNT-A, which might reflect the different mechanisms of action of Botox on bladder dysfunction. Further investigations to confirm this hypothesis are warranted.
Adipose-Derived Regenerative Cell Injection Therapy for Postprostatectomy Incontinence: A Phase I Clinical Study.
Choi JY; Kim TH; Yang JD; Suh JS; Kwon TG.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Clinical Trial, Phase I. Journal Article]
UI: 27401646
PURPOSE: We report our initial experience with transurethral injection of autologous adipose-derived regenerative cells (ADRCs) for the treatment of urinary incontinence after radical prostatectomy.
MATERIALS AND METHODS: After providing written informed consent, six men with persistent urinary incontinence after radical prostatectomy were enrolled in the study. Under general anesthesia, about 50 mL of adipose tissue was obtained from the patients by liposuction. ADRCs were obtained by separation with centrifugation using the Celution cell-processing device. A mixture of ADRCs and adipose tissue were transurethrally injected into the submucosal space of the membranous urethra. Functional and anatomical improvement was assessed using a 24-h pad test, validated patient questionnaire, urethral pressure profile, and magnetic resonance imaging (MRI) during 12-week follow-up.
RESULTS: Urine leakage volume was improved with time in all patients in the 24-h pad test, with the exemption of temporal deterioration at the first 2 weeks post-injection in 2 patients. Subjective symptoms and quality of life assessed on the basis of questionnaire results showed similar improvement. The mean maximum urethral closing pressure increased from 44.0 to 63.5 cm H2O at 12 weeks after injection. MRI showed an increase in functional urethral length (from 6.1 to 8.3 mm) between the lower rim of the pubic bone and the bladder neck. Adverse events, such as pelvic pain, inflammation, or de novo urgency, were not observed in any case during follow-up.
CONCLUSION: This study demonstrated that transurethral injection of autologous ADRCs can be a safe and effective treatment modality for postprostatectomy incontinence.

Authors Full Name
Choi, Jae Young; Kim, Tae Hwan; Yang, Jung Dug; Suh, Jang Soo; Kwon, Tae Gyun.
Institution
Choi, Jae Young. Department of Urology, College of Medicine, Yeungnam University, Daegu, Korea.
Kim, Tae Hwan. Department of Urology, School of Medicine, Kyungpook National University, Daegu, Korea.
Yang, Jung Dug. Department of Plastic and Reconstructive Surgery, School of Medicine, Kyungpook National University, Daegu, Korea.
Suh, Jang Soo. Department of Clinical Pathology, School of Medicine, Kyungpook National University, Daegu, Korea.
Kwon, Tae Gyun. Department of Urology, School of Medicine, Kyungpook National University, Daegu, Korea.
Kwon, Tae Gyun. Joint Institute for Regenerative Medicine, Kyungpook National University Hospital, Daegu, Korea. tkgwon@knu.ac.kr.

PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4960381

Country of Publication
Korea (South)
Publication History Status
2015/08/26 [received] 2016/02/26 [revised]
2016/03/03 [accepted]
Date of Publication
2016 Sep
Date Created
20160712
Year of Publication
2016
Pelvic congestion syndrome and left renal compression syndrome - clinical features and therapeutic approaches. [Review]
Jeanneret C; Beier K; von Weymarn A; Traber J.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 27428495
Knowledge of the anatomy of the pelvic, gonadal and renal veins is important to understand pelvic congestion syndrome (PCS) and left renal vein compression syndrome (LRCS), which is also known as the nutcracker syndrome. LRCS is related to PCS and to the presence of vulvar, vaginal and pudendal varicose veins. The diagnosis of the two syndromes is difficult, and usually achieved with CT- or phlebography. The gold standard is the intravenous pressure measurement using conventional phlebography. The definition of PCS is described as pelvic pain, aggravated in the standing position and lasting for more than 6 months. Pain in the left flank and microhaematuria is seen in patients with LRCS. Women with multiple pregnancies are at increased risk of developing varicose vein recurrences with pelvic drainage and ovarian vein reflux after crossectomy and stripping of the great saphenous vein. The therapeutic options are: conservative treatment (medroxyprogesteron) or interventional (coiling of the ovarian vein) or operative treatment (clipping of the ovarian vein). Controlled prospective trials are needed to find the best treatment.
Status
MEDLINE
Authors Full Name
Jeanneret, Christina; Beier, Konstantin; von Weymarn, Alexander; Traber, Jurg.
Institution
Jeanneret, Christina. 1 Angiology, Med. University Hospital, Kantonsspital Baselland, Bruderholz, Switzerland. Beier, Konstantin. 2 Institute for Anatomy, Departement Biomedizin, Universitat Basel, Switzerland.
von Weymarn, Alexander. 3 Radiology, Kantonsspital Frauenfeld, Frauenfeld, Switzerland. Traber, Jurg. 4 Clinic for Venous Diseases, Bellevue, Kreuzlingen, Switzerland.
Country of Publication
Switzerland
Date of Publication
2016
Date Created
20160719
Oral non-steroidal anti-inflammatory drugs (single dose) for perineal pain in the early postpartum period. [Review]


BACKGROUND: Many women experience perineal pain after childbirth, especially after having sustained perineal trauma. Perineal pain-management strategies are thus an important part of postnatal care. Non-steroidal anti-inflammatory drugs (NSAIDs) are a commonly used type of medication in the management of postpartum pain and their effectiveness and safety should be assessed.

OBJECTIVES: To determine the effectiveness of a single dose of an oral NSAID for relief of acute perineal pain in the early postpartum period.

SEARCH METHODS: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 March 2016), OpenSIGLE, ProQuest Dissertations and Theses, the ISRCTN Registry and ClinicalTrials.gov (31 March 2016). We also reviewed reference lists of retrieved papers and contacted experts in the field.

SELECTION CRITERIA: Randomised controlled trials (RCTs) assessing a single dose of a NSAID versus a single dose of placebo, paracetamol or another NSAID for women with perineal pain in the early postpartum period. Quasi-RCTs and cross-over trials were excluded.

DATA COLLECTION AND ANALYSIS: Two review authors (FW and VS) independently assessed all identified papers for inclusion and risk of bias. Any discrepancies were resolved through discussion and consensus. Data extraction, including calculations of pain relief scores, was also conducted independently by two review authors and checked for accuracy.

MAIN RESULTS: We included 28 studies that examined 13 different NSAIDs and involved 4181 women (none of whom were breastfeeding). Studies were published between 1967 and 2013, with the majority published in the 1980s. Of the 4181 women involved in the studies, 2642
received a NSAID and 1539 received placebo or paracetamol. Risk of bias was generally unclear due to poor reporting, but in most studies the participants and personnel were blinded, outcome data were complete and the outcomes that were specified in the methods section were reported. None of the included studies reported on any of this review's secondary outcomes: prolonged hospitalisation or re-hospitalisation due to perineal pain; breastfeeding (fully or mixed) at discharge; breastfeeding (fully or mixed) at six weeks; perineal pain at six weeks; maternal views; postpartum depression; instrumental measures of disability due to perineal pain. NSAID versus placeboCompared to women who received a placebo, more women who received a single dose NSAID achieved adequate pain relief at four hours (risk ratio (RR) 1.91, 95% confidence interval (CI) 1.64 to 2.23, 10 studies, 1573 participants (low-quality evidence)) and adequate pain relief at six hours (RR 1.92, 95% CI 1.69 to 2.17, 17 studies, 2079 participants (very low-quality evidence)). Women who received a NSAID were also less likely to need additional analgesia compared to women who received placebo at four hours (RR 0.39, 95% CI 0.26 to 0.58, four studies, 486 participants (low-quality evidence)) and at six hours after initial administration (RR 0.32, 95% CI 0.26 to 0.40, 10 studies, 1012 participants (low-quality evidence)). Fourteen maternal adverse effects were reported in the NSAID group (drowsiness (5), abdominal discomfort (2), weakness (1), dizziness (2), headache (2), moderate epigastralgia (1), not specified (1)) and eight in the placebo group (drowsiness (2), light headed (1), nausea (1), backache (1), dizziness (1), epigastric pain (1), not specified (1)), although not all studies assessed adverse effects. There was no difference in overall maternal adverse effects between NSAIDs and placebo at six hours post-administration (RR 1.38, 95% CI 0.71 to 2.70, 13 studies, 1388 participants (very low-quality evidence)). One small study (with two treatment arms) assessed maternal adverse effects at four hours post-administration, but there were no maternal adverse effects observed (one study, 90 participants (low-quality evidence)). Neonatal adverse effects were not assessed in any of the included studies. NSAID versus paracetamolNSAIDs versus paracetamol were also more effective for adequate pain relief at four hours (RR 1.54, 95% CI 1.07 to 2.22, three studies, 342 participants) but not at six hours post-administration. There was no difference in the need for additional analgesia between the two groups at four hours (RR 0.55, 95% CI 0.27 to 1.13, one study, 73 participants), but women in the NSAID group were less likely to need any additional analgesia at six hours (RR 0.28, 95% CI 0.12 to 0.67, one study, 59 participants). No maternal adverse effects were reported four hours after drug administration (one study). Six hours post-administration, there was no difference between the groups in the number of maternal adverse effects (RR 0.74, 95% CI 0.27 to 2.08, three studies, 300 participants), with one case of pruritis in the NSAID group and one case of sleepiness in the paracetamol group. Neonatal adverse effects were not assessed in any of the included studies. Comparisons of different NSAIDs and different doses of the same NSAID did not demonstrate any differences in
their effectiveness on any of the primary outcome measures; however, few data were available on some NSAIDs.

AUTHORS' CONCLUSIONS: In women who are not breastfeeding and who sustained perineal trauma, NSAIDs (compared to placebo) provide greater pain relief for acute postpartum perineal pain and fewer women need additional analgesia when treated with a NSAID. However, the risk of bias was unclear for many of the included studies, adverse effects were often not assessed and breastfeeding women were not included in the studies. The overall quality of the evidence (GRADE) was low with the evidence for all outcomes rated as low or very low. The main reasons for downgrading were inclusion of studies with high risk of bias and inconsistency of findings of individual studies. NSAIDs also appear to be more effective in providing relief for perineal pain than paracetamol, but few studies were included in this analysis. Future studies should examine NSAIDs' adverse effects profile including neonatal adverse effects and the compatibility of NSAIDs with breastfeeding, and assess other important secondary outcomes of this review. Moreover, studies mostly included women who had episiotomies. Future research should consider women with and without perineal trauma, including perineal tears. High-quality studies should be conducted to further assess the efficacy of NSAIDs versus paracetamol and the efficacy of multimodal treatments.
Combination of the non-invasive tests for the diagnosis of endometriosis. [Review]
Nisenblat V; Prentice L; Bossuyt PM; Farquhar C; Hull ML; Johnson N.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cochrane Database of Systematic Reviews. 7:CD012281, 2016 Jul 13.
[Journal Article. Research Support, Non-U.S. Gov't. Review]
UI: 27405583

BACKGROUND: About 10% of women of reproductive age suffer from endometriosis, a costly chronic disease causing pelvic pain and subfertility. Laparoscopy is the gold standard diagnostic test for endometriosis, but is expensive and carries surgical risks. Currently, there are no non-invasive tests available in clinical practice to accurately diagnose endometriosis. This review assessed the diagnostic accuracy of combinations of different non-invasive testing modalities for endometriosis and provided a summary of all the reviews in the non-invasive tests for endometriosis series.

OBJECTIVES: To estimate the diagnostic accuracy of any combination of non-invasive tests for the diagnosis of pelvic endometriosis (peritoneal and/or ovarian or deep infiltrating) compared to surgical diagnosis as a reference standard. The combined tests were evaluated as replacement tests for diagnostic surgery and triage tests to assist decision-making to undertake diagnostic surgery for endometriosis.

SEARCH METHODS: We did not restrict the searches to particular study designs, language or publication dates. We searched CENTRAL to July 2015, MEDLINE and EMBASE to May 2015, as well as the following databases to April 2015: CINAHL, PsycINFO, Web of Science, LILACS, OAIster, TRIP, ClinicalTrials.gov, DARE and PubMed.

SELECTION CRITERIA: We considered published, peer-reviewed, randomised controlled or cross-sectional studies of any size, including prospectively collected samples from any population of women of reproductive age suspected of having one or more of the following target conditions: ovarian, peritoneal or deep infiltrating endometriosis (DIE). We included studies comparing the diagnostic test accuracy of a combination of several testing modalities with the findings of surgical visualisation of endometriotic lesions.

DATA COLLECTION AND ANALYSIS: Three review authors independently collected and performed a quality assessment of the data from each study by using the QUADAS-2 tool. For each test, the data were classified as positive or negative for the surgical detection of endometriosis and sensitivity and specificity estimates were calculated. The bivariate model was planned to obtain pooled estimates of sensitivity and specificity whenever sufficient data were available. The predetermined criteria for a clinically useful test to replace diagnostic surgery were a sensitivity of 0.94 and a specificity of 0.79 to detect endometriosis. We set the criteria for triage
tests at a sensitivity of 0.95 and above and a specificity of 0.50 and above, which 'rules out' the diagnosis with high accuracy if there is a negative test result (SnOUT test), or a sensitivity of 0.50 and above and a specificity of 0.95 and above, which 'rules in' the diagnosis with high accuracy if there is a positive result (SpIN test).

MAIN RESULTS: Eleven eligible studies included 1339 participants. All the studies were of poor methodological quality. Seven studies evaluated pelvic endometriosis, one study considered DIE and/or ovarian endometrioma, two studies differentiated endometrioma from other ovarian cysts and one study addressed mapping DIE at specific anatomical sites. Fifteen different diagnostic combinations were assessed, including blood, urinary or endometrial biomarkers, transvaginal ultrasound (TVUS) and clinical history or examination. We did not pool estimates of sensitivity and specificity, as each study analysed independent combinations of the non-invasive tests. Tests that met the criteria for a replacement test were: a combination of serum IL-6 (cut-off >15.4 pg/ml) and endometrial PGP 9.5 for pelvic endometriosis (sensitivity 1.00 (95% confidence interval (CI) 0.91 to 1.00), specificity 0.93 (95% CI, 0.80, 0.98) and the combination of vaginal examination and transvaginal ultrasound (TVUS) for rectal endometriosis (sensitivity 0.96 (95% CI 0.86 to 0.99), specificity 0.98 (95% CI 0.94 to 1.00)). Tests that met the criteria for SpIN triage tests for pelvic endometriosis were: 1. a multiplication of urine vitamin-D-binding protein (VDBP) and serum CA-125 (cut-off >2755) (sensitivity 0.74 (95% CI 0.60 to 0.84), specificity 0.97 (95% CI 0.86 to 1.00)) and 2. a combination of history (length of menses), serum CA-125 (cut-off >35 U/ml) and endometrial leukocytes (sensitivity 0.61 (95% CI 0.54 to 0.69), specificity 0.95 (95% CI 0.91 to 0.98)). For endometrioma, the following combinations qualified as SpIN test: 1. TVUS and either serum CA-125 (cut-off >=25 U/ml) or CA 19.9 (cut-off >=12 U/ml) (sensitivity 0.79 (95% CI 0.64 to 0.91), specificity 0.97 (95% CI 0.91 to 1.00)); 2. TVUS and serum CA 19.9 (cut-off >=12 U/ml) (sensitivity 0.54 (95% CI 0.37 to 0.70), specificity 0.97 (95% CI 0.91 to 1.0)); 3-4. TVUS and serum CA-125 (cut-off >=20 U/ml or cut-off >=25 U/ml) (sensitivity 0.69 (95% CI 0.49 to 0.85), specificity 0.96 (95% CI 0.88 to 0.99)); 5. TVUS and serum CA-125 (cut-off >=35 U/ml) (sensitivity 0.52 (95% CI 0.33 to 0.71), specificity 0.97 (95% CI 0.90 to 1.00)). A combination of vaginal examination and TVUS reached the threshold for a SpIN test for obliterated pouch of Douglas (sensitivity 0.87 (95% CI 0.69 to 0.96), specificity 0.98 (95% CI 0.95 to 1.00)), vaginal wall endometriosis (sensitivity 0.82 (95% CI 0.60 to 0.95), specificity 0.99 (95% CI 0.97 to 1.0)) and rectovaginal septum endometriosis (sensitivity 0.88 (95% CI 0.47 to 1.00), specificity 0.99 (95% CI 0.96 to 1.00)). All the tests were evaluated in individual studies and displayed wide CIs. Due to the heterogeneity and high risk of bias of the included studies, the clinical utility of the studied combination diagnostic tests for endometriosis remains unclear.

AUTHORS' CONCLUSIONS: None of the biomarkers evaluated in this review could be evaluated in a meaningful way and there was insufficient or poor-quality evidence. Laparoscopy remains the
gold standard for the diagnosis of endometriosis and using any non-invasive tests should only be undertaken in a research setting.

Status
MEDLINE

Authors Full Name
Nisenblat, Vicki; Prentice, Lucy; Bossuyt, Patrick M M; Farquhar, Cindy; Hull, M Louise; Johnson, Neil.

Institution
Nisenblat, Vicki. Discipline of Obstetrics and Gynaecology, School of Medicine, Robinson Research Institute, The University of Adelaide, Level 6, Medical School North., Frome Rd, Adelaide, SA, Australia, 5005.

Country of Publication
England

Date of Publication
2016 Jul 13

Date Created
20160802

Year of Publication
2016

480.

Blood biomarkers for the non-invasive diagnosis of endometriosis. [Review]
Nisenblat V; Bossuyt PM; Shaikh R; Farquhar C; Jordan V; Scheffers CS; Mol BW; Johnson N; Hull ML.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cochrane Database of Systematic Reviews. (5)CD012179, 2016 May 01.

UI: 27132058

BACKGROUND: About 10% of reproductive-aged women suffer from endometriosis, a costly chronic disease causing pelvic pain and subfertility. Laparoscopy is the gold standard diagnostic test for endometriosis, but is expensive and carries surgical risks. Currently, there are no non-invasive or minimally invasive tests available in clinical practice to accurately diagnose
endometriosis. Although other reviews have assessed the ability of blood tests to diagnose endometriosis, this is the first review to use Cochrane methods, providing an update on the rapidly expanding literature in this field.

OBJECTIVES: To evaluate blood biomarkers as replacement tests for diagnostic surgery and as triage tests to inform decisions on surgery for endometriosis. Specific objectives include: 1. To provide summary estimates of the diagnostic accuracy of blood biomarkers for the diagnosis of peritoneal, ovarian and deep infiltrating pelvic endometriosis, compared to surgical diagnosis as a reference standard. 2. To assess the diagnostic utility of biomarkers that could differentiate ovarian endometrioma from other ovarian masses.

SEARCH METHODS: We did not restrict the searches to particular study designs, language or publication dates. We searched CENTRAL to July 2015, MEDLINE and EMBASE to May 2015, as well as these databases to 20 April 2015: CINAHL, PsycINFO, Web of Science, LILACS, OAIster, TRIP, ClinicalTrials.gov, DARE and PubMed.

SELECTION CRITERIA: We considered published, peer-reviewed, randomised controlled or cross-sectional studies of any size, including prospectively collected samples from any population of reproductive-aged women suspected of having one or more of the following target conditions: ovarian, peritoneal or deep infiltrating endometriosis (DIE). We included studies comparing the diagnostic test accuracy of one or more blood biomarkers with the findings of surgical visualisation of endometriotic lesions.

DATA COLLECTION AND ANALYSIS: Two authors independently collected and performed a quality assessment of data from each study. For each diagnostic test, we classified the data as positive or negative for the surgical detection of endometriosis, and we calculated sensitivity and specificity estimates. We used the bivariate model to obtain pooled estimates of sensitivity and specificity whenever sufficient datasets were available. The predetermined criteria for a clinically useful blood test to replace diagnostic surgery were a sensitivity of 0.94 and a specificity of 0.79 to detect endometriosis. We set the criteria for triage tests at a sensitivity of \( \geq 0.95 \) and a specificity of \( \geq 0.50 \), which 'rules out' the diagnosis with high accuracy if there is a negative test result (SnOUT test), or a sensitivity of \( \geq 0.50 \) and a specificity of \( \geq 0.95 \), which 'rules in' the diagnosis with high accuracy if there is a positive result (SpIN test).

MAIN RESULTS: We included 141 studies that involved 15,141 participants and evaluated 122 blood biomarkers. All the studies were of poor methodological quality. Studies evaluated the blood biomarkers either in a specific phase of the menstrual cycle or irrespective of the cycle phase, and they tested for them in serum, plasma or whole blood. Included women were a selected population with a high frequency of endometriosis (10% to 85%), in which surgery was indicated for endometriosis, infertility work-up or ovarian mass. Seventy studies evaluated the diagnostic performance of 47 blood biomarkers for endometriosis (44 single-marker tests and 30 combined tests of two to six blood biomarkers). These were angiogenesis/growth factors,
apoptosis markers, cell adhesion molecules, high-throughput markers, hormonal markers, immune system/inflammatory markers, oxidative stress markers, microRNAs, tumour markers and other proteins. Most of these biomarkers were assessed in small individual studies, often using different cut-off thresholds, and we could only perform meta-analyses on the data sets for anti-endometrial antibodies, interleukin-6 (IL-6), cancer antigen-19.9 (CA-19.9) and CA-125. Diagnostic estimates varied significantly between studies for each of these biomarkers, and CA-125 was the only marker with sufficient data to reliably assess sources of heterogeneity. The mean sensitivities and specificities of anti-endometrial antibodies (4 studies, 759 women) were 0.81 (95% confidence interval (CI) 0.76 to 0.87) and 0.75 (95% CI 0.46 to 1.00). For IL-6, with a cut-off value of > 1.90 to 2.00 pg/ml (3 studies, 309 women), sensitivity was 0.63 (95% CI 0.52 to 0.75) and specificity was 0.69 (95% CI 0.57 to 0.82). For CA-19.9, with a cut-off value of > 37.0 IU/ml (3 studies, 330 women), sensitivity was 0.36 (95% CI 0.26 to 0.45) and specificity was 0.87 (95% CI 0.75 to 0.99). Studies assessed CA-125 at different thresholds, demonstrating the following mean sensitivities and specificities: for cut-off > 10.0 to 14.7 U/ml: 0.70 (95% CI 0.63 to 0.77) and 0.64 (95% CI 0.47 to 0.82); for cut-off > 16.0 to 17.6 U/ml: 0.56 (95% CI 0.24, 0.88) and 0.91 (95% CI 0.75, 1.00); for cut-off > 20.0 U/ml: 0.67 (95% CI 0.50 to 0.85) and 0.69 (95% CI 0.58 to 0.80); for cut-off > 25.0 to 26.0 U/ml: 0.73 (95% CI 0.67 to 0.79) and 0.70 (95% CI 0.63 to 0.77); for cut-off > 30.0 to 33.0 U/ml: 0.62 (95% CI 0.45 to 0.79) and 0.76 (95% CI 0.53 to 1.00); and for cut-off > 35.0 to 36.0 U/ml: 0.40 (95% CI 0.32 to 0.49) and 0.91 (95% CI 0.88 to 0.94). We could not statistically evaluate other biomarkers meaningfully, including biomarkers that were assessed for their ability to differentiate endometrioma from other benign ovarian cysts. Eighty-two studies evaluated 97 biomarkers that did not differentiate women with endometriosis from disease-free controls. Of these, 22 biomarkers demonstrated conflicting results, with some studies showing differential expression and others no evidence of a difference between the endometriosis and control groups.

AUTHORS’ CONCLUSIONS: Of the biomarkers that were subjected to meta-analysis, none consistently met the criteria for a replacement or triage diagnostic test. A subset of blood biomarkers could prove useful either for detecting pelvic endometriosis or for differentiating ovarian endometrioma from other benign ovarian masses, but there was insufficient evidence to draw meaningful conclusions. Overall, none of the biomarkers displayed enough accuracy to be used clinically outside a research setting. We also identified blood biomarkers that demonstrated no diagnostic value in endometriosis and recommend focusing research resources on evaluating other more clinically useful biomarkers.
BACKGROUND: About 10% of reproductive-aged women suffer from endometriosis, which is a costly, chronic disease that causes pelvic pain and subfertility. Laparoscopy is the gold standard diagnostic test for endometriosis, but it is expensive and carries surgical risks. Currently, there are no non-invasive tests available in clinical practice that accurately diagnose endometriosis. This is the first diagnostic test accuracy review of endometrial biomarkers for endometriosis that utilises Cochrane methodologies, providing an update on the rapidly expanding literature in this field.

OBJECTIVES: To determine the diagnostic accuracy of the endometrial biomarkers for pelvic endometriosis, using a surgical diagnosis as the reference standard. We evaluated the tests as
replacement tests for diagnostic surgery and as triage tests to inform decisions to undertake surgery for endometriosis.

SEARCH METHODS: We did not restrict the searches to particular study designs, language or publication dates. To identify trials, we searched the following databases: CENTRAL (2015, July), MEDLINE (inception to May 2015), EMBASE (inception to May 2015), CINAHL (inception to April 2015), PsycINFO (inception to April 2015), Web of Science (inception to April 2015), LILACS (inception to April 2015), OAIster (inception to April 2015), TRIP (inception to April 2015) and ClinicalTrials.gov (inception to April 2015). We searched DARE and PubMed databases up to April 2015 to identify reviews and guidelines as sources of references to potentially relevant studies. We also performed searches for papers recently published and not yet indexed in the major databases. The search strategies incorporated words in the title, abstract, text words across the record and the medical subject headings (MeSH).

SELECTION CRITERIA: We considered published peer-reviewed, randomised controlled or cross-sectional studies of any size that included prospectively collected samples from any population of reproductive-aged women suspected of having one or more of the following target conditions: ovarian, peritoneal or deep infiltrating endometriosis (DIE).

DATA COLLECTION AND ANALYSIS: Two authors independently extracted data from each study and performed a quality assessment. For each endometrial diagnostic test, we classified the data as positive or negative for the surgical detection of endometriosis and calculated the estimates of sensitivity and specificity. We considered two or more tests evaluated in the same cohort as separate data sets. We used the bivariate model to obtain pooled estimates of sensitivity and specificity whenever sufficient data were available. The predetermined criteria for a clinically useful test to replace diagnostic surgery was one with a sensitivity of 94% and a specificity of 79%. The criteria for triage tests were set at sensitivity at or above 95% and specificity at or above 50%, which in case of negative results rules out the diagnosis (SnOUT test) or sensitivity at or above 50% with specificity at or above 95%, which in case of positive result rules in the diagnosis (SpIN test).

MAIN RESULTS: We included 54 studies involving 2729 participants, most of which were of poor methodological quality. The studies evaluated endometrial biomarkers either in specific phases of the menstrual cycle or outside of it, and the studies tested the biomarkers either in menstrual fluid, in whole endometrial tissue or in separate endometrial components. Twenty-seven studies evaluated the diagnostic performance of 22 endometrial biomarkers for endometriosis. These were angiogenesis and growth factors (PROK-1), cell-adhesion molecules (integrins alpha3beta1, alpha4beta1, beta1 and alpha6), DNA-repair molecules (hTERT), endometrial and mitochondrial proteome, hormonal markers (CYP19, 17betaHSD2, ER-alpha, ER-beta), inflammatory markers (IL-1R2), myogenic markers (caldesmon, CALD-1), neural markers (PGP 9.5, VIP, CGRP, SP, NPY, NF) and tumour markers (CA-125). Most of these biomarkers were assessed in single
studies, whilst only data for PGP 9.5 and CYP19 were available for meta-analysis. These two biomarkers demonstrated significant diversity for the diagnostic estimates between the studies; however, the data were too limited to reliably determine the sources of heterogeneity. The mean sensitivities and specificities of PGP 9.5 (7 studies, 361 women) were 0.96 (95% confidence interval (CI) 0.91 to 1.00) and 0.86 (95% CI 0.70 to 1.00), after excluding one outlier study, and for CYP19 (8 studies, 444 women), they were 0.77 (95% CI 0.70 to 0.85) and 0.74 (95% CI 0.65 to 84), respectively. We could not statistically evaluate other biomarkers in a meaningful way. An additional 31 studies evaluated 77 biomarkers that showed no evidence of differences in expression levels between the groups of women with and without endometriosis.

AUTHORS’ CONCLUSIONS: We could not statistically evaluate most of the biomarkers assessed in this review in a meaningful way. In view of the low quality of most of the included studies, the findings of this review should be interpreted with caution. Although PGP 9.5 met the criteria for a replacement test, it demonstrated considerable inter study heterogeneity in diagnostic estimates, the source of which could not be determined. Several endometrial biomarkers, such as endometrial proteome, 17betaHSD2, IL-1R2, caldesmon and other neural markers (VIP, CGRP, SP, NPY and combination of VIP, PGP 9.5 and SP) showed promising evidence of diagnostic accuracy, but there was insufficient or poor quality evidence for any clinical recommendations. Laparoscopy remains the gold standard for the diagnosis of endometriosis, and using any non-invasive tests should only be undertaken in a research setting. We have also identified a number of biomarkers that demonstrated no diagnostic value for endometriosis. We recommend that researchers direct future studies towards biomarkers with high diagnostic potential in good quality diagnostic studies.

Status
MEDLINE
Authors Full Name
Gupta, Devashana; Hull, M Louise; Fraser, Ian; Miller, Laura; Bossuyt, Patrick M M; Johnson, Neil; Nisenblat, Vicki.
Institution
Gupta, Devashana. Auckland District Health Board, Auckland, New Zealand.
Country of Publication
England
Date of Publication
2016 Apr 20
Date Created
20160502
Year of Publication
2016
BACKGROUND: Uncomplicated urinary tract infection (UTI) is the most common bacterial infection in women, characterised by dysuria and urinary frequency. Urinary alkalisers are widely used in some countries for the symptomatic treatment of uncomplicated UTI, and they are recommended in some national formularies. However, there is a lack of empirical evidence to support their use for UTI and some healthcare guidelines advise against their use.

OBJECTIVES: We aimed to look at the benefits and harms of the use of urinary alkalisers for the treatment of uncomplicated UTIs in adult women.

SEARCH METHODS: We searched the Cochrane Kidney and Transplant Specialised Register to 19 January 2016 through contact with the Trials Search Co-ordinator using search terms relevant to this review.

SELECTION CRITERIA: All randomised controlled trials (RCTs) and quasi-RCTs on the use of (any) urinary alkalisers (either exclusively or non-exclusively) for the symptomatic treatment of uncomplicated UTI amongst women aged 16 and over, were included. Studies were eligible if they included patients whose diagnosis of UTI was decided by symptoms alone, or positive urine dipstick test or urine culture; and patients with recurrent UTI, provided patients had no symptoms of UTI in the two weeks prior to the onset of symptoms that lead them to seek medical advice. Studies were ineligible if they studied patients with complicated UTIs; immune-compromising conditions; acute pyelonephritis; or chronic conditions such as interstitial cystitis.

DATA COLLECTION AND ANALYSIS: Three authors independently assessed and screened papers, and this was repeated by two separate authors (independently). An additional investigator acted as arbitrator, where necessary. There were no papers which fulfilled the inclusion criteria for this review, and therefore no data extraction was performed.

MAIN RESULTS: Our search identified 172 potential studies for inclusion. However, following assessment none fulfilled the inclusion criteria for this review.
AUTHORS’ CONCLUSIONS: Until relevant evidence is generated from randomised trials, the safety and efficacy of urinary alkalisers for the symptomatic treatment of uncomplicated UTI remains unknown.

Status
MEDLINE

Authors Full Name
O’Kane, Dermot B; Dave, Sameer K; Gore, Neel; Patel, Farhaan; Hoffmann, Tammy C; Trill, Jeanne L; Del Mar, Chris B.

Institution
O’Kane, Dermot B. Centre for Research in Evidence-Based Practice (CREBP), Bond University, Gold Coast, QLD, Australia.

Country of Publication
England

Date of Publication
2016 Apr 19

Date Created
20160502

Year of Publication
2016

483.
Gabapentin for the Management of Chronic Pelvic Pain in Women (GaPP1): A Pilot Randomised Controlled Trial.
Lewis SC; Bhattacharya S; Wu O; Vincent K; Jack SA; Critchley HO; Porter MA; Cranley D; Wilson JA; Horne AW.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Multicenter Study. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 27070434
Chronic pelvic pain (CPP) affects 2.1-24% of women. Frequently, no underlying pathology is identified, and the pain is difficult to manage. Gabapentin is prescribed for CPP despite no robust
evidence of efficacy. We performed a pilot trial in two UK centres to inform the planning of a future multicentre RCT to evaluate gabapentin in CPP management. Our primary objective was to determine levels of participant recruitment and retention. Secondary objectives included estimating potential effectiveness, acceptability to participants of trial methodology, and cost-effectiveness of gabapentin. Women with CPP and no obvious pelvic pathology were assigned to an increasing regimen of gabapentin (300-2700 mg daily) or placebo. We calculated the proportion of eligible women randomised, and of randomised participants who were followed up to six months. The analyses by treatment group were by intention-to-treat. Interviews were conducted to evaluate women's experiences of the trial. A probabilistic decision analytical model was used to estimate cost-effectiveness. Between September 2012-2013, 47 women (34% of those eligible) were randomised (22 to gabapentin, 25 to placebo), and 25 (53%) completed six-month follow-up. Participants on gabapentin had less pain (BPI difference 1.72 points, 95% CI:0.07-3.36), and an improvement in mood (HADS difference 4.35 points, 95% CI:1.97-6.73) at six months than those allocated placebo. The majority of participants described their trial experience favorably. At the UK threshold for willingness-to-pay, the probabilities of gabapentin or no treatment being cost-effective are similar. A pilot trial assessing gabapentin for CPP was feasible, but uncertainty remains, highlighting the need for a large definitive trial.

Status
MEDLINE

Authors Full Name
Lewis, Steff C; Bhattacharya, Siladitya; Wu, Olivia; Vincent, Katy; Jack, Stuart A; Critchley, Hilary O D; Porter, Maureen A; Cranley, Denise; Wilson, John A; Horne, Andrew W.

Institution
Lewis, Steff C. Centre for Population Health Sciences, University of Edinburgh, Edinburgh, Lothian, United Kingdom. Bhattacharya, Siladitya. Applied Health Sciences, University of Aberdeen, Aberdeen, Grampian, United Kingdom.
Wu, Olivia. Health Economics and Health Technology Assessment Institute of Health and Wellbeing, University of Glasgow, Glasgow, Lanarkshire, United Kingdom.
Vincent, Katy. Nuffield Department of Obstetrics and Gynaecology, University of Oxford, John Radcliffe Hospital, Oxford, United Kingdom.
Jack, Stuart A. Gynaecology, Aberdeen Royal Infirmary, Aberdeen, Grampian, United Kingdom.
Critchley, Hilary O D. MRC Centre for Reproductive Health, University of Edinburgh, Edinburgh, Lothian, United Kingdom.
Porter, Maureen A. Applied Health Sciences, University of Aberdeen, Aberdeen, Grampian, United Kingdom.
Cranley, Denise. MRC Centre for Regenerative Medicine, University of Edinburgh, Edinburgh, Lothian, United Kingdom.
Lubiprostone Is Effective in the Treatment of Chronic Idiopathic Constipation and Irritable Bowel Syndrome: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. [Review] Li F; Fu T; Tong WD; Liu BH; Li CX; Gao Y; Wu JS; Wang XF; Zhang AP. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Mayo Clinic Proceedings. 91(4):456-68, 2016 Apr. [Comparative Study. Journal Article. Meta-Analysis. Research Support, Non-U.S. Gov't. Review] UI: 27046523

OBJECTIVE: To evaluate the efficacy and safety of lubiprostone in the treatment of chronic idiopathic constipation (CIC) and irritable bowel syndrome with constipation (IBS-C).

PATIENTS AND METHODS: We performed a literature search of the MEDLINE, Cochrane, Google Scholar, and ClinicalTrials.gov databases (from January 1, 2005, through January 31, 2015). Relevant studies meeting the inclusion criteria were manually searched by 2 independent reviewers. Efficacy outcomes evaluated at 1 week, 1 month, and 3 months of intervention were
weekly frequency of spontaneous bowel movements, severity of constipation, consistency of stools, degree of abdominal pain/discomfort, degree of straining, and abdominal bloating.

RESULTS: Of 246 studies identified, data from 9 trials comprising 1468 patients (63.6%) in the lubiprostone group and 841 (36.4%) in the placebo group were analyzed. We found that lubiprostone treatment significantly improved the severity of constipation, stool consistency, abdominal pain, degree of straining, and abdominal bloating at 1 week (P<.03) and 1 month (P<.004), except for abdominal pain at 1 month, which was similar to that when treated with placebo (P=.21). At 3 months, except for abdominal bloating (P=.03), there was no difference between lubiprostone and placebo groups in all other outcomes (P>=.05). Adverse effects such as nausea, vomiting, and diarrhea were common (incidence rate, 2.4%-75%); however, the incidence of serious adverse effects was low (<5%) and was mostly unrelated to lubiprostone treatment.

CONCLUSION: Lubiprostone is a safe and efficacious drug for the treatment of chronic idiopathic constipation and irritable bowel syndrome with constipation, with limited adverse effects in 3 months of follow-up.

Copyright © 2016 Mayo Foundation for Medical Education and Research. Published by Elsevier Inc. All rights reserved.

Status
MEDLINE
Authors Full Name
Li, Fan; Fu, Tao; Tong, Wei-Dong; Liu, Bao-Hua; Li, Chun-Xue; Gao, Yu; Wu, Jin-Song; Wang, Xiang-Feng; Zhang, An-Ping.
Institution
Li, Fan. Department of General Surgery, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, China. Fu, Tao. Department of General Surgery, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, China.
Tong, Wei-Dong. Department of General Surgery, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, China.
Liu, Bao-Hua. Department of General Surgery, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, China.
Li, Chun-Xue. Department of General Surgery, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, China.
Gao, Yu. Department of General Surgery, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, China.
Wu, Jin-Song. Department of General Surgery, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, China.
Chronic pelvic pain (CPP) affects 5.7-26.6% women worldwide. 55% have no obvious pathology and 40% have associated endometriosis. Neuropathic pain (NeP) is pain arising as a consequence of a lesion/disease affecting the somatosensory system. The prevalence of NeP in women with CPP is not known. The diagnosis of NeP is challenging because there is no gold-standard assessment. Questionnaires have been used in the clinical setting to diagnose NeP in other chronic pain conditions and quantitative sensory testing (QST) has been used in a research setting to identify abnormal sensory function. We aimed to determine if women with chronic pelvic
pain (CPP) have a neuropathic pain (NeP) component to their painful symptoms and how this is best assessed. We performed an exploratory prospective cohort study of 72 pre-menopausal women with a diagnosis of CPP. They underwent a clinician completed questionnaire (DN4) and completed the S-LANSS and PainDETECTTTM questionnaires. Additionally QST testing was performed by a clinician. They also completed a patient acceptability questionnaire. Clinical features of NeP were identified by both questionnaires and QST. Of the women who were NeP positive, 56%, 35% and 26% were identified by the S-LANSS, DN4 and PainDETECTTTM respectively. When NeP was identified by questionnaire, the associated laparoscopy findings were similar irrespective of which questionnaire was used. No subject had entirely unchanged QST parameters. There were distinct loss and gain subgroups, as well as mixed alteration in function, but this was not necessarily clinically significant in all patients. 80% of patients were confident that questionnaires could diagnose NeP, and 90% found them easy to complete. Early identification of NeP in women with CPP with a simple questionnaire could facilitate targeted therapy with neuromodulators, which are cheap, readily available, and have good safety profiles. This approach could prevent unnecessary or fertility-compromising surgery and prolonged treatment with hormones.

Status
MEDLINE

Authors Full Name
Whitaker, Lucy H R; Reid, Jen; Choa, Alex; McFee, Stuart; Seretny, Marta; Wilson, John; Elton, Rob A; Vincent, Katy; Horne, Andrew W.

Institution
Whitaker, Lucy H R. MRC Centre for Reproductive Health, University of Edinburgh, The Queen's Medical Research Institute, 47 Little France Crescent, Edinburgh, EH16 4TJ, United Kingdom.
Reid, Jen. The University of Edinburgh Medical School, Chancellor's Building, 49 Little France Crescent, Edinburgh EH16 4SB, United Kingdom.
Choa, Alex. The University of Edinburgh Medical School, Chancellor's Building, 49 Little France Crescent, Edinburgh EH16 4SB, United Kingdom.
McFee, Stuart. The University of Edinburgh Medical School, Chancellor's Building, 49 Little France Crescent, Edinburgh EH16 4SB, United Kingdom.
Seretny, Marta. Department of Anaesthesia, Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh, EH16 4SA, United Kingdom.
Wilson, John. Department of Anaesthesia, Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh, EH16 4SA, United Kingdom.
Elton, Rob A. Centre for Population Health Sciences, University of Edinburgh, Medical School, Teviot Place, Edinburgh EH8 9AG, United Kingdom.
OBJECTIVE: To provide guidelines for health care providers on the use of contraceptive methods to prevent pregnancy and on the promotion of healthy sexuality.
OUTCOMES: Overall efficacy of cited contraceptive methods, assessing reduction in pregnancy rate, safety, ease of use, and side effects; the effect of cited contraceptive methods on sexual health and general well-being; and the relative cost and availability of cited contraceptive methods in Canada.
EVIDENCE: Published literature was retrieved through searches of Medline and The Cochrane Database from January 1994 to January 2015 using appropriate controlled vocabulary (e.g., contraception, sexuality, sexual health) and key words (e.g., contraception, family planning, hormonal contraception, emergency contraception). Results were restricted to systematic reviews, randomized control trials/controlled clinical trials, and observational studies published in English from January 1994 to January 2015. Searches were updated on a regular basis in incorporated in the guideline to June 2015. Grey (unpublished) literature was identified through searching the websites of health technology assessment and health technology-related agencies, clinical practice guideline collections, clinical trial registries, and national and international medical specialty societies.

VALUES: The quality of the evidence in this document was rated using the criteria described in the Report of the Canadian Task Force on Preventive Health Care (Table 1).

CHAPTER 7: INTRAUTERINE CONTRACEPTION:

SUMMARY STATEMENTS: 1. Intrauterine contraceptives are as effective as permanent contraception methods. (II-2) 2. The use of levonorgestrel-releasing intrauterine system (LNG-IUS) 52 mg by patients taking tamoxifen is not associated with recurrence of breast cancer. (I) 3. Intrauterine contraceptives have a number of noncontraceptive benefits. The levonorgestrel-releasing intrauterine system (LNG-IUS) 52 mg significantly decreases menstrual blood loss (I) and dysmenorrhea. (II-2) Both the copper intrauterine device and the LNG-IUS significantly decrease the risk of endometrial cancer. (II-2) 4. The risk of uterine perforation decreases with inserter experience but is higher in postpartum and breastfeeding women. (II-2) 5. The risk of pelvic inflammatory disease (PID) is increased slightly in the first month after intrauterine contraceptive (IUC) insertion, but the absolute risk is low. Exposure to sexually transmitted infections and not the IUC itself is responsible for PID occurring after the first month of use. (II-2) 6. Nulliparity is not associated with an increased risk of intrauterine contraceptive expulsion. (II-2) 7. Ectopic pregnancy with an intrauterine contraceptive (IUC) is rare, but when a pregnancy occurs with an IUC in situ, it is an ectopic pregnancy in 15% to 50% of the cases. (II-2) 8. In women who conceive with an intrauterine contraceptive (IUC) in place, early IUC removal improves outcomes but does not entirely eliminate risks. (II-2) 9. Intrauterine contraceptives do not increase the risk of infertility. (II-2) 10. Immediate insertion of an intrauterine contraceptive (10 minutes postplacental to 48 hours) postpartum or post-Caesarean section is associated with a higher continuation rate compared with insertion at 6 weeks postpartum. (I) 11. Immediate insertion of an intrauterine contraceptive (IUC; 10 minutes postplacental to 48 hours) postpartum or post-Caesarean section is associated with a higher risk of expulsion. (I) The benefit of inserting an IUC immediately postpartum or post-Caesarean section outweighs the disadvantages of increased risk of perforation and expulsion. (II-C) 12. Insertion of an intrauterine contraceptive in breastfeeding women is associated with a higher risk of uterine perforation in the first postpartum
13. Immediate insertion of an intrauterine contraceptive (IUC) post-abortion significantly reduces the risk of repeat abortion (II-2) and increases IUC continuation rates at 6 months. (I) 14. Antibiotic prophylaxis for intrauterine contraceptive insertion does not significantly reduce postinsertion pelvic infection. (I) RECOMMENDATIONS: 1. Health care professionals should be careful not to restrict access to intrauterine contraceptives (IUC) owing to theoretical or unproven risks. (III-A) Health care professionals should offer IUCs as a first-line method of contraception to both nulliparous and multiparous women. (II-2A) 2. In women seeking intrauterine contraception (IUC) and presenting with heavy menstrual bleeding and/or dysmenorrhea, health care professionals should consider the use of the levonorgestrel intrauterine system 52 mg over other IUCs. (I-A) 3. Patients with breast cancer taking tamoxifen may consider a levonorgestrel-releasing intrauterine system 52 mg after consultation with their oncologist. (I-A) 4. Women requesting a levonorgestrel-releasing intrauterine system or a copper-intrauterine device should be counseled regarding changes in bleeding patterns, sexually transmitted infection risk, and duration of use. (III-A) 5. A health care professional should be reasonably certain that the woman is not pregnant prior to inserting an intrauterine contraceptive at any time during the menstrual cycle. (III-A) 6. Health care providers should consider inserting an intrauterine contraceptive immediately after an induced abortion rather than waiting for an interval insertion. (I-B) 7. In women who conceive with an intrauterine contraceptive (IUC) in place, the diagnosis of ectopic pregnancy should be excluded as early as possible. (II-2A) Once an ectopic pregnancy has been excluded, the IUC should be removed without an invasive procedure. The IUC may be removed at the time of a surgical termination. (II-2B) 8. In the case of pelvic inflammatory disease, it is not necessary to remove the intrauterine contraceptive unless there is no clinical improvement after 48 to 72 hours of appropriate antibiotic treatment. (II-2B) 9. Routine antibiotic prophylaxis for intrauterine contraceptive (IUC) insertion is not indicated. (I-B) Health care providers should perform sexually transmitted infection (STI) testing in women at high risk of STI at the time of IUC insertion. If the test is positive for chlamydia and/or gonorrhea, the woman should be appropriately treated postinsertion and the IUC can remain in situ. (II-2B) 10. Unscheduled bleeding in intrauterine contraception users, when persistent or associated with pelvic pain, should be investigated to rule out infection, pregnancy, gynecological pathology, expulsion or malposition. (III-A)
Medical versus surgical treatment for refractory or recurrent peptic ulcer. [Review]
Gurusamy KS; Pallari E.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: Refractory peptic ulcers are ulcers in the stomach or duodenum that do not heal after eight to 12 weeks of medical treatment or those that are associated with complications despite medical treatment. Recurrent peptic ulcers are peptic ulcers that recur after healing of the ulcer. Given the number of deaths due to peptic ulcer-related complications and the long-term complications of medical treatment (increased incidence of fracture), it is unclear whether medical or surgical intervention is the better treatment option in people with recurrent or refractory peptic ulcers.

OBJECTIVES: To assess the benefits and harms of medical versus surgical treatment for people with recurrent or refractory peptic ulcer.

SEARCH METHODS: We searched the specialised register of the Cochrane Upper GI and Pancreatic Diseases group, the Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and trials registers until September 2015 to identify randomised trials and non-randomised studies, using search strategies. We also searched the references of included studies to identify further studies.

SELECTION CRITERIA: We considered randomised controlled trials and non-randomised studies comparing medical treatment with surgical treatment in people with refractory or recurrent peptic ulcer, irrespective of language, blinding, or publication status for inclusion in the review.

DATA COLLECTION AND ANALYSIS: Two review authors independently identified trials and extracted data. We planned to calculate the risk ratio, mean difference, standardised mean difference, or hazard ratio with 95% confidence intervals using both fixed-effect and random-effects models with Review Manager 5 based on intention-to-treat analysis.

MAIN RESULTS: We included only one non-randomised study published 30 years ago in the review. This study included 77 participants who had gastric ulcer and in whom medical therapy (histamine H2 receptor blockers, antacids, and diet) had failed after an average duration of treatment of 29 months. The authors do not state whether these were recurrent or refractory ulcers. It appears that the participants did not have previous complications such as bleeding or perforation. Of the 77 included participants, 37 participants continued to have medical therapy while 40 participants received surgical therapy (antrectomy with or without vagotomy; subtotal gastrectomy with or without vagotomy; vagotomy; pyloroplasty and suture of the ulcer; suture or closure of ulcer without vagotomy or excision of the ulcer; proximal gastric or parietal cell vagotomy alone; suture or closure of the ulcer with proximal gastric or parietal cell vagotomy). Whether to use medical or surgical treatment was determined by participant's or treating physician's preference. The study authors reported that two participants in the medical treatment group (2 out of 37; 5.4%) had gastric cancer, which was identified by repeated biopsy. They did
not report the proportion of participants who had gastric cancer in the surgical treatment group. They also did not report the implications of the delayed diagnosis of gastric cancer in the medical treatment group. They did not report any other outcomes of interest for this review (that is health-related quality of life (using any validated scale), adverse events and serious adverse events, peptic ulcer bleeding, peptic ulcer perforation, abdominal pain, and long-term mortality).

AUTHORS' CONCLUSIONS: We found no studies that provide the relative benefits and harms of medical versus surgical treatment for recurrent or refractory peptic ulcers. Studies that evaluate the natural history of recurrent and refractory peptic ulcers are urgently required to determine whether randomised controlled trials comparing medical versus surgical management in patients with recurrent or refractory peptic ulcers or both are necessary. Such studies will also provide information for the design of such randomised controlled trials. A minimum follow-up of two to three years will allow the calculation of the incidence of complications and gastric cancer (in gastric ulcers only) in recurrent and refractory peptic ulcers. In addition to complications related to treatment and disease, health-related quality of life and loss of productivity should also be measured.

Status
MEDLINE
Authors Full Name
Gurusamy, Kurinchi Selvan; Pallari, Elena.
Institution
Gurusamy, Kurinchi Selvan. Department of Surgery, Royal Free Campus, UCL Medical School, Royal Free Hospital, Rowland Hill Street, London, UK, NW3 2PF.
Country of Publication
England
Date of Publication
2016 Mar 29
Date Created
20160401
Year of Publication
2016

488.
Systematic Review of Acupuncture for Chronic Prostatitis/Chronic Pelvic Pain Syndrome.

[Review]
Qin Z; Wu J; Zhou J; Liu Z.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Review]

UI: 26986148

Acupuncture is a promising therapy for relieving symptoms in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), which affects >15% of adult men worldwide. The aim of the study was to assess the effects and safety of the use of acupuncture for CP/CPPS. MEDLINE, EMBASE, CENTRAL, Web of Science, CBM, CNKI, Wang-Fang Database, JCRM, and CiNii were searched from their inception through 30 November 2015. Grey literature databases and websites were also searched. No language limits were applied. Only randomized controlled trials (RCTs) with CP/CPPS treated by acupuncture were included. Two reviewers extracted data and assessed the risk of bias of RCTs using the Cochrane Risk of Bias Tools, respectively. Seven trials were included, involving 471 participants. The result of meta-analysis indicated that compared with sham acupuncture (MD: -6.09 [95%CI: -8.12 to -5.68]) and medicine (Levofloxacin and, Ibuprofen, and Tamsulosin) (MD: -4.57 [95%CI: -7.58 to -1.56]), acupuncture was more effective at decreasing the total NIH-CPSI score. Real acupuncture was superior to sham acupuncture in improving symptoms (pain, voiding) and quality of life (QoL) domain subscores. Compared to sham acupuncture and medicine, acupuncture appears to be more effective at improving the global assessment. Two trials found that there is no significant difference between acupuncture and sham acupuncture in decreasing the IPSS score. Acupuncture failed to show more favorable effects in improving both symptoms and the QoL domain compared with medicine. Overall, current evidence supports acupuncture as an effective treatment for CP/CPPS-induced symptoms, particularly in relieving pain. Based on the meta-analysis, acupuncture is superior to sham acupuncture in improving symptoms and QoL.

Acupuncture might be similar to medicine (Levofloxacin and, Ibuprofen, and Tamsulosin) in its long-term effects, but evidence was limited due to high ROB among included trials as well as potential heterogeneity. Acupuncture is associated with rare and slightly adverse events. Protocol registration PROSPERO CRD42015027522.
BACKGROUND: About 10% of women of reproductive age suffer from endometriosis. Endometriosis is a costly chronic disease that causes pelvic pain and subfertility. Laparoscopy, the gold standard diagnostic test for endometriosis, is expensive and carries surgical risks. Currently, no non-invasive tests that can be used to accurately diagnose endometriosis are available in clinical practice. This is the first review of diagnostic test accuracy of imaging tests for endometriosis that uses Cochrane methods to provide an update on the rapidly expanding literature in this field.

OBJECTIVES: * To provide estimates of the diagnostic accuracy of imaging modalities for the diagnosis of pelvic endometriosis, ovarian endometriosis and deeply infiltrating endometriosis (DIE) versus surgical diagnosis as a reference standard.* To describe performance of imaging tests for mapping of deep endometriotic lesions in the pelvis at specific anatomical sites.
tests were evaluated as replacement tests for diagnostic surgery and as triage tests that would assist decision making regarding diagnostic surgery for endometriosis.

SEARCH METHODS: We searched the following databases to 20 April 2015: MEDLINE, CENTRAL, EMBASE, CINAHL, PsycINFO, Web of Science, LILACS, OAIster, TRIP, ClinicalTrials.gov, MEDION, DARE, and PubMed. Searches were not restricted to a particular study design or language nor to specific publication dates. The search strategy incorporated words in the title, abstracts, text words across the record and medical subject headings (MeSH).

SELECTION CRITERIA: We considered published peer-reviewed cross-sectional studies and randomised controlled trials of any size that included prospectively recruited women of reproductive age suspected of having one or more of the following target conditions: endometrioma, pelvic endometriosis, DIE or endometriotic lesions at specific intrapelvic anatomical locations. We included studies that compared the diagnostic test accuracy of one or more imaging modalities versus findings of surgical visualisation of endometriotic lesions.

DATA COLLECTION AND ANALYSIS: Two review authors independently collected and performed a quality assessment of data from each study. For each imaging test, data were classified as positive or negative for surgical detection of endometriosis, and sensitivity and specificity estimates were calculated. If two or more tests were evaluated in the same cohort, each was considered as a separate data set. We used the bivariate model to obtain pooled estimates of sensitivity and specificity when sufficient data sets were available. Predetermined criteria for a clinically useful imaging test to replace diagnostic surgery included sensitivity $\geq 94\%$ and specificity $\geq 79\%$. Criteria for triage tests were set at sensitivity $\geq 95\%$ and specificity $\geq 50\%$, ruling out the diagnosis with a negative result (SnNout test - if sensitivity is high, a negative test rules out pathology) or at sensitivity $\geq 50\%$ with specificity $\geq 95\%$, ruling in the diagnosis with a positive result (SpPin test - if specificity is high, a positive test rules in pathology).

MAIN RESULTS: We included 49 studies involving 4807 women: 13 studies evaluated pelvic endometriosis, 10 endometriomas and 15 DIE, and 33 studies addressed endometriosis at specific anatomical sites. Most studies were of poor methodological quality. The most studied modalities were transvaginal ultrasound (TVUS) and magnetic resonance imaging (MRI), with outcome measures commonly demonstrating diversity in diagnostic estimates; however, sources of heterogeneity could not be reliably determined. No imaging test met the criteria for a replacement or triage test for detecting pelvic endometriosis, albeit TVUS approached the criteria for a SpPin triage test. For endometrioma, TVUS (eight studies, 765 participants; sensitivity 0.93 (95% confidence interval (CI) 0.87, 0.99), specificity 0.96 (95% CI 0.92, 0.99)) qualified as a SpPin triage test and approached the criteria for a replacement and SnNout triage test, whereas MRI (three studies, 179 participants; sensitivity 0.95 (95% CI 0.90, 1.00), specificity 0.91 (95% CI 0.86, 0.97)) met the criteria for a replacement and SnNout triage test and approached the criteria...
for a SpPin test. For DIE, TVUS (nine studies, 12 data sets, 934 participants; sensitivity 0.79 (95% CI 0.69, 0.89) and specificity 0.94 (95% CI 0.88, 1.00)) approached the criteria for a SpPin triage test, and MRI (six studies, seven data sets, 266 participants; sensitivity 0.94 (95% CI 0.90, 0.97), specificity 0.77 (95% CI 0.44, 1.00)) approached the criteria for a replacement and SnNout triage test. Other imaging tests assessed in small individual studies could not be statistically evaluated. TVUS met the criteria for a SpPin triage test in mapping DIE to uterosacral ligaments, rectovaginal septum, vaginal wall, pouch of Douglas (POD) and rectosigmoid. MRI met the criteria for a SpPin triage test for POD and vaginal and rectosigmoid endometriosis. Transrectal ultrasonography (TRUS) might qualify as a SpPin triage test for rectosigmoid involvement but could not be adequately assessed for other anatomical sites because heterogeneous data were scant. Multi-detector computerised tomography enema (MDCT-e) displayed the highest diagnostic performance for rectosigmoid and other bowel endometriosis and met the criteria for both SpPin and SnNout triage tests, but studies were too few to provide meaningful results. Diagnostic accuracies were higher for TVUS with bowel preparation (TVUS-BP) and rectal water contrast (RWC-TVS) and for 3.0T MRI than for conventional methods, although the paucity of studies precluded statistical evaluation.

AUTHORS’ CONCLUSIONS: None of the evaluated imaging modalities were able to detect overall pelvic endometriosis with enough accuracy that they would be suggested to replace surgery. Specifically for endometrioma, TVUS qualified as a SpPin triage test. MRI displayed sufficient accuracy to suggest utility as a replacement test, but the data were too scant to permit meaningful conclusions. TVUS could be used clinically to identify additional anatomical sites of DIE compared with MRI, thus facilitating preoperative planning. Rectosigmoid endometriosis was the only site that could be accurately mapped by using TVUS, TRUS, MRI or MDCT-e. Studies evaluating recent advances in imaging modalities such as TVUS-BP, RWC-TVS, 3.0T MRI and MDCT-e were observed to have high diagnostic accuracies but were too few to allow prudent evaluation of their diagnostic role. In view of the low quality of most of the included studies, the findings of this review should be interpreted with caution. Future well-designed diagnostic studies undertaken to compare imaging tests for diagnostic test accuracy and costs are recommended.

Status
MEDLINE
Authors Full Name
Nisenblat, Vicki; Bossuyt, Patrick M M; Farquhar, Cindy; Johnson, Neil; Hull, M Louise.
Institution
Nisenblat, Vicki. Discipline of Obstetrics and Gynaecology, School of Medicine, Robinson Research Institute, The University of Adelaide, Level 6, Medical School North., Frome Rd, Adelaide, SA, Australia, 5005.
Country of Publication
Amphetamines for attention deficit hyperactivity disorder (ADHD) in children and adolescents. [Review]
Punja S; Shamseer L; Hartling L; Urichuk L; Vandermeer B; Nikles J; Vohra S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cochrane Database of Systematic Reviews. 2:CD009996, 2016 Feb 04.
UI: 26844979
BACKGROUND: Attention deficit hyperactivity disorder (ADHD) is one of the most common psychiatric conditions affecting children and adolescents. Amphetamines are among the most commonly prescribed medications to manage ADHD. There are three main classes of amphetamines: dexamphetamine, lisdexamphetamine and mixed amphetamine salts, which can be further broken down into short- and long-acting formulations. A systematic review assessing their efficacy and safety in this population has never been conducted.
OBJECTIVES: To assess the efficacy and safety of amphetamines for ADHD in children and adolescents.
SEARCH METHODS: In August 2015 we searched CENTRAL, Ovid MEDLINE, Embase, PsycINFO, ProQuest Dissertation and Theses, and the Networked Digital Library of Theses and Dissertations. We also searched ClinicalTrials.gov, and checked the reference lists of relevant studies and reviews identified by the searches. No language or date restrictions were applied.
SELECTION CRITERIA: Parallel-group and cross-over randomized controlled trials (RCTs) comparing amphetamine derivatives against placebo in a pediatric population (< 18 years) with ADHD.
DATA COLLECTION AND ANALYSIS: Two authors independently extracted data on participants, settings, interventions, methodology, and outcomes for each included study. For continuous outcomes, we calculated the standardized mean difference (SMD) and for dichotomous outcomes we calculated the risk ratio (RR). Where possible, we conducted meta-analyses using a random-effects model. We also performed a meta-analysis of the most commonly reported adverse events in the primary studies.

MAIN RESULTS: We included 23 trials (8 parallel-group and 15 cross-over trials), with 2675 children aged three years to 17 years. All studies compared amphetamines to placebo. Study durations ranged from 14 days to 365 days, with the majority lasting less than six months. Most studies were conducted in the United States; three studies were conducted across Europe. We judged 11 included studies to be at a high risk of bias due to insufficient blinding methods, failing to account for dropouts and exclusions from the analysis, and failing to report on all outcomes defined a priori. We judged the remaining 12 studies to be at unclear risk of bias due to inadequate reporting.

Amphetamines improved total ADHD core symptom severity according to parent ratings (SMD -0.57; 95% confidence interval (CI) -0.86 to -0.27; 7 studies; 1247 children/adolescents; very low quality evidence), teacher ratings (SMD -0.55; 95% CI -0.83 to -0.27; 5 studies; 745 children/adolescents; low quality evidence), and clinician ratings (SMD -0.84; 95% CI -1.32 to -0.36; 3 studies; 813 children/adolescents; very low quality evidence). In addition, the proportion of responders as rated by the Clinical Global Impression - Improvement (CGI-I) scale was higher when children were taking amphetamines (RR 3.36; 95% CI 2.48 to 4.55; 9 studies; 2207 children/adolescents; very low quality evidence). The most commonly reported adverse events included decreased appetite, insomnia/trouble sleeping, abdominal pain, nausea/vomiting, headaches, and anxiety. Amphetamines were associated with a higher proportion of participants experiencing decreased appetite (RR 6.31; 95% CI 2.58 to 15.46; 11 studies; 2467 children/adolescents), insomnia (RR 3.80; 95% CI 2.12 to 6.83; 10 studies; 2429 children/adolescents), and abdominal pain (RR 1.44; 95% CI 1.03 to 2.00; 10 studies; 2155 children/adolescents). In addition, the proportion of children who experienced at least one adverse event was higher in the amphetamine group (RR 1.30; 95% CI 1.18 to 1.44; 6 studies; 1742 children/adolescents; low quality evidence). We performed subgroup analyses for amphetamine preparation (dexamphetamine, lisdexamphetamine, mixed amphetamine salts), amphetamine release formulation (long acting versus short acting), and funding source (industry versus non industry). Between-group differences were observed for proportion of participants experiencing decreased appetite in both the amphetamine preparation (P < 0.00001) and amphetamine release formulation (P value = 0.008) subgroups, as well as for retention in the amphetamine release formulation subgroup (P value = 0.03).

AUTHORS' CONCLUSIONS: Most of the included studies were at high risk of bias and the overall quality of the evidence ranged from low to very low on most outcomes. Although
amphetamines seem efficacious at reducing the core symptoms of ADHD in the short term, they were associated with a number of adverse events. This review found no evidence that supports any one amphetamine derivative over another, and does not reveal any differences between long-acting and short-acting amphetamine preparations. Future trials should be longer in duration (i.e. more than 12 months), include more psychosocial outcomes (e.g. quality of life and parent stress), and be transparently reported.

Status
MEDLINE
Authors Full Name
Punja, Salima; Shamseer, Larissa; Hartling, Lisa; Urichuk, Liana; Vandermeer, Ben; Nikles, Jane; Vohra, Sunita.
Institution
Punja, Salima. Department of Medicine, University of Alberta, 8B16B-11111 Jasper Ave, Edmonton, AB, Canada, T5K 0L4.
Country of Publication
England
Date of Publication
2016 Feb 04
Date Created
20160301
Year of Publication
2016

491.
Pregabalin for decreasing pancreatic pain in chronic pancreatitis. [Review] Gurusamy KS; Lusuku C; Davidson BR.
BACKGROUND: Chronic abdominal pain is one of the major symptoms in people with chronic pancreatitis. The role of pregabalin in people with chronic pancreatic pain due to chronic pancreatitis is uncertain.

OBJECTIVES: To assess the benefits and harms of pregabalin in people with chronic abdominal pain due to chronic pancreatitis.

SEARCH METHODS: We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library 2015, issue 6, and MEDLINE, EMBASE, Science Citation Index Expanded, trials registers until June 2015. We also searched the references of included trials to identify further trials.

SELECTION CRITERIA: We considered only randomised controlled trials (RCT) performed in people with chronic pancreatic pain due to chronic pancreatitis, irrespective of language, blinding, or publication status for inclusion in the review.

DATA COLLECTION AND ANALYSIS: Two review authors independently identified trials and independently extracted data. We calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) with RevMan 5, based on intention-to-treat analysis.

MAIN RESULTS: Only one study, funded by Pfizer, met the inclusion criteria for the review. A total of 64 participants (with chronic pain due to chronic pancreatitis) were randomly assigned to receive escalating doses of pregabalin (150 mg per day to 600 mg per day; 34 participants) or matching placebo (30 participants). Participants received pregabalin or placebo for three weeks on an outpatient basis; the outcomes were measured at the end of the treatment (i.e. three weeks from commencement of treatment). Potential participants taking concomitant analgesic medication and expected to stay on a stable regime during the trial were allowed to enter the study. This trial was at low risk of bias. The overall quality of evidence was low or moderate. Only the short-term outcomes were available in this trial. The medium and long-term outcomes, number of work days lost, and length of hospital stay due to admissions for pain control were not available. This trial found that the changes in opiate use (MD -26.00 mg; 95% CI -47.36 to -4.64; participants = 64; moderate-quality evidence), and pain score percentage changes from baseline (MD -12.00; 95% CI -21.82 to -2.18; participants = 64; moderate-quality evidence) were better in participants taking pregabalin compared to those taking placebo. This trial also found that there were more adverse events in participants taking pregabalin compared to those taking placebo (RR 1.71; 95% CI 1.20 to 2.43; participants = 64). The differences between pregabalin and placebo were imprecise for short-term health-related quality of life measured with the EORTC CLQ-30 questionnaire (MD 11.40; 95% CI -3.28 to 26.08; participants = 64; moderate-quality evidence), proportion of people with serious adverse events (RR 1.76; 95% CI 0.35 to 8.96; participants = 64; low-quality evidence), and proportion of people requiring hospital admissions (RR 0.44; 95% CI 0.04 to 4.62; participants = 64; low quality evidence).
AUTHORS' CONCLUSIONS: Based on low- to moderate-quality evidence, short-term use of pregabalin decreases short-term opiate use, and short-term pain scores, but increases the adverse events compared to placebo, in people with chronic pain due to chronic pancreatitis. The clinical implication of the decreases in short-term opiate use and short-term pain scores is not known. Future trials assessing the role of pregabalin in decreasing chronic pain in chronic pancreatitis should assess the medium- or long-term effects of pregabalin and should include outcomes such as, quality of life, treatment-related adverse events, number of work days lost, number of hospital admissions, and the length of hospital stay, in addition to pain scores, to assess the clinical and socioeconomic impact.

Status
MEDLINE

Authors Full Name
Gurusamy, Kurinchi Selvan; Lusuku, Charnelle; Davidson, Brian R.

Institution
Gurusamy, Kurinchi Selvan. Department of Surgery, Royal Free Campus, UCL Medical School, Royal Free Hospital, Rowland Hill Street, London, UK, NW3 2PF.

Country of Publication
England

Date of Publication
2016 Feb 02

Date Created
20160301

Year of Publication
2016

Dexketoprofen/tramadol 25 mg/75 mg: randomised double-blind trial in moderate-to-severe acute pain after abdominal hysterectomy.
Moore RA; McQuay HJ; Tomaszewski J; Raba G; Tutunaru D; Lietuviete N; Galad J; Hagymasy L; Melka D; Kotarski J; Rechberger T; Fulesdi B; Nizzardo A; Guerrero-Bayon C; Cuadripani S; Piza-Vallespir B; Bertolotti M.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: Dexketoprofen trometamol plus tramadol hydrochloride is a new oral combination of two analgesics, which have different mechanisms of action for the treatment of moderate to severe acute pain.

METHODS: Randomised, double-blind, parallel, placebo and active-controlled, single and multiple-dose study to evaluate the analgesic efficacy and safety of dexketoprofen/tramadol 25 mg/75 mg in comparison with the single agents (dexketoprofen 25 mg and tramadol 100 mg) in moderate to severe acute pain after abdominal hysterectomy. Patients received seven consecutive doses of study drug within a 3-day period, each dose separated by an 8-hour interval. A placebo arm was included during the single-dose phase to validate the pain model. Efficacy assessments included pain intensity, pain relief, patient global evaluation and use of rescue medication. The primary endpoint was the mean sum of pain intensity differences over the first 8 h (SPID8).

RESULTS: The efficacy analysis included 606 patients, with a mean age of 48 years (range 25-73). The study results confirmed the superiority of the combination over the single agents in terms of the primary endpoint (p <0.001). Secondary endpoints were generally supportive of the superiority of the combination for both single and multiple doses. Most common adverse drug reactions (ADRs) were nausea (4.6%) and vomiting (2.3%). All other ADRs were experienced by less than 2% of patients.

CONCLUSIONS: The study results provided robust evidence of the superiority of dexketoprofen/tramadol 25 mg/75 mg over the single components in the management of moderate to severe acute pain, as confirmed by the single-dose efficacy, repeated-dose sustained effect and good safety profile observed.

TRIAL REGISTRATION: EU Clinical Trials Register (EudraCT number 2012-004545-32, registered 04 October 2012); Clinicaltrials.gov ( NCT01904149, registered 17 July 2013).

Authors Full Name
Moore, R A; McQuay, H J; Tomaszewski, J; Raba, G; Tutunaru, D; Lietuviete, N; Galad, J; Hagymasy, L; Melka, D; Kotarski, J; Rechberger, T; Fulesdi, B; Nizzardo, A; Guerrero-Bayon, C; Cuadripani, S; Piza-Vallespir, B; Bertolotti, M.
Tomaszewski, J. Obstetrics-Gynaecology Private Clinic, Bialystok, Poland.
Raba, G. Division of Gynaecology, Provincial Hospital in Przemysl, Przemysl, Poland.
Tutunaru, D. Genesys Fertility Center, Bucharest, Romania.
Lietuviete, N. Gynaecology, Riga East University Hospital Gynaecology Clinic, Riga, Latvia.
Galad, J. GYNPOR, s.r.o., Sliac, Slovakia.
Hagymasy, L. Gynaecological Department, St. George Fejer County Teaching Hospital, Szekesfehervar, Hungary.
Melka, D. Gynaecological Department, Latvian marine Medical Center, Riga, Latvia.
Kotarski, J. I Department of Gynaecological Oncology and Gynaecology, Medical University Hospital No 1, Lublin, Poland.
Rechberger, T. II Department of Gynaecology, Medical University Hospital No 4, Lublin, Poland.
Fulesdi, B. Department of Anaesthesiology and Intensive Care, University of Debrecen, Debrecen, Hungary.
Cuadripani, S. Clinical Research, Laboratorios Menarini S.A. - Menarini Group, Badalona, Spain. scuadripani@menarini.es.
Piza-Vallespir, B. Clinical Research, Laboratorios Menarini S.A. - Menarini Group, Badalona, Spain.

PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724087

Country of Publication
England
Publication History Status
2015/07/14 [received] 2016/01/20 [accepted]
Date of Publication
2016 Jan 22
Date Created
20160123
Year of Publication
2016
Smoking cigarettes negatively influences the functioning of the body. Among other effects, it has an important impact on the respiratory system, circulation, and behavior. It leads to morphological and physiological changes in organs and tissues, so it can change mood. The aim of this study was to assess the relationships between tobacco abuse and self-assessment of health. The survey was conducted among Polish (243) and foreign (80) medical students at the Pomeranian Medical University in Szczecin, Poland. The study was based on a survey questionnaire of the authors' own design, comprising open and multi-choice questions. Our questionnaire was based on the international standard questionnaire from the Health Behavior in School-Aged Children study (Currie et al. 2009). 80 % of students surveyed were free of any chronic diseases. The results showed that only 23 % of the women and 20 % of the men assessed their health as very good, over 60 % as good, and the remaining at lower levels. We did not observe significant differences between smokers and non-smokers. Physical activity in both groups was generally assessed as good or sufficient. We did not observe significant differences between groups in the incidence of headache, abdominal pain, or vertigo. Significant differences were found in the intake of painkillers.
The relationship between pelvic vein incompetence and chronic pelvic pain in women: systematic reviews of diagnosis and treatment effectiveness. [Review]

Champaneria R; Shah L; Moss J; Gupta JK; Birch J; Middleton LJ; Daniels JP.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Research Support, Non-U.S. Gov't. Review]

UI: 26789334

BACKGROUND: Pelvic congestion syndrome (PCS) is described as chronic pelvic pain (CPP) arising from dilated and refluxing pelvic veins, although the causal relationship between pelvic vein incompetence (PVI) and CPP is not established. Non-invasive screening methods such as Doppler ultrasound and magnetic resonance venography are used before confirmation by venography. Percutaneous embolisation has become the principal treatment for PCS, with high success rates often cited.

OBJECTIVES: Our proposal aimed to systematically and critically review the definitions and diagnostic criteria of PCS, the association between PVI and CPP, the accuracy of various non-invasive imaging techniques and the effectiveness of embolisation for PVI; and to identify factors associated with successful outcome. We also wished to survey clinicians and patients to assess awareness and management of PCS and gauge the enthusiasm for further research.

DATA SOURCES: A comprehensive search strategy encompassing various terms for pelvic congestion, pain, imaging techniques and embolisation was deployed in 17 bibliographic
databases, including MEDLINE, EMBASE and Web of Science. There was no restriction on study design.

METHODS: Methodological quality was assessed using appropriate tools. Online surveys were sent to clinicians and patients. The quality and heterogeneity generally precluded meta-analysis and so results were tabulated and described narratively.

RESULTS: We identified six association studies, 10 studies involving ultrasound, two studies involving magnetic resonance venography, 21 case series and one poor-quality randomised trial of embolisation. There were no consistent diagnostic criteria for PCS. We found that the associations between CPP and PVI were generally fairly similar, with three of five studies with sufficient data showing statistically significant associations (odds ratios of between 31 and 117). The prevalence of PVI ranged widely, although the majority of women with PVI had CPP. Transvaginal ultrasound with Doppler and magnetic resonance venography are both useful screening methods, although the data on accuracy are limited. Early substantial relief from pain symptoms was observed in approximately 75% of women undergoing embolisation, a figure which generally increased over time and was sustained. Reintervention rates were generally low. Transient pain was a common occurrence following foam embolisation, while there was a <2% risk of coil migration. Confidence in the embolisation technique is reasonably high, although there is a desire to strengthen the evidence base. Even among women with CPP, fewer than half had any knowledge about PCS.

CONCLUSIONS: The data supporting the diagnosis and treatment of PCS are limited and of variable methodological quality. There is some evidence to tentatively support a causative association, but it cannot be categorically stated that PVI is the cause of CPP in women with no other pathology, as the six most pertinent drew on clinically disparate populations and defined PVI inconsistently. Embolisation appears to provide symptomatic relief in the majority of women and is safe. However, the majority of included studies of embolism were relatively small case series and only the randomised controlled trial was considered at risk of potential biases. There is scope and demand for considerable further research. The question of the association of PVI and CPP requires a well-designed and well-powered case-control study, which will also provide data to derive a diagnostic standard. An adequately powered randomised trial is essential to provide evidence on the effectiveness of embolisation, but this faces methodological challenges.

STUDY REGISTRATION: This study is registered as PROSPERO CRD42012002237 and CRD42012002238.

FUNDING: The National Institute for Health Research Health Technology Assessment programme.

Status
MEDLINE
Authors Full Name
Endometriosis-related infertility: assisted reproductive technology has no adverse impact on pain or quality-of-life scores.
Santulli P; Bourdon M; Presse M; Gayet V; Marcellin L; Prunet C; de Ziegler D; Chapron C.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Observational Study]
UI: 26746132
OBJECTIVE: To evaluate the impact of assisted reproduction technology (ART) on painful symptoms and quality of life (QoL) in women who have endometriosis as compared with disease-free women.

DESIGN: Prospective controlled, observational cohort study.

SETTING: University hospital.

PATIENT(S): Two hundred and sixty-four matched-pairs of endometriosis and disease-free women undergoing ART.

INTERVENTION(S): Assessment of pain evolution using visual analogue scale (VAS) during ART; QoL assessment with the Fertility Quality of Life (FertiQoL) tool.

MAIN OUTCOME MEASURE(S): VAS pain intensities relative to dysmenorrhea, dyspareunia, noncyclic chronic pelvic pain (NCCPP), gastrointestinal pain, lower urinary tract pain; trends for VAS change between postretrieval and baseline evaluation; FertiQoL score; and statistical analyses conducted using univariate and adjusted multiple linear regression models.

RESULT(S): After excluding canceled cycles and patients lost to follow-up observation, 102 women with endometriosis and 104 disease-free women were retained for the study. The trends for VAS change between the postretrieval and baseline evaluations in the women with endometriosis compared with the disease-free women revealed a statistically significant pain decrease for dysmenorrhea (-1.35 +/- 3.23 and 0.61 +/- 4.00) and dyspareunia (-1.19 +/- 2.58 and 0.14 +/- 2.06). For NCCPP, gastrointestinal symptoms, and lower urinary tract symptoms, there were no statistically significant differences between the groups. After multiple linear regression, no worsening of pain was observed in the endometriosis group as compared with disease-free group. In addition subgroup analysis according to endometriosis phenotype failed to show any increase of pain. The quality of life in the endometriosis group was comparable to that of the disease-free group.

CONCLUSION(S): Assisted reproduction technology did not exacerbate the symptoms of endometriosis or negatively impact QoL in women with endometriosis as compared with disease-free women.

Copyright © 2016 American Society for Reproductive Medicine. Published by Elsevier Inc. All rights reserved.
A Phase 2, Single Arm Study of Iniparib in Patients With BRCA1 or BRCA2 Associated Advanced Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.

Bell-McGuinn KM; Konner JA; Tew WP; Hensley ML; Iasonos A; Charpentier E; Mironov S; Sabbatini P; Aghajanian C.

OBJECTIVE: The aim of the study was to evaluate the activity and tolerability of iniparib monotherapy in women with BRCA1 or BRCA2-associated advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer.

METHODS AND MATERIALS: Eligible patients had advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer, germline BRCA1 or BRCA2 mutation, measurable disease, and at least 1 previous treatment regimen of platinum/taxane chemotherapy. Patients received iniparib 8 mg/kg intravenously on days 1 and 4 weekly, with imaging every 8 weeks. Treatment continued until disease progression or adverse events (AEs) prohibited further therapy. Common Terminology Criteria for AEs v3.0 was used to grade AEs. The primary endpoint was tumor response. The study was conducted with a Simon 2-stage design with 12 and 23 patients planned in the first and second stage, respectively. The study was designed to distinguish between 10% and 30% responding with types 1 and 2 error of 0.10.

RESULTS: Twelve patients were treated on study, with median exposure to iniparib of 7.5 weeks. The median number of previous chemotherapeutic regimens was 7. Treatment-related AEs (>=10%) included asthenia (83.3%), constipation (25%), diarrhea (25%), nausea (25%),
abdominal pain (16.7%), and decreased hemoglobin (16.7%). All treatment-related AEs were grades 1 or 2 with the following 2 exceptions: 1 grade 3 diarrhea and 1 grade 3 hypertension. One patient had stable disease lasting 2 cycles; the remaining 11 patients had progressive disease. The study did not proceed to second stage enrollment.

CONCLUSIONS: Iniparib did not show significant activity in this heavily pretreated ovarian cancer population, all of whom had BRCA1 or BRCA2 mutations.
Hyperbaric oxygen for patients with chronic bowel dysfunction after pelvic radiotherapy (HOT2): a randomised, double-blind, sham-controlled phase 3 trial.

Glover M; Smerdon GR; Andreyev HJ; Benton BE; Bothma P; Firth O; Gothard L; Harrison J; Ignatescu M; Laden G; Martin S; Maynard L; McCann D; Penny CE; Phillips S; Sharp G; Yarnold J.

BACKGROUND: Hyperbaric oxygen has been used as a therapy for patients experiencing chronic intestinal syndromes after pelvic radiotherapy for decades, yet the evidence to support the use of this therapy is based almost exclusively on non-randomised studies. We aimed to provide conclusive results for the clinical benefits of hyperbaric oxygen in patients with chronic bowel dysfunction after radiotherapy for pelvic malignancies.

METHODS: HOT2 was a double-blind, sham-controlled, phase 3 randomised study of patients (>=18 years) with chronic gastrointestinal symptoms for 12 months or more after radiotherapy and which persisted despite at least 3 months of optimal medical therapy and no evidence of cancer recurrence. Participants were stratified by participating hyperbaric centre and randomly assigned (2:1) by a computer-generated list (block size nine or 12) to receive treatment with hyperbaric oxygen therapy or sham. Participants in the active treatment group breathed 100% oxygen at 2.4 atmospheres of absolute pressure (ATA) and the control group breathed 21% oxygen at 1.3 ATA; both treatment groups received 90-min air pressure exposures once daily for 5 days per week for a total of 8 weeks (total of 40 exposures). Staff at the participating hyperbaric medicine facilities knew the allocated treatment, but patients, clinicians, nurse practitioners, and other health-care professionals associated with patients’ care were masked to treatment allocation. Primary endpoints were changes in the bowel component of the modified Inflammatory Bowel Disease Questionnaire (IBDQ) score and the IBDQ rectal bleeding score 12 months after start of treatment relative to baseline. The primary outcome was analysed in a modified intention-to-treat population, excluding patients who did not provide IBDQ scores within a predetermined time-frame. All patients have completed 12 months of follow-up and the final analysis is complete. The trial is registered with the ISRCTN registry, number ISRCTN86894066.

FINDINGS: Between Aug 14, 2009, and Oct 23, 2012, 84 participants were randomly assigned: 55 to hyperbaric oxygen and 29 to sham control. 75 (89%) participants received 40 pressure exposures, all participants returned the IBDQ at baseline, 75 (89%) participants returned the IBDQ at 2 weeks post-treatment, and 79 (94%) participants returned the IBDQ at 12 months post-
start of treatment. Patients were excluded from analyses of co-primary endpoints if they had missing IBDQ scores for intestinal function or rectal bleeding at baseline or at 12 months. In an analysis of 46 participants in the active treatment group and 23 participants in the control group, we found no significant differences in the change of IBDQ bowel component score (median change from baseline to 12 months of 4 [IQR -3 to 11] in the treatment group vs 4 [-6 to 9] in the sham group; Mann-Whitney U score 0.67, p=0.50). In an analysis of 29 participants in the active treatment group and 11 participants in the sham group with rectal bleeding at baseline, we also found no significant differences in the change of IBDQ rectal bleeding score (median change from baseline to 12 months of 3 [1 to 3] in the treatment group vs 1 [1 to 2] in the sham group; U score 1.69, p=0.092). Common adverse events in both groups were eye refractive changes (three [11%] of 28 patients in the control group vs 16 [30%] of 53 patients in the treatment group), increased fatigue (three [11%] vs two [4%]), and ear pain (six [21%] vs 15 [28%]). Eight serious adverse events were reported in eight patients: two were reported in two patients in the control group (tonsillitis requiring surgery [grade 3]; recurrent cancer of the vulva [grade 4]) and six serious adverse events were reported in six patients in the treatment group (malignant spinal cord compression requiring surgery [grade 3]; malignant paraortic lymph node involvement requiring surgery [grade 3]; recurrence of vomiting and dehydration [grade 3]; diarrhoea and fever associated with Campylobacter infection [grade 3]; recurrence of abdominal pain, bloating, diarrhoea, and urinary tract infection [grade 3]; aneurysm [grade 4]), none of which were deemed treatment-related.

INTERPRETATION: We found no evidence that patients with radiation-induced chronic gastrointestinal symptoms, including those patients with rectal bleeding, benefit from hyperbaric oxygen therapy. These findings contrast with evidence used to justify current practices, and more level 1 evidence is urgently needed.

FUNDING: Cancer Research UK and National Health Service (NHS) funding to the National Institute of Health Research Biomedical Research Centre at The Royal Marsden and the Institute of Cancer Research.

Copyright © 2016 Glover et al. Open Access article distributed under the terms of CC BY. Published by Elsevier Ltd.. All rights reserved.

Status

MEDLINE

Authors Full Name
Glover, Mark; Smerdon, Gary R; Andreyev, H Jervoise; Benton, Barbara E; Bothma, Pieter; Firth, Oliver; Gothard, Lone; Harrison, John; Ignatescu, Mihaela; Laden, Gerard; Martin, Sue; Maynard, Lauren; McCann, Des; Penny, Christine E L; Phillips, Spencer; Sharp, Grace; Yarnold, John.

Institution
Glover, Mark. Hyperbaric Medicine Unit, St Richard's Hospital, Chichester, UK. Smerdon, Gary R. DDRC Healthcare, Plymouth, UK.
Benton, Barbara E. The GI Unit, The Royal Marsden NHS Foundation Trust, London, UK.
Bothma, Pieter. Whipps Cross University Hospital, Leytonstone, London & East of England Hyperbaric Unit, Great Yarmouth, UK.
Firth, Oliver. London Diving Chamber, Hospital of St John and St Elizabeth, London, UK.
Gothard, Lone. Division of Radiotherapy and Imaging, Institute of Cancer Research, London, UK.
Harrison, John. North West Emergency Recompression Unit, Murrayfield Hospital, Wirral, UK.
Ignatescu, Mihaela. DDRC Healthcare, Plymouth, UK.
Laden, Gerard. North of England Medical and Hyperbaric Services, Spire Hull & East Riding Hospital, Kingston-upon-Hull, UK.
Martin, Sue. Division of Radiotherapy and Imaging, Institute of Cancer Research, London, UK.
Maynard, Lauren. Clinical Trials and Statistics Unit at the Institute of Cancer Research, London, UK.
McCann, Des. The Diver Clinic, Poole, UK.
Penny, Christine E L. DDRC Healthcare, Plymouth, UK.
Phillips, Spencer. The Diver Clinic, Poole, UK.
Electronic address: John.yarnold@icr.ac.uk.
Comments
Comment in: Lancet Oncol. 2016 Feb;17(2):132-4; PMID: 26703892
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4737893
Country of Publication
England
Publication History Status
2015/07/06 [received] 2015/10/16 [revised]
2015/10/27 [accepted]
Date of Publication
2016 Feb
Date Created
20160212
Year of Publication
2016

Hansrani V; Morris J; Caress AL; Payne K; Seif M; McCollum CN.

OBJECTIVE: Pelvic vein incompetence (PVI) affects 15-20% of all women, yet we know little about how it affects sufferers. The aim of this prospective pilot study was to explore symptoms experienced by women with PVI, and determine its impact on quality of life and NHS costs.

STUDY DESIGN: Case-control study at a UK University teaching hospital conducted over an eight-month period. Cases were 40 premenopausal women aged 18-49 years with PVI and varicose veins (VV). There were two age-matched controls groups: (i) 40 healthy women with no PVI but with VV, and (ii) 40 healthy women with no PVI and no VV. Subjects were asked to complete a structured questionnaire on disease specific outcomes, health status and use of healthcare resources.

RESULTS: Mean age (range) was 39.8 (24-47) years for cases, 39.1 (24-49) for VV controls and 38 (25-49) for healthy controls. Pelvic pain was reported by 38 of 40 (95%) PVI cases, compared with 25 of 40 (62%) VV controls, and 26 of 40 (65%) healthy controls (p=0.001). The median (range) EQ-5D utility score for PVI cases was 0.80 (0.29-1.0) compared with 0.80 (0.09-1.0) for VV controls and 1.0 (0.62-1.0) for healthy controls (p=0.002). Of the 40 PVI cases, 35 (88%) visited a consultant in the previous 12 months compared with 12 of 40 (30%) VV controls, and 14 of 40 (35%) healthy controls (p<0.001).

CONCLUSIONS: Women with PVI report a greater frequency of pelvic pain with reduced health status and increased use of healthcare resources compared with matched controls.
Institution
Hansrani, Vivak. Institute of Cardiovascular Sciences, University of Manchester, Academic Surgery Unit, 2nd Floor, Education and Research Centre, University Hospital of South Manchester, Manchester M23 9LT, UK. Electronic address: vivak.hansrani@manchester.ac.uk.
Morris, Julie. Institute of Population Health, University of Manchester, Department of Medical Education, 1st Floor, Education and Research Centre University, Hospital of South Manchester, Manchester M23 9LT, UK. Electronic address: julie.morris@manchester.ac.uk.
Caress, Ann-Louise. School of Nursing, Midwifery and Social Work, University of Manchester, Room 6.341, Jean McFarlane Building, Manchester M13 9PL, UK. Electronic address: ann.caress@manchester.ac.uk.
Payne, Katherine. Institute of Population Health, University of Manchester, 4th floor, Jean McFarlane Building, Manchester M13 9PL, UK. Electronic address: katherine.payne@manchester.ac.uk.
Seif, Mourad. St. Mary's Hospital, Central Manchester Foundation Trust, Manchester M13 9WL, UK. Electronic address: mwseif@manchester.ac.uk.
McCollum, Charles N. Institute of Cardiovascular Sciences, University of Manchester, Academic Surgery Unit, 2nd Floor, Education and Research Centre, University Hospital of South Manchester, Manchester M23 9LT, UK. Electronic address: charles.mccollum@manchester.ac.uk.

Country of Publication
Ireland

Publication History Status
2015/03/03 [received] 2015/10/20 [revised]
2015/10/28 [accepted]

Date of Publication
2016 Jan

Date Created
20160116

Year of Publication
2016

499.
Efficacy and Safety of Methylnaltrexone for Opioid-Induced Constipation in Patients With Chronic Noncancer Pain: A Placebo Crossover Analysis.

Viscusi ER; Barrett AC; Paterson C; Forbes WP.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Clinical Trial, Phase III. Journal Article. Multicenter Study. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 26650429

BACKGROUND AND OBJECTIVES: In patients with chronic noncancer pain, subcutaneous methylnaltrexone for opioid-induced constipation (OIC) was examined in a randomized controlled trial (RCT) followed by an open-label extension (OLE). This study examined the reproducibility of RCT findings by analyzing data from placebo-treated patients who crossed over to methylnaltrexone.

METHODS: Adults with less than 3 weekly rescue-free bowel movements (RFBM), taking 50 mg or more of an oral morphine equivalent per day, were randomized to receive methylnaltrexone 12 mg or placebo for 4 weeks, followed by open-label methylnaltrexone 12 mg as needed for 8 weeks.

RESULTS: A total of 134 placebo-treated patients (median morphine equivalent dose, 150 mg/d; mean of 1.1 RFBM per week) crossed over to methylnaltrexone in OLE. During the RCT, 9.7% of placebo-treated patients experienced an RFBM within 4 hours of first dose and 9.0% of all placebo injections resulted in an RFBM within 4 hours compared with 45.9% and 34.5%, respectively, with methylnaltrexone treatment in the OLE. When expressed as percentage of patients experiencing 3 or more RFBM per week and a 1-RFBM increase over baseline, weekly values ranged from 35% to 40% during placebo treatment; at week 5 of OLE methylnaltrexone, this percentage increased to more than 70% and remained relatively stable throughout the OLE. The most common adverse events during methylnaltrexone treatment were abdominal pain (9.7% vs 1.5% for placebo) and nausea (5.2% vs 6.7%).

CONCLUSIONS: Findings during placebo treatment further establish the profile of OIC and support that little or no gastrointestinal tolerance develops across time. Findings under open-label conditions established the reproducibility and durability of methylnaltrexone for OIC.
Gastrointestinal symptoms related to the irritable bowel syndrome - a longitudinal population-based register study.

Heinsvig Poulsen C; Falgaard Eplov L; Hjorthøj C; Eliaisen M; Frost Ebstrup J; Skovbjerg S; Schroder A; Jorgensen T.

OBJECTIVE: Functional gastrointestinal (GI) symptoms can develop into persistent states often categorised as the irritable bowel syndrome (IBS). In the severe end of the GI symptom continuum, other coexisting symptoms are common. We aimed to investigate the GI symptom continuum in relation to mortality and development of GI diseases, and to examine if coexisting symptoms had an influence on the outcomes.

MATERIAL AND METHODS: A longitudinal population-based study comprising two 5-year follow-up studies: Dan-Monica1 (1982-1987) and Inter99 (1999-2004). IBS was defined according to a population-based IBS definition. The pooled cohort (n = 7278) was followed until December 2013 in Central Registries.
RESULTS: Fifty-one percent had no GI symptoms, 39% had GI symptoms but never fulfilled the IBS definition, 8% had fluctuating IBS and 2% had persisting IBS. There was no significant association between symptom groups and mortality (p = 0.47). IBS and GI symptoms with abdominal pain were significantly associated with development of GI diseases. Only GI symptoms with abdominal pain were associated with development of severe GI diseases (HR: 1.38; 95% CI: [1.06-1.79]). There were no statistically significant interactions between symptom groups and coexisting symptoms in relation to the two outcomes.

CONCLUSIONS: GI diseases were seen more frequently, but IBS was not associated with severe GI diseases or increased mortality. Clinicians should be more aware when patients do not fulfil the IBS definition, but continue to report frequent abdominal pain. Coexisting symptoms did not influence mortality and development of GI diseases.

Status
MEDLINE
Authors Full Name
Heinsvig Poulsen, Chalotte; Falgaard Eplov, Lene; Hjorthoj, Carsten; Eliasen, Marie; Frost Ebstrup, Jeanette; Skovbjerg, Sine; Schroder, Andreas; Jorgensen, Torben.
Institution
Heinsvig Poulsen, Chalotte. a Research Centre for Prevention and Health, Glostrup, Denmark;
Heinsvig Poulsen, Chalotte. b Mental Health Centre Copenhagen, Research Unit, Gentofte, Denmark;
Falgaard Eplov, Lene. b Mental Health Centre Copenhagen, Research Unit, Gentofte, Denmark;
Hjorthoj, Carsten. b Mental Health Centre Copenhagen, Research Unit, Gentofte, Denmark;
Eliasen, Marie. a Research Centre for Prevention and Health, Glostrup, Denmark;
Frost Ebstrup, Jeanette. a Research Centre for Prevention and Health, Glostrup, Denmark;
Skovbjerg, Sine. a Research Centre for Prevention and Health, Glostrup, Denmark;
Schroder, Andreas. c Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital, Aarhus, Denmark;
Jorgensen, Torben. a Research Centre for Prevention and Health, Glostrup, Denmark;
Jorgensen, Torben. d Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark;
Jorgensen, Torben. e Department of Medicine, Aalborg University, Aalborg, Denmark.
Country of Publication
England
Date of Publication
2016
Date Created
Prucalopride: A Review in Chronic Idiopathic Constipation. [Review]
Garnock-Jones KP.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 26628294
Prucalopride (Resolor), a highly selective serotonin 5-HT4 receptor agonist, is indicated in the European Economic Area for the treatment of adults with chronic idiopathic constipation (CIC) in whom laxatives have failed to provide adequate relief. This article reviews the pharmacological properties of prucalopride and its clinical efficacy and tolerability in patients with CIC. In five well-designed, 12-week trials in patients with CIC, oral prucalopride 2 mg/day was significantly more effective than placebo at improving bowel function, including the number of bowel movements and a range of other constipation symptoms, as well as health-related quality of life and patient satisfaction; however, no significant differences in bowel function measures were observed between prucalopride and placebo in a 24-week trial. Oral PEG-3350 + electrolytes reconstituted powder was found to be noninferior but not superior to prucalopride according to primary endpoint data from a 4-week, controlled-environment trial. Prucalopride was generally well tolerated in clinical trials; the most common adverse events were headache, diarrhoea, nausea and abdominal pain. No cardiovascular safety issues have arisen with prucalopride treatment. Although further long-term and comparative data would be beneficial, prucalopride provides an additional treatment option for patients with CIC.
Status
MEDLINE
Authors Full Name
Garnock-Jones, Karly P.
Institution
Brown C; Bachmann GA; Wan J; Foster D.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 26580986
BACKGROUND: Chronic pain may be perceived differently according to gender and race, which may affect physical health and psychological wellbeing. We evaluated daily pain ratings in black women as compared to white women with provoked vestibulodynia (PVD).
METHODS: Seventy-one women (44 black, 27 white) rated pain severity with tampon insertion and sexual intercourse and recorded daily vulvar pain level on a visual analogue scale (0=no pain to 10=worst pain imaginable). In addition, they completed the Brief Pain Inventory (BPI) Interference Scale and Hamilton Anxiety Depression Scale (HADS). Multivariate analysis was performed to determine the effect of race on pain intensity after adjusting for functional impairment, affective distress and demographic characteristics.
RESULTS: Pain ratings from tampon insertion (6.37+/-1.89 vs. 5.61+/-1.98, p=.12) and sexual intercourse (6.28+/-2.11 vs. 5.29+/-2.50, p=0.24) were similar, but daily vulvar pain (4.57+/-2.27 vs 2.74+/-2.43, p=<.01) was significantly higher in black women. BPI-interference scores were associated with small, but significant increases in tampon insertion pain (p=<.01, beta=.06 units)
and daily pain (p<.01, beta=.10 units) and to a lesser degree with sexual intercourse pain when corrected for multiple comparisons (p=.05, beta=.06 units). Race had no effect on pain after adjusting for other variables.

CONCLUSION: While race was associated with functional impairment, after accounting for this, race was not associated with level of vulvar pain with PVD.

Status
MEDLINE
Authors Full Name
Brown, Candace; Bachmann, Gloria A; Wan, Jim; Foster, David.
Institution
Brown, Candace. 1 Departments of Clinical Pharmacy and Psychiatry Pharmacy Building, University of Tennessee Health Science Center Memphis, Tennessee. Bachmann, Gloria A. 2 Department of Obstetrics, Gynecology & Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, New Jersey.
Wan, Jim. 3 Department of Preventive Medicine, University of Tennessee Health Science Center Memphis, Tennessee.
Foster, David. 4 Department of Obstetrics and Gynecology, School of Medicine and Dentistry, Strong Memorial Hospital, University of Rochester Medical Center, Rochester, New York.
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4741202
Country of Publication
United States
Publication History Status
2017/01/01 [pmc-release]
Date of Publication
2016 Jan
Date Created
20160116
Year of Publication
2016

503.
A randomized controlled trial of levofloxacin, terazosin, and combination therapy in patients with category III chronic prostatitis/chronic pelvic pain syndrome.

Wang J; Yan D; Liang K; Xu Z.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Randomized Controlled Trial]

UI: 26577998

OBJECTIVE: To explore the efficacy of levofloxacin, terazosin, and their combination in patients with category III chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

METHODS: A total of 115 patients with category III CP/CPPS receiving 6-week therapy were randomly divided into the levofloxacin group (n = 38), terazosin group (n = 38), and combination group (n = 39). The primary endpoint was the response rate (i.e., the change from baseline) in the total and domain scores of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). Secondary endpoints were expressed as prostatic secretion-white blood cell (EPS-WBC) and International Index of Erectile Function-5 (IIEF-5).

RESULTS: After 6 weeks, the response rate of NIH-CPSI scores was 45.1, 22.4, and 50.0 % in the levofloxacin group, terazosin group, and combination group, respectively. Furthermore, no significant difference in NIH-CPSI scores was observed between IIIA and IIIB patients in each arm. Levofloxacin alone or levofloxacin plus terazosin could significantly reduce EPS-WBC counts compared with terazosin alone. Finally, no significant difference was found between the three arms in terms of IIEF-5 scores.

CONCLUSION: A 6-week short-term treatment of levofloxacin or levofloxacin plus terazosin was more effective than terazosin alone in patients with category III CP/CPPS. Furthermore, levofloxacin treatment was not different from levofloxacin plus terazosin treatment in terms of treatment effect.

Status

MEDLINE

Authors Full Name
Wang, Jianxin; Yan, Dongliang; Liang, Kuixiang; Xu, Zhonghua.

Institution
Wang, Jianxin. Department of Urology, Qilu Hospital, Shandong University, No. 107 Wenhua Xi Road, Jinan, 250000, Shandong, China. Wang, Jianxin. Department of Urology, Affiliated Hospital of Binzhou Medical University, Binzhou, 256603, China.

Yan, Dongliang. Department of Urology, Affiliated Hospital of Binzhou Medical University, Binzhou, 256603, China.
Reduction of chronic abdominal pain in patients with inflammatory bowel disease through transcranial direct current stimulation: a randomized controlled trial.

Volz MS; Farmer A; Siegmund B.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Clinical Trial. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't] UI: 26469395

Inflammatory bowel disease (IBD) is frequently associated with chronic abdominal pain (CAP). Transcranial direct current stimulation (tDCS) has been proven to reduce chronic pain. This study aimed to investigate the effects of tDCS in patients with CAP due to IBD. This randomized, sham-controlled, double blind, parallel-designed study included 20 patients with either Crohn disease or ulcerative colitis with CAP (>=3/10 on the visual analog scale (VAS) in 3/6 months). Anodal or sham tDCS was applied over the primary motor cortex for 5 consecutive days (2 mA, 20 minutes). Assessments included VAS, pressure pain threshold, inflammatory markers, and questionnaires on quality of life, functional and disease specific symptoms (Irritable Bowel Syndrome-Severity Scoring System [IBS-SSS]), disease activity, and pain catastrophizing.
Follow-up data were collected 1 week after the end of the stimulation. Statistical analyses were performed using analysis of variance and t tests. There was a significant reduction of abdominal pain in the anodal tDCS group compared with sham tDCS. This effect was evident in changes in VAS and pressure pain threshold on the left and right sides of the abdomen. In addition, 1 week after stimulation, pain reduction remained significantly decreased in the right side of the abdomen. There was also a significant reduction in scores on pain catastrophizing and on IBS-SSS when comparing both groups. Inflammatory markers and disease activity did not differ significantly between groups throughout the experiment. Transcranial direct current stimulation proved to be an effective and clinically relevant therapeutic strategy for CAP in IBD. The analgesic effects observed are unrelated to inflammation and disease activity, which emphasizes central pain mechanisms in CAP.

Assessment of the Lower Urinary Tract Microbiota during Symptom Flare in Women with Urologic Chronic Pelvic Pain Syndrome: A MAPP Network Study.
Nickel JC; Stephens A; Landis JR; Mullins C; van Bokhoven A; Lucia MS; Ehrlich GD; MAPP Research Network.
PURPOSE: We compared culture independent assessment of microbiota of the lower urinary tract in standard culture negative female patients with urological chronic pelvic pain syndrome who reported symptom flare vs those who did not report a flare.

MATERIALS AND METHODS: Initial stream (VB1) and midstream (VB2) urine specimens (233 patients with urological chronic pelvic pain syndrome) were analyzed with Ibis T-5000 Universal Biosensor system technology for comprehensive identification of microorganism species. Differences between flare and nonflare groups for presence or number of different species within a higher level group (richness) were examined by permutational multivariate analysis of variance and logistic regression.

RESULTS: Overall 81 species (35 genera) were detected in VB1 and 73 (33) in VB2. Mean (SD) VB1 and VB2 species count per person was 2.6 (1.5) and 2.4 (1.5) for 86 flare cases and 2.8 (1.3) and 2.5 (1.5) for 127 nonflare cases, respectively. Overall the species composition did not significantly differ between flare and nonflare cases at any level (p=0.14 species, p=0.95 genus in VB1 and VB2, respectively) in multivariate analysis for richness. Univariate analysis, unadjusted as well as adjusted, confirmed a significantly greater prevalence of fungi (Candida and Saccharomyces) in the flare group (15.7%) compared to the nonflare group in VB2 (3.9%) (p=0.01). When adjusted for antibiotic use and menstrual phase, women who reported a flare remained more likely to have fungi present in VB2 specimens (OR 8.3, CI 1.7-39.4).

CONCLUSIONS: Among women with urological chronic pelvic pain syndrome the prevalence of fungi (Candida and Saccharomyces sp.) was significantly greater in those who reported a flare compared to those who did not.

Copyright © 2016 American Urological Association Education and Research, Inc. Published by Elsevier Inc. All rights reserved.
Continuous versus cyclic oral contraceptives after laparoscopic excision of ovarian endometriomas: a systematic review and metaanalysis. [Review]

Muzii L; Di Tucci C; Achilli C; Di Donato V; Musella A; Palaia I; Panici PB.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
In the lack of evidence consistently supporting the use of continuous vs cyclic oral contraceptives after surgery for endometriosis, we conducted a systematic review and metaanalysis with the objective of comparing a continuous vs a cyclic oral contraceptive schedule administered after surgical excision of ovarian endometriomas. A PubMed, MedLine, and Embase search through December 2014 was conducted, with the use of a combination of key words and text words related to endometrioma, endometriosis, oral contraceptives, oral estroprogestins, laparoscopy, and surgery. Studies directly comparing a continuous vs a cyclic schedule administered after surgical treatment of endometriomas were included, with pain and endometrioma recurrence rates as the primary outcomes. Three reviewers independently assessed methodology and extracted data from selected studies. The primary outcomes were considered pain recurrence (evaluated separately for dysmenorrhea, noncyclic chronic pelvic pain, and dyspareunia) and endometrioma recurrence evaluated at ultrasonography. Dichotomous outcomes from each study were expressed as risk ratio (RR) with a 95% confidence interval (CI). Three randomized clinical trials and 1 prospective controlled cohort study were included, for a total of 557 patients with endometriosis, 343 patients of whom had ovarian endometriomas completing the assigned treatment and follow-up. Lower recurrence rates for dysmenorrhea were obtained with a continuous schedule (RR, 0.24; 95% CI, 0.06-0.91; P = .04). Nonsignificant differences were present for chronic pelvic pain and dyspareunia. A continuous oral contraceptive schedule was associated with a nonsignificant reduction of cyst recurrence rates compared with a cyclic schedule (RR, 0.54; 95% CI, 0.28-1.05; P = .07). A continuous oral contraceptive regimen, as opposed to a cyclic regimen, may be suggested after surgery for endometriomas because of lower dysmenorrhea recurrence rates. Due to the small number and small sample sizes of the included studies, further randomized clinical trials are needed to confirm the findings of the present systematic review. Also, outcomes related to patient satisfaction and quality of life should be addressed.

Copyright © 2016 Elsevier Inc. All rights reserved.

Status
MEDLINE

Authors Full Name
Muzii, Ludovico; Di Tucci, Chiara; Achilli, Chiara; Di Donato, Violante; Musella, Angela; Palaia, Innocenza; Panici, Pierluigi Benedetti.

Institution
Feasibility and safety of a fully covered self-expandable metal stent with antimigration properties for EUS-guided pancreatic duct drainage: early and midterm outcomes (with video).

Oh D; Park do H; Cho MK; Nam K; Song TJ; Lee SS; Seo DW; Lee SK; Kim MH.
BACKGROUND AND AIMS: Recently, EUS-guided pancreatic duct drainage (EUS-PD) has been used for patients in whom endoscopic retrograde pancreatography (ERP) has failed. Stent-related adverse events such as stent migrations, failures in stent placement, or pancreatic fluid leakages have been of concern in transmural plastic stenting procedures. The aim of this study is to evaluate the feasibility and safety of EUS-PD with a fully covered self-expandable metal stent (FCSEMS) for patients with obstructive pancreatitis who failed ERP.

METHODS: Twenty-five consecutive patients with painful obstructive pancreatitis underwent EUS-PD with a FCSEMS after failed ERP. Technical and clinical success, adverse events, and stent patency were assessed.

RESULTS: EUS-PD was successful in all 25 patients (technical success rate, 100%), and symptoms improved in all patients (clinical success rate, 100%). EUS-guided pancreaticogastrostomy (n = 23), pancreaticoduodenostomy (n = 1), and pancreaticojejunostomy (n = 1) were performed. Pain scores improved significantly after FCSEMS placement (P = .001). Early mild grade adverse events occurred in 5 patients (20%), 4 with self-limited abdominal pain and 1 with minor bleeding. No other adverse events related to FCSEMS, including stent migration, stent clogging, pancreatic sepsis, and stent-induced ductal stricture, were observed during follow-up periods. Mean stent patency duration was 126.9 days during mean follow-up periods (221.1 days).

CONCLUSIONS: EUS-PD with an FCSEMS may be technically feasible and relatively safe for patients who fail conventional ERP. Further randomized trials comparing EUS-PD with long-term FCSEMS and plastic stents for patients with painful obstructive pancreatitis after failed ERCP should be encouraged.

Copyright © 2016 American Society for Gastrointestinal Endoscopy. Published by Elsevier Inc. All rights reserved.

Status
MEDLINE
Authors Full Name
Oh, Dongwook; Park, Do Hyun; Cho, Min Keun; Nam, Kwangwoo; Song, Tae Jun; Lee, Sang Soo; Seo, Dong-Wan; Lee, Sung Koo; Kim, Myung-Hwan.
Institution
Oh, Dongwook. Division of Gastroenterology, Department of Internal Medicine, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea. Park, Do Hyun. Division of Gastroenterology, Department of Internal Medicine, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea.
Cho, Min Keun. Division of Gastroenterology, Department of Internal Medicine, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea.
Patient-reported Outcomes After Conservative or Surgical Management of Recurrent and Chronic Complaints of Diverticulitis: Systematic Review and Meta-analysis. [Review]

Andeweg CS; Berg R; Staal JB; ten Broek RP; van Goor H.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


BACKGROUND & AIMS: Patients with diverticulitis develop recurrences and chronic abdominal symptoms. Recurrent diverticulitis is seldom complicated, which has led to a conservative treatment approach. However, some studies suggest that surgical intervention reduces recurrence and chronic abdominal problems. We conducted a systematic review and meta-analysis of quality of life (QOL) and other patient-reported outcomes (PROs) after conservative vs surgical treatment of uncomplicated diverticulitis.

METHODS: We searched the CENTRAL, MEDLINE, EMBASE, and PsycInfo databases for randomized trials and cohort studies reporting on QOL or other PROs after conservative or operative treatment for uncomplicated diverticulitis from January 1990 through May 2014. Eight PROs were defined and graded according to their clinical relevance. Risk of bias was assessed by using the Cochrane Collaboration tool. Subgroup and sensitivity analyses were performed to test the robustness of the results. The review protocol was registered through PROSPERO (CRD42013005854).

RESULTS: We analyzed data from 21 studies that comprised 1858 patients; all studies had a high risk of bias. There were no head-to-head comparisons of gastrointestinal symptoms or general QOL between elective surgical vs conservative treatment of recurrent diverticulitis. On the basis of Short-Form 36 scores, patients had higher QOL scores after elective laparoscopic resection (73.4; 95% confidence interval [CI], 65.7-81.1) than conservative treatment (58.1; 95% CI, 47.2-69.1). A lower proportion of patients had gastrointestinal symptoms after laparoscopic surgery (9%; 95% CI, 4%-14%) than conservative treatment (36%; 95% CI, 27%-45%) in all cohorts and in 1 trial comparing these treatments (odds ratio, 0.35; 95% CI, 0.16-0.7). The proportion of patients with chronic abdominal pain after elective laparoscopy was 11% (95% CI, 1%-21%) compared with 38% (95% CI, 19%-56%) after conservative treatment.

CONCLUSIONS: On the basis of a systematic review and meta-analysis, patients have better QOL and fewer symptoms after laparoscopic surgery vs conservative treatment. However, studies of PROs for treatment of diverticulitis were of low quality.

Copyright © 2016 AGA Institute. Published by Elsevier Inc. All rights reserved.

Status
MEDLINE
Authors Full Name
Andeweg, Caroline S; Berg, Rosalyn; Staal, J Bart; ten Broek, Richard P G; van Goor, Harry.
Institution
Andeweg, Caroline S. Department of Surgery, St Jansdal, Harderwijk, The Netherlands.
Electronic address: cs.andeweg@stjansdal.nl. Berg, Rosalyn. Department of Surgery, Radboud University Medical Center, Nijmegen, The Netherlands.
Staal, J Bart. IQ Healthcare, Radboud University Medical Center, Nijmegen, The Netherlands.
509.
Persistent anal and pelvic floor pain after PPH and STARR: surgical management of the fixed
scar staple line.
Menconi C; Fabiani B; Giani I; Martellucci J; Toniolo G; Naldini G.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26248794
BACKGROUND: Persistent anal pain (PAP) after stapled procedures, be it hemorrhoidopexy
(PPH) or stapled transanal rectal resection (STARR) may be hardly resolved by medical therapy.
The typical objective finding in these patients is the staple line characterized by fixed scar to
underlying layers.
METHODS: A total of 21 consecutive patients were operated for PAP after stapled procedure.
The scarred staple line was excised and detached from layers below, the mucosal continuity
reconstructed by single stitches. From January 2003 to December 2013 1500 patients underwent
stapled procedure. Of these patients treated in our unit, 9 (0.6 %) were operated for chronic anal pain and 12 were referred to our center from other hospitals.

RESULTS: Fifteen (71.4 %) patients resolved and do not take any drugs for pain; an overall of 85.7 % (18/21) improved their clinical status. Mean time between the beginning of symptoms and the operation was 4.27 months (range 1-18 months). We divided the patients into three groups: before 3 months, between 3 and 6 months and after 6 months from the beginning of symptoms to the operation. The best results were in the first group with 100 % pain relief and satisfactory functional results.

CONCLUSIONS: The relief of PAP after stapled procedure, in which we recognize a scarred and fixed staple line, depends by the early recognition of this typical finding. The authors suggest the surgical treatment not later than 3-6 months after the onset of symptoms to achieve the best results.

Status
MEDLINE

Authors Full Name
Menconi, Claudia; Fabiani, Bernardina; Giani, lacopo; Martellucci, Jacopo; Toniolo, Gianluca; Naldini, Gabriele.

Institution
Menconi, Claudia. Proctological and perineal Surgical Unit, Department of Gastroenterology, Cisanello University Hospital, Pisa, Italy. Fabiani, Bernardina. Proctological and perineal Surgical Unit, Department of Gastroenterology, Cisanello University Hospital, Pisa, Italy. Giani, lacopo. Proctological and perineal Surgical Unit, Department of Gastroenterology, Cisanello University Hospital, Pisa, Italy. Martellucci, Jacopo. General, Emergency and Mininvasive Surgery I, Careggi University Hospital, largo Brambilla 3, 50134, Firenze, Italy. jamjac64@hotmail.com. Toniolo, Gianluca. Proctological and perineal Surgical Unit, Department of Gastroenterology, Cisanello University Hospital, Pisa, Italy. Naldini, Gabriele. Proctological and perineal Surgical Unit, Department of Gastroenterology, Cisanello University Hospital, Pisa, Italy.

Country of Publication
Germany

Publication History Status
2015/07/29 [accepted]

Date of Publication
2016 Jan

Date Created
20160106
Vulvodynia—An Evidence-Based Literature Review and Proposed Treatment Algorithm. [Review]
De Andres J; Sanchis-Lopez N; Asensio-Samper JM; Fabregat-Cid G; Villanueva-Perez VL; Monsalve Dolz V; Minguez A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Pain Practice. 16(2):204-36, 2016 Feb.
[Journal Article. Review]
UI: 25581081
OBJECTIVE: We searched the medical literature from the last 15 years (1998 to 2013) relating to the etiology, diagnosis, and treatment of vulvodynia. The evidence was reviewed supporting the therapeutic proposals currently in use and propose the incorporation of novel, minimally invasive, interventional therapies, within the context of a multidisciplinary approach.
METHODS: This was a systematic review of all relevant studies with no language restrictions. Studies were identified through Medline/PubMed (1998 to March 2013), the Cochrane Library (2001 to 2013), and conference records and book chapters. The keywords used included "chronic pelvic pain," "vulvodynia," "vestibulodynia," and search terms "etiology," "diagnosis," and "treatment" were added. The levels of evidence were assessed using grading system for "Therapy/Prevention/Etiology/Harm" developed by the Centre for Evidence-Based Medicine (CEBM). The grading system assists in clinical decision-making, and we decided to use "The Grading of Recommendations Assessment, Development, and Evaluation (GRADE)."
RESULTS: A total of 391 papers were assessed. Of these, 215 were analyzed and 175 were excluded, as they pertained to areas not directly related to the disease under review.
CONCLUSION: The optimal therapy for vulvar pain syndrome remains elusive, with low percentages of therapeutic success, using either local or systemic pharmacological approaches. Surgery involving invasive and often irreversible therapeutic procedures has resulted in success for certain subtypes of vulvodynia. We present a multidisciplinary approach whereby pain treatment units may provide an intermediate level of care between standard medical and surgical treatments.
Copyright © 2015 World Institute of Pain.
Endometriosis is a chronic gynecological disease characterized by sustained painful symptoms that are responsible for a decline in the quality of life of sufferers. Conventional treatment includes surgical and pharmacological therapy aiming at reducing painful symptoms. This study aimed to evaluate pain levels in women with endometriosis, focusing on the influence of conventional treatment in controlling this variable. To do so, a literature search was conducted in the Medline/Pubmed databases, with 119 scientific articles found. After applying the inclusion and exclusion criteria, 27 were selected for reading and elaboration of this review. Thus, 9 studies evaluated the contribution of surgery, 17 the use of drugs to reduce pain levels in patients with endometriosis and one assessed surgical and medical treatment. The main results of these searches are presented and discussed in this revision. Surgery and the use of drugs provided reduced pain scores in patients with endometriosis but nevertheless exhibit disadvantages, such as risk of recurrence and side effects, respectively. Treatment of endometriosis is, therefore, a challenge for gynecologists and patients, as they must select the best therapeutic approach for this disease. However, improved quality of life in these patients has been obtained with the use of conventional treatment.
Clinical Characteristics of Patients with Gastroesophageal Reflux Disease Refractory to Proton Pump Inhibitors and the Effects of Switching to 20 mg Esomeprazole on Reflux Symptoms and Quality of Life.

Takeshima F; Hashiguchi K; Onitsuka Y; Tanigawa K; Minami H; Matsushima K; Akazawa Y; Shiozawa K; Yamaguchi N; Taura N; Ohnita K; Ichikawa T; Isomoto H; Nakao K.

BACKGROUND Refractory gastroesophageal reflux disease (GERD) may deteriorate patient quality of life (QOL) despite proton pump inhibitor (PPI) therapy. MATERIAL AND METHODS Nineteen Japanese institutions were surveyed to determine the clinical characteristics and QOL of patients with refractory GERD. Those patients treated with a conventional PPI were switched
to 20 mg esomeprazole for 4 weeks. Symptoms and QOL were assessed using Global Overall Symptom and Gastrointestinal Symptom Rating Scale (GSRS) questionnaires at baseline and at 2 and/or 4 weeks of esomeprazole treatment. RESULTS Of 120 patients who completed the survey, 58 (48.3%) had refractory GERD. Of these, 69.0% were aged >= 65 years, 79.3% were prescribed a PPI at a standard or high dose, and 22.4% were prescribed a PPI together with another drug. After switching to esomeprazole, patients reported significant improvements in heartburn, acid regurgitation, and excessive belching at 2 weeks using a symptom diary, as well as the total score, reflux, abdominal pain, and indigestion, which were assessed using the GSRS at 4 weeks. CONCLUSIONS About half of Japanese patients with GERD may be refractory to conventional PPIs. Their reflux-related symptoms are often severe and may impair QOL. Switching to esomeprazole could be used to improve their symptoms and QOL.

Status
MEDLINE

Authors Full Name
Takeshima, Fuminao; Hashiguchi, Keiichi; Onitsuka, Yasunori; Tanigawa, Ken; Minami, Hitomi; Matsushima, Kayoko; Akazawa, Yuko; Shiozawa, Ken; Yamaguchi, Naoyuki; Taura, Naota; Ohnita, Ken; Ichikawa, Tatsuki; Isomoto, Hajime; Nakao, Kazuhiko.

Institution
Takeshima, Fuminao. Department of Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki, Japan. Hashiguchi, Keiichi. Department of Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki, Japan. Onitsuka, Yasunori. Department of Internal Medicine, Onitsuka Clinic of Internal Medicine, Nagasaki, Japan. Tanigawa, Ken. Department of Gastroenterology and Hepatology, Tanigawa Clinic of Radiology and Gastroenterology, Nagasaki, Japan. Minami, Hitomi. 0. Matsushima, Kayoko. Department of Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki, Japan. Akazawa, Yuko. Department of Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki, Japan. Shiozawa, Ken. 0. Yamaguchi, Naoyuki. Department of Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki, Japan. Taura, Naota. Department of Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki, Japan. Ohnita, Ken. Department of Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki, Japan.
Evaluation of the likelihood of reflux developing in patients with recurrent upper respiratory infections, recurrent sinusitis or recurrent otitis seen in ear-nose-throat outpatient clinics.

Onal Z; Cullu-Cokugras F; Isildak H; Kaytaz A; Kutlu T; Erkan T; Dogusoy G.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


Gastroesophageal reflux is considered a risk factor for recurrent or persistent upper and lower respiratory tract conditions including asthma, chronic cough, sinusitis, laryngitis, serous otitis and paroxysmal laryngospasm. Fifty-one subjects with recurrent (more than three) episodes of upper respiratory tract infection (URTI), serous otitis or sinusitis who had been admitted to an ear-nose-throat (ENT) outpatient clinic during the previous year were enrolled in the present study to evaluate the presence of laryngeal and/or esophageal reflux. The participants, who were randomly selected, were questioned about symptoms of reflux, including vomiting, abdominal pain, failure to thrive, halitosis, bitter taste in the mouth, chronic cough, heartburn, constipation
and hoarseness. All subjects had an endoscopic examination, an otoscopic examination, a tympanogram and upper GI system endoscopy. Esophagitis was diagnosed endoscopically and histologically. The likelihood of occurrence of esophagitis was found to be higher only among subjects with postglottic edema/erythema as determined by pathological laryngeal examination. The reflux complaints reported did not predict the development of esophagitis, but the odds of esophagitis occurring were ninefold greater among subjects with recurrent otitis. Of the subjects, 45.1% were Helicobacter pylori-positive. However, no association was found between esophagitis and Helicobacter pylori positivity. The likelihood of the occurrence of esophagitis was found to be increased in the presence of recurrent otitis media and/or postglottic edema, irrespective of the presence of reflux symptoms. We concluded that, in contrast to the situation where adults are concerned, the boundaries for discriminating laryngopharyngeal reflux from gastroesophageal reflux are somewhat blurred in pediatric patients.

Status
MEDLINE
Authors Full Name
Onal, Zerrin; Cullu-Cokugras, Fugen; Isildak, Huseyin; Kaytaz, Asim; Kutlu, Tufan; Erkan, Tulay; Dogusoy, Gulen.
Institution
Onal, Zerrin. Division of Pediatric Gastroenterology, Ministry of Health Bakirkoy Dogumevi Research and Training Hospital, Istanbul, Turkey. onalzerrin@gmail.com.
Country of Publication
Turkey
Date of Publication
2015 May-Jun
Date Created
20151224
Year of Publication
2015
OBJECTIVE: Irritable bowel syndrome (IBS) is a common functional gastrointestinal disorder characterized by chronic, relapsing abdominal pain or discomfort and is associated with disturbed defecation. The pathogenesis of IBS is multifactorial. The aim of this study was to investigate the prevalence of IBS using the Rome III criteria and to assess the effects of mental and lifestyle factors on IBS in a community-dwelling population in Japan.

METHODS: The diagnosis of irritable bowel syndrome was based on the Japanese version of the Rome III Questionnaire. The questionnaire was administered to 993 volunteers who participated in the Iwaki Health Promotion Project 2013. Diet was assessed with a validated brief-type self-administered diet history questionnaire. Dietary patterns based on 52 predefined food groups [energy-adjusted food (g/d)] were extracted using a principal component analysis. The Center for Epidemiologic Studies Depression Scale with a cut-off point of 16 was used to assess the prevalence of depression.

RESULTS: A total of 61 subjects (6.1%) were classified as having IBS. Three dietary patterns were identified: "Healthy", "Western" and "Alcohol and accompanying" dietary patterns. After adjusting for potential confounders, the "Alcohol and accompanying" dietary pattern and depression were related to the risk of IBS.

CONCLUSION: We found that an "Alcohol and accompanying" dietary pattern and depression were related to the risk of IBS in a Japanese community population. However, we could not rule out the possibility of some selection bias. Further studies with longitudinal observations are therefore warranted.
Descending pain modulation in irritable bowel syndrome (IBS): a systematic review and meta-analysis. [Review]
Chakiath RJ; Siddall PJ; Kellow JE; Hush JM; Jones MP; Marcuzzi A; Wrigley PJ.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Systematic Reviews. 4:175, 2015 Dec 10.
UI: 26652749
BACKGROUND: Irritable bowel syndrome (IBS) is a common functional gastrointestinal disorder. While abdominal pain is a dominant symptom of IBS, many sufferers also report widespread hypersensitivity and present with other chronic pain conditions. The presence of widespread hypersensitivity and extra-intestinal pain conditions suggests central nervous dysfunction. While central nervous system dysfunction may involve the spinal cord (central sensitisation) and brain, this review will focus on one brain mechanism, descending pain modulation.
METHOD/DESIGN: We will conduct a comprehensive search for the articles indexed in the databases Ovid MEDLINE, Ovid Embase, Ovid PsycINFO and Cochrane Central Register of Controlled Trial (CENTRAL) from their inception to August 2015, that report on any aspect of descending pain modulation in irritable bowel syndrome. Two independent reviewers will screen studies for eligibility, assess risk of bias and extract relevant data. Results will be tabulated and, if possible, a meta-analysis will be carried out.
DISCUSSION: The systematic review outlined in this protocol aims to summarise current knowledge regarding descending pain modulation in IBS.
SYSTEMATIC REVIEW REGISTRATION: PROSPERO CRD42015024284.
Status
MEDLINE
Authors Full Name
Chakiath, Rosemary J; Siddall, Philip J; Kellow, John E; Hush, Julia M; Jones, Mike P; Marcuzzi, Anna; Wrigley, Paul J.
Institution
Chakiath, Rosemary J. Sydney Medical School Northern, University of Sydney, Sydney, NSW, Australia. rosemary.chakiath@sydney.edu.au. Chakiath, Rosemary J. Pain Management Research Institute, Kolling Institute, Northern Sydney Local Health District, St Leonards, Sydney, NSW, Australia. rosemary.chakiath@sydney.edu.au.
Siddall, Philip J. Sydney Medical School Northern, University of Sydney, Sydney, NSW, Australia. psiddall@hammond.com.au.
Siddall, Philip J. Department of Pain Management, HammondCare, Greenwich Hospital, Sydney, NSW, Australia. psiddall@hammond.com.au.
Siddall, Philip J. Kolling Institute of Medical Research, Royal North Shore Hospital, St Leonards, Sydney, NSW, Australia. psiddall@hammond.com.au.
Kellow, John E. Sydney Medical School Northern, University of Sydney, Sydney, NSW, Australia. john.kellow@sydney.edu.au.
Kellow, John E. Department of Gastroenterology, Royal North Shore Hospital, St Leonards, Sydney, NSW, Australia. john.kellow@sydney.edu.au.
Hush, Julia M. Discipline of Physiotherapy, Department of Health Professions, Faculty of Medicine and Health Sciences, Macquarie University, North Ryde, Sydney, NSW, Australia. julia.hush@mq.edu.au.
Hush, Julia M. The Centre for Physical Health, Macquarie University, North Ryde, Australia. julia.hush@mq.edu.au.
Jones, Mike P. Psychology Department, Macquarie University, North Ryde, Sydney, NSW, Australia. mike.jones@mq.edu.au.
Marcuzzi, Anna. Discipline of Physiotherapy, Department of Health Professions, Faculty of Medicine and Health Sciences, Macquarie University, North Ryde, Sydney, NSW, Australia. anna.marcuzzi@students.mq.edu.au.
Marcuzzi, Anna. The Centre for Physical Health, Macquarie University, North Ryde, Australia. anna.marcuzzi@students.mq.edu.au.
Wrigley, Paul J. Sydney Medical School Northern, University of Sydney, Sydney, NSW, Australia. paul.wrigley@sydney.edu.au.
Wrigley, Paul J. Pain Management Research Institute, Kolling Institute, Northern Sydney Local Health District, St Leonards, Sydney, NSW, Australia. paul.wrigley@sydney.edu.au.

Country of Publication
England

Publication History Status
2015/07/22 [received] 2015/11/30 [accepted]

Date of Publication
2015 Dec 10
Eviprostat has an identical effect compared to pollen extract (Cernilton) in patients with chronic prostatitis/chronic pelvic pain syndrome: a randomized, prospective study.

Iwamura H; Koie T; Soma O; Matsumoto T; Imai A; Hatakeyama S; Yoneyama T; Hashimoto Y; Ohyama C.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BMC Urology. 15:120, 2015 Dec 07.
[Journal Article. Randomized Controlled Trial]
UI: 26643109

BACKGROUND: Previously reported results of a prospective, randomized placebo-controlled study showed that the pollen extract (Cernilton) significantly improved total symptoms, pain, and quality of life in patients with inflammatory prostatitis/chronic pelvic pain syndrome (CP/CPPS) without severe side effects. A phytotherapeutic agent, Eviprostat, is reportedly effective in a rat model of nonbacterial prostatitis. The aim of the present study was to compare the efficacy and safety of Eviprostat to that of the pollen extract in the management of CP/CPPS.

METHODS: The patients with category III CP/CPPS were randomized to receive either oral capsules of Eviprostat (two capsules, q 8 h) or the pollen extract (two capsules, q 8 h) for 8 weeks. The primary endpoint of the study was symptomatic improvement in the NIH Chronic Prostatitis Symptom Index (NIH-CPSI). Participants were evaluated using the NIH-CPSI and the International Prostate Symptom Score (IPSS) at baseline and after 4 and 8 weeks.

RESULTS: In the intention-to-treat analysis, 100 men were randomly allocated to Eviprostat (n = 50) or the pollen extract (n = 50). Response (defined as a decrease in the NIH-CPSI total score by at least 25 %) in the Eviprostat group and the pollen extract group was 88.2 and 78.1 %, respectively. There was no significant difference in the total, pain, urinary, and quality of life (QOL) scores of the NIH-CPSI between the two groups at 8 weeks. This was also the case with the total, voiding, and storage symptoms of the IPSS. There were no severe adverse events observed in any patients in this study.
CONCLUSION: Both the pollen extract and Eviprostat significantly reduced the symptoms of category III CP/CPPS without any adverse events. Eviprostat may have an identical effect on category III CP/CPPS compared the pollen extract.

TRIAL REGISTRATION: The study was registered with the University Hospital Medical Information Network Clinical Trials Registry in Japan (UMIN000019618); registration date: 3 November 2015.

Status
MEDLINE
Authors Full Name
Iwamura, Hiromichi; Koie, Takuya; Soma, Osamu; Matsumoto, Teppei; Imai, Atsushi;
Hatakeyama, Shingo; Yoneyama, Takahiro; Hashimoto, Yasuhiro; Ohyama, Chikara.
Institution
Iwamura, Hiromichi. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. hiro_hiro388@yahoo.co.jp. Koie, Takuya. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. goodwin@cc.hirosaki-u.ac.jp.
Soma, Osamu. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. osamiiiii.0325@gmail.com.
Matsumoto, Teppei. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. ewigkeit.arzt@gmail.com.
Imai, Atsushi. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. tsushi.imai@gmail.com.
Hatakeyama, Shingo. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. shingorilla2@gmail.com.
Yoneyama, Takahiro. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. uroyone@cc.hirosaki-u.ac.jp.
Hashimoto, Yasuhiro. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. bikkuri@opal.plala.or.jp.
Ohyama, Chikara. Department of Urology, Hirosaki University Graduate School of Medicine, 5 Zaifucho, Hirosaki, Aomori, 036-8562, Japan. coyama@cc.hirosaki-u.ac.jp.

PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4672535
Country of Publication
England
Publication History Status
2015/10/04 [received]  2015/12/01 [accepted]
Date of Publication
Anaesthetic injection versus ischemic compression for the pain relief of abdominal wall trigger points in women with chronic pelvic pain.

Montenegro ML; Braz CA; Rosa-e-Silva JC; Candido-dos-Reis FJ; Nogueira AA; Poli-Neto OB.

BMC Anesthesiology. 15:175, 2015 Dec 01.

[Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]

UI: 26628263

BACKGROUND: Chronic pelvic pain is a common condition among women, and 10 to 30 % of causes originate from the abdominal wall, and are associated with trigger points. Although little is known about their pathophysiology, variable methods have been practiced clinically. The purpose of this study was to evaluate the efficacy of local anaesthetic injections versus ischemic compression via physical therapy for pain relief of abdominal wall trigger points in women with chronic pelvic pain.

METHODS: We conducted a parallel group randomized trial including 30 women with chronic pelvic pain with abdominal wall trigger points. Subjects were randomly assigned to one of two intervention groups. One group received an injection of 2 mL 0.5 % lidocaine without a vasoconstrictor into a trigger point. In the other group, ischemic compression via physical therapy was administered at the trigger points three times, with each session lasting for 60 s, and a rest period of 30 s between applications. Both treatments were administered during one weekly session for four weeks. Our primary outcomes were satisfactory clinical response rates and percentages of pain relief. Our secondary outcomes are pain threshold and tolerance at the trigger points. All subjects were evaluated at baseline and 1, 4, and 12 weeks after the interventions. The study was conducted at a tertiary hospital that was associated with a university
providing assistance predominantly to working class women who were treated by the public health system.

RESULTS: Clinical response rates and pain relief were significantly better at 1, 4, and 12 weeks for those receiving local anaesthetic injections than ischemic compression via physical therapy. The pain relief of women treated with local anaesthetic injections progressively improved at 1, 4, and 12 weeks after intervention. In contrast, women treated with ischemic compression did not show considerable changes in pain relief after intervention. In the local anaesthetic injection group, pain threshold and tolerance improved with time in the absence of significant differences between groups.

CONCLUSION: Lidocaine injection seems to be better for reducing the severity of chronic pelvic pain secondary to abdominal wall trigger points compared to ischemic compression via physical therapy.


Status MEDLINE

Authors Full Name
Montenegro, Mary L L S; Braz, Carolina A; Rosa-e-Silva, Julio C; Candido-dos-Reis, Francisco J; Nogueira, Antonio A; Poli-Neto, Omero B.

Institution
Montenegro, Mary L L S. Department of Gynecology and Obstetrics, Ribeirao Preto Medical School of University of Sao Paulo, Bandeirantes Avenue, 3900, Campus Universitario s/n. Monte Alegre, Ribeirao Preto, SP, CEP 14048-900, Brazil. montenegro@usp.br. Braz, Carolina A. Department of Cardiology, Federal University of Sao Paulo, Sao Paulo, Brazil. carollabraz@hotmail.com.

Rosa-e-Silva, Julio C. Department of Gynecology and Obstetrics, Ribeirao Preto Medical School of University of Sao Paulo, Bandeirantes Avenue, 3900, Campus Universitario s/n. Monte Alegre, Ribeirao Preto, SP, CEP 14048-900, Brazil. julioocrs@usp.br.

Candido-dos-Reis, Francisco J. Department of Gynecology and Obstetrics, Ribeirao Preto Medical School of University of Sao Paulo, Bandeirantes Avenue, 3900, Campus Universitario s/n. Monte Alegre, Ribeirao Preto, SP, CEP 14048-900, Brazil. fjcreis@fmrp.usp.br.

Nogueira, Antonio A. Department of Gynecology and Obstetrics, Ribeirao Preto Medical School of University of Sao Paulo, Bandeirantes Avenue, 3900, Campus Universitario s/n. Monte Alegre, Ribeirao Preto, SP, CEP 14048-900, Brazil. aanoguei@fmrp.usp.br.

Poli-Neto, Omero B. Department of Gynecology and Obstetrics, Ribeirao Preto Medical School of University of Sao Paulo, Bandeirantes Avenue, 3900, Campus Universitario s/n. Monte Alegre, Ribeirao Preto, SP, CEP 14048-900, Brazil. polineto@fmrp.usp.br.
Rha DW; Lee SH; Lee HJ; Choi YJ; Kim HJ; Lee SC.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26606024
BACKGROUND: The close anatomic and functional relationship between the proximal parts of the adductor longus and pectineus muscles produce considerable overlap in symptoms and signs in the inguinal region. To our knowledge, there have been no publications of ultrasound (US)-guided injection techniques into the 2 muscles.
OBJECTIVE: This study sought to describe US-guided injection techniques in the proximal part of the adductor longus and pectineus muscles and to validate whether these techniques deliver injections appropriately to their target muscles in unembalmed cadavers.
STUDY DESIGN: Cadaveric study.
METHODS: A preliminary trial with 2 unembalmed cadavers provided information on the target sonographic structures of proximal adductor longus and pectineus muscles. Bilateral US-guided intramuscular injections in the proximal adductor longus and pectineus were performed using the
remaining 5 unembalmed male cadavers. To avoid confusion of dye location, we did not inject into both the adductor longus and pectineus muscle in the same side. After injections, each specimen was dissected to evaluate the accuracy of injection.

RESULTS: Ten injections (5 for the adductor longus muscle and 5 for the pectineus muscle) were performed targeting the proximal parts of muscles in 5 cadaveric specimens. All injections were successful and blue dye was injected accurately at the target area within the adductor longus and the pectineus muscles. No other muscles were injected unintentionally. There were no accidental penetrations and/or injuries at adjacent neurovascular structures as well.

LIMITATION: Despite successful injection of the proximal parts of adductor longus and pectineus, this study did not verify the usefulness of this technique in clinical practice.

CONCLUSIONS: The results of this study may play a role in the diagnosis and management of patients presenting with chronic pelvic pain syndrome and sports hernia.

Status
MEDLINE

Authors Full Name
Rha, Dong-wook; Lee, Sang-Hee; Lee, Hyung-Jin; Choi, You-Jin; Kim, Hee-Jin; Lee, Sang Chul.

Institution
Rha, Dong-wook. Department and Research Institute of Rehabilitation Medicine, Yonsei University College of Medicine, South Korea. Lee, Sang-Hee. Division in Anatomy and Developmental Biology, Department of Oral Biology, Human Identification Research Center, Yonsei University College of Dentistry, South Korea. Lee, Hyung-Jin. Division in Anatomy and Developmental Biology, Department of Oral Biology, Human Identification Research Center, Yonsei University College of Dentistry, South Korea. Choi, You-Jin. Division in Anatomy and Developmental Biology, Department of Oral Biology, Human Identification Research Center, Yonsei University College of Dentistry, South Korea. Kim, Hee-Jin. Division in Anatomy and Developmental Biology, Department of Oral Biology, Human Identification Research Center, Yonsei University College of Dentistry, South Korea. Lee, Sang Chul. Department and Research Institute of Rehabilitation Medicine, Yonsei University College of Medicine, South Korea.
Treatment of Provoked Vulvodynia in a Swedish cohort using desensitization exercises and cognitive behavioral therapy. [Erratum appears in BMC Womens Health. 2015;15:121; PMID: 26697852]

Lindstrom S; Kvist LJ.

BACKGROUND: Problems related to pain during vaginal penetration are complex and the etiology is multi-factorial. It was the aim of the present study to measure whether treatment using desensitization exercises and cognitive behavioral therapy (CBT) for women with provoked vulvodynia (PVD) could increase sexual interest, sexual satisfaction and response whilst decreasing experiences of sexual pain.

METHODS AND OUTCOME MEASURES: Sixty women suffering from PVD were treated during a 10-week period with a combination of mucosal desensitization and pelvic floor exercises and CBT. The McCoy Female Sexuality Questionnaire (MFSQ) was used to measure efficacy of the treatment. The Hospital Anxiety and Depression Scale (HADS) was used to measure psychological distress. The primary outcome measurements were changes in scores for the MFSQ and changes in individual items on the MFSQ directly after treatment completion. Secondary outcome measurements were changes in the MFSQ items 6 months after treatment and changes in HADS sub-scales 6 months after treatment. Statistical comparisons of answers to the MFSQ were carried out using the Wilcoxon signed rank test (paired). Validity of the MFSQ in this study was measured by testing one global question about sexuality and total scores on MFSQ using Spearman's correlation test.

RESULTS: Study participants reported a statistically significant increase in sexual fantasies, increased sexual pleasure, excitement and vaginal lubrication after treatment was completed. PVD occurred less often which resulted in significantly less avoidance of sexual intercourse, increased frequency of masturbation and intercourse. All improvements were sustained at 6 months after treatment ended. Two questions showed no significant changes, these pertained to the individual's contentment with her partner as a lover and a friend. The anxiety sub-scale of the
HADS showed a significantly decreased level of anxiety at 6 months follow-up but no change in the scores on the depression sub-scale.

CONCLUSION: Treatment for PVD using desensitization exercises and cognitive behavioral therapy significantly improved sexual interest, response and activity and decreased the experience of pain. Larger studies and RCTs are required in order to draw conclusions about treatment and long term effects should be studied. Partners should be encouraged to participate in treatment regimes.

TRIAL REGISTRATION: The study is registered with ISRCTN registry, ID ISRCTN40416405.

Authors Full Name
Lindstrom, Suzanne; Kvist, Linda J.

Institution
Lindstrom, Suzanne. Sexology Department, Najaden Midwifery Clinic, Drottninggatan 7, 252 21, Helsingborg, Sweden. suzanne.lindstrom@telia.com. Kvist, Linda J. Department of Obstetrics and Gynecology, Helsingborgs Hospital, 25187, Helsingborg, Sweden. linda.kvist@med.lu.se. Kvist, Linda J. Department of Health Sciences, Faculty of Medicine, Lund University, 22100, Lund, Sweden. linda.kvist@med.lu.se.

PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4659238

Country of Publication
England

Publication History Status
2015/02/28 [received] 2015/11/18 [accepted]

Date of Publication
2015 Nov 25

Date Created
20151125

Year of Publication
2015
Efficacy and tolerability of oral oxycodone and oxycodone/naloxone combination in opioid-naive cancer patients: a propensity analysis.

Lazzari M; Greco MT; Marcassa C; Finocchi S; Caldarulo C; Corli O.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Drug design, development & therapy. 9:5863-72, 2015.

[Journal Article. Observational Study. Research Support, Non-U.S. Gov't]

UI: 26586937

BACKGROUND: World Health Organization step III opioids are required to relieve moderate-to-severe cancer pain; constipation is one of the most frequent opioid-induced side effects. A fixed combination, prolonged-release oxycodone/naloxone (OXN), was developed with the aim of reducing opioid-related gastrointestinal side effects. The objective of this study was to compare the efficacy and safety of prolonged-release oxycodone (OXY) alone to OXN in opioid-naive cancer patients with moderate-to-severe pain.

METHODS: Propensity analysis was utilized in this observational study, which evaluated the efficacy, safety, and quality of life.

RESULTS: Out of the 210 patients recruited, 146 were matched using propensity scores and included in the comparative analysis. In both groups, pain intensity decreased by =3 points after 60 days, indicating comparable analgesic efficacy. Responder rates were similar between groups. Analgesia was achieved and maintained with similarly low and stable dosages over time (12.0-20.4 mg/d for OXY and 11.5-22.0 mg/d for OXN). Bowel Function Index (BFI) and laxative use per week improved from baseline at 30 days and 60 days in OXN recipients (-16, P<0.0001 and -3.5, P=0.02, respectively); BFI worsened in the OXY group. The overall incidence of drug-related adverse events was 28.9% in the OXY group and 8.2% in the OXN group (P<0.01); nausea and vomiting were two to five times less frequent with OXN. Quality of life improved to a significantly greater extent in patients receiving OXN compared to OXY (increase in Short Form-36 physical component score of 7.1 points vs 3.2 points, respectively; P<0.001).

CONCLUSION: In patients with chronic cancer pain, OXN provided analgesic effectiveness that is similar to OXY, with early and sustained benefits in tolerability. The relationship between responsiveness to OXN and clinical characteristics is currently being investigated.

Status

MEDLINE

Authors Full Name

Lazzari, Marzia; Greco, Maria Teresa; Marcassa, Claudio; Finocchi, Simona; Caldarulo, Clarissa; Corli, Oscar.

Institution
The impact of physical pain on suicidal thoughts and behaviors: Meta-analyses. [Review] Calati R; Laglaoui Bakhiyi C; Artero S; Ilgen M; Courtet P.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


UI: 26522868

Although the relationship between physical pain and suicidal thoughts and behaviors has been explored in multiple epidemiologic and clinical studies, it is still far from being well understood. Consequently, we conducted a meta-analysis of studies comparing rates of suicidal thoughts and
behaviors in individuals with and without physical pain. We searched MEDLINE and PsycINFO (May 2015) for studies comparing rates of current and lifetime suicidal thoughts and behaviors (death wish, suicide ideation, plan, attempt and death: DW, SI, SP, SA, SD) in individuals with any type of physical pain (headache, back, neck, chest, musculoskeletal, abdominal and pelvic pains, arthritis, fibromyalgia, medically unexplained pain, and other not specified pain) versus those without it. Data were analyzed with Cochrane Collaboration Review Manager Software (RevMan, version 5.3). We assessed the methodological quality of the studies with the STROBE statement. Of the 31 included studies, three focused on lifetime DW, twelve focused on current SI (six lifetime), six focused on current SP (two lifetime), nine focused on current SA (11 lifetime) and eight on SD. Individuals with physical pain were more likely to report lifetime DW (p = 0.0005), both current and lifetime SI (both p < 0.00001), SP (current: p = 0.0008; lifetime: p < 0.00001), and SA (current: p < 0.0001; lifetime: p < 0.00001). Moreover, they were more likely to report SD (p = 0.02). In all analyses, the between study heterogeneity was high. Moreover, the presence of publication bias has been detected in the main outcomes. Physical pain is a consistent risk factor for suicidal thoughts and behaviors. Further research is required to investigate the specific impact of: 1) chronic versus acute pain, 2) different types of pain (e.g., medically unexplained pain), and 3) risk factors for suicide in chronic pain patients.

Copyright © 2015 Elsevier Ltd. All rights reserved.
Antioxidant therapy for treatment of inflammatory bowel disease: Does it work?. [Review] Moura FA; de Andrade KQ; dos Santos JC; Araujo OR; Goulart MO. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Redox Biology. 6:617-39, 2015 Dec. [Journal Article. Research Support, Non-U.S. Gov't. Review] UI: 26520808 Oxidative stress (OS) is considered as one of the etiologic factors involved in several signals and symptoms of inflammatory bowel diseases (IBD) that include diarrhea, toxic megacolon and abdominal pain. This systematic review discusses approaches, challenges and perspectives into the use of nontraditional antioxidant therapy on IBD, including natural and synthetic compounds in both human and animal models. One hundred and thirty four papers were identified, of which only four were evaluated in humans. Some of the challenges identified in this review can shed light on this fact: lack of standardization of OS biomarkers, absence of safety data and clinical...
trials for the chemicals and biological molecules, as well as the fact that most of the compounds were not repeatedly tested in several situations, including acute and chronic colitis. This review hopes to stimulate researchers to become more involved in this fruitful area, to warrant investigation of novel, alternative and efficacious antioxidant-based therapies.

Copyright © 2015 The Authors. Published by Elsevier B.V. All rights reserved.

Status
MEDLINE
Authors Full Name
Moura, Fabiana Andrea; de Andrade, Kivia Queiroz; dos Santos, Juliana Celia Farias; Araujo, Orlando Roberto Pimentel; Goulart, Marilia Oliveira Fonseca.
Institution
Moura, Fabiana Andrea. Faculdade de Nutricao/Universidade Federal de Alagoas (FANUT/UFAL), Brazil; Pos Graduacao em Ciencias da Saude (PPGCS)/ Universidade Federal de Alagoas, Brazil. Electronic address: fabianamoura_al@hotmail.com. de Andrade, Kivia Queiroz. Pos Graduacao em Ciencias da Saude (PPGCS)/ Universidade Federal de Alagoas, Brazil. Electronic address: kiviaqueiroz@hotmail.com.
dos Santos, Juliana Celia Farias. Faculdade de Nutricao/Universidade Federal de Alagoas (FANUT/UFAL), Brazil; Instituto de Quimica e Biotecnologia (IQB), Universidade Federal de Alagoas (UFAL), Brazil. Electronic address: jcfs_nut@yahoo.com.br.
Araujo, Orlando Roberto Pimentel. Instituto de Quimica e Biotecnologia (IQB), Universidade Federal de Alagoas (UFAL), Brazil. Electronic address: orlanforpa@hotmail.com.
Goulart, Marilia Oliveira Fonseca. Instituto de Quimica e Biotecnologia (IQB), Universidade Federal de Alagoas (UFAL), Brazil. Electronic address: mariliaofg@gmail.com.
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4637335
Country of Publication
Netherlands
Publication History Status
2015/09/15 [received] 2015/10/18 [revised]
2015/10/20 [accepted]
Date of Publication
2015 Dec
Date Created
20151123
Year of Publication
2015
Xyloglucan for the treatment of acute diarrhea: results of a randomized, controlled, open-label, parallel group, multicentre, national clinical trial.

Gnessi L; Bacarea V; Marusteri M; Pique N.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Multicenter Study. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]

UI: 26518158

BACKGROUND: There is a strong rationale for the use of agents with film-forming protective properties, like xyloglucan, for the treatment of acute diarrhea. However, few data from clinical trials are available.

METHODS: A randomized, controlled, open-label, parallel group, multicentre, clinical trial was performed to evaluate the efficacy and safety of xyloglucan, in comparison with diosmectite and Saccharomyces in adult patients with acute diarrhea due to different causes. Patients were randomized to receive a 3-day treatment. Symptoms (stools type, nausea, vomiting, abdominal pain and flatulence) were assessed by a self-administered ad-hoc questionnaire 1, 3, 6, 12, 24, 48 and 72 h following the first dose administration. Adverse events were also recorded.

RESULTS: A total of 150 patients (69.3 % women and 30.7 % men, mean age 47.3+/−14.7 years) were included (n=50 in each group). A faster onset of action was observed in the xyloglucan group compared with the diosmectite and S. bouliardii groups. At 6 h xyloglucan produced a statistically significant higher decrease in the mean number of type 6 and 7 stools compared with diosmectite (p=0.031). Xyloglucan was the most efficient treatment in reducing the percentage of patients with nausea throughout the study period, particularly during the first hours (from 26 % at baseline to 4 % after 6 and 12 h). An important improvement of vomiting was observed in all three treatment groups. Xyloglucan was more effective than diosmectite and S. bouliardii in reducing abdominal pain, with a constant improvement observed throughout the study. The clinical evolution of flatulence followed similar patterns in the three groups, with continuous improvement of the symptom. All treatments were well tolerated, without reported adverse events.

CONCLUSIONS: Xyloglucan is a fast, efficacious and safe option for the treatment of acute diarrhea.
ISPOG European Consensus Statement - chronic pelvic pain in women (short version). [Review] Siedentopf F; Weijenborg P; Engman M; Maier B; Cagnacci A; Mimoun S; Wenger A; Kentenich H.
To date there is no international guideline on chronic pelvic pain available that focuses on medical, psychosomatic and psychological diagnostics and treatment of this complicated disease pattern. In this paper, a European working group, which was established in October 2010, aims to bridge this gap. The working group decided to use the current German guideline as source text and to transform it into a European consensus statement by deleting parts that apply only to the conditions of the German health system. The literature search included papers published up to and including December 2010, using Medline search and by adding some new search terms. This manuscript reports the essential facts of the above-mentioned consensus statement. Within this article we use the term "psychosomatic" as the integrated concept of medical and psychosocial aspects of a disease.
Health-related quality of life in men with metastatic castration-resistant prostate cancer. [Review]
Gee A; Challapalli A; Bahl A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 26512743

Metastatic castration-resistant prostate cancer (MCRPC) is a chronic disease with several therapeutic options. By definition, all approaches to treatment are palliative in intent and improving health-related quality of life (HRQoL) is an important goal of therapy. Several tools exist for the assessment of HRQoL in MCRPC enabling cross-trial comparisons. In this article agents currently used in the management of MCRPC are reviewed from a HRQoL perspective.
The Effect of Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) on Erectile Function: A Systematic Review and Meta-Analysis. [Review]
Chen X; Zhou Z; Qiu X; Wang B; Dai J.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 26509575
BACKGROUND: High prevalence of erectile dysfunction (ED) has been observed in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). However, whether or not CP/CPPS is a risk factor of ED remains unknown and controversial. Therefore, we conducted this systematic review and meta-analysis to evaluate the relationship between CP/CPPS and ED.
METHODS: PubMed, Embase, Web of Science, and The Cochrane Library were searched up to November 11, 2014 to identify studies reporting the association between CP/CPPS and ED. Case-control, cohort and cross-sectional studies were included. Quality of the included studies was assessed. The odds ratio of ED and the mean difference of five-item International Index of Erectile Function (IIEF-5) score were pooled using a random effects model. Subgroup analysis and sensitivity analyses were performed.
RESULTS: Three cross-sectional studies, two case-control studies, and four retrospective studies with 31,956 participants were included to calculate the pooled odds ratio of ED, and two studies with 1499 participants were included to calculate the pooled mean difference of IIEF-5 scores. A strong correlation was found between CP/CPPS and ED (pooled odds ratio: 3.02, 95% CI: 2.18-4.17, P < 0.01), with heterogeneity across studies (I² = 65%; P < 0.01). A significant decrease in the IIFE-5 score was observed in the CP/CPPS group (pooled mean difference: -4.54, 95% CI: -5.11--3.98; P < 0.01).
CONCLUSION: Our study indicates that patients with CP/CPPS have an increased risk of suffering from ED. Assessment of erectile function is necessary for the therapy of patients with CP/CPPS. Further evidence is necessary to confirm the relationship between CP/CPPS and ED.
Status
Lead Toxicity Risks in Gunshot Victims.
de Araujo GC; Mourao NT; Pinheiro IN; Xavier AR; Gameiro VS.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't]
BACKGROUND: Gunshot wounds require surgeons to decide whether to remove or leave bullet fragments in the body. Surgeons also decide how to follow up with patients who have lead fragments retained in their body. Current literature recommends to remove only intra-articular fragments without the need for a follow-up for patients with the metal retained. Therefore, this study investigates chronic lead toxicity for gunshot wounds.

METHODS: The study was performed in the metropolitan area of Rio de Janeiro/Brazil, between 2013 and 2015. It was a case-control study that included 45 victims of gunshot lesions with metallic fragments retained for more than 6 months. The 45 controls were matched for gender, age, and race. We compared the lead blood levels and frequency of symptoms.

RESULTS: The control group had average blood lead levels of 2.17 mug/dL (95% Confidence Interval [CI]; 1.71-2.63) and median 2.1 mug/dL. The case group had average values of 9.01 mug/dL (CI; 6.07-11.96) and median values of 6.5 mug/dL with p-values ≤ 0.001. The case group reported the following more frequently: irritancy, bad mood, headache, memory losses, daylight drowsiness, myalgia, weakness, abdominal pain, joint pain, trembling, tingling limbs. There was statistical significance for the differences of symptoms frequencies and for odds ratio between groups.

CONCLUSIONS: Although the mean lead levels found were lower than the current laboratory references, low levels have been associated with both rising morbidity and mortality. The WHO stated: "There is no known level of lead exposure that is considered safe". In conclusion, this work showed that bullets retained in the body are not innocuous. There are impacts in the blood lead levels and symptoms related to it, even with few fragments, extra-articular located or existing with low blood lead levels.

Status

MEDLINE

Authors Full Name

de Araujo, Gabriel Costa Serrao; Mourao, Natalia Teixeira; Pinheiro, Igor Natario; Xavier, Analucia Rampazzo; Gameiro, Vinicius Schott.

Institution

de Araujo, Gabriel Costa Serrao. Hospital Universitario Antonio Pedro, Faculdade de Medicina, Universidade Federal Fluminense, Niteroi, RJ, Brazil. Mourao, Natalia Teixeira. Hospital Central da Policia Militar, Rio de Janeiro, RJ, Brazil. Pinheiro, Igor Natario. Hospital Universitario Antonio Pedro, Faculdade de Medicina, Universidade Federal Fluminense, Niteroi, RJ, Brazil. Xavier, Analucia Rampazzo. Hospital Universitario Antonio Pedro, Faculdade de Medicina, Universidade Federal Fluminense, Niteroi, RJ, Brazil.
Intravesical onabotulinumtoxinA (BoNT-A) injection can relieve symptoms of interstitial cystitis/bladder pain syndrome (IC/BPS), but lacks sustainability. Repeated injections have been shown to provide a superior outcome to a single injection, but data on long-term efficacy and safety is limited. In this prospective study, we enrolled patients with refractory IC/BPS, and treated them with 100 U of BoNT-A injection plus hydrodistention followed by repeated injections every six months for up to two years or until the patient wished to discontinue. A "top-up" dose was offered after the fourth injection. Of these 104 participants, 56.7% completed four BoNT-A injections and 34% voluntarily received the fifth injection due to exacerbated IC symptoms. With a follow-up period of up to 79 months, O'Leary-Sant symptom and problem indexes (ICSI, ICPI,
OSS), pain visual analogue scale (VAS) functional bladder capacity, frequency episodes, and
global response assessment (GRA) all showed significant improvement ($p < 0.0001$). Those who
received repeated injections had a better success rate during the long-term follow-up period. The
incidence of adverse events did not rise with the increasing number of BoNT-A injections. A
higher pre-treatment ICSI and ICPI score was predictive for successful response to repeated
intravesical BoNT-A injections plus hydrodistention.

Authors Full Name
Lee, Cheng-Ling; Kuo, Hann-Chorng.

Institution
Lee, Cheng-Ling. Department of Urology, Buddhist Tzu Chi General Hospital and Tzu Chi
University, 707, Section 3, Chung Yang Road, Hualien 97002, Taiwan. leecl@hotmail.com. Kuo,
Hann-Chorng. Department of Urology, Buddhist Tzu Chi General Hospital and Tzu Chi University,
707, Section 3, Chung Yang Road, Hualien 97002, Taiwan. hck@tzuchi.com.tw.

PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4626734

Review of the Uses of Vagal Nerve Stimulation in Chronic Pain Management. [Review]
Chakravarthy K; Chaudhry H; Williams K; Christo PJ.
Recent human and animal studies provide growing evidence that vagal nerve stimulation (VNS) can deliver strong analgesic effects in addition to providing therapeutic efficacy in the treatment of refractory epilepsy and depression. Analgesia is potentially mediated by vagal afferents that inhibit spinal nociceptive reflexes and transmission and have strong anti-inflammatory properties. The purpose of this review is to provide pain practitioners with an overview of VNS technology and limitations. It specifically focuses on clinical indications of VNS for various chronic pain syndromes, including fibromyalgia, pelvic pain, and headaches. We also present potential mechanisms for VNS modulation of chronic pain by reviewing both animal and human studies.

Status
MEDLINE
Authors Full Name
Chakravarthy, Krishnan; Chaudhry, Hira; Williams, Kayode; Christo, Paul J.
Institution
Chakravarthy, Krishnan. Department of Anesthesiology and Critical Care Medicine, Division of Pain Medicine, Johns Hopkins School of Medicine, 600 North Wolfe Street, Baltimore, MD, 21287, USA. Chaudhry, Hira. Department of Anesthesiology and Critical Care Medicine, Division of Pain Medicine, Johns Hopkins School of Medicine, 600 North Wolfe Street, Baltimore, MD, 21287, USA.
Williams, Kayode. Department of Anesthesiology and Critical Care Medicine, Division of Pain Medicine, Johns Hopkins School of Medicine, 600 North Wolfe Street, Baltimore, MD, 21287, USA.
Christo, Paul J. Department of Anesthesiology and Critical Care Medicine, Division of Pain Medicine, Johns Hopkins School of Medicine, 600 North Wolfe Street, Baltimore, MD, 21287, USA. pchristo@jhmi.edu.
Country of Publication
United States
Date of Publication
2015 Dec
Date Created
20151023
Year of Publication
2015
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Drugs. 75(16):1867-89, 2015 Nov.
[Journal Article. Review]
UI: 26493289

Laparoscopic surgery is widespread, and an increasing number of surgeries are performed laparoscopically. Early pain after laparoscopy can be similar or even more severe than that after open surgery. Thus, proactive pain management should be provided. Pain after laparoscopic surgery is derived from multiple origins; therefore, a single agent is seldom sufficient. Pain is most effectively controlled by a multimodal, preventive analgesia approach, such as combining opioids with non-opioid analgesics and local anaesthetics. Wound and port site local anaesthetic injections decrease abdominal wall pain by 1-1.5 units on a 0-10 pain scale. Inflammatory pain and shoulder pain can be controlled by NSAIDs or corticosteroids. In some patient groups, adjuvant drugs, ketamine and alpha2-adrenergic agonists can be helpful, but evidence on gabapentinoids is conflicting. In the present review, the types of pain that need to be taken into account while planning pain management protocols and the wide range of analgesic options that have been assessed in laparoscopic surgery are critically assessed. Recommendations to the clinician will be made regarding how to manage acute pain and how to prevent persistent postoperative pain. It is important to identify patients at the highest risk for severe and prolonged post-operative pain, and to have a proactive strategy in place for these individuals.
Chronic pelvic pain: how does noninvasive imaging compare with diagnostic laparoscopy?. [Review]
Tirlapur SA; Daniels JP; Khan KS; MEDAL trial collaboration.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't. Review]
UI: 26485454
PURPOSE OF REVIEW: Chronic pelvic pain (CPP) has an annual prevalence of 38/1000 in the UK, with coexisting pathologies often present. Diagnostic laparoscopy has long been the gold standard diagnostic test, but with up to 40% showing no abnormality, we explore the value of noninvasive imaging, such as pelvic ultrasound and MRI.
RECENT FINDINGS: A literature review from inception until January 2015 of the following databases: PubMed, MEDLINE, Cumulative Index to Nursing and Allied Health Literature, Excerpta Medica database, and System for Information on Grey Literature in Europe were performed to identify published studies assessing the usefulness of ultrasound, MRI, and laparoscopy in the diagnosis of CPP. Three studies (194 women) addressed their comparative
performance in patients with endometriosis, showing the sensitivity of ultrasound ranged between 58 and 88.5%; MRI was 56-91.5% and in the one study using histology as its reference standard, the sensitivity of laparoscopy was 85.7%. Noninvasive imaging has the additional benefit of being well tolerated, safer, and cheaper than surgery.

SUMMARY: CPP, by nature of its multifactorial causation, can be difficult to manage and often requires a multidisciplinary team. Ultrasound and MRI may provide information about the presence or lack of abnormality, which would allow general practitioners or office gynaecologists to initiate treatment and think about surgery as a second-line investigative tool.

Status
MEDLINE

Authors Full Name
Tirlapur, Seema A; Daniels, Jane P; Khan, Khalid S; MEDAL trial collaboration.

Institution
Tirlapur, Seema A. aWomen's Health Research Unit, Barts and the London School of Medicine, Queen Mary University of London bBarts Health NHS Trust, Newham University Hospital, London cBirmingham Clinical Trials Unit, School of Cancer Sciences, Robert Aitken Institute, University of Birmingham, Birmingham dBarts Health NHS Trust, The Royal London Hospital, London, UK.

Country of Publication
England

Date of Publication
2015 Dec

Date Created
20151105

Year of Publication
2015

Factors associated with growth disturbance at celiac disease diagnosis in children: a retrospective cohort study.

Nurminen S; Kivela L; Taavela J; Huhtala H; Maki M; Kaukinen K; Kurppa K.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BMC Gastroenterology. 15:125, 2015 Oct 06.
BACKGROUND: Impaired growth is a well-known complication in celiac disease, but factors associated with it are poorly known. We investigated this issue in a large cohort of children.

METHODS: 530 children with biopsy-proven celiac disease were included. The participants were divided into two groups on the basis of the presence (n=182) or absence (n=348) of growth disturbance at diagnosis. Histological, serological and clinical characteristics were compared between children with growth failure and those with normal growth. Further, patients with growth failure as the sole clinical presentation were compared to those with poor growth and concomitant other symptoms.

RESULTS: Children with growth failure were younger (p<0.001) and had lower hemoglobin (p=0.016) and higher celiac antibody (p<0.001), alanine aminotransferase (p=0.035) and thyroid-stimulating hormone values (p=0.013) than those with normal growth. Significantly associated with growth failure at diagnosis were age <3 years (OR 4.3 (95 % CI 2.5-7.5) vs older age), diagnosis before the year 2000 and in 2000-09 (OR 3.1 (1.8-5.4) and OR 1.8 (1.1-2.8) vs diagnosis in 2010-2013), presence of total and subtotal villous atrophy (OR 4.2 (2.5-7.0) and OR 2.0 (1.3-3.2) vs partial atrophy), severe symptoms (OR 3.4 (1.8-6.7) vs mild symptoms) and vomiting (OR 3.1 (1.5-6.3). The presence of abdominal pain reduced the risk (OR 0.5 (0.3-0.7)), while there was no effect of gender, diarrhea, constipation, other chronic diseases and celiac disease in the family. Children evincing poor growth as the sole clinical presentation were older (p<0.001) and had higher hemoglobin (P<0.001) and total iron (p=0.010) values and lower TG2ab values (p=0.009) than those with growth disturbance and other symptoms.

CONCLUSIONS: In particular young age and severe clinical and histological presentation were associated with growth disturbance at celiac disease diagnosis. Children with only poor growth are markedly different from those with other concomitant symptoms, suggesting different pathogenic mechanisms.
Kivela, Laura. School of Medicine, University of Tampere, FIN-33014, Tampere, Finland. laura.kivela@fimnet.fi.

Kivela, Laura. Tampere Center for Child Health Research, University of Tampere and Tampere University Hospital, Tampere, Finland. laura.kivela@fimnet.fi.

Taavela, Juha. Tampere Center for Child Health Research, University of Tampere and Tampere University Hospital, Tampere, Finland. juha.taavela@uta.fi.

Huhtala, Heini. School of Health Sciences, University of Tampere, Tampere, Finland. heini.huhtala@staff.uta.fi.

Maki, Markku. Tampere Center for Child Health Research, University of Tampere and Tampere University Hospital, Tampere, Finland. markku.maki@uta.fi.

Kaukinen, Katri. School of Medicine, University of Tampere, FIN-33014, Tampere, Finland. katri.kaukinen@uta.fi.

Kaukinen, Katri. Department of Internal Medicine, Tampere University Hospital, Tampere, Finland. katri.kaukinen@uta.fi.

Kurppa, Kalle. School of Medicine, University of Tampere, FIN-33014, Tampere, Finland. kalle.kurppa@uta.fi.

Kurppa, Kalle. Tampere Center for Child Health Research, University of Tampere and Tampere University Hospital, Tampere, Finland. kalle.kurppa@uta.fi.

PMID

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4595273

Country of Publication

England

Publication History Status

2015/06/18 [received]   2015/09/25 [accepted]

Date of Publication

2015 Oct 06

Date Created

20151006

Year of Publication

2015

533.
Should a detailed ultrasound examination of the complete urinary tract be routinely performed in women with suspected pelvic endometriosis?
Pateman K; Holland TK; Knez J; Derdelis G; Cutner A; Saridogan E; Jurkovic D.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Observational Study]
UI: 26433965
STUDY QUESTION: Is there any benefit to including the routine examination by ultrasound of the bladder, ureters and kidneys of women with endometriosis?
SUMMARY ANSWER: The benefit of examination of the complete urinary tract of women with suspected endometriosis is that ureteric endometriosis, with or without hydronephrosis, can be detected which facilitates early intervention to prevent nephropathy.
WHAT IS ALREADY KNOWN: Women with endometriosis can get ureteric obstruction but there is no clear consensus on the correct diagnostic technique. Ultrasound is accurate at detecting women with bladder endometriosis but ureteric involvement has not been assessed previously.
STUDY DESIGN, SIZE, DURATION: This was a prospective observational study, conducted at a teaching hospital over a period of 14 months. A total of 848 women presenting with chronic pelvic pain were included into the study.
PARTICIPANTS/MATERIALS, SETTING, METHODS: All women with chronic pelvic pain underwent a detailed transvaginal and transabdominal pelvic ultrasound examination to investigate possible causes of their symptoms. This included a systematic assessment of the urinary bladder, pelvic sections of the ureters and kidneys. The ultrasound findings were compared with findings at surgery and the results of targeted urological imaging and interventions.
MAIN RESULTS AND THE ROLE OF CHANCE: A total of 848 women presenting with chronic pelvic pain were included into the study. 28/848 women (3.3% 95% CI 2.1-4.5) had evidence of urinary tract abnormalities on initial ultrasound scan. Among these 17/848 (2.0% 95% CI 1.06-2.94) had evidence of urinary tract endometriosis, whilst 11/848 (1.3% 95% CI 0.54-2.06) women had other urinary tract abnormalities. Among women with urinary tract endometriosis 11/17 (65%) had evidence of ureteric involvement, 3/17 (18%) had both ureteric and bladder disease and 3/17 (18%) had bladder disease only. 12/17 (59%) women with urinary tract endometriosis also had evidence of hydronephrosis. The diagnosis of ureteral endometriosis had a sensitivity of 12/13 (92%) (95% CI 63.9-99.8), specificity 151/151 100% (95% CI 97.6-100), PPV 100% (95% CI 73.5-100), NPV 99.3% (95% CI 96.3-99.9%) LR- 0.08 (95% CI 0.01-0.39).
LIMITATIONS, REASONS FOR CAUTION: The routine examination of the complete urinary tract including the distal ureters is a novel technique that should be evaluated in different populations.
WIDER IMPLICATIONS OF THE FINDINGS: Ultrasound is an accurate test to diagnose urinary tract involvement in women with suspected pelvic endometriosis and examination of the complete urinary tract should become an integral part of ultrasound assessment of women with suspected endometriosis.

Copyright © The Author 2015. Published by Oxford University Press on behalf of the European Society of Human Reproduction and Embryology. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Status
MEDLINE
Authors Full Name
Pateman, K; Holland, T K; Knez, J; Derdelis, G; Cutner, A; Saridogan, E; Jurkovic, D.
Institution
Pateman, K. Department of Gynaecology, University College Hospital, London, UK. Holland, T K. Department of Gynaecology, University College Hospital, London, UK. tomkholland@gmail.com.
Knez, J. Department of Gynaecology, University College Hospital, London, UK.
Derdelis, G. Department of Gynaecology, University College Hospital, London, UK.
Cutner, A. Department of Gynaecology, University College Hospital, London, UK.
Saridogan, E. Department of Gynaecology, University College Hospital, London, UK.
Jurkovic, D. Department of Gynaecology, University College Hospital, London, UK.
Country of Publication
England
Publication History Status
2015/07/16 [received] 2015/09/08 [accepted]
Date of Publication
2015 Dec
Date Created
20151114
Year of Publication
2015

534.
Botulinum neurotoxin A (BoNT/A) is a toxin produced by the naturally-occurring Clostridium botulinum that causes botulism. The potential of BoNT/A as a useful medical intervention was discovered by scientists developing a vaccine to protect against botulism. They found that, when injected into a muscle, BoNT/A causes a flaccid paralysis. Following this discovery, BoNT/A has been used for many years in the treatment of conditions of pathological muscle hyperactivity, like dystonias and spasticities. In parallel, the toxin has become a "glamour" drug due to its power to ward off facial wrinkles, particularly frontal, due to the activity of the mimic muscles. After the discovery that the drug also appeared to have a preventive effect on headache, scientists spent many efforts to study the potentially-therapeutic action of BoNT/A against pain. BoNT/A is effective at reducing pain in a number of disease states, including cervical dystonia, neuropathic pain, lower back pain, spasticity, myofascial pain and bladder pain. In 2010, regulatory approval for the treatment of chronic migraine with BoNT/A was given, notwithstanding the fact that the mechanism of action is still not completely elucidated. In the present review, we summarize experimental evidence that may help to clarify the mechanisms of action of BoNT/A in relation to the alleviation of headache pain, with particular emphasis on preclinical studies, both in animals and humans. Moreover, we summarize the latest clinical trials that show evidence on headache conditions that may obtain benefits from therapy with BoNT/A.
MAP kinases and the inflammatory signaling cascade as targets for the treatment of endometriosis?. [Review]
Santulli P; Marcellin L; Tosti C; Chouzenoux S; Cerles O; Borghese B; Batteux F; Chapron C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 26389657

INTRODUCTION: The pathogenesis of endometriosis, a common benign disease, remains ill-defined, although it is clear that chronic inflammation plays a crucial role through mitogen-activated protein kinase (MAPK) signaling pathways. All current medical therapies for endometriosis are antigonadotropic, and therefore have a contraceptive effect. A concerted research effort is hence warranted with the aim of delivering novel therapeutics that reduces disease symptoms without blocking ovulation.

AREAS COVERED: The authors review the complex pathogenic mechanisms of chronic inflammation in endometriosis and their relationships with MAPK pathways. The authors conducted a literature search of descriptive and functional targeted validation of MAPK in the
pathogenesis of endometriosis. The effects of MAPK inhibitors, which constitute potential agents for future treatments, are also described.

EXPERT OPINION: Preliminary studies have highlighted a crucial role for MAPK in driving endometriosis-related inflammation. MAPK inhibitors exhibit potent activity in terms of controlling growth of endometriosis lesions both in vitro and in animal models. As MAPK inhibitors are known to have a multitude of undesirable side effects, their use in humans has to be approached with great care. Indeed, use of these drugs would probably be limited to short exposures prior to surgery in cases involving the most severe disease phenotypes.

Status
MEDLINE
Authors Full Name
Santulli, Pietro; Marcellin, Louis; Tosti, Claudia; Chouzenoux, Sandrine; Cerles, Olivier; Borghese, Bruno; Batteux, Frederic; Chapron, Charles.
Institution
Santulli, Pietro. a 1 Universite Paris Descartes, Sorbonne Paris Cite, Faculte de Medecine, Assistance Publique - Hopitaux de Paris (AP- HP), Groupe Hospitalier Universitaire (GHU) Ouest, Centre Hospitalier Universitaire (CHU) Cochin, Department of Gynecology Obstetrics II and Reproductive Medicine , 75679 Paris, France +33 1 58 41 36 72 ; pietro.santulli@cch.aphp.fr.
Marcellin, Louis. a 1 Universite Paris Descartes, Sorbonne Paris Cite, Faculte de Medecine, Assistance Publique - Hopitaux de Paris (AP- HP), Groupe Hospitalier Universitaire (GHU) Ouest, Centre Hospitalier Universitaire (CHU) Cochin, Department of Gynecology Obstetrics II and Reproductive Medicine , 75679 Paris, France +33 1 58 41 36 72 ; pietro.santulli@cch.aphp.fr.
Tosti, Claudia. c 3 University of Siena, Obstetrics and Gynecology, Department of Molecular and Developmental Medicine , Siena, Italy.
Cerles, Olivier. b 2 Universite Paris Descartes, Sorbonne Paris Cite, Department "Development, Reproduction and Cancer," Institut Cochin , INSERM U1016, Equipe Pr Batteux, Paris, France.
Borghese, Bruno. a 1 Universite Paris Descartes, Sorbonne Paris Cite, Faculte de Medecine, Assistance Publique - Hopitaux de Paris (AP- HP), Groupe Hospitalier Universitaire (GHU) Ouest, Centre Hospitalier Universitaire (CHU) Cochin, Department of Gynecology Obstetrics II and Reproductive Medicine , 75679 Paris, France +33 1 58 41 36 72 ; pietro.santulli@cch.aphp.fr.
Effect of neostigmine on gastroduodenal motility in patients with suspected gastrointestinal motility disorders.
Parthasarathy G; Ravi K; Camilleri M; Andrews C; Szarka LA; Low PA; Zinsmeister AR; Bharucha AE.
BACKGROUND: Acetylcholinesterase inhibitors (ACIs), e.g., neostigmine, are known to increase upper and lower gastrointestinal (GI) motility and are used to treat acute colonic pseudoobstruction. However, their effects on gastroduodenal motility in humans are poorly understood. Our hypotheses were that, in patients with suspected GI motility disorders, neostigmine increases gastric and small intestinal motor activity, and these effects are greater in patients with cardiovagal neuropathy, reflecting denervation sensitivity.

METHODS: In this open label study, the effects of neostigmine (1 mg intravenously) on gastroduodenal motor activity recorded with manometry were assessed in 28 patients with a suspected GI motility disorder. Cardiovagal function was assessed with the heart rate response to deep breathing and GI transit by scintigraphy.

KEY RESULTS: The final diagnoses were gastroparesis (6 patients), gastroparesis with intestinal neuropathy (3 patients), intestinal neuropathy or pseudoobstruction (5 patients), functional dyspepsia (6 patients), chronic abdominal pain (3 patients), mechanical small intestinal obstruction (3 patients), and pelvic floor dysfunction (2 patients). Neostigmine increased both antral and intestinal phasic pressure activity (p < 0.001). Neostigmine increased antral and intestinal pressure activity in 81% and 50% of patients with reduced postprandial antral and intestinal contractile responses to meal, respectively. The antroduodenal pressure response to neostigmine was not higher in patients with cardiovagal dysfunction.

CONCLUSIONS & INFERENCES: Neostigmine increased antral and intestinal motor activity in patients with hypomotility, including intestinal dysmotility. These responses to neostigmine were not greater in patients with cardiovagal dysfunction. The use of longer-acting ACIs for treating antroduodenal dysmotility warrant further study.

Copyright © 2015 John Wiley & Sons Ltd.

Status
MEDLINE
Authors Full Name
Parthasarathy, G; Ravi, K; Camilleri, M; Andrews, C; Szarka, L A; Low, P A; Zinsmeister, A R; Bharucha, A E.
Institution
Camilleri, M. Clinical and Enteric Neuroscience Translational and Epidemiological Research Program (C.E.N.T.E.R.), Mayo Clinic, Rochester, MN, USA.
Andrews, C. Division of Gastroenterology, University of Calgary, Calgary, AB, Canada.
A pilot study of JI-101, an inhibitor of VEGFR-2, PDGFR-beta, and EphB4 receptors, in combination with everolimus and as a single agent in an ovarian cancer expansion cohort.

Werner TL; Wade ML; Agarwal N; Boucher K; Patel J; Luebke A; Sharma S.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Research Support, Non-U.S. Gov't]

UI: 26365907

JI-101 is an oral multi-kinase inhibitor that targets vascular endothelial growth factor receptor type 2 (VEGFR-2), platelet derived growth factor receptor beta (PDGFR-beta), and ephrin type-B
receptor 4 (EphB4). None of the currently approved angiogenesis inhibitors have been reported to inhibit EphB4, and therefore, JI-101 has a novel mechanism of action. We conducted a pilot trial to assess the pharmacokinetics (PK), tolerability, and efficacy of JI-101 in combination with everolimus in advanced cancers, and pharmacodynamics (PD), tolerability, and efficacy of JI-101 in ovarian cancer. This was the first clinical study assessing anti-tumor activity of JI-101 in a combinatorial regimen. In the PK cohort, four patients received single agent 10 mg everolimus on day 1, 10 mg everolimus and 200 mg JI-101 combination on day 8, and single agent 200 mg JI-101 on day 15. In the PD cohort, eleven patients received single agent JI-101 at 200 mg twice daily for 28 day treatment cycles. JI-101 was well tolerated as a single agent and in combination with everolimus. No serious adverse events were observed. Common adverse events were hypertension, nausea, and abdominal pain. JI-101 increased exposure of everolimus by approximately 22%, suggestive of drug-drug interaction. The majority of patients had stable disease at their first set of restaging scans (two months), although no patients demonstrated a response to the drug per RECIST criteria. The novel mechanism of action of JI-101 is promising in ovarian cancer treatment and further prospective studies of this agent may be pursued in a less refractory patient population or in combination with cytotoxic chemotherapy.

Status

MEDLINE

Authors Full Name
Werner, Theresa L; Wade, Mark L; Agarwal, Neeraj; Boucher, Kenneth; Patel, Jesal; Luebke, Aaron; Sharma, Sunil.

Institution
Werner, Theresa L. Department of Medicine, Oncology Division, University of Utah, Huntsman Cancer Institute, Salt Lake City, UT, USA. theresa.werner@hci.utah.edu. Werner, Theresa L. Department of Medicine, Oncology Division, University of Utah School of Medicine, Huntsman Cancer Institute, 2000 Circle of Hope, Suite 2100, Salt Lake City, UT, 84112, USA. theresa.werner@hci.utah.edu. Wade, Mark L. Department of Medicine, Oncology Division, University of Utah, Huntsman Cancer Institute, Salt Lake City, UT, USA.
Agarwal, Neeraj. Department of Medicine, Oncology Division, University of Utah, Huntsman Cancer Institute, Salt Lake City, UT, USA.
Boucher, Kenneth. Department of Oncologic Sciences, University of Utah, Huntsman Cancer Institute, Salt Lake City, UT, USA.
Patel, Jesal. Department of Medicine, Oncology Division, University of Utah, Huntsman Cancer Institute, Salt Lake City, UT, USA.
Luebke, Aaron. Department of Medicine, Oncology Division, University of Utah, Huntsman Cancer Institute, Salt Lake City, UT, USA.
The FDA approved lenvatinib (Lenvima, Eisai Inc.) for the treatment of patients with locally recurrent or metastatic, progressive, radioactive iodine-refractory (RAI-refractory) differentiated thyroid cancer (DTC). In an international, multicenter, double-blinded, placebo-controlled trial (E7080-G000-303), 392 patients with locally recurrent or metastatic RAI-refractory DTC and radiographic evidence of disease progression within 12 months prior to randomization were randomly allocated (2:1) to receive either lenvatinib 24 mg orally per day (n = 261) or matching placebo (n = 131) with the option for patients on the placebo arm to receive lenvatinib following independent radiologic confirmation of disease progression. A statistically significant prolongation of progression-free survival (PFS) as determined by independent radiology review was demonstrated [HR, 0.21; 95% confidence interval (CI), 0.16-0.28; P < 0.001, stratified log-rank
test], with an estimated median PFS of 18.3 months (95% CI, 15.1, NR) in the lenvatinib arm and 3.6 months (95% CI, 2.2-3.7) in the placebo arm. The most common adverse reactions, in order of decreasing frequency, observed in the lenvatinib-treated patients were hypertension, fatigue, diarrhea, arthralgia/myalgia, decreased appetite, decreased weight, nausea, stomatitis, headache, vomiting, proteinuria, palmar-plantar erythrodysesthesia syndrome, abdominal pain, and dysphonia. Adverse reactions led to dose reductions in 68% of patients receiving lenvatinib at the 24 mg dose and 18% of patients discontinued lenvatinib for adverse reactions leading to residual uncertainty regarding the optimal dose of lenvatinib.

Copyright ©2015 American Association for Cancer Research.

Status

MEDLINE

Authors Full Name
Nair, Abhilasha; Lemery, Steven J; Yang, Jun; Marathe, Anshu; Zhao, Liang; Zhao, Hong; Jiang, Xiaoping; He, Kun; Ladouceur, Gaetan; Mitra, Amit K; Zhou, Liang; Fox, Emily; Aungst, Stephanie; Helms, Whitney; Keegan, Patricia; Pazdur, Richard.

Institution
Nair, Abhilasha. Office of Hematology and Oncology Products, Office of New Drugs, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, Maryland.
Abhilasha.Nair@fda.hhs.gov. Lemery, Steven J. Office of Hematology and Oncology Products, Office of New Drugs, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, Maryland.
Zhao, Liang. Office of Clinical Pharmacology, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, Maryland.
Zhao, Hong. Office of Clinical Pharmacology, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, Maryland.
Jiang, Xiaoping. Office of Biostatistics, Office of Translational Sciences, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, Maryland.
He, Kun. Office of Biostatistics, Office of Translational Sciences, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, Maryland.
539.
Effectiveness of complementary pain treatment for women with deep endometriosis through Transcutaneous Electrical Nerve Stimulation (TENS): randomized controlled trial.
Mira TA; Giraldo PC; Yela DA; Benetti-Pinto CL.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 26319650
OBJECTIVE: Evaluate TENS effectiveness as a complementary treatment of chronic pelvic pain and deep dyspareunia in women with deep endometriosis.

STUDY DESIGN: This randomized controlled trial was performed in a tertiary health care center, including twenty-two women with deep endometriosis undergoing hormone therapy with persistent pelvic pain and/or deep dyspareunia. This study was registered in the Brazilian Record of Clinical Trials (ReBEC), under n RBR-3mdh6. TENS application for 8 weeks followed a randomized allocation into two groups: Group 1 - acupuncture-like TENS (Frequency: 8Hz, pulse duration: 250mus) - VIF (n=11) and Group 2 - self-applied TENS (Frequency: 85Hz, pulse duration: 75mus) (n=11). The intensity applied was "strong, but comfortable". We evaluated patients before and after treatment by the use of the Visual Analogue Scale, Deep Dyspareunia Scale and Endometriosis Quality of Life Questionnaire. We used the Wilcoxon and Mann-Whitney tests to compare before and after treatment conditions.

RESULTS: Despite the use of hormone therapy for 1.65+-2.08 years, the 22 women with deep endometriosis sustained pelvic pain complaints (VAS=5.95+-2.13 and 2.45+-2.42, p<.001) and/or deep dyspareunia (DDS=2.29+-0.46 and 1.20+-1.01, p=.001). We observed significant improvement for chronic pelvic pain, deep dyspareunia and quality of life by the use of TENS. Both application types of TENS were effective for improving the evaluated types of pain.

CONCLUSIONS: Both resources (acupuncture-like TENS and self-applied TENS) demonstrated effectiveness as a complementary treatment of pelvic pain and deep dyspareunia, improving quality of life in women with deep endometriosis regardless of the device used for treatment.

Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Status

MEDLINE

Authors Full Name
Mira, Ticiana A A; Giraldo, Paulo C; Yela, Daniela A; Benetti-Pinto, Cristina L.

Institution
Mira, Ticiana A A. Department of Obstetrics and Gynecology, University of Campinas, Campinas, Brazil. Giraldo, Paulo C. Department of Obstetrics and Gynecology, University of Campinas, Campinas, Brazil. Yela, Daniela A. Department of Obstetrics and Gynecology, University of Campinas, Campinas, Brazil. Benetti-Pinto, Cristina L. Department of Obstetrics and Gynecology, University of Campinas, Campinas, Brazil. Electronic address: laguna.unicamp@gmail.com.

Country of Publication
Ireland

Publication History Status
2015/02/25 [received] 2015/07/03 [revised]
Effect of local estrogen therapy (LET) on urinary and sexual symptoms in premenopausal women with interstitial cystitis/bladder pain syndrome (IC/BPS).

Gardella B; Iacobone AD; Porru D; Musacchi V; Dominoni M; Tinelli C; Spinillo A; Nappi RE.

The association between vulvodynia and interstitial cystitis/bladder pain syndrome (IC/BPS), a chronic, debilitating disease of unknown etiology, may involve sex hormone-dependent mechanisms regulating vulvo-vaginal health. We aimed to prospectively investigate the effects of 12 weeks of local estrogen therapy (LET) on urinary/bladder and sexual symptoms in premenopausal women with IC/BPS. Thirty-four women (mean age: 36.1+/−8.4) diagnosed with IC/BPS were treated vulvo-vaginally three-times/week with estriol 0.5mg cream and tested by validated questionnaires (ICSI/ICPI, pain urgency frequency [PUF], female sexual function index [FSFI]) and by cotton swab testing, vaginal health index (VHI) and maturation index (MI) before and after treatment. Vulvodynia was present in 94.1% of IC/BPS women. A significant positive effect of LET was evident on urinary and sexual function (p<0.001, for both) following 12 weeks, as well as an improvement of the VHI (p<0.001) and the MI (p<0.04). The results of this open study indicate that 12 weeks of local estriol cream at vaginal and vestibular level may ameliorate urinary/bladder pain symptoms, as well as may improve domains of sexual function. The association between vulvar pain and bladder pain could, therefore, be related to a vaginal environment carrying signs of hypoestrogenism, but further studies are needed to clarify this issue.
The pelvic floor muscle hyperalgesia (PFMH) scoring system: a new classification tool to assess women with chronic pelvic pain: multicentre pilot study of validity and reliability.

Bhide AA; Puccini F; Bray R; Khullar V; Digesu GA.

OBJECTIVE: The contribution of pelvic floor muscle tenderness to chronic pelvic pain (CPP) is well established in the literature. However pelvic floor muscle hyperalgesia (PFMH) is often missed during vaginal examination of women with CPP. To our knowledge criteria for diagnosing PFMH has not been established or validated so far. The aim of this study is to assess the validity and reliability of the PFMH scoring system.

STUDY DESIGN: Women with and without PFMH were recruited prospectively. Digital pelvic examination was performed to detect any pain. All women were asked to report of any discomfort or pain evoked by digital palpation of the PFMs and to rate the severity of pain/discomfort as none (grade 0), mild (grade I) moderate (grade II) or severe (grade III). All women were also asked to describe the severity of the pain/discomfort using a visual analogue scale (VAS). Following examination a PFMH score was given according to each patient's reactions. Intra-observer and inter-observer reliability was assessed. Construct and content validity was also determined.

RESULTS: 111 (44 symptomatic and 67 controls) were recruited. Intraobserver reliability had ICCs between 0.426 and 0.804. Interobserver reliability had ICCs between 0.724 and 0.917. There was a good correlation between PFMH scores and VAS scores (rho 0.994, p<0.01). Total scores between symptomatic and controls were significantly different (p<0.01 Mann-Whitney U test).

CONCLUSION: The PFMH scoring system is a simple, reliable, valid and easy screening tool for in the assessment of women with CPP.
Radiation-induced hemorrhagic cystitis (HC) is a complication of pelvic radiotherapy, mainly for prostate and uterine cancers. In the acute phase, patients feel urinary urgency and bladder pain. This phase is reversible after radiotherapy. In the chronic stage, an irritative syndrome is coupled with hematuria during the 2-10 years following radiotherapy. Cystoscopy shows white and frosted mucosa with telangiectasias. The incidence is estimated at 5 % or less. It is suggested that the radiation oncologist reviews the dosimetry plan to validate that the lesions coincide with
significant radiation exposure confirming diagnosis of radiation-induced HC. The treatment for HC is first symptomatic, with bladder lavage, clot evacuation, coagulation via cystoscopy and blood transfusions if necessary. Subsequently, hyaluronic acid bladder instillation can be done with little toxicity. Hyperbaric oxygen therapy delivers pure oxygen to patients in a pressurized cabin, promoting angio-neogenesis and lowering hypoxia to the irradiated tissues. The clinical response rate is estimated to be around 80%. Nevertheless, this approach is limited by the low availability, and length of treatment. While surgery remains an effective treatment for HC, it is the last option because of the high morbidity and mortality risks. Prospective studies need to be conducted to identify and evaluate new interventions, particularly for HC.

Status
MEDLINE
Authors Full Name
Liem, Xavier; Saad, Fred; Delouya, Guila.
Institution
Liem, Xavier. Department of Radiation Oncology, Centre hospitalier de l'Universite de Montreal (CHUM), Montreal, Canada.
Country of Publication
New Zealand
Date of Publication
2015 Sep
Date Created
20150904
Year of Publication
2015

543.
Assessment of the impacts of traditional Persian medical schemes and recommendations on functional chronic constipation compared to a classic medicine lactulose, a randomized clinical trial.
Emami Alorizi SM; Fattahi MR; Saghebi SA; Salehi A; Rezaeizadeh H; Nimrouzi M; Zarshenas MM.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: To manage chronic constipation, numerous lifestyle modification schemes and recommendations as well as applications of natural medicaments have been mentioned in manuscripts of traditional Persian medicine (TPM). This study was aimed to compare the impacts of some of those recommendations with lactulose, on functional chronic constipation.

METHODS: Via a blocked randomization, 100 patients were enrolled. Schemes and recommendations from TPM as intervention group were evaluated versus lactulose as control by weekly follow-ups with standard questionnaire for 3 months. Stool frequency, hard stool, painful defecation, incomplete evacuation sensation, anorectal obstruction sensation and manual maneuvers were considered as outcome measures.

RESULTS: Eighty-six patients (42 in schemes and 44 in lactulose groups) completed the study. Median weekly stool frequency in 0, 4, 8 and 12 weeks of treatment was 1.76+/-1.79, 2.88+/-0.89, 2.95+/-1.05 and 2.93+/-1.11 in the schemes and 2.41+/-1.67, 2.57+/-0.90, 2.84+/-0.91 and 2.77+/-1.00 in lactulose groups, respectively (p=0.10, 0.11, 0.60, 0.51). Thirty-two (76.2%) patients in schemes and 24 (54.5%) patients in lactulose groups were treated at the end of the protocol as they did not meet the Rome III criteria for constipation (p=0.04). In schemes group, patients reported no undesirable effects, whereas seven (15.9%) in lactulose group reported flatulence (p=0.02).

CONCLUSIONS: Studied schemes were as effective as lactulose, a gold standard to manage constipation. Results demonstrated that TPM schemes and recommendations, as lifestyle modification, for at least 3 months can be introduced as cheap, available and accessible approaches for the management of constipation.
Safety and Efficacy of an Oral Inhibitor of the Purinergic Receptor P2X7 in Adult Patients with Moderately to Severely Active Crohn’s Disease: A Randomized Placebo-controlled, Double-blind, Phase IIa Study.

Eser A; Colombel JF; Rutgeerts P; Vermeire S; Vogelsang H; Braddock M; Persson T; Reinisch W.

BACKGROUND: AZD9056 is a selective orally active inhibitor of the purinergic receptor P2X7, which is a key player in the generation and secretion of several proinflammatory cytokines involved in the pathogenesis of Crohn’s disease (CD). The aim of this phase IIa study was to assess the efficacy and safety of AZD9056 for the treatment of moderately to severely active CD.

METHODS: We conducted a placebo-controlled, multicenter, double-blind phase IIa study in patients with moderately to severely active CD as defined by a CD Activity Index (CDAI) of at least 220. Patients were randomized in a 2:1 mode either to 200 mg of AZD9056 administered orally as a tablet once daily for 28 days or matching placebo. Primary endpoint was the change in CDAI from baseline at day 28, and secondary endpoints included clinical remission (CDAI < 150) and CDAI 70 response and improvement in the quality of life measures Short Form 36 and Inflammatory Bowel Disease Questionnaire. Changes in serum C-reactive protein and fecal calprotectin were assessed.

RESULTS: In total, 34 patients were enrolled, 24 to AZD9056 and 10 to placebo. The CDAI dropped in AZD9056-treated subjects from a baseline mean of 311 to 242 and from 262 to 239 in placebo-treated subjects \( (P = 0.049) \). Remission and response rates were numerically higher with AZD9056 versus placebo, \( (n = 5, 24\% \text{ versus } n = 1, 11\%, P = 0.43 \text{ and } n = 11, 52\% \text{ versus } n = 2, 22\%, P = 0.13, \text{ respectively}) \). Marked decrease in disease activity was observed for the CDAI subcomponents, pain and general well-being. Apart from a statistically significant improvement in
the Mental Component Score of Short Form 36 for AZD9056 versus placebo (P = 0.017), no other differences in measurements of quality of life could be observed. There was no decrease in concentrations of serum C-reactive protein and fecal calprotectin during treatment. AZD9056 was well-tolerated, and no serious adverse events were reported.

CONCLUSIONS: Our data suggest that the purinergic receptor P2X7 antagonist AZD9056 has the potential to improve symptoms in patients with moderate-to-severe CD combined with a beneficial risk profile. Although the lack in change of inflammatory biomarkers questions its anti-inflammatory potential, the results obtained in this study rather suggest P2X7 antagonism for the treatment of chronic abdominal pain.

Status
MEDLINE

Authors Full Name
Eser, Alexander; Colombel, Jean-Frederic; Rutgeerts, Paul; Vermeire, Severine; Vogelsang, Harald; Braddock, Martin; Persson, Tore; Reinisch, Walter.

Institution
Eser, Alexander. *Division of Gastroenterology and Hepatology, Department of Internal Medicine III, Medical University of Vienna, Vienna, Austria; +Icahn School of Medicine at Mount Sinai, New York, New York; ++Department of Gastroenterology, Catholic University of Leuven, Leuven, Belgium; Respiratory Projects, Global Medicines Development, AstraZeneca R&D, Alderley Park, United Kingdom; and ||AstraZeneca R&D Molndal, Biometrics & Information Sciences, Molndal, Sweden.

Country of Publication
United States

Date of Publication
2015 Oct

Date Created
20150911

Year of Publication
2015

545.
Vulvovaginal photodynamic therapy vs. topical corticosteroids in genital erosive lichen planus: a randomized controlled trial.
BACKGROUND: Genital erosive lichen planus (GELP) in women is a chronic inflammatory disease characterized by painful vulval and vaginal erosions. Topical photodynamic therapy (PDT) is increasingly used in premalignant and malignant diseases and may have an effect in inflammatory diseases.

OBJECTIVES: To assess the feasibility, efficacy and safety of hexyl 5-aminolevulinate-hydrochloride (HAL)-PDT in GELP.

METHODS: Forty women, diagnosed with GELP at a specialized vulva clinic, were randomized to one session HAL-PDT in vulva and/or vagina (n = 20) or daily applications of clobetasol propionate 0.05% ointment in vulva and optional hydrocortisone acetate 1.0% foam in vagina for 6 weeks (n = 20). After 6 weeks, all patients were allowed to use topical corticosteroids as needed. Clinical examinations were performed at weeks 0, 6 and 24, using a clinical score developed for the study. All patients wrote a weekly log on pain, topical corticosteroid use and adverse events.

RESULTS: Three patients, all in the corticosteroid group, withdrew from the study after 1-3 weeks. The mean reduction in clinical scores was similar in the PDT group and the corticosteroid group; 25% vs. 22% after 6 weeks (P = 0.787) and 35% vs. 38% after 24 weeks (P = 0.801). The mean reduction in pain visual analogue scale scores was 38% vs. 55% after 6 weeks (P = 0.286) and 39% vs. 12% after 24 weeks (P = 0.452). Patients in the PDT group reported significantly less topical corticosteroid use during weeks 7-24 than those in the corticosteroid group. No major adverse events were reported.

CONCLUSIONS: Vulvovaginal HAL-PDT seems to be an effective and safe treatment for GELP.

Copyright © 2015 British Association of Dermatologists.

Status
MEDLINE
Authors Full Name
Helgesen, A L O; Warloe, T; Pripp, A H; Kirschner, R; Peng, Q; Tanbo, T; Gjersvik, P.
Institution
Helgesen, A L O. Norwegian National Advisory Unit on Women's Health, Oslo University Hospital, N-0424, Oslo, Norway. Helgesen, A L O. Department of Dermatology, Oslo University Hospital, N-0424, Oslo, Norway.
Statin Use Is Associated with Bladder Pain Syndrome/Interstitial Cystitis: A Population-Based Case-Control Study.
Huang CY; Chung SD; Kao LT; Lin HC; Wang LH.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26184102
INTRODUCTION: Statin may induce epithelial dysfunction of the bladder urothelium. Epithelial dysfunction was proposed as one of the major potential etiologies for bladder pain syndrome/interstitial cystitis (BPS/IC). In this study, we examined the association between statin use and BPS/IC using a population-based study.

SUBJECTS AND METHODS: This case-control study used the Taiwan Longitudinal Health Insurance Database. In total, 815 female subjects with BPS/IC and 4075 randomly selected female controls were included. We used a conditional logistic regression to compute the odds ratio (OR) for having previously used statins between cases and controls.

RESULTS: A conditional logistic regression analysis showed that the OR of prior statin users for cases was 1.52 (95% confidence interval (CI): 1.19-1.94) compared to controls after adjusting for diabetes, hypertension, coronary heart disease, obesity, chronic pelvic pain, irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, panic disorder, migraines, sicca syndrome, allergies, endometriosis, and asthma. Furthermore, adjusted ORs of regular and irregular statin use for cases were 1.58 (95% CI: 1.20-2.08) and 1.53 (95% CI: 1.02-2.31), respectively, compared to controls.

CONCLUSION: We concluded that there was an association between statin use and BPS/IC.

Copyright © 2015 S. Karger AG, Basel.
Intravesical Glycosaminoglycan Replacement with Chondroitin Sulphate (Gepan instill) in Patients with Chronic Radiotherapy- or Chemotherapy-Associated Cystitis.

Schwalenberg T; Berger FP; Horn LC; Thi PH; Stolzenburg JU; Neuhaus J.

BACKGROUND AND OBJECTIVE: Intravesical instillation of glycosaminoglycans is a promising option for the treatment of chronic cystitis, as it supports the regeneration of the damaged urothelial layer. We investigated the efficacy of short-term intravesical chondroitin sulphate treatment (six courses of instillation) in patients with chronic radiotherapy- or chemotherapy-associated cystitis.

METHODS: This prospective, observational study included patients with chronic radiotherapy- or chemotherapy-associated cystitis, who received six once-weekly intravesical instillations of 0.2% chondroitin sulphate 40 mL. Every week, patients recorded their symptoms and their benefits and tolerance of treatment, using a self-completed questionnaire.

RESULTS: The study included 16 patients (mean age 68.5 years; 50% male). During the study, a reduction in all evaluated parameters was observed. After one dose of chondroitin sulphate, symptom improvement was observed in 38% of patients, and after the second dose, an additional 31% of patients showed improvement. At week 6, 80% of patients had either improved or were symptom free, and significant improvements in urinary urgency (p = 0.0082), pollakisuria (p = 0.0022), urge frequency (p = 0.0033) and lower abdominal pain (p = 0.0449) were observed. Haematuria, present in 9 of the 16 patients at baseline, was completely resolved in all cases after 6 weeks. The majority of patients (93%) evaluated the tolerance of chondroitin sulphate as 'good' or 'very good'. No treatment-related adverse events were reported.

CONCLUSION: Intravesical administration of chondroitin sulphate was effective for the treatment of radiotherapy- or chemotherapy-associated cystitis. Even short-term treatment appears to be effective in reducing symptoms and improving the quality of life of patients.

Status

MEDLINE

Authors Full Name

Schwalenberg, Thilo; Berger, Frank Peter; Horn, Lars Christian; Thi, Phuc Ho; Stolzenburg, Jens-Uwe; Neuhaus, Jochen.
BACKGROUND & AIMS: Irritable bowel syndrome (IBS) is the most common chronic functional bowel disorder, with few treatment options. IBS affects 10%-20% of the population; as many as 58% of patients have constipation-predominant IBS (IBS-C). We evaluated efficacy and safety of a standardized, specifically formulated Chinese herbal medicine (CHM) preparation in treatment of patients with IBS-C.

METHODS: We performed a double-blind trial of 125 patients with IBS-C (according to Rome III criteria), who were recruited from 13 medical centers or clinics in Australia from July 2009 through February 2012. Patients were randomly assigned to groups given a standardized extract of 7 selected CHM ingredients (n = 61) or placebo (controls, n = 64) for 8 weeks (5 capsules, twice daily). Subjects were then followed for 16 weeks. Chemical definition, standardization, and
stability testing of the formulation were completed. Subjects completed a self-administered, validated binary questionnaire of global symptom improvement at weeks 2, 4, 8, and 16 (primary outcome). Secondary outcomes included results from the self-administered IBS Symptom Severity Scale and the Bristol Stool Form Scale (BSFS), which were completed at weeks 4, 8, and 16.

RESULTS: There was statistically and clinically significant (per protocol analyses) improvement among subjects who received CHM (n = 50) vs controls (n = 58) for 8 weeks. A greater proportion of subjects receiving CHM reported adequate relief (P = .010). Compared with controls, the CHM group had improved bowel habits vs controls at week 8, including lower IBS Symptom Severity Scale scores (P < .001), reduced straining during defecation (P = .002), and a significant decrease in hard lumpy stools (P = .031). The CHM group also had increased stool consistency, which was based on the Bristol Stool Form Scale (week 8, P < .001). There was no statistically significant difference between groups in abdominal pain at week 8 (P = .692). The CHM was well-tolerated.

CONCLUSIONS: In a prospective, controlled study, CHM reduced symptoms of IBS-C, increased bowel satisfaction and stool consistency, and reduced straining and hard lumpy stools, compared with placebo. Clinical trial registration no: ACTRN12609000558224.

Copyright © 2015 AGA Institute. Published by Elsevier Inc. All rights reserved.

Status

MEDLINE

Authors Full Name
Bensoussan, Alan; Kellow, John E; Bourchier, Suzannah J; Fahey, Paul; Shim, Lisa; Malcolm, Allison; Boyce, Philip.

Institution
Bensoussan, Alan. National Institute of Complementary Medicine, University of Western Sydney, Campbelltown Campus, Penrith, Australia. Electronic address: a.bensoussan@uws.edu.au.
Kellow, John E. Gastrointestinal Investigation Unit, Sydney Medical School, University of Sydney, Department of Gastroenterology, Royal North Shore Hospital, St Leonards, Australia.
Bourchier, Suzannah J. National Institute of Complementary Medicine, University of Western Sydney, Campbelltown Campus, Penrith, Australia.
Fahey, Paul. School of Health and Science, University of Western Sydney, Campbelltown Campus, Penrith, Australia.
Shim, Lisa. Gastrointestinal Investigation Unit, Sydney Medical School, University of Sydney, Department of Gastroenterology, Royal North Shore Hospital, St Leonards, Australia.
Malcolm, Allison. Gastrointestinal Investigation Unit, Sydney Medical School, University of Sydney, Department of Gastroenterology, Royal North Shore Hospital, St Leonards, Australia.
Neural underpinnings of nocebo hyperalgesia in visceral pain: A fMRI study in healthy volunteers.

Schmid J; Bingel U; Ritter C; Benson S; Schedlowski M; Gramsch C; Forsting M; Elsenbruch S.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

[Journal Article. Research Support, Non-U.S. Gov't]
UI: 26123378

Despite the clinical relevance of nocebo effects, few studies have addressed their underlying neural mechanisms in clinically-relevant pain models. We aimed to address the contribution of nocebo effects and their underlying neural circuitry to central pain amplification in visceral pain, as it may develop over repeated painful experiences due to negative pain-related expectations.

Healthy volunteers received verbal suggestions of pain sensitization (nocebo group, N=28) or neutral instructions (control group, N=16). fMRI was used to investigate changes in neural responses during cued pain anticipation and painful rectal distensions delivered in successive fMRI sessions. Pain intensity was rated trial-by-trial, and expected pain intensity, state anxiety and tension were assessed prior to each session. Behavioral analyses demonstrated significantly greater increases in both expected and perceived pain in the nocebo group. The fMRI analysis performed on nocebo-responders only (N=14) revealed that these behavioral changes were
associated with increased activation within the secondary somatosensory cortex and amygdala during pain anticipation and within the thalamus, insula and amygdala during painful stimulation when compared to controls. A subsequent psycho-physiological interaction analysis of the pain phase showed increased functional connectivity between the anterior insula, which was set-up as seed region based on group results, and midcingulate cortex as a function of negative expectations. These findings support that negative pain-related expectations can play a crucial role in pain amplification of visceral pain, which is mediated, at least in part, by a neural up-regulation of pain-associated areas and their connectivity. These findings may have implications for the pathophysiology and treatment of chronic abdominal pain.

Copyright © 2015 Elsevier Inc. All rights reserved.

Status
MEDLINE
Authors Full Name
Schmid, Julia; Bingel, Ulrike; Ritter, Christoph; Benson, Sven; Schedlowski, Manfred; Gramsch, Carolin; Forsting, Michael; Elsenbruch, Sigrid.
Institution
Schmid, Julia. Institute of Medical Psychology & Behavioral Immunobiology, University Hospital Essen, University of Duisburg-Essen, Germany; Clinic for Neurology, University Hospital Essen, University of Duisburg-Essen, Germany. Bingel, Ulrike. Clinic for Neurology, University Hospital Essen, University of Duisburg-Essen, Germany. Ritter, Christoph. Clinic for Neurology, University Hospital Essen, University of Duisburg-Essen, Germany. Benson, Sven. Institute of Medical Psychology & Behavioral Immunobiology, University Hospital Essen, University of Duisburg-Essen, Germany; Clinic for Neurology, University Hospital Essen, University of Duisburg-Essen, Germany.
Schedlowski, Manfred. Institute of Medical Psychology & Behavioral Immunobiology, University Hospital Essen, University of Duisburg-Essen, Germany.
Gramsch, Carolin. Institute of Diagnostic & Interventional Radiology and Neuroradiology, University Hospital Essen, University of Duisburg-Essen, Germany; Centre for Radiology, Department of Neuroradiology, Giesen and Marburg University Clinic, Germany.
Forsting, Michael. Institute of Diagnostic & Interventional Radiology and Neuroradiology, University Hospital Essen, University of Duisburg-Essen, Germany.
Elsenbruch, Sigrid. Institute of Medical Psychology & Behavioral Immunobiology, University Hospital Essen, University of Duisburg-Essen, Germany. Electronic address: sigrid.elsenbruch@uk-essen.de.
Country of Publication
United States
Limited utility of MRA for acute bowel ischemia after portal venous phase CT.
Shetty AS; Mellnick VM; Raptis C; Loch R; Owen J; Bhalla S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26105524
PURPOSE: Mesenteric ischemia and ischemic colitis are uncommon but potentially life-threatening causes of acute abdominal pain. Portal venous phase computed tomography (CT) is routinely ordered in the emergency room setting for abdominal pain, but subsequent MR angiography may be requested for additional evaluation of the mesenteric vasculature. We compare the concordance of CT and magnetic resonance angiography (MRA) for acute bowel ischemia.
MATERIALS AND METHODS: Thirty-two patients who underwent contrast-enhanced MRA for bowel ischemia after having undergone CT evaluation within the preceding 2 weeks were identified. A retrospective review of imaging, treatment history, surgical, and pathology reports was conducted. Two radiologists each reviewed the imaging studies in a blinded fashion.
RESULTS: Ten cases of bowel ischemia were confirmed by endoscopy and/or surgical pathology. CT correctly identified bowel findings in all cases. Intraobserver agreement between CT and MRA for all vessels was 0.68 and 0.63, highest for the superior mesenteric artery. Interobserver agreement was 0.74 for MRA and 0.78 for CT. Vascular findings were only directly
mentioned in 10 of 32 CT reports (and 7 of 10 cases with confirmed bowel ischemia). MRA only
detected two additional or alternative diagnoses.

CONCLUSION: Portal venous phase CT and MRA demonstrate a high degree of concordance for
vascular evaluation. Reviewed CT examinations were sufficient to assess the patency of the
mesenteric vasculature, but vascular findings were not reported in most cases. A direct
description within the report may have obviated the request for further MR imaging. MRA adds
little value after portal venous CT in assessing bowel ischemia.

Status
MEDLINE

Authors Full Name
Shetty, Anup S; Mellnick, Vincent M; Raptis, Constantine; Loch, Ronald; Owen, Joseph; Bhalla,
Sanjeev.

Institution
Shetty, Anup S. Mallinckrodt Institute of Radiology, Washington University School of Medicine,
510 South Kingshighway Boulevard, Campus Box 8131, Saint Louis, MO, 63110, USA.
shettya@mir.wustl.edu. Mellnick, Vincent M. Mallinckrodt Institute of Radiology, Washington
University School of Medicine, 510 South Kingshighway Boulevard, Campus Box 8131, Saint
Louis, MO, 63110, USA.
Raptis, Constantine. Mallinckrodt Institute of Radiology, Washington University School of
Medicine, 510 South Kingshighway Boulevard, Campus Box 8131, Saint Louis, MO, 63110, USA.
Loch, Ronald. Mallinckrodt Institute of Radiology, Washington University School of Medicine, 510
South Kingshighway Boulevard, Campus Box 8131, Saint Louis, MO, 63110, USA.
Owen, Joseph. Mallinckrodt Institute of Radiology, Washington University School of Medicine,
510 South Kingshighway Boulevard, Campus Box 8131, Saint Louis, MO, 63110, USA.
Bhalla, Sanjeev. Mallinckrodt Institute of Radiology, Washington University School of Medicine,
510 South Kingshighway Boulevard, Campus Box 8131, Saint Louis, MO, 63110, USA.

Country of Publication
United States

Date of Publication
2015 Oct

Date Created
20151102

Year of Publication
2015

INTRODUCTION: Abdominal adhesions are a frequent reason for chronic abdominal pain. The purpose of this systematic review was to investigate the evidence of performing laparoscopic adhesiolysis as a treatment for patients with chronic abdominal pain.

METHODS: Medline, Embase, and The Cochrane Central Register of Controlled Trials were searched for trials performing lysis of adhesions on patients suffering from chronic abdominal pain. Clinical studies on patients being treated for chronic abdominal pain with surgical adhesiolysis were included. The main outcome of the study was the postoperative assessment of symptoms. The Newcastle-Ottawa scale was used for bias assessment of non-randomized studies while the Jadad score was used for the randomized controlled trials.

RESULTS: A total of 25 studies were identified evaluating the efficacy of adhesiolysis in 1281 patients suffering from chronic abdominal pain. A total of 22 trials were identified as case-series and included no control group. Three studies were identified as randomized controlled trials (RCT). A benefit of the intervention varied from 16 to 88 % in the non-randomized studies, with the majority reporting pain relief in more than 50 % of their patients. However, analysis indicated a high risk of bias in most of the studies. The RCTs also showed variance, with one study showing benefit, one study showing benefit only in a subgroup in which the patients had dense and vascularized adhesions, and one study showed no difference between the intervention and control group.

CONCLUSION: The identified studies showed promising but preliminary results of laparoscopic adhesiolysis as a treatment of chronic abdominal pain. The evidence for laparoscopic adhesiolysis is not sufficient to make definitive conclusions.

Status MEDLINE
Authors Full Name Gerner-Rasmussen, Jonas; Burcharth, Jakob; Gogenur, Ismail.
Institution
OBJECTIVE: The study aims to evaluate the long-term implant survival and complications of spinal cord stimulation (SCS) leading to surgical revision or explant in patients treated for chronic noncancer pain.

MATERIALS AND METHODS: This is a retrospective study of all patients who underwent a percutaneous spinal cord stimulation trial followed by implant in an academic Pain Medicine division by four practitioners from 2007 to 2013, with follow-up data through April 2014.

RESULTS: A total of 345 patients were considered candidates for dorsal column stimulation and underwent a trial. Two hundred thirty-four patients were implanted with an implant-to-trial ratio of 67-86% across various chronic pain entities (postlaminectomy syndrome, complex regional pain syndrome, small-fiber peripheral neuropathy, abdominal/pelvic pain, nonsurgical candidates with lumbosacral neuropathy, and neuropathic pain not otherwise specified), with the exception of
nonsurgical candidates with lumbosacral neuropathy who had an implant ratio of 43%. The complication rate was 34.6%, with the hardware related being the most common reason, comprising 74.1% of all complications. The revision and explant rates were 23.9% each. The most common reason for explant was loss of therapeutic effect (41.1%).

CONCLUSIONS: SCS is an effective treatment for chronic noncancer pain. It is a minimally invasive procedure, safe, and with good long-term outcomes. However, the surgical revision and explant rates are relatively high. As the use of SCS continues to grow, research into the causes of and risk factors for SCS-related complications is paramount to decrease complication rates in the future.

Copyright © 2015 International Neuromodulation Society.

Status
MEDLINE

Authors Full Name
Hayek, Salim M; Veizi, Elias; Hanes, Michael.

Institution
Hayek, Salim M. Department of Anesthesiology, Division of Pain Medicine, University Hospitals Case Medical Center, Cleveland, OH, USA. Hayek, Salim M. Case Western Reserve University, Cleveland, OH, USA.
Veizi, Elias. Case Western Reserve University, Cleveland, OH, USA.
Veizi, Elias. Pain Medicine and Spine Care, Louis Stokes Veterans Administration Medical Center, Cleveland, OH, USA.
Hanes, Michael. Department of Anesthesiology, Division of Pain Medicine, University Hospitals Case Medical Center, Cleveland, OH, USA.

Country of Publication
United States

Publication History Status
2015/01/14 [received] 2015/03/11 [revised]
2015/04/22 [accepted]

Date of Publication
2015 Oct

Date Created
20151019

Year of Publication
2015
Botulinum toxin type A injection for refractory interstitial cystitis: A randomized comparative study and predictors of treatment response.

Akiyama Y; Nomiya A; Niimi A; Yamada Y; Fujimura T; Nakagawa T; Fukuhara H; Kume H; Igawa Y; Homma Y.

OBJECTIVES: To determine whether botulinum toxin type A can represent an alternative treatment option for patients with interstitial cystitis refractory to conventional therapies.

METHODS: This is a single-center, prospective, open labeled, randomized comparative study. Patients with refractory interstitial cystitis were randomly divided into two groups: immediate injection (group A) or 1-month delayed injection (group B) of botulinum toxin type A after allocation. The rate of treatment response (global response assessment >=+1: slightly improved), and changes in symptom scores and frequency volume chart variables were compared between groups 1 month after allocation. Using subjects of both groups as a single cohort, predictive factors for treatment response at 1 month post-injection and the duration of response were explored.

RESULTS: A total of 34 patients (group A n = 18, group B n = 16) were allocated. The response rate was significantly higher in group A than group B (72.2% vs 25.0%, P = 0.01). All symptom measures showed significant improvement in group A than group B. When both groups were combined as a single cohort, the response rate was 73.5% at 1 month, 58.8% at 3 months, 38.2% at 6 months and 20.6% at 12 months. The mean duration of response was 5.4 months. Multivariate analysis showed that past exposure to hydrodistension more than three times correlated with better outcomes.

CONCLUSIONS: Botulinum toxin type A injection could be an alternative treatment option for patients with interstitial cystitis refractory to conventional therapies, especially for those who have received repeated hydrodistensions and transurethral fulguration.

Copyright © 2015 The Japanese Urological Association.

Grekova NM; Maleva EA; Lebedeva Y; Bordunovsky VN; Telesheva LF; Bychkovskikh VA.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Randomized Controlled Trial]

UI: 25925729

BACKGROUND: Chronic anal fissures (CAFs) rarely heal with conservative management. Because they are associated with strong anal sphincter tone, most treatment aim to reduce anal pressure. Although infections can cause fissures, as can traumatic injury to the anal canal, antimicrobial treatment is not recommended. In a previous study, we reported identifying a wide spectrum of pathogenic microorganisms in the bases of CAFs, anaerobic bacteria being present in half the cases. We postulated that microbial colonization delays healing of CAF and aimed to determine whether decreasing the bacterial load with topical antibacterial treatment accelerates fissure healing.

METHODS: We cultured fecal samples and swabs from the bases of CAFs in 103 patients. Patients in whose samples anaerobic bacteria were identified (47 patients) were then invited to participate in a prospective randomized clinical trial comparing topical metronidazole with conventional treatment. The primary endpoint was fissure healing confirmed on anoscopy. Secondary endpoints of maximum pain on defecation assessed by visual analog scale, maximum anal resting pressure, and rectal pH were recorded on entry and at 10, 21, and 28 days.

RESULTS: The CAFs were colonized by mixtures of gram-positive/gram-negative anaerobic bacteria or gram-negative aerobic monocultures. Patients with anaerobic bacteria in their swabs who received topical metronidazole treatment experienced rapid relief of pain and anal sphincter spasm along with enhanced fissure healing (95.6 % healing rate compared with 70.8 % in the control group, p=0.048).

CONCLUSION: Topical antimicrobial treatment can be effective in patients with CAF provided the relevant microorganisms are correctly identified.

Status

MEDLINE

Authors Full Name
Botulinum Toxin A Injections Into Pelvic Floor Muscles Under Electromyographic Guidance for Women With Refractory High-Tone Pelvic Floor Dysfunction: A 6-Month Prospective Pilot Study.
Morrissey D; El-Khawand D; Ginzburg N; Wehbe S; O'Hare P 3rd; Whitmore K.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 25900057
OBJECTIVES: High-tone pelvic floor dysfunction (HTPFD) is a debilitating chronic pain disorder for many women with significant impact on their quality of life (QoL). Our objective was to determine the efficacy of electromyography-guided onabotulinumtoxinA (Botox; Allergan, Irvine, Calif) injections in treating patient's perception of pelvic pain and improving QoL measurement scores.

METHODS: This is a prospective pilot open-label study of women with chronic pelvic pain and HTPFD who have failed conventional therapy between January 2011 and August 2013. Botox injections (up to 300 U) were done using needle electromyography guidance, from a transperineal
approach, to localize spastic pelvic floor muscles (PFMs). Data were collected at baseline, 4, 8, 12, and 24 weeks after injections. This included demographics; Visual Analog Scale (VAS) scores for pain and dyspareunia; validated questionnaires for symptoms, QoL, and sexual function; Global Response Assessment scale for pelvic pain; digital examination of PFM for tone and tenderness; and vaginal manometry. Side effects were also recorded.

RESULTS: Out of 28 women who enrolled in the study, 21 completed the 6-month follow-up and qualified for analysis. The mean (SD) age was 35.1 (9.4) years (range, 22-50 years), and the mean (SD) body mass index was 25 (4.4). Comorbidities included interstitial cystitis/bladder pain syndrome (42.9%) and vulvodynia (66.7%). Overall, 61.9% of subjects reported improvement on Global Response Assessment at 4 weeks and 80.9% at 8, 12, and 24 weeks post injection, compared with baseline. Of the subjects who were sexually active at baseline, 58.8% (10/17), 68.8% (11/16), 80% (12/15), and 83.3% (15/18) reported less dyspareunia at 4, 8, 12, and 24 weeks, respectively. Dyspareunia Visual Analog Scale score significantly improved at weeks 12 (5.6, P = 0.011) and 24 (5.4, P = 0.004) compared with baseline (7.8). Two of the 4 patients who avoided sexual activity at baseline secondary to dyspareunia resumed and tolerated intercourse after Botox. Sexual dysfunction as measured by the Female Sexual Distress Scale significantly improved at 8 weeks (27.6, P = 0.005), 12 weeks (27.9, P = 0.006), and 24 weeks (22.6, P < 0.001) compared with baseline (34.5). The Short-Form 12 Health Survey (SF-12) showed improved QoL in the physical composite score at all post injections visits (42.9, 44, 43.1, and 45.5 vs 40 at baseline; P < 0.05), and in the mental composite score at both 12 and 24 weeks (44.3 and 47.8 vs 38.5, P = 0.012). Vaginal manometry demonstrated significant decrease in resting pressures and in maximum contraction pressures at all follow-up visits (P < 0.05). Digital assessment of PFM (on a scale from 0 to 4) showed decreased tenderness on all visits (mean of 1.9, 1.7, 1.8, 1.9; P < 0.001) compared with baseline (2.8). Reported postinjection adverse effects included worsening of the following preexisting conditions: constipation (28.6%), stress urinary incontinence (4.8%), fecal incontinence (4.8%), and new onset stress urinary incontinence (4.8%).

CONCLUSIONS: Electromyography-guided Botox injection into PFM could be beneficial for women with refractory HTPFD who have failed conservative therapy.
Three-month results of the effect of Ultrapro or Prolene mesh on post-operative pain and well-being following endoscopic totally extraperitoneal hernia repair (TULP trial).

Burgmans JP; Voorbrood CE; Schouten N; Smakman N; Elias S; Clevers GJ; Davids PH; Verleisdonk EJ; Hamaker ME; Simmermacher RK; van Dalen T.

BACKGROUND: Recurrence rates after inguinal hernia repair have been reduced to a few percent, since mesh repair has become standard of care. Lightweight meshes reduce post-operative pain and stiffness in open anterior repair, but for endoscopic repair, the discussion about this benefit is ongoing. This study was done to analyse the effects of lightweight mesh versus heavyweight mesh following endoscopic totally extraperitoneal (TEP) hernia repair.

METHODS: In a single-centre double-blindly randomized clinical trial, 950 patients with unilateral primary inguinal hernia were randomized to undergo endoscopic TEP using either an Ultrapro() or a Prolene() mesh. Data were collected by validated questionnaires at day 1, day 7, after 6 weeks and after 3 months, and clinical assessment was performed after 3 months. The presence of groin pain after 3 months, defined as an NRS score >3, was evaluated as the primary outcome measure. Secondary outcomes were foreign body feeling and the impact of pain and foreign body feeling on daily activities.
RESULTS: At 3-month follow-up, the incidence of pain (NRS 4-10) was 2 versus 0.9 % in the lightweight and heavyweight mesh group, respectively (p = 0.17). Pain interfered with daily activities in 1.7 % of the lightweight and 1.5 % of heavyweight group. In the lightweight group, 20 % of patients reported a foreign body feeling versus 18 % in the heavyweight group (p = 0.62). No differences between the groups were observed regarding time to return to work, interference with sports and sexual activities, testicular pain and ejaculatory pain. Severe preoperative pain (OR 2.01, 95 % CI 1.21-3.35, p = 0.01) was the only independent predictor of any post-operative pain after 3 months.

CONCLUSION: Three months after TEP inguinal repair, there were no significant differences between lightweight and heavyweight mesh use regarding the incidence of pain, foreign body feeling or any other endpoint.

Status
MEDLINE

Authors Full Name
Burgmans, J P J; Voorbrood, C E H; Schouten, N; Smakman, N; Elias, S; Clevers, G J; Davids, P H P; Verleisdonk, E J M M; Hamaker, M E; Simmermacher, R K J; van Dalen, T.

Institution
Overview review: Comparative efficacy of oral ibuprofen and paracetamol (acetaminophen) across acute and chronic pain conditions. [Review]
Moore RA; Derry S; Wiffen PJ; Straube S; Aldington DJ.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Comparative Study. Journal Article. Research Support, Non-U.S. Gov't. Review]
UI: 25530283

BACKGROUND: Ibuprofen and paracetamol have long been used as analgesics in a range of acute, intermittent and chronic pain conditions. Paracetamol is often the first line analgesic recommended, without consensus about which is the better analgesic.

METHODS: An overview review of systematic reviews and meta-analyses directly compares ibuprofen and paracetamol at standard doses in particular painful conditions, or uses indirect comparisons against placebo. Electronic searches for systematic reviews were sought published since 1995 using outcomes approximating to >=50% pain intensity reduction. Painful conditions were acute post-operative pain, dysmenorrhoea, tension-type headache (TTH), migraine, osteoarthritis and rheumatoid arthritis, back pain, cancer and paediatric pain. There was no systematic assessment of harm.

RESULTS: Sixteen systematic reviews and four individual patient data meta-analyses were included. Ibuprofen was consistently superior to paracetamol at conventional doses in a range of painful conditions. Two direct comparisons favoured ibuprofen (acute pain, osteoarthritis). Three
of four indirect comparisons favoured ibuprofen (acute pain, migraine, osteoarthritis); one showed no difference (TTH), although there were methodological problems. In five pain conditions (dysmenorrhoea, paediatric pain, cancer pain, back pain and rheumatoid arthritis), there were limited data on paracetamol and ibuprofen.

CONCLUSIONS: At standard doses in different painful conditions, ibuprofen was usually superior producing more patients with the degree of pain relief that patients feel worthwhile. Neither of the drugs will be effective for everyone, and both are needed. This overview questions the practice of routinely using paracetamol as a first line analgesic because there is no good evidence for efficacy of paracetamol in many pain conditions.

Copyright © 2014 The Authors. European Journal of Pain published by John Wiley & Sons Ltd on behalf of European Pain Federation - EFICC.
Use of the UPOINT phenotype system in treating Chinese patients with chronic prostatitis/chronic pelvic pain syndrome: a prospective study.
Guan X; Zhao C; Ou ZY; Wang L; Zeng F; Qi L; Tang ZY; Dun JG; Liu LF.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't. Validation Studies]
UI: 25248659

The urinary, psychosocial, organ-specific, infection, neurological/systemic and tenderness (UPOINT) phenotype system has been validated to be an effective phenotype system in classifying patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) in western populations. To validate the utility of the UPOINT system and evaluate the effect of multimodal therapy based on the UPOINT system in Chinese patients with CP/CPPS, we performed this study. Chinese patients with CP/CPPS were prospectively offered multimodal therapy using the UPOINT system and re-examined after 6 months. A minimum 6-point drop in National Institutes of Health-Chronic Prostatitis Symptoms Index (NIH-CPSI) was set to be the primary endpoint. Finally, 140 patients were enrolled in the study. The percentage of patients with each domain was 59.3%, 45.0%, 49.3%, 22.1%, 37.9%, and 56.4% for the UPOINT, respectively. The number of positive domains significantly correlated with symptom severity, which is measured by total NIH-CPSI scores (r = 0.796, P< 0.001). Symptom duration was associated with a greater number of positive domains (r = 0.589, P< 0.001). With 6 months follow-up at least, 75.0% (105/140) had at least a 6-point improvement in NIH-CPSI after taking the therapy. All NIH-CPSI scores were significantly improved from original ones: pain 10.14 +/- 4.26 to 6.60 +/- 3.39, urinary 6.29 +/- 2.42 to 3.63 +/- 1.52, quality of life 6.56 +/- 2.44 to 4.06 +/- 1.98, and total 22.99 +/- 7.28 to 14.29 +/- 5.70 (all P< 0.0001). Our study indicates that the UPOINT system is clinically feasible in classifying Chinese patients with CP/CPPS and directing therapy.

Status
MEDLINE
Authors Full Name
Guan, Xiao; Zhao, Cheng; Ou, Zhen-Yu; Wang, Long; Zeng, Feng; Qi, Lin; Tang, Zheng-Yan; Dun, Jin-Geng; Liu, Long-Fei.
Institution
Liu, Long-Fei. Department of Urology, Xiangya Hospital, Central South University, Changsha 410008, China.
PMID
Stress reactivity in childhood functional abdominal pain or irritable bowel syndrome. [References].
Gulewitsch, M. D; Weimer, K; Enck, P; Schwille-Kiuntke, J; Hautzinger, M; Schlarb, A. A.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-61186-005

Background: Frequent abdominal pain (AP) in childhood has been shown to be associated with elevated experience of stress and with deficits in stress coping, but psychophysiological stress reactivity has been studied rarely. Methods: We examined whether children with frequent AP show altered reactions of the parasympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis during and following an afternoon laboratory social stress task in comparison to healthy children and children with anxiety disorders. Twenty-four children with frequent AP (18 with functional AP and six with irritable bowel syndrome; M = 9.9 years), and 24 healthy controls underwent stressful free speech and arithmetic tasks. Twelve children with anxiety disorders served as second comparison sample. Groups were compared regarding parasympathetic reaction and saliva cortisol concentration. Results: We found no differences in parasympathetic withdrawal between the groups. Concerning the HPA axis, we detected an attenuated cortisol reactivity in children with AP compared to both other groups. Conclusions: This study provides preliminary evidence that childhood AP is not associated with altered parasympathetic withdrawal during stress. It seems to be related to a down-regulated reactivity of the HPA axis. This pattern was ascertained in comparison to healthy children and also in comparison to children with anxiety disorders. Significance: (i) Childhood abdominal pain could be related to down-regulated HPA
axis reactivity to stress but not to altered parasympathetic reaction. (ii) Children with abdominal pain and children with anxiety disorders exhibit a divergent stress-related HPA axis reaction.

(PsycINFO Database Record (c) 2017 APA, all rights reserved)
Eating disorders in adolescents with chronic pain. [References].
Sim, Leslie A; Lebow, Jocelyn; Weiss, Karen; Harrison, Tracy; Bruce, Barbara.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-60611-009

Introduction: Given that youth with chronic pain frequently experience disruptions in eating patterns that may place them at risk for disordered eating, the purpose of this study was to examine the clinical characteristics and illness course of adolescents with chronic pain and comorbid eating disorders. Methods: Using a retrospective chart review, 34 adolescents with chronic pain and concurrent eating disorders were identified. These adolescents were compared with 34 age-, gender-, and eating disorder symptom-matched adolescents who had an eating disorder without chronic pain. Results: The majority of adolescents with chronic pain and an eating disorder had a primary medical diagnosis of abdominal pain (n = 14), followed by autonomic dysfunction (n = 10) and headache (n = 6). Although in 41.2% of teens with chronic pain, eating disorder symptoms developed after the onset of their pain, 35.3% reported having eating disorder symptoms before they experienced chronic pain. Body mass index did not differ between the groups, but the duration of eating disorder symptoms was significantly longer for the chronic pain group (p < .001). Discussion: Despite comparable severity, eating disorders are undetected for longer periods in patients with chronic pain, which may contribute to a poorer prognosis. Implications for eating disorder conceptualization, detection, and treatment are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Date of Publication
Jan-Feb 2017
Year of Publication
2017
Publication History Status
First Posting: Mar 2016.
Author Initials
Sim, Leslie A.; ORCID: http://orcid.org/0000-0003-1487-1862
Medline Unique Identifier
Sim, Leslie A.: sim.leslie@mayo.edu
Institution
Sim, Leslie A.: Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, US
Lebow, Jocelyn: Department of Psychiatry and Psychology, Mayo Clinic College of Medicine, Rochester, MN, US
Systematic review of the influence of spasticity on quality of life in adults with chronic neurological conditions. [References].
Milinis, K; Young, C. A.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-21227-001
Objective: To conduct a systematic review of the published evidence on the relationship between spasticity and quality of life (QOL) in chronic neurological conditions in adults. Data sources: MEDLINE, Embase, CINAHL and PsycINFO databases. Methods: The databases were searched from inception to October 2014 using keywords 'spasticity' and 'quality of life' for publications in English language. Cross-sectional and longitudinal studies reporting quantitative analyses on the association between spasticity and QOL were included. Appraisal of the studies and data extraction were conducted in accordance with Strengthening the Reporting of Observational Studies in Epidemiology guidance. Results: 17/652 studies (total of 27 827 patients) met inclusion criteria for review. These examined the relationship between spasticity and QOL in multiple sclerosis (MS), spinal cord injury (SCI) and stroke. Spasticity was found to be associated with
significantly lower scores on health status measures, namely SF-12, SF-36 and EQ-5D, in MS and SCI, but less so in stroke. Spasticity was associated with considerably lower scores on physical components of the health status questionnaires, but with only marginally lower scores on mental components. The studies that employed global QOL measures, such as the World Health Organisation Quality of Life - BREF, found no significant relationship between spasticity and QOL. Spasticity was often associated with pain, sleep problems, fatigue and urinary dysfunction. Conclusions: Spasticity is associated with worse health status, however its relationship with overall QOL is not established. The relationship between spasticity and QOL is confounded by other impairments and requires multivariate analysis. Implications for Rehabilitation: 1. Effective management of spasticity may result in significant improvements in HRQOL. 2. It is important to address multiple factors in the management of spasticity including pain, bladder problems, fatigue and sleep, as the interplay of these may have significant negative effects on HRQOL. 3. Clinician-administered methods for measuring spasticity, such as the Ashworth scale, may not provide comprehensive assessment of spasticity. 4. Incorporation of patient-reported measures for spasticity is pivotal in the assessment of therapeutic interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Inflammatory bowel disease: Crohn's disease and ulcerative colitis. [References].
Wehkamp, Jan; Gotz, Martin; Herrlinger, Klaus; Steurer, Wolfgang; Stange, Eduard F.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-10263-005
Background: Inflammatory bowel diseases are common in Europe, with prevalences as high as 1 in 198 persons (ulcerative colitis) and 1 in 310 persons (Crohn's disease). Methods: This review is based on pertinent articles retrieved by a search in PubMed and in German and European guidelines and Cochrane reviews of controlled trials. Results: Typically, the main clinical features of inflammatory bowel diseases are diarrhea, abdominal pain, and, in the case of ulcerative colitis, peranal bleeding. These diseases are due to a complex immunological disturbance with both genetic and environmental causes. A defective mucosal barrier against commensal bowel flora plays a major role in their pathogenesis. The diagnosis is based on laboratory testing, ultrasonography, imaging studies, and, above all, gastrointestinal endoscopy. Most patients with Crohn's disease respond to budesonide or systemic steroids; aminosalicylates are less effective. Refractory exacerbations may be treated with antibodies against tumor necrosis factor (TNF) or, more recently, antibodies against integrin, a protein of the cell membrane. In ulcerative colitis, aminosalicylates are given first; if necessary, steroids or antibodies against TNF-alpha or integrin are added. Maintenance therapy to prevent further relapses often involves immunosuppression with thiopurines and/or antibodies. Once all conservative treatment options have been exhausted, surgery may be necessary. Conclusion: The treatment of chronic inflammatory bowel diseases requires individually designed therapeutic strategies and the close interdisciplinary collaboration of internists and surgeons. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Background: Chronic abdominal wall pain is a poorly recognized clinical problem despite being an important element in the differential diagnosis of abdominal pain. Methods: This review is based on pertinent articles that were retrieved by a selective search in PubMed and EMBASE employing the terms "abdominal wall pain" and "cutaneous nerve entrapment syndrome," as well as on the authors’ clinical experience. Results: In 2% to 3% of patients with chronic abdominal pain, the pain arises from the abdominal wall; in patients with previously diagnosed chronic abdominal pain who have no demonstrable pathological abnormality, this likelihood can rise as high as 30%. There have only been a small number of clinical trials of treatment for this condition. The diagnosis is made on clinical grounds, with the aid of Carnett's test. The characteristic clinical feature is strictly localized pain in the anterior abdominal wall, which is often mischaracterized as a "functional" complaint. In one study, injection of local anesthesia combined with steroids into the
painful area was found to relieve pain for 4 weeks in 95% of patients. The injection of lidocaine alone brought about improvement in 83-91% of patients. Long-term pain relief ensued after a single lidocaine injection in 20-30% of patients, after repeated injections in 40-50%, and after combined lidocaine and steroid injections in up to 80%. Pain that persists despite these treatments can be treated with surgery (neurectomy). Conclusion: Chronic abdominal wall pain is easily diagnosed on physical examination and can often be rapidly treated. Any physician treating patients with abdominal pain should be aware of this condition. Further comparative treatment trials will be needed before a validated treatment algorithm can be established. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Improving slow-transit constipation with transcutaneous electrical stimulation in women: A randomized, comparative study. [References].
Yang, Youjin; Yim, Jongeun; Choi, Wonjae; Lee, Seungwon.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2017-13249-006
The purpose of this study was to investigate the effect of transcutaneous electrical stimulation (TES) in women with slow-transit constipation. Twenty-eight women with slow-transit constipation were randomly assigned to a treatment group (14 women) or a control group (14 women). Data collection was conducted from March 7, 2014 to May 2, 2014. TES and sham TES were performed for 20 minutes, three times per week, for 4 weeks for the treatment and control groups, respectively. The results of the tests before and after treatment, including the Constipation Assessment Scale (CAS), abdominal pain, and number of defecations per week, were assessed. A significant decrease in CAS score and in abdominal pain (p < .05), and a significant increase in evacuation frequency per week (p < .05) were observed in the treatment group. In addition, a significant decrease in CAS score and in abdominal pain (p < .05) was observed in the control group. However, no noticeable change was observed in evacuation frequency per week in the control group. Based on these results, TES may have a beneficial effect in women with slow-transit constipation, and could be used to reduce the symptoms of constipation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Date of Publication
Apr 2017
Year of Publication
2017
Publication History Status
Accepted: Feb 2016
Revised: Feb 2016
First Submitted: Jun 2015.
Medline Unique Identifier
Lee, Seungwon: swlee@syu.ac.kr
Institution
Yang, Youjin: Department of Physical Therapy, Graduate School of Sahmyook University, Seoul, Republic of Korea  Yim, Jongeun: Department of Physical Therapy, Sahmyook University, Seoul, Republic of Korea  Choi, Wonjae: Department of Physical Therapy, Graduate School of Sahmyook University, Seoul, Republic of Korea
Efficacy, safety, and tolerability of an extended-release orally disintegrating methylphenidate tablet in children 6-12 years of age with attention-deficit/hyperactivity disorder in the laboratory classroom setting. [References].
Childress, Ann C; Kollins, Scott H; Cutler, Andrew J; Marraffino, Andrea; Sikes, Carolyn R.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2017-08181-009
Objective: Methylphenidate extended-release orally disintegrating tablets (MPH XR-ODTs) represent a new technology for MPH delivery. ODTs disintegrate in the mouth without water and provide a pharmacokinetic profile that is consistent with once-daily dosing. This study sought to determine the efficacy, safety, and tolerability of this novel MPH XR-ODT formulation in school-age children with attention-deficit/hyperactivity disorder (ADHD) in a laboratory classroom setting.
Methods: Children aged 6-12 years with ADHD (n = 87) were enrolled in this randomized, multicenter, double-blind, placebo-controlled, parallel, laboratory classroom study. The MPH XR-ODT dose was titrated to an optimized dose during a 4-week open-label period and maintained on that dose for 1 week. Participants (n = 85) were then randomized to receive their optimized dose of MPH XR-ODT or placebo once daily for 1 week (double blind), culminating in a laboratory classroom testing day. Efficacy was evaluated using the Swanson, Kotkin, Agler, M-Flynn, and Pelham (SKAMP) Attention, Department, and Combined scores along with Permanent Product Measure of Performance (PERMP; Attempted and Correct) assessments. Onset and
duration of drug action were also evaluated as key secondary endpoints. Safety assessments included adverse events (AEs), physical examinations, electrocardiograms (ECGs), and the Columbia Suicide Severity Rating Scale (C-SSRS). Results: The average SKAMP-Combined score on the classroom study day was significantly better for the MPHXR-ODT group (n = 43) than for the placebo group (n = 39; p < 0.0001). The effect was evident at 1 hour and lasted through 12 hours postdose. The average SKAMP-Attention, SKAMP-Depormt, PERMP-A, and PERMP-C scores were indicative of significantly greater-ADHD symptom-control for the MPH XR-ODT group. The most common AEs reported were decreased appetite, upper abdominal pain, headache, insomnia, upper respiratory tract infection, affect lability, irritability, cough, and vomiting. Conclusions: MPH XR-ODT was effective and well tolerated for the treatment of children with ADHD in a laboratory classroom setting. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Introduction: Functional abdominal pain (FAP) refers to a common set of symptoms that characterizes abdominal pain for which there is no identifiable organic disease process. FAP is associated with functional disability, but understanding of its pathogenesis is incomplete. The condition appears to stem from an interaction between physical and psychological mechanisms.

Method: A literature search was conducted to explore the psychosocial management of FAP and the role of nurse practitioners in treatment. Results: A growing body of evidence supports the efficacy of psychosocial interventions, including cognitive behavioral therapy, hypnotherapy, and multidisciplinary treatment programs. There are no randomized controlled trials at the primary care level to guide management. Discussion: Nurse practitioners can provide the supportive and consistent patient-provider relationship that is integral to the management and treatment of FAP. More research is necessary to understand how best to incorporate behavioral interventions into primary care practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Effectiveness of percutaneous celiac plexus ablation in the treatment of severe cancer pain in upper abdomen and evaluation of health economics. [References].

Cao, Jun; He, Yang; Liu, Hongqiang; Wang, Saibo; Zhao, Baocheng; Zheng, Xiaohui; Yang, Kai; Xie, Donghao.

Objective: To compare the effectiveness, adverse effects, and cost-effectiveness of percutaneous neurolytic celiac plexus block (NCPB) versus traditional medication strategies for the treatment of patients with advanced cancer having severe upper abdominal cancer pain. Methods: This retrospective study included 81 patients with advanced upper abdominal cancer admitted to The Sixth People's Hospital Affiliated to Shanghai Jiaotong University between January 2013 and July 2014. The patients were divided into percutaneous NCPB (treatment) and medication for pain (control) groups. The outcomes were measured in terms of Numeric Rating Scale (NRS) score and Karnofsky Performance Status (KPS) score before treatment and on the 3rd, 7th, 14th, and 28th days posttreatment. The effectiveness and cost-effectiveness of the therapy were assessed using analysis of the health economics. Results: The improvements in NRS score (1.42 +/- 1.09 vs 4.03 +/- 0.96, P < .01) and KPS score (65.55 +/- 9.09 vs 63.03 +/- 8.961, P < .01) in the treatment group were significantly superior compared to the control group on the 7th day of treatment, followed by no significant difference between the 2 groups on the 14th and the 28th day of treatment. Health economics evaluation revealed that the medicine-specific costs and total health care costs were significantly reduced in the treatment group compared to the control group (P < .05), but no significant differences between the 2 groups (P > .05) were seen in the costs of hospitalization, examinations, and treatment. Conclusion: The percutaneous NCPB method
shows promising results and better cost-effectiveness for treating patients with advanced cancer having severe upper abdominal pain. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Date of Publication
Mar 2017

Year of Publication
2017

Medline Unique Identifier
Yang, Kai: yangkai5654@163.com; Xie, Donghao: xdhdh2012@126.com

Institution
Cao, Jun: Department of Interventional Oncology, Dahua Hospital, Shanghai, China
He, Yang: Department of Interventional Oncology, Dahua Hospital, Shanghai, China
Liu, Hongqiang: Department of Interventional Oncology, Dahua Hospital, Shanghai, China
Wang, Saibo: Department of Interventional Oncology, Dahua Hospital, Shanghai, China
Zhao, Baocheng: Department of Interventional Oncology, Dahua Hospital, Shanghai, China
Zheng, Xiaohui: Department of Interventional Oncology, Dahua Hospital, Shanghai, China
Yang, Kai: Department of Interventional Radiology, Shanghai Jiao Tong University, Sixth People's Hospital, Shanghai, China
Xie, Donghao: Department of Interventional Oncology, Dahua Hospital, Shanghai, China

Publication Month/Season
Mar

Other Serial Titles
American Journal of Hospice & Palliative Care, The American Journal of Hospice Care

Other Publishers
Prime National Publishing, US

PMID
26764345

Country of Publication

HOLDER: The Author(s) YEAR: 2016

568.
Pain outcomes in patients undergoing CT-guided celiac plexus neurolysis for intractable abdominal visceral pain. [References].
The purpose of this study was to assess outcomes in patients who have undergone celiac plexus neurolysis (CPN) as treatment for refractory abdominal visceral pain at a tertiary care medical center. This study involved retrospective analysis of all patients who had undergone computed tomography (CT)-guided CPN over a 7-year period, as identified in the medical record. Cases were categorized into 1 of 3 groups: group 1: patients getting at least moderate improvement in pain but with improvements subsiding within 2 days; group 2: patients with some sustained pain relief but still requiring heavy doses of narcotics; group 3: patients with major or complete sustained reduction in pain where the narcotic dose was able to be reduced. One hundred thirty-eight cases were identified, 51 of which had no or insufficient follow-up, leaving 87 cases for analysis. Of the 87 cases, 31 (36%) were categorized as group 1, 21 (24%) as group 2, and 35 (40%) as group 3. There were no statistical differences in outcomes based on patient age, gender, time since diagnosis, or type of cancer. Documented postoperative complications were diarrhea (11 cases) and 1 case each of obtundation, hypotension, and presyncopal event. We conclude that patients undergoing CT-guided CPN for abdominal visceral pain achieve moderate or major short-term pain relief in a majority of cases. The procedure is safe with minimal complications. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
The effect of perineal lacerations on pelvic floor function and anatomy at 6 months postpartum in a prospective cohort of nulliparous women. [References].

Leeman, Lawrence; Rogers, Rebecca; Borders, Noelle; Teaf, Dusty; Qualls, Clifford.

PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-52983-001

Objective: To determine the effect of perineal lacerations on pelvic floor outcomes, including urinary and anal incontinence, sexual function, and perineal pain in a nulliparous cohort with low incidence of episiotomy. Methods: Nulliparous women were prospectively recruited from a midwifery practice. Pelvic floor symptoms were assessed with validated questionnaires, physical examination, and objective measures in pregnancy and 6 months postpartum. Two trauma groups were compared, those with an intact perineum or only 1st degree lacerations and those with second-, third-, or fourth-degree lacerations. Results: Four hundred and forty-eight women had vaginal deliveries. One hundred and fiftyone sustained second-degree or deeper perineal trauma and 297 had an intact perineum or minor trauma. Three hundred and thirty-six (74.8%) presented for 6-month follow-up. Perineal trauma was not associated with urinary or fecal incontinence, decreased sexual activity, perineal pain, or pelvic organ prolapse. Women with trauma had similar rates of sexual activity; however, they had slightly lower sexual function scores (27.3 vs 29.1). Objective measures of pelvic floor strength, rectal tone, urinary incontinence, and perineal anatomy were equivalent. The subgroup of women with deeper (> 2
No effect of the cyclooxygenase-2 inhibitor etoricoxib on pre-emptive and post-operative analgesia in visceral surgery: Results of a randomized controlled trial. [References].
Background: Pre-emptive analgesia in perioperative care has potential benefits for patients. The pre-emptive and postoperative analgesic effects of the cyclooxygenase-2 inhibitor etoricoxib have been investigated using a 2 x 2 factorial trial design. Methods: According to the 2 x 2 factorial study design, 103 patients scheduled for visceral surgery, were randomly allocated to two groups prior to surgery. Patients could receive either etoricoxib or placebo (to investigate pre-emptive analgesia). Subsequent to surgery, patients randomly received either etoricoxib or placebo, again. It follows, that four treatment modalities (continuous or replaced intervention) result, to investigate postoperative analgesia. Main Outcome Measure was the cumulative morphine use 48 h post-surgery. Other outcomes included pain intensities, pain thresholds and sensory detection. Results: Eighty-six patients (female n = 42; mean age 53.82 +/- 13.61 years) were evaluated on the basis of an intention to treat analysis. Pre-emptive administration of 120 mg etoricoxib did not significantly reduce the cumulative morphine dose within the first 48 h after surgery, when compared to the administration of placebo. The analysis of the post-operative treatment groups showed a non-significant 8% reduction in morphine dose during the continuous administration of etoricoxib. There were no changes in sensory perception as detected with QST before and after surgery or between groups. Conclusions: The effect of administering etoricoxib was not superior to placebo in reducing the morphine dose required for postoperative analgesia. The lack of changes in peripheral nociception suggests that central algetic mechanisms are of higher impact in the development of postoperative pain following abdominal or thoracic surgery.
Efficacy and safety of antidepressants added to antipsychotics for schizophrenia: A systematic review and meta-analysis. [References].
Helfer, Bartosz; Samara, Myrto T; Huhn, Maximilian; Klupp, Elisabeth; Leucht, Claudia; Zhu, Yikang; Engel, Rolf R; Leucht, Stefan.
PsycINFO
Objective: The authors examined the safety and efficacy of antidepressants added to antipsychotic drugs in the treatment of schizophrenia. Method: Multiple databases and previous publications were searched through June 2015 to identify all randomized controlled trials of any add-on antidepressants compared with placebo or no-treatment in schizophrenia. Depressive and negative symptoms (primary outcomes), overall symptoms, positive symptoms, side effects, exacerbation of psychosis, and responder rates were examined. Subgroup, meta-regression, and sensitivity analyses were performed, as well as investigations of publication bias and risk of bias.

Results: Eighty-two randomized controlled trials with a total of 3,608 participants were included. Add-on antidepressants appeared more efficacious than controls for depressive symptoms (standardized mean difference: -0.25, 95% CI = -0.38 to -0.12), negative symptoms (standardized mean difference: -0.30, 95% CI = -0.44 to -0.16), overall symptoms (standardized mean difference: -0.24, 95% CI = -0.39 to -0.09), positive symptoms (standardized mean difference: -0.17, 95% CI = -0.33 to -0.01), quality of life (standardized mean difference: -0.32, 95% CI = -0.57 to -0.06), and responder rate (risk ratio: 1.52, 95% CI = 1.29 to 1.78; number-needed-to-treat-to-benefit: 5, 95% CI = 4 to 7). The effects on depressive and negative symptoms appeared more pronounced when minimum thresholds of these symptoms were inclusion criteria (standardized mean difference: -0.34, 95% CI = -0.58 to -0.09 and standardized mean difference: -0.58, 95% CI = -0.94 to -0.21, respectively). There were no significant differences between antidepressants and controls in terms of exacerbation of psychosis, premature discontinuation, and the number of participants with at least one adverse event. More patients taking add-on antidepressants suffered from abdominal pain, constipation, dizziness, and dry mouth. Conclusions: Analysis of primary outcomes (depressive and negative symptoms) suggests small, beneficial effects of adjunctive antidepressants. It would appear that this augmentation can be accomplished with a low risk of exacerbation of psychosis and adverse effects. However, secondary and subgroup analyses should be interpreted cautiously and considered exploratory. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Sexual functioning and cognitions during sexual activity in men with genital pain: A comparative study. [References].
Pereira, Raquel; Oliveira, Catia Margarida; Nobre, Pedro.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-44525-005
Male genital pain is frequently associated with sexual dysfunction, and some studies suggest it is influenced by cognitive factors. However, there is little evidence on how these factors discriminate male genital pain from other sexual problems. This study intends to explore differences on sexual functioning and self-reported cognitions during sexual activity between men with genital pain, men with sexual dysfunction, and sexually healthy men. A total of 134 men divided in three groups based on their clinical condition (i.e., genital pain, sexual dysfunction, or no sexual/pain complaints) and matched for demographic variables completed measures of sexual functioning (IIEF) and thoughts during sexual activity (SMQ). Findings showed that men with genital pain and men with sexual dysfunctions reported significantly lower levels of overall satisfaction with sexual life, compared to men without sexual problems. Additionally, men with genital pain and men with sexual dysfunctions presented significantly more failure anticipation thoughts in comparison to sexually healthy men. Overall, findings emphasize the role of negative cognitions as a common factor associated with male genital pain and sexual dysfunctions, suggesting that genital pain should be regarded as a sexual problem and that clinical interventions should include sex therapy techniques as well as cognitive-behavioral procedures. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Autistic traits in women with primary dysmenorrhea: A case-control study. [References].
Toy, Harun; Herguner, Arzu; Simsek, Sevcan; Herguner, Sabri.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-44498-001
Objectives: Recent studies have shown that women with autism spectrum disorder have higher rates of menstrual problems, including irregular menstrual cycles, unusually painful periods (dysmenorrhea), and excessive menstrual bleeding. In this study, we investigated the autistic traits in female university students with primary dysmenorrhea (PD). Methods: Seventy females with PD and 70 females without PD were enrolled in the study. The Autism Spectrum Quotient (AQ) was used to measure autistic traits and the Brief Symptom Inventory was used for evaluating anxiety and depression levels. The dysmenorrheal pain was assessed by visual analog scale (VAS), coded from 0 to 10. Weight and height were measured, and the body mass index was calculated. Results: There were no statistical differences between the groups in terms of age, duration of education, and body mass index. Women with PD had higher AQ-Total, and AQ-Attention Switching subscale scores than subjects without PD. Spearman analysis revealed that AQ-Total and AQ-Attention Switching scores were correlated with VAS. According to the linear regression analysis, VAS was predicted only by AQ-Attention Switching subscale.
Conclusion: Our findings showed an association between autistic traits and dysmenorrhea in typically developing females. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Adverse clinical effects of botulinum toxin intramuscular injections for spasticity. [References]. Phadke, Chetan P; Balasubramanian, Chitra K; Holz, Alanna; Davidson, Caitlin; Ismail, Farooq; Boulias, Chris.

PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-12108-013
Objective: The adverse events (AEs) with botulinum toxin type-A (BoNTA), used for indications other than spasticity, are widely reported in the literature. However, the site, dose, and frequency of injections are different for spasticity when compared to the treatment for other conditions and hence the AEs may be different as well. The objective of this study was to summarize the AEs reported in Canada and systematically review the AEs with intramuscular botulinum toxin injections to treat focal spasticity. Methods: Data were gathered from Health Canada (2009-2013) and major electronic databases. Results: In a 4 year period, 285 AEs were reported. OnabotulinumtoxinA (n = 272 events): 68% females, 53% serious, 18% hospitalization, and 8% fatalities. The type of AEs reported were-muscle weakness (19%), oropharyngeal (14%), respiratory (14%), eye related (8%), bowel/bladder related (8%), and infection (5%). IncobotulinumtoxinA (n = 13): 38% females, 62% serious, and 54% hospitalization. The type of AEs reported were-muscle weakness (15%), oropharyngeal (15%), respiratory (38%), eye related (23%), bowel/bladder related (15%), and infection (15%). Commonly reported AEs in the literature were muscle weakness, pain, oropharyngeal, bowel/bladder, blood circulation, neurological, gait, and respiratory problems. Conclusion: While BoNTA is useful in managing spasticity, future studies need to investigate the factors that can minimize AEs. A better understanding of the underlying mechanisms of the AEs can also improve guidelines for BoNTA administration and enhance outcomes. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Date of Publication
Mar 2016
Year of Publication
2016
Publication History Status
Accepted: Jun 2015
First Submitted: Jan 2015.

Medline Unique Identifier
Phadke, Chetan P.: chetan.phadke@westpark.org

Institution
Phadke, Chetan P.: Spasticity Research Program, West Park Healthcare Centre, University of Toronto, Toronto, ON, Canada
Balasubramanian, Chitra K.: Clinical & Applied Movement Sciences, Brooks College of Health, University of North Florida, Jacksonville, FL, US
Holz, Alanna: Spasticity Research Program, West Park Healthcare Centre, University of Toronto, Toronto, ON, Canada
Davidson, Caitlin: Spasticity Research Program, West Park Healthcare Centre, University of Toronto, Toronto, ON, Canada
Purpose: To prospectively assess anxiety and depression in patients undergoing diagnostic cystoscopy. Methods: Patients presenting for outpatient diagnostic cystoscopy were recruited from four European urological departments. Anxiety and depression were assessed with the 'Hospital Anxiety and Depression Scale' (HADS) before cystoscopy and after 1 week. Statistical analyses, including the Chi-square test, univariate, and multivariate logistic regression analyses, were carried out with SPSS v. 21 (IBM Corp., Armonk, NY). Results: Prior to cystoscopy, 30.2 % of patients were anxious and 24.8 % depressive (n = 442). In the post-examination period, anxiety declined to 24.5 %, while depression was unchanged (24.4 %). Pre-cystoscopy anxiety was significantly more common in women (41.8 vs. 24.5 %, p < 0.0001), patients aged < 65 years (34.9 vs. 25.9 %, p = 0.04), and in those being examined with rigid cystoscopes (35.7 vs. 23.9 %,
In multivariate regression analyses, female gender (OR 2.6, p < 0.0001), < 65 years of age (OR 1.7, p = 0.03), and coexistence of depression (OR 7.8, p < 0.0001) were independently associated with elevated pre-cystoscopy anxiety. Anxious (OR 2.1, p = 0.03) and depressive (OR 2.1, p = 0.01) patients had higher odds of experiencing moderate or severe pain during cystoscopy. Bladder cancer diagnosis did not significantly change patient's anxiety (p = 0.23) or depression (p = 0.7) during the 1 week of follow-up. Conclusions: Women, patients aged < 65 years, depressive patients and those being examined with rigid devices had higher rates of anxiety prior to cystoscopy. Anxious and depressive patients experienced more pain during cystoscopy. Bladder cancer diagnosis seems to have a minor effect on anxiety and depression during the first week after diagnosis. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
576.
"Mindfulness-based psychological intervention for coping with pain in endometriosis":
Corrigendum. [References].
Kold, Mette; Hansen, Tia; Vedsted-Hansen, Hanne; Forman, Axel.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-35199-006
Reports an error in "Mindfulness-based psychological intervention for coping with pain in endometriosis" by Mette Kold, Tia Hansen, Hanne Vedsted-Hansen and Axel Forman (Nordic Psychology, 2012[Mar], Vol 64[1], 2-16). The authors would like to apologize for an error in the results of the paper. During a follow-up study, their data were re-scrutinized. In the primary analysis, raw data were recoded according to the manual before inserted in the SF-36 statistical program. However, the SF-36 program performs this recoding automatically, meaning that it has been done twice and an improvement of all eight scales of the SF-36 was overlooked. The intervention was thereby considered less effective than it actually appears at proper analysis. The authors would like to assure readers that this affects only results from the SF-36 questionnaire. The EHP-30 data are correct. Results of revised analysis are provided in the erratum. (The following abstract of the original article appeared in record 2012-32038-002). Endometriosis is an important cause of pain and fatigue in fertile women. The disease is often overlooked in general medical practice, and significant delay from onset of symptoms to diagnosis and treatment is common. Severe cases cause chronic pain and reduce work ability and quality of life even after optimal medical treatment. We suggest a psychological intervention based on mindfulness techniques for dealing with pain, and report results from a pilot study with 10 endometriosis patients with chronic pain problems. Participants’ level of distress was measured with self-report questionnaires of general health status (SF-36) and endometriosis health profile (EHP-30) pre-
and post-intervention and at six- and 12-month follow-ups. Results indicate significant and lasting effects on participants’ pain level, well-being, and ability to function in daily life. Although conclusions remain preliminary until tested in a randomized controlled trial, it should be noted that our findings are in line with qualitative studies in women with endometriosis, and with data on the effects of mindfulness in other chronic pain domains. We encourage further studies on this kind of intervention for women with endometriosis. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
The definition of functional pain syndromes is varied across literature. No effort has been made to see all functional pain disorder groups under broad nomenclature which would exclude conditions for which pathophysiology is strongly known. Since these disorders are commonly treated with alternative treatment modalities and impose significant burden on health utilization, an effort to look into studies on yoga-based interventions on 'functional pain syndromes' (FPS) was made. This study defined FPS as 'Chronic relapsing remitting pain conditions, the origin of which is difficult to trace with no definite physical pathology on clinical suspicion or available laboratory measures and are valid based on subjective pain reporting, associated distress and socio-occupational dysfunction'. Chronic headache, neck pain, back pain, fibromyalgia, pelvic pain, Irritable Bowel Syndrome, Chronic Fatigue Syndrome, and somatoform pain disorders were included for this review. The review found four meta-analyses on the selected topic both indicating modest efficacy and benefit of yoga in these disorders. Future efforts should be directed to do a large meta-analysis of functional pain syndromes. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Women in "sexual" pain: Exploring the manifestations of vulvodynia. [References].

Dargie, Emma; Pukall, Caroline F.

PsycINFO
[Journal; Peer Reviewed Journal]

AN: 2016-27605-004

This study explored the sexual and pain histories and pain presentations of women with forms of chronic vulvar pain (i.e., vulvodynia). One hundred and seventy-seven women with five subtypes of vulvodynia completed an online questionnaire. Groups were similar across several domains: participants experienced pain for many years during sexual and nonsexual activities, and pain was rated as moderate to severe. However, several differences emerged when considering pain development, number of sexual partners, and treatment seeking. This study illustrates how severe vulvodynia pain can be, regardless of subtype. However, not all vulvodynia sufferers are alike, and distinctions between research and clinical practice are highlighted. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Date of Publication
May 2016

Year of Publication
2016

Medline Unique Identifier
Dargie, Emma: emma.dargie@gmail.com

Institution
Dargie, Emma: Department of Psychology, Queen's University, Kingston, ON, Canada  
Pukall, Caroline F.: Department of Psychology, Queen's University, Kingston, ON, Canada

Publication Month/Season
May

PMID
25849434
Peripheral and central factors in female pelvic pain.
Alappattu, Meryl Joseph.
PsycINFO
[Dissertation Abstract]
AN: 2016-21251-105
Chronic pelvic pain (CPP) is a non-malignant continuous or recurrent pain of structures related to the pelvis that lasts at least three months and is associated with negative cognitive, behavioral, sexual, and emotional consequences. Women with pelvic pain exhibit higher pelvic floor muscle pain and pain sensitivity at parts of the body distal from their pelvic region, which may be suggestive of enhanced central nervous system pain processing. The relationship between local and distal pain sensitivity and psychosocial factors in pelvic pain is unclear. The first purpose of this study is to determine how women with pelvic pain differ from healthy women in response to pain sensitivity testing and in reports of pain-related psychosocial factors to understand the potential influence of these factors on pain and sexual dysfunction. The second purpose was to determine how an analgesic ointment affected local and remote pain sensitivity in women with pelvic pain. No differences existed in pain sensitivity at local or remote sites in women with pelvic pain compared to healthy women. Women with pelvic pain exhibited greater pain-related psychosocial involvement compared to healthy women. Affective and sensory aspects of pain and the presence of sexual dysfunction, in addition to local and remote pain perception, were significantly correlated with intercourse pain. Results of aim 2 indicated that only pain ratings at the upper and lower vestibule were significantly lower in the lidocaine condition. No significant changes in any other local site or remote sites in response to lidocaine or placebo ointments compared to the natural history condition. This study indicates that a decrease in pain at the local pelvic region does not necessarily affect pain sensitivity at remote body sites. Thus, clinicians who treat pelvic pain should consider using multifaceted interventions that target central pain mechanisms, such as cognitive behavioral strategies, and interventions aimed at decreasing the
Objective: To determine the feasibility of a detailed pain sensitivity assessment using body-wide musculoskeletal tender points (TPs) in women with different types of chronic pelvic pain (CPP) and compare phenotypic differences. Materials and Methods: Seventy women with CPP and 35 pain-free women underwent musculoskeletal evaluation of TPs in the pelvic floor, abdomen, groin, inner thigh, and all 18 fibromyalgia TPs. Patients scored elicited pain on a numeric rating scale. TP pain scores were used for intergroup comparison and intragroup correlation. Results: Women with CPP were grouped as having either bladder pain syndrome (BPS, n = 24) or myofascial pelvic pain (MPP, n = 11) singularly or both concomitantly (BPS + MPP, n = 35). TP pain scores for all evaluations were higher in women with CPP compared with healthy women (P < 0.001). Women with BPS + MPP had elevated TP pain for each evaluation compared with women with BPS alone. Pelvic floor and fibromyalgia TP scores correlated strongly in the MPP group, moderately in the BPS + MPP group, and weakly in the BPS alone group. Although some moderate and strong correlations between different body locations were present in all 3 groups,
only the BPS + MPP group showed moderate to strong correlations between all body TPs.

Conclusions: Detailed musculoskeletal evaluation of women with CPP is feasible and well tolerated. Careful phenotyping differentiated BPS, MPP, and BPS + MPP groups. Attending to the differences between these groups clinically may lead to more effective treatment strategies and improved outcomes for patients with CPP. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
An evaluation of the effect of hypnosis on postoperative analgesia following laparoscopic cholecystectomy. [References].
Joudi, Marjan; Fathi, Mehdi; Izanloo, Azra; Montazeri, Omid; Jangjoo, Ali.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-28911-007
Little attention has been paid to the effectiveness of hypnosis in improving the results of surgery in Iran. One hundred and twenty patients scheduled for laparoscopic cholecystectomy were randomly divided into either control (standard care) or experimental (hypnosis) groups. Prior to surgery and again after surgery, abdominal pain, nausea, and vomiting were assessed. The results suggest that hypnosis could effectively reduce pain after laparoscopic cholecystectomy and significantly reduce hospitalization time. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Date of Publication
Jul 2016
Year of Publication
2016
Publication History Status
Accepted: Sep 2014
First Submitted: Jun 2014.
Medline Unique Identifier
Fathi, Mehdi: mandala_110@yahoo.com
Institution
Joudi, Marjan: Mashhad University of Medical Sciences, Mashhad, Iran  Fathi, Mehdi: Iranian Scientific Society of Clinical Hypnosis, Iran
Izanloo, Azra: Mashhad University of Medical Sciences, Mashhad, Iran
Montazeri, Omid: Mashhad University of Medical Sciences, Mashhad, Iran
Jangjoo, Ali: Mashhad University of Medical Sciences, Mashhad, Iran
Publication Month/Season
Jul
Abdominal bloating is the most bothersome symptom in irritable bowel syndrome with constipation (IBS-C): A large population-based Internet survey in Japan. [References]. Kanazawa, Motoyori; Miwa, Hiroto; Nakagawa, Ayako; Kosako, Masanori; Akiho, Hiraku; Fukudo, Shin.

PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-28194-001

Background: Abdominal bloating is a common symptom in patients with irritable bowel syndrome with constipation (IBS-C). However, it is not included among the required items in the Rome III diagnostic criteria for IBS. Little is known about an impact of abdominal bloating seen in patients with IBS-C. Using a large population-based sample, the aim of the present study was to investigate what is the most bothersome symptom in subjects with IBS-C. Methods: An Internet survey of 30,000 adults drawn from the general public throughout Japan was conducted to identify subtypes of IBS using the Rome III diagnostic questionnaire. Consecutively, the screened subjects with IBS-C and the same number of age- and sex-matched non-IBS subjects who were randomly selected as controls were asked to answer a questionnaire on the degree of anxiety they experienced in their daily lives, thoughts about bowel habit, and their dominant gastrointestinal symptoms together with exacerbation factors (for IBS-C only). Results: The screening survey showed that the prevalence of overall IBS was 16.5 % (female 17.4 %, male 15.5 %) and that 2.8 % met the criteria for IBS-C, 4.5 % for IBS with diarrhea (IBS-D) and 8.2 % for mixed IBS (IBS-M). Seven hundred and fifty-nine of 835 (90.9 %) subjects with IBS-C and 746 of 830 (89.9 %) control subjects completed the consecutive questionnaire. IBS-C subjects felt a higher degree of anxiety in their daily lives (p < 0.01) and considered bowel habit to be an indicator of health (p < 0.01) to a greater extent than control subjects. In IBS-C, the degree of anxiety was significantly associated with abdominal discomfort (p < 0.01), pain (p < 0.01) and bloating (p = 0.02), but not with the frequency of bowel habit (p > 0.1). Abdominal bloating was
the most bothersome symptom (27.5%), which was more likely to occur after a meal (52.2%), at work/school (29.2%) and during times of stress (26.8%). Only 4.5% of IBS-C subjects reported abdominal pain as the 'most bothersome' symptom. Conclusions: A large population-based Internet survey suggests that abdominal bloating has a great impact on the daily lives of subjects diagnosed with IBS-C. Not only bowel movement/abdominal pain but also abdominal bloating should be evaluated in patients with IBS-C. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
The effect of sex and irritable bowel syndrome on HPA axis response and peripheral glucocorticoid receptor expression. [References].
Videlock, Elizabeth J; Shih, Wendy; Adeyemo, Mopelola; Mahurkar-Joshi, Swapna; Presson, Angela P; Polytarchou, Christos; Alberto, Melissa; Iliopoulos, Dimitrios; Mayer, Emeran A; Chang, Lin.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-26032-010
Background and aims: Dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis has been reported in irritable bowel syndrome (IBS). Enhanced HPA axis response has been associated with reduced glucocorticoid receptor (GR) mediated negative feedback inhibition. We aimed to study the effects of IBS status, sex, or presence of early adverse life events (EAL) on the cortisol response to corticotropin-releasing factor (CRF) and adrenocorticotropin hormone (ACTH), and on GR mRNA expression in peripheral blood mononuclear cells (PBMCs). Methods: Rome III + IBS patients and healthy controls underwent CRF (1 microg/kg ovine) and ACTH (250microg) stimulation tests with serial plasma ACTH and cortisol levels measured (n = 116). GR mRNA levels were measured using quantitative PCR (n = 143). Area under the curve (AUC) and linear mixed effects models were used to compare ACTH and cortisol response measured across time between groups. Results: There were divergent effects of IBS on the cortisol response to ACTH by sex. In men, IBS was associated with an increased AUC (p = 0.009), but in women AUC was blunted in IBS (p = 0.006). Men also had reduced GR mRNA expression (p = 0.007). Cumulative exposure to EALs was associated with an increased HPA response. Lower GR mRNA was associated with increased pituitary HPA response and increased severity of overall symptoms and abdominal pain in IBS. Conclusion: This study highlights the importance of considering sex in
studies of IBS and the stress response in general. Our findings also provide support for PBMC GR mRNA expression as a peripheral marker of central HPA response. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Date of Publication
Jul 2016
Year of Publication
2016
Publication History Status
Accepted: Mar 2016
Revised: Mar 2016
First Submitted: Dec 2015.
Medline Unique Identifier
Videlock, Elizabeth J.: evidelock@mednet.ucla.edu; Shih, Wendy: wshih3737@gmail.com; Adeyemo, Mopelola: maadeyemo@gmail.com; Mahurkar-Joshi, Swapna: swapnajoshi@mednet.ucla.edu; Presson, Angela P.: angela.presson@hsc.utah.edu; Polytarchou, Christos: cpolytarchou@gmail.com; Alberto, Melissa: melissa.alberto3@gmail.com; Iliopoulos, Dimitrios: diliopoulos@mednet.ucla.edu; Mayer, Emeran A.: emayer@ucla.edu; Chang, Lin: linchang@mednet.ucla.edu

Institution
Videlock, Elizabeth J.: Oppenheimer Center for Neurobiology of Stress, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, US
Shih, Wendy: Department of Biostatistics, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, US
Adeyemo, Mopelola: Oppenheimer Center for Neurobiology of Stress, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, US
Mahurkar-Joshi, Swapna: Oppenheimer Center for Neurobiology of Stress, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, US
Presson, Angela P.: Division of Epidemiology, Department of Internal Medicine, University of Utah, Salt Lake City, UT, US
Polytarchou, Christos: Oppenheimer Center for Neurobiology of Stress, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, US
Alberto, Melissa: Oppenheimer Center for Neurobiology of Stress, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, US
Iliopoulos, Dimitrios: Oppenheimer Center for Neurobiology of Stress, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA, US
Effectiveness of cognitive-behavioral therapy and physical therapy for provoked vestibulodynia: A randomized pilot study. [References].
Goldfinger, Corrie; Pukall, Caroline F; Thibault-Gagnon, Stephanie; McLean, Linda; Chamberlain, Susan.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-22692-012

Introduction: Non-medical and non-surgical treatments for provoked vestibulodynia target psychological, sexual, and pelvic floor muscle factors that maintain the condition. Aim: The goal of the study was to compare the effects of cognitive-behavioral therapy (CBT) and physical therapy (PT) on pain and psychosexual outcomes in women with provoked vestibulodynia.

Methods: In a clinical trial, 20 women with provoked vestibulodynia were randomly assigned to receive CBT or comprehensive PT. Participants were assessed before treatment, after treatment, and at 6-month follow-up by gynecologic examination, structured interviews, and standardized questionnaires measuring pain, psychological, and sexual variables. Main Outcome Measures: Outcome measurements were based on an adaptation of the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials recommendations. The primary outcome was change in intercourse pain intensity. Secondary outcomes included pain during the cotton swab test, pain with various sexual and non-sexual activities, and sexual functioning and negative
pain cognitions. Results: The two treatment groups demonstrated significant decreases in vulvar pain during sexual intercourse, with 70% and 80% of participants in the CBT and PT groups demonstrating a moderate clinically important decrease in pain (\( \geq 30\% \)) after treatment. Participants in the two groups also had significant improvements in pain during the gynecologic examination, the percentage of painful intercourse attempts, the percentage of activities resulting in pain, and the ability to continue intercourse without stopping because of pain. Psychological outcomes, including pain catastrophizing and perceived control over pain, also showed improvement in the two groups. Significant improvements in sexual functioning were observed only in participants who completed CBT. Few between-group differences were identified other than the PT group showing earlier improvements in some outcomes. Nearly all improvements were maintained at the 6-month follow-up. Conclusion: The results of the study suggest that CBT and PT can lead to clinically meaningful improvements in pain and areas of psychosexual functioning. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Associations between penetration cognitions, genital pain, and sexual well-being in women with provoked vestibulodynia. [References].
Anderson, Alexandra B; Rosen, Natalie O; Price, Lisa; Bergeron, Sophie. PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-22559-020

Introduction: Provoked vestibulodynia (PVD) is a common vulvovaginal pain condition that negatively impacts women’s psychological and sexual well-being. Controlled studies have found that women with PVD report greater negative and less positive cognitions about penetration; however, associations between these types of cognitions and women’s pain and sexual well-being remain unknown. Further, researchers have yet to examine how interpersonal variables such as sexual communication may impact the association between women’s penetration cognitions and PVD outcomes. Aim: We examined associations between vaginal penetration cognitions and sexual satisfaction, sexual function, and pain in women with PVD, as well as the moderating role of sexual communication. Methods: Seventy-seven women (M age = 28.32, SD = 6.19) diagnosed with PVD completed the catastrophic and pain cognitions and positive cognitions subscales of the Vaginal Penetration Cognition Questionnaire, as well as the Dyadic Sexual Communication Scale. Participants also completed measures of sexual satisfaction, sexual function, and pain. Main Outcome Measures: Dependent measures were the (i) Global Measure of Sexual Satisfaction Scale; (ii) Female Sexual Function Index; and (iii) Present Pain Intensity scale of the McGill Pain Questionnaire, with reference to pain during vaginal intercourse. Results: Women's lower catastrophic and pain cognitions, higher positive cognitions, and higher sexual communication were each uniquely associated with higher sexual satisfaction and sexual function. Lower catastrophic and pain cognitions also were associated with women's lower pain. For women who reported higher sexual communication, as positive cognitions increased, there was a significantly greater decrease in pain intensity during intercourse compared to women who reported lower levels of sexual communication. Conclusion: Findings may inform cognitive-
behavioral interventions aimed at improving the pain and sexual well-being of women with PVD. Targeting the couple’s sexual communication and women’s penetration cognitions may improve women’s sexual adjustment and reduce pain. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Date of Publication
Mar 2016

Year of Publication
2016

Publication History Status
Accepted: Dec 2015
First Submitted: Aug 2015.

Medline Unique Identifier
Rosen, Natalie O.: nrosen@dal.ca

Institution
Anderson, Alexandra B.: Department of Psychology, Acadia University, Wolfville, NS, Canada
Rosen, Natalie O.: Department of Psychology and Neuroscience, Dalhousie University, Halifax, NS, Canada
Price, Lisa: Department of Psychology, Acadia University, Wolfville, NS, Canada
Bergeron, Sophie: Department of Psychology, Universite de Montreal, Montreal, PQ, Canada

Publication Month/Season
Mar

Other Publishers
Blackwell Publishing, United Kingdom; Wiley-Blackwell Publishing Ltd., United Kingdom

PMID
26853045

Country of Publication

STATEMENT: Published by Elsevier Inc. All rights reserved. HOLDER: International Society for Sexual Medicine

YEAR: 2016

586.
Analgesic opioid use in a health-insured epilepsy population during 2012. [References].
Wilner, A. N; Sharma, B. K; Thompson, A. R; Krueger, A.
Rationale: Analgesic opioid use has increased dramatically in the general population. Although opioid analgesics are not indicated for the treatment of epilepsy, frequent opioid use has been reported in the epilepsy population. It is not clear whether comorbid disorders and/or epilepsy-associated injuries due to seizures foster opioid use. Our primary objective was to compare the prevalence of analgesic opioid use in an insured patient population with epilepsy to a matched control population without epilepsy. After observing increased frequency of opioid use in people with epilepsy compared with matched controls, we assessed the contribution of age, gender, pain diagnosis, and psychiatric illness as possible drivers regarding the use of opioids. Methods: Health insurance claims and membership data from nine United States (U.S.) health plans for the year 2012 were analyzed. Individuals with epilepsy (n = 10,271) were match-paired at a 1:2 ratio to individuals without epilepsy (n = 20,542) within each health plan using propensity scores derived from age group, gender, and insurance type. Matched comparison groups had 53% females and 47% males with an average age of 34 years for the group with epilepsy and 33 years for controls. Each matched comparison group included 66% of individuals with commercial insurance, 30% with Medicaid insurance, and 4% with Medicare coverage. Based on prescriptions filled at least once during 2012, prevalence of analgesic opioid use was determined. The percentages of individuals with diagnosis for specific pain conditions and those with psychiatric diagnoses were also determined for the two comparison groups. Results: Analgesic opioids were used by 26% of individuals in the group with epilepsy vs. 18% of matched controls (p < 0.001). Compared with matched controls, the group with epilepsy had a significantly higher percentage of individuals with all 16 pain conditions examined: joint pain or stiffness (16% vs. 11%), abdominal pain (14% vs. 9%), headache (14% vs. 5%), pain in limb (12% vs. 7%), chest pain (11% vs. 6%), sprain of different parts (9% vs. 7%), sinusitis (9% vs. 7%), migraine (8% vs. 2%), lumbago (8% vs. 6%), backache (6% vs. 4%), cervicalgia (6% vs. 3%), fracture (5% vs. 3%), fibromyalgia (4% vs. 3%), chronic pain (3% vs. 1%), sciatica (1.4% vs. 1%), and jaw pain (0.4% vs. 0.1%) (all p < 0.001). The prevalence of pain diagnosis was 51% in the group with epilepsy and 39% in the matched control group (p < 0.0001). The prevalence of ‘psychiatric diagnoses’ was 27% in the group with epilepsy and 12% in the matched control group (p < 0.0001). Conclusion: The prevalences of analgesic opioid use, psychiatric diagnoses, and 16 pain conditions were significantly higher in the patient population with epilepsy than in the control population without epilepsy. Our study also showed how opioid use rate varied by gender, age category, and depression. The reasons for the greater prevalence of opioid use in people with epilepsy are unclear. It seems that increased pain prevalence is an important driver for the higher
frequency of opioid use in people with epilepsy. Psychiatric illness and other factors also appear to contribute. Further analysis including more detailed clinical information that cannot be obtained through claims data alone will be required to provide more insight into opioid use in people with epilepsy. If opioid use is higher in people with epilepsy as our results suggest, physicians managing patients with epilepsy need to pay special attention to safe opioid prescribing habits in order to prevent adverse outcomes such as abuse, addiction, diversion, misuse, and overdose. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Date of Publication
Apr 2016
Year of Publication
2016
Publication History Status
First Posting: Mar 2016
Accepted: Jan 2016
Revised: Jan 2016
First Submitted: Oct 2015.

Medline Unique Identifier
Wilner, A. N.: Andrew@drwilner.org; Sharma, B. K.: BSharma@Accordant.net; Thompson, A. R.: Amthompson@Accordant.net; Krueger, A.: AKrueger@Accordant.net

Institution
Wilner, A. N.: Angels Neurological Centers, Abington, MA, US
Sharma, B. K.: Accordant Health Services, a CVS Health Company, Greensboro, NC, US
Thompson, A. R.: Accordant Health Services, a CVS Health Company, Greensboro, NC, US

Publication Month/Season
Apr
Country of Publication
STATEMENT: All rights reserved. HOLDER: Elsevier Inc.
YEAR: 2016

587.
Patterns of anxiety symptoms in pediatric chronic pain as reported by youth, mothers, and fathers. [References].
Pediatric chronic pain and anxiety often co-occur. Youth with chronic pain are at risk for heightened functional impairment related to anxiety. Research suggests the importance of screening for anxiety and the possibility that different clinical presentations may warrant modified treatment options. The aims of the current study were to comprehensively examine the nature and prevalence of anxiety disorder symptoms in a heterogeneous pediatric chronic pain sample, concordance of mother-proxy/father-proxy and child reports of anxiety, patient characteristics associated with increased anxiety, and the relationship between different anxiety presentations and quality of life outcomes. Participants included 423 children and adolescents ages 8-18 (M = 14.12, SD = 2.53) and their parents (380 mothers and 200 fathers) who presented at an interdisciplinary chronic pain clinic. Families completed questionnaires before beginning treatment, including pain information and the Screen for Child Anxiety Related Emotional Disorders (SCARED). Thirty-one percent of youth had total scores exceeding the clinical cutoff indicating a possible anxiety disorder; 46% had clinical elevations on at least 1 anxiety subscale. Female youth reported higher anxiety than males. Youth with abdominal pain reported higher overall anxiety and more panic/somatic symptoms relative to other pain groups. Among youth who self-reported clinically elevated anxiety, 59% of mothers and 64% of fathers rated their child's anxiety as nonclinical. A considerable number of youth with chronic pain reported clinically elevated anxiety symptoms. Reliance on parent-proxy reports may systematically underrepresent the range and severity of anxiety symptoms. Limitations and implications for practice are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Herbal medicine (Danggui Shaoyao San) for treating primary dysmenorrhea: A systematic review and meta-analysis of randomized controlled trials. [References].

Lee, Hye Won; Jun, Ji Hee; Kil, Ki-Jung; Ko, Byong-Seob; Lee, Choong Hwan; Lee, Myeong Soo.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-07602-005

Danggui Shaoyao San (DSS), a traditional herbal prescription, has long been used to treat menopause-related symptoms, including dysmenorrhea. We conducted a systematic review of randomized controlled trials to evaluate the efficacy of DSS for dysmenorrhea. We searched the following electronic databases through October 2015: PubMed; EMBASE; the Cochrane Library; AMED; five Korean databases (KoreaMed, DBPIA, OASIS, RISS, and KISS); three Chinese databases (CNKI, Wan Fang Database, and VIP), and one Japanese database (CiNii). The Cochrane criteria were used to assess the risk of bias for the individual studies. All randomized controlled trials (RCTs) of DSS or modified DSS were included. Data from all articles were extracted by two independent reviewers. Meta-analysis was used to pool the data. A total of 746 potentially relevant studies were identified, and four RCTs met our inclusion criteria. All of the included RCTs had a high risk of bias across their domains. Three RCTs showed favourable effects of DSS on response rate compared with conventional medicine, and a meta-analysis showed that DSS had
superior effects compared to analgesics (RR: 1.31, 95%CI, 1.06-1.63, I² =73%). One RCT showed a beneficial effect of DSS on pain compared with placebo control. Our systematic review and meta-analysis provided suggestive evidence of the superiority of DSS over analgesics or placebo for dysmenorrhea. The quality of evidence for this finding was low to moderate because of a high risk of bias. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
589.
An overlooked victim of cannabis: Losing several years of well-being and inches of jejunum on the way to unravel her hyperemesis enigma. [References].
Bonnet, Udo.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-05428-010
A case report of a severe cannabis hyperemesis syndrome (CHS) is presented, which had worsened during dronabinol administration and was associated with intestinal dysmotility (pseudo-obstruction). Because dronabinol is an isomer of THC (delta-9-tetrahydrocannabinol), the main psychotropic constituent of cannabis, this case provides first direct clinical evidence on the key role of THC in the obscure pathogenesis of CHS. Another peculiarity of this case was that the patient had an odyssey of hospital stays with extensive workups before the patient herself found via Internet the right diagnosis for her cyclic vomiting and abdominal pain. This is typical for CHS, which is often overlooked because physicians refer to the widely known antiemetic properties of cannabis, for example, in cancer chemotherapy but were not always aware of a possible paradoxical emetic reaction of recreational cannabis use. Being pathognomonic of CHS, the patient became symptom-free while abstaining from her cannabis use, meanwhile being in her 12th month of controlled abstinence. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Date of Publication
Jan-Feb 2016
Year of Publication
2016
Medline Unique Identifier
Bonnet, Udo: udo.bonnet@uni-due.de
Institution
Bonnet, Udo: Evangelisches Krankenhaus Castrop-Rauxel, Academic Teaching Hospital, University of Duisburg/Essen, Department of Psychiatry, Psychotherapy, and Psychosomatic Medicine, Castrop-Rauxel, Germany
Publication Month/Season
Jan-Feb
Equal improvement in men and women in the treatment of urologic chronic pelvic pain syndrome using a multi-modal protocol with an internal myofascial trigger point wand. [References].
Anderson, Rodney U; Wise, David; Sawyer, Tim; Nathanson, Brian H; Smith, J. Nevin.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2016-00045-001
Both men and women require treatment for urologic chronic pelvic pain syndromes (UCPPS), which includes interstitial cystitis/painful bladder syndrome, pelvic floor dysfunction, and chronic prostatitis/chronic pelvic pain syndrome. However, it is unknown if men and women respond differently to a protocol that includes specific physical therapy self-treatment using an internal trigger point wand and training in paradoxical relaxation. We performed a retrospective analysis by gender in a single arm, open label, single center clinical trial designed to evaluate the safety and effectiveness of a protocol for the treatment of UCPPS from October, 2008 to May, 2011. 314 adult men (79.9 %) and 79 (20.1 %) women met inclusion criteria. The median duration of symptoms was 60 months. The protocol required an initial 6-day clinic for training followed by a 6-month self-treatment period. The treatment included self-administered pelvic floor trigger point release with an internal trigger point device for physical therapy along with paradoxical relaxation training. Notable gender differences in prior treatments were observed. Men had a lower median [Interquartile Range] NIH-CPSI score at baseline than women (27 [21, 31] vs. 29 [22, 33], p = 0.04). Using a 1-10 scale with 10 = Most Severe, the median reduction in trigger point sensitivity was 3 units for both men and women after 6 months therapy (p = 0.74). A modified Intention to Treat analysis and a multivariate regression analysis found similar results. We conclude that men and women have similar, significant reductions in trigger point sensitivity with this protocol. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Neuropathic ocular pain due to dry eye is associated with multiple comorbid chronic pain syndromes. [References].

Galor, Anat; Covington, Derek; Levitt, Alexandra E; McManus, Katherine T; Seiden, Benjamin; Felix, Elizabeth R; Kalangara, Jerry; Feuer, William; Patin, Dennis J; Martin, Eden R; Sarantopoulos, Konstantinos D; Levitt, Roy C.

PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2015-58898-001
Recent data show that dry eye (DE) susceptibility and other chronic pain syndromes (CPS) such as chronic widespread pain, irritable bowel syndrome, and pelvic pain, might share common heritable factors. Previously, we showed that DE patients described more severe symptoms and tended to report features of neuropathic ocular pain (NOP). We hypothesized that patients with a greater number of CPS would have a different DE phenotype compared with those with fewer CPS. We recruited a cohort of 154 DE patients from the Miami Veterans Affairs Hospital and defined high and low CPS groups using cluster analysis. In addition to worse nonocular pain complaints and higher post-traumatic stress disorder and depression scores (P < .01), we found that the high CPS group reported more severe neuropathic type DE symptoms compared with the low CPS group, including worse ocular pain assessed via 3 different pain scales (P < .05), with similar objective corneal DE signs. To our knowledge, this was the first study to show that DE patients who manifest a greater number of comorbid CPS reported more severe DE symptoms and features of NOP. These findings provided further evidence that NOP might represent a central pain disorder, and that shared mechanistic factors might underlie vulnerability to some forms of DE and other comorbid CPS. Perspective: DE patients reported more frequent CPS (high CPS group) and reported worse DE symptoms and ocular and nonocular pain scores. The high CPS group reported symptoms of NOP that share causal genetic factors with comorbid CPS. These results imply that an NOP evaluation and treatment should be considered for DE patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Is the oswestry disability index a valid measure of response to sacroiliac joint treatment? [References].

Copay, Anne G; Cher, Daniel J.
PsycINFO
[Journal; Peer Reviewed Journal]
AN: 2015-36709-001

Purpose: Disease-specific measures of the impact of sacroiliac (SI) joint pain on back/pelvis function are not available. The Oswestry Disability Index (ODI) is a validated functional measure for lower back pain, but its responsiveness to SI joint treatment has yet to be established. We sought to assess the validity of ODI to capture disability caused by SI joint pain and the minimum clinically important difference (MCID) after SI joint treatment. Methods: Patients (n = 155) participating in a prospective clinical trial of minimally invasive SI joint fusion underwent baseline and follow-up assessments using ODI, visual analog scale (VAS) pain assessment, Short Form 36 (SF-36), EuroQoL-5D, and questions (at follow-up only) regarding satisfaction with the SI joint fusion and whether the patient would have the fusion surgery again. All outcomes were compared from baseline to 12 months post-surgery. The health transition item of the SF-36 and the
satisfaction scale were used as external anchors to calculate MCID. MCID was estimated for ODI using four calculation methods: (1) minimum detectable change, (2) average ODI change of patients’ subsets, (3) change difference between patients’ subsets, and (4) receiver operating characteristic (ROC) curve. Results: After SI fusion, patients improved significantly (p < .0001) on all measures: SI joint pain (48.8 points), ODI (23.8 points), EQ-5D (0.29 points), EQ-5D VAS (11.7 points), PCS (8.9 points), and MCS (9.2 points). The improvement in ODI was significantly correlated (p < .0001) with SI joint pain improvement (r = .48) and with the two external anchors: SF-36 health transition item (r = .49) and satisfaction level (r = .34). The MCID values calculated for ODI using the various methods ranged from 3.5 to 19.5 points. The ODI minimum detectable change was 15.5 with the health transition item as the anchor and 13.5 with the satisfaction scale as the anchor. Conclusions: ODI is a valid measure of change in SI joint health. Hence, researchers and clinicians may rely on ODI scores to measure disability caused by SI pain. We estimated the MCID for ODI to be 13-15 points, which falls within the range of that previously reported for lumbar back pain and indicates that an improvement in disability should be at least 15 % to be beyond random variation. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Date of Publication
Feb 2016

Year of Publication
2016

Publication History Status
First Posting: Aug 2015
Accepted: Jul 2015.

Medline Unique Identifier
Copay, Anne G.: acopay@spirittresearch.com

Institution

Publication Month/Season
Feb

PMID
26245709

Country of Publication

STATEMENT: This article is published with open access at Springerlink.com. HOLDER: The Author(s)

YEAR: 2015
Robotic surgical management of endometriosis: a prospective randomized trial
Riley KA, Benton AS, Deimling TA, Kunselman AR, Harkins GJ

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01250378

Study Objective: To compare excision and ablation of endometriosis for treatment of chronic pelvic pain. Design: Prospective randomized clinical trial with 12 month follow-up. Setting: Tertiary academic medical center. Patients: Patients undergoing robot-assisted laparoscopy for chronic pelvic pain or known endometriosis. Intervention: Patients with mild to moderate endometriosis at the time of robot-assisted laparoscopy randomized to excision or ablation. Measurements and Main Results: Seventy-three patients met criteria for randomization intraoperatively after confirmation of diagnosis and exclusion of deeply infiltrating endometriosis and stage four disease. Randomized patients received excision or ablation (with Argon Beam Coagulation) of all visible disease. Our primary outcome was a change in Visual Analog Scale (VAS) scores for dysmenorrhea, non-menstrual pain, dyspareunia and dyschezia. Secondary outcomes were obtained from pain questionnaires: The Short Form Health Survey (SF-12) (divided into Physical and Mental Component summary scores) and a Sexual Function Questionnaire (PISQ- 12). Before randomization, no differences in demographics or survey responses existed. We collected follow-up at 6 and 12 months. Dyspareunia VAS scores improved at 6 but not 12 months with ablation and were unchanged with excision. Dysmenorrhea improved at 6 and 12 months with ablation. After excision, dysmenorrhea trended toward improvement without statistical significance. VAS scores for non-menstrual pain or dyschezia were unchanged. In the ablation group, the Physical Component score improved at 6 and 12 months. This improved in the excision group at 6 but not 12 months. The Mental Component score and the PISQ-12 scores were unchanged at 6 and 12 months. Conclusion: In the short-term, dyspareunia improved with ablation. Treatment with excision or ablation decreased dysmenorrhea at 12 months without a difference between the two groups. Careful patient
counseling regarding expectations of surgical intervention is important in the management of mild to moderate endometriosis. (Figure Presented).

Institution
K.A. Riley, Obstetrics and Gynecology, University of Washington, Seattle, WA, United States

Publisher
Elsevier Inc.

Volume
23

Issue Part
7 Supplement 1

Page
S106

Country of Publication
Netherlands

594.
Administration of pre-operative gabapentin to patients undergoing laparoscopy: a prospective double-blind, placebo-controlled randomized trial
Benton AS, Riley KA, Leung LD, Pacis MQ, Deimling TA, Harkins GJ

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]
AN: CN-01250428

Study Objective: To determine the influence of immediate pre-operative gabapentin on postoperative pain in patients undergoing laparoscopy for benign gynecologic indications. Design: Prospective double-blind, placebo-controlled randomized trial. Setting: Academic tertiary care hospital. Patients: One-hundred-nine gynecologic patients undergoing laparoscopy between June 2015 and January 2016. Intervention: Patients received pre-operative gabapentin (300 mg) or placebo, and pain scores were assessed at 2 and 6 hours post-operatively as well as post-operative days 1-7. Measurements and Main Results: We randomized 109 patients to receive
pre-operative gabapentin or placebo. They were stratified based on a history of chronic pelvic pain. There was no difference between the groups in terms of age, body mass index, gravidity, parity, or past surgical history. Postoperative pain was assessed using the numeric pain rating scale (NRS), rated as 0-10, and the visual analog scale (VAS), rated as 0-100. These values were adjusted for morphine dose received. NRS Scores were 3.34 vs 2.72 and 4.27 vs 3.75, and VAS scores were 37.86 vs 33.94 and 37.89 vs 37.86, at 2 and 6 hours, respectively. Conclusion: A single dose of pre-operative gabapentin did not significantly decrease post-operative pain in gynecologic patients undergoing laparoscopy for benign indications. (Table Presented).

Institution
A.S. Benton, Minimally Invasive Gynecologic Surgery, Penn State Milton S. Hershey Medical Center, Hershey, PA, United States

Publisher
Elsevier Inc.

Volume
23

Issue Part
7 Supplement 1

Page
S101

Country of Publication
Netherlands

595.
Metformin: new Preparations and Nonglycemic Benefits
Fujita Y, Inagaki N

EBM Reviews - Cochrane Central Register of Controlled Trials

Current diabetes reports.  17(1) (no pagination):2017. Current diabetes reports
[Journal: Review]

AN: CN-01327622  NEW

Metformin has been widely used for over 5 decades. New preparations have been developed for possible enhancement of efficiency, tolerability, and pleiotropic nonglycemic effects. Extended-release metformin has contributed to adherence and improved gastrointestinal tolerability. Delayed-release metformin acts in the lower gastrointestinal tract and exerts glucose-lowering
effects at lower plasma metformin levels, which might suggest use of this biguanide in patients with chronic kidney disease. Metformin is also known to have numerous nonglycemic effects. Results of the UK Prospective Diabetes Study indicate improvements in cardiovascular outcome and reduced total mortality independent of glycemic control. Anticancer effects of metformin have been discussed and many clinical trials are on-going. Metformin is noted for its beneficial effects on lifespan extension and on disorders due to increased insulin resistance. Further investigations, including randomized control trials in nondiabetic individuals, are required to demonstrate the nonglycemic effects of metformin. Copyright (C) 2017, Springer Science+Business Media New York.

Institution
N. Inagaki, Department of Diabetes, Endocrinology and Nutrition, Graduate School of Medicine, Kyoto University, 54 Shogoin, Kawahara-cho, Sakyo-ku, Kyoto 606-8507, Japan. E-mail: inagaki@kuhp.kyoto-u.ac.jp

Publisher
Current Medicine Group LLC 1 (E-mail: info@phl.cursci.com)
Volume
17
Issue Part
1) (no pagination)
Country of Publication
United States

Exercise for dysmenorrhoea
Brown J, Brown S

EBM Reviews - Cochrane Central Register of Controlled Trials
Cochrane database of systematic reviews (online). 2017(2) (no pagination):2017. Cochrane database of systematic reviews (online)
[Journal: Review]
AN: CN-01327685  NEW

Background: Dysmenorrhoea is characterised by cramping lower abdominal pain that may radiate to the lower back and upper thighs and is commonly associated with nausea, headache, fatigue and diarrhoea. Physical exercise has been suggested as a non-medical approach to the
management of these symptoms. Objectives: To assess the evidence for the effectiveness of exercise in the treatment of dysmenorrhoea. Search methods: A search was conducted using the methodology of the Menstrual Disorders and Subfertility Group (August 2009). CENTRAL (The Cochrane Library), MEDLINE, EMBASE, AMED and PsycINFO electronic databases were searched. Handsearching of relevant bibliographies and reference lists was also conducted. Selection criteria: Randomised controlled trials comparing exercise with a control or no intervention in women with dysmenorrhoea. Data collection and analysis: Trials were independently selected and data extracted by two review authors. Main results: Four potential trials were identified of which one was included in the review. The available data could only be included as a narrative description. There appeared to be some evidence from the trial that exercise reduced the Moos' Menstrual Distress Questionnaire (MDQ) score during the menstrual phase ($P < 0.05$) and resulted in a sustained decrease in symptoms over the three observed cycles ($P < 0.05$). Authors' conclusions: The results of this review are limited to a single randomised trial of limited quality and with a small sample size. The data should be interpreted with caution and further research is required to investigate the hypothesis that exercise reduces the symptoms associated with dysmenorrhoea. Copyright (C) 2017 The Cochrane Collaboration.

Published by John Wiley & Sons, Ltd.

Institution
J. Brown, The University of Auckland, Liggins Institute, Park Rd, Grafton, Auckland 1142, New Zealand. E-mail: j.brown@auckland.ac.nz

Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)

Volume
2017

Issue Part
2) (no pagination)

Country of Publication
United Kingdom

597.

Cabergoline for Cushing's disease: a large retrospective multicenter study
Objective: The efficacy of cabergoline in Cushing’s disease (CD) is controversial. The aim of this study was to assess the efficacy and tolerability of cabergoline in a large contemporary cohort of patients with CD. Design: We conducted a retrospective multicenter study from thirteen French and Belgian university hospitals. Methods: Sixty-two patients with CD received cabergoline monotherapy or add-on therapy. Symptom score, biological markers of hypercortisolism and adverse effects were recorded. Results: Twenty-one (40%) of 53 patients who received cabergoline monotherapy had normal urinary free cortisol (UFC) values within 12 months (complete responders), and five of these patients developed corticotrophic insufficiency. The fall in UFC was associated with significant reductions in midnight cortisol and plasma ACTH, and with clinical improvement. Compared to other patients, complete responders had similar median baseline UFC (2.0 vs 2.5xULN) and plasma prolactin concentrations but received lower doses of cabergoline (1.5 vs 3.5 mg/week, P < 0.05). During long-term treatment (>12 months), cabergoline was withdrawn in 28% of complete responders because of treatment escape or intolerance. Overall, sustained control of hypercortisolism was obtained in 23% of patients for 32.5 months (19-105). Nine patients on steroidogenesis inhibitors received cabergoline add-on therapy for 19 months (1-240). Hypercortisolism was controlled in 56% of these patients during the first year of treatment with cabergoline at 1.0 mg/week (0.5-3.5). Conclusions: About 20-25% of CD patients are good responders to cabergoline therapy allowing long-term control of hypercortisolism at relatively low dosages and with acceptable tolerability. No single parameter, including the baseline UFC and prolactin levels, predicted the response to cabergoline. Copyright (C) 2017 European Society of Endocrinology Printed in Great Britain.
Children with ADHD often show symptoms of oppositional defiant disorder (ODD). We investigated the impact of adjuvant risperidone (RISP) to a standard treatment with methylphenidate (MPH) in children with ADHD and symptoms of ODD. Eighty-four children with ADHD and ODD (age: M=8.55; range: 7.28-9.95 years; 73.8% males) took part in a double-blind, randomized, placebo-controlled, clinical trial lasting eight weeks. Participants were randomly assigned either to the MPH+RISP (1 mg/kg/d+0.5 mg/d) or to the MPH+PLCO (1 mg/kg/d+placebo) condition. Symptoms of ADHD, weight, height, and blood pressure were assessed at baseline, and at weeks 2, 4, 6 and 8. Symptoms of ADHD decreased over time, but more so in the MPH+RISP than in the MPH only condition. In the MPH+RISP condition weight, waist circumference and prolactine levels increased over time. Data suggest that adjuvant RISP improved symptoms in children with ADHD and ODD, but weight gain and higher prolactine levels were also observed, which are two alarming side effects. This may become an issue, once children become adolescents, a period of life in which body shape and body self-image are closely linked to self-confidence and peer acceptance. Health care professionals should carefully balance the short-term and long-term costs and benefits of administration of RISP. Copyright (C) 2016 Elsevier Ireland Ltd
599.
Lateral anal sphincterotomy for chronic anal fissures - a comparison of outcomes and complications under local anaesthesia versus spinal anaesthesia
Manoharan R, Jacob T, Benjamin S, Kirishnan S
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01327810 NEW
Introduction: Fissure-in-Ano is one of the common and most painful anorectal conditions encountered in surgical practice. Inspite of several conservative treatment options, surgical treatment in the form of Lateral Anal Spincterotomy (LAS) remains the gold standard of treatment for Chronic Anal Fissures (CAF). However, LAS is often done under spinal or general anaesthesia incurring huge treatment costs and hospital stay. Aim: To study if LAS can be treated with Local Anaesthesia (LA) thereby, reducing the costs and the anaesthetic risk to patients with no significant change in the surgical ease or clinical outcome. Materials and Methods: A total of 79 patients with chronic fissure underwent randomized allocation to two treatment arms - The first to undergo LAS under LA and the second under Spinal Anaesthesia (SA). The primary outcome variables studied were complications like post-operative pain, infections, healing rate of fissure and incontinence rates. Secondary outcome variables studied were cost, hospital stay and need for additional anaesthetic. Results: A total of 79 patients underwent LAS procedure. A total of 42 patients had LA and 39 patients had SA. There was no statistically significant difference in the
healing rate, pain, infection and incontinence rates between the two groups. Moreover, the LA group incurred lower cost, reduced hospital stay and reduced risk of anaesthesia. Conclusions: LAS can be satisfactorily performed under local anaesthesia with no increased risk of pain or complications, and is best suited for resource-poor surgical settings. Copyright (C) 2017, Journal of Clinical and Diagnostic Research. All rights reserved.

Institution
R. Manoharan, Department of General Surgery, Tribal Health Initiative, Sittilingi Post, Dharmapuri, Tamil Nadu 636906, India. E-mail: mravi13@gmail.com

Publisher
Journal of Clinical and Diagnostic Research (No 3, 1/9 Roop Nagar, G T Road, Delhi 110007, India)

Volume
11

Issue Part
1

Page
PC08-PC12

Country of Publication
India

600.
Efficacy, safety, tolerability and pharmacokinetics of a novel human immune globulin subcutaneous, 20%: a Phase 2/3 study in Europe in patients with primary immunodeficiencies

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Article]

AN: CN-01327843  NEW

A highly concentrated (20%) immunoglobulin (Ig)G preparation for subcutaneous administration (IGSC 20%), would offer a new option for antibody replacement therapy in patients with primary immunodeficiency diseases (PIDD). The efficacy, safety, tolerability and pharmacokinetics of
IGSC 20% were evaluated in a prospective trial in Europe in 49 patients with PIDD aged 2-67 years. Over a median of 358 days, patients received 2349 IGSC 20% infusions at monthly doses equivalent to those administered for previous intravenous or subcutaneous IgG treatment. The rate of validated acute bacterial infections (VASBIs) was significantly lower than 1 per year (0.022/patient-year, P < 0.0001); the rate of all infections was 4.38/patient-year. Median trough IgG concentrations were > 8 g/l. There was no serious adverse event (AE) deemed related to IGSC 20% treatment; related non-serious AEs occurred at a rate of 0.101 event/infusion. The incidence of local related AEs was 0.069 event/infusion (0.036 event/infusion, when excluding a 13-year-old patient who reported 79 of 162 total related local AEs). The incidence of related systemic AEs was 0.032 event/infusion. Most related AEs were mild, none were severe. For 64.6% of patients and in 94.8% of IGSC 20% infusions, no local related AE occurred. The median infusion duration was 0.95 (range = 0.3-4.1) h using mainly one to two administration sites [median = 2 sites (range = 1-5)]. Almost all infusions (99.8%) were administered without interruption/stopping or rate reduction. These results demonstrate that IGSC 20% provides an effective and well-tolerated therapy for patients previously on intravenous or subcutaneous treatment, without the need for dose adjustment.

Copyright (C) 2016 The Authors. Clinical & Experimental Immunology published by John Wiley & Sons Ltd on behalf of British Society for Immunology, Clinical and Experimental Immunology

Institution
L. Yel, Baxalta US Inc., now part of Shire, Cambridge, MA, United States. E-mail: leman.yel@shire.com

Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Volume
187

Issue Part
1

Page
146-159

Country of Publication
United Kingdom
Granisetron transdermal system in the management of chemotherapy-induced nausea and vomiting
Kitayama H

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01327902 NEW

Serotonin-type 3 receptor antagonists have been available as intravenous and oral formulations. Recently, granisetron transdermal system has won a firm position in the antiemesis of cancer chemotherapy. Its pharmacokinetic profile has been shown by pooled population analysis incorporation data. The 52 cm$^2$ patch, which contains 34.3 mg granisetron, releases 3.3 mg daily and reaches the maximal plasma concentration after 48 hours, maintaining a 2.2 ng/mL stable average concentration over six days. This level is similar to the one obtained with daily oral 2 mg of granisetron. Three randomized clinical studies evaluating its efficacy have been published. Transdermal granisetron showed noninferiority to other formulations of serotonin-type 3 receptor antagonists for highly and moderately emetogenic - including multiday - chemotherapy. The adverse effects were not significantly different from other formulations. The system has possible applications in oral chemotherapy, radiotherapy, dexamethasone sparing, palliative care, and refractory emesis due to benign disease. Copyright (C) 2016; the authors, publisher and licensee Libertas Academica Limited.

Institution
H. Kitayama, Department of Medical Oncology, Tonan Hospital, Sapporo, Japan. E-mail: m02032hk@jichi.ac.jp

Publisher
Libertas Academica Ltd. (PO Box 300-874, Albany 0751, Mairangi Bay, Auckland 0751, New Zealand)

Volume
8
Page
37-44

Country of Publication
New Zealand
Chronic abdominal pain in children and adolescents: parental threat perception plays a major role in seeking medical consultations
Calvano C, Warschburger P

EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01327925 NEW

Background. Pain symptoms, associated impairment, and parental perception of threat are reported to be predictors of health care utilization (HCU) in childhood chronic abdominal pain (CAP). However, mediating variables and their interrelations have not yet been systematically studied. Objectives. This study aims to identify mediating pathways of influence between child's abdominal pain and the number of pain-related medical visits. Methods. In a multicenter study, we recruited N = 151 parent-child dyads with children aged 6-17 years suffering from CAP. A composite measure of pain symptoms was defined as predictor and the number of pain-related medical visits as outcome variable. This relation was analyzed by serial mediation, including child-and parent-reported impairment and parental threat perception as mediators.

Results. Only parental threat perception significantly linked child's pain symptoms to the number of medical visits. Measures of impairment did not have a significant effect. Conclusions. Parental pain-related threat perception is strongly related to health care seeking in childhood CAP. Addressing threat perception might be a fruitful parent-centered approach in clinical practice.

Copyright (C) 2016 Danielle B. Rice et al.

Institution
C. Calvano, Department Psychology, Counselling Psychology, University of Potsdam, Potsdam, Germany. E-mail: calvano@uni-potsdam.de

Publisher
Pulsus Group Inc.

Volume
2016

Issue Part
no pagination

Country of Publication
Canada
Introduction: Patients with urologic chronic pelvic pain syndromes (UCPPS, interstitial cystitis or chronic prostatitis) suffer pelvic pain and pain in other areas of the body. The distribution of this pain in the body and its association with other factors has not been systematically studied. We characterized the location and distribution of pain among men and women with a body map and compared urinary symptoms, non-urological factors, and psychosocial measures between UCPPS patients who reported "pelvic pain only", "pelvic pain and beyond", and widespread body pain.

Methods: There were 233 women and 191 men with UCPPS enrolled in a multi-center, one-year observational study completed a battery of measures at study entry, including a body map to report the location and distribution of their pain during the past week. They were categorized as having "pelvic pain only" if they reported pain in the abdomen and pelvis only, or "pelvic pain and beyond" if they reported pain outside the abdomen and pelvis. Those who reported "pelvic pain and beyond" were sub-grouped into the numbers of broader body regions affected by pain (1-2 regions versus 3-7 regions or "widespread body pain"). Results: Twenty-five percent reported "pelvic pain only" the remainder reported pelvic pain and beyond. Persons with widespread body pain (3-7 regions) had more severe nonurologic pain (p < 0.0001), more sleep disturbance (PROMIS, p = 0.035), worse quality of life (SF-12 physical component: p = 0.021; SF-12 mental component: p = 0.001), more depression (HADS-D, p = 0.005), higher anxiety (HADS-A, p = 0.011), higher psychological stress (PSS, p = 0.005), and higher negative affect scores (PANAS, p = 0.0004, all 3-group comparisons using Jonckheere's trend test) compared to persons who reported pelvic pain only. Women (but not in men) with widespread pain also reported more fatigue (PROMIS, p < 0.0001) than those with pelvic pain only. For both men and women, there was no difference between the three groups in terms of their urinary symptoms (e.g., severity of pelvic pain, urinary frequency, urgency to urinate, pain composite score, and urinary composite
score). Conclusion: Among MAPP participants, three out of four men and women with urologic chronic pelvic pain syndromes (UCPPS) also report pain outside the abdomen and pelvis. Widespread body pain was associated with worse quality of life and psychosocial impacts but not worse urinary symptoms.

Institution
H.H. Lai, Washington University, School of Medicine, St Louis, MO, United States

Publisher
John Wiley and Sons Inc.

Volume
36

Page
S129-S130

Country of Publication
Netherlands

Safety, tolerability and preliminary efficacy of liris 400 mg in women with ulcerative interstitial cystitis
Peters KM, Cutie C, Radecki D

EBM Reviews - Cochrane Central Register of Controlled Trials


Neurourology and urodynamics. Conference:

Journal: Conference Abstract

AN: CN-01333896 NEW

Introduction: Ulcerative interstitial cystitis (IC) is an inflammatory bladder condition with characteristic lesions (Hunner's lesions) that are associated with bladder pain and voiding frequency. LiRIS is a passive, nonresorbable, intravesical system designed to provide a continuous, controlled release of lidocaine into the bladder over a two-week period. Methods: This two-center, open-label, Phase 1b study in women >18 years evaluated the safety, tolerability and preliminary efficacy of LiRIS 400mg over two 14-day treatment periods and up to 12-weeks follow-up (Day 112). Inclusion criteria included a painNumeric Rating Scale (NRS) score of 3-9.5,
>1 Hunner's lesion at screening, and >8 daily voids. ALiRIS was inserted on Day 0 and removed on Day 14. A second LiRIS was inserted at Day 14 (if Hunner's lesions improved or were unchanged on Day 14) and removed on Day 28. Treatment-emergent adverse events (TEAEs), pain, voiding frequency, and O'Leary-Sant IC Symptom Index (ICSI)/IC Problem Index (ICPI) scores were recorded. Results: Ten patients were enrolled (mean age 57.2 years). Three patients were excluded from the analysis: one had only one LiRIS treatment, one expelled LiRIS before Day 28, and one did not complete follow-up. The per-protocol population included seven patients. By Days 14 and 28, respectively, 6/7 patients (86%) and 7/7 patients (100%) responded to treatment with a decreased Hunner's lesion affected area, lesion number, and/or lesion severity. Pain NRS scores (5.5 at baseline, BL), decreased significantly at all time points (P < .05), including 12 weeks following LiRIS removal; decreases from BL on Days 14, 28, and 112 were -2.97 (P=.004), -4.27 (P=.003), and -4.4 (P=.029), respectively. Mean daily voids (18.2 at BL) were reduced significantly from Day 7 through Day 56 (P < .05), except on Day 14 (P=.055). ICSI/ICPI scores were reduced from BL at Day 20 through at least Day 56 (P < .05). No patient discontinued due to TEAEs, which occurred in 6/10 patients (two procedure-related, two device-constituent-related, one dysuria, one pollakiuria). Conclusion: This small proof of concept study of LiRIS 400 mg in women with ulcerative IC and Hunner's lesions demonstrated a favorable safety profile and long lasting improvements in lesions, pain, voiding frequency, and ICSI/ICPI scores. Additional double-blind, placebo-controlled studies will be necessary to confirm the safety and effectiveness of LiRIS in larger numbers of patients.

Institution
K.M. Peters, Beaumont Health, Royal Oak, MI, United States
Publisher
John Wiley and Sons Inc.
Volume
36
Page
S103-S104
Country of Publication
Netherlands
Results of a prospective, multicenter study evaluating the efficacy and safety of sacral neuromodulation through 5 years in subjects with symptoms of overactive bladder


EBM Reviews - Cochrane Central Register of Controlled Trials


Neurourology and urodynamics. Conference:

[Journal: Conference Abstract]

AN: CN-01333897  NEW

Introduction: This prospective, multicenter post-approval study evaluated the success rate of sacral neuromodulation (SNM) with the InterStim System at five years. Subjects with bothersome symptoms of OAB including urinary urge incontinence (UI) and/or urgency-frequency (UF), who had not exhausted all medication options (failed at least one anticholinergic medication and had at least one medication not tried) were included. Methods: Subjects with successful test stimulation received an InterStim implant. Therapeutic success was defined as a UI or UF response; for UI as a >50% improvement in average leaks/day, for UF as a >50% improvement in voids/day or a return to normal voiding (<8 voids/day). Therapeutic success through five years was calculated using two analyses: 1) Completers, evaluated all implanted subjects with data at baseline and five years and 2) Modified Completers, evaluated all implanted subjects who had a baseline and five-year visit, or withdrew early due to a device-related reason and were considered failures. Safety was evaluated through the collection of adverse events (AE). Results: Of the 340 subjects who went through test stimulation, 272 were implanted. For subjects implanted with full system, 91% were female and mean age was 57 years. At baseline, UI subjects had 3.1 +/- 2.7 leaks/day (n = 202); UF subjects had 12.6 +/- 4.5 voids/day (n = 189). Subjects showed sustained therapeutic success as presented in the figure. The OAB responder rate at five years was 82%(95%CI: 76-88%) using Completers analysis and 67%(95%CI: 60%-74%) using Modified Completers analysis. At five years, UI subjects had a mean reduction from baseline of 2.0 +/- 2.2 leaks/day; UF subjects had a mean reduction of 5.4 +/- 4.3 voids/day (both p < 0.0001). There were no unanticipated adverse device effects during a median follow-up of 59.5 months. The most common device-related AEs were undesirable change in stimulation (60/272, 22%), implant site pain (40/272, 15%), and therapeutic product ineffective (36/272, 13%). One device-related AE of implant site erosion was serious. Conclusion: This multicenter study shows that SNM has sustainable efficacy and an acceptable safety profile through five years of follow-up in subjects with OAB symptoms.

Institution
The role of the neurometer CPT/C in sacral neuromodulation of the bladder

Ghazi A, Abuzgaya M, Banakhar MA, Hassouna MM

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01333899  NEW

Introduction: The aim of the current research project is to study the role of the neurometer as a tool to predict responders to sacral neuromodulation therapy (SNM). Methods: This is a prospective, open study in male and female patients, aged 18 and over with voiding dysfunction (refractory overactive bladder (OAB), non-obstructive retention and/or frequency urgency syndrome). The first group who are undergoing a screening test trial with percutaneous nerve evaluation (PNE) to determine whether they are candidates for SNM with the InterStim. Prior to PNE testing, all patients will be tested for pain tolerance test (PTT) using the electro-diagnostic Neurometer CPT/C device. Patients who are responders to PNE testing will undergo to InterStim Implant. Non responders will undergo for a staged implant. The second group has an InterStim already implanted for voiding dysfunction. During the routine office follow up, those patients implanted with Interstim will be tested for pain tolerance test (PTT) using Neurometer CPT/C device. All the testing using the neurometer CPT/C were performed the day of the PNE(in first group) and the day of routine follow-up visit (in the second group). All the results were of the
neurometer were kept blinded from the results of the PNE and those of the outcome of the follow-up visit by separate operators. The study received approval by the Research Ethics Board of the University Health Network (No. 14-8196) Results: We recruited a total of 123 patients. The results presented here include 110 patients who completed the study. There were 48 patients in the first group and 62 patients in the second group. The statistical analysis used was as follows: Group 1- Simple linear regression analysis and the linear discriminate analysis was performed. It was found that for patients without the InterStim implant with a combined CPT/CPD of 800 and above, the Neurometer could predict the trial test screening results with an accuracy of 71%. Group 2-Same analysis and tests were conducted for patients with the InterStim implant and the results showed that if the patient had a combined CPT/CPD of 600 and above, the Neurometer could predict the patients' satisfaction or unsatisfaction of the patients with the InterStim implant with an accuracy of 72%. Conclusion: Neurometer may play a role in predicting test trial positive responders and predict the patients' satisfaction after implant.

Institution
A. Ghazi, TorontoONCanada
Publisher
John Wiley and Sons Inc.
Volume
36
Page
S99
Country of Publication
Netherlands

607.
Evaluation of quality of life improvements at 5 years in subjects with overactive bladder treated with sacral neuromodulation using the interstim system
Noblett KL, Bennett J, Mangel J, Comiter CV, Zylstra S, Bird ET, Griebling TL, Culkin DJ, Sutherland SE, Berg KC, Kan F, Siegel SW
EBM Reviews - Cochrane Central Register of Controlled Trials
Introduction: Changes in quality of life (QOL) at five years for subjects treated with sacral neuromodulation (SNM) using the InterStim System were assessed as part of the InSite study, a prospective, multicenter, post-approval study. Subjects with bothersome symptoms of overactive bladder (OAB) including urinary urge incontinence (UI) and/or urgency-frequency (UF), who failed at least one, but not all, anticholinergic medications were included. Methods: Subjects with successful test stimulation received an InterStim implant. QOL from baseline through five years was evaluated for all implanted subjects using the validated disease-specific International Consultation on Incontinence Modular Questionnaire (ICIQ-OABqol) and Female/Male Lower Urinary Tract Symptom sexual function (FLUTSsex and MLUTSsex), Beck Depression Inventory II (BDI-II) and Visual Analog Scale (VAS) for Pelvic Pain associated with urgency instruments.

Results: Of the 340 subjects who completed test stimulation, 272 subjects were implanted; 91% were female and the mean age was 57 years. At baseline, UI subjects had a mean of 3.1 +/- 2.7 leaks/day; UF subjects had a mean of 12.6 +/- 4.5 voids/day. At five years, subjects had significant improvements in leaks/day and/or voids/day (both p < 0.0001). Subjects showed statistically significant improvement from baseline to five years in all measures of ICIQ-OABqol (Concern, Coping, Sleep, Social, Health Related Quality Life total score, and Interference; all p < 0.0001). Results from the Interference measure show that 84% of subjects had improvements in their urinary symptom interference. A reduction in the severity of depression (BDI-II) and pelvic pain (VAS) were found (both p < 0.0001). Improvements in sexual function were found for female subjects (p < 0.01). The most common device-related adverse events were undesirable change in stimulation (60/272, 22%), implant site pain (40/272, 15%), and therapeutic product ineffective (36/272, 13%). One device-related AE of implant site erosion was serious. Conclusion: This multicenter study shows that SNM results in sustained improvements in quality of life through five years of follow-up for subjects with OAB symptoms.

Institution
K.L. Noblett, University of California, Riverside, CA, United States

Publisher
John Wiley and Sons Inc.

Volume
36

Page
S98-S99

Country of Publication
Efficacy and safety of Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir +/- Ribavirin regimen for recurrent genotype 1 HCV infection after liver transplantation-multicenter, real-life, AMBER-CEE study


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01334044 NEW

Background: We evaluated efficacy and safety of Ombitasvir/Paritaprevir/Ritonavir/ Dasabuvir +/- Ribavirin (OBV/PTV/r/DSV +/- RBV) regimen for recurrent hepatitis C, genotype 1 (G 1), after liver transplantation in the AMBER-CEE - multicenter, real-life cohort study. Methods: This study included 35 liver transplant recipients with HCV recurrence, G 1, mostly 1b (91%), 18 males (51%), fibrosis stage <sup>3</sup> F2 (77%), non-responders (94%). Two patients were experienced to telaprevir (TVR) triple regimen. All patients but two were scheduled to receive 24 weeks of antiviral treatment. Results: HCV RNA was undetectable in 50% of patients (14/28) after 4 weeks of OBV/PTV/r/DSV +/- RBV. The end of treatment virological response rate was 97% (30/31 patients) including two patients who prematurely discontinued treatment due to adverse events. Among 19 patients with available week 12 follow-up data, SVR 12 was achieved in 18 (95%), including the only patient with G 1 a. SVR 4 was achieved in the other three (3/3) patients, also in 2 TVR experienced. The most common adverse effects were anemia, fatigue, headache, abdominal pain. Anemia was corrected with ribavirin dose reduction. No deaths, graft losses and episodes of rejection were observed. Conclusions: This real-life study confirms high virological efficacy of OBV/PTV/r/DSV +/- RBV regimen in liver transplant recipients with recurrent G 1 HCV infection irrespective of previous treatment history and advancement of the liver disease. Drug-
drug interactions were effectively controlled. Adverse events were infrequent and not life-threatening.

Institution
O. Tronina, Medical University of Warsaw, Warsaw, Poland

Publisher
Lippincott Williams and Wilkins

Volume
100

Issue Part
5 Supplement 1

Page
S93

Country of Publication
Netherlands

609.

Randomised controlled trials of chronic pain in children and adolescents: a systematic review
Boulkedid R, Yousouf Abdou A, Desselas E, Monegat M, Alberti C, Kaguelidou F

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01334225  NEW

Introduction: There is evidence supporting that the prevalence of chronic pain is steadily increasing in children and adolescents. Chronic pain is known to have a negative impact on children's development and social behaviour. We reviewed medical literature to assess the characteristics and quality of randomized controlled trials (RCTs) evaluating therapies in chronic pain in children and adolescents. Material and methods: We performed a systematic search of PubMed, Embase and the Cochrane Library up to March 2014. Bibliographies of relevant articles
were also hand-searched. We included all RCTs that involved children and adolescents (0-18 years) and evaluated the use of a pharmacological agent or a non-pharmacological therapy in the context of chronic pain. The latter was defined as pain persisting for more than 3 months. Methodological quality was evaluated using the Cochrane Risk of Bias Tool. Two reviewers independently assessed studies for inclusion and evaluated methodological quality. Results: A total of 52 randomized controlled trials were selected and included in the analysis. The majority were conducted in single hospital institutions, with no information on study funding. Median sample size was 45 (34-57) participants. Almost 50% of the RCTs included both adults and children with a median age at inclusion of 13 years. Non-pharmacological therapies were more commonly tested whereas evaluation of pharmacological agents concerned <30% of RCTs. Abdominal pain and headache were the most common types of chronic pain experienced among trial participants. Overall, the methodological quality was poor and did not parallel the number of RCTs that increased over the years. The risk of bias was high or unclear in 70% of the trials.

Discussion/Conclusion: Although, management of pain in adults has significantly improved over the years, our results highlight the existing knowledge gap in paediatrics. Therapeutic strategies, in particular pharmacological agents, applied to relieve chronic or recurrent pain in children and adolescents are not evaluated through high quality RCTs. The need to improve analgesic therapy in children and adolescents with chronic pain is still unmet. We discuss possible research constraints and challenges related to this fact as well as adequate methodologies to circumvent them.

Institution
R. Boulkedid, Department of Clinical Epidemiology, Hopital Robert Debre APHP, University Paris VII Diderot, Paris, France
Publisher
Blackwell Publishing Ltd
Volume
30
Page
41
Country of Publication
Netherlands
Long-term follow-up of the efficacy and safety of ponatinib in Philadelphia chromosome-positive leukemia patients with the T315I mutation
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01334668 NEW

Background: Ponatinib is a tyrosine kinase inhibitor (TKI) approved for adult patients (pts) with relapsed/refractory CML or Ph+ ALL and those with the BCR-ABL T31 5I mutation, which is uniformly resistant to other TKIs approved for the treatment of CML and Ph+ ALL. Prior to the availability of ponatinib, resistant pts with the T31 5I mutation (T31 5I+) had worse outcomes than those without the mutation; in a matched pair analysis in chronic phase (CP)-CML pts, median overall survival (OS) was 48.4 mos after development of resistance in T31 5I+ pts versus not reached in those without the mutation (Nicolini FE, et al. Haematologica 2013). Methods: We evaluated the efficacy and safety of ponatinib in a pooled analysis of a subgroup of CP-CML pts with the T31 5I mutation (detected in a central laboratory by Sanger sequencing at baseline) from the phase 1 (NCT00660920) and pivotal phase 2 PACE (NCT01207440) trials. In addition, we evaluated the impact of continuation of ponatinib treatment at a 2-yr landmark time point on OS at 1-yr past the landmark in T315I+ CP-CML pts in PACE. The phase 1 trial is an open-label, dose escalation study of ponatinib (starting dose 2-60 mg once daily) in 81 adults with relapsed/refractory hematologic malignancies. PACE is an open-label, single-arm trial of ponatinib (starting dose 45 mg daily) in 449 adults with CML or Ph+ ALL resistant or intolerant to dasatinib or nilotinib or with the T315I mutation. Dose reductions were instructed in Oct 2013 in response to an accumulation of arterial occlusive events (AOEs) reported with longer follow-up across the ponatinib clinical program. Response assessments included major cytogenetic response (MCyR), complete cytogenetic response (CCyR), major molecular response (MMR; assessed in a central laboratory), and molecular response 4.5 (MR<sup>4.5</sup>). OS and progression-free survival (PFS) data were only collected in PACE; 3-yr outcomes were examined for all evaluable T315I+ CP-CML pts, along with a log-rank test for OS by treatment status as of the 2-yr landmark time point. Exposure-adjusted incidence rates of new AOE s are reported as number of events/100 pt-yrs. Pooled data as of February 2, 2015 is reported here. Results: There were 76 T315I+ CP-CML pts included in this analysis (phase 1, n=12; PACE, n=64). At the time
of analysis, median duration of follow-up in T315I+ CP-CML pts was 40 (range: 1.5-74) mos; 37 pts (49%) remain on study. Median baseline ponatinib dose intensity was 33 (range: 5-56) mg daily; 25/37 (68%) ongoing pts were receiving 15 mg daily as their current dose as of the data cut-off. Primary reasons for discontinuation in T315I+ CP-CML pts were disease progression [10/76 (13%)], adverse events [AEs; 9/76 (12%)], consent withdrawn [5/76 (7%)], physician/administrative decision [4/76 (5%)], death [3/76 (4%)], lack of efficacy [2/76 (3%)], and other [6/76 (8%)]; criteria for disease progression included death, development of advanced phase CML, loss of CHR (in absence of cytogenetic response) and loss of MCyR. Cumulative response rates in T315I+ CP-CML pts (n=76) were: MCyR, 75%; CCyR, 72%; MMR, 61%, and MR<sup>4.5</sup>, 37%. In PACE, estimated 3-yr PFS/OS rates for 64 T315I+ CP-CML pts were 60%/78% (medians not reached). One yr post-landmark outcomes for T315I+ CP-CML pts by treatment status at the 2-yr landmark time point are displayed in the table. Most common treatment-emergent AEs (>40%) in the pooled group of T315I+ CP-CML pts (n=76 phase 1 and PACE) were: rash, 55%; dry skin, 49%; headache, 46%; abdominal pain, 43%; nausea, 41%; and fatigue, 41%. Among these pts, the cumulative incidence of any AOE (grade 3/4) was 32% (20%); by subcategory: cardiovascular 20% (15%), cerebrovascular 12% (5%), and peripheral vascular 13% (8%) events. Two T315I+ CP-CML pts had grade 5 AOEa. The exposure-adjusted incidence rate of new AOEa in T315I+ CP-CML pts was 12/100 pt-yrs. Conclusions: Ponatinib continues to provide deep and durable responses with >3 yrs median follow-up in T315I+ CP-CML pts. Survival outcomes with ponatinib treatment in these highly refractory pts were high overall and compare favorably with those observed in T315I+ CP-CML pt populations prior to the availability of ponatinib. Although pt numbers are limited for the landmark analysis, continuation of ponatinib treatment at 2 yrs was associated with a trend for improved OS, where data continue to mature. Updated data in all T315I+ pts will be presented.
Background: Ponatinib, an oral tyrosine kinase inhibitor with potent activity against native and mutant BCR-ABL1, is approved for patients with refractory chronic myeloid leukemia (CML) or Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) for whom no other tyrosine kinase inhibitor (TKI) therapy is indicated, or for patients with the T315I mutation. The efficacy and safety of ponatinib in patients with resistant/refractory hematologic malignancies were evaluated in a phase 1 trial (NCT00660920). Here, we report 4-year follow-up data from chronic-phase (CP)-CML patients; final data (approximately 5-year follow-up) will be presented.

Methods: In this open-label, dose-escalation, phase 1 trial, 81 patients with resistant/refractory hematologic malignancies (CP-CML, 43 patients; accelerated-phase CML, 9 patients; blast-phase CML, 8 patients; Ph+ ALL, 5 patients) were enrolled. Patients were treated with ponatinib at a starting dose of 2 mg/d-60 mg/d; intra-patient dose escalation was permitted. In Oct 2013, dose reduction instructions were provided in response to an observed accumulation of arterial occlusive events (AOEs) with longer follow-up across the ponatinib clinical program. For data presented here, the data cutoff date is 2 Feb 2015, with median follow-up of 53.1 months (range, 1.7-69.9 months) for CP-CML patients. Results: Among CP-CML patients, at baseline, median age was 55 years and median time since diagnosis was 6.6 years; BCR-ABL1 kinase domain mutations were reported in 63% of patients, with T315I confirmed at a central laboratory in 28% of patients. Patients were heavily pretreated, with 37% having received 2 prior TKIs and 60% having received >3 prior TKIs. Of 43 CP-CML patients, 22 (51%) remained on ponatinib treatment at data cutoff. Adverse events (AEs; 26%) and disease progression (9%) were the most common reasons for discontinuation of treatment. Cumulative response rates were: major cytogenetic response (MCyR), 72%; complete cytogenetic response (CCyR), 65%; major molecular response (MMR; assessed at a central laboratory), 56%; molecular response 4 (MR<sup>4</sup>), 42%; MR<sup>4.5</sup>, 28%. Responses were durable (Table), with
median durations of response not reached for MCyR, CCyR, and MMR. Among patients who received ponatinib at starting doses of <30 mg/d (n = 15), MCyR was achieved by 67%, CCyR by 53%, and MMR by 47%; ponatinib dose was <30 mg/d in all but one of these patients at the time of response. Of 19 patients who received ponatinib at starting doses of <30 mg/d (n = 15), MCyR was achieved by 67%, CCyR by 53%, and MMR by 47%; ponatinib dose was <30 mg/d in all but one of these patients at the time of response. Of 19 patients who were ongoing and in MCyR as of Oct 2013, 13 had their dose reduced; all 13 dose-reduced patients maintained MCyR at data cutoff. Of the 22 ongoing patients at the time of the present analysis, 18 (82%) had CCyR and 17 (77%) had MMR or better (MMR, 6 patients; MR<sup>4</sup>, 1 patient; MR<sup>5</sup>, 9 patients; MR<sup>5</sup>, 1 patient) as their response at the data cutoff; 14/22 (64%) ongoing patients were receiving 15 mg/d as their current dose as of the data cutoff. Rash (65%), fatigue (63%), abdominal pain (58%), headache (58%) and arthralgia (53%) were the most common treatment-emergent AEs. The incidence of AEs (any/serious) was 40%/30% (by subcategory: cardiovascular, 30%/21%; cerebrovascular, 9%/7%; peripheral vascular, 14%/9%). Conclusions: With median follow-up of over 4 years in this phase 1 study, ponatinib continues to provide clinical benefit to heavily pre-treated CP-CML patients, approximately half of whom continue to receive ponatinib, with a majority in deep response that has been long-lasting; final study data will be presented. The most common treatment-emergent AEs were consistent with the AE profile across the clinical program. Potential for long-term benefit, demonstrated herein, versus risk should be considered when using ponatinib in this patient population. Study sponsor: ARIAD Pharmaceuticals, Inc.

Institution
M.J. Mauro
Publisher
American Society of Hematology
Volume
128
Issue Part
22) (no pagination)
Country of Publication
Netherlands

612.
The safety and efficacy of deferasirox for the transplant patients with iron overload
Introduction: Iron overload in patients who received hematopoietic cell transplantation (HCT) is one of the major clinical issues. Although deferasirox is well known to be an iron chelating agent, its safety for the patients who received HCT is unknown. Then, we designed a multicenter prospective study (phase 1) to evaluate the safety and efficacy of deferasirox in patients with iron overload after HCT. Methods: The eligibility criteria includes the duration at least 6 month after HCT, serum ferritin more than 1,000 ng/ml, red blood cell (RBC) transfusions more than 20 units, disease remission, normal renal function, performance status of 0 or 1, and the unfit of phlebotomy. The exclusion criteria were history of iron chelating therapy after HCT, presence of moderate or severe chronic graft-versus-host disease (GVHD), uncontrollable complications, and the history of hepatitis B or C virus infection. A registration target was set at 20 patients including 5 ineligibles. Safety of deferasirox was assessed by the dose escalation methods in the individual. After the registration, deferasirox was started at a dose of 5 mg/kg for four weeks. Then, the dose was increased to 7.5 mg/kg and 10 mg/kg. The patient attended every two weeks for the safety evaluation. Cessation criteria were any grade 2 to 4 of adverse event or early disease relapse. Namely, 4 weeks medication within grade 1 of adverse events was defined as tolerable and successful medication for the identical dose. Primary endpoint was the maximum tolerate dose of deferasirox and defined from the dose in which 50 to 80% of the eligible patients were tolerable. Results: A total of 16 patients were enrolled to the study from March 2013 to January 2016. One case was excluded out of analysis due to the early relapse and 15 were eligible. Median age was 42 years old (range: 22-68). Disease included acute myeloid leukemia (n=6), acute lymphoblastic leukemia (n=2), aplastic anemia (n=2), non-Hodgkin’s lymphoma (n=2), and others (n=3). Median duration from HCT to deferasirox administration was 9 months (range: 6-84). Median amount of RBC transfusions was 54 units (range: 20-156). Median value of serum ferritin was 1,537 ng/ml (range: 1,027-7,655). Regarding to the dose escalation test, 9 cases succeeded in taking from the initial 5mg/kg to the final 10mg/kg and 6 resulted in withdrawal during the treatment: abnormality of clinical test in 5 mg/kg (n=3), late relapse in 7.5 mg/kg (n=1), self-cessation and gastrointestinal event in 10 mg/kg (n=2). Achievement rates of successful medication were 80% in 5 mg/kg (12 of 15), 73% in 7.5 mg/kg (11 of 15), and 60%
in 10 mg/kg (9 of 15), respectively. Among 10 evaluable cases, mean value of ferritin decreased from 1, 605 ng/ml at pre-treatment to 1, 303 ng/ml at post-treatment. The change of other markers were as follows: hemoglobin from 12.0 g/dl to 12.6 g/dl, aspartate aminotransferase (AST) from 24.9 IU/L to 28.3 IU/L, alanine aminotransferase (ALT) from 25.8 IU/L to 28.4 IU/L, creatinine (Cr) from 0.80 mg/dl to 1.05 mg/dl. Liver iron content (LIC) was examined only in 3 cases and the mean LIC was did not change before and after the treatment at 200 mumol/g. Main of grade 1 of adverse events were elevation of clinical test including Cr (60%), AST (40%), ALT (40%), and alkaline phosphatase (33%), diarrhea (27%), abdominal pain (20%), skin rash (20%), constipation (20%), nausea (13%). None of the patients developed the exacerbation of GVHD.

Conclusion: This dose escalating method of deferasirox treatment for transplant patients may be feasible. Ten mg/kg of deferasirox may be maximum tolerated dose when given after HCT. The efficacy of iron chelation would be inadequate due to the low dose and short term of deferasirox. Validation of phase 2 study is warrant.

Institution
T. Tachibana
Publisher
American Society of Hematology
Volume
128
Issue Part
22) (no pagination
Country of Publication
Netherlands

613.
ENESTgoal treatment-free remission study: updated preliminary results and digital polymerase chain reaction analysis in patients with chronic myeloid leukemia in chronic phase who switched from imatinib to nilotinib
EBM Reviews - Cochrane Central Register of Controlled Trials
United states. Conference start: 20161203. Conference end: 20161206 128(22) (no
Background: Treatment-free remission (TFR; ie, stopping tyrosine kinase inhibitor [TKI] therapy without loss of response) has been demonstrated in multiple trials in patients (pts) with chronic myeloid leukemia in chronic phase (CML-CP) with stable deep molecular response (DMR) after long-term TKI therapy. Enabling TFR requires frequent molecular response (MR) assessments near the limit of detection (LOD) for real-time quantitative polymerase chain reaction (RQ-PCR) before and after stopping treatment. Digital PCR (dPCR) may have the potential for more sensitive detection of BCR-ABL1. ENESTgoal is an open-label phase 2 study in pts receiving imatinib (IM) who achieved major MR (MMR; BCR-ABL1 < 0.1% on the International Scale [IS]) but not MR45 (BCR-ABL1IS < 0.0032%) and were switched to nilotinib (NIL) upon enrollment.

Methods:Pts (aged > 18 years) with Philadelphia chromosome-positive CML-CP who had MMR but not MR<sup>4.5</sup> after > 1 year of IM were switched to NIL 300 mg twice daily in a monitoring phase of up to 2 years. Pts who achieved confirmed MR<sup>4.5</sup> during the monitoring phase entered a 2-year NIL consolidation phase (changed via protocol amendment from randomization to 1 or 2 years of consolidation). Pts with no confirmed loss of MR<sup>4</sup> (BCR-ABL1<sup>IS</sup> < 0.01%) during consolidation were eligible to stop NIL and enter the TFR phase; pts who were randomized to a 1-year consolidation and had already entered TFR prior to the protocol amendment continued in the TFR phase. Pts with molecular relapse, defined as confirmed loss of MMR (2 samples within = 4 weeks) during TFR, reinitiated NIL. RQ-PCR was performed every 3 months before TFR, monthly for the first 6 months of TFR, and every 2 months thereafter during TFR. When sufficient sample was available, dPCR was also performed for samples from the consolidation and TFR phases that were expected to be below the RQ-PCR LOD (BCR-ABL1<sup>IS</sup> < 0.0032%).

Results:As of the data cutoff (May 9, 2016), 59 pts were enrolled (median follow-up in monitoring phase, 297 days): median age, 54 years; male, 66%; median prior IM duration, 64 months. Of these, 42 pts (71%) remained on study (monitoring phase, n = 9; consolidation phase, n = 29; TFR phase, n = 1; reinitiation phase, n = 3). Median NIL exposure on study was 21 months (range, < 1-31 months). A total of 39 pts (66%) achieved confirmed MR<sup>4.5</sup> (median follow-up in consolidation phase, 336 days); median time to MR<sup>4.5</sup> was 220 days (range, 56-757 days). As of the data cutoff, 25 pts did not have confirmed loss of MR<sup>4</sup> during consolidation, and 4 pts had entered the TFR phase; of these 4, 3 had only 1 year of NIL consolidation. Three pts restarted NIL after 70, 99, and 153 days in the TFR phase (final BCR-ABL1<sup>IS</sup> during TFR: 0.5722%, 0.0216%, and 0.2258%, respectively); all regained MR<sup>4.5</sup> with NIL retreatment. As of the data cutoff, 1 pt remained in TFR (duration,
138 days; BCR-ABL1 undetectable at last measurement). However, longer follow-up is needed to determine the rate and duration of TFR. Adverse events (AEs) reported in > 10 pts during NIL treatment included fatigue \((n = 22; 37\%)\), constipation \((n = 15; 25\%)\), rash \((n = 14; 24\%)\), headache \((n = 12; 20\%)\), abdominal pain and pruritus \((n = 11; 19\% \text{ each})\), and diarrhea, lipase increased, and weight decreased \((n = 10; 17\% \text{ each})\). The majority of events were grade 1/2. Serious NIL-related AEs were unstable angina, arterial stenosis, pericardial effusion, peripheral arterial occlusive disease, and transient ischemic attack \((n = 1 \text{ each})\). Seven pts discontinued from the study due to AE/abnormal laboratory value; the remaining study discontinuations were due to withdrawal of consent \((n = 6)\) and unsatisfactory therapeutic effect \((n = 4)\). No deaths occurred on study. In 97 samples from pts in the consolidation and TFR phases that had undetectable BCR-ABL1 by RQ-PCR, dPCR analysis was performed. BCR-ABL1 was detected by dPCR in 11 of these samples \((11\%);\) none of these pts have relapsed. Conclusion: The majority \((66\%);\) of pts with MMR but not MR\(^{4.5}\) on IM achieved confirmed MR\(^{4.5}\) after switching to NIL on study. The safety profile of NIL was generally consistent with that seen in previous NIL studies. dPCR detected BCR-ABL1 transcripts in samples from some pts with undetectable BCR-ABL1 by RQ-PCR. Achievement of sustained DMR and maintenance of TFR in ENESTgoal continue to be evaluated with ongoing follow-up; future dPCR analysis will compare BCR-ABL1 transcript levels at the time of stopping NIL in pts who did or did not have molecular relapse.
Safety and preliminary efficacy results of a phase I first-in-human study of the novel Notch-1 targeting antibody brontictuzumab (OMP-52M51) administered intravenously to patients with hematologic malignancies


EBM Reviews - Cochrane Central Register of Controlled Trials

AN: CN-01334980 NEW

Background: The Notch pathway plays a key role in embryonic development and regulation of stem and progenitor cells, and is implicated in human cancer. Notch1 (N1) signaling is activated by various mechanisms including N1 activating mutations in certain hematologic tumors such as chronic lymphocytic leukemia (CLL), mantle cell lymphoma (MCL), diffuse large B cell lymphoma (DLBCL). Brontictuzumab (BRON) is a humanized IgG2 antibody that inhibits the signaling function of N1. As such, BRON is a novel anti-cancer agent that inhibits tumor growth through direct actions on tumor cells, including cancer stem cells, and tumor angiogenesis. Materials and methods: A phase I dose escalation and expansion study was initiated in patients (pts) with previously treated CLL, MCL, DLBCL, anaplastic large cell lymphoma (ALCL), transformed mycosis fungoides (TMF), Sezary Syndrome (SS), T-cell acute lymphoblastic leukemia (T-ALL), or other hematologic malignancies with known N1 activating mutation. BRON was administered intravenously to study safety, pharmacokinetics (PK), pharmacodynamics, preliminary efficacy, and to determine the maximum tolerated dose (MTD). Clinical trial information: NCT01778439.

Results: Twenty-four pts were enrolled and 23 pts have been treated in 4 dose escalation cohorts at doses of 0.25 mg/kg every 4 weeks (Q4W), 0.5 mg/kg Q4W, 1 mg/kg Q4W, and 1 mg/kg every 2 weeks (Q2W). Tumor types included DLBCL (6 pts), CLL (5 pts), TMF (5 pts), MCL (4 pts), and one each with T-ALL, T-cell prolymphocytic leukemia (T-PLL), and follicular lymphoma (FL). Two pts experienced dose-limiting toxicity (DLTs) adverse events at the 1.0 mg/kg Q2W dose cohort: one pt had gr 5 acute renal failure in the setting of tumor lysis (1 mg/kg Q2W) and 1 pt had gr 3 diarrhea and gr 3 acute on chronic renal failure (1 mg/kg Q2W). The most frequent treatment-related adverse events (AE) of any grade were: diarrhea (22%), fatigue (17%), anemia (13%), abdominal pain (9%), nausea (9%), vomiting (9%), peripheral edema (9%), increased bilirubin (9%), decreased appetite (9%), hypokalemia (9%), and acute renal failure (9%). One pt with TMF had partial response to treatment, after receiving 1 mg/kg Q2W. Two additional pts had stable disease as best overall response (1 with MCL, and 1 with TMF). Five of the 24 pts had N1
mutations that were predicted to be deleterious and 3 pts had unknown N1 mutation status. Of the 5 patients with N1 mutations, 3 had classical frame shift mutations in the N1 PEST domain and are validated to be activating mutations and 2 had mutations in EGF-like domain where the mutation significance is unknown. Of the three patients with known N1 activating mutations, 1 pt was treated at 0.25 mg/kg Q4W and had progressive disease at first assessment, 1 pt never received study drug, and 1 pt treated at 1 mg/kg Q2W had stable disease as best response and was on study 101 days. Conclusions: BRON is generally well tolerated and had moderate anti-tumor activity. Diarrhea is the primary toxicity of this antibody. The MTD has not been established. Updated efficacy, safety, N1 intracellular domain expression status, and PK results will be presented.

Institution
C. Casulo
Publisher
American Society of Hematology
Volume
128
Issue Part
22) (no pagination)
Country of Publication
Netherlands

A drug-drug interaction study of ibrutinib with moderate and strong CYP3A Inhibitors in patients with B-cell malignancy

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
Background: Ibrutinib, a potent inhibitor of Bruton's tyrosine kinase, is indicated for the treatment of mantle cell lymphoma, chronic lymphocytic leukemia/small lymphocytic lymphoma (including 17p deletion), and Waldenstrom's macroglobulinemia. Because ibrutinib is extensively cleared by cytochrome P450 (CYP) 3A4, concomitant treatment with CYP3A inhibitors has been shown to increase ibrutinib exposure in healthy adults. However, sparse PK data from uncontrolled phase 2 studies with moderate CYP3A inhibitors showed a lower magnitude of drug-drug interactions (DDI) than observed in studies with healthy subjects or in silico simulations under nonfasted conditions (data on file). This phase 1 study was conducted to evaluate potential DDIs between ibrutinib and CYP3A inhibitors in patients with B-cell malignancies and to confirm recommended dose adjustments.

Methods: This was an open-label, multicenter, DDI study of ibrutinib with erythromycin (moderate CYP3A inhibitor) and voriconazole (strong CYP3A inhibitor) in patients (>18 years) with relapsed/refractory B-cell malignancy. During the first treatment cycle, patients received an oral dose of 560 mg ibrutinib on days 1-4 (steady-state) and days 14-18. On days 5-13 and 19-27, the dose was reduced to 140 mg ibrutinib and combined with erythromycin (500 mg tid on days 5-11) and then with voriconazole (200 mg bid on days 19-25). On PK sampling days (days 4 [alone], 11 [with erythromycin], and 25 [with voriconazole]), ibrutinib was administered 30 min before a standard breakfast. On these PK sampling days, the morning doses of voriconazole and erythromycin were administered 1 hr prior to ibrutinib and together with ibrutinib, respectively. PK samples were taken pre- and up to 24 hr postdose; key PK parameters were summarized for ibrutinib, PCI-45227 (ibrutinib metabolite), erythromycin, and voriconazole.

After completion of the DDI assessment during cycle 1, patients continued treatment with ibrutinib monotherapy at therapeutic doses. Safety was evaluated throughout the study. Results: All patients (N = 26) completed the PK assessments in cycle 1; 54% were men, and the median age was 65 years. The geometric mean ratio (GMR) for dose-normalized maximum concentration (C<inf>max</inf>) and area under the plasma concentration-time curve from time 0 to 24 hr (AUC<inf>24h</inf>) for ibrutinib was 3.35 and 2.99, respectively, when given in combination with erythromycin (Table). When ibrutinib was coadministered with voriconazole, the GMR for C<inf>max</inf> and AUC<inf>24h</inf> was 6.71 and 5.74, respectively (Table). Four out of 26 patients showed either no interaction between ibrutinib and erythromycin or a lower ibrutinib exposure (AUC ratios 0.27-0.99). Three of these 4 patients also displayed minimal interaction with voriconazole (AUC ratios 1.08-1.96); baseline ibrutinib AUCs for the 3 patients were at the high end of the range, indicating lower CYP3A abundance and thus less impact from CYP inhibition. Physiologically-based PK modeling under fed conditions predicted a 5.5- and 7.1-fold increase in the GMR for ibrutinib C<inf>max</inf> and AUC, respectively, when dosed with erythromycin and an increase of 6.3- and 7.6-fold, respectively, when dosed with voriconazole. The simulated interaction factor for voriconazole is contained in the 90% CI of the observed
GMRs (borderline for AUC), whereas the model over-predicted C and AUC by ~50% and ~130%, respectively. Treatment-emergent adverse events (TEAEs) were reported in 22/26 patients (85%); The most common TEAEs (all causality, > 10% of patients) were diarrhea (27%); neutropenia (23%); abdominal pain, fatigue, pyrexia, and thrombocytopenia (15% each); anemia, dry mouth, cough, dyspnea, and hypertension (12% each). Drug-related TEAEs > grade 3 were neutropenia (15.4%); hypertension (7.7%); and diarrhea, thrombocytopenia, herpes zoster, cough, dyspnea, atrial fibrillation, and cardiac failure (3.8% each). Conclusions: PK data indicate that 140 mg ibrutinib, when combined with a moderate or strong CYP3A inhibitor, achieved exposures generally consistent with those after a 560 mg dose given alone. Coadministration of 140 mg ibrutinib with erythromycin or voriconazole demonstrated an acceptable safety profile, and the adverse event profile was consistent with the ibrutinib safety profile at therapeutic doses. These findings support the 140 mg/day ibrutinib dose when given in combination with erythromycin or voriconazole. (Figure presented).

Institution
J. De Jong
Publisher
American Society of Hematology
Volume
128
Issue Part
22) (no pagination
Country of Publication
Netherlands

616.
The efficacy of JAK2 inhibitor in heavily pretreated classical hodgkin lymphoma: a prospective pilot study of ruxolitinib in relapsed or refractory classical hodgkin lymphoma and primary mediastinal large B-cell lymphoma
EBM Reviews - Cochrane Central Register of Controlled Trials
United states. Conference start: 20161203. Conference end: 20161206 128(22) (no
Background JAK2 expression and activity increased in classical Hodgkin lymphoma (cHL) and primary mediastinal large B-cell lymphoma (PMBCL) because both of them were reported to have chromosome 9p24.1/JAK2 amplification. Thus, JAK2 has been suggested as a potential therapeutic target in both disease having similar clinical and genetic features, and a previous in vitro and in vivo study showed cHL and PMBCL with JAK2 amplification were sensitive to JAK2 inhibition. However, the efficacy of JAK2 inhibitor has never been evaluated in clinical trials with cHL and PMBCL patients. We performed a prospective pilot proof of concept study with JAK2 inhibitor, ruxolitinib in relapsed or refractory cHL and PMBCL to evaluate the effect of JAK2 inhibition. Methods This study enrolled only relapsed or refractory cHL and PMBCL. Subjects should experience at least two times of relapse or treatment failure before enrollment. We enrolled subjects who were more than 18 years and had at least one lesion of FDG-PET positive measurable disease. Ruxolitinib was administered orally at a dose of 20 mg twice a day of a 28-day cycle. Treatment cycles were repeated up to 16 cycles until disease progression or unacceptable toxicity occurred. The primary objective was to assess the overall disease control rate including the achievement of complete response (CR), partial response (PR) and stable disease (SD). Response evaluation was done according to the 2007 Cheson criteria, and the planned number of subjects was 20. Pathology review was done by the Korean Lymphoma Pathology Review Board after the enrollment was completed. The JAK2 amplification in tumor cells was independently analyzed by the Cancer Institute Hospital of Japanese Foundation for Cancer Research without clinical information. Details of the study were registered at ClinicalTrials.gov (NCT01965119). Results We enrolled 20 patients (median age: 43, range: 19 - 76) including 14 cHL and 6 PMBCL between 2013 and 2015. The median number of prior therapies was four (range: 2 - 10). Eight patients underwent autologous stem cell transplantation, and ten patients received involved field radiotherapy during their treatment period. Four cHL (29%, 4/14) and four PMBCL (67%, 4/6) were primarily refractory to induction treatment. At the time of enrollment, 18 patients were refractory to salvage treatment, and two patients relapsed five years after their last treatment. The first response evaluation after the 2 cycle showed 40% (7/20) of overall disease control rate (1 CR, 6 PR, and 1 SD). However, one cHL case with PR was excluded from the analysis after the final diagnosis was changed to chronic active EBV infection by the pathology review board. The comparison between cHL and PMBCL showed more efficacy of ruxolitinib in cHL because all patients with PMBCL rapidly progressed after 1 or 2 cycle whereas disease was controlled in seven patients with cHL (1 CR, 5 PR and 1 SD) out of 13 patients with cHL (54%, 7/13). Although the median number of treatment cycle of all patients was
two (range: 1-10), six responders received on the average five cycles of treatment (range: 4-10), and the median duration of response was 5 months (range: 4 - 12+ months). The toxicity was manageable without any grade 3 or 4 hematologic and non-hematologic toxicity. Most non-hematologic toxicities including liver enzyme elevation and abdominal pain were grade 1 or 2. The analysis of JAK2 amplification by FISH was done in 9 patients whose tissue sample was available. Among three patients with high amplification (more than 10 signals), only one SD was observed whereas two patients achieved PR out of six cases with low or absent amplification. Conclusions The efficacy of ruxolitinib in heavily pretreated patients with relapsed or refractory cHL suggested JAK2 inhibition might be more effective for the treatment of cHL than PMBCL. A phase I/II study with larger study population should be warranted based on our results of pilot study.

Institution
S.J. Kim
Publisher
American Society of Hematology
Volume
128
Issue Part
22) (no pagination
Country of Publication
Netherlands

617.
SUSTAIN: a multicenter, randomized, placebo-controlled, double-blind, 12-month study to assess safety and efficacy of selg1 with or without hydroxyurea therapy in sickle cell disease patients with sickle cell-related pain crises
EBM Reviews - Cochrane Central Register of Controlled Trials
Introduction: Acute painful episodes, frequently called sickle-cell-related pain crises (SCPC), are a substantial cause of morbidity in sickle cell disease (SCD). Although hydroxyurea (HU) is known to decrease the frequency of SCPC in sickle cell anemia, many patients continue to experience acute painful episodes despite such therapy. P-selectin is an adhesion molecule expressed on activated vascular endothelial cells and platelets. It is a key molecule in the initiation of leukocyte rolling on the vessel wall that leads to firm attachment and extravasation to underlying tissues during inflammation. Upregulation of P-selectin on endothelial cells and platelets also contributes to the cell-cell interactions involved in the pathogenesis of SCPC. The SUSTAIN study evaluated the safety of SelG1, a first-in-class humanized anti-P-selectin antibody, and its effect on the frequency of SCPC in SCD patients. Methods: We conducted a randomized, double-blind, placebo-controlled, multinational study. Patients were randomized to receive placebo, 2.5 mg/kg or 5.0 mg/kg SelG1; patients received their initial dose, a dose 14 days later, and then every 4 weeks through week 50 for a total of 14 doses. The primary efficacy endpoint was the annual rate of SCPC in the 5.0 mg/kg SelG1 group vs. placebo. A hierarchical testing procedure was employed (alpha = 0.05 for high dose vs. placebo, and if significant, low dose vs. placebo). An SCPC was defined as acute sickle cell-related pain that resulted in a visit to a medical facility and required a parenteral or oral narcotic or parenteral NSAID. Acute chest syndrome (ACS), priapism, hepatic and splenic sequestration were also included in this definition. A blinded, independent committee adjudicated all SCPC events. Key inclusion criteria included patients 16 to 65 years of age; diagnosis of SCD (HbSS, HbSC, HbSbeta thalassemia or HbSbeta thalassemia); and history of 2 to 10 SCPC in the previous 12 months. Patients receiving HU or erythropoietin were included if prescribed for the preceding 6 months and dose was stable for at least 3 months. The randomization was stratified by historical SCPC in the prior year (2-4 or 5-10) and concomitant HU use (yes or no). Secondary endpoints included annual rate of days hospitalized, times to first and second SCPC and annual rate of uncomplicated SCPC (defined as typical SCPC other than ACS, priapism and hepatic or splenic sequestration) and ACS. Results: 198 SCD patients were randomized for the 1-year study. The Intent-To-Treat (ITT) population included all randomized patients; 67, 66 and 65 patients in the 5.0 mg/kg, 2.5 mg/kg and placebo groups, respectively. Demographic parameters were evenly distributed in the treatment groups. The primary endpoint, the annual rate of SCPC in the ITT population at 5.0 mg/kg vs. placebo, was reduced 47% (medians of 1.6 vs. 3.0, p = 0.010, Table 1). The SelG1 drug effect was dosedependent as the annual rate of SCPC at 2.5 mg/kg vs. placebo was reduced 33% (medians of 2.0 vs. 3.0, p = 0.180). Time to first SCPC at 5.0 mg/kg vs. placebo was increased 2.9-fold
(medians of 4.1 vs. 1.4 months, p = 0.001, Fig. 1) and time to second SCPC was increased 2.0-fold (medians of 10.3 vs. 5.1 months, p = 0.022, Fig. 2). The annual rate of uncomplicated SCPC at 5.0 mg/kg vs. placebo was reduced by 62% (medians of 1.1 vs. 2.9, p = 0.015). ACS events were rare in this study. The annual rate of days hospitalized at 5.0 mg/kg vs. placebo showed a non-significant, 42% reduction (medians of 4.0 vs. 6.9, p = 0.450). Adverse events that occurred in 5% or more of patients in an active dose group and were elevated over placebo by at least 2-fold were arthralgia, pruritus, vomiting, chest pain, diarrhea, road traffic accident, fatigue, myalgia, musculoskeletal chest pain, abdominal pain, influenza and oropharyngeal pain. There were no apparent increases in infections with SelG1 treatment. Five deaths occurred during the study, 2 at 5.0 mg/kg, 1 at 2.5 mg/kg and 2 in placebo; no deaths were deemed related to study drug.

Conclusions: The P-selectin inhibitor SelG1 significantly reduced SCPC and appeared to be safe and well tolerated. Significant improvements were also achieved for several secondary endpoints including increases in times to first and second SCPC. Chronic inhibition of P-selectin with once a month IV dosing of SelG1 represents a novel and potentially new disease-modifying, prophylactic treatment option for patients with SCD.

Institution
K.I. Ataga
Publisher
American Society of Hematology
Volume
128
Issue Part
22) (no pagination
Country of Publication
Netherlands

Fully covered self-expanding metal stents versus lumen-apposing fully covered self-expanding metal stent versus plastic stents for endoscopic drainage of pancreatic walled-off necrosis: clinical outcomes and success
EBM Reviews - Cochrane Central Register of Controlled Trials
Background and Aims Endoscopic transmural drainage/debridement of pancreatic walled-off necrosis (WON) has been performed using double-pigtail plastic (DP), fully covered self-expanding metal stents (FCSEMSs), or the novel lumen-apposing fully covered self-expanding metal stent (LAMS). Our aim was to perform a retrospective cohort study to compare the clinical outcomes and adverse events of EUS-guided drainage/debridement of WON with DP stents, FCSEMSs, and LAMSs. Methods Consecutive patients in 2 centers with WON managed by EUS-guided debridement were divided into 3 groups: (1) those who underwent debridement using DP stents, (2) debridement using FCSEMSs, (3) debridement using LAMSs. Technical success (ability to access and drain a WON by placement of transmural stents), early adverse events, number of procedures performed per patient to achieve WON resolution, and long-term success (complete resolution of the WON without need for further reintervention at 6 months after treatment) were evaluated. Results From 2010 to 2015, 313 patients (23.3% female; mean age, 53 years) underwent WON debridement, including 106 who were drained using DP stents, 121 using FCSEMSs, and 86 using LAMSs. The 3 groups were matched for age, cause of the pancreatitis, WON size, and location. The cause of the patients’ pancreatitis was gallstones (40.6%), alcohol (30.7%), idiopathic (13.1%), and other causes (15.6%). The mean cyst size was 102 mm (range, 20-510 mm). The mean number of endoscopy sessions was 2.5 (range, 1-13). The technical success rate of stent placement was 99%. Early adverse events were noted in 27 of 313 (8.6%) patients (perforation in 6, bleeding in 8, suprainfection in 9, other in 7). Successful endoscopic therapy was noted in 277 of 313 (89.6%) patients. When comparing the 3 groups, there was no difference in the technical success (P = .37). Early adverse events were significantly lower in the FCSEMS group compared with the DP and LAMS groups (1.6%, 7.5%, and 9.3%; P < .01). At 6-month follow-up, the rate of complete resolution of WON was lower with DP stents compared with FCSEMSs and LAMSs (81% vs 95% vs 90%; P = .001). The mean number of procedures required for WON resolution was significantly lower in the LAMS group compared with the FCSEMS and DP groups (2.2 vs 3 vs 3.6, respectively; P = .04). On multivariable analysis, DP stents remain the sole negative predictor for successful resolution of WON (odds ratio [OR], 0.18; 95% confidence interval, 0.06-0.53; P = .002) after adjusting for age, sex, and WON size. Although there was no significant difference between FCSEMSs and LAMSs for WON resolution, the LAMS was more likely to have early adverse events (OR, 6.6; P = .02). Conclusions EUS-guided drainage/debridement of WON using FCSEMSs and LAMSs is superior to DP stents in terms of overall treatment efficacy. The number of procedures required for WON resolution was significantly lower with LAMSs compared with FCSEMSs and DP stents. Copyright (C) 2017 American Society for Gastrointestinal Endoscopy
Utidelone plus capecitabine versus capecitabine alone for heavily pretreated metastatic breast cancer refractory to anthracyclines and taxanes: a multicentre, open-label, superiority, phase 3, randomised controlled trial


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01335805 NEW

Background Utidelone, a genetically engineered epothilone analogue, has shown promise as a potential treatment for breast cancer in phase 1 and 2 trials. The aim of this phase 3 trial was to compare the efficacy and safety of utidelone plus capecitabine versus capecitabine alone in patients with metastatic breast cancer. Methods We did a multicentre, open-label, superiority, phase 3, randomised controlled trial in 26 hospitals in China. Eligible participants were female patients with metastatic breast cancer refractory to anthracycline and taxane chemotherapy regimens. We randomly assigned participants (2:1) using computer based randomisation and block sizes of 6 to a 21-day cycle of either utidelone (30 mg/m<sup>2</sup>) intravenously once
per day on days 1-5) plus capecitabine (1000 mg/m² orally twice per day on days 1-14), or capecitabine alone (1250 mg/m² orally twice per day on days 1-14), until disease progression or unacceptable toxicity occurred. Patients, physicians, and assessors were not masked to treatment allocation; however, an independent radiology review committee used to additionally assess response was masked to allocation. The primary endpoint was centrally assessed (by an independent radiology review committee) progression-free survival, and analysed using the Kaplan-Meier product-limit method in the intention-to-treat population. Safety was assessed in all participants who received at least one dose of study drug. Follow-up is ongoing. This study is registered at ClinicalTrials.gov, number NCT02253459. Findings Between Aug 8, 2014, and Dec 14, 2015, we enrolled and randomly assigned 270 patients to treatment with utidelone plus capecitabine, and 135 to capecitabine alone. Median follow-up for progression-free survival was 6.77 months (IQR 3.81-10.32) for the utidelone plus capecitabine group and 4.55 months (2.55-9.39) for the capecitabine alone group. Median progression-free survival by central review in the utidelone plus capecitabine group was 8.44 months (95% CI 7.95-9.92) compared with 4.27 months (3.22-5.68) in the capecitabine alone group; hazard ratio 0.46, 95% CI 0.36-0.59; p<0.0001. Peripheral neuropathy was the most common grade 3 adverse event in the utidelone plus capecitabine group (58 [22%] of 267 patients vs 1 [<1%] of 130 patients in the capecitabine alone group). Palmar-plantar erythrodysaesthesia was the most prominent grade 3 adverse event in the capacitabine alone group (in 10 [8%] of 130 patients) and was the next most frequent grade 3 event in the utidelone plus capecitabine group (in 18 [7%] of 267 patients). 16 serious adverse events were reported in the combination therapy group (diarrhoea was the most common, in three [1%] patients) and 14 serious adverse events were reported in the monotherapy group (the most common were diarrhoea, increased blood bilirubin, and anaemia, in two [2%] patients for each event). 155 patients died (99 in the combination therapy arm, 56 in the monotherapy arm). All deaths were related to disease progression except for one in each group (attributed to pericardial effusion in the combination therapy group and dyspnoea in the monotherapy group) that were considered possibly or probably treatment-related. Interpretation Despite disease progression with previous chemotherapies, utidelone plus capecitabine was more efficacious compared with capecitabine alone for the outcome of progression-free survival, with mild toxicity except for peripheral sensory neuropathy, which was manageable. The findings from this study support the use of utidelone plus capecitabine as an effective option for patients with metastatic breast cancer. Funding Beijing Biostar Technologies, Beijing, China. Copyright (C) 2017 Elsevier Ltd
Idelalisib or placebo in combination with bendamustine and rituximab in patients with relapsed or refractory chronic lymphocytic leukaemia: interim results from a phase 3, randomised, double-blind, placebo-controlled trial


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01335808  NEW

Background Bendamustine plus rituximab is a standard of care for the management of patients with relapsed or refractory chronic lymphocytic leukaemia. New therapies are needed to improve clinically relevant outcomes in these patients. We assessed the efficacy and safety of adding idelalisib, a first-in-class targeted phosphoinositide-3-kinase delta inhibitor, to bendamustine plus rituximab in this population. Methods For this international, multicentre, double-blind, placebo-controlled trial, adult patients (>18 years) with relapsed or refractory chronic lymphocytic leukaemia requiring treatment who had measurable lymphadenopathy by CT or MRI and disease progression within 36 months since their last previous therapy were enrolled. Patients were randomly assigned (1:1) by a central interactive web response system to receive bendamustine plus rituximab for a maximum of six cycles (bendamustine: 70 mg/m² on days 1 and 2 for six 28-day cycles; rituximab: 375 mg/m² on day 1 of cycle 1,
and 500 mg/m$^2$ on day 1 of cycles 2-6) in addition to either twice-daily oral idelalisib (150 mg) or placebo until disease progression or intolerable study drug-related toxicity.

Randomisation was stratified by high-risk features (IGHV, del[17p], or TP53 mutation) and refractory versus relapsed disease. The primary endpoint was progression-free survival assessed by an independent review committee in the intention-to-treat population. This trial is ongoing and is registered with ClinicalTrials.gov, number NCT01569295. Findings Between June 26, 2012, and Aug 21, 2014, 416 patients were enrolled and randomly assigned to the idelalisib (n=207) and placebo (n=209) groups. At a median follow-up of 14 months (IQR 7-18), median progression-free survival was 20.8 months (95% CI 16.6-26.4) in the idelalisib group and 11.1 months (8.9-11.1) in the placebo group (hazard ratio [HR] 0.33, 95% CI 0.25-0.44; p<0.0001). The most frequent grade 3 or worse adverse events in the idelalisib group were neutropenia (124 [60%] of 207 patients) and febrile neutropenia (48 [23%]), whereas in the placebo group they were neutropenia (99 [47%] of 209) and thrombocytopenia (27 [13%]). An increased risk of infection was reported in the idelalisib group compared with the placebo group (grade >3 infections and infestations: 80 [39%] of 207 vs 52 [25%] of 209). Serious adverse events, including febrile neutropenia, pneumonia, and pyrexia, were more common in the idelalisib group (140 [68%] of 207 patients) than in the placebo group (92 [44%] of 209). Treatment-emergent adverse events leading to death occurred in 23 (11%) patients in the idelalisib group and 15 (7%) in the placebo group, including six deaths from infections in the idelalisib group and three from infections in the placebo group. Interpretation Idelalisib in combination with bendamustine plus rituximab improved progression-free survival compared with bendamustine plus rituximab alone in patients with relapsed or refractory chronic lymphocytic leukaemia. However, careful attention needs to be paid to management of serious adverse events and infections associated with this regimen during treatment selection. Funding Gilead Sciences Inc. Copyright (C) 2017 Elsevier Ltd

A.D. Zelenetz, Department of Medicine, Lymphoma Service, Memorial Sloan Kettering Cancer Center, 1275 York Avenue, New York, NY 10065, United States. E-mail: zeleneta@mskcc.org

Publisher

Lancet Publishing Group (E-mail: cususerv@lancet.com)

Volume

18

Issue Part

3

Page

297-311

Country of Publication

United Kingdom
Assessment of anteroposterior subpedicular approach and oblique scotty dog subpedicular approach for selective nerve root block
Kaliya-Perumal A-K, Yeh Y-C, Luo C-A, Joey-Tan K-Y
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01336073  NEW
Background: The technique used to administer a selective nerve root block (SNRB) varies depending on individual expertise. Both the anteroposterior (AP) subpedicular approach and oblique Scotty dog subpedicular approach are widely practiced. However, the literature does not provide a clear consensus regarding which approach is more suitable. Hence, we decided to analyse the procedural parameters and clinical outcomes following SNRBs using these two approaches. Methods: Patients diagnosed with a single lumbar herniated intervertebral disc (HIVD) refractory to conservative management but not willing for immediate surgery were selected for a prospective nonrandomized comparative study. An SNRB was administered as a therapeutic alternative using the AP subpedicular approach in one group (n = 25; mean age, 45 +/- 5.4 years) and the oblique Scotty dog subpedicular approach in the other group (n = 22; mean age, 43.8 +/- 4.7 years). Results were compared in terms of the duration of the procedure, the number of C-arm exposures, accuracy, pain relief, functional outcome and the duration of relief.
Results: Our results suggest that the oblique Scotty dog subpedicular approach took a significantly longer duration (p = 0.02) and a greater number of C-arm exposures (p = 0.001). But, its accuracy of needle placement was 95.5% compared to only 72% using the AP subpedicular approach (p = 0.03). There was no significant difference in terms of clinical outcomes between these approaches. Conclusions: The AP subpedicular approach was simple and facile, but the oblique Scotty dog subpedicular approach was more accurate. However, a brief window period of pain relief was achieved irrespective of the approaching technique used. Copyright (C) 2017 by The Korean Orthopaedic Association.
Institution
A.-K. Kaliya-Perumal, Department of Orthopaedic Surgery, Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, Kancheepuram District, Melmaruvathur, Tamil Nadu 603319, India. E-mail: dr.arunkumar.orth@gmail.com
Current Approach to the Evaluation and Management of Microscopic Colitis
Cotter TG, Pardi DS

EBM Reviews - Cochrane Central Register of Controlled Trials
Current gastroenterology reports. 19(2) (no pagination):2017. Current gastroenterology reports

Purpose of Review: Microscopic colitis is a common cause of chronic watery diarrhea, particularly in the elderly. The accompanying symptoms, which include abdominal pain and fatigue, can markedly impair patients' quality of life. Diagnosis is based upon characteristic histologic findings of the colonic mucosa. This review focuses on the current approach to evaluation and management of patients with microscopic colitis. Recent Findings: Although the incidence of microscopic colitis has been increasing over time, recent epidemiological studies show stabilization at 21.0-24.7 cases per 100,000 person-years. Recent research has further expanded our knowledge of the underlying pathophysiology and emphasized the entity of drug-induced microscopic colitis and the association with celiac disease. Two recent randomized studies have confirmed the effectiveness of oral budesonide for both induction and maintenance treatment of microscopic colitis and is now endorsed by the American Gastroenterological Association as first-line treatment. Summary: The incidence of microscopic colitis has stabilized at just over 20 cases per 100,000 person-years. Celiac disease and drug-induced microscopic colitis should be considered in all patients diagnosed with microscopic colitis. There are a number of treatments available for patients with microscopic colitis; however, budesonide is the only option well studied
in controlled trials and is effective for both induction and maintenance treatment. Copyright (C) 2017, Springer Science+Business Media New York.

Institution
D.S. Pardi, Division of Gastroenterology and Hepatology, Mayo Clinic, 200 First Street SW, Rochester, MN 55905, United States. E-mail: pardi.darrell@mayo.edu

Publisher
Current Medicine Group LLC 1 (E-mail: info@phl.cursci.com)

Volume
19

Issue Part
2) (no pagination)

Country of Publication
United States

A phase I pharmacokinetic study of intraperitoneal bortezomib and carboplatin in patients with persistent or recurrent ovarian cancer: an NRG Oncology/Gynecologic Oncology Group study


EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Article In Press]

AN: CN-01336446  NEW

Purpose. Intraperitoneal (IP) therapy improves survival compared to intravenous (IV) treatment for women with newly diagnosed, optimally cytoreduced, ovarian cancer. However, the role of IP therapy in recurrent disease is unknown. Preclinical data demonstrated IP administration of the proteasome inhibitor, bortezomib prior to IP carboplatin increased tumor platinum accumulation resulting in synergistic cytotoxicity. We conducted this phase I trial of IP bortezomib and carboplatin in women with recurrent disease. Methods. Women with recurrent ovarian cancer were treated with escalating doses of IP bortezomib - in combination with IP carboplatin (AUC 4 or 5) every 21 days for 6 cycles. Pharmacokinetics of both agents were evaluated in cycle 1. Results. Thirty-three women participated; 32 were evaluable for safety. Two patients experienced
doselimiting toxicity (DLT) at the first dose level (carboplatin AUC 5, bortezomib 0.5 mg/m$^2$), prompting carboplatin reduction to AUC 4 for subsequent dose levels. With carboplatin dose fixed at AUC 4, bortezomib was escalated from 0.5 to 2.5 mg/m$^2$ without DLT. Grade 3/4 related toxicities included abdominal pain, nausea, vomiting, and diarrhea which were infrequent. The overall response rate in patients with measurable disease ($n=21$) was 19% (1 complete, 3 partial). $C_{\text{max}}$ and AU of C in peritoneal fluid and plasma increased linearly with dose, with a favorable exposure ratio of the peritoneal cavity relative to peripheral blood plasma. Conclusion. IP administration of this novel combination was feasible and showed promising activity in this phase I trial of heavily pre-treated women with ovarian cancer. Further evaluation of this IP combination should be conducted. Copyright (C) 2017 Published by Elsevier Inc.

Institution
D.S. Dizon, Massachusetts General Hospital Cancer Center, United States

Publisher
Academic Press Inc. (E-mail: apjcs@harcourt.com)

Volume
(no pagination)

Country of Publication
United States

624.

Short-term neurocognitive and symptomatic outcomes following mild traumatic brain injury: a prospective multi-centre observational cohort study
Bloom BM, Kinsella K, Pott J, Patel HC, Harris T, Lecky F, Pearse R

EBM Reviews - Cochrane Central Register of Controlled Trials

Brain injury. 31(3):304-311, 2017. Brain injury

[Journal: Article]

AN: CN-01336681 NEW

Objective: To determine the short-term cognitive and symptomatic outcome following mild traumatic brain injury. Methods: Setting: Emergency Departments of two UK tertiary referral hospitals. Participants: Adult patients presenting to the Emergency Departments of the Royal London Hospital and Salford Royal Hospital with suspected traumatic brain injury within 24 hours and Glasgow Coma Score > 8. A non-TBI comparison group included adult patients with no head
or neck injury. Design: Prospective multi-centre cohort study. Main measures: The Standardized Assessment of Concussion (SAC), the Concussion Symptom Inventory (CSI) and total number of symptoms, measured at baseline and 72 hours. Results: This study enrolled 189 patients with and 51 patients without TBI. Patients with TBI had marked cognitive impairment which persisted at 72 hours (SAC score at baseline = 25 [23-27] vs 72 hours = 25 [22-27]; p = 0.1). Patients with TBI had persistent high symptom severity, although this had decreased at 72 hours (CSI score at baseline = 9 [4-22] vs 72 hours = 5 [1-19], p = 0.002). A similar pattern was observed with the total number of symptoms (baseline = 4 [2-8] vs 72 hours = 0 [0-4]; p < 0.001). Patients with TBI had worse neurocognitive function, higher overall symptom severity and higher total number of symptoms compared with patients without TBI. Patients without TBI's neurocognitive function and symptom severity remained constant, but the number of symptoms reduced between baseline and 72 hours. Conclusion: There is a cognitive deficit and symptom burden in patients with mild TBI presenting to the Emergency Department which persists at 72 hours. Copyright (C) 2017 Taylor & Francis Group, LLC.

Institution
B.M. Bloom, Emergency Department Research Office, Royal London Hospital, Whitechapel, London E1 1BB, United Kingdom. E-mail: ben.bloom@nhs.net

Publisher
Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)

Volume
31

Issue Part
3

Page
304-311

Country of Publication
United Kingdom

Efficacy and safety of LAS41008 (dimethyl fumarate) in adults with moderate-to-severe chronic plaque psoriasis: a randomized, double-blind, Fumaderm<sup></sup>- and placebo-controlled trial (BRIDGE)
Background: Fumaric acid esters (FAEs) are recommended in international guidelines for induction and long-term treatment of adults with moderate-to-severe chronic plaque psoriasis. The fixed combination Fumaderm<sup>®</sup> is approved in Germany, with dimethyl fumarate (DMF) being the main active ingredient. Objectives: To assess the efficacy and safety of a new formulation of DMF (LAS41008), compared with placebo and Fumaderm<sup>®</sup>, in adults with moderate-to-severe chronic plaque psoriasis. Methods: In this phase III, double-blind, placebo-controlled, noninferiority trial (BRIDGE, NCT01726933, EudraCT 2012-000055-13), patients were randomized to receive LAS41008, Fumaderm<sup>®</sup> or placebo (2 : 2 : 1) for 16 weeks, uptitrating to a maximum daily DMF dose of 720 mg, depending upon individual response. The coprimary end points were the percentage of patients achieving > 75% improvement in Psoriasis Area and Severity Index (PASI 75) and the percentage achieving a score of 'clear' or 'almost clear' in the Physician's Global Assessment (PGA) at week 16. Results: In total, 671 patients were randomized and included in the full analysis set (n = 267, LAS41008; n = 273, Fumaderm<sup>®</sup>; n = 131, placebo). At week 16, 37.5% of patients treated with LAS41008 achieved PASI 75, compared with 15.3% receiving placebo (superiority for LAS41008 vs. placebo: P < 0.001) and 40.3% receiving Fumaderm<sup>®</sup> (noninferiority for LAS41008 vs. Fumaderm<sup>®</sup>): P < 0.001). Overall, 33% of patients treated with LAS41008 were 'clear' or 'almost clear' in the PGA at week 16, compared with 13.0% receiving placebo (P < 0.0001; LAS41008 superiority vs. placebo) and 37.4% receiving Fumaderm<sup>®</sup>. Most treatment-related adverse events were classed as 'mild' in severity. Conclusions: LAS41008 (DMF) is effective in the treatment of adults with moderate-to-severe chronic plaque psoriasis. Copyright (C) 2016 The Authors. British Journal of Dermatology published by John Wiley & Sons Ltd on behalf of British Association of Dermatologists.
A Phase II Study of Ganetespib as Second-line or Third-line Therapy for Metastatic Pancreatic Cancer
Cardin DB, Thota R, Goff LW, Berlin JD, Jones CM, Ayers GD, Whisenant JG, Chan E
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01337573 NEW
OBJECTIVES:: Heat shock protein 90 regulates multiple signaling proteins involved in key pathways of pancreatic cancer pathogenesis. Ganetespib binds to heat shock protein 90 and interferes with its binding to client proteins thus leading to inactivation and degradation of the signaling proteins that promote cancer progression. This phase II study was designed to evaluate the efficacy of ganetespib in patients with refractory metastatic pancreatic cancer (rMPC).
METHODS:: Patients with rMPC received 175 mg/m ganetespib intravenously once weekly for 3 weeks in 4-week cycles. Primary endpoint was disease control rate at 8 weeks, with a goal of 70%. Secondary endpoints were progression-free survival, overall survival, and safety. Simon's 2-stage design was used to assess futility and efficacy. Ganetespib was considered inactive if <8 patients among the first 15 treated had disease control after 8 weeks of treatment. RESULTS:: Fourteen patients were treated on study. Grade 3 treatment-related toxicities were diarrhea, abdominal pain, fatigue, nausea, vomiting, and hyponatremia. Disease control rate at 8 weeks was 28.6%, and median progression-free survival and overall survival were 1.58 months and 4.57 months, respectively. Early stopping rules for lack of clinical efficacy led to study closure.
CONCLUSIONS:: Single-agent ganetespib was tolerable with only modest disease control in rMPC. This disease is resistant to chemotherapy, and given the emerging data in lung and rectal cancers, as well as in pancreatic cancer cell lines, suggesting improved activity of ganetespib in
combination with cytotoxic agents, studies combining this agent with chemotherapy in rMPC are more likely to yield success. Copyright (C) 2017 Wolters Kluwer Health, Inc. All rights reserved.

D.B. Cardin, *Department of Medicine +Vanderbilt-Ingram Cancer Center, Vanderbilt University Medical Center Department of Cancer Biostatistics, Vanderbilt University Medical Center, Nashville ++The Jones Clinic, Germantown, TN

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Volume
(no pagination)

Country of Publication
United States

627.

Efficacy and safety of Ginkgo biloba standardized extract in the treatment of vascular cognitive impairment: a randomized, double-blind, placebo-controlled clinical trial

Demarin V, Kes VB, Trkanjec Z, Budisic M, Pasic MB, Crnac P, Budincevic H

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01337691 NEW

Objectives: The aim of this randomized, double-blind, placebo-controlled trial was to determine the efficacy and safety of Ginkgo biloba extract in patients diagnosed with vascular cognitive impairment (VCI). Methods: A total of 90 patients (aged 67.1+/−8.0 years; 59 women) were randomly allocated (1:1:1) to receive G. biloba 120 mg, G. biloba 60 mg, or placebo during a 6-month period. Assessment was made for efficacy indicators, including neuropsychological tests scores (Sandoz Clinical Assessment Geriatric Scale, Folstein Mini-Mental State Examination, Mattis Dementia Rating Scale, and Clinical Global Impression) and transcranial Doppler ultrasound findings. Safety indicators included laboratory findings, reported adverse reactions, and clinical examination. Results: At the end of 6-month study period, G. biloba 120 and 60 mg showed a statistically significant positive effect in comparison with placebo only on the Clinical Global Impression score (2.6+/−0.8 vs 3.1+/−0.7 vs 2.8+/−0.7, respectively; P=0.038). The Clinical
Global Impression score showed a significant deterioration from the baseline values in the placebo group (-0.3+/−0.5; P=0.021) as opposed to G. biloba groups. No significant differences were found in the transcranial Doppler ultrasound findings. Adverse reactions were significantly more common and serious in the placebo group (16 subjects) than in either of the two G. biloba extract groups (eight and nine subjects, respectively), whereas laboratory findings and clinical examinations revealed no differences between the groups receiving G. biloba extract and placebo. Conclusion: According to our results, G. biloba seemed to slow down the cognitive deterioration in patients with VCI, but the effect was shown in only one of the four neuropsychological tests administered. However, because of this mild effect in combination with a few adverse reactions, we cannot say that it is ineffective or unsafe either. Further studies are still needed to provide unambiguous evidence on the efficacy and safety of G. biloba extract.

Copyright (C) 2017 Demarin et al.

Institution

V. Demarin, International Institute for Brain Health, Ulica grada Vukovara 271/4, Zagreb HR-10000, Croatia. E-mail: vida.demarin@gmail.com

Publisher

Dove Medical Press Ltd. (PO Box 300-008, Albany, Auckland, New Zealand)

Volume

13

Page

483-490

Country of Publication

New Zealand

628.


Papes D, Pasini M, Jeroncic A

EBM Reviews - Cochrane Central Register of Controlled Trials

Long-term treatment with ruxolitinib for patients with myelofibrosis: 5-year update from the randomized, double-blind, placebo-controlled, phase 3 COMFORT-I trial

EBM Reviews - Cochrane Central Register of Controlled Trials
evaluated in this analysis were durability of a >35% reduction from baseline in spleen volume (spleen response) and overall survival, evaluated in the intent-to-treat population. Safety was evaluated in patients who received study treatment. Results: Patients were randomized (September 2009-April 2010) to ruxolitinib (n = 155) or placebo (n = 154). At termination, 27.7% of ruxolitinib-randomized patients and 25.2% (28/111) who crossed over from placebo were on treatment; no patients remained on placebo. Patients randomized to ruxolitinib had a median spleen response duration of 168.3 weeks and prolonged median overall survival versus placebo (ruxolitinib group, not reached; placebo group, 200 weeks; HR, 0.69; 95% CI, 0.50-0.96; P = 0.025) despite the crossover to ruxolitinib. The ruxolitinib safety profile remained consistent with previous analyses. The most common new-onset all-grade nonhematologic adverse events starting <12 versus >48 months after ruxolitinib initiation were fatigue (29.0 vs 33.3%) and diarrhea (27.8 vs 14.6%). New-onset grade 3 or 4 anemia and thrombocytopenia both primarily occurred within the first 6 months, with no cases after 42 months. The most common treatment-emergent adverse event-related deaths in the ruxolitinib-randomized group were sepsis (2.6%), disease progression (1.9%), and pneumonia (1.9%). Conclusion: The final COMFORT-I results continue to support ruxolitinib as an effective treatment for patients with intermediate-2/high-risk MF. Trial registration: ClinicalTrials.gov, NCT00952289 Copyright (C) 2017 The Author(s).
Efficacy and safety of sofosbuvir/velpatasvir in patients with chronic hepatitis C virus infection receiving opioid substitution therapy: analysis of phase 3 ASTRAL trials
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01338338 NEW
In this analysis of the ASTRAL trials (non-opioid substitution therapy [OST], n = 984; OST, n = 51) evaluating the once-daily, pan-genotypic regimen of sofosbuvir/velpatasvir for hepatitis C virus infection, OST did not impact completion, adherence, sustained virologic response (SVR12), or safety. SVR12 was 96% (95% confidence interval, 87%, >99%) in those receiving OST.
Copyright (C) The Author 2016. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.
Institution
J. Grebely, Viral Hepatitis Clinical Research Program, Kirby Institute, UNSW Australia, Sydney, NSW, Australia. E-mail: jgrebely@kirby.unsw.edu.au
Publisher
Oxford University Press (E-mail: jnl.info@oup.co.uk)
Volume
63
Issue Part
11
Page
1479-1481
Country of Publication
United Kingdom

Effect and safety of probiotics combined early enteral nutrition on severe acute pancreatitis patients
Wu P, Yu Y, Li L, Sun W
EBM Reviews - Cochrane Central Register of Controlled Trials
Background: Probiotics and enteral nutrition have been shown to be beneficial in reducing the infection rate in animal experiments and primary clinical trials. The aim of this study was to examine the effects and safety of probiotics combined enteral nutrition in patients with severe acute pancreatitis. Methods: One hundred and twenty severe acute pancreatitis patients were randomly divided into two groups receiving routine treatment and parenteral nutrition and probiotics combined enteral nutrition. Acute physiology and chronic health evaluation II scores, complications (systemic inflammatory response syndrome, multi-organ failure, and infections), plasma albumin, amylase, symptom disappearance time, average hospitalization time, and rate of infection were evaluated. Results: The baseline data show balance, and the two groups were comparable. The incidence of infection in treatment and control group was 6.7% and 20.0%, and the incidence of multiple organ dysfunction syndrome in two groups was 11.7% and 26.7%. There were statistical differences between treatment and control group. The incidence of mortality in the two groups was 3.4% and 11.8%, and there was no statistical difference. Compared to control group, the treatment group has higher level amylase and lower albumin (P=0.031, P<0.001). Moreover, the treatment group have shorter duration of abdomen pain and hospitalization.

Conclusion: These findings suggested that probiotics could play a beneficial role in the treatment of Severe Acute Pancreatitis (SAP), and combination therapy can promote the effect of therapeutic. Copyright (C) 2017 Scientific Publishers of India. All rights reserved.

Institution
W. Sun, Department of General Surgery, Xiangya Hospital, Central South University, China

Publisher
Scientific Publishers of India (E-mail: qayyum@del3.vsnl.net.in)

Volume
28

Issue Part
3

Page
1403-1407

Country of Publication
India
Chronic pancreatitis: multicentre prospective data collection and analysis by the Hungarian Pancreatic Study Group


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01338558  NEW

Introduction: Chronic pancreatitis is an inflammatory disease associated with structural and functional damage to the pancreas, causing pain, maldigestion and weight loss and thus worsening the quality of life. Aims and methods: Our aim was to find correlations from a multicentre database representing the epidemiological traits, diagnosis and treatment of the disease in Hungary. The Hungarian Pancreatic Study Group collected data prospectively from 2012 to 2014 on patients suffering from chronic pancreatitis. Statistical analysis was performed on different questions. Results: Data on 229 patients (74% male and 26% female) were uploaded from 14 centres. Daily alcohol consumption was present in the aetiology of 56% of the patients. 66% of the patients were previously treated for acute exacerbation. One third of the patients had had previous endoscopic or surgical interventions. Pain was present in 69% of the cases, endocrine insufficiency in 33%, diarrhoea in 13% and weight loss in 39%. Diagnosis was confirmed with US (80%), CT scan (52%), MRI-MRCP (6%), ERCP (39%), and EUS (7.4%). A functional test was carried out in 5% of the patients. In 31% of the cases, an endoscopic intervention was performed with the need for re-intervention in 5%. Further elective surgical intervention was necessitated in 44% of endoscopies. 20% of the registered patients were primarily treated with surgery. The biliary complication rate for surgery was significantly smaller (2%) than endoscopy (27%); however, pancreatic complications were higher in the patients treated with surgery. Patients who smoked regularly needed significantly more surgical intervention following endoscopy (66.7% vs. 26.9%, p = 0.002) than non-smokers, and the ratio of surgical intervention alone was also significantly higher (27.3% vs. 10.8%, p = 0.004). The ratio of surgery in patients who smoked and drank was significantly higher (30.09% vs. 12.5%, p = 0.012) than in abstinent and non-smoking patients, similarly to the need for further surgical intervention after endoscopic treatment (71.43% vs. 27.78%, p = 0.004). Conclusions: According to the data analysed, the epidemiological data and the aetiologial factors in our cohort differ little from
European trends. The study highlighted the overuse of ERCP as a diagnostic modality and the low ratio of use of endoscopic ultrasonography. The results proved that alcohol consumption and smoking represent risk factors for the increased need for surgical intervention. Chronic pancreatitis should be treated by multidisciplinary consensus grounded in evidence-based medicine. Copyright (C) 2017 Szucs et al.

Bendamustine, lenalidomide and dexamethasone (BRd) has high activity as 2<sup>nd</sup>-line therapy for relapsed and refractory multiple myeloma - a phase II trial

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]

AN: CN-01338802  NEW

The combination of lenalidomide (Revlimid<sup></sup>, R) and dexamethasone (d) is a standard regimen for patients with relapsed/refractory multiple myeloma (rrMM). With this regimen, only a small fraction of patients will achieve high quality responses [> very good partial response (VGPR)]. The combination of bendamustine (B), lenalidomide and dexamethasone (BRd) has shown high efficacy in patients with advanced rrMM. However, dose-limiting haematotoxicity restricted its use in extensively pre-treated patient populations. This prospective, multicentre Phase II study evaluated the efficacy and safety of BRd in rrMM patients with one prior line of therapy. Fifty patients were enrolled (median age 68.5 years [range 46-83]) and were treated with B 75 mg/m<sup>2</sup> days 1, 2; R 25 mg days 1-21 and d (40/20 mg) days 1, 8, 15 and 22,
for 6 28-day induction cycles, followed by 12 cycles with Rd alone. Pegfilgrastim was administered according to protocol-defined criteria. The study aimed to demonstrate a complete response (CR)/VGPR rate of >40% after induction therapy. Of 45 evaluable patients, 23 (51%) achieved a CR/VGPR. Grade 4 neutropenia or thrombocytopenia occurred in 17 (34%) and 8 (16%) of patients, respectively. BRd is a safe and efficacious regimen as a second line treatment for rrMM, leading to high quality responses in a considerable proportion of patients. Copyright (C) 2016 John Wiley & Sons Ltd

Institution
U.J.M. Mey, Medical Oncology and Haematology, Kantonsspital Graubunden, Chur, Switzerland.
E-mail: ulrich.mey@ksgr.ch
Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Volume
176
Issue Part
5
Page
770-782
Country of Publication
United Kingdom

634.
Fatty Acid Amide Hydrolase Inhibitor Treatment in Men With Chronic Prostatitis/Chronic Pelvic Pain Syndrome: an Adaptive Double-blind, Randomized Controlled Trial
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01339112 NEW
Objective: To examine the effect of a peripherally active fatty acid amide hydrolase (FAAH) inhibitor ASP3652 on safety and efficacy outcomes in chronic prostatitis/chronic pelvic pain
syndrome (CP/CPPS). Inhibition of FAAH is hypothesized to reduce the excitability of urinary tract afferents including nociceptors. Materials and Methods: In this adaptive, randomized, double-blind, placebo-controlled study, adult male patients with moderate to severe CP/CPPS were treated for 12 weeks with an oral dose of ASP3652 (25, 75, 150, or 300 mg twice daily, or 300 mg once daily), or placebo. A Bayesian model was used for adaptive prospective modeling of randomization, study continuation decisions, and analysis of the efficacy variables. Results: The study was stopped for futility at preplanned interim analysis when 239 patients were randomized (226 were included in the intention-to-treat set): the 25 mg group showed the largest reduction of the primary end point National Institutes of Health Chronic Prostatitis Symptom Index total score (7.0 points), but the placebo group showed a mean reduction of 7.3 points (difference: 0.3 [95% confidence interval: -1.9, 2.6]). Micturition outcomes improved compared with placebo in all ASP3652 groups; for example, in the 300 mg twice daily group, voiding frequency decreased by 1.10 (95% CI: -2.0, -0.2) voids/24 hours vs placebo. Safety outcomes were comparable across the treatment groups. Conclusion: ASP3652 was generally safe and well-tolerated. It did not show efficacy on pain symptoms in patients with CP/CPPS. However, the results indicate that FAAH inhibition may attenuate lower urinary tract symptoms. Dedicated studies in patients with lower urinary tract dysfunction are needed to confirm this. Copyright (C) 2017 Elsevier Inc.
Background. Although the incidence of Clostridium difficile infection (CDI) is increasing, available CDI treatment options are limited in terms of sustained response after treatment. This phase 3 trial assessed the efficacy and safety of surotomycin, a novel bactericidal cyclic lipopeptide, versus oral vancomycin in subjects with CDI. Methods. In this randomized, double-blind, active-controlled, multicenter, international trial, subjects with CDI confirmed by a positive toxin result were randomized to receive surotomycin (250 mg twice daily) or vancomycin (125 mg 4 times daily) orally for 10 days. The primary endpoints were clinical response at end of treatment and evaluation of surotomycin safety. The key secondary endpoints were clinical response over time and sustained clinical response through a 30-to 40-day follow-up period. Clostridium difficile infection recurrence during follow-up and time to diarrhea resolution were also analyzed. Results. In total, 570 subjects were randomized and had confirmed CDI; 290 subjects received surotomycin and 280 subjects received vancomycin. Surotomycin clinical cure rates at end of treatment (surotomycin/vancomycin: 79.0%/83.6%; difference of -4.6%; 95% confidence interval, -11.0 to 1.9]), clinical response over time (stratified log-rank test, P = .832), and sustained clinical response at end of trial (Day 40-50) (60.6%/61.4%; difference of -0.8%; 95% CI, -8.8 to 7.1) in the microbiological modified intent to treat population did not meet noninferiority or superiority criteria versus vancomycin. Both treatments were generally well tolerated. Conclusions. Surotomycin failed to meet the criteria for noninferiority versus vancomycin for the primary and key secondary endpoints in this trial. Copyright (C) The Author 2017.

Institution
Y. Murata, Merck and Co., P. O. Box 1000, UG3D-72, North Wales, PA 19454-1099, United States. E-mail: yoshihiko.murata@merck.com

Publisher
Oxford University Press (E-mail: info@idsociety.org)

Volume
4

Issue Part
1) (no pagination)

Country of Publication
United States
Moxibustion for pain relief in patients with primary dysmenorrhea: a randomized controlled trial


EBM Reviews - Cochrane Central Register of Controlled Trials

Plos one. 12(2) (no pagination):2017. Plos one

[Journal: Article]

AN: CN-01340094  NEW

Background Though moxibustion is frequently used to treat primary dysmenorrhea in China, relevant evidence supporting its effectiveness is still scanty. Methods This study was a pragmatic randomized, conventional drug controlled, open-labeled clinical trial. After initial screen, 152 eligible participants were averagely randomized to receive two different treatment strategies: Moxibustion and conventional drugs. Participants and practitioners were not blinded in this study. The duration of each treatment was 3 months. The primary outcome was pain relief measured by the Visual Analogue Scale. The menstrual pain severity was recorded in a menstrual pain diary. Results 152 eligible patients were included but only 133 of them eventually completed the whole treatment course. The results showed that the menstrual pain intensity in experimental group and control group was reduced from 6.38 +/-1.28 and 6.41 +/-1.29, respectively, at baseline, to 2.54 +/-1.41 and 2.47 +/-1.29 after treatment. The pain reduction was not significantly different between these two groups (P = 0.76), however; the pain intensity was significantly reduced relative to baseline for each group (P<0.01). Three months after treatment, the effectiveness of moxibustion sustained and started to be superior to the drug's effect (-0.87, 95%CI -1.32 to -0.42, P<0.01).

Secondary outcome analyses showed that moxibustion was as effective as drugs in alleviating menstrual pain-related symptoms. The serum levels of pain mediators, such as PGF2alpha , OT, vWF, beta-EP, PGE2 , were significantly improved after treatment in both groups (P<0.05). No adverse events were reported in this trial. Conclusions Both moxibustion and conventional drug showed desirable merits in managing menstrual pain, given their treatment effects and economic costs. This study as a pragmatic trial only demonstrates the effectiveness, not the efficacy, of moxibustion for menstrual pain. It can't rule out the effect of psychological factors during treatment process, because no blind procedure or sham control was used due to availability. In clinical practice, moxibustion should be used at the discretion of patients and their physicians.

Copyright (C) 2017 Yang et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Publisher
Public Library of Science (E-mail: plos@plos.org)

Volume
MABp1 as a novel antibody treatment for advanced colorectal cancer: a randomised, double-blind, placebo-controlled, phase 3 study


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01340705  NEW

Background MABp1, an antibody that targets interleukin 1alpha, has been associated with antitumour activity and relief of debilitating symptoms in patients with advanced colorectal cancer. We sought to establish the effect of MABp1 with a new primary endpoint in patients with advanced colorectal cancer.

Methods Eligible patients for the double-blind phase of this ongoing, placebo-controlled, randomised, phase 3 trial, had metastatic or unresectable disease, Eastern Cooperative Oncology Group performance status score 1 or 2, systemic inflammation, weight loss, and other disease-related morbidities associated with poor prognosis, and were refractory to oxaliplatin and irinotecan. Patients were randomly assigned 2:1 to receive either MABp1 or placebo. Randomisation codes were obtained from a centrally held list via an interactive web response system. Patients received an intravenous infusion of 7.5 mg/kg MABp1 or placebo given every 2 weeks for 8 weeks. The primary endpoint was assessed in patients who received at least one dose of MABp1 or placebo (modified intention-to-treat population), and was a composite of stable or increased lean body mass and stability or improvement in two of three symptoms (pain, fatigue, or anorexia) at week 8 compared with baseline measurements. This study is registered with ClinicalTrials.gov, number NCT02138422. Findings Patients were enrolled between May 20, 2014, and Sept 2, 2015. The double-blind phase of the study was completed on Nov 3, 2015. Of 333 patients randomly assigned treatment, 207 received at least one dose of MABp1 and 102 at least one dose of placebo. 68 (33%) and 19 (19%) patients,
respectively, achieved the primary endpoint (relative risk 1.76, 95% CI 1.12-2.77, p=0.0045). The most common grade 3-4 adverse events in the MABp1 group compared with in the placebo group were anaemia (eight [4%] of 207 vs five [5%] of 102 patients), increased concentration of alkaline phosphatase (nine [4%] vs two [2%]), fatigue (six [3%] vs seven [7%]), and increased concentration of aspartate aminotransferase (six [3%] vs two [2%]). After 8 weeks, 17 (8%) patients in the MABp1 group and 11 (11%) in the placebo group had died, but no death was judged to be related to treatment. The incidence of serious adverse events was not significantly different in the MABp1 group and placebo groups (47 [23%] vs 33 [32%], p=0.07). Interpretation The primary endpoint was a useful means of measuring clinical performance in patients. MABp1 might represent a new standard in the management of advanced colorectal cancer. Funding XBiotech. Copyright (C) 2017 Elsevier Ltd

Institution
T. Hickish, Poole Hospital NHS Foundation Trust, Poole, Longfleet Road, Dorset BH15 2JB, United Kingdom. E-mail: tamas.hickish@rbh.nhs.uk

Publisher
Lancet Publishing Group (E-mail: cususerv@lancet.com)

Volume
18

Issue Part
2

Page
192-201

Country of Publication
United Kingdom

A phase 1 study of the PARP inhibitor veliparib in combination with temozolomide in acute myeloid leukemia

EBM Reviews - Cochrane Central Register of Controlled Trials
Purpose: In preclinical studies, the PARP inhibitor veliparib enhanced the antileukemic action of temozolomide through potentiation of DNA damage. Accordingly, we conducted a phase 1 study of temozolomide with escalating doses of veliparib in patients with relapsed, refractory acute myeloid leukemia (AML) or AML arising from aggressive myeloid malignancies. Experimental Design: Patients received veliparib [20-200 mg once a day on day 1 and twice daily on days 4-12 in cycle 1 (days 1-8 in cycle >2)] and temozolomide [150-200 mg/m^2 daily on days 3-9 in cycle 1 (days 1-5 in cycle >2)] every 28 to 56 days. Veliparib pharmacokinetics and pharmacodynamics [ability to inhibit poly(ADP-ribose) polymer (PAR) formation and induce H2AX phosphorylation] were assessed. Pretreatment levels of MGMT and PARP1 protein, methylation of the MGMT promoter, and integrity of the Fanconi anemia pathway were also examined. Results: Forty-eight patients were treated at seven dose levels. Dose-limiting toxicities were oral mucositis and esophagitis lasting >7 days. The MTD was veliparib 150 mg twice daily with temozolomide 200 mg/m^2 daily. The complete response (CR) rate was 17% (8/48 patients). Veliparib exposure as well as inhibition of PAR polymer formation increased dose proportionately. A veliparib-induced increase in H2AX phosphorylation in CD34^+ cells was observed in responders. Three of 4 patients with MGMT promoter methylation achieved CR. Conclusions: Veliparib plus temozolomide is well tolerated, with activity in advanced AML. Further evaluation of this regimen and of treatment-induced phosphorylation of H2AX and MGMT methylation as potential response predictors appears warranted. Copyright (C)2016 AACR.
Dinutuximab in the treatment of neuroblastoma
Ozkaynak MF

EBM Reviews - Cochrane Central Register of Controlled Trials
Expert opinion on orphan drugs. 5(3):277-284, 2017. Expert opinion on orphan drugs

Introduction: Neuroblastoma is the cancer of the sympathetic nervous system. Nearly half of the patients with neuroblastoma present with high-risk features and have poor outcome despite aggressive therapy. The high expression of GD2-a cell surface disialoganglioside-in neuroblastoma and its restricted distribution in normal tissues make anti-GD2 monoclonal antibodies suitable for immunotherapy. Areas covered: Dinutuximab is an anti-GD2 monoclonal antibody which is a chimeric construct composed of the variable region heavy and light chain genes of the murine mAb14.G2a and the human constant region genes for heavy chain IgG1 and light chain kappa. Dinutuximab is a unique orphan drug, that was approved by the FDA on 3/10/2015 for use in high-risk neuroblastoma patients who achieve at least a partial response to prior first-line multiagent, multimodality therapy in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), aldesleukin (interleukin-2 [IL-2]), and isotretinoin. The author examines the published pharmacokinetic, safety and efficacy data from the Phase I/II/III studies.

Expert opinion: Although dinutuximab has significant side-effects such as neuropathic pain, hypersensitivity reactions, fever, hypotension and capillary leak, its use when combined with GM-CSF, IL-2 and isotretinoin has led to improvements in event-free survival (EFS) and overall survival (OS) in high-risk neuroblastoma patients who have responded to the standard front-line multiagent, multimodality treatment. Copyright (C) 2017 Informa UK Limited, trading as Taylor & Francis Group.

Institution
M.F. Ozkaynak, Department of Pediatrics, New York Medical College, Valhalla, NY, United States. E-mail: mehmet_ozkaynak@nymc.edu

Publisher
Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)

Volume
5

Issue Part
Fecal microbiota transplantation in patients with slow-transit constipation: a randomized, clinical trial
Tian H, Ge X, Nie Y, Yang L, Ding C, McFarland LV, Zhang X, Chen Q, Gong J, Li N
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01341113 NEW
Fecal microbiota transplantation has been proposed as a therapeutic approach for chronic constipation. This randomized, controlled trial aimed to compare the effects of conventional treatment alone (control) with additional treatment with FMT (intervention) in patients with slow-transit constipation (STC). Adults with STC were randomized to receive intervention or control treatment. The control group received education, behavioral strategies, and oral laxatives. The intervention group was additionally provided 6 days of FMT. The primary endpoint was the clinical cure rate (proportion of patients achieving a mean of > three complete spontaneous bowel movements [CSBMs] per week). Secondary outcomes and safety parameters were assessed throughout the study. Sixty patients were randomized to either conventional treatment alone (n = 30) or FMT (n = 30) through a nasointestinal tube. There were significant differences between the intervention group and control group in the clinical improvement rate (intention-to-treat [ITT]: 53.3% vs. 20.0%, P = 0.009), clinical cure rate (ITT: 36.7% vs. 13.3%, P = 0.04), mean number of CSBMs per week (ITT: 3.2 +/- 1.4 vs. 2.1 +/- 1.2, P = 0.001), and the Wexner constipation score (ITT: 8.6 +/- 1.5 vs. 12.7 +/- 2.5, P < 0.00001). Compared with the control group, the intervention group showed better results in the stool consistency score (ITT: 3.9 vs. 2.4, P < 0.00001) and colonic transit time (ITT: 58.5 vs. 73.6 h, P < 0.00001). The intervention group had more treatment-related adverse events than did the control group (50 vs. 4 cases). FMT was significantly more effective (30% higher cure rate) for treatment of STC than conventional treatment. No serious adverse events were observed. Copyright (C) 2017 Tian et al. This is an
Effectiveness of Elbasvir and Grazoprevir Combination, With or Without Ribavirin, for Treatment-Experienced Patients With Chronic Hepatitis C Infection


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01341203  NEW

Background & Aims Patients infected with hepatitis C virus (HCV) genotype 1, 4, or 6, with or without cirrhosis, previously treated with peg-interferon and ribavirin, are a challenge to treat. We performed a phase 3 randomized controlled open-label trial to assess the effects of 12 or 16 weeks of treatment with once-daily elbasvir (an HCV NS5A inhibitor, 50 mg) and grazoprevir (an HCV NS3/4A protease inhibitor, 100 mg), in a fixed-dose combination tablet, with or without twice-daily ribavirin, in this patient population. Methods We analyzed data from 420 patients (35% with cirrhosis, 64% with a null or partial response to peg-interferon and ribavirin) who were randomly assigned (1:1:1:1) to groups given elbasvir and grazoprevir once daily, with or without twice-daily ribavirin, for 12 or 16 weeks, at 65 study centers in 15 countries in Europe, Asia, and...
Central and North America. Randomization was stratified by cirrhosis status and type of peg-interferon and ribavirin treatment failure. HCV RNA was measured using COBAS TaqMan v2.0. The primary end point was HCV RNA <15 IU/mL, 12 weeks after completion of treatment (SVR12). We aimed to determine whether the proportion of patients achieving an SVR12 in any group was greater than the reference rate (58%). Results With 12 weeks of treatment, an SVR12 was achieved by 92.4% of patients given elbasvir and grazoprevir and 94.2% of patients given elbasvir and grazoprevir with ribavirin. With 16 weeks of treatment, an SVR12 was achieved by 92.4% of patients given elbasvir and grazoprevir and 98.1% of patients given elbasvir and grazoprevir with ribavirin. Among patients treated for 12 weeks without ribavirin, virologic failure occurred in 6.8%, 0%, and 12.5% of patients with HCV genotype 1a, 1b, or 4 infection, respectively. Among patients given elbasvir and grazoprevir for 12 weeks, virologic failure occurred in 0% of patients infected with HCV genotypes 1 and 4 who relapsed after completing peg-interferon and ribavirin, and 7.5% infected with HCV genotypes 1 and 4, respectively, with a null or partial response to peg-interferon and ribavirin. Among patients treated for 16 weeks who received ribavirin, there were no incidences of virologic failure. Common adverse events were fatigue (23.1%), headache (19.8%), and nausea (11.0%). Conclusions The combination tablet of elbasvir and grazoprevir, with or without ribavirin, was highly efficacious in inducing an SVR12 in patients with HCV genotype 1, 4, or 6 infection failed by previous treatment with peg-interferon and ribavirin, including patients with cirrhosis and/or a prior null response. The treatment was generally well tolerated. ClinicalTrials.gov Number: NCT02105701. Copyright (C) 2017 AGA Institute

P. Kwo, 750 Welch Road #210, Palo Alto, California 94304, United States. E-mail: pkwo@stanford.edu

Publisher
W.B. Saunders
Volume
152
Issue Part
1
Page
164-175.e4
Country of Publication
United States
Ublituximab (TG-1101), a novel glycoengineered anti-CD20 antibody, in combination with ibrutinib is safe and highly active in patients with relapsed and/or refractory chronic lymphocytic leukaemia: results of a phase 2 trial
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01341278  NEW

Ibrutinib is effective in patients with chronic lymphocytic leukaemia (CLL); however, treatment resistance remains a problem. Ublituximab is a novel, glycoengineered anti-CD20 monoclonal antibody with single-agent activity in relapsed CLL. We report the results of a phase 2 study evaluating combination therapy with ibrutinib and ublituximab in patients with relapsed or refractory CLL. Patients received ibrutinib 420 mg once daily. Ublituximab was administered on days 1, 8 and 15 of cycle 1 followed by day 1 of cycles 2-6. Response assessments were completed at cycles 3 and 6; patients then continued on ibrutinib monotherapy per standard of care. Forty-one of 45 enrolled patients were evaluable for efficacy. Safety was consistent with prior experience for each drug, with infusion reactions the most prevalent adverse event. Combination therapy resulted in an overall response rate (ORR) of 88% at 6 months. In the 20 patients with high-risk features (17p or 11q deletions or TP53 mutation) and evaluable for efficacy, the ORR was 95%, with three patients (15%) achieving negative minimal residual disease. Median time to response was 8 weeks. Ublituximab in combination with ibrutinib resulted in rapid and high response rates. The long-term clinical benefit of ublituximab will be defined by an ongoing phase 3 trial (NCT 02301156). Copyright (C) 2016 The Authors. British Journal of Haematology published by John Wiley & Sons Ltd.

Institution
J.P. Sharman, Willamette Valley Cancer Institute, Springfield, OR, United States. E-mail: jeff.sharman@usoncology.com
Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Volume
176
Issue Part
3
Background: In patients with ileo-colonic Crohn's disease (CD), the main consequence of the development of intestinal fibrosis is the occurrence of a localized symptomatic stenosis for which treatment is mandatory. Besides medical treatment, which is still considered to be ineffective against non-inflammatory fibrotic intestinal stenosis due to CD, there are 2 options for the treatment of such stenosis: endoscopic and surgical approaches. Key Messages: Endoscopic treatment includes balloon dilatation and stenting, and can be performed only on selected patients with very short stenosis. Few reports with a small sample size are available; long-term results of endoscopic treatment remain unknown, with patients being exposed to possible early recurrence of the stenosis. For this reason, intestinal resection currently remains the first option for localized symptomatic intestinal stenosis due to CD refractory to medical therapy. Laparoscopic ileocecal resection with ileocolonic anastomosis gives good short-term results, without mortality and with very low rate of morbidity. Furthermore, when the resection is shorter than 50 cm, very few functional consequences or no consequences are reported, and quality of life is improved. However, CD recurrence is frequent and can be required to redo surgery in up to 30% of the cases. In order to reduce the theoretical risk of short bowel syndrome, some surgeons have proposed stricturoplasty as a more conservative approach. The concept is to treat stenosis without intestinal resection by opening the stenosis. There are different kinds of stricturoplasty, with similar reported morbidity and long-term recurrence rates than those observed with resection. Conclusions: Because no randomized study exists, it is difficult to know what the best
option for symptomatic ileal stenosis in CD is. However, for a majority of patients today, ileocecal resection is the first option, strictureplasty being reserved by most of the surgeons for recurrent cases and/or multiple stenoses. It requires more experience to perform endoscopic treatment with long-term results. Copyright (C) 2017 S. Karger AG, Basel.

Effectiveness of Ledipasvir-Sofosbuvir Combination in Patients With Hepatitis C Virus Infection and Factors Associated With Sustained Virologic Response
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01328454 NEW
Background & Aims The combination of ledipasvir and sofosbuvir has been approved for treatment of genotype 1 hepatitis C virus (HCV) infection, including an 8-week regimen for treatment-naive patients without cirrhosis and a baseline level of HCV RNA <6 million IU/mL. We analyzed data from a multicenter, prospective, observational study to determine real-world sustained virologic responses 12 weeks after treatment (SVR12) with regimens containing ledipasvir and sofosbuvir and identify factors associated with treatment failure. Methods We collected data from 2099 participants in the HCV-TARGET study with complete virologic data (per-protocol population). We analyzed data from 1788 patients receiving ledipasvir-sofosbuvir (282 for 8 weeks, 910 for 12 weeks, 510 for 24 weeks, and 86 for a different duration) and 311
receiving ledipasvir-sofosbuvir plus ribavirin (212 for 12 weeks and 81 for 24 weeks, 18 for other duration) to estimate SVR12 (with 95% confidence interval [CI]), and logistic regression methods to identify factors that predicted an SVR12. Results The overall study population was 25% black, 66% with HCV genotype 1A infection, 41% with cirrhosis, 50% treatment-experienced, and 30% receiving proton pump inhibitors at start of treatment. In the per-protocol population, SVR12s were achieved by 96% of patients receiving ledipasvir-sofosbuvir for 8 weeks (95% CI, 93%-98%), 97% receiving the drugs for 12 weeks (95% CI, 96%-98%), and 95% receiving the drugs for 24 weeks (95% CI, 93%-97%). Among patients also receiving ribavirin, SVR12 was achieved by 97% of the patients receiving the drugs for 12 weeks (95% CI, 94%-99%) and 95% receiving the drugs for 24 weeks (95% CI, 88%-99%). Of the 586 patients who qualified for 8 weeks of treatment, only 255 (44%) received the drugs for 8 weeks. The rate of SVR12 among those who qualified for and received 8 weeks of therapy was similar in those who qualified for 8 weeks but received 12 weeks therapy (96%; 95% CI, 92%-99% vs 98%; 95% CI, 95%-99%). Factors that predicted SVR12 were higher albumin (>3.5 g/dL), lower total bilirubin (<1.2 g/dL), absence of cirrhosis, and absence of proton pump inhibitor use. Conclusions Regimens containing ledipasvir and sofosbuvir are highly effective for a broad spectrum of patients with HCV genotype 1 infection treated in different clinical practice settings. Expanded use of 8-week treatment regimens for eligible patients is supported by these real-world results. Modification of proton pump inhibitor use may increase rates of SVR. ClinicalTrials.gov no. NCT01474811. Copyright (C) 2016 AGA Institute

N.A. Terrault, Division of Gastroenterology/Hepatology, University of California San Francisco, Box 0538, 513 Parnassus Avenue, S357, San Francisco, California 94143, United States. E-mail: norah.terrault@ucsf.edu

Publisher
W.B. Saunders

Volume
151

Issue Part
6

Page
1131-1140.e5

Country of Publication
United States
Oral tocofersolan corrects or prevents Vitamin E deficiency in children with chronic cholestasis
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01329791  NEW
Objectives: D-Alpha-tocopheryl polyethylene glycol 1000 succinate (Tocofersolan, Vedrop), has been developed in Europe to provide an orally bioavailable source of vitamin E in children with cholestasis. The aim was to analyze the safety/efficacy of Vedrop in a large group of children with chronic cholestasis. Methods: Two hundred seventy-four children receiving Vedrop for vitamin E deficiency or for its prophylaxis were included from 7 European centers. Median age at treatment onset was 2 months and median follow-up was 11 months. Vedrop was prescribed at a daily dose of 0.34 mL/kg (25 IU/kg) of body weight. Three methods were used to determine a sufficient serum vitamin E status: vitamin E, vitamin E/(total cholesterol), vitamin E/(total cholesterol + triglycerides). Results: Before Vedrop therapy, 51% of children had proven vitamin E deficiency, 30% had normal vitamin E status and 19% had an unknown vitamin E status. During the first months of treatment, vitamin E status was restored in the majority of children with insufficient levels at baseline (89% had a normal status at 6 months). All children with a normal baseline vitamin E status had a normal vitamin E status at 6 months. Among children with an unknown vitamin E status at baseline, 93% had a normal vitamin E status at 6 months. A sufficient vitamin E status was observed in 80% of children with significant cholestasis (serum total bilirubin >34.2mumol/L). No serious adverse reaction was reported. Conclusions: Vedrop seems a safe and effective oral formulation of vitamin E that restores and/or maintains sufficient serum vitamin E level in the majority of children with cholestasis, avoiding the need for intramuscular vitamin E injections. Copyright (C) ESPGHAL and NASPGHAN. All rights reserved.
Institution
E. Jacquemin, Pediatric Hepatology and Pediatric Liver Transplantation Unit, National Reference Centre for Biliary Atresia, Assistance Publique-Hopitaux de Paris, Universite Paris Sud, Service d'Hepatologie et de Transplantation Hepatique Pediatriques, 78, rue du General Leclerc, Hepatinov, Le Kremlin-Bicetre 94275 Cedex, France. E-mail: emmanuel.jacquemin@bct.aphp.fr
Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Bezlotoxumab for Prevention of Recurrent Clostridium difficile Infection
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01330073  NEW

BACKGROUND Clostridium difficile is the most common cause of infectious diarrhea in hospitalized patients. Recurrences are common after antibiotic therapy. Actoxumab and bezlotoxumab are human monoclonal antibodies against C. difficile toxins A and B, respectively.

METHODS We conducted two double-blind, randomized, placebo-controlled, phase 3 trials, MODIFY I and MODIFY II, involving 2655 adults receiving oral standard-of-care antibiotics for primary or recurrent C. difficile infection. Participants received an infusion of bezlotoxumab (10 mg per kilogram of body weight), actoxumab plus bezlotoxumab (10 mg per kilogram each), or placebo; actoxumab alone (10 mg per kilogram) was given in MODIFY I but discontinued after a planned interim analysis. The primary end point was recurrent infection (new episode after initial clinical cure) within 12 weeks after infusion in the modified intention-to-treat population.

RESULTS In both trials, the rate of recurrent C. difficile infection was significantly lower with bezlotoxumab alone than with placebo (MODIFY I: 17% [67 of 386] vs. 28% [109 of 395]; adjusted difference, -10.1 percentage points; 95% confidence interval [CI], -15.9 to -4.3; P<0.001; MODIFY II: 16% [62 of 395] vs. 26% [97 of 378]; adjusted difference, -9.9 percentage points; 95% CI, -15.5 to -4.3; P<0.001) and was significantly lower with actoxumab plus bezlotoxumab than
with placebo (MODIFY I: 16% [61 of 383] vs. 28% [109 of 395]; adjusted difference, -11.6 percentage points; 95% CI, -17.4 to -5.9; P<0.001; MODIFY II: 15% [58 of 390] vs. 26% [97 of 378]; adjusted difference, -10.7 percentage points; 95% CI, -16.4 to -5.1; P<0.001). In prespecified subgroup analyses (combined data set), rates of recurrent infection were lower in both groups that received bezlotoxumab than in the placebo group in subpopulations at high risk for recurrent infection or for an adverse outcome. The rates of initial clinical cure were 80% with bezlotoxumab alone, 73% with actoxumab plus bezlotoxumab, and 80% with placebo; the rates of sustained cure (initial clinical cure without recurrent infection in 12 weeks) were 64%, 58%, and 54%, respectively. The rates of adverse events were similar among these groups; the most common events were diarrhea and nausea. CONCLUSIONS Among participants receiving antibiotic treatment for primary or recurrent C. difficile infection, bezlotoxumab was associated with a substantially lower rate of recurrent infection than placebo and had a safety profile similar to that of placebo. The addition of actoxumab did not improve efficacy. Copyright (C) 2017 Massachusetts Medical Society.

Institution
M.H. Wilcox, Leeds Teaching Hospitals and University of Leeds, Division of Microbiology, Old Medical School, Leeds General Infirmary, Leeds LS1 3EX, United Kingdom. E-mail: mark.wilcox@nhs.net

Publisher
Massachusetts Medical Society

Volume
376

Issue Part
4

Page
305-317

Country of Publication
United States

Chronic abdominal pain in children and adolescents: parental threat perception plays a major role in seeking medical consultations
Calvano C, Warschburger P
Background. Pain symptoms, associated impairment, and parental perception of threat are reported to be predictors of health care utilization (HCU) in childhood chronic abdominal pain (CAP). However, mediating variables and their interrelations have not yet been systematically studied. Objectives. This study aims to identify mediating pathways of influence between child's abdominal pain and the number of pain-related medical visits. Methods. In a multicenter study, we recruited N = 151 parent-child dyads with children aged 6-17 years suffering from CAP. A composite measure of pain symptoms was defined as predictor and the number of pain-related medical visits as outcome variable. This relation was analyzed by serial mediation, including child- and parent-reported impairment and parental threat perception as mediators. Results. Only parental threat perception significantly linked child's pain symptoms to the number of medical visits. Measures of impairment did not have a significant effect. Conclusions. Parental pain-related threat perception is strongly related to health care seeking in childhood CAP. Addressing threat perception might be a fruitful parent-centered approach in clinical practice. Copyright (C) 2016 C. Calvano and P. Warschburger.

Institution
C. Calvano, Department Psychology, Counselling Psychology, University of Potsdam, Potsdam, Germany. E-mail: calvano@uni-potsdam.de

Publisher
Pulsus Group Inc.

Volume
2016

Issue Part
no pagination

Country of Publication
Canada

648.

Osteopathic management of chronic constipation in women patients. Results of a pilot study
Belvaux A, Bouchoucha M, Benamouzig R
Background and aims: Constipation is a common problem in western countries. The aim of this pilot study was to determine the effectiveness of osteopathic manipulative treatment (OMT) for the treatment of constipated women with functional constipation (FC) or defecation disorders (DD).

Methods: Twenty-one constipated females referred to a tertiary center were recruited. A course of OMT, weekly for four weeks, was given. Clinical questionnaire, Bristol stool form scale and patients’ subjective perception of constipation, bloating and abdominal pain, were recorded. Total and segmental colonic transit time (CTT) were performed before and after OMT. Results: Eleven patients had FC and 10 DD, as defined by Rome III criteria. After OMT, the Knowless Eccersley Scott Symptom score (P = 0.020), the oro-anal transit time (P = 0.002), the right (P = 0.005) and left (P = 0.009) CTT had decreased while the stool frequency (P = 0.005) and the Bristol Stool Form scale (P = 0.003) had increased. After OMT, the intensity of constipation, and the Patient assessment of constipation symptoms score did not change but a decrease of abdominal pain, bloating, quality of life score and drug use was found. Conclusions: This study shows OMT has potential benefit for treating functional constipation in women. Further randomised trials are required to confirm these results. Copyright (C) 2017 Elsevier Masson SAS.

Institution
M. Bouchoucha, Corresponding author. Service de gastro-enterologie, centre d’exploration fonctionnelle et de reeducation digestive (CEFRED), hopital Avicenne, 125, rue de Stalingrad, 93009 Bobigny cedex, France

Publisher
Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)
Ataluren and similar compounds (specific therapies for premature termination codon class I mutations) for cystic fibrosis
Aslam AA, Higgins C, Sinha IP, Southern KW
EBM Reviews - Cochrane Central Register of Controlled Trials
Cochrane database of systematic reviews (online). 2017(1) (no pagination):2017. Cochrane database of systematic reviews (online)
[Journal: Review]
AN: CN-01331456  NEW

Background: Cystic fibrosis is a common life-shortening genetic disorder in the Caucasian population (less common in other ethnic groups) caused by the mutation of a single gene that codes for the production of the cystic fibrosis transmembrane conductance regulator protein. This protein coordinates the transport of salt (and bicarbonate) across cell surfaces and the mutation most notably affects the airways. In the lungs of people with cystic fibrosis, defective protein results in a dehydrated surface liquid and compromised mucociliary clearance. The resulting thick mucus makes the airway prone to chronic infection and inflammation, which consequently damages the structure of the airways, eventually leading to respiratory failure. Additionally, abnormalities in the cystic fibrosis transmembrane conductance regulator protein lead to other systemic complications including malnutrition, diabetes and subfertility. Five classes of mutation have been described, depending on the impact of the mutation on the processing of the cystic fibrosis transmembrane conductance regulator protein in the cell. In class I mutations, the presence of premature termination codons prevents the production of any functional protein resulting in a severe cystic fibrosis phenotype. Advances in the understanding of the molecular genetics of cystic fibrosis has led to the development of novel mutation-specific therapies. Therapies targeting class I mutations (premature termination codons) aim to mask the abnormal gene sequence and enable the normal cellular mechanism to read through the mutation, potentially restoring the production of the cystic fibrosis transmembrane conductance regulator protein. This could in turn make salt transport in the cells function more normally and may decrease the chronic infection and inflammation that characterises lung disease in people with cystic fibrosis. Objectives: To evaluate the benefits and harms of ataluren and similar compounds on clinically important outcomes in people with cystic fibrosis with class I mutations (premature termination codons). Search methods: We searched the Cochrane Cystic Fibrosis Trials Register which is compiled from electronic database searches and handsearching of journals and conference abstract books. We also searched the reference lists of relevant articles. Last search of Group's register: 24 October 2016. We searched clinical trial registries maintained by the European Medicines Agency, the US National Institutes of Health and the WHO. Last search of clinical trials registries: 28 November 2016. Selection criteria: Randomised controlled trials of parallel design comparing ataluren and similar compounds (specific therapies for class I
mutations) with placebo in people with cystic fibrosis who have at least one class I mutation.

Cross-over trials were reviewed individually to evaluate whether data from the first treatment arm could be included. We excluded trials that combined therapies for premature termination codon class I mutations with other mutation-specific therapies. Data collection and analysis: The authors independently assessed the risk of bias and extracted data from the included trial; they contacted trial authors for additional data. Main results: Our searches identified 28 references to eight trials; five trials were excluded (three were cross-over and one was not randomised and one did not have relevant outcomes), one cross-over trial is awaiting classification pending provision of data and one trial is ongoing. The included parallel randomised controlled trial compared ataluren to placebo for a duration of 48 weeks in 238 participants (age range 6 to 53 years) with cystic fibrosis who had at least one nonsense mutation (a type of class I mutation). The quality of evidence and risk of bias assessments for the trial were moderate overall. Random sequence generation, allocation concealment and blinding of trial personnel were well-documented; participant blinding was less clear. Some participant data were excluded from the analysis. The trial was assessed as high risk of bias for selective outcome reporting, especially when reporting on the trial's post hoc subgroup of participants by chronic inhaled antibiotic use. The trial was sponsored by PTC Therapeutics Incorporated with grant support by the Cystic Fibrosis Foundation, the Food and Drug Administration's Office of Orphan Products Development and the National Institutes of Health (NIH). The trial reported no significant difference between treatment groups in quality of life, assessed by the Cystic Fibrosis Questionnaire-Revised respiratory domain score and no improvement in respiratory function measures (mean difference of relative change in forced expiratory volume at one second 2.97% (95% confidence interval -0.58 to 6.52)). Ataluren was associated with a significantly higher rate of episodes of renal impairment, risk ratio 17.70 (99% confidence interval 1.28 to 244.40). The trial reported no significant treatment effect for ataluren for the review's secondary outcomes: pulmonary exacerbation; computerised tomography score; weight; body mass index; and sweat chloride. No deaths were reported in the trial. A post hoc subgroup analysis of participants not receiving chronic inhaled tobramycin (n = 146) demonstrated favourable results for ataluren (n = 72) for relative change in % predicted forced expiratory volume at one second and pulmonary exacerbation rate. Participants receiving chronic inhaled tobramycin appeared to have a reduced rate of pulmonary exacerbation compared to those not receiving chronic inhaled tobramycin. This drug interaction was not anticipated and may affect the interpretation of the trial results. Authors' conclusions: There is currently insufficient evidence to determine the effect of ataluren as a therapy for people with cystic fibrosis with class I mutations. Future trials should carefully assess for adverse events, notably renal impairment and consider the possibility of drug interactions. Cross-over trials should be avoided given the potential for the treatment to change the natural history of cystic fibrosis.

Copyright (C) 2017 The Cochrane Collaboration.
Ledipasvir plus sofosbuvir fixed-dose combination for 6 weeks in patients with acute hepatitis C virus genotype 1 monoinfection (HepNet Acute HCV IV): an open-label, single-arm, phase 2 study


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01331767  NEW

Background Early treatment of acute hepatitis C virus (HCV) infection with interferon alfa is highly effective, but can be associated with frequent side-effects. We investigated the safety and efficacy of an interferon-free regimen for treatment of acute HCV infection. Methods In this prospective, open-label, multicentre, single-arm pilot study, we enrolled adults (>18 years) with acute HCV genotype 1 monoinfection from ten centres in Germany. Patients were given ledipasvir (90 mg) plus sofosbuvir (400 mg) as a fixed-dose combination tablet once daily for 6 weeks. The primary efficacy outcome was the proportion of patients with sustained virological response (defined as undetectable HCV RNA 12 weeks after the end of treatment; other primary outcomes were safety and tolerability of ledipasvir plus sofosbuvir. The primary analysis
population consisted of all patients who received at least one dose of study drug. Safety was also assessed in all patients who received at least one dose of the study drug. This trial is registered with ClinicalTrials.gov, number NCT02309918. Findings Between Nov 19, 2014, and Nov 10, 2015, we enrolled 20 patients. Median HCV RNA viral load at baseline was 4.04 log$_{10}$ IU/mL (1.71-7.20); 11 patients were infected with HCV genotype 1a and nine patients with genotype 1b. All patients achieved a sustained virological response 12 weeks after the end of treatment (20 [100%] of 20 patients). Treatment was well tolerated; there were no drug-related serious adverse events. Up to 12 weeks after treatment, 22 possible or probable drug-related adverse events were reported. There was one serious adverse event, which was judged unrelated to the study drug; one patient was admitted to hospital for surgery of a ruptured cruciate ligament. Interpretation Treatment for 6 weeks with ledipasvir plus sofosbuvir was well tolerated and highly effective in patients with acute HCV genotype 1 monoinfection. Short-duration treatment of acute hepatitis C might prevent the spread of HCV in high-risk populations. Funding Gilead Sciences, HepNet Study-House/German Liver Foundation, and German Centre for Infection Research (DZIF). Copyright (C) 2017 Elsevier Ltd

Institution
H. Wedemeyer, Department of Gastroenterology, Hepatology and Endocrinology, Hannover Medical School, Hannover 30625, Germany. E-mail: wedemeyer.heiner@mh-hannover.de

Publisher
Lancet Publishing Group (E-mail: cususerv@lancet.com)

Volume
17

Issue Part
2

Page
215-222

Country of Publication
United Kingdom

Modulation of human peripheral blood mononuclear cell signaling by medicinal cannabinoids
Medical marijuana is increasingly prescribed as an analgesic for a growing number of indications, amongst which terminal cancer and multiple sclerosis. However, the mechanistic aspects and properties of cannabis remain remarkably poorly characterized. In this study we aimed to investigate the immune-cell modulatory properties of medical cannabis. Healthy volunteers were asked to ingest medical cannabis, and kinome profiling was used to generate comprehensive descriptions of the cannabis challenge on inflammatory signal transduction in the peripheral blood of these volunteers. Results were related to both short term and long term effects in patients experimentally treated with a medical marijuana preparation for suffering from abdominal pain as a result of chronic pancreatitis or other causes. The results reveal an immunosuppressive effect of cannabinoid preparations via deactivation of signaling through the pro-inflammatory p38 MAP kinase and mTOR pathways and a concomitant deactivation of the pro-mitogenic ERK pathway. However, long term cannabis exposure in two patients resulted in reversal of this effect. While these data provide a powerful mechanistic rationale for the clinical use of medical marijuana in inflammatory and oncological disease, caution may be advised with sustained use of such preparations. Copyright (C) 2017 Utomo, deVries, Braat, Bruno, Parikh, Comalada, Peppelenbosch, van Goor and Fuhler.
Sitagliptin Treatment After Total Pancreatectomy With Islet Autotransplantation: a Randomized, Placebo-Controlled Study
Bellin MD, Beilman GJ, Dunn TB, Pruett TL, Sutherland DER, Chinnakotla S, Hodges JS, Lane A, Ptacek P, Berry KL, Hering BJ, Moran A
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01332615  NEW
Insulin independence after total pancreatectomy and islet autotransplant (TPIAT) for chronic pancreatitis is limited by a high rate of postprocedure beta cell apoptosis. Endogenous glucagon-like peptide-1 and glucose-dependent insulinotropic peptide, which are increased by dipeptidyl peptidase 4 inhibitor therapy (sitagliptin) may protect against beta cell apoptosis. To determine the effect of sitagliptin after TPIAT, 83 adult TPIAT recipients were randomized to receive sitagliptin (n = 54) or placebo (n = 29) for 12 months after TPIAT. At 12 and 18 months after TPIAT, participants were assessed for insulin independence; metabolic testing was performed with mixed meal tolerance testing and frequent sample intravenous glucose tolerance testing. Insulin independence did not differ between the sitagliptin and placebo groups at 12 months (42% vs. 45%, p = 0.82) or 18 months (36% vs. 44%, p = 0.48). At 12 months, insulin dose was 9.0 (standard error 1.7) units/day and 7.9 (2.2) units/day in the sitagliptin and placebo groups, respectively (p = 0.67) and at 18 months 10.3 (1.9) and 7.1 (2.6) units/day, respectively (p = 0.32). Hemoglobin A<sub>1c</sub> levels and insulin secretory measures were similar in the two groups, as were adverse events. In conclusion, sitagliptin could be safely administered but did not improve metabolic outcomes after TPIAT. (C) Copyright 2016 The American Society of Transplantation and the American Society of Transplant Surgeons
Institution
M.D. Bellin, Departments of Pediatrics, Surgery, Biostatistics, Schulze Diabetes Institute, University of Minnesota, Minneapolis, MN, United States. E-mail: bell0130@umn.edu
Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Volume
17
Issue Part
2
Page
443-450
Country of Publication
Background & Aims We conducted a phase 4, open-label study with limited exclusion criteria to evaluate the safety and efficacy of sofosbuvir and ribavirin in veterans with hepatitis C virus genotype 2 infection, and compensated cirrhosis. This population is often excluded from clinical studies. Methods We performed a prospective study of treatment-naive (n = 47) and treatment-experienced (n = 19) patients with chronic hepatitis C virus genotype 2 infection and compensated cirrhosis at 15 Department of Veterans Affairs sites. All subjects were given sofosbuvir (400 mg, once daily) plus ribavirin (1000-1200 mg/day) in divided doses for 12 weeks. Patients with major psychiatric diseases or alcohol or substance use disorders were not excluded. The primary endpoint was sustained virologic response 12 weeks after therapy. Results Fifty-two patients achieved a sustained virologic response 12 weeks after therapy (79%; 95% confidence interval, 67%-88%); 16 of these patients were treatment experienced (84%; 95% confidence interval, 60%-97%) and 36 were treatment naive (77%; 95% confidence interval, 62%-88%). All patients had at least 1 comorbidity. Thirty-five percent had depression, 24% had posttraumatic stress disorder, and 30% had anxiety disorder. In addition, 29% had current substance use. Of the 7 patients (11%) who discontinued the study treatment prematurely, 3 did so because of adverse events. The most common adverse events were fatigue, anemia, nausea, and headache. Serious adverse events occurred in 8 patients. Only 2 of the serious adverse events (anemia and nausea) were considered to be related to study treatment. Conclusions In a phase 4 study, 12 weeks treatment with sofosbuvir and ribavirin led to a sustained virologic
response 12 weeks after therapy in almost 80% of veterans with hepatitis C virus genotype 2 infection, compensated cirrhosis, and multiple comorbidities, regardless of their treatment history.

ClinicalTrials.gov, Number: NCT02128542 Copyright (C) 2017 AGA Institute

Institution
S.B. Ho, VA San Diego Healthcare System, 3350 La Jolla Village Drive, San Diego, California 92161, United States. E-mail: samuel.ho2@va.gov

Publisher
W.B. Saunders

Volume
15

Issue Part
2

Page
282-288

Country of Publication
United States

654.

Therapeutic Endoscopy Can Be Performed Safely in an Ambulatory Surgical Center: a Multicenter, Prospective Study

Mok SRS, Ho HC, Gaughan JP, Elfant AB

EBM Reviews - Cochrane Central Register of Controlled Trials

Diagnostic and therapeutic endoscopy. 2016(no pagination):2016. Diagnostic and therapeutic endoscopy

[Journal: Article]

AN: CN-01243673

Background. Even amongst experienced endoscopists, endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound with fine needle aspiration (EUS-FNA) carry a potential risk for complications. These procedures are typically performed in a hospital-based endoscopy unit with general anesthesia. Aims. The goal of our study was to evaluate the feasibility of ERCP and EUS-FNA in an ambulatory surgical center (ASC). Methods. From June to November of 2014, we prospectively enrolled consecutive subjects undergoing ERCP and/or EUS-FNA in an ASC. An anesthesiologist, who was not involved in our study group,
screened all subjects prior to their scheduled procedure. In order to monitor for adverse events (AE), all subjects received a telephone call at day 1 and 30 days after procedure. Results. 375 subjects (98 inpatients and 277 from an ASC) were enrolled. In the total population, a high proportion of subjects underwent procedures for neoplasms (21 (23.3%) inpatients versus 44 (17.1%) from an ASC) and for sphincter of Oddi dysfunction (SOD) (27 (27.5%) versus 48 (17.3%)) and had the American Society for Anesthesiologists (ASA) class >III (75 (76.5%) versus 140 (50.5%)) and high-risk features (17 (17.3%) versus 75 (27.1%)). Overall ERCP-related AE (10 (13.2%) versus 12 (7.5%), p=0.2), pancreatitis (7 (9.2%) versus 11 (6.9%), p=0.6), and hemorrhage (3.9% versus 0.6%, p=0.25) were not different between inpatients and ASC subjects. There was also no difference between inpatients and ASC subjects' EUS-related AE (1 (4.5%) versus 4 (3.4%), p=0.6), pancreatitis (1 (4.5%) versus 3 (2.6%), p=0.2), and hemorrhage (0% versus 1 (0.9%), p=0.9). Conclusions. ERCP and EUS can be performed in a higher risk population under the supervision of anesthesia in ASCs. Overall, the AE are equivalent between inpatients and ASC subjects. Copyright (C) 2016 Shaffer R. S. Mok et al.

Institution
S.R.S. Mok, Division of Gastroenterology and Liver Diseases, Department of Medicine, Cooper Medical School, Rowan University, MD Anderson Cancer Center at Cooper, Mount Laurel, NJ, United States. E-mail: sshropemok@aol.com

Publisher
Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)

Volume
2016

Issue Part
no pagination

Country of Publication
United States

655.

Efficacy and safety of 3-week response-guided triple direct-acting antiviral therapy for chronic hepatitis C infection: a phase 2, open-label, proof-of-concept study
Background To shorten the course of direct-acting antiviral agents for chronic hepatitis C virus (HCV) infection, we examined the antiviral efficacy and safety of 3 weeks of response-guided therapy with an NS3 protease inhibitor and dual NS5A inhibitor-NS5B nucleotide analogue.

Methods In this open-label, phase 2a, single centre study, Chinese patients with chronic HCV genotype 1b infection without cirrhosis were randomly allocated by a computer program to one of three treatment groups (sofosbuvir, ledipasvir, and asunaprevir; sofosbuvir, daclatasvir, and simeprevir; or sofosbuvir, daclatasvir, and asunaprevir) until six patients in each group (1:1:1) achieved an ultrarapid virological response (plasma HCV RNA <500 IU/mL by day 2, measured by COBAS TaqMan HCV test, version 2.0). Patients with an ultrarapid virological response received 3 weeks of therapy. Patients who did not achieve an ultrarapid response were switched to sofosbuvir and ledipasvir for either 8 weeks or 12 weeks. The primary endpoint was the proportion of patients with a sustained virological response at 12 weeks (SVR12) after treatment completion, analysed in the intention-to-treat population. All patients who achieved an ultrarapid virological response were included in the safety analysis. This trial is registered with ClinicalTrials.gov, number NCT02470858. Findings Between April 5, 2015, and April 15, 2015, 26 eligible patients were recruited. 12 patients were assigned to sofosbuvir, ledipasvir, and asunaprevir; six to sofosbuvir, daclatasvir, and simeprevir; and eight to sofosbuvir, daclatasvir, and asunaprevir. Six patients in each group achieved an ultrarapid virological response (18 [69%]). All patients with an ultrarapid virological response who were given 3 weeks of triple therapy achieved SVR12. The most common adverse events were fatigue (one [17%] of six patients receiving sofosbuvir, ledipasvir, and asunaprevir; one [17%] of six patients receiving sofosbuvir, daclatasvir, and simeprevir; and two [33%] of six patients receiving sofosbuvir, daclatasvir, and asunaprevir) and headache (one [17%] patient in each group). No patients experienced any serious adverse events. Interpretation In this proof-of-concept study, all patients with chronic HCV without cirrhosis who achieved an ultrarapid virological response on triple direct-acting antiviral regimens by day 2 and received 3 weeks of treatment were cured, with excellent tolerability. By shortening the duration of therapy from the currently recommended 12 weeks to 3 weeks, we could drastically reduce the cost of therapy and the rate of adverse events. Further large-scale studies should be done to confirm our findings. Funding Center for AIDS
Suromycin versus vancomycin for Clostridium difficile infection: phase 2, randomized, controlled, double-blind, non-inferiority, multicentre trial
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01243831
Objectives: Clostridium difficile infection (CDI) is a major public health concern. Treatment with commonly prescribed antibiotics is associated with high rates of recurrence after initial cure. Here, we present the efficacy and safety of suromycin, an orally administered, minimally absorbed, selective bactericidal cyclic lipopeptide, compared with vancomycin, in patients with CDI.
Methods: In this Phase 2, randomized, controlled, double-blind, non-inferiority, multicentre
trial, participants received surotomycin 125 mg twice daily, surotomycin 250 mg twice daily or vancomycin 125 mg four times daily for 10 days. The primary efficacy outcome was clinical response at end of treatment. The registration number of the study on clinicaltrials.gov is NCT01085591. Results: Clinical cure rates were similar among treatment groups (92.4% for surotomycin 125 mg twice daily, 86.6% for surotomycin 250 mg twice daily and 89.4% for vancomycin). Recurrence rates were 27.9% for surotomycin 125 mg twice daily, 17.2% for surotomycin 250 mg twice daily and 35.6% for vancomycin. The lower recurrence rate with surotomycin 250 mg twice daily versus vancomycin was statistically significant (P = 0.035). Recurrence rates were statistically similar between the surotomycin dose groups (P = 0.193). Rates of sustained clinical response at end of study were 66.7% for surotomycin 125 mg twice daily, 70.1% for surotomycin 250 mg twice daily and 56.1% for vancomycin. Incidence of adverse events was similar among treatment arms. Conclusions: Recurrence rates of CDI were lower with surotomycin with higher sustained clinical response rates compared with vancomycin, both of which may offer potential clinical benefits. Copyright (C) The Author 2016. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved.

Institution
C.H. Lee, St. Joseph's Healthcare, Hamilton Regional Laboratory Medicine Program, McMaster University, 50 Charlton Avenue East, Hamilton, ON L8N 4A6, Canada. E-mail: clee@mcmaster.ca

Publisher
Oxford University Press (E-mail: jnl.info@oup.co.uk)

Volume
71

Issue Part
10

Page
2964-2971

Country of Publication
United Kingdom

657.
Long-term safety and efficacy of Omnitrope, a somatropin biosimilar, in children requiring growth hormone treatment: italian interim analysis of the PATRO Children study

EBM Reviews - Cochrane Central Register of Controlled Trials
Italian journal of pediatrics. 42(1) (no pagination):2016. Italian journal of pediatrics
[Journal: Article]
AN: CN-01244349

Background: PATRO Children is an ongoing observational, longitudinal, non-interventional, global post-marketing surveillance study, which is investigating the long-term safety and effectiveness of Omnitrope, a somatropin biosimilar to Genotropin, in children with growth disturbances. The primary endpoint of PATRO Children is long-term safety and the secondary endpoint is effectiveness, which is assessed by analysing auxological data such as height (HSDS) and height velocity (HVSDS) standard deviation scores. Here, we report the data from the Italian interim analysis of PATRO Children data up to August 2015. Methods: PATRO Children is enrolling children who are diagnosed with conditions of short stature requiring GH treatment and are receiving Omnitrope. Adverse events (AEs) are assessed in all Omnitrope-treated patients. Height is evaluated yearly to near-adult (final) height, and is herein reported as HSDS; height velocity is also assessed and reported as a standard deviation score (HVSDS). Results: Up to August 2015, a total of 186 patients (mean age 10.2 years, 57.5 % males) were enrolled: 156 [84 %] had growth hormone deficiency, 12 [6.5 %] were born small for gestational age, seven [3.8 %] had Prader-Willi syndrome, one [0.5 %] had Turner syndrome and one [0.5 %] had chronic renal insufficiency; seven [3.8 %] patients had other indication profiles. The mean treatment duration with Omnitrope was 28.1 +/- 19.1 months. AEs were reported in 35.6 % of patients and included headache, pyrexia, arthralgia, abdominal pain, leg and/or arm pain and increased blood creatine phosphokinase. Two serious AEs in two patients were thought to be drug-related; one patient experienced a minimal increase in a known residual craniopharyngioma, and another a gait disturbance with worsening of walking difficulties. Similar to investigational studies, Omnitrope treatment was associated with improvements in both HSDS and HVSDS. Conclusions: Omnitrope appears to be well tolerated and effective for the treatment of a wide range of paediatric indications, which is consistent with the outcomes from controlled clinical trials. These results need to be interpreted with caution until the data from the global PATRO Children study are available. Copyright (C) 2016 The Author(s).

Institution
Aim: To examine the biological consequences and demographic factors that might affect the pharmacokinetics of vitamin D3 after a single high dose intervention in a young Chinese population with vitamin D insufficiency status. Methods: A total of 28 young subjects (25 to 35 years old) with vitamin D insufficiency status [serum 25(OH)D <30 ng/mL] was recruited in Shanghai, China. The subjects were orally administered a single high dose of vitamin D3 (300 000 IU). Baseline characteristics and blood samples were collected at d 0, 1, 2, 3, 7, 28, 56, 84 and 112 after the intervention. The blood biomarker levels were determined with standardized methods. Results: The intervention markedly increased the blood 25(OH)D3 levels within the first five days (mean T<sub>max</sub>=5.1+/-2.1 d) and sustained an optimal circulating level of 25(OH)D3 (>30 ng/mL) for 56 d. After the intervention, body weight and baseline 25(OH)D3 levels were significantly correlated with circulating 25(OH)D3 levels. No adverse events and no consistently significant changes in serum calcium, creatinine, glucose, parathyroid hormone, vitamin D binding protein, or the urinary calcium/creatinine ratio were observed. However, there
was a significant increase in phosphorus after the vitamin D3 intervention. Total cholesterol and triglyceride levels were decreased at the end of the trial. Conclusion: The pharmacokinetics of vitamin D after intervention were influenced by baseline 25(OH)D3 levels and the body weight of the subjects. The results suggest that a single high oral vitamin D3 intervention is safe and efficient for improving the vitamin D status of young Chinese people with vitamin D insufficiency.

Copyright (C) 2016 CPS and SIMM. All rights reserved.

J.-H. Han, China National Center for Food Safety Risk Assessment, Beijing 100022, China. E-mail: hanjhua@cfsa.net.cn

Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)

Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) affects many adult men worldwide. The currently available therapies offer little or no proven benefit for CP/CPPS. We designed this study to assess the efficacy of acupuncture therapy for the treatment of CP/CPPS.

Methods: This study is designed as a randomized, sham acupuncture-controlled trial. We will
compare patients with CP/CPPS in an acupuncture group and a sham acupuncture group. Sixty-eight patients will be randomly allocated to receive acupuncture or sham acupuncture. The treatments will consist of 30-min sessions, three times weekly, for 8 weeks. The primary outcome measure is change in the weekly mean National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score from baseline through the 8-week treatment period. Secondary measures include the NIH-CPSI subscale scores, the total International Prostate Symptom Score (IPSS), patients' response rate, and patient satisfaction after treatment. We will also assess changes in the NIH-CPSI total score from baseline at the 20th and 32nd week of follow-up. Discussion: This is a randomized, sham-controlled trial of acupuncture treatment for CP/CPPS. The results of this trial will provide more evidence on whether acupuncture is efficacious for treating CP/CPPS. Trial registration: Clinical Trials.gov NCT02588274 Copyright (C) 2016 The Author(s).

Institution
Z. Liu, China Academy of Chinese Medical Sciences, Department of Acupuncture, Guang'anmen Hospital, Beijing 100053, China. E-mail: liuzhishun@aliyun.com

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Volume
16

Issue Part
1) (no pagination)

Country of Publication
United Kingdom
(IR) tablet for administration BID. These studies investigated the single- and multiple-dose pharmacokinetic properties of a new, recently US Food and Drug Administration-approved, extended-release, 20-mg once-daily formulation. Methods We performed 2 separate 2-period, 2-sequence crossover studies in 36 healthy adults: a study comparing the IR formulation to the extended-release formulation under fasting conditions and a study comparing the extended-release formulation under fed and fasted conditions. Findings Compared with lorcaserin IR, the $T_{\text{max}}$ after a single dose of lorcaserin extended-release was greater (median, 12 vs 3 hours), and the $C_{\text{max}}$ was 26% lower (38.8 vs 52.3 ng/mL). AUC data were bioequivalent for the 2 formulations in both single- and multiple-dose regimens, confirming no formulation effect on lorcaserin bioavailability. In fasted and fed conditions, $T_{\text{max}}$ after a single dose was identical (median, 12 hours), but $C_{\text{max}}$ was approximately 45% higher in the fed state (mean, 38.5 ng/mL fasted vs 56.1 ng/mL fed). However, at steady state, $C_{\text{max}}$ and AUC were determined to be bioequivalent between the fasted and fed states, indicating no clinically relevant food effect on the pharmacokinetic properties of lorcaserin extended-release. The safety profile was consistent between the 2 formulations. Implications Overall, the results indicate that lorcaserin extended-release is a suitable once-daily alternative to the approved IR BID formulation. Copyright (C) 2016 The Authors

Institution
R. Christopher, Arena Pharmaceuticals, Inc, 6154 Nancy Ridge Dr, San Diego, CA 92121, United States. E-mail: rchristopher@arenapharm.com

Publisher
Excerpta Medica Inc.

Volume
38

Issue Part
10

Page
2227-2238

Country of Publication
United States
A multicenter, single-arm, open-label, phase 2 study of apitolisib (GDC-0980) for the treatment of recurrent or persistent endometrial carcinoma (MAGGIE study)
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01245076
BACKGROUND: The current single-arm, open-label trial was designed to evaluate the activity of apitolisib (GDC-0980), a dual phosphoinositide 3-kinase/mammalian target of rapamycin (PI3K/mTOR) inhibitor, in patients with advanced endometrial cancer (EC). METHODS: Patients with recurrent or persistent EC who were treated with 1 to 2 prior lines of chemotherapy but no prior PI3K/mTOR inhibitor received oral apitolisib at a dose of 40 mg daily during 28-day cycles until disease progression or intolerable toxicity occurred. Patients with type I/II diabetes who required insulin were excluded. The primary endpoints were progression-free survival (PFS) at 6 months and objective response rate. RESULTS: A total of 56 women were enrolled, including 13 (23%) with well-controlled diabetes. Reasons for discontinuation were disease progression (24 patients; 43%), adverse events (13 patients; 23%), and withdrawal by subject (12 patients; 21%). Grade 3/4 apitolisib-related adverse events were hyperglycemia (46%), rash (30%), colitis (5%), and pneumonitis (4%) (toxicities were graded according to the National Cancer Institute Common Terminology Criteria for Adverse Events [version 4.0]). The PFS rate at 6 months was 20% (Kaplan-Meier estimate; 95% confidence interval [95% CI], 7%-33%). The objective response rate was 6% (confirmed). The median PFS was 3.5 months (95% CI, 2.7-3.7 months) and the median overall survival was 15.7 months (95% CI, 9.2-17.0 months). Nineteen patients discontinued the study before the first tumor assessment. Dose reductions were required for 4 diabetic (31%) and 18 nondiabetic (42%) patients. Comprehensive molecular profiling of 46 evaluable archival tumor samples demonstrated that 57% of patients had at least 1 alteration in phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha (PIK3CA), phosphatase and tensin homolog (PTEN), or AKT1. All 3 patients with a confirmed response had at least 1 alteration in a PI3K pathway gene. CONCLUSIONS: The antitumor activity noted with the use of a dose of 40 mg of apitolisib daily was limited by tolerability, especially in diabetic patients. Patients with PI3K pathway mutations may have derived enhanced benefit from apitolisib. Cancer 2016;122:3519-28. (C) 2016 American Cancer Society. Copyright (C) 2016 American Cancer Society
Institution
V. Makker, Gynecologic Medical Oncology Service, Memorial Sloan Kettering Cancer Center, New York, NY, United States. E-mail: makkerv@mskcc.org
Publisher
Page 1012
An open-label, dose-escalation phase I study of anti-TYRP1 monoclonal antibody IMC-20D7S for patients with relapsed or refractory melanoma


EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01246061

Purpose: Tyrosinase-related protein-1 (TYRP1) is a transmembrane glycoprotein that is specifically expressed in melanocytes and melanoma cells. Preclinical data suggest that mAbs targeting TYRP1 confer antimelanoma activity. IMC-20D7S is a recombinant human IgG1 mAb targeting TYRP1. Here, we report the first-in-human phase I/IIb trial of IMC-20D7S. Experimental Design: The primary objective of this study was to establish the safety profile and the MTD of IMC-20D7S. Patients with advanced melanoma who progressed after or during at least one line of treatment or for whom standard therapy was not indicated enrolled in this standard 3 + 3 dose-escalation, open-label study. IMC-20D7S was administered intravenously every 2 or 3 weeks.

Results: Twenty-seven patients were enrolled. The most common adverse events were fatigue and constipation experienced by nine (33%) and eight (30%) patients, respectively. There were no serious adverse events related to treatment, no discontinuations of treatment due to adverse events, and no treatment-related deaths. Given the absence of dose-limiting toxicities, an MTD was not defined, but a provisional MTD was established at the 20 mg/kg every 2-week dose based on serum concentration and safety data. One patient experienced a complete response. A
disease control rate, defined as stable disease or better, of 41% was observed. Conclusion: IMC-20D7S is well tolerated among patients with advanced melanoma with evidence of antitumor activity. Further investigation of this agent as monotherapy in selected patients or as part of combination regimens is warranted. Copyright (C)2016 AACR.

Institution
J.D. Wolchok, Memorial Sloan Kettering Cancer Center, Ludwig Center for Cancer Immunotherapy, New York, NY, United States. E-mail: wolchokj@mskcc.org

Publisher
American Association for Cancer Research Inc. (E-mail: helen.atkins@aacr.org)

Volume
22

Issue Part
21

Page
5204-5210

Country of Publication
United States

Phase 2 Study of the Safety and Antitumor Activity of Apalutamide (ARN-509), a Potent Androgen Receptor Antagonist, in the High-risk Nonmetastatic Castration-resistant Prostate Cancer Cohort


EBM Reviews - Cochrane Central Register of Controlled Trials

European urology. 70(6):963-970, 2016. European urology

[Journal: Article]

AN: CN-01246314

Background Apalutamide is a potent androgen receptor (AR) antagonist that targets the AR ligand-binding domain and prevents AR nuclear translocation, DNA binding, and transcription of AR gene targets. Objective To evaluate the activity and safety of apalutamide in patients with high-risk nonmetastatic castration-resistant prostate cancer (nmCRPC). Design, setting, and participants We conducted a multicenter phase 2 study of nmCRPC patients with a high risk for
progression (prostate-specific antigen [PSA] >8 ng/ml or PSA doubling time [PSA DT] <10 mo).

Intervention Patients received 240 mg/d apalutamide while continuing on androgen-deprivation therapy. Outcome measurements and statistical analysis Primary end point was 12-wk PSA response (Prostate Cancer Working Group 2 criteria). Secondary end points included safety, time to PSA progression (TTPP), and metastasis-free survival (MFS). Results and limitations A total of 51 patients were enrolled; four patients with metastatic disease were excluded from the efficacy analysis. Patient characteristics included median age, 71 yr; Eastern Cooperative Oncology Group performance status 0 (76%); Gleason score <7 (57%); median PSA 10.7 ng/ml; and PSA DT <10 mo (45%). At median follow-up of 28.0 mo, 18 patients (35%) remained in the study. Overall, 89% of patients had >50% PSA decline at 12 wk. Median TTPP was 24.0 mo (95% confidence interval [CI], 16.3 mo-not reached [NR]); median MFS was NR (95% CI, 33.4 mo-NR). Most of the patients discontinued study treatment (n = 33) due to disease progression (n = 11 [22%]) or adverse events (AEs) (n = 9 [18%]). The most common AE was fatigue (any grade, n = 31 [61%]) although grade >3 fatigue was uncommon (n = 2 [4%]). These represent the first apalutamide nmCRPC patient clinical data. Conclusions In high-risk nmCRPC patients, apalutamide was safe with robust activity based on durable PSA responses and disease control. Patient summary Antitumor activity and the safety of apalutamide in patients with nonmetastatic castration-resistant prostate cancer support continued development in this setting. Trial registration ClinicalTrials.gov identifier NCT01171898 Copyright (C) 2016 European Association of Urology
Comparison of the effects of acupressure and self-care behaviors training on the intensity of primary dysmenorrhea based on McGill pain questionnaire among Shiraz University students

Behbahani BM, Ansaripour L, Akbarzadeh M, Zare N, Hadianfard MJ

EBM Reviews - Cochrane Central Register of Controlled Trials

Journal of research in medical sciences. 21(7) (no pagination):2016. Journal of research in medical sciences

[Journal: Article]

AN: CN-01246972

Dysmenorrhea is one of the common problems during reproductive ages, with prevalence rate of 60-90%. This study aimed to compare the effects of acupressure at Guan yuan (RN-4) and Qu gu (RN-2) acupoints, self-care behaviors training, and ibuprofen on the intensity of primary dysmenorrhea based on McGill pain questionnaire. Materials and Methods: In the randomized clinical trial, 120 females, aged between 18 and 25 years, with primary dysmenorrhea, randomly selected from five dormitories of Shiraz University, Shiraz, Iran were screened and randomized into acupressure group, in that pressure was applied for 20 min over the 1st 2 days of menstruation for two cycles. In the second group, the training group took part in four educational sessions each lasting for 60-90 min and control group received ibuprofen 400 mg. The intensity of pain before and after the intervention was measured using short-form McGill pain questionnaire. The data were entered into the SPSS statistical software (version 16) and analyzed using Kruskal-Wallis test, paired t-test, and Chi-square test. Results: A significant difference was found in the mean intensity of pain before and after the intervention in all the three study groups. The mean score of pain intensity was 10.65 +/- 5.71 in the training group, 19 +/- 5.41 in the control group, and 14.40 +/- 6.87 in the acupressure group after the intervention. The results of Kruskal-Wallis test revealed that both interventions were more effective compared to consumption of ibuprofen. Conclusion: Training and acupressure were more effective than ibuprofen in the reduction of dysmenorrhea. Thus, they can be considered as trainable methods without side effects in adolescent girls. Copyright (C) 2016 Journal of Research in Medical Sciences.

Institution
M. Akbarzadeh, Department of Midwifery, Maternal-Fetal Medicine Research Center, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran, Islamic Republic of.
E-mail: akbarzadm@sums.ac.ir

Publisher
Isfahan University of Medical Sciences(IUMS) (Hezar Jerib Avenue, P.O. Box 81745-319, Isfahan, Iran, Islamic Republic of)

Volume
Efficacy of acupuncture for chronic prostatitis/chronic pelvic pain syndromes: study protocol for a randomized, sham acupuncture-controlled trial
EBM Reviews - Cochrane Central Register of Controlled Trials
BMC complementary and alternative medicine. 16(1) (no pagination):2016. BMC complementary and alternative medicine
[Journal: Article]
AN: CN-01247026

Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) affects many adult men worldwide. The currently available therapies offer little or no proven benefit for CP/CPPS. We designed this study to assess the efficacy of acupuncture therapy for the treatment of CP/CPPS.

Methods: This study is designed as a randomized, sham acupuncture-controlled trial. We will compare patients with CP/CPPS in an acupuncture group and a sham acupuncture group. Sixty-eight patients will be randomly allocated to receive acupuncture or sham acupuncture. The treatments will consist of 30-min sessions, three times weekly, for 8 weeks. The primary outcome measure is change in the weekly mean National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score from baseline through the 8-week treatment period. Secondary measures include the NIH-CPSI subscale scores, the total International Prostate Symptom Score (IPSS), patients' response rate, and patient satisfaction after treatment. We will also assess changes in the NIH-CPSI total score from baseline at the 20<sup>th</sup> and 32<sup>nd</sup> week of follow-up.

Discussion: This is a randomized, sham-controlled trial of acupuncture treatment for CP/CPPS. The results of this trial will provide more evidence on whether acupuncture is efficacious for treating CP/CPPS. Trial registration: Clinical Trials.gov NCT02588274 Copyright (C) 2016 The Author(s).
Recommendations for Self-report Outcome Measures in Vulvodynia Clinical Trials
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01247245

OBJECTIVES: Vulvodynia (idiopathic chronic vulvar pain) is a prevalent condition associated with significant and negative impacts in many areas of function. Despite the increased research interest in vulvodynia in recent years, recommendations for outcome measures for use in clinical trials are missing. The purpose of this paper, therefore, was to provide recommendations for outcome measures for vulvodynia clinical trials so that consistent measures are used across trials in order to facilitate between-study comparisons and the conduct of large multi-center trials, and to improve measurement of the multiple dimensions of vulvodynia. METHODS: Given that provoked vestibulodynia (PVD)-characterized by provoked pain localized to the vaginal opening—is the most common subtype of vulvodynia and the current main focus of clinical trials, this paper focused on recommended outcome measures in PVD clinical trials. The framework used to guide the selection of outcome measures was based on the one proposed by the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT). RESULTS: The IMMPACT framework provided a well-suited guideline for outcome measure recommendations in PVD clinical trials. However, given the provoked presentation of PVD and the significant impact it has on sexuality, modifications to some of the IMMPACT recommendations and specific additional
measures were made. DISCUSSION:: Measures that are specific to vulvovaginal pain are ideal for adoption in PVD clinical trials, and many such measures currently exist that allow the relevant IMMPACT domains to be captured. Copyright (C) 2016 Wolters Kluwer Health, Inc. All rights reserved.

Institution
C.F. Pukall, *Department of Psychology, Queen's University, Kingston, Ontario, Canada
+Department of Psychology, Universite de Montreal, Montreal, QC, Canada
++Department of Clinical Pharmacy, University of Tennessee Health Science Center, Memphis, TN, USA
Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ, USA
Departments of Anesthesiology and Perioperative Medicine, Neurology, and Psychology, University of Alabama at Birmingham, Birmingham, AL USA

Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Volume
(no pagination)

Country of Publication
United States

667.

Adding corticosteroids to the pudendal nerve block for pudendal neuralgia: a randomised, double-blind, controlled trial


EBM Reviews - Cochrane Central Register of Controlled Trials
BJOG. Vol.(no pagination), 2016. BJOG
[Journal: Article In Press]

AN: CN-01247544

Objective: To compare the effect of corticosteroids combined with local anaesthetic versus local anaesthetic alone during infiltrations of the pudendal nerve for pudendal nerve entrapment.

Design: Randomised, double-blind, controlled trial. Setting: Multicentre study. Population: 201 patients were included in the study, with a subgroup of 122 women. Methods: CT-guided pudendal nerve infiltrations were performed in the sacrospinous ligament and Alcock's canal.
There were three study arms: patients in Arm A (n = 68) had local anaesthetic alone, those in Arm B (n = 66) had local anaesthetic plus corticosteroid and those in Arm C (n = 67) local anaesthetic plus corticosteroid with a large volume of normal saline. Main outcome measures: The primary end-point was the pain intensity score at 3 months. Patients were regarded as responders (at least a 30-point improvement on a 100-point visual analogue scale of mean maximum pain over a 2-week period) or nonresponders. Results: Three months' postinfiltration, 11.8% of patients in the local anaesthetic only arm (Arm A) were responders versus 14.3% in the local anaesthetic plus corticosteroid arms (Arms B and C). This difference was not statistically significant (P = 0.62). No statistically significant difference was observed in the female subgroup between Arm A and Arms B and C (P = 0.09). No significant difference was detected for the various pain assessment procedures, functional criteria or quality-of-life criteria. Conclusions: Corticosteroids provide no additional therapeutic benefits compared with local anaesthetic and should therefore no longer be used. Tweetable abstract: Steroid infiltrations do not improve the results of local anaesthetic infiltrations in pudendal neuralgia. Copyright (C) 2016 RCOG.

Institution
J.J. Labat, Federative Center of Pelvi-Perineology, CHU Nantes, 1 Place A Ricordeau 44093 Nantes Cedex, France
Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Volume
(no pagination)
Country of Publication
United Kingdom

668.
Overall survival of patients with relapsed multiple myeloma treated with panobinostat or placebo plus bortezomib and dexamethasone (the PANORAMA 1 trial): a randomised, placebo-controlled, phase 3 trial
EBM Reviews - Cochrane Central Register of Controlled Trials
The lancet haematology. 3(11):e506-e515, 2016. The lancet haematology
Background Panobinostat plus bortezomib and dexamethasone significantly increased median progression-free survival compared with placebo plus bortezomib and dexamethasone in the phase 3 PANORAMA 1 trial. Here, we present the final overall survival analysis for this trial.

Methods PANORAMA 1 is a randomised, placebo-controlled, double-blind, phase 3 trial of patients with relapsed or relapsed and refractory multiple myeloma with one to three previous treatments. Patients were randomly assigned (1:1) to receive panobinostat (20 mg orally) or placebo, with bortezomib (1.3 mg/m<sup>2</sup> intravenously) and dexamethasone (20 mg orally), over two distinct treatment phases. In treatment phase 1 (eight 3-week cycles), patients received: panobinostat or placebo on days 1, 3, 5, 8, 10, and 12; bortezomib on days 1, 4, 8, and 11; and dexamethasone on days 1, 2, 4, 5, 8, 9, 11, and 12. During treatment phase 2 (four 6-week cycles with a 2 weeks on, 1 week off schedule), panobinostat or placebo was given three times a week, bortezomib was administered once a week, and dexamethasone was given on the days of and following bortezomib administration. The primary endpoint was progression-free survival; overall survival was a key secondary endpoint. This study is registered at ClinicalTrials.gov, NCT01023308. Findings Between Jan 21, 2010, and Feb 29, 2012, 768 patients were enrolled into the study and randomly assigned to receive either panobinostat (n=387) or placebo (n=381), plus bortezomib and dexamethasone. At data cutoff (June 29, 2015), 415 patients had died. Median overall survival was 40.3 months (95% CI 35.0-44.8) in those who received panobinostat, bortezomib, and dexamethasone versus 35.8 months (29.0-40.6) in those who received placebo, bortezomib, and dexamethasone (hazard ratio [HR] 0.94, 95% CI 0.78-1.14; p=0.54). Of patients who had received at least two previous regimens including bortezomib and an immunomodulatory drug, median overall survival was 25.5 months (95% CI 19.6-34.3) in 73 patients who received panobinostat, bortezomib, and dexamethasone versus 19.5 months (14.1-32.5) in 74 who received placebo (HR 1.01, 95% CI 0.68-1.50). Interpretation The overall survival benefit with panobinostat over placebo with bortezomib and dexamethasone was modest. However, optimisation of the regimen could potentially prolong treatment duration and improve patients' outcomes, although further trials will be required to confirm this. Funding Novartis Pharmaceuticals. Copyright (C) 2016 Elsevier Ltd Institution J.F. San-Miguel, Clinica Universidad de Navarra, CIMA, IDISNA, Pamplona 31008, Spain. E-mail: sanmiguel@unav.es Publisher Elsevier Ltd Volume 3
Sofosbuvir plus ledipasvir for recurrent hepatitis C in liver transplant recipients
EBM Reviews - Cochrane Central Register of Controlled Trials
Liver transplantation. 22(11):1536-1543, 2016. Liver transplantation
[Journal: Article]
AN: CN-01248822
Hepatitis C virus (HCV) recurrence after liver transplantation (LT) is associated with worse outcomes. The combination of ledipasvir (LDV) and sofosbuvir (SOF) has been approved for HCV treatment after LT, but there are limited data on the effectiveness and safety of LDV/SOF in the "real-world" setting. This multicenter study is the largest report to date on the effectiveness and safety of LDV/SOF in the post-LT setting. A total of 204 patients (72% male, 68% Caucasian, 66% genotype [GT] 1a, 21% METAVIR F3-F4, 49% treatment-experienced) were treated with LDV/SOF. The mean duration from LT to treatment initiation was 4.8 years. The overall sustained virological response rate 12 weeks after completion of therapy (SVR12) was 96%. Patients treated with 8 or 12 weeks of LDV/SOF without RBV experienced an SVR12 rate of 100% and 96%, respectively. Calcineurin inhibitors were used in 89% of patients, and 32% of patients underwent adjustment in immunosuppression during treatment. One episode of mild rejection, responsive to an increase in immunosuppression dosage, was observed. There was no graft loss attributed to HCV treatment. Four deaths occurred unrelated to HCV treatment, and no significant serious adverse events were documented. In conclusion, SOF and LDV with or without RBV for 8, 12, or 24 weeks in post-LT patients was effective and safe with a high SVR12 rate across a spectrum of GTs and stages of fibrosis. Liver Transplantation 22 1536-1543 2016 AASLD.
Copyright (C) 2016 by the American Association for the Study of Liver Diseases
A Randomized Controlled Trial Comparing Laser Intra-Hemorrhoidal Coagulation and Milligan-Morgan Hemorrhoidectomy

Naderan M, Shoar S, Nazari M, Elsayed A, Mahmoodzadeh H, Khorgami Z

EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01249143

Purpose: To compare laser intra-hemorrhoidal coagulation with Milligan-Morgan (MM) hemorrhoidectomy. Method: Patients with symptomatic grade II or III internal hemorrhoids according to the Goligher's classification (refractory to medical treatment) were enrolled in this double-blinded randomized controlled trial study. In the laser group, hemorrhoidal columns were coagulated using a 980-nanometer (nm) radial laser emitting fiber (three, 15-W pulses of 1.2 s each, with 0.6-s intervals). Operative time, postoperative pain and complications, and recovery or resolution of symptoms were measured. Patients were followed up for at least one year for evaluating healing, resolution of symptoms, and late complications. Results: Postoperative pain scores (at 12, 18, and 24 hr after surgery) were significantly lower in the laser group compared with the MM group (p <.01). The operative time and intra-operative blood loss were more in the MM group (p <.001). The administration of analgesics was significantly reduced in the laser group (p <.05). Two patients in the laser group were presented with thrombosis of external hemorrhoid.
7-10 days after the procedure, which was resolved with medical treatment, but no patients in the MM group developed hemorrhoidal thrombosis (p > .05). One-year follow-up showed comparable results in terms of the resolution of symptoms and sustainable cure. Conclusions: Intra-hemorrhoidal coagulation with 980-nm diode laser reduces postoperative pain, intra-operative bleeding, and administered analgesics with a comparable resolution rate of hemorrhoid symptoms. However, for the patients who experience complications, such as hemorrhoidal thrombosis, the overall pain may be equivalent to or even worse than conventional hemorrhoidectomy. Copyright (C) 2016 Taylor & Francis Group, LLC

Institution
S. Shoar, Department of Surgery, Shariati Hospital, Tehran University of Medical Sciences, Tehran, Iran

Publisher
Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)

Page
1-7

Country of Publication
United Kingdom

671.
Presacral neurectomy: relevant anatomy and strategies for success
Stuparich MA, Mansuria S

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]
AN: CN-01250421

Presacral neurectomy is a conservative surgical procedure that severs the superior hypogastric plexus, which is the collection of afferent pain fibers arising from the midline pelvic organs. This procedure can be performed laparoscopically and is indicated for the treatment of pelvic pain due to endometriosis that is refractory to medical therapy. Appropriate patient selection is crucial to optimize operative success and should include patients with midline pelvic pain who desire
conservative surgery. Indeed, detailed anatomic knowledge of the presacral area is imperative in order to avoid ureteral or catastrophic vascular injury. Presacral neurectomy has been studied in a long term randomized controlled trial by Zullo et al in 2003 and has an excellent cure rate with approximately 83% of women in the study reporting relief of dysmenorrhea at 24 months after the procedure.

Institution
M.A. Stuparich, Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh Medical Center, Pittsburgh, PA, United States

Publisher
Elsevier Inc.

Volume
23

Issue Part
7 Supplement 1

Page
S16

Country of Publication
Netherlands

Pre-operative risk factors for increased postoperative pain after benign hysterectomy
Abualnadi NM, Mowers EL, Kamdar NS, Morgan D, As-Sanie S

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01250431

Study Objective: Determine pre-operative risk factors associated with increased pain after benign hysterectomy. Determine if elevated pain after benign hysterectomy is associated with post-operative complications. Design: Retrospective chart review study of a Michigan multi-center prospective database from July 1st, 2012 through July 2nd, 2014. Cases were abstracted from an
all-payer quality and safety database maintained by the Michigan Surgical Quality Collaborative (MSQC). Setting: Statewide group of 52 hospitals that voluntarily report perioperative surgical outcomes. Patients: During the study period 10,937 women underwent hysterectomy for benign indications. Abdominal, laparoscopic and vaginal hysterectomies were included. Hysterectomies for obstetric indications or cancer were excluded. Measurements and Main Results: Among the 10,937 patients studied, 64.2% (n= 7,020) underwent abdominal hysterectomy while the remainder underwent either a vaginal (12.0%, n= 1,312) or laparoscopic (23.8%, n=2,605) approach. Pain was measured by visual analog scale (VAS) scores on post-operative day one. The percentage of patients with VAS score > 7 was greater in patients undergoing abdominal hysterectomy (15.8%) compared to vaginal or laparoscopic hysterectomy (13.0%, p<0.001). Factors associated with elevated VAS scores included decreasing age (p<0.001), white race (p<0.001), tobacco use (p<0.001), non-private insurance (p<0.001), history of chronic pelvic pain (p<0.001), and prior pelvic surgery (p<0.001). Endometriosis and BMI were not significant. Patients with elevated pain scores were more likely to be re-admitted within 30 days of surgery (p<0.001) and present to the ED within 30 days of hysterectomy (p<0.001). Conclusion: A greater percentage of patients have VAS scores greater than or equal to 7, thus preventing discharge after abdominal hysterectomy than after minimally invasive approaches. Pre-operative characteristics associated with increased pain after benign hysterectomy include younger age, white race, tobacco use, non-private insurance, a pre-operative indication of chronic pelvic pain, and a history of prior pelvic surgery. These patients were more likely to present to the ED and be re-admitted within 30 days of hysterectomy.

Institution
N.M. Abualnadi, Obstetrics and Gynecology, University of Michigan-Ann Arbor, Ann Arbor, MI, United States
Publisher
Elsevier Inc.
Volume
23
Issue Part
7 Supplement 1
Page
S15-S16
Country of Publication
Netherlands
Thinner patients suffer more post-laparoscopy pain
Bar Shavit Y, Mazaki-Tovi S, Bouaziz J, Goldenberg M, Mashiach RJ
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01250530
Study Objective: The aim of this study was to confirm the hypothesis, derived from our clinical observation, that thinner patients suffer more pain after laparoscopic surgery. Design: Retrospective cohort study. Setting: Academic affiliated tertiary hospital. Patients: Inclusion criteria: patients undergoing gynecologic laparoscopic surgery. Exclusion criteria: surgical complications: fever, massive bleeding, wound infection, age under 18 years, chronic pain treatment, endometriosis and pregnancy. Intervention: Laparoscopic procedures included (unilateral/bilateral): salpingectomy, oophorectomy, salping-oophorectomy, cystectomy, myomectomy, hysterectomy and salpingectomy with/without oophorectomy, and with/without lymph node sampling, ovarian wedge resection (for fertility preservation) and diagnostic laparoscopy. Measurements and Main Results: The average age was 40.4 years, average BMI 25.2 kg/m2. Median age for BMI categories (<25, 25-30, >30) was 35.4, 45.1, 45.2 respectfully. BMI category dispersion within the cohort: BMI<25 included 52 patients (50.5%), BMI 25-30 included 31 patients (30.1%) and 20 patients (19.4%) had BMI > 30. Maximal Pain Score is the highest reported NRS (Numerical Rating Scale) score (a validated pain scale) reported during the post-surgical admission period. When comparing extreme groups of BMI<20 vs >30, and maximal pain score cutoff 5 (5 or less vs above 5) there was a significant inverse relation (p=0.01). When applying linear regression analysis for maximal pain score cutoff 5, for BMI categories, age, surgery type - BMI categories alone showed significance (p=0.04), while age and surgery did not. The total number of medical interventions for pain control and time of discharge from surgery among the BMI categories showed no significant difference. Conclusion: There is an inverse relation between BMI and post laparoscopy pain. Future studies are needed to characterize the increased pain among thinner patients (visceral, parietal or referred) potentially revealing the pathophysiology of this difference and improving our understanding of post laparoscopy pain. Randomized prospective studies should be conducted to examine new post laparoscopic pain treatment strategies.
Does the transvaginal ultrasound uterine "sliding sign" alone outperform direct visualization using sonovaginography for the prediction of rectal/rectosigmoid deep infiltrating endometriosis?

Reid S, Lu C, Gerges B, Condous G

Study Objective: It has been previously reported that a negative transvaginal ultrasound (TVU) uterine "sliding sign" (i.e. pouch of Douglas (POD) obliteration/uterorectal adhesions) may be used to predict the presence of rectal/rectosigmoid deep infiltrating endometriosis (DIE) in women with suspected endometriosis. We aim to compare the performance of the uterine "sliding sign" alone to the direct visualization using sonovaginography (SVG) for the prediction of rectal/rectosigmoid DIE.

Design: Multicentre prospective observational study undertaken between from January 2009 to February 2013. Setting: Tertiary referral centre for women with chronic pelvic pain/ suspected endometriosis. Patients: All eligible women were of reproductive age, had
a history of chronic pelvic pain and/or history of endometriosis, and were scheduled for operative laparoscopy. Intervention: All women included in the analysis underwent TVU to ascertain whether the uterine "sliding sign" was positive or negative, followed by assessment of the posterior pelvic compartment for rectal/rectosigmoid DIE with SVG. All women then underwent laparoscopic endometriosis surgery. Measurements and Main Results: The association between a negative TVU uterine "sliding sign" alone and the presence of rectal/rectosigmoid DIE at laparoscopy was analyzed using Fisher's exact test. This was compared to direct visualization of rectal/rectosigmoid DIE using SVG. Complete ultrasound and laparoscopic data were available for 189/220 (86%) women. POD obliteration was present in 47/189 (25%) and rectal and/or rectosigmoid DIE was noted in 43/189 (23%) of women at laparoscopy. The accuracy, sensitivity, specificity, PPV, and NPV for a negative uterine "sliding sign" vs. SVG in the prediction of DIE affecting the rectum/rectosigmoid were 88% vs. 92%, 74% vs. 88%, 93% vs. 93%, 74% vs. 79%, and 93% vs. 97%, respectively. There were 11/43 (26%) false negative cases, where the TVU "sliding sign" was positive and rectal DIE was confirmed at laparoscopy. Conclusion: Direct visualization with SVG outperforms the negative TVU uterine "sliding sign" in the prediction of rectal/rectosigmoid DIE. (Table Presented).

Institution
S. Reid, Gynaecology, Wollongong Hospital, Wollongong, NSW, Australia

Publisher
Elsevier Inc.

Volume
23

Issue Part
7 Supplement 1

Page
S108-S109

Country of Publication
Netherlands

675.
Vaginal bromocriptine improves pain and bleeding in women with adenomyosis
Andersson JK, Khan Z, Gemzell-Danielsson K, Weaver AL, Vaughan LE, Stewart EA

EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01250541

Study Objective: Adenomyosis affects up to 65% of reproductive age women, causing abnormal uterine bleeding and painful menses. The only widely accepted treatment is hysterectomy. Prolactin is produced in the endometrium and myometrium and is a smooth muscle cell mitogen. Murine models of adenomyosis have shown a pathogenic role for intrauterine concentration of prolactin. In this study, we test the hypothesis that bromocriptine, a dopamine agonist with prolactin inhibiting effects, will decrease symptoms from adenomyosis. Design: Multi-center prospective single arm pilot study. Setting: Private clinic and university hospital in Sweden and university hospital in the United States. Patients: 22 women with Magnetic Resonance Image diagnosed adenomyosis were enrolled. Three dropped out and 8 are still undergoing treatment. Data on 11 women is complete and is presented. Intervention: After baseline assessment, vaginal bromocriptine was used and increased stepwise to a dose of 5mg daily; this day was defined as study day 1. Patients continued bromocriptine for 6 months. Women completed multiple validated measures at baseline and after 3 and 6 months of treatment including a Pictorial Blood Loss Assessment Chart (PBLAC), visual analog scale for pain (VAS), Mc Gill Pain Questionnaire (MPQ), Aberdeen Menorrhagia Clinical outcomes (AMCOQ) and the Fibroid Symptom Quality of life (UFS-QOL). Median scores were compared using Wilcoxon Signed Rank test. Measurements and Main Results: Mean age of women was 44.7 +/- 3.6 years, with 82% having menses lasting for <7 days and 73% having moderate to severe cramps. All women had improvement in bleeding and pain evaluated at 6-months after starting treatment. (Table presented) Conclusion: Significant improvement in menstrual bleeding and pain after bromocriptine treatment suggests a key role for prolactin in adenomyosis and the potential of a novel therapeutic agent for this common disease with limited alternative therapies.

Institution
J.K. Andersson, Women's and Children's Health,' Obstetrics and Gynecology, Stockholm, Sweden

Publisher
Elsevier Inc.

Volume
23

Issue Part
7 Supplement 1
676.
Prospective validation of the ultrasound based endometriosis staging system (UBESS)
Gerges B, Reid S, Chou D, Chang T, Condous G
EBM Reviews - Cochrane Central Register of Controlled Trials
Journal of minimally invasive gynecology. Conference: 45th AAGL global congress of minimally
45th AAGL global congress of minimally invasive gynecology. United states. Conference start:
[Journal: Conference Abstract]
AN: CN-01250550
Study Objective: To prospectively validate the recently developed Ultrasound Based
Setting: Tertiary referral laparoscopic unit. Patients: Consecutive women presenting with chronic
pelvic pain +/-history of endometriosis from July 2013 to March 2015. Intervention: All women with
symptoms of chronic pelvic pain +/- history of endometriosis underwent a detailed specialized
transvaginal ultrasound (TVS) in a tertiary referral unit to stage the endometriosis prior to
laparoscopy using the three stage UBESS. Measurements and Main Results: 136/141 (96.5%)
women with preoperative TVS and laparoscopic outcomes were included in the final analysis. 48
(34%) of the women had a history of previous endometriosis with the mean age of diagnosis was
25.3 +/- 10.3 years. The accuracy, sensitivity, specificity, positive predictive value and negative
predictive value for the performance of UBESS at predicting level 1 laparoscopic surgery were
86.5/86.6/86.5/86.5 per cent, level 2 were 84.4/67.6/89.7/67.6/89.7 per cent and level 3 were
90.8/82.5/94.1/84.6/93.1 per cent, respectively. Conclusion: UBESS can be used to pre-
operatively stage women to the most appropriate level of laparoscopic endometriosis surgery
required. It needs to be externally validated in order to assess its general applicability in other
centres. (Table Presented).
Efficacy and safety of Nilotinib in newly diagnosed Ph+ CML patients in chronic phase: results of the 4th interim analysis of the non-interventional MOMENT II-study


EBM Reviews - Cochrane Central Register of Controlled Trials

Oncology research and treatment. Conference: jahrestagung der deutschen, osterreichischen und schweizerischen gesellschaften fur hamatologie und medizinische onkologie

[Journal: Conference Abstract]
AN: CN-01251789

Introduction: Nilotinib (NI) is a potent and highly selective BCR-ABL TKI approved for treatment of newly diagnosed Ph+ CML pts in CP based on ENESTnd data showing improved treatment with higher molecular response rates vs. imatinib (IM). NI is also indicated for CP and AP Ph+ CML pts who failed prior therapy including IM. Methods: 4th interim analysis of a non-interventional study of NI in 362 pts with de novo Ph+ CML in CP within routine clinical management (Aug 2011- Mar 2016; 118 centres in Germany). Results: The median age was 58 yrs (17-88). 43.9% and 2.5% of the pts were older than 60 and 80 yrs. The median time since diagnosis of CML was
12 days (0-84). 93.1% of the pts had a good performance status (ECOG: <1; missing data in 3.9%). The median observation period was 586 days (4-1064). The median daily dose of NI was 600 mg (150-800 mg) with an initial NI daily dose of 600 mg in ~94% of the cases and a final NI daily dose of 600 mg >87% of the cases. There were 19.1% of pts with at least one therapy interruption and 15.5% of pts with at least one dose reduction. The most common reason for dosage adaption and/or therapy interruption were the occurrence of AEs (40.4%). At last visit 81.6% (of 315 pts with a hematologic examination) had a CHR (7% with missing data), 84.4% (of 32 pts with a cytogenetic examination) had a CCyR (96.9% with PCyR), 63.4% (of 268 pts with a molecular examination) had an MMR (1.5% with missing data). In the subgroup of pts with molecular response (MMR or better, n = 241) the median time to response was 191 days (56-783). A premature treatment discontinuation took place in 18.2% of pts mostly due to AEs/non-hematologic toxicity, in 5 cases (7.6%) because of disease progression, which is mainly characterised by new BCR-ABL mutations. Altogether, 76.8% of pts experienced AEs. Hematologic toxicity was observed in 6.6% of pts (5.3% with thrombocytopenia), non-hematologic toxicities occurred in 37.3% of pts. The most frequently reported AEs were skin reactions (rash 8.8%, pruritus 8.3%, alopecia 5.8%), fatigue (9.1%), headache (5.5%), gastrointestinal symptoms (nausea 7.2%, upper abdominal pain 6.1%). No cardiac / vascular disorders were > 2%. The most frequent biochemical abnormalities were increases in GGT (5.8%) and blood bilirubin (5.3%). Conclusions: NI is supported as an effective and safe treatment for newly diagnosed Ph+ CML pts in CP by these data from routine clinical management.

Institution
B. Lathan, Gemeinschaftspraxis fur Hamatologie und Onkologie, Dortmund, Germany
Publisher
S. Karger AG
Volume
39
Page
57
Country of Publication
Netherlands
Safety, tolerability and pharmacokinetics of JNJ-56136379, a novel HBV capsid assembly modulator, in healthy subjects


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01252094

BACKGROUND: JNJ-56136379 (JNJ-379) is a potent in vitro inhibitor of HBV replication with a median EC<inf>90</inf> of 226nM in HepG2.117 cells. The safety, tolerability and pharmacokinetics (PK) of JNJ-379, in healthy volunteers (HV) was evaluated in Part 1 of a first in-human, Phase 1 study (NCT02662712). Interim blinded results are described below. METHOD: Part 1, a double-blind, randomized, placebo (PBO)-controlled study, had three panels. Panel 1 had Sessions 1, 3 & 5. Panel 2 had Sessions 2, 4 & 6. In Panels 1 & 2 respectively, single ascending oral doses (QD) of JNJ-379/PBO were evaluated in the same group of HV (2:1 randomization). Sessions 1, 2, and 3, each had 9 HV. Session 4, 5 and 6, each had 8 HV. The following fasted doses were evaluated: Session 1: 25mg/PBO, Session 2: 50mg/PBO, Session 3: 150mg/PBO, Session 4: 300mg/PBO and Session 6: 600mg/PBO. Session 5 evaluated a fed, QD dose of 150mg/PBO. Panel 3, consisting of only Session 7, 12 HV were dosed in a fed state with 150mg/PBO (3:1 randomization) twice a day (BD) for two days followed by 100mg/PBO QD for further 10 days. RESULTS: There were no serious adverse events or dose limiting toxicities. Adverse events (AEs) were mild or moderate. The most common AEs were headache, epistaxis, rhinitis, malaise, abdominal pain and asymptomatic lipase elevation. There was no apparent relationship to dose for any AE. Three HV did not complete their respective dosing sessions/panels. C<inf>max</inf> and AUC of JNJ-379 increased proportionally between QD doses of 25mg to 300mg but, less than proportionally up to 600mg. Median T<inf>max</inf> was between 1.25 h and 4.00 h. Mean clearance (Cl/F) after QD doses was between 1.22 L/h and 1.34 L/h. Volume of distribution ranged between 183 and 188 L. Mean T1/2 after QD doses was about 104 hours. Following fed, QD dose of 150 mg, C<inf>max</inf> and AUC increased 25% and 11%, respectively. Median T<inf>max</inf> was reached 2.5 hours later under fed conditions. During multiple dosing, steady-state was reached by Day 3. Cl/F at steady-state following multiple dosing was similar to QD administration, suggesting time-linear PK. CONCLUSION: JNJ-379 was well tolerated in HV at QD doses up to 600mg and at multiple doses of 150mg BD for two days followed by 100 mg QD for 10 days. PK was linear up to QD
doses of 300mg and following multiple daily dosing. Chronic hepatitis B subjects will be evaluated in Part 2 of this Phase 1 study.

Institution
J.Z. Yogaratnam, Alios Biopharma (a Janssen Pharmaceutical Company of Johnson and Johnson), South San Francisco, CA, United States

Publisher
John Wiley and Sons Inc.

Volume
63

Issue Part
1 Supplement 1

Page
930A-931A

Country of Publication
Netherlands

679.
Ledipasvir/Sofosbuvir for 8 weeks results in high SVR rates in treatment-naive patients with chronic HCV Infection and HIV/HCV Co-infection

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]

AN: CN-01252127

Background and Aims: Ledipasvir/sofosbuvir (LDV/SOF) for 8 weeks resulted in a SVR12 rate of 94% in non-cirrhotic, treatment-naive patients with chronic genotype (GT) 1 HCV infection in the phase 3 ION-1 study. In addition, 98% (44/45) of patients who had failed prior treatment with
SOF+ ribavirin (RBV) +/- pegylated interferon were successfully treated with LDV/SOF+RBV for 12 weeks in a retreatment study. The aims of this study were to evaluate the safety and efficacy of i) LDV/ SOF for 8 weeks in HCV infected patients with or without HIV coinfection and ii) LDV/SOF+RBV for 12 weeks in patients who failed prior treatment with SOF+RBV. Methods: The study is being conducted at 18 sites in the Russian Federation and 2 sites in Estonia. Treatment-naive patients with GT1 HCV infection without cirrhosis and with or without HIV coinfection were enrolled and received 8 weeks of LDV/SOF (90mg/400mg daily). Patients with GT1 or GT3 infection, with or without cirrhosis, who had relapsed after treatment with SOF+RBV in a previous study (SOF-experienced) were treated with 12 weeks LDV/SOF+RBV (1000-1200 mg daily). The primary efficacy endpoint was sustained viral response 12 weeks after treatment (SVR12). Safety assessments included adverse events (AEs) and clinical laboratory tests. Results: 126 treatment-naive GT1 HCV-infected patients, of whom 59 had HIV coinfection, were enrolled and treated; 54% patients were male, and 59% had baseline HCV RNA viral load >800,000 IU/mL. A total of 27 SOF-experienced patients were enrolled; 67% were male, 22% had GT3 HCV, 37% had compensated cirrhosis, and 70% had baseline HCV RNA viral load >800,000 IU/mL. Among treatment-naive patients, SVR12 rates were 99% (66/67) in HCV monoinfected patients, 97% (57/59) in HIV/HCV coinfected patients, and among SOF-experienced patients, the SVR rate was 96% (26/27). AEs occurring in >5% of patients were headache in the LDV/SOF treatment arm and headache, dyspepsia, upper abdominal pain, asthenia, irritability, and increased bilirubin in the LDV/SOF+RBV arm. One grade 3 AE of neutropenia was reported in a patient receiving LDV/SOF; no AEs leading to treatment discontinuation and no serious AEs have been reported in either treatment arm. Conclusions: These results support an 8 week treatment regimen of LDV/SOF for HCV monoinfected and HIV/HCV coinfected, treatment-naive, non-cirrhotic patients. Successful retreatment with LDV/SOF in combination with RBV for 12 weeks is possible for those who have failed prior treatment with SOF+RBV.
Large liver volumes do not cause symptoms in autosomal dominant polycystic kidney disease with early chronic kidney disease
Mikolajczyk AE, Gao G, Chapman A
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01252135
Introduction: To date, the frequency of symptoms from polycystic liver disease (PCLD) in autosomal dominant polycystic kidney disease (ADPKD) and their relationship with liver volume (LV) have been poorly characterized. Thus, this study aimed to determine if LV impacted the frequency of symptoms reported by patients at baseline in the HALT Progression Polycystic Kidney Disease Study A (HALT-PKD-A). Methods: HALT-PKD-A trial was a multicenter, randomized, placebo-controlled trial. Inclusion was limited to ADPKD subjects aged 15-49 years (yrs) with an estimated glomerular filtration rate (eGFR) greater than 60 mL/min and hypertension. Each subject had baseline magnetic resonance imaging assessments of total kidney and liver volume and screening for the presence/absence of 35 symptoms. The subjects were then divided into 3 groups based upon height-adjusted LV (htLV), and the frequencies of the symptoms in each tertile were compared using Chi-squared tests (SAS 9.4, NC, USA). Logistic regression analysis was then used to control for age and sex to determine the effect of htLV on symptom frequency. Results: The analysis included 558 subject with ADPKD (408 with liver cysts). Tertile 1 had a mean htLV of 844 mL/m (range: 475-947), mean age of 35.5 yrs, and mean eGFR of 94.2 mL/min. Tertile 2 was 1028 mL/m (949-1123), 36.1 yrs, and 94.0 mL/min, respectively. Tertile 3 was 1497 mL/m (1123-6832 mL/m), 38.1 yrs, and 86.6 mL/min, respectively. The distribution of PKD1 and PKD2 mutations were similar across each of the three tertiles (72-76% for PKD1, 14-17% for PKD2). The frequency of traditional PCLD symptoms (e.g. abdominal pain, nausea, fatigue, decreased appetite) were not significantly different amongst the tertiles. Those symptoms with significant differences are shown in Table 1; only leg swelling was
associated with an increasing hTLV. Conclusions: This study demonstrates that the large liver volumes in a cohort of ADPKD patients with early chronic kidney disease do not cause symptoms, with the exception of lower extremity swelling, which may be an early marker for the onset of symptomatic PCLD. These findings confirm that PCLD is typically asymptomatic, even in the presence of hepatomegaly. (Table Presented).

Institution
A.E. Mikolajczyk, Medicine, University of Chicago, Chicago, IL, United States

Publisher
John Wiley and Sons Inc.

Volume
63

Issue Part
1 Supplement 1

Page
283A

Country of Publication
Netherlands

681.
Phase I study to evaluate dose, safety and tolerability of the polo-like kinase inhibitor volasertib in paediatric patients with acute leukaemia and advanced solid tumours

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01252341
Background/Objectives: Volasertib is a selective and potent cell cycle kinase inhibitor that induces mitotic arrest and apoptosis by targeting polo-like kinase (PLK). Results from the first paediatric volasertib study are presented. Design/Methods: Volasertib dose escalation (3+3
design) was performed in two age groups (1: 2 to <12 years, 2: 12 to <18 years) to determine the maximum tolerated doses (MTD) in paediatric oncology patients who failed prior therapy. The MTD was assessed based on dose limiting toxicities (DLTs) in course 1. Results: Twelve patients in group 1 (doses 200, 250, 300 mg/m$^2$) and ten patients in group 2 (doses 200, 250 mg/m$^2$) were treated. The most frequently reported adverse events (AEs; occurring in >20% of patients) were thrombocytopenia, febrile neutropenia, vomiting, anaemia, nausea, neutropenia, abdominal pain, headache and increased liver enzymes. The AE profile in both age groups was comparable. In group 1, no DLTs were reported and dose escalation was stopped at 300 mg/m$^2$ based on data monitoring committee recommendation. In group 2, DLTs were reported in two patients (250 mg/m$^2$): intracranial haemorrhage in the context of grade 4 thrombocytopenia (patient with leukaemia), and febrile neutropenia, grade 4 thrombocytopenia and gastrointestinal haemorrhage (patient with osteosarcoma). The MTD was determined at 200 mg/m$^2$. In this heavily pretreated patient population, stable disease (for up to 28 courses) was the best overall response, including transient reduction of blasts in 4/7 leukaemia patients and reduction of tumour markers in a neuroblastoma patient.

Conclusion: Volasertib tolerable doses and safety in paediatric patients were determined. Reported AEs were mostly expected from the antimitotic mode of action. Preliminary signs of antitumour/antileukemic activity were observed. Based on these results a study was recently initiated investigating volasertib (dose finding) combined with standard chemotherapy in children with relapsed/refractory acute myeloid leukaemia.

Institution
F. Doz, Institute Curie and University Paris Descartes, Paediatric, Adolescent and Young Adults Oncology Department, Paris, France

Publisher
John Wiley and Sons Inc.

Volume
63

Page
S8

Country of Publication
Netherlands
Obesity as a risk factor in pediatric acute recurrent and chronic pancreatitis


EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]
AN: CN-01252844

Introduction: Obesity is associated with a heightened inflammatory response in acute pancreatitis (AP). It is not known whether obesity is a risk factor in acute recurrent pancreatitis (ARP) and chronic pancreatitis (CP). Objective: To study the impact of obesity on pediatric ARP and CP in the well phenotyped INSPIRE (INternational Study group of Pediatric Pancreatitis: In search for a cuRE) cohort. Methods: 373 children with ARP (n=186) or CP (n=187) <19 y/o were enrolled at 16 pediatric centers. CDC Growth Charts and pediatric age- and gender-specific BMI were used. Seventeen children (4.5%) were underweight (<5th percentile), 221 (66%) of normal weight (5th-<85th), 57 (15%) overweight (85th-<95th) and 78 (23%) obese (>95th). Categorical variables and associations were analyzed using Cochran-Armitage trend test and Jonckheere-Terpstra test.

Results: The groups were not different in gender, race, age at presentation of AP or CP, time from diagnosis of AP to CP, frequency or pattern of abdominal pain, school attendance, emergency room visits or hospitalizations. Obese children were more likely to be of Hispanic ethnicity (p=0.004) and less likely to have CP (p=0.028), with imaging studies showing acute inflammatory changes (p<0.0001) rather than chronic duct damage (p=0.038). Genetic, obstructive and toxic metabolic risk factors were distributed equally among the groups, except SPINK1 mutations were less common and hypertriglyceridemia was found exclusively in overweight and obese (p=0.013 and p=0.021). Obese children were less likely to undergo medical or endoscopic interventions and total pancreatectomy and islet autotransplantation compared to others (p=0.012, 0.022 and 0.012). Finally, overweight and obese children were less likely to be exocrine pancreatic insufficient (p=0.004). Conclusion: Obese children with recurrent pancreatitis have a proinflammatory rather than a profibrotic phenotype. The impact of obesity as a risk factor on pancreatic disease progression and severity needs to be further investigated.

Institution
A. Uc, University of Iowa, Iowa City, IA, United States
Publisher
A randomized double-blind placebo-controlled trial of Symprove, multi-strain probiotic, in the treatment of chronic diverticular disease symptoms

Bjarnason I, Kvasnovsky C, A Sherwood R, Donaldson AN, Papagrorigiadis S

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01252859

Background: Diverticular disease is a significant burden on healthcare systems without agreed or standardised treatment recommendations for uncomplicated, chronic, non-acute symptomatic diverticular disease. We assessed the possible effect of Symprove, a multi strain probiotic, on these symptoms in a randomised double-blind placebo-controlled trial. Methods: This was a single-centre, randomized, double-blind, placebo-controlled trial of the efficacy of the probiotic Symprove in adult patients with chronic diverticular symptoms that simulate that of patients with Irritable Bowel Syndrome (IBS). One-hundred forty-three patients (52 (36%) and 91 (64%) of the patients had de novo symptomatic diverticular disease without an acute episode of diverticulitis and post-diverticulitis IBS like symptoms, respectively) were randomly assigned to receive 1 mL/kg/day of the probiotic (N = 72) or placebo (N = 71) for 3 months. The primary endpoint was a change in abdominal pain. Secondary endpoints included nine abdominal symptoms and changes in faecal calprotectin. Results: One-hundred twenty patients completed the trial. Pain
score with the probiotic decreased from 9.5 +/- 7.7 to 5.9 +/- 6.7, which did not differ significantly (P = 0.12) with that of placebo (7.5 +/- 7.0 to 6.1 +/- 6.4). Symprove improved constipation, diarrhoea, mucorrhoea, back pain and vaginal discharge significantly (p<0.04) above that of placebo, but not abdominal pain, PR bleeding, dysuria or bloating. Symprove prevented an increase in intestinal inflammation in male patients (p = 0.05). Conclusions: The probiotic Symprove significantly improved many symptoms experienced by patients with symptomatic diverticular disease and prevented an escalation in intestinal inflammatory activity in male patients.

Institution
I. Bjarnason, Department of Gastroenterology, King's College Hospital, London, United Kingdom

Publisher
Blackwell Publishing

Volume
31

Page
140

Country of Publication
Netherlands

684.
Effect of acupuncture and moxibustion on bowel-related discomfort of ulcerative colitis patients in remission-A pilot study
Bae SS, Kim EY, Baek SA, Kang SM, Kim SH, Kwak MA

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01252914

Background: Ulcerative colitis is chronic inflammatory disease of bowel with unknown etiology. The clinical course of ulcerative colitis is characterized by alternating periods of remission and relapse. Patients from typically present with bloody diarrhea, tenesmus, urgency, passage of pus,
mucus, or both, and abdominal pain. It is refractory and recurrent, causing high levels of patient suffering. The purpose of this study was to assess the effect of acupuncture and moxibustion on bowel-related discomfort of ulcerative colitis patients in remission. Method: and Designs Single group clinical study. Settings/Locations: East-West Medical Center at Daegu Catholic University Medical Center, Daegu, Korea. Subjects: Nine ulcerative colitis patients in remission presenting bowel-related discomfort. Intervention: Acupuncture and moxibustion was administered 2 times a week for 4 consecutive weeks for 20 minutes at each session. Outcome Measure: The primary outcome measure was daily defecation frequency and Bristol stool form score assessed by a self-administered questionnaire. The secondary outcome measure was quality of life assessed by a self-administered questionnaire using the EQ-5D Questionnaire. Results: Acupuncture and moxibustion reduced the frequency of daily defecation, but it was not statistically significant (p = 0.687). Bristol stool form score was normalized with acupuncture and moxibustion treatment, and it was statistically significant (p = 0.000). The quality of life of the enrolled patients was improved with the alternative treatment, but it was not statistically significant (p = 0.227). There was no adverse effect associated with acupuncture and moxibustion. Conclusions: Acupuncture and moxibustion appeared to improve the bowel-related discomfort of ulcerative colitis patients in remission. Therefore, the quality of life of the enrolled patients was improved. A randomized controlled prospective study with a larger sample size is required to clarify the role and duration of acupuncture and moxibustion in the management of bowel-related discomfort of ulcerative colitis patients.

Institution
S.S. Bae, Department of Internal Medicine, Catholic University of Daegu, School of Medicine, South Korea

Publisher
Blackwell Publishing

Volume
31

Page
184

Country of Publication
Netherlands
Non-steroidal anti-inflammatory drug (NSAID)-induced gastrointestinal adverse effects in adults with chronic rheumatological disorders-A multi-centre, retrospective, cohort study
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01252953
Background: Adults with rheumatological diseases on long-term non-steroidal anti-inflammatory drugs (NSAID) are at risk of GI adverse events, but data among Asian subjects are lacking. This study aims to describe the prevalence and predictive factors for GI adverse events from a large cohort of such patients in Malaysia. Methods: A retrospective cohort study was conducted between 2010 and 2014. Computerised databases of clinical records and pharmaceutical prescriptions from 4 of the main rheumatology units in this country were reviewed. Long-term NSAID therapy was defined as a minimum duration of 4 weeks. Results: Data on 634 rheumatological patients were included in the final analysis with the following characteristics: mean age 53.4 +/- 12.5 years, 89.9% female, diagnosis: rheumatoid arthritis (RA) 59.5%, osteoarthritis (OA) 10.3% and RA/OA combination 30.3%. 286 (45.1%) patients were on regular Prednisolone therapy, with long-term NSAID therapy as follows: cyclo-oxygenase (COX)-2 inhibitors n = 263 (41.5%) and non-selective NSAID n = 371 (58.5%). The number of GI risk factors for the cohort were as follows: none n = 241(38%), one n = 302(47.6%), two n = 79(12.5%) and three n = 12(1.9%). There were a total of 84 (13.2%) GI adverse events during the period of study, with details as follows: abdominal pain/gastritis 91.6%, gastro-duodenal ulceration 6.0% and bleeding gastric ulcer 2.4%. Multivariate analysis subsequently revealed that the following factors were independently predictive of a GI adverse event: a previous history of GI disease (OR 6.9, 95% CI = 3.2-14.8), Prednisolone therapy (OR 5.6, 95%CI = 2.8-11.3) and>1 GI risk factor (OR 8.6, 95% CI = 3.9-18.5). Interestingly, the type and number of NSAIDs did not influence GI adverse events in this cohort of patients. Conclusion: GI adverse events are not uncommon in Malaysian rheumatological patients on long-term NSAID therapy. Targeting at risk cases with appropriate gastric anti-secretory therapy may help to reduce this complication.
Institution
S. Mahadeva, Department of Medicine, University Malaya, Malaysia
Publisher
Blackwell Publishing
Autoimmune pancreatitis in children: working guidelines for diagnosis and management

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]
AN: CN-01253037

Background & Aims: Autoimmune pancreatitis (AIP) is an increasingly recognized disease entity, but data in children are limited. Pediatric gastroenterologists relied on adult AIP guidelines but disease presentation and outcome of AIP in children might differ from the adult experience. We aim to develop a working definition and diagnostic approach for AIP in children. Methods: Clinical data, imaging, histology, and treatment modalities were collected using 2 different approaches: (1) a systematic literature search and (2) children with an AIP diagnosis from the largest multicenter study of chronic pancreatitis in children (INSPPIRE) and from Cliniques St-Luc (CUSL). We then sought expert opinion from pediatric pancreatologists. Results: We identified 44 AIP cases, 26 from literature review, 14 from the INSPPIRE and 4 from CUSL cohort. The median age at diagnosis was 13.2 years. Abdominal pain (39/44, 87%) and/or obstructive jaundice (20/44, 45%) were the most reported symptoms at diagnosis. Elevated IgG4 levels was seen in only 8/38 (21%). Cross-sectional imaging was abnormal in all children mainly showing hypointense global or focal gland enlargement (35/43, 81%), irregularity of the main pancreatic
duct (29/43, 67%) and common bile duct stricture (25/43, 58%). Lymphoplasmacytic inflammation, pancreas fibrosis and ductal granulocyte infiltration were the main histologic findings (18/25, 72%). Children with AIP had a prompt clinical response to steroids. Complications of AIP included impaired exocrine (4/25, 16%) and/or endocrine (3/27, 11%) function. Conclusion: AIP in children is a distinct subtype of pancreatitis. Based on these observations, we established working guidelines to help identification and management of children with AIP and pave the way for future studies.

Institution
I. Scheers, Hospital for Sick Children, Toronto, Canada

Publisher
Lippincott Williams and Wilkins

Volume
45

Issue Part
10

Page
1537

Country of Publication
Netherlands

Minimally Invasive Prostate Convective Water Vapor Energy Ablation: a Multicenter, Randomized, Controlled Study for the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal Article. Multicenter Study. Randomized Controlled Trial]

AN: CN-01260252

MATERIALS AND METHODS
Men 50 years old or older with an International Prostate Symptom Score of 13 or greater, maximum flow rate of 15 ml per second or less and prostate size 30 to 80
cc were randomized 2:1 between thermal therapy with the Rezum(R) System and control. Thermal water vapor was injected into the transition zone and median lobe as needed. The control procedure was rigid cystoscopy with simulated active treatment sounds. The primary end point compared International Prostate Symptom Score reduction at 3 months. Treatment subjects were followed for 12 months.

RESULTS There were 197 men randomized (active 136, control 61). Thermal therapy and control International Prostate Symptom Score was reduced by 11.2 +/- 7.6 and 4.3 +/- 6.9 respectively (p <0.0001). Treatment subject baseline International Prostate Symptom Score of 22 decreased at 2 weeks (18.6, p=0.0006) and by 50% or greater at 3, 6 and 12 months, p <0.0001. The peak flow rate increased by 6.2 ml per second at 3 months and was sustained throughout 12 months (p <0.0001). No de novo erectile dysfunction was reported. Adverse events were mild to moderate and resolved quickly.

CONCLUSIONS Convective water vapor thermal therapy provides rapid and durable improvements in benign prostatic hyperplasia symptoms and preserves erectile and ejaculatory function. Treatment can be delivered in an office or hospital setting using oral pain medication and is applicable to all prostate zones including the median lobe.

PURPOSE This report reveals the results of a multicenter, randomized, controlled study using transurethral prostate convective water vapor thermal energy to treat lower urinary tract symptoms associated with benign prostatic hyperplasia.

Can we diminish chronic pain after laparoscopic inguinal hernia repair changing the mesh? Can we diminish chronic pain after laparoscopic inguinal hernia repair changing the mesh?

Langenbach MR, Sauerland S

EBM Reviews - Cochrane Central Register of Controlled Trials

Objectives: Chronic pain is a complication of mesh-based inguinal hernia repair. Pain upon ejaculation, testicular touch sensitivity and dysuria are apparent. In this prospective, clinical, randomized, double-blind study we investigated three different meshes and their influence on physical function, pain, urological affections and life quality after the operation. Methods: 180 male patients with primary inguinal hernia undergoing TAPP were randomized for using a heavyweight (108 g/m²), double-filament PP mesh (Prolene, 10, 9, 15 cm, group A, n = 60), a multifilament, heavyweight variant (116 g/ m²) of PP mesh (Serapren, 10, 9, 15 cm, group B, n = 60), or a composite mesh (polyglactin and PP) (Vypro II, 10, 9, 15 cm, group C, n = 60). We compared in terms of complications (seromas, recurrence rate), urological affections and life quality (SF-36 Health Survey). The follow-up period was 60 months. Results: Convalescence in group A was slower than in groups B and C: mean term values of the visual scales for pain development were significantly (p < 0.05) higher, incapacity for work was 8.2 days longer, and urological adverse effects were stronger. The mean-term development of life quality was significantly lower in group A up to 12th week postoperatively. There were no significant differences between groups B and C. Beyond the 12th post-interventional week the differences diminished. Conclusion: The composite mesh does not provide an advantage concerning physical function or pain development in comparison to the multifilament, heavy-weight, pure polypropylene mesh. Independent which mesh was implanted still 5% of the patients were suffering from discomfort after five years.
Introduction and Objectives: The Prostatic Urethral Lift (PUL) procedure offers rapid, durable improvement in lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia with minimal adverse effects. PUL was assessed through a large, multi-center, randomised, blinded trial with 4 year follow up. Methods: 206 men with symptomatic LUTS secondary to benign prostatic hyperplasia (BPH) were randomised to PUL (N = 140) or sham control (N = 66) at 19 centers in North America and Australia. Enrollment criteria included age > 50 years, IPSS (International Prostate Symptom Score) > 13, peak flow (Qmax) < 12 mL/s, and prostate volume 30-80 cc. With endoscopic guidance, small, permanent metallic implants were transurethrally placed into the lateral lobes of the prostate. The lobes were held in a retracted, open position which reduced urinary obstruction. Through 3 month post index procedure, patients and assessors were kept blinded to treatment arm. PUL participants were assessed through 4 years via IPSS, quality of life (QOL), BPH Impact Index (BPH II), Qmax, Sexual Health Inventory for Men (SHIM), and Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD).

Results: Average IPSS reduction was 44% by 1 month and 46% at 4 years (p value < 0.0001). Adverse events such as hematuria, dysuria, pelvic pain, urgency, and urge incontinence were typically mild and transient. There were no reported de novo, sustained erectile or ejaculatory adverse events. Sexual function assessments (SHIM, MSHQ-EjD) show stable erectile function average score and statistically improved average ejaculatory scores. For those subjects who have reached their 4 year follow up, 19 subjects have undergone repeat PUL or other procedure. Conclusions: PUL patients suffer from little morbidity and on average achieve rapid, clinically meaningful LUTS relief. This preliminary data from the largest and longest study of the PUL procedure demonstrates that relief can be sustained to 4 years. In addition, sexual function is preserved, both in terms of erection and ejaculation. Durability will be assessed through protocol driven follow up through 5 years. (Table Presented)
A phase I dose-escalation study of PEP02 (irinotecan liposome injection) in combination with 5-fluorouracil and leucovorin in advanced solid tumors

Background: PEP02 (also known as MM-398, nal-IRI) is a novel nanoparticle formulation of irinotecan encapsulated in liposomes. The aims of this study were to investigate the dose-limiting toxicity (DLT), maximum tolerated dose (MTD) and pharmacokinetics (PK) of PEP02 in combination with 5-FU and LV, in patients with advanced refractory solid tumors. Methods: Patients were enrolled in cohorts to receive PEP02 from 60 to 120 mg/m$^2$ (dose expressed as the irinotecan hydrochloride trihydrate salt) as a 90-min intravenous infusion on day 1, followed by 24 h infusion of 5-FU 2,000 mg/m$^2$ and LV 200 mg/m$^2$ on days 1 and 8, every 3 weeks. Results: A total of 16 patients were assigned to four dose levels, 60 (three patients), 80 (six patients), 100 (five patients) and 120 mg/m$^2$ (two patients). DLT was observed in four patients, two at the 100 mg/m$^2$ dose level (one had grade III infection with hypotension and grade III hemorrhage; the other had grade III diarrhea and grade IV neutropenia), and two at the 120 mg/m$^2$ dose level (one had grade III diarrhea and grade IV neutropenia; the other had grade III diarrhea). The MTD of PEP02 was determined as 80 mg/m$^2$. The most common treatment-related adverse events were nausea (81%), diarrhea (75%) and vomiting (69%). Among the six patients who received the MTD, one patient exhibited partial response, four patients had stable disease and one
showed progressive disease. Pharmacokinetic data showed that PEP02 had a lower peak plasma concentration, longer half-life, and increased area under the plasma concentration-time curve from zero to time t of SN-38 than irinotecan at similar dose level. Conclusions: The MTD of PEP02 on day 1 in combination with 24-h infusion of 5-FU and LV on days 1 and 8, every 3 weeks was 80 mg/m<sup>2</sup>, which will be the recommended dose for future studies. Trial registration: The trial was retrospectively registered (NCT02884128) with date of registration: August 12, 2016. Copyright (C) 2016 The Author(s).

Institution
L.-T. Chen, National Institute of Cancer Research, National Health Research Institutes, 2F, No. 367, Sheng-Li Road, Tainan 704, Taiwan (Republic of China). E-mail: leochen@nhri.og.tw

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Volume
16

Issue Part
1) (no pagination)

Country of Publication
United Kingdom

Phase II study of vemurafenib followed by ipilimumab in patients with previously untreated BRAF-mutated metastatic melanoma


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01286320  NEW

Background: Iplimumab (IPI), an anti-CTLA-4 antibody, and vemurafenib (VEM), a BRAF inhibitor, have distinct mechanisms of action and shared toxicities (e.g., skin, gastrointestinal [GI] and hepatobiliary disorders) that may preclude concomitant administration. Concurrent administration of IPI and VEM previously showed significant dose-limiting hepatotoxicity in
advanced melanoma. This single-arm, open-label, phase II study evaluated a sequencing strategy with these two agents in previously untreated patients with BRAF-mutated advanced melanoma. Methods: This study was divided into two parts. During Part 1 (VEM1-IPI), patients received VEM 960mg twice daily for 6weeks followed by IPI 10mg/kg every 3weeks for 4 doses (induction), then every 12weeks (maintenance) beginning at week 24 until disease progression or unacceptable toxicity. During Part 2 (VEM2), patients who progressed after IPI received VEM at their previously tolerated dose. The primary objective was to estimate the incidence of grade 3/4 drug-related skin adverse events (AEs) during VEM1-IPI. Results: All patients who were initially treated with VEM (n=46) received IPI induction therapy; 8 received IPI maintenance and 19 were treated during VEM2. During VEM1-IPI, the incidence of grade 3/4 drug-related AEs associated with the skin, GI tract, and hepatobiliary system was 32.6%, 21.7%, and 4.3%, respectively. There were no drug-related deaths. At a median follow-up of 15.3months, median overall survival was 18.5months. Median progression-free survival was 4.5months. Conclusions: VEM (960mg twice daily for 6weeks) followed by IPI 10mg/kg has a manageable safety profile. The benefits/risks of BRAF inhibitors followed by immunotherapy should be evaluated further in light of continuing developments in treatment options for metastatic melanoma. Trial registration: ClinicalTrials.gov identifier: NCT01673854(CA184-240) Registered 24 August 2012 Copyright (C) 2016 The Author(s).

Institution
A. Amin, Levine Cancer Institute, Carolinas Healthcare System, Medical Oncology, 1021 Morehead Medical Drive, Charlotte, NC 28204, United States. E-mail:
Asim.Amin@carolinashealthcare.org

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Volume
4

Issue Part
1) (no pagination)

Country of Publication
United Kingdom

692.
Six-month, open-label study of hydrocodone extended release formulated with abuse-deterrence technology: safety, maintenance of analgesia, and abuse potential
Hale ME, Ma Y, Malamut R
EBM Reviews - Cochrane Central Register of Controlled Trials

Objective: To evaluate long-term safety, maintenance of analgesia, and aberrant drug-related behaviors of hydrocodone extended release (ER) formulated with CIMA Abuse-Deterrence Technology. Design: Phase 3, multicenter, open-label extension. Setting: Fifty-six US centers. Patients: Adults with chronic low back pain completing a 12-week placebo-controlled study of abuse-deterrent hydrocodone ER were eligible. One hundred eighty-two patients enrolled and received =1 dose of study drug, 170 entered open-label treatment, and 136 completed the study. Interventions: Patients receiving hydrocodone ER in the 12-week, placebo-controlled study continued their previous dose unless adjustment was needed; those previously receiving placebo (n = 78) underwent dose titration/adjustment to an analgesic dose (15-90mg every 12 hours). Patients received 22 weeks of open-label treatment. Main outcome measures: Safety: adverse events (AEs). Maintenance of analgesia: worst pain intensity (WPI) and average pain intensity (API) at each study visit. Aberrant drug behavior: study drug loss and diversion. Results: AEs were reported for 65/182 (36 percent) patients during dose titration/adjustment and 88/170 (52 percent) during open-label treatment. No treatment-related serious AEs were reported. There were no clinically meaningful trends in other safety assessments, including physical examinations and pure tone audiometry. One patient receiving hydrocodone ER 30 mg twice daily experienced a severe AE of neurosensory deafness that was considered treatment related. Mean WPI and API remained steady throughout open-label treatment. Six (3 percent) patients reported medication loss, and 5 (3 percent) reported diversion. Conclusions: Abuse-deterrent hydrocodone ER was generally well tolerated in patients with chronic low back pain, maintained efficacy, and was associated with low rates of loss and diversion. Copyright (C) 2016 Journal of Opioid Management, All Rights Reserved.

Publisher
Weston Medical Publishing (E-mail: jom@pnpco.com)
Volume
12
Issue Part
2
Page
139-147
Background and Aims Gastric per-oral endoscopic myotomy (G-POEM) recently has been reported as minimally invasive therapy for gastroparesis. The aims of this study were to report on the first multicenter experience with G-POEM and to assess the efficacy and safety of this novel procedure for patients with gastroparesis with symptoms refractory to medical therapy. Methods All patients with gastroparesis who underwent endoscopic pyloromyotomy (G-POEM) at 5 medical centers were included. Procedures were performed following the same principles as esophageal POEM. Clinical response was defined as improvement in gastroparetic symptoms with absence of recurrent hospitalization. Adverse events were graded according to the American Society for Gastrointestinal Endoscopy lexicon. Results A total of 30 patients with refractory gastroparesis (11 diabetic, 12 postsurgical, 7 idiopathic) underwent G-POEM. Previous therapies included Botox injection in 12, transpyloric stenting in 3, and PEG with jejunal extension (PEGJ) in 1. Nausea/vomiting were the predominant symptoms in 25 patients. Weight loss was present in 27 patients with an average of 10% loss of body weight. G-POEM was completed successfully in all 30 (100%) patients with a mean procedure time of 72 minutes (range, 35-223 min). The mean myotomy length was 2.6 +/- 2.3 cm. The mean length of hospital stay was 3.3 days (range, 1-12 days). Two adverse events occurred in 2 (6.7%) patients, including 1 capnoperitoneum and 1 prepyloric ulcer, rated as mild and severe, respectively. Clinical response was observed in 26 (86%) patients during a median follow-up of 5.5 months. Four patients (2 diabetic, 1 postsurgical, 1 idiopathic cause) did not respond to G-POEM. Repeat gastric emptying scan was obtained in 17 patients, normalized in 8 (47%), and improved in 6 (35%) patients. Conclusion G-POEM is a
technically feasible procedure. This small non-randomized study suggests the effectiveness of G-POEM for the treatment of patients with gastroparesis refractory to medical therapy. It concomitantly results in normalization of GES in a significant proportion of treated patients.

Copyright (C) 2017 American Society for Gastrointestinal Endoscopy

Institution
H. Chung, Assistant Professor of Medicine, Division of Gastroenterology, Yonsei University College of Medicine, 50 Yonsei-ro, Seodaemun-gu, Seoul 120-752, South Korea

Publisher
Mosby Inc. (E-mail: customerservice@mosby.com)

Volume
85

Issue Part
1

Page
123-128

Country of Publication
United States

694.
Twelve-year outcomes of laparoscopic adhesiolysis in patients with chronic abdominal pain: a randomized clinical trial
Molegraaf MJ, Torensma B, Lange CP, Lange JF, Jeekel J, Swank DJ
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01287368 NEW

Background: Laparoscopic adhesiolysis as a therapy for chronic pain is still controversial, and long-term effects are not known; therefore, our aim was to evaluate long-term effects of laparoscopic adhesiolysis for the treatment of chronic abdominal pain believed to be related to intraperitoneal adhesions. Methods: A total of 100 patients with abdominal pain attributed to adhesions were randomized to laparoscopic adhesiolysis or a placebo group with laparoscopy alone. Pain relief was assessed after 12-year follow-up. Results: A total of 73% of patients fulfilled the long-term follow-up. Compared to the placebo group (n = 31), patients in the adhesiolysis
group (n = 42) were significantly less often pain-free (8 vs 13, \( P = .033 \), relative risk [RR] = 1.3) and to have a greater intake of analgesics (26 vs 16, \( P = .379 \), RR = 1.2, 95% confidence interval 0.8-1.8). Moreover, the adhesiolysis group sought medical consultations more frequently (14 vs 6, \( P = .186 \), RR = 1.33, 95% confidence interval 0.9-1.9), and had an increased rate of additional operation (8 vs 1, \( P = .042 \), RR = 1.67, 95% confidence interval 1.208-2.318). Both groups had improved pain and quality-of-life scores. Conclusion: This is the first, long-term, placebo-controlled trial regarding the use of laparoscopic adhesiolysis for treating chronic abdominal pain. Laparoscopic adhesiolysis was less beneficial than laparoscopy alone in the long term. Secondly, there appeared to be a powerful, long-lasting placebo effect of laparoscopy. Because adhesiolysis is associated with an increased risk of operative complications, avoiding this treatment may result in less morbidity and health care costs. Copyright (C) 2016 Elsevier Inc.

Institution
M.J. Molegraaf, Department of General Surgery, Groene Hart Hospital, Gouda, The Netherlands
Publisher
Mosby Inc. (E-mail: customerservice@mosby.com)
Volume
(no pagination)
Country of Publication
United States
broken, current oral ER opioids can be associated with adverse sequelae, including risk of potentially fatal overdose. Objective: To review the safety, in vitro dissolution data, and in vivo pharmacokinetic data that support alternative modes of administration of oxycodone DETERx (Xtampza ER) via sprinkling onto soft foods for oral ingestion or via enteral feeding tubes. Methods: A review of oxycodone DETERx data from in vitro and in vivo studies was conducted to demonstrate support for alternative routes and modes of administration. Results: There was no difference in the dissolution profile when administered with various soft foods or when mixed with various liquid vehicles and administered via nasogastric (NG) or gastrostomy (G) tubes, based on in vitro studies. When sprinkled onto applesauce and administered orally, the microspheres were bioequivalent to the intact oxycodone capsules. When crushed or chewed, the formulation maintained its pharmacokinetic profile; no bolus dose of opioid was released. The sprinkle-dose study was limited by the single-dose study design, as well as the small sample size. Conclusions: Oxycodone DETERx is the first ER oxycodone formulation that can be administered either intact, sprinkled onto soft foods, or via NG/G tubes, thereby providing options for treating pain in patients who have difficulty swallowing. Copyright (C) 2016 Informa UK Limited, trading as Taylor & Francis Group.

Institution
B.H. McCarberg, University of California at San Diego School of Medicine, 16855 W Bernardo Drive, Suite 380, San Diego, CA 92064, United States. E-mail: drknowpain@cox.net

Publisher
Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)

Volume
32

Issue Part
12

Page
1975-1982

Country of Publication
United Kingdom
Aim: To investigate the efficacy, safety and optimal duration of placement of modified retrievable metal stents for treatment of achalasia cardia. Methods: Patients were randomly divided into groups A (N = 26, modified stents for 3 days), B (N = 26, modified stents for 2 days), C (N = 24, balloon dilation), and D (N = 25, regular stents for 2 days). Clinical symptom scores were recorded at baseline, 6 months, and during long-term follow-up. Results: Seventy-seven patients with achalasia underwent stent placement (100 % success rate of implantation and extraction, no perforation). No stent migration or drop-off occurred in groups A and B. In group D, stent drop-off and migration was observed in 2 and 1 patients, respectively. Two patients in group C sustained esophageal perforation. Patients in the modified stent (A and B), balloon dilated (C) and regular stents (D) groups experienced significant improvement in dysphagia at 6 months, with recurrence in 1.92, 8.33 and 28 %, respectively. The clinical symptom score in the modified stent groups was significantly lower than that in the balloon dilated group (P = 0.01). During long-term follow-up, the symptom scores in modified stent groups were significantly lower than that in the balloon dilated (P < 0.01) and regular stent (P < 0.01) groups. Conclusion: Modified retrievable metal stents required an optimal placement duration of 2 days were safe with no incidence of migration or drop-off and had a lower recurrence of symptoms. Copyright (C) 2016, Springer Science+Business Media New York.
Complete response to azacitidine priming and nab-paclitaxel in non-Hodgkin Lymphoma resistant to biochemotherapy

Bowen RC, Hahn AW, Butler TW, Khong HT

EBM Reviews - Cochrane Central Register of Controlled Trials

Molecular and clinical oncology. 6(1):122-124, 2017. Molecular and clinical oncology

[Journal: Article]

AN: CN-01288354  NEW

The standard of care for first-line therapy in diffuse large B-cell lymphoma (DLBCL) is the rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone (R-CHOP) regimen. For patients who fail to respond, have an incomplete response or relapse, numerous effective options exists besides salvage cisplatin-based regimen and autologous stem cell therapy. Even with this approach, the outcome remains very poor for this group of patients. The present case illustrates a 55-year-old woman diagnosed with DLBCL, who experienced an early incomplete response, later progression during treatment with the R-CHOP regimen. The patient received salvage therapy with rituximab, cisplatin and gemcitabine, again with an incomplete response. The patient declined consideration for stem cell therapy. Her disease progressed and she enrolled in the present phase I trial using azacitadine priming and nanoalbumin-bound (nab)-paclitaxel. After three cycles, follow-up positron emission tomography/computed tomography revealed a complete response for the first time since her initial diagnosis and the patient has remained disease-free for >6 years. Azacitadine and nab-paclitaxel combination appeared to be an effective regimen for the treatment of this patient with refractory DLBCL. Copyright (C) 2017, Spandidos Publications. All rights reserved.

Institution

H.T. Khong, Department of Oncology, Huntsman Cancer Institute, University of Utah, 2000 Circle of Hope, Salt Lake, UT 84112, United States. E-mail: hung.khong@hci.utah.edu

Publisher

Spandidos Publications (10 Vriaxidos Street, Athens 116 10, Greece)

Volume

6

Issue Part

1

Page
Long-term follow-up results of the multicenter phase II trial of regorafenib in patients with metastatic and/or unresectable GI stromal tumor after failure of standard tyrosine kinase inhibitor therapy


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01288463 NEW

Background: This investigator-initiated trial provided the justification for the phase III GRID study resulting in worldwide regulatory approval of regorafenib as a third-line therapy for patients with metastatic gastrointestinal stromal tumors (GIST). We report the genotype analyses, long-term safety, and activity results from this initial trial of regorafenib in GIST. Patients and methods: The trial was conducted between February 2010 and January 2014, among adult patients with metastatic GIST, after failure of at least imatinib and sunitinib. Patients received regorafenib orally, 160 mg once daily, days 1-21 of a 28-day cycle. Clinical benefit rate (CBR), defined as complete or partial response (PR), or stable disease lasting >16 weeks per RECIST 1.1, progression-free survival (PFS), overall survival (OS), long-term safety data, and metabolic response by functional imaging were assessed. Results: Thirty-three patients received at least one dose of regorafenib. The median follow-up was 41 months. CBR was documented in 25 of 33 patients [76%; 95% confidence interval (CI) 58% to 89%], including six PRs. The median PFS was 13.2 months (95% CI 9.2-18.3 months) including four patients who remained progression-free at study closure, each achieving clinical benefit for more than 3 years (range 36.8-43.5 months). The median OS was 25 months (95% CI 13.2-39.1 months). Patients whose tumors harbored a KIT exon 11 mutation demonstrated the longest median PFS (13.4 months), whereas patients with KIT/PDGFRA wild-type, non-SDH-deficient tumors experienced a median 1.6 months PFS (P < 0.0001). Long-term safety profile is consistent with previous reports; hand-foot
skin reaction and hypertension were the most common reasons for dose reduction. Notably, regorafenib induced objective responses and durable benefit in SDH-deficient GIST. Conclusions: Long-term follow-up of patients with metastatic GIST treated with regorafenib suggests particular benefit among patients with primary KIT exon 11 mutations and those with SDH-deficient GIST. Dose modifications are frequently required to manage treatment-related toxicities. Clinical trial number: NCT01068769. Copyright (C) The Author 2016. Published by Oxford University Press on behalf of the European Society for Medical Oncology. All rights reserved.

Institution
S. George, Center for Sarcoma and Bone Oncology, Dana Farber Cancer Institute, 450 Brookline Ave., Boston, MA 02215-5450, United States. E-mail: suzanne_george@dfci.harvard.edu

Publisher
Oxford University Press (E-mail: jnl.info@oup.co.uk)

Volume
27

Issue Part
9

Page
1794-1799

Country of Publication
United Kingdom

Open-label therapy with alirocumab in patients with heterozygous familial hypercholesterolemia: results from three years of treatment

EBM Reviews - Cochrane Central Register of Controlled Trials

AN: CN-01288630  NEW

Background PCSK9 inhibition with alirocumab significantly reduced LDL-C levels in trials of up to 78 weeks’ duration in patients with heterozygous familial hypercholesterolemia (HeFH). We report results from 3 years of an ongoing open-label treatment extension (NCT01576484) to a 12-week
double-blind trial in HeFH patients (NCT01266876). Methods Patients who completed the parent study and were receiving stable daily statin +/- ezetimibe could enter the open-label extension, where they received alirocumab 150 mg every 2 weeks (Q2W) subcutaneously (n = 58). The primary endpoint was safety (treatment-emergent adverse events, TEAEs). Efficacy endpoints included the percentage change in LDL-C from baseline at Week 24. Safety and efficacy data were available up to Weeks 156 and 148, respectively. Results Mean baseline LDL-C was 150.7 mg/dL (3.9 mmol/L), despite all patients being on a statin (76% on high-intensity statin; 72% also receiving ezetimibe). Over 156 weeks, 54 (93.1%) patients experienced a TEAE, 12 (20.7%) experienced a serious TEAE, and two (3.4%) discontinued due to a TEAE. Injection site reactions occurred in 21 (36.2%) patients. Mean (SD) reduction in LDL-C from baseline to Week 24 was 65.4 (21.1)%, with reductions maintained through 148 weeks (Week 148 reduction: 56.0 [23.8]%). Mean apolipoprotein B reduction was 50.9% and median lipoprotein (a) reduction was 22.5% at Week 24 (46.1% and 25.6% at Week 148, respectively). Conclusions Open-label treatment for 3 years with alirocumab 150 mg Q2W, administered with background statin +/- ezetimibe, was generally well-tolerated and had a safety profile comparable with that seen in the overall alirocumab clinical trial program. Alirocumab provided significant, sustained LDL-C reductions.

Copyright (C) 2016 The Authors
Institution
R. Dufour, Clinique de prevention cardiovasculaire, Institut de recherches cliniques de Montreal,
110 ave. des Pins ouest, Montreal, QC H2W 1R7, Canada. E-mail: robert.dufour@ircm.qc.ca
Publisher
Elsevier Ireland Ltd
Volume
228
Page
754-760
Country of Publication
Ireland

700.
Long-term safety and efficacy of Omnitrope, a somatropin biosimilar, in children requiring growth hormone treatment: italian interim analysis of the PATRO Children study
Background: PATRO Children is an ongoing observational, longitudinal, non-interventional, global post-marketing surveillance study, which is investigating the long-term safety and effectiveness of Omnitrope, a somatropin biosimilar to Genotropin, in children with growth disturbances. The primary endpoint of PATRO Children is long-term safety and the secondary endpoint is effectiveness, which is assessed by analysing auxological data such as height (HSDS) and height velocity (HVSDS) standard deviation scores. Here, we report the data from the Italian interim analysis of PATRO Children data up to August 2015.

Methods: PATRO Children is enrolling children who are diagnosed with conditions of short stature requiring GH treatment and are receiving Omnitrope. Adverse events (AEs) are assessed in all Omnitrope-treated patients. Height is evaluated yearly to near-adult (final) height, and is herein reported as HSDS; height velocity is also assessed and reported as a standard deviation score (HVSDS).

Results: Up to August 2015, a total of 186 patients (mean age 10.2 years, 57.5 % males) were enrolled: 156 [84 %] had growth hormone deficiency, 12 [6.5 %] were born small for gestational age, seven [3.8 %] had Prader-Willi syndrome, one [0.5 %] had Turner syndrome and one [0.5 %] had chronic renal insufficiency; seven [3.8 %] patients had other indication profiles. The mean treatment duration with Omnitrope was 28.1 +/- 19.1 months. AEs were reported in 35.6 % of patients and included headache, pyrexia, arthralgia, abdominal pain, leg and/or arm pain and increased blood creatine phosphokinase. Two serious AEs in two patients were thought to be drug-related; one patient experienced a minimal increase in a known residual craniopharyngioma, and another a gait disturbance with worsening of walking difficulties. Similar to investigational studies, Omnitrope treatment was associated with improvements in both HSDS and HVSDS.

Conclusions: Omnitrope appears to be well tolerated and effective for the treatment of a wide range of paediatric indications, which is consistent with the outcomes from controlled clinical trials. These results need to be interpreted with caution until the data from the global PATRO Children study are available. Copyright (C) 2016 The Author(s).
Chronic abdominal pain in children and adolescents: parental threat perception plays a major role in seeking medical consultations
Calvano C, Warschburger P
EBM Reviews - Cochrane Central Register of Controlled Trials
Pain research & management. 2016(no pagination):2016. Pain research & management
[Journal: Article]
AN: CN-01289141 NEW

Background. Pain symptoms, associated impairment, and parental perception of threat are reported to be predictors of health care utilization (HCU) in childhood chronic abdominal pain (CAP). However, mediating variables and their interrelations have not yet been systematically studied. Objectives. This study aims to identify mediating pathways of influence between child's abdominal pain and the number of pain-related medical visits. Methods. In a multicenter study, we recruited N = 151 parent-child dyads with children aged 6-17 years suffering from CAP. A composite measure of pain symptoms was defined as predictor and the number of pain-related medical visits as outcome variable. This relation was analyzed by serial mediation, including child- and parent-reported impairment and parental threat perception as mediators. Results. Only parental threat perception significantly linked child's pain symptoms to the number of medical visits. Measures of impairment did not have a significant effect. Conclusions. Parental painrelated threat perception is strongly related to health care seeking in childhood CAP. Addressing threat perception might be a fruitful parent-centered approach in clinical practice. Copyright (C) 2016 C. Calvano and P. Warschburger.

Institution
C. Calvano, Department Psychology, Counselling Psychology, University of Potsdam, Potsdam, Germany. E-mail: calvano@uni-potsdam.de
Daclatasvir and peginterferon/ribavirin for black/African-American and latino patients with HCV infection

EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01290396 NEW

Background. Patient race and ethnicity have historically impacted HCV treatment response. This phase 3 study evaluated daclatasvir with peginterferon-alfa-2a/ribavirin (pegIFN alfa-2a/RBV) in treatment-naive black/African American (AA), Latino, and white non-Latino patients with chronic HCV genotype 1 infection. Material and methods. In this single-arm, open-label study, 246 patients received daclatasvir plus pegIFN alfa-2a and weight-based RBV. Patients with an extended rapid virologic response (eRVR; undetectable HCV-RNA at treatment weeks 4 and 12) received 24 weeks of treatment; those without eRVR received an additional 24 weeks of treatment with pegIFN alfa-2a/RBV. The primary endpoint was sustained virologic response at post-treatment week 12 (SVR12; HCV-RNA < 25 IU/mL) compared with the cohort historical rate. Results. Most patients were IL28B non-CC (84.4% black/AA; 77.6% Latino) genotype 1a-infected (72.7%; 81.3%), with HCV-RNA > 800,000 IU/mL (81.3%; 64.5%). SVR12 rates were 50.8% (65/128; 95% confidence interval [CI], 42.1-59.4) for black/AA and 58.9% (63/107; 95% CI, 49.6-68.2) for Latino patients. The majority (55.5%; 58.9%) received 24 weeks treatment; rapid reductions (> 4-log<inf>10</inf>) in HCV-RNA levels were observed. Only 60.9% (78/128) of
black/AA and 63.6% (68/107) of Latino patients completed treatment. On-treatment serious adverse events (SAEs) occurred in 21 patients. Discontinuations due to adverse events (AEs) occurred in 9 black/AA and 6 Latino patients. Conclusion. SVR12 rates for black/AA (50.8%) and Latino (58.9%) cohorts treated with daclatasvir plus pegIFN alfa-2a/RBV and the lower bound of the 95% CIs were higher than the estimated historical control (black/AA, 26% SVR; Latino, 36% SVR) treated with pegIFN alfa-2a/RBV. These data support daclatasvir use in all-oral direct-acting antiviral combinations. Copyright (C) 2016, Fundacion Clinica Medica Sur. All rights reserved.

Institution
M. Treitel, Bristol-Myers Squibb Research and Development, Princeton, NJ 08450, United States.
E-mail: michelle.treitel@bms.com

Publisher
Fundacion Clinica Medica Sur (E-mail: contactanos@medicasur.org.mx)

Volume
15

Issue Part
6

Page
834-845

Country of Publication
Mexico

703.
Efficacy and tolerability balance of oxycodone/naloxone and tapentadol in chronic low back pain with a neuropathic component: a blinded end point analysis of randomly selected routine data from 12-week prospective open-label observations

Ueberall MA, Mueller-Schwefe GHH

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01290404 NEW

Objective: To evaluate the benefit-risk profile (BRP) of oxycodone/naloxone (OxN) and tapentadol (TAP) in patients with chronic low back pain (cLBP) with a neuropathic component
(NC) in routine clinical practice. Methods: This was a blinded end point analysis of randomly selected 12-week routine/openlabel data of the German Pain Registry on adult patients with cLBP-NC who initiated an index treatment in compliance with the current German prescribing information between 1st January and 31st October 2015 (OXN/TAP, n=128/133). Primary end point was defined as a composite of three efficacy components (>30% improvement of pain, pain-related disability, and quality of life each at the end of observation vs baseline) and three tolerability components (normal bowel function, absence of either central nervous system side effects, and treatment-emergent adverse event [TEAE]-related treatment discontinuation during the observation period) adopted to reflect BRP assessments under real-life conditions. Results: Demographic as well as baseline and pretreatment characteristics were comparable for the randomly selected data sets of both index groups without any indicators for critical selection biases. Treatment with OXN resulted formally in a BRP noninferior to that of TAP and showed a significantly higher primary end point response vs TAP (39.8% vs 25.6%, odds ratio: 1.93; P=0.014), due to superior analgesic effects. Between-group differences increased with stricter response definitions for all three efficacy components in favor of OXN: >30%/>50%/>70% response rates for OXN vs TAP were seen for pain intensity in 85.2%/67.2%/39.1% vs 83.5%/54.1%/15.8% (P= ns/0.031/<0.001), for pain-related disability in 78.1%/64.8%/43.8% vs 66.9%/50.4%/24.8% (P=0.043/0.018/0.001), and for quality of life in 76.6%/68.0%/50.0% vs 63.9%/54.1%/34.6% (P=0.026/0.022/0.017). Overall, OXN vs TAP treatments were well tolerated, and proportions of patients who either maintained a normal bowel function (68.0% vs 72.2%), reported no central nervous system side effects (91.4% vs 89.5%), or completed the 12-week evaluation period without any TEAE-related treatment discontinuations (93.0% vs 92.5%) were similar for both index medications (P= ns for each comparison). Conclusion: In daily practice, the BRP of OXN proved to be noninferior to that of TAP in patients with cLBP-NC, but showed a superior efficacy if stricter analgesic response definitions were evaluated. Copyright (C) 2016 Ueberall and Mueller-Schwefe.

Institution
M.A. Ueberall, Institute of Neurological Sciences, Nordostpark 51, Nuernberg 90411, Germany.

E-mail: michael.ueberall@ifnap.de

Publisher
Dove Medical Press Ltd. (PO Box 300-008, Albany, Auckland, New Zealand)

Volume
9

Page
1001-1020

Country of Publication
New Zealand
Lasting immune memory against hepatitis B in 12-13-year-old adolescents previously vaccinated with 4 doses of hexavalent DTPa-HBV-IPV/Hib vaccine in infancy

Behre U, Van Der Meeren O, Crasta P, Hanssens L, Mesaros N

EBM Reviews - Cochrane Central Register of Controlled Trials

Human vaccines and immunotherapeutics. 12(11):2916-2920, 2016. Human vaccines and immunotherapeutics

[Journal: Article]

AN: CN-01290675  NEW

Background: Vaccinating infants against hepatitis B virus (HBV) is the most effective way of preventing the disease. However, since HBV exposure can increase during adolescence, it is essential that antibody persistence is maintained. We evaluated the antibody persistence and immune memory against hepatitis B, in 12-13 y olds who had received complete primary + booster vaccination with diphtheria-tetanus-acellular pertussis-hepatitis B-inactivated poliovirus/Haemophilus influenza type b (DTPa-HBV-IPV/Hib) vaccine in infancy. Methods: Open phase-IV study conducted at 12 centers in Germany [NCT02052661]. Adolescents aged 12-13 y, vaccinated with 4 doses of DTPa-HBV-IPV/Hib (Infanrix hexaTM, GSK Vaccines) in infancy, received a single challenge dose of monovalent pediatric hepatitis B vaccine (EngerixTM-B Kinder; GSK Vaccines). Blood samples were taken before and 1-month post-challenge to measure anti-hepatitis B (anti-HBs) antibodies using a chemiluminescence immunoassay (seroprotection cut-off: >10 mIU/ml). Post-challenge adverse events (AEs) were monitored.

Results: 300 subjects were vaccinated; of 293 subjects in the ATP immunogenicity cohort, 60.5% had pre-challenge anti-HBs antibodies >10 mIU/ml, which rose to 97.6% post-challenge (>100 mIU/ml in 94.1%). An anamnestic response was seen in 96.5% subjects. A 150-fold increase in antibody geometric mean concentrations was observed (22.4 to 3502.6 mIU/ml). Pain (44%) and fatigue (24.3%) were the most frequent solicited local and general AEs, respectively; 14.7% subjects reported unsolicited symptoms during the 31-day post-vaccination period. Two vaccine-unrelated serious AEs occurred. Conclusion: Vaccination with DTPa-HBV-IPV/Hib in infancy induces sustained seroprotection and immune memory against HBV, as shown by the strong anamnestic response to the hepatitis B vaccine challenge in 12-13 year-old adolescents.

Copyright (C) 2016, Published with license by Taylor & Francis (C) GSK group of companies.

Institution
Bortezomib, thalidomide, dexamethasone, and panobinostat for patients with relapsed multiple myeloma (MUK-six): a multicentre, open-label, phase 1/2 trial
EBM Reviews - Cochrane Central Register of Controlled Trials
The lancet haematology. 3(12):e572-e580, 2016. The lancet haematology
[Journal: Article]
AN: CN-01290728  NEW

Background Panobinostat (a pan histone deacetylase inhibitor) is approved in combination with bortezomib and dexamethasone for patients with relapsed multiple myeloma who have received two or more previous lines of therapy. We aimed to improve the safety of this combination and investigate efficacy by incorporating low-dose thalidomide, using sub-cutaneous weekly bortezomib, and determining the maximum tolerated dose of panobinostat in this regimen.

Methods We did a phase 1/2, multicentre, open-label trial (MUK six) at four hospitals in the UK, enrolling patients with relapsed, or relapsed and refractory, multiple myeloma aged at least 18 years, with an Eastern Cooperative Oncology Group performance status of 2 or less who had previously received 1-4 lines of therapy. Exclusion criteria included any antimyeloma treatment within 28 days of study drugs (except dexamethasone 160 mg >48 h before treatment). We used a rolling six escalation design to determine the maximum tolerated dose of panobinostat, and
allocated patients to receive subcutaneous bortezomib 1.3 mg/m², and oral thalidomide 100 mg, dexamethasone 20 mg, and panobinostat 10, 15, or 20 mg (escalated to 20 mg according to the escalation schedule). Treatment was given during a 21-day cycle (bortezomib on days 1 and 8; thalidomide every day; dexamethasone on days 1, 2, 8, and 9; and panobinostat on days 1, 3, 5, 8, 10, and 12) for 16 cycles in the absence of disease progression or unacceptable toxicity. Patients were permitted to come off study for autologous stem cell transplantation. The primary objective was to determine the maximum tolerated dose and recommended dose of panobinostat, and to estimate the proportion of patients with an overall response that was equal to a partial response or greater within 16 cycles of treatment at the recommended panobinostat dose in the modified intention-to-treat population. We assessed safety in all patients who received a trial drug (ie, bortezomib, thalidomide, dexamethasone, or panobinostat). This trial is registered at ClinicalTrials.gov, number NCT02145715, and with the ISRCTN registry, number ISRCTN59395590 and is closed to recruitment. Findings Between Jan 31, 2013, and Oct 30, 2014, we enrolled 57 eligible patients who received at least one dose of trial medication or any drug. One dose-limiting toxicity was reported (grade 3 hyponatremia at the 20 mg dose), therefore the maximum tolerated dose was not reached, and 20 mg was deemed to be the recommended dose. 46 patients were treated with panobinostat 20 mg (the intention-to-treat population). 42 patients (91%, 80% CI 83.4-96.2) of 46 achieved the primary endpoint of an overall response that was equal to a partial response or greater. Most adverse events were grade 1-2 with few occurrences of grade 3-4 diarrhoea or fatigue. The most common adverse events of grade 3 or worse in the safety population (n=57) were reduced neutrophil count (15 [26%]), hypophosphatemia (11 [19%]), and decreased platelet count (8 [14%]). 46 serious adverse events were reported in 27 patients; of 14 suspected to be related to the trial medication, seven (50%) were gastrointestinal disorders. Interpretation Panobinostat 20 mg in combination with bortezomib, thalidomide, and dexamethasone is an efficacious and well tolerated regimen for patients with relapsed multiple myeloma. Funding Novartis and Myeloma UK. Copyright (C) 2016 Elsevier Ltd

Institution
R. Popat, NIHR/UCLH Clinical Research Facility, University College London Hospitals NHS Foundation Trust, London W1T 7HA, United Kingdom. E-mail: rakesh.popat@ucl.ac.uk

Publisher
Elsevier Ltd

Volume
3

Issue Part
12

Page
Minor papilla endotherapy in patients with ventral duct obstruction: identification and management
EBM Reviews - Cochrane Central Register of Controlled Trials
Gastrointestinal endoscopy. (no pagination), [Journal: Article In Press]
AN: CN-01291306 NEW
Background and Aims: Pancreatic duct (PD) cannulation via the major papilla may be compromised by downstream obstruction of the ventral PD from a stone or stricture. In patients with a patent accessory PD, cannulation of the minor papilla permits stenting or stone removal upstream of the ventral PD obstruction. Data on this technique are limited. Methods: University of Colorado Hospital and Maine Medical Center endoscopy databases were queried for ERCPs with minor papilla cannulation. Technical success was defined as deep cannulation of the minor papilla. Minor papilla endotherapy included sphincterotomy, stricture dilation, stenting, or stone treatment. Clinical improvement was designated as >50% reduction in pain or narcotic analgesia. Follow-up was obtained by chart review and telephone contact. Results: Over a 22-year period, 464 patients had minor papilla cannulation. Congenital and incomplete pancreas divisum were excluded, and 64 patients met study criteria. Technical success was achieved in 58 of 64 patients (91%). In patients with stones, 25 of 34 (74%) had clearance using endoscopic techniques. Median follow-up was 15.5 months. Twelve of 28 patients (43%) on chronic narcotic regimens reported a reduction in narcotic use by >50%, and 32 of 44 patients (73%) reached for discussion noted improved abdominal pain by >50%. Thirteen patients required surgery for symptom control. Conclusions: In this multicenter experience, 15% of patients undergoing minor papilla cannulation had acquired a ventral PD obstruction. Access via the minor papilla to the upstream main PD for endotherapy and clinical improvement was achieved in most patients. Increased and early recognition of these intensive therapeutic options may enhance treatment options for this complex group of patients. Copyright (C) 2016 American Society for Gastrointestinal Endoscopy.
A snapshot on the on-label and off-label use of the interleukin-1 inhibitors in Italy among rheumatologists and pediatric rheumatologists: a nationwide multi-center retrospective observational study


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01291671 NEW

Background: Interleukin (IL)-1 inhibitors have been suggested as possible therapeutic options in a large number of old and new clinical entities characterized by an IL-1 driven pathogenesis.

Objectives: To perform a nationwide snapshot of the on-label and off-label use of anakinra (ANA) and canakinumab (CAN) for different conditions both in children and adults.

Methods: We retrospectively collected demographic, clinical, and therapeutic data from both adult and pediatric patients treated with IL-1 inhibitors from January 2008 to July 2016. Results: Five hundred and twenty-six treatment courses given to 475 patients (195 males, 280 females; 111 children and 364 adults) were evaluated. ANA was administered in 421 (80.04%) courses, CAN in 105 (19.96%). Sixty-two (32.1%) patients had been treated with both agents. IL-1 inhibitors were employed in 38 different indications (37 with ANA, 16 with CAN). Off-label use was more frequent
for ANA than CAN (p < 0.0001). ANA was employed as first-line biologic approach in 323 (76.7%) cases, while CAN in 37 cases (35.2%). IL-1 inhibitors were associated with corticosteroids in 285 (54.18%) courses and disease modifying anti-rheumatic drugs (DMARDs) in 156 (29.65%). ANA dosage ranged from 30 to 200 mg/day (or 1.0-2.0 mg/kg/day) among adults and 2-4 mg/kg/day among children; regarding CAN, the most frequently used posologies were 150mg every 8 weeks, 150mg every 4 weeks and 150mg every 6 weeks. The frequency of failure was higher among patients treated with ANA at a dosage of 100 mg/day than those treated with 2 mg/kg/day (p = 0.03). Seventy-six patients (14.4%) reported an adverse event (AE) and 10 (1.9%) a severe AE. AEs occurred more frequently after the age of 65 compared to both children and patients aged between 16 and 65 (p = 0.003 and p = 0.03, respectively). Conclusions: IL-1 inhibitors are mostly used off-label, especially ANA, during adulthood. The high frequency of good clinical responses suggests that IL-1 inhibitors are used with awareness of pathogenetic mechanisms; adult healthcare physicians generally employ standard dosages, while pediatricians are more prone in using a weight-based posology. Dose adjustments and switching between different agents showed to be effective treatment strategies. Our data confirm the good safety profile of IL-1 inhibitors. Copyright (C) 2016 Vitale and et al.

Institution
L. Cantarini, Department of Medical Sciences, Surgery and Neurosciences, Research Center of Systemic Autoinflammatory Diseases and Behcet's Disease Clinic, University of Siena, Siena, Italy. E-mail: cantariniluca@hotmail.com

Publisher
Frontiers Research Foundation (E-mail: info@frontiersin.org)

Volume
7

Issue Part
OCT) (no pagination

Country of Publication
Switzerland

708.

Comparison of the effects of acupressure and self-care behaviors training on the intensity of primary dysmenorrhea based on mcgill pain questionnaire among shiraz university students
Behbahani BM, Ansaripour L, Akbarzadeh M, Zare N, Hadianfard MJ
Dysmenorrhea is one of the common problems during reproductive ages, with prevalence rate of 60-90%. This study aimed to compare the effects of acupressure at Guan yuan (RN-4) and Qu gu (RN-2) acupoints, self-care behaviors training, and ibuprofen on the intensity of primary dysmenorrhea based on McGill pain questionnaire. Materials and Methods: In the randomized clinical trial, 120 females, aged between 18 and 25 years, with primary dysmenorrhea, randomly selected from five dormitories of Shiraz University, Shiraz, Iran were screened and randomized into acupressure group, in that pressure was applied for 20 min over the 1st 2 days of menstruation for two cycles. In the second group, the training group took part in four educational sessions each lasting for 60-90 min and control group received ibuprofen 400 mg. The intensity of pain before and after the intervention was measured using short-form McGill pain questionnaire. The data were entered into the SPSS statistical software (version 16) and analyzed using Kruskal-Wallis test, paired t-test, and Chi-square test. Results: A significant difference was found in the mean intensity of pain before and after the intervention in all the three study groups. The mean score of pain intensity was 10.65 +/- 5.71 in the training group, 19 +/- 5.41 in the control group, and 14.40 +/- 6.87 in the acupressure group after the intervention. The results of Kruskal-Wallis test revealed that both interventions were more effective compared to consumption of ibuprofen. Conclusion: Training and acupressure were more effective than ibuprofen in the reduction of dysmenorrhea. Thus, they can be considered as trainable methods without side effects in adolescent girls. Copyright (C) 2016 Journal of Research in Medical Sciences.
Nivolumab for classical Hodgkin's lymphoma after failure of both autologous stem-cell transplantation and brentuximab vedotin: a multicentre, multicohort, single-arm phase 2 trial
EBM Reviews - Cochrane Central Register of Controlled Trials
Lancet oncology. 17(9):1283-1294, 2016. Lancet oncology
[Journal: Article]
AN: CN-01292219 NEW

Background Malignant cells of classical Hodgkin's lymphoma are characterised by genetic alterations at the 9p24.1 locus, leading to overexpression of PD-1 ligands and evasion of immune surveillance. In a phase 1b study, nivolumab, a PD-1-blocking antibody, produced a high response in patients with relapsed and refractory classical Hodgkin's lymphoma, with an acceptable safety profile. We aimed to assess the clinical benefit and safety of nivolumab monotherapy in patients with classical Hodgkin's lymphoma after failure of both autologous stem-cell transplantation and brentuximab vedotin. Methods In this ongoing, single-arm phase 2 study, adult patients (aged >18 years) with recurrent classical Hodgkin's lymphoma who had failed to respond to autologous stem-cell transplantation and had either relapsed after or failed to respond to brentuximab vedotin, and with an Eastern Cooperative Oncology Group performance status score of 0 or 1, were enrolled from 34 hospitals and academic centres across Europe and North America. Patients were given nivolumab intravenously over 60 min at 3 mg/kg every 2 weeks until progression, death, unacceptable toxicity, or withdrawal from study. The primary endpoint was objective response following a prespecified minimum follow-up period of 6 months, assessed by an independent radiological review committee (IRRC). All patients who received at least one dose of nivolumab were included in the primary and safety analyses. This trial is registered with ClinicalTrials.gov, number NCT02181738. Findings Among 80 treated patients recruited between Aug 26, 2014, and Feb 20, 2015, the median number of previous therapies was four (IQR 4-7). At a median follow-up of 8.9 months (IQR 7.8-9.9), 53 (66.3%, 95% CI 54.8-76.4) of 80 patients achieved an IRRC-assessed objective response. The most common drug-related adverse events (those that occurred in >15% of patients) included fatigue (20 [25%] patients), infusion-related reaction (16 [20%]), and rash (13 [16%]). The most common drug-related grade 3 or 4 adverse
events were neutropenia (four [5%] patients) and increased lipase concentrations (four [5%]). The
most common serious adverse event (any grade) was pyrexia (three [4%] patients). Three
patients died during the study; none of these deaths were judged to be treatment related.
Interpretation Nivolumab resulted in frequent responses with an acceptable safety profile in
patients with classical Hodgkin's lymphoma who progressed after autologous stem-cell
transplantation and brentuximab vedotin. Therefore, nivolumab might be a new treatment option
for a patient population with a high unmet need. Ongoing follow-up will help to assess the
durability of response. Funding Bristol-Myers Squibb. Copyright (C) 2016 Elsevier Ltd
Institution
A. Younes, Correspondence to: Prof Anas Younes, Memorial Sloan Kettering Cancer Center,
New York, NY 10065, United States. E-mail: younesa@mskcc.org
Publisher
Lancet Publishing Group (E-mail: cususerv@lancet.com)
Volume
17
Issue Part
9
Page
1283-1294
Country of Publication
United Kingdom

Pharmacotherapy for Obesity
Saunders KH, Shukla AP, Igel LI, Kumar RB, Aronne LJ
EBM Reviews - Cochrane Central Register of Controlled Trials
Endocrinology and metabolism clinics of north america. 45(3):521-538, 2016. Endocrinology and
metabolism clinics of north america
[Journal: Review]
AN: CN-01292325 NEW
Successful treatment of obesity requires a multidisciplinary approach including diet, exercise and
behavioral modification. As lifestyle changes are not sufficient for some patients, pharmacologic
therapies should be considered as adjuncts to lifestyle interventions. In this article, we review
clinical indications, mechanisms of action, dosing/administration, side effects, drug interactions and contraindications for the six most widely prescribed obesity medications. We also summarize the efficacy data from phase 3 trials which led to drug approval. As multiple agents are sometimes required for clinically significant weight loss, the future of obesity medicine will likely involve combinations of agents in addition to behavioral counseling. Copyright (C) 2016 Elsevier Inc.

Institution
K.H. Saunders, Comprehensive Weight Control Center, Division of Endocrinology, Diabetes and Metabolism, Weill Cornell Medicine, 1165 York Avenue, New York, NY 10065, United States. E-mail: kph2001@med.cornell.edu

Publisher
W.B. Saunders

Volume
45

Issue Part
3

Page
521-538

Country of Publication
United States

711.

Does pretreatment with tolterodine and tamsulosin improve ureteral stent discomfort? A double-blind, randomized controlled trial: a follow-up study
Bell J, Streeper NM, Best SL, Penniston KL, Nakada SY

EBM Reviews - Cochrane Central Register of Controlled Trials


Journal of endourology. Conference: 34th world congress of endourology, WCE

[Journal: Conference Abstract]

AN: CN-01293470 NEW

Introduction & Objective: Ureteral stenting is commonplace after endoscopic treatment of urinary calculi. However, stents are often associated with significant patient discomfort and impairment in
quality of life. A previous prospective double-blind, randomized, placebo-control trial showed no difference in patient reported outcomes when using a combination of tolterodine and tamsulosin for post-operative stent symptoms vs tamsulosin alone. (Sivalingam J Urol 2015). However, tolterodine can take a couple of weeks to achieve its maximum effect. We hypothesize that pretreating patients with tolterodine and tamsulosin may decrease stent discomfort and improve patient reported outcomes compared to beginning combination therapy the day of surgery.

Materials and Methods: A follow prospective double-blind, randomized, controlled trial was approved by institutional IRB. Patients undergoing ureteroscopy 14 days or longer from the time of enrollment may participate. Exclusion criteria are: previously placed ureteral stent, active UTI at time of enrollment or during the study, pregnancy, chronic pelvic pain requiring treatment with anticholinergics, contraindication to study drugs, or allergy to study drugs. Patients are administered the Urinary Stent Symptom Questionnaire (USSQ) at various points throughout the survey to assess patient symptoms. These time frames are designated Q1, Q2, Q3, Q4, and Q5. Stents are removed approximately 7 days after ureteroscopy. Results: We report preliminary results of this trial for the first 20 patients enrolled who have completed the study. Total scores from each section of the USSQ were compared between the two groups. So far, there appears to be no statistically significant differences in USSQ scores between the groups. This is certainly early data, yet consistent with our prior study, yet we will need to continue to accrue patients to adequately power a true comparison. (Table presented) Conclusions: Preliminary results of this trial continue to support that combination therapy with tolterodine and tamsulosin does not improve patient reported quality of life compared to treatment with tamsulosin alone. This trial is continuing to accrue patients and we expect to have data on about 50 patients by the time of WCE 2016.
Pasireotide maintained reduction in urinary free cortisol and improvements in clinical signs in patients with Cushing's disease remaining on treatment for 60 months


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01295270 NEW

BACKGROUND In a phase 3, multicenter, double-blind, dose-randomized study, treatment with pasireotide for 12 months resulted in rapid and sustained decrease in mean urinary free cortisol (UFC) and provided clinical benefits in patients with Cushing's disease. Here, we present long-term data (60 months) from the open-ended, open-label extension of the same study. METHODS 162 patients with persistent, recurrent or De novo Cushing's disease were randomized to receive either pasireotide 600 or 900μg bid. 58 patients with mean UFC<ULN (upper limit of normal: 145 nmol/24h) or who achieved clinical benefit at month 12 entered the extension. Dose titrations were allowed in 300μg increments to a minimum of 300μg or a maximum of 1200μg sc bid at the investigators' discretion. Medical treatment for diabetes was permitted. Shown here are efficacy and safety data for patients who reached month 60. RESULTS At month 60, 16 patients remained on treatment; 8 on pasireotide 600μg bid and 8 on pasireotide 900μg bid. Maximum duration of pasireotide exposure was 76.6 months. Baseline median UFC was 488.3 nmol/24h (95% CI 358-931) in patients who reached month 60 vs 564.5 nmol/24h (95% CI 483-662) in all patients (N=162). In patients who reached month 60, median percentage change in UFC from baseline was -82.6% (95% CI -89.0 to -41.9; n=16) at month 12 and -81.8% (95% CI -89.8 to -67.4; n=15) at month 60; 10/16 and 11/16 patients had UFC<ULN at month 12 and 60, respectively. Improvements in clinical signs seen during the first 12 months were maintained up to month 60. Median changes in the 16 patients from baseline to month 60 in systolic blood pressure (BP) were, -4.3 mmHg (95% CI, -17.3 to 5.3); diastolic BP, -1.7 mmHg (95% CI, -10.3 to 3.3); weight, -6.2 kg (95% CI, -9.3 to -1.8); and body mass index, -2.3 kg/m<sup>2</sup> (95% CI, -3.5 to -0.6). Most common adverse events (AEs; >50% of patients) up to the study end (month 76.6) were nausea (68.8% [11/16]) and hyperglycemia (56.3% [9/16]), followed by cholelithiasis, abdominal pain, diabetes mellitus, and myalgia (each 50% [8/16]). No deaths were reported. No increases in Common Terminology Criteria for AEs (CTCAE) grade were reported after first occurrence for AEs related to bradycardia and liver. Increases in CTCAE grade were reported in 3/10 and 7/15 patients who experienced gallbladder/biliary- and hyperglycemia-
related AEs, respectively. Baseline median glycated hemoglobin and fasting blood glucose were 5.5% and 94 mg/dL, respectively, which increased to 6.6% and 110 mg/dL at month 6, and 6.3% and 117 mg/dL at month 60, respectively. CONCLUSION Reduction in UFC levels and improvement in clinical signs of Cushing's disease reported after 12 months were maintained for 60 months in patients who remained on pasireotide treatment. No new safety signals were detected. These findings suggest that in selected patients, pasireotide can be an effective long-term treatment of Cushing's disease.

Institution
S. Petersenn, ENDOC Center for Endocrine Tumors, Hamburg, Germany

Publisher
Endocrine Society

Volume
37

Issue Part
2 Supplement 1 (no pagination)

Country of Publication
Netherlands

A first-in-human, first-in-class phase I trial of the anti-CD47 antibody Hu5F9-G4 in patients with advanced cancers

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01295340 NEW
Background Hu5F9-G4 is a humanized monoclonal antibody that targets CD47, blocking its anti-phagocytic "don't eat me" signal through macrophage receptor SIRPalpha, leading to tumor phagocytosis. CD47 is over-expressed on human cancers and also on red blood cells (RBCs). In primate toxicology studies, Hu5F9-G4 caused a transient anemia that was improved with a single lower priming dose allowing higher maintenance doses. Methods Relapsed/refractory solid tumors and lymphomas were included. This dose escalation study included: Part A, to determine the priming dose and Part B, to determine the maintenance dose. The maximum tolerated dose (MTD) in part A was used for the single priming dose in part B (Hu5F9-G4 dosed weekly). The primary objective is to determine safety and secondary objectives are to determine PK and PD. Preliminary data reported from data cutoff of July 22, 2016. Results 21 patients have enrolled. Part A included 0.1 (N=1), 0.3 (N=2), 1 (N=6), and 3 mg/kg (N=2). There were 2 dose-limiting toxicities (DLTs) in Part A at the 3 mg/kg dose: grade (G) 3 abdominal pain and G3 hemagglutination (H) (protocol-specific scale of 1+ H on peripheral blood smear (PBS) and G2 headache). 1 mg/kg was selected as the priming dose, with no >G2 anemia and almost 100% RBC receptor occupancy. Treatment-related adverse events (TRAE) in Part A included: anemia (3 G1, 3 G2), hyperbilirubinemia (3 G1, 2 G2; unconjugated), headache (6 G1, 1 G2), H on PBS (8 G1), and nausea (3 G1). Part B included 3 (N=4), 10 (N=3), and 20 mg/kg (N=3, ongoing). There have been no DLTs in 3 patients on 10 mg/kg (last fully evaluable cohort). Most toxicity was associated with the single priming dose and reversible. TRAE in Part B at 3 mg/kg included: anemia (2 G1, 2 G2), hyperbilirubinemia (1 G1, 1 G3; unconjugated), headache (3 G1), H on PBS (1 G1), retinal toxicity (G2 protocol-specific scale, asymptomatic). TRAE at 10 mg/kg included: anemia (3 G1), headache (2 G1), and nausea (1 G1). Target trough levels associated with preclinical activity are being achieved at the 10 mg/kg dose, and half-life increases with repeated dosing. Two patients with adenoid cystic carcinoma in Part A had stable disease for 16 and 8 months. Conclusions Hu5F9-G4 is well tolerated at 10 mg/kg weekly, with 1 mg/kg priming dose. Part B maintenance dose 20 mg/kg enrolling.

Institution
S.K. Padda, Stanford University, School of Medicine, Stanford, CA, United States. E-mail: padda@stanford.edu
Publisher
BioMed Central Ltd.
Volume
4
Issue Part
no pagination
Country of Publication
Netherlands
Introduction

Constipation-predominant irritable bowel syndrome (IBS-C) is a common and difficult disorder to manage. Linaclotide is licensed in the UK for symptomatic treatment of moderate to severe IBS-C. Data from randomised, controlled trials demonstrate that the drug improves symptoms in patients with IBS-C, but real-world data are lacking. Methods We treated adult patients with IBS-C (Rome III Criteria), attending outpatient clinics in three UK hospitals, with linaclotide 290 mcg once daily. IBS symptoms were assessed at baseline, 4 weeks, and 12 weeks after commencing therapy using the validated IBS symptom severity scale (IBS-SSS). Responders were defined as those patients with a decrease in total IBS-SSS score of >75.

Results

A total of 108 patients (mean age 43.2; range 17-84 years; 94 (87.0%) female) received linaclotide. In total, 4 week IBS-SSS scores were available for 72 (66.7%) patients, and 12 weeks scores in 26 (24.1%) patients. Effect of linaclotide on individual components of the IBS-SSS, as well as total IBS-SSS score, at 4 and 12 weeks are detailed in Table 1. There were 49 (45.4%) patients who responded to linaclotide, with a reduction in IBS-SSS of >75 at 4 weeks. The drug also led to a significant reduction in straining (3.9 at baseline vs. 2.0 at 4 weeks, P < 0.001), and increase in mean number of stools per week (3.8 at baseline vs. 8.9 at 4 weeks, P < 0.001). At 4 weeks, 61 (56.5%) patients continued the drug and 47 (43.5%) discontinued, 24 (22.2%) due to lack of efficacy or losses to follow-up, and 23 (21.3%) due to adverse events (AEs). Among the 61 patients continuing linaclotide, 22 (36.1%) were responders at 12 weeks. AEs occurred in 43 (39.8%) patients overall, which lead to discontinuation of the drug in 23 (21.3%) patients either before or at their 4 week assessment. These included diarrhoea in 28 (25.9%) (15 discontinued), abdominal pain in 6 (5.6%) (5 discontinued), nausea in 3 (2.8%) (1 discontinued), flatulence in 2 (1 discontinued), headaches in 2 (0 discontinued), faecal incontinence in 1 (1 discontinued), and
urgency in 1 (0 discontinued). Conclusion Linaclotide was effective in IBS-C patients in a real-world setting, with significant reductions in IBS-SSS scores and straining, and a significant increase in mean number of stools per week. Responder rates at 4 and 12 weeks were 45% and 36% respectively. 40% of patients reported AEs, with diarrhoea the commonest, occurring in 26% of patients. Previous literature has reported a lower frequency of AEs, which infrequently led to withdrawal of linaclotide. However, in our study the occurrence of AEs led to discontinuation in 21% of patients.

Institution
J. Shearer, Leeds Gastroenterology Institute, St James's University Hospital, Leeds, United Kingdom

Publisher
BMJ Publishing Group

Volume
65

Page
A119

Country of Publication
Netherlands

715.
A randomised double-blind placebo-controlled trial of a multi-strain probiotic in the treatment of chronic symptoms post diverticulitis
Kvasnovsky C, Donaldson AN, Sherwood R, Bjarnason I, Papagrigordias S

EBM Reviews - Cochrane Central Register of Controlled Trials


Gut. Conference: british society of gastroenterology annual general meeting

[Journal: Conference Abstract]

AN: CN-01295388  NEW

Introduction The emergency treatment for acute diverticulitis is straightforward, but many patients develop post-diverticulitis chronic symptoms which resemble that of Irritable Bowel Syndrome (IBS). We assessed the possible effect of Symprove, a multi strain probiotic, on these symptoms in a randomised double-blind placebo-controlled trial. Methods This was a single-centre,
randomised, double-blind, placebo-controlled trial of the efficacy of the probiotic Symprove in adult patients with post-diverticulitis IBS like symptoms. 143 patients were randomly assigned to receive 1 mL/kg/day of the probiotic (N = 72) or placebo (N = 71) for 3 months. The primary endpoint was a change in abdominal pain. Secondary endpoints included nine abdominal symptoms and changes in faecal calprotectin. Results 120 patients completed the trial. Pain score with the probiotic decreased from 9.5+/−7.7 to 5.9+/−6.7, which did not differ significantly (P = 0.12) with that of placebo (7.5+/−7.0 to 6.1+/−6.4). The probiotic improved constipation, diarrhoea, mucorrhoea, back pain and vaginal discharge significantly (p < 0.04) above that of placebo, but not abdominal pain, PR bleeding, dysuria or bloating. Symprove prevented an increase in intestinal inflammation in male patients (p = 0.05) Conclusion The probiotic Symprove did not improve abdominal pain scores significantly, but significantly improved some other post-diverticulitis symptoms and prevented an escalation in intestinal inflammatory activity in male patients.

Institution
C. Kvasnovsky, Department of Surgery, University of Maryland Medical Centre, Baltimore, United States

Publisher
BMJ Publishing Group

Volume
65

Page
A189-A190

Country of Publication
Netherlands

Effect of eluxadoline on abdominal and bowel symptoms over time in phase 3 clinical trials in patients with Irritable Bowel Syndrome with Diarrhoea (IBS-D)
Harris LA, Lucak S, Chang L, Dove LS, Covington PS

EBM Reviews - Cochrane Central Register of Controlled Trials


Gut. Conference: british society of gastroenterology annual general meeting
Introduction Eluxadoline (ELX) is a mixed m- and k-opioid receptor (OR) agonist and d-OR antagonist. It is locally active and approved for the treatment of IBS-D. Effects of ELX on abdominal pain and stool consistency have been reported based on a composite response; effects on other abdominal and bowel symptoms were evaluated over time. Methods Two double-blind, placebo (PBO)-controlled, Phase 3 trials (IBS-3001 and IBS-3002) randomised patients (pts) meeting Rome III criteria for IBS-D to twice-daily treatment with ELX 75 or 100 mg or PBO. Pts completed an electronic diary and rated daily IBS symptoms of abdominal discomfort and bloating (both on a 0-10 scale), and recorded numbers of bowel movements (BMs) and episodes of urgency and incontinence daily through 26 weeks (wks). To assess trajectories of treatment effects over time, daily symptom scores and counts of BMs and episodes of urgency and incontinence were m with longitudinal analyses. Treatment effect estimates from the models were evaluated at Wks 4, 8, 12, 16, 20, and 24 based [TABLE PRESENTED] on estimated least squares (LS) mean differences (symptom scores) and risk ratios (frequency data). Results 2428 pts with IBS-D were enrolled across both trials. In both studies, daily abdominal discomfort and bloating scores decreased from baseline within the first wk, with greater reductions seen for ELX. Abdominal discomfort scores were significantly lower (p < 0.05) than PBO for ELX 100 mg at all time points through Wk 24 in both studies (except Wk 4 in IBS-3002), while bloating was significantly lower (p < 0.05) than PBO for ELX 100 mg from Wk 16 onward in both studies (Table). BM frequency and episodes of urgency and incontinence were also reduced from baseline. Both ELX doses significantly reduced (p < 0.05) episodes of urgency compared with PBO at all time points through Wk 24 in both studies. Similarly, ELX significantly reduced BM frequency compared with PBO through 24 wks (data not shown). Episodes of incontinence were significantly lower (p < 0.05) than PBO for both ELX doses from Wk 16 onward in IBS-3002. Conclusion ELX significantly improves abdominal discomfort and bloating, and significantly reduces BM frequency and episodes of urgency and incontinence; effects are sustained through 6 months of treatment.
Integrated safety summary (ISS) for trifluridine/tipiracil (TAS-102)
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01295879 NEW
Background: Efficacy and safety of trifluridine/tipiracil (FTD/TPI; TAS-102) in patients (pts) with metastatic colorectal cancer (mCRC) refractory/intolerant to standard therapies were evaluated in the phase 3 RECOURSE trial; enrollment criteria included >2 prior lines of standard chemotherapy. RECOURSE showed significant improvement in overall survival (OS; hazard ratio [HR] = 0.68) and progression-free survival (PFS; HR = 0.48) with FTD/TPI vs placebo (pbo); both P < 0.0001. We now report on the ISS for FTD/TPI. Methods: The main safety analysis (Safety Data Group 2) was based on integrated safety (IS) data from RECOURSE and 1 other randomized, pbo-controlled study (J003) of mCRC pts treated with FTD/TPI at the recommended starting dose (RSD) of 35 mg/m² BID for 5 d/wk with 2 d rest for 2 wks followed by a 14-d rest (1 cycle). IS data from a larger group included those 2 studies and 6 others of FTD/TPI in CRC pts treated with the same RSD (Group 1). Nonintegrated data on serious adverse events (SAEs) from all FTD/TPI clinical experience as of data cutoff date were also summarized. Results: FTD/TPI was generally well tolerated in both groups. There was a higher incidence of myelosuppressive AEs, including Grade 3 anemia and neutropenia, in FTD/TPI vs pbo in Group 2 (Table). All grades gastrointestinal (GI) AEs were more frequent in FTD/TPI (77.7%) vs pbo (60.6%), but overall incidence of Grade >3 GI AEs was similar in both (12.1% FTD/TPI, Group 1; 12.8% FTD/TPI vs 11.5% pbo, Group 2). Febrile neutropenia (Grade >3) was reported in 25 (3.9%) FTD/TPI vs 0 pbo pts, Group 2. For pts receiving FTD/TPI past data cutoff (n = 76), 12 pts had 15 SAEs, none fatal or life threatening; 2 were associated with FTD/TPI: Grade 3 febrile neutropenia and abdominal pain. Conclusions: FTD/TPI was generally well
tolerated; main toxicities were hematologic and GI, but resulted in a low rate of dose reduction, discontinuation, or incidence of severe events. This analysis confirms the safety profile observed in RE COURSE. (Table presented).

Institution
A. Falcone, Medical Oncology, Azienda Ospedaliero Universitaria Pisana, Pisa, Italy

Publisher
Oxford University Press

Volume
27

Issue Part
no pagination

Country of Publication
Netherlands

718.
Effectiveness of embolization or sclerotherapy of pelvic veins for reducing chronic pelvic pain: a systematic review
Daniels JP, Champaneria R, Shah L

EBM Reviews - Cochrane Central Register of Controlled Trials

Conclusions: Embolization appears to provide symptomatic relief of chronic pelvic pain (CPP) in the majority of women and is safe although quality of evidence is low. Summary: Pelvic congestion syndrome (PCS) is described as chronic pelvic pain (CPP) arising from dilated and refluxing incompetent pelvic veins. Diagnosis is based on patient reported symptoms, anatomic features and venographic findings. There are no generally accepted or well defined clinic criteria for diagnosis of PCS, likely reflecting difficulty establishing a causal relationship between pelvic vein incompetence and CPP. Since the early 1990’s percutaneous induction of embolic materials in dilated or reflexing veins has become common for treatment of CPP. However, once an
incompetent vein has been occluded blood can be diverted to additional veins with recurrence of reflux. The objective of this systematic review was to assess the effectiveness of percutaneous embolization of incompetent pelvic veins in reducing CPP. Secondary objectives were to assess radiologic features, impact on fertility, and adverse events. The authors utilized a comprehensive search strategy incorporating various terms for pelvic congestion, pelvic pain, and embolization in 17 bibliographic databases with no restriction on study design. Methodologic quality was assessed. The varying quality and heterogeneity of the studies precluded meta-analysis. Results were therefore tabulated and described in a narrative fashion. From 21 prospective case series and one poor-quality randomized trial of embolization, a total of 1308 women were identified. In approximately 75% of the women, early substantial relief of pain was observed in those undergoing embolization and pain relief increased over time and was sustained. Significant pain reductions following treatment were observed in all studies that measured pain on a visual analog scale. Repeat intervention rates were generally low. There were few data on the impact on menstruation, ovarian reserve, or fertility but no concerns were noted. There was a 2% or less risk of coil migration. Comment: Basically the article states that coil embolization of refluxing pelvic veins can be done to treat CPP with an expected 75% response rate in terms of pain improvement following the treatment. While transient pain is common following embolization, the procedure appears safe with a <2% risk of coil migration. Questions appear to be not so much whether embolization provides early pain relief, but whether there are particular presenting characteristics predicting successful outcomes and what are the optimal techniques for coil embolization to eliminate CPP? Preprocedure discussions with women with PCC who select embolization for treatment of PCC should highlight the fact that embolization while safe may still not provide complete relief of symptom and long-term results are unknown.
719.
Spinal versus general anaesthesia in surgery for inguinodynia (SPINASIA trial): study protocol for a randomised controlled trial
Zwaans WAR, le Mair LHPM, Scheltinga MRM, Roumen RMH
EBM Reviews - Cochrane Central Register of Controlled Trials
Trials. 18(1) (no pagination):2017. Trials
[Journal: Article]
AN: CN-01297067  NEW
Background: Chronic inguinodynia (groin pain) is a common complication following open inguinal hernia repair or a Pfannenstiel incision but may also be experienced after other types of (groin) surgery. If conservative treatments are to no avail, tailored remedial surgery, including a neurectomy and/or a (partial) meshectomy, may be considered. Retrospective studies in patients with chronic inguinodynia suggested that spinal anaesthesia is superior compared to general anaesthesia in terms of pain relief following remedial operations. This randomised controlled trial is designed to study the effect of type of anaesthesia (spinal or general) on pain relief following remedial surgery for inguinodynia. Methods: A total of 190 adult patients who suffer from unacceptable chronic (more than 3 months) inguinodynia, as subjectively judged by the patients themselves, are included. Only patients scheduled to undergo a neurectomy and/or a meshectomy by an open approach are considered for inclusion and randomised to spinal or general anaesthesia. Patients are excluded if pain is attributable to abdominal causes or if any contraindications for either type of anaesthesia are present. Primary outcome is effect of type of anaesthesia on pain relief. Secondary outcomes include patient satisfaction, quality of life, use of analgesics and (in)direct medical costs. Patient follow-up period is one year. Discussion: The first patient was included in January 2016. The expected trial deadline is December 2019. Potential effects are deemed related to the entire setting of type of anaesthesia. Since any setting is multifactorial, all of these factors may influence the outcome measures. This is the first large randomised controlled trial comparing the two most frequently used anaesthetic techniques in remedial surgery for groin pain. There is a definite need for evidence-based strategies to optimise results of these types of surgery. Besides pain relief, other important patient-related outcome measures are assessed to include patient’s perspectives on outcome. Trial registration: The protocol (protocol number NL54115.015.15 ) is approved by the Medical Ethics Committee of Maxima Medical Centre, Veldhoven, The Netherlands. The study protocol was registered at www.trialregister.nl(NTR registration number: 5586) on 15 January 2016. Copyright (C) 2017 The Author(s).
Minor papilla endotherapy in patients with ventral duct obstruction: identification and management
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01297083 NEW
Background and Aims Pancreatic duct (PD) cannulation via the major papilla may be compromised by downstream obstruction of the ventral PD from a stone or stricture. In patients with a patent accessory PD, cannulation of the minor papilla permits stenting or stone removal upstream of the ventral PD obstruction. Data on this technique are limited. Methods University of Colorado Hospital and Maine Medical Center endoscopy databases were queried for ERCPs with minor papilla cannulation. Technical success was defined as deep cannulation of the minor papilla. Minor papilla endotherapy included sphincterotomy, stricture dilation, stenting, or stone treatment. Clinical improvement was designated as >50% reduction in pain or narcotic analgesia. Follow-up was obtained by chart review and telephone contact. Results Over a 22-year period, 464 patients had minor papilla cannulation. Congenital and incomplete pancreas divisum were excluded, and 64 patients met study criteria. Technical success was achieved in 58 of 64 patients (91%). In patients with stones, 25 of 34 (74%) had clearance using endoscopic techniques. Median follow-up was 15.5 months. Twelve of 28 patients (43%) on chronic narcotic regimens reported a reduction in narcotic use by >50%, and 32 of 44 patients (73%) reached for discussion
noted improved abdominal pain by >50%. Thirteen patients required surgery for symptom control. Conclusions In this multicenter experience, 15% of patients undergoing minor papilla cannulation had acquired a ventral PD obstruction. Access via the minor papilla to the upstream main PD for endotherapy and clinical improvement was achieved in most patients. Increased and early recognition of these intensive therapeutic options may enhance treatment options for this complex group of patients.

Copyright (C) 2017 American Society for Gastrointestinal Endoscopy

Institution

R.J. Shah, Professor of Medicine, Division of Gastroenterology and Hepatology, University of Colorado School of Medicine, 1635 Aurora Ct. Mail Stop F735, Rm. AIP 2.031, Aurora, CO 80045, United States

Publisher

Mosby Inc. (E-mail: customerservice@mosby.com)

Volume

85

Issue Part

2

Page

365-370

Country of Publication

United States

721.

30-Day Readmissions After an Acute Kidney Injury Hospitalization


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01297320  NEW

Background The risk of hospital readmission in acute kidney injury survivors is not well understood. We estimated the proportion of acute kidney injury patients who were rehospitalized within 30 days and identified characteristics associated with hospital readmission. Methods We conducted a population-based study of patients who survived a hospitalization complicated by
acute kidney injury from 2003-2013 in Ontario, Canada. The primary outcome was 30-day hospital readmission. We used a propensity score model to match patients with and without acute kidney injury, and a Cox proportional hazards model with death as a competing risk to identify predictors of 30-day readmission. Results We identified 156,690 patients who were discharged from 197 hospitals after an episode of acute kidney injury. In the subsequent 30 days, 27,457 (18%) patients were readmitted; 15,988 (10%) visited the emergency department and 7480 (5%) died. We successfully matched 111,778 patients with acute kidney injury 1:1 to patients without acute kidney injury. The likelihood of 30-day readmission was higher in acute kidney injury patients than those without acute kidney injury (hazard ratio [HR] 1.53; 95% confidence interval [CI], 1.50-1.57). Factors most strongly associated with 30-day rehospitalization were the number of hospitalizations in the preceding year (adjusted HR 1.45 for >2 hospitalizations; 95% CI, 1.40-1.51) and receipt of inpatient chemotherapy (adjusted HR 1.44; 95% CI, 1.32-1.58). Conclusions One in 5 patients who survive a hospitalization complicated by acute kidney injury is readmitted in the next 30 days. Better strategies are needed to identify and care for acute kidney injury survivors in the community. Copyright (C) 2016 Elsevier Inc.

Institution
S.A. Silver, Division of Nephrology, St. Michael's Hospital and the University of Toronto, 61 Queen Street, 9th Floor, Room 140, Toronto, ON M5C 2T2, Canada. E-mail: sam.silver@utoronto.ca

Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)

Volume
130

Issue Part
2

Page
163-172.e4

Country of Publication
United States

722.
Safety of buprenorphine transdermal system in the management of pain in older adults
Pergolizzi JV, Raffa RB, Marcum Z, Colucci S, Ripa SR
Objectives: To evaluate whether buprenorphine transdermal system (BTDS; Butrans) is an option for the treatment of chronic pain in older adults. Methods: This retrospective analysis of 16 placebo- and active-controlled and uncontrolled studies (N = 6566) evaluated the safety and tolerability profile in patients exposed to BTDS and compared the safety profiles associated with BTDS treatment in older patients > 65 years of age (65 to 98 years) and younger patients < 65 years of age (18 to 64 years). Safety analyses included adverse events (AEs), laboratory values, and electrocardiograms. Results: Overall, the incidence of AEs was similar in the > 65 year patient cohort (N = 1715) and the < 65 year patient cohort (N = 4843) (63.8% and 61.0%, respectively). The older patient cohort experienced more constipation, peripheral edema, and urinary tract infection, but fewer application-site AEs (eg, erythema, irritation, pruritus, rash) and headaches. A statistically significant treatment-by-age interaction was observed for fall, arthralgia, and localized and non-application site-related rash, suggesting a differential increase in the risk of these events among older patients treated with BTDS that cannot be explained by age or treatment alone. A similar trend was observed for accidents and injuries, and for falls, in patients treated with both BTDS and active controls (oxycodone/acetaminophen [OXY/APAP] and hydrocodone/acetaminophen [HCD/APAP]), suggesting an opioid class effect. However, due to small sample sizes of the active control groups, a statistical test of treatment-by-age interaction could not be conducted for the active controls. The incidences of serious AEs and of clinically significant increases in liver enzymes, such as AST, ALT and bilirubin were small, regardless of age. Conclusion: BTDS appears to be a viable option for the management of pain in older adults, but the benefits need to be tempered by potential risks among older adults. Copyright (C) 2016 Informa UK Limited, trading as Taylor & Francis Group.
Context Treatment-resistant bipolar disorder (TRBD) is an increasingly prevalent, debilitating condition with substandard treatment outcomes. Polypharmacy has become the mainstay among practitioners though long-term efficacy of this method has not been adequately tested. Objective Determine retrospectively if individualized, integrative treatment strategies applied while withdrawing pharmaceuticals were beneficial and safe among a TRBD clinic population. Design A chart review was performed for six adult patients, treated in a private psychiatric practice. Data were collected regarding psychiatric diagnosis, hospitalizations, medications, side effects, substance abuse, and applied treatments. Results Using individualized, integrative psychiatric treatment methods, the majority of medications were eliminated. Long-term remission was attained in all cases, defined as clinical stability with no discernable symptoms of bipolar disorder for at least one year. Conclusions Applying an integrative treatment approach, and eliminating most medications, provided lasting resolution of symptoms and side effects in a selected sample of TRBD outpatients. These data may provide the basis for future randomized, controlled trials.

Copyright (C) 2016 Elsevier Inc.
A pharmacokinetic study of lipegfilgrastim in children with Ewing family of tumors or rhabdomyosarcoma
Belogurova MB, Kizyma ZP, Garami M, Csoka M, Lamson MJ, Buchner A, Bias P, Lammerich A
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01298379 NEW
Purpose: Neutropenia is a common complication from chemotherapy, limiting optimal dosing and treatment. Lipegfilgrastim is a long-acting granulocyte colony-stimulating factor developed for the management of chemotherapy-induced neutropenia. The objectives of this phase 1, multinational, open-label, single-arm study were to characterize the pharmacokinetics (PK) and pharmacodynamics (PD) of a single body weight-adjusted dose of lipegfilgrastim and to evaluate the efficacy, safety, and tolerability of the drug in children with Ewing family of tumors or rhabdomyosarcoma treated with myelosuppressive chemotherapy. Methods: Enrolled patients received lipegfilgrastim (100 micro g/kg) 24 h after the last chemotherapy treatment in week 1. Patients were stratified into three age groups: 2 to <6, 6 to <12, and 12 to <18 years. Blood samples for PK analyses were obtained at baseline and at 3, 8, 24, 30, 48, 72, 96, 144, and 240 h postdose for the two oldest groups and up to 144 h in the youngest group. Results: Twenty-one patients were enrolled and received lipegfilgrastim, seven in each age group. Lipegfilgrastim exposure levels were comparable across age groups, with concentrations maintained over a prolonged period after a single injection. Differences in PD were mainly associated with chemotherapy type. Most investigator-reported adverse events were attributed to chemotherapy and not to lipegfilgrastim. Severe adverse events were noted in 57% of patients; febrile neutropenia, leukopenia, neutropenia, and thrombocytopenia were more frequent among the oldest patients. Conclusions: Results support the use of a body weight-adjusted dose to achieve
Phase I study evaluating WEE1 inhibitor AZD1775 as monotherapy and in combination with gemcitabine, cisplatin, or carboplatin in patients with advanced solid tumors


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01298722 NEW

Purpose: AZD1775 is a WEE1 kinase inhibitor targeting G2 checkpoint control, preferentially sensitizing TP53-deficient tumor cells to DNA damage. This phase I study evaluated safety, tolerability, pharmacokinetics, and pharmacodynamics of oral AZD1775 as monotherapy or in combination with chemotherapy in patients with refractory solid tumors. Patients and Methods: In part 1, patients received a single dose of AZD1775 followed by 14 days of observation. In part 2, patients received AZD1775 as a single dose (part 2A) or as five twice per day doses or two once per day doses (part 2B) in combination with one of the following chemotherapy agents: gemcitabine (1,000 mg/m$^2$/sup>2</sup>), cisplatin (75 mg/m$^2$/sup>2</sup>), or carboplatin (area
under the curve, 5 mg/mLmun). Skin biopsies were collected for pharmacodynamic assessments. TP53 status was determined retrospectively in archival tumor tissue. Results: Two hundred two patients were enrolled onto the study, including nine patients in part 1, 43 in part 2A (including eight rollover patients from part 1), and 158 in part 2B. AZD1775 monotherapy given as single dose was well tolerated, and the maximum-tolerated dose was not reached. In the combination regimens, the most common adverse events consisted of fatigue, nausea and vomiting, diarrhea, and hematologic toxicity. The maximum-tolerated doses and biologically effective doses were established for each combination. Target engagement, as a predefined 50% pCDK1 reduction in surrogate tissue, was observed in combination with cisplatin and carboplatin. Of 176 patients evaluable for efficacy, 94 (53%) had stable disease as best response, and 17 (10%) achieved a partial response. The response rate in TP53-mutated patients (n = 19) was 21% compared with 12% in TP53 wild-type patients (n = 33). Conclusion: AZD1775 was safe and tolerable as a single agent and in combination with chemotherapy at doses associated with target engagement.

Copyright (C) 2016 by American Society of Clinical Oncology.

Institution
J.H.M. Schellens, Netherlands Cancer Institute, Plesmanlaan 121, Amsterdam 1066 CX, Netherlands. E-mail: j.schellens@nki.nl

Publisher
American Society of Clinical Oncology (E-mail: jcoservice@asco.org)

Volume
34

Issue Part
36

Page
4371-4380

Country of Publication
United States
Purpose Seribantumab is a fully human immunoglobulin G2 monoclonal antibody that binds to human epidermal growth factor receptor (HER) 3 (ErbB3), blocking heregulin (HRG) -mediated ErbB3 signaling and inducing ErbB3 receptor downregulation. This open-label randomized phase II study evaluated progression-free survival (PFS) with seribantumab in combination with once-per-week paclitaxel compared with paclitaxel alone in patients with platinum-resistant or -refractory ovarian cancer. A key secondary objective was to determine if any of five prespecified biomarkers predicted benefit from seribantumab. Patients and Methods Patients with platinum-resistant or -refractory epithelial ovarian, fallopian tube, or primary peritoneal cancer were randomly assigned at a ratio of two to one to receive seribantumab plus paclitaxel or paclitaxel alone. Patients underwent pretreatment core needle biopsy; archival tumor samples were also obtained to support biomarker analyses. Results A total of 223 patients were randomly assigned (seribantumab plus paclitaxel, n = 140; paclitaxel alone, n = 83). Median PFS in the unselected intent-to-treat population was 3.75 months with seribantumab plus paclitaxel compared with 3.68 months with paclitaxel alone (hazard ratio [HR], 1.027; 95% CI, 0.741 to 1.425; P = .864). Among patients whose tumors had detectable HRG mRNA and low HER2 (n = 57 [38%] of 151 with available biomarker data), increased treatment benefit was observed in those receiving seribantumab plus paclitaxel compared with paclitaxel alone (PFS HR, 0.37; 95% CI, 0.18 to 0.76; P = .007). The HR in patients not meeting these criteria was 1.80 (95% CI, 1.08 to 2.98; P = .023). Conclusion The addition of seribantumab to paclitaxel did not result in improved PFS in unselected patients. Exploratory analyses suggest that detectable HRG and low HER2, biomarkers that link directly to the mechanism of action of seribantumab, identified patients who might benefit from this combination. Future clinical trials are needed to validate this finding and should preselect for HRG expression and focus on cancers with low HER2 levels. Copyright (C) 2016 by American Society of Clinical Oncology.

Institution
J.F. Liu, Dana-Farber Cancer Institute, 450 Brookline Ave, Boston, MA 02215, United States. E-mail: joyce_liu@dfci.harvard.edu

Publisher
American Society of Clinical Oncology (E-mail: jcoservice@asco.org)

Volume
34
HCVerso3: an open-label, phase IIb study of faldaprevir and deleobuvir with ribavirin in hepatitis C virus genotype-1b-infected patients with cirrhosis and moderate hepatic impairment


EBM Reviews - Cochrane Central Register of Controlled Trials

Plos one. 11(12) (no pagination):2016. Plos one

[Journal: Article]

AN: CN-01298735  NEW

This study evaluated the interferon-free, oral combination of deleobuvir (non-nucleoside HCV NS5-RNA-polymerase inhibitor) and faldaprevir (HCV NS3/4A-protease inhibitor) with ribavirin in patients with HCV genotype-1b and moderate (Child-Pugh B [CPB], n = 17) or mild hepatic impairment (Child-Pugh A [CPA], n = 18). Patients received faldaprevir 120 mg and deleobuvir (600 mg [CPA], 400 mg [CPB]) twice-daily with weight-based ribavirin for 24 weeks. Baseline characteristics were similar between groups. Among CPA patients, 13/18 completed treatment; discontinuations were for adverse events (AEs, n = 1), lack of efficacy (n = 3) and withdrawal (n = 1). Among CPB patients, 8/17 completed treatment; discontinuations were for AEs (n = 6), withdrawal (n = 1) and ‘other’ (n = 2). Sustained virologic response at post-treatment Week 12 (SVR12) was achieved by 11 (61%) CPA patients (95% confidence interval: 38.6%-83.6%) and 9 (53%) CPB patients (95% confidence interval: 29.2%-76.7%), including most CPA (11/16) patients with Week 4 HCV RNA < 25 IU.mL<sup>-1</sup> (target detected or not detected) and most CPB (8/9) patients with Week 4 HCV RNA < 25 IU.mL<sup>-1</sup> (target not detected); 0/4 CPB patients with Week 4 HCV RNA < 25 IU.mL<sup>-1</sup> (target detected) achieved SVR12. The most common AEs in both groups were nausea, diarrhoea and vomiting. Serious AEs were observed in 9 (53%) CPB patients and 1 (6%) CPA patient. Plasma trough concentrations of deleobuvir and faldaprevir were not substantially different between the CPA and CPB groups. In conclusion, in this small study the safety and efficacy profiles for 24 weeks of
treatment with faldaprevir+deleobuvir+ribavirin in patients with mild or moderate hepatic impairment were consistent with the safety and efficacy profile of this regimen in non-cirrhotic patients. Faldaprevir+deleobuvir+ribavirin resulted in SVR12 in 53-61% of patients: proportions achieving SVR4 but not SVR12 were higher than in non-cirrhotic patients and overall response rates were lower than rates reported with other alloral regimens in patients with cirrhosis.

Copyright (C) 2016 Sarrazin et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Publisher
Public Library of Science (E-mail: plos@plos.org)

Volume
11

Issue Part
12) (no pagination

Country of Publication
United States

Phase 1 Trial of Everolimus and Radiation Therapy for Salvage Treatment of Biochemical Recurrence in Prostate Cancer Patients Following Prostatectomy

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Article]

AN: CN-01299294  NEW

Purpose In up to half of patients treated with salvage radiation therapy (SRT) for rising prostate-specific antigen levels, a second biochemical recurrence ultimately develops. Phosphatase and tensin homolog inactivation is implicated in prostate cancer progression, and upregulation of the mammalian target of rapamycin pathway can lead to tumor hypoxia and radioresistance. Everolimus is a mammalian target of rapamycin inhibitor with both antitumor and radiosensitizing effects. Methods and Materials We performed a phase 1 study using a modified 3 + 3 dose-
escalation design to evaluate the safety and tolerability of everolimus in combination with standard SRT for the treatment of biochemical recurrence following prostatectomy. After a 2-week run-in period of everolimus daily therapy, patients received prostate bed irradiation with daily cone beam computed tomography localization in 37 fractions of 1.8 Gy each (total dose, 66.6 Gy). Patients were monitored for both acute (<90 days) and chronic (>90 days) treatment-related toxicities. Results Eighteen patients received everolimus at dose levels of 5 mg (n=6), 7.5 mg (n=6), or 10 mg (n=6) daily in conjunction with SRT. No dose-limiting toxicities were observed. Common acute treatment-related toxicities included grade 1 or 2 mucositis (55.6%), grade 1 or 2 fatigue (38.9%), grade 1 or 2 rash (61.1%), and grade 1 urinary symptoms (61.1%). A grade 3 acute toxicity occurred in 4 patients (22.2%) (n=1 for rash, anemia, lymphopenia, and neutropenia), and no patients had a chronic toxicity of grade 3 or greater. After a median follow-up time of 17.8 months (range, 1.2-46.0 months), an undetectable prostate-specific antigen nadir was achieved in 9 patients (56.3%) and a second biochemical recurrence developed in 5 patients (31.3%). Conclusions Everolimus at a dose of <10 mg daily appears to be safe and tolerable in combination with fractionated post-prostatectomy radiation therapy. Copyright (C) 2016 Elsevier Inc.

Institution
N.B. Haas, Division of Hematology/Medical Oncology, Department of Medicine, Hospital of the University of Pennsylvania, 10th Floor PCAM S Pavilion, 3400 Civic Center Blvd, Philadelphia, PA 19104, United States. E-mail: naomi.haas@uphs.upenn.edu

Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)

Volume
97

Issue Part
2

Page
355-361

Country of Publication
United States

Status of vaccine research and development of vaccines for Chlamydia trachomatis infection
Genital infection with Chlamydia trachomatis, a gram-negative obligate intracellular bacterium, is the most common bacterial sexually transmitted infection globally. Ascension of chlamydial infection to the female upper genital tract can cause acute pelvic inflammatory disease, tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Shortcomings of current chlamydia control strategies, especially for low- and middle-income countries, highlight the need for an effective vaccine. Evidence from animal models, human epidemiological studies, and early trachoma vaccine trials suggest that a C. trachomatis vaccine is feasible. Vaccine development for genital chlamydial infection has been in the preclinical phase of testing for many years, but the first Phase I trials of chlamydial vaccine candidates are underway, and scientific advances hold promise for additional candidates to enter clinical evaluation in the coming years. We describe the clinical and public health need for a C. trachomatis vaccine, provide an overview of Chlamydia vaccine development efforts, and summarize current vaccine candidates in the development pipeline. Copyright (C) 2017 Elsevier Ltd.
Background & Aims: Delta-9-tetrahydrocannabinol (THC) is the most abundant cannabinoid from the plant Cannabis sativa. There is only equivocal evidence that THC has analgesic effects. We performed a phase 2 controlled trial to evaluate the analgesic efficacy, pharmacokinetics, safety, and tolerability of an oral tablet containing purified THC in patients with chronic abdominal pain. Methods: Sixty-five patients with chronic abdominal pain for 3 months or more (numeric rating scale scores of 3 or more) after surgery or because of chronic pancreatitis were randomly assigned to groups given the THC tablet or identical matching placebos for 50-52 days. Subjects in the THC group were given the tablet first in a step-up phase (3 mg 3 times daily for 5 days and then 5 mg 3 times daily for 5 days), followed by a stable dose phase (8 mg 3 times daily until days 50-52). Preceding and during the entire study period, patients were asked to continue taking their medications (including analgesics) according to prescription. Patients reported any additional pain medications in a diary. Efficacy and safety assessments were conducted preceding medication intake (day 1), after 15 days, and at 50-52 days. Plasma samples were collected on study days 1, 15, and 50-52; mean plasma concentration curves of THC and 11-OH-THC were plotted. The primary end point was pain relief, which was measured by a visual analogue scale (VAS) of the mean pain (VAS mean scores) on the basis of information from patient diaries. Secondary end points included pain and quality of life (determined from patient questionnaires), pharmacokinetics, and safety. Results: At days 50-52, VAS mean scores did not differ significantly between the THC and placebo groups (F<sub>1,46</sub> = 0.016; P = .901). Between the start and end of the study, VAS mean scores decreased by 1.6 points (40%) in the THC group compared with 1.9 points (37%) in the placebo group. No differences were observed in secondary outcomes. Oral THC was generally well-absorbed. Seven patients in the THC group stopped taking the tablets because of adverse events, compared with 2 patients in the placebo group. All (possibly) related adverse events were mild or moderate. Conclusions: In a phase 2 study, we found no difference between a THC tablet and a placebo tablet in reducing pain measures in patients with chronic abdominal pain. THC, administered 3 times daily, was safe and well-tolerated during a 50-day to 52-day treatment period. ClinicalTrials.gov number: NCT01562483 and NCT01551511. Copyright (C) 2016 AGA Institute.
Phase I/II trial of sorafenib in combination with vinorelbine as first-line chemotherapy for metastatic breast cancer
EBM Reviews - Cochrane Central Register of Controlled Trials
Plos one. 11(12) (no pagination):2016. Plos one
[Journal: Article]
AN: CN-01300193 NEW
Background: Preclinical models have reported a synergistic interaction between sorafenib and vinorelbine. We investigated the toxicity, efficacy, and pharmacokinetics interaction of this combination as first-line treatment for patients with metastatic breast cancer. Methods: Patients were HER2-negative and treated with vinorelbine 30 mg/m2 IV days 1,8 every 21 plus daily oral sorafenib. In the phase I portion (3+3 design) patients received sorafenib 200 mg BID (cohort 1) or 400 mg BID (cohort 2). In the phase II expansion, 21 more evaluable patients were planned to receive the maximum tolerated dose (MTD). Pharmacokinetic analysis was performed in 6 patients: blood concentrations were compared for each drug in the presence or absence of the other drug. Results: In cohort 1, one patient experienced a dose-limiting toxicity (DLT) (grade 3 pancreatitis), requiring the expansion of this cohort to 6 patients, without further documented DLTs. In cohort 2, one patient of six experienced a grade 4 DLT (asymptomatic rise in amylase not requiring drug discontinuation), establishing this dose level as the MTD (sorafenib 400 mg BID). After expansion at the MTD, a total of 27 patients (median age 57) were treated for a median of 8 cycles. One grade 5 febrile neutropenia occurred. With repeated cycles, 52% of patients required at least 1 dose reduction of either drug. One patient experienced a sustained grade 3 fatigue resulting in treatment discontinuation. The response rate was 30%. Median PFS was 5.7 months (95% CI 4.4-7.6), and clinical benefit (absence of disease progression at 6 months) was 48%. PK analysis showed a significant interaction between the two drugs, resulting
in a higher Cmax of vinorelbine in the presence of sorafenib. Conclusion: The combination of sorafenib and vinorelbine at full doses is feasible but not devoid of toxicity, likely also due to a significant PK interaction. Copyright (C) 2016 Ferrario et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Publisher
Public Library of Science (E-mail: plos@plos.org)
Volume
11
Issue Part
12) (no pagination
Country of Publication
United States

732.
Safety and efficacy of regorafenib in patients with advanced soft tissue sarcoma (REGOSARC): a randomised, double-blind, placebo-controlled, phase 2 trial
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01300365  NEW
Background Regorafenib is a multikinase inhibitor with proven activity in refractory gastrointestinal stromal tumours and chemotherapy-refractory advanced colorectal cancers. We assessed this agent's efficacy and safety in patients with metastatic soft tissue sarcomas previously treated with anthracycline. Methods In this randomised, double-blind, phase 2 trial undertaken in France and Austria, we enrolled patients aged 18 years and older with advanced soft tissue sarcomas who had received previous doxorubicin or other anthracycline treatment. These patients were randomly assigned (1:1) into one of the following four cohorts: liposarcoma,
leiomyosarcoma, synovial sarcoma, and other sarcomas. Participants were treated with oral regorafenib (160 mg per day 3 weeks on and 1 week off) or matched placebo. Patients receiving placebo were offered optional crossover in case of centrally confirmed disease progression. The random allocation schedule was computer-generated with permuted blocks of four patients, with two stratification factors: country (France or Austria) and previous exposure to pazopanib (yes or no). Eligibility criteria included patients with histologically proven advanced and inoperable soft tissue sarcomas with intolerance or failure to doxorubicin or other anthracycline-based chemotherapy and at least one unidimensionally or bidimensionally measurable lesion according to Response Evaluation Criteria in Solid Tumors (RECIST; version 1.1). The primary endpoint was RECIST-based progression-free survival after central radiological review in the intention-to-treat population. Patients, physicians, and radiologists of the panel were masked to treatment allocation. This study is still open for recruitment for an additional stratum (patients previously treated with pazopanib) and registered with ClinicalTrials.gov, NCT01900743. Findings From Aug 5, 2013, to Nov 26, 2014, 182 patients were randomly assigned to one of four cohorts and included in the final analysis. At the cutoff date (Jan 7, 2016), the number of required events was reached for the four cohorts. In the liposarcoma cohort, progression-free survival was 1.1 months (95% CI 0.9-2.3) with regorafenib versus 1.7 months (0.9-1.8) with placebo (HR 0.89 [95% CI 0.48-1.64] p=0.70). In the leiomyosarcoma cohort, progression-free survival was 3.7 months (95% CI 2.5-5.0) with regorafenib versus 1.8 (1.0-2.8) months with placebo (HR 0.46 [95% CI 0.46-0.80] p=0.0045). In the synovial sarcoma cohort, progression-free survival was 5.6 months (95% CI 1.4-11.6) with regorafenib versus 1.0 (0.8-1.4) with placebo (HR 0.10 [95% CI 0.03-0.35] p<0.0001). In the other sarcoma cohort, progression-free survival was 2.9 months (95% CI 1.0-7.8) with regorafenib versus 1.0 (0.9-1.9) with placebo (HR 0.46 [95% CI 0.25-0.81] p=0.0061).

Before crossover, the most common clinically significant grade 3 or higher adverse events were arterial hypertension (17 [19%] events in the 89 patients in the regorafenib group vs two [2%] events in the 92 patients in the placebo group), hand and foot skin reaction (14 [15%] vs no events) and asthenia (12 [13%] vs six [6%]). One treatment-related death occurred in the regorafenib group due to liver failure. Interpretation Regorafenib has an important clinical antitumour effect in non-adipocytic soft tissue sarcomas, improving progression-free survival. Regorafenib should be further evaluated in this setting, and its therapeutic role has to be defined in the context of the growing therapeutic armamentarium, already including one approved multikinase inhibitor, pazopanib. Funding Bayer HealthCare. Copyright (C) 2016 Elsevier Ltd Institution N. Penel, Centre Oscar Lambret, Department of Medical Oncology, 3 Rue F Combemale, Lille 59000, France. E-mail: n-penet@o-lambret.fr Publisher Lancet Publishing Group (E-mail: cususerserv@lancet.com)
733.
Phase 1 study of tabalumab, a human anti-B-cell activating factor antibody, and bortezomib in patients with relapsed/refractory multiple myeloma
EBM Reviews - Cochrane Central Register of Controlled Trials
Clinical cancer research. 22(23):5688-5695, 2016. Clinical cancer research
[Journal: Article]
AN: CN-01300863 NEW
Purpose: Tabalumab, a human mAb that neutralizes B-cell-activating factor (BAFF), demonstrated antitumor activity in xenograft models of multiple myeloma. Here we report on a phase I study of relapsed/refractory multiple myeloma patients in which the primary objective was to identify a tolerable and potentially efficacious dose of tabalumab when combined with bortezomib. Experimental Design: Forty-eight patients were enrolled; 20 to the dose-escalation cohort, and 28 to cohort expansion in which a dose of 100 mg of tabalumab was evaluated. All patients had received either prior bortezomib or an immunomodulatory drug; the median number of prior therapies was 3. Bortezomib was administered intravenously on days 1, 4, 8, and 11 of a 21-day schedule. Tabalumab was given every 21 days for 3 cycles, then every 42 days thereafter. Results: The most common grade 3/4 toxicities included thrombocytopenia, neutropenia, pneumonia, and peripheral sensory neuropathy. There were no dose-limiting toxicities, and the maximum tolerated dose was not reached. Pharmacokinetic data suggested serum exposure increased in a greater than dose proportional manner up to a dose of 100 mg. Out of 46 evaluable patients, 20 had confirmed responses. The median time to progression (9 patients censored) was 4.8 months, and the median response duration (4 patients censored) was
7.2 months. Conclusions: A dose of 100 mg tabalumab in combination with bortezomib was well tolerated and active and is currently under further investigation. Clin Cancer Res; 22(23); 5688-95. Copyright (C) 2016 AACR.

Institution
N.S. Raje, Massachusetts General Hospital, MGH Cancer Center, 55 Fruit Street, Boston, MA 02114, United States. E-mail: NRAJE@mgh.harvard.edu

Publisher
American Association for Cancer Research Inc. (E-mail: helen.atkins@aacr.org)

Volume
22

Issue Part
23

Page
5688-5695

Country of Publication
United States

734.
Activity and safety of brigatinib in ALK-rearranged non-small-cell lung cancer and other malignancies: a single-arm, open-label, phase 1/2 trial

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01301672  NEW

Background Anaplastic lymphoma kinase (ALK) gene rearrangements are oncogenic drivers of non-small-cell lung cancer (NSCLC). Brigatinib (AP26113) is an investigational ALK inhibitor with potent preclinical activity against ALK mutants resistant to crizotinib and other ALK inhibitors. We aimed to assess brigatinib in patients with advanced malignancies, particularly ALK-rearranged NSCLC. Methods In this ongoing, single-arm, open-label, phase 1/2 trial, we recruited patients from nine academic hospitals or cancer centres in the USA and Spain. Eligible patients were at
least 18 years of age and had advanced malignancies, including ALK-rearranged NSCLC, and disease that was refractory to available therapies or for which no curative treatments existed. In the initial dose-escalation phase 1 stage of the trial, patients received oral brigatinib at total daily doses of 30-300 mg (according to a standard 3+3 design). The phase 1 primary endpoint was establishment of the recommended phase 2 dose. In the phase 2 expansion stage, we assessed three oral once-daily regimens: 90 mg, 180 mg, and 180 mg with a 7 day lead-in at 90 mg; one patient received 90 mg twice daily. We enrolled patients in phase 2 into five cohorts: ALK inhibitor-naive ALK-rearranged NSCLC (cohort 1), crizotinib-treated ALK-rearranged NSCLC (cohort 2), EGFR<sup>T790M</sup>-positive NSCLC and resistance to one previous EGFR tyrosine kinase inhibitor (cohort 3), other cancers with abnormalities in brigatinib targets (cohort 4), and crizotinib-naive or crizotinib-treated ALK-rearranged NSCLC with active, measurable, intracranial CNS metastases (cohort 5). The phase 2 primary endpoint was the proportion of patients with an objective response. Safety and activity of brigatinib were analysed in all patients in both phases of the trial who had received at least one dose of treatment. This trial is registered with ClinicalTrials.gov, number NCT01449461. Findings Between Sept 20, 2011, and July 8, 2014, we enrolled 137 patients (79 [58%] with ALK-rearranged NSCLC), all of whom were treated. Dose-limiting toxicities observed during dose escalation included grade 3 increased alanine aminotransferase (240 mg daily) and grade 4 dyspnoea (300 mg daily). We initially chose a dose of 180 mg once daily as the recommended phase 2 dose; however, we also assessed two additional regimens (90 mg once daily and 180 mg once daily with a 7 day lead-in at 90 mg) in the phase 2 stage. four (100% [95% CI 40-100]) of four patients in cohort 1 had an objective response, 31 (74% [58-86]) of 42 did in cohort 2, none (of one) did in cohort 3, three (17% [4-41]) of 18 did in cohort 4, and five (83% [36-100]) of six did in cohort 5. 51 (72% [60-82]) of 71 patients with ALK-rearranged NSCLC with previous crizotinib treatment had an objective response (44 [62% (50-73)] had a confirmed objective response). All eight crizotinib-naive patients with ALK-rearranged NSCLC had a confirmed objective response (100% [63-100]). Three (50% [95% CI 12-88]) of six patients in cohort 5 had an intracranial response. The most common grade 3-4 treatment-emergent adverse events across all doses were increased lipase concentration (12 [9%] of 137), dyspnoea (eight [6%]), and hypertension (seven [5%]). Serious treatment-emergent adverse events (excluding neoplasm progression) reported in at least 5% of all patients were dyspnoea (ten [7%]), pneumonia (nine [7%]), and hypoxia (seven [5%]). 16 (12%) patients died during treatment or within 31 days of the last dose of brigatinib, including eight patients who died from neoplasm progression. Interpretation Brigatinib shows promising clinical activity and has an acceptable safety profile in patients with crizotinib-treated and crizotinib-naive ALK-rearranged NSCLC. These results support its further development as a potential new treatment option for patients with advanced ALK-rearranged NSCLC. A randomised phase 2 trial in patients with crizotinib-resistant ALK-rearranged NSCLC is prospectively assessing the safety and efficacy of
two regimens assessed in the phase 2 portion of this trial (90 mg once daily and 180 mg once daily with a 7 day lead-in at 90 mg). Funding ARIAD Pharmaceuticals. Copyright (C) 2016 Elsevier Ltd
Institution
S.N. Gettinger, Yale School of Medicine, Yale Cancer Center, New Haven, CT 06520, United States. E-mail: scott.gettinger@yale.edu
Publisher
Lancet Publishing Group (E-mail: cususers@lancet.com)
Volume
17
Issue Part
12
Page
1683-1696
Country of Publication
United Kingdom

735.
A comparative study on two pituitrin injection methods in laparoscopic salpingotomy for tubal pregnancy
Chen S, Jiang H, Li J, Zhang H, Yao S
EBM Reviews - Cochrane Central Register of Controlled Trials
International journal of clinical and experimental medicine
[Journal: Article]
AN: CN-01302200  NEW
Background: Tubal pregnancy is a common gynecological acute abdomen, and is often treated by laparoscopic salpingotomy. This study aimed to compare two pituitrin injection methods in laparoscopic salpingotomy for tubal pregnancy. Methods: 200 patients with unruptured tubal pregnancy were randomly divided into observation group 1, observation group 2 and control group. Before laparoscopic salpingotomy, the patients in observation group 1 and 2 were injected with pituitrin at corpus uteri and mesosalpinx, respectively. The control group did not use pituitrin injection. The intraoperative and postoperative conditions and postoperative tubal patency and
pregnancy among three groups were compared. Results: The intraoperative blood losses in observation groups 1 and 2 were significantly less than control group (P < 0.05), and the operation durations in observation groups 1 and 2 were significantly shorter than control group (P < 0.05). The postoperative persistent ectopic pregnancy rates in observation groups 1 and 2 were significantly lower than control group (P < 0.05). After operation, the tubal patency rates and intrauterine pregnancy rates in observation group 1 and observation group 2 were significantly higher than control group (P < 0.05), and the recurrent ectopic pregnancy rates in observation groups 1 and 2 were significantly lower than control group (P < 0.01). There was no significant difference of above indexes between two observation groups (P > 0.05). Conclusions: For patients with tubal pregnancy, both injection of pituitrin at corpus uteri and mesosalpinx during laparoscopic salpingotomy can reduce the blood loss and operation duration, and improve the tubal patency and intrauterine pregnancy rates. Copyright (C) 2016, E-Century Publishing Corporation. All rights reserved.

Institution
S. Yao, Department of Obstetrics and Gynecology, First Affiliated Hospital of Sun Yatsen University, No. 58 Zhongshan Road, Guangzhou 510080, China. E-mail: shuzhongyaogz@163.com

Publisher
E-Century Publishing Corporation (40 White Oaks Lane, Madison WI 53711, United States)

Volume
9

Issue Part
11

Page
22799-22806

Country of Publication
United States

736.
Opioid analgesic use among patients presenting with acute abdominal pain and factors associated with surgical diagnoses
EBM Reviews - Cochrane Central Register of Controlled Trials
Background: The prevalence of chronic opioid use among non-cancer patients presenting with acute abdominal pain (AAP) is unknown. The aim was to characterize opioid use, constipation, diagnoses, and risk factors for surgical diagnoses among non-cancer patients presenting with AAP to an emergency department (ED). Methods: We performed a retrospective, observational cohort study of all (n=16,121) adult patients (88% from MN, IA and WI) presenting during 2014 with AAP. We used electronic medical records, and focused on 2352 adults with AAP who underwent abdominal CT scan within 24 hours of presentation. We determined odds ratios of association with constipation and features predicting conditions that may require surgery (surgical diagnosis). Key Results: There were 2352 eligible patients; 18.8% were opioid users. Constipation was more frequent in opioid (35.1%) compared to non-opioid users [OR 2.88 (95% CI 2.28, 3.62)]. Prevalence of surgical diagnosis in the opioid and non-opioid users was 35.3% and 41.7% respectively (P=.019). By univariate analysis, age and neutrophil count independently predicted increased risk, and chronic opioid use decreased risk of surgical diagnosis. Internal validation of logistic models using a randomly selected validation subset (25% of entire cohort, 587/2352) showed receiver operating characteristic (ROC) curves for the validation and full cohorts were similar. Conclusions and Inferences: Approximately 19% of adults presenting with AAP were opioid users; constipation is almost three times as likely in opioid users compared to non-opioid users presenting with AAP. Factors significantly associated with altered risk of surgical diagnoses were age, opioid use, and neutrophil count. Copyright (C) 2016 John Wiley & Sons Ltd.

Institution
M. Camilleri, Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER) Mayo Clinic Rochester, MN USA

Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Volume
(no pagination)

Country of Publication
United Kingdom
Efficacy and safety of ruxolitinib in regularly transfused patients with thalassemia: results from single-arm, multicenter, phase 2a truth study

EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01303000 NEW

BACKGROUND: Ruxolitinib (RUX) is approved in adult patients (pts) with myelofibrosis (MF), and in pts with polycythemia vera (PV) who are resistant/intolerant to hydroxyurea. Splenomegaly, a key clinical feature in advanced MF/PV, is also common in pts with transfusion-dependent thalassemia (TDT). In pts with TDT, splenomegaly worsens anemia, leading to increased transfusion requirement (TR). Similar to murine models of MF (Ostojic A, 2012), JAK2 inhibition led to a decrease in spleen size in murine models of thalassemia (Musallam KM, 2013). Additionally, thalassemia-related ineffective erythropoiesis was associated with hyperactivation of JAK-STAT pathway in preclinical studies. These findings indicate that RUX treatment (Tx) might benefit pts with TDT and splenomegaly. Present exploratory study aims to evaluate the effect of RUX Tx on TR, spleen volume (SV), and pre-transfusion hemoglobin (Hgb) levels.

METHODS: TRUTH is a single-arm, multicenter, phase 2a study exploring the efficacy and safety of RUX in regularly transfused adult pts (N = 30) with thalassemia and splenomegaly, for 30 weeks (core study). Starting dose of RUX was 10 mg twice daily (maximum dose of 25 mg in 5 mg/10 mg increments). Pts were required to receive iron chelation (deferoxamine/deferasirox) for at least 4 week prior to screening and throughout the study. Primary end point was the percent change of red blood cells (RBCs) transfused between week 6 to 30 vs baseline period (BL; defined as period between 24 weeks prior to start of Tx and week 0). Change of SV from BL (by MRI/CT) at week 12 and week 30 was a secondary end point. Other secondary end points included safety (N = 30, safety set) and change of pre-transfusion Hgb level from BL. RESULTS: Of the 30 pts enrolled (median age, 24 years; 60% male), 26 completed the core phase at week 30 and 4 discontinued before week 30 (adverse event [AE], N = 2; withdrew consent, N = 1; subject/guardian decision, N = 1). Of those 26 who completed core Tx, 20 pts continue to receive RUX beyond the core study via other mechanisms. The median duration of exposure during the core phase was 30.2 weeks and median actual dose intensity of RUX was 27.2 mg/day (range,
Mean hematocrit (HCT) adjusted volume of transfused RBC per 4 weeks was 605 mL for the BL period and 560 mL for the on-Tx period (between week 6-30; N = 27, per protocol set; 3 pts received < 18 weeks of Tx). Mean percent change of transfusion rate was -5.9 (95% CI: -14.7, 2.83). Change of HCT adjusted transfused volume per 4 weeks for on-Tx period vs BL is shown in Figure 1A. The percent change from BL in SV at week 30 is represented in Figure 1B. The mean SV reduction from BL at week 12 (N = 26) and week 30 (N = 25) was -19.7% and -26.8%, respectively. A slight trend for improvement was observed in the median pre-transfusion Hgb levels over time (pre-Tx = 8.4 g/L; end of study [week 24-30] = 8.9 g/L). At BL, 77% (23/30) of pts had Hgb levels below LLN but > 8 g/dL and 20% (6/30) of pts had Hgb levels < 8 g/dL. At BL, 20% (6/30) of pts had a platelet (PLT) count below LLN but > 50 x 10^9/L, while no pt had PLT counts < 50 x 10^9/L. Worst post-BL hematologic abnormalities were Hgb (< 8g/dL, hypo = 17 pts [57%]), and PLT counts (< 50 x 10^9/L [hypo] = 1 pt [3%]). The most common AEs (all grade [G], > 5%, regardless of study drug relationship) were upper respiratory tract infection (27%), nausea (20%), and upper abdominal pain/anemia/diarrhea/weight increased [each = 17%]). Overall, 25 pts experienced AEs, 11 pts had G 3 or 4 AEs, and 6 pts had serious AEs (regardless of study drug relationship); while, 13 pts experienced AEs, 5 pts had G 3 or 4 AEs, and 3 pts had serious AEs that were suspected to be related to the study drug. No deaths were reported during the study. AEs led to dose reduction/study Tx interruption in 9 pts (regardless of study drug relationship [> 5%]: nausea [all G = 2 pts (7%); G 3 or 4 = 1 pt (3%)]) and vomiting [all G = 2 pts (7%); G 3 or 4 = 1 pt (3%)]). CONCLUSION: RUX Tx showed a trend for improvement in transfused red cells and a slight improvement in pre-transfusion Hgb; while, there was a noticeable reduction in SV over time. As per investigator assessment of clinical benefit, a majority of pts continued Tx beyond the core study. RUX was well tolerated in the study population with modest incidences of G 3 or 4 and serious AEs, with no new safety findings. Given the sustained decrease in SV, further studies could be valuable to determine if RUX Tx may be an alternative to splenectomy in pts with TDT.
Venetoclax combined with bortezomib and dexamethasone for patients with relapsed/refractory multiple myeloma


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01303051 NEW

Background: BCL-2 and MCL-1 promote multiple myeloma (MM) cell survival. Venetoclax (VEN) is a potent, selective, orally bioavailable small-molecular inhibitor of BCL-2. When combined with bortezomib, which can inhibit MCL-1, VEN can enhance the activity of bortezomib in MM cell lines and xenograft models. Methods: In this Phase 1b, open label, dose escalation study, patients with relapsed/refractory (R/R) MM received daily VEN (50 - 1200 mg per designated dose cohort) with bortezomib and dexamethasone. The objectives of the study were to assess the safety, pharmacokinetics, maximum tolerated dose, recommended phase 2 dose (R2PD), and efficacy (objective response rate [ORR], time to progression [TTP], and duration of response [DoR]) of combination therapy in this patient population. Results: As of 01July2016, 66 patients were enrolled, with 54 in the dose escalation cohort and 12 in the safety expansion at R2PD of 800 mg. The median age was 64 years and 39 (59%) were ISS stage II/III. The median number of prior therapies was 3 (range: 1 - 13), and 21 (32%) were refractory to prior bortezomib, 37 (56%) were refractory to prior lenalidomide, and 41 (62%) had prior stem cell transplant. Forty-three (65%) patients discontinued the study for the following primary reasons: 33 related to disease progression, 5 due to AEs (1 each: respiratory failure and cardiac failure, lung adenocarcinoma, sepsis, renal impairment, and Guillain-Barre syndrome; none were considered by the investigator as related to VEN), 2 withdrew consent, and 3 for other reasons not specified. Adverse events (AEs) were reported in 65 (99%) patients, with common AEs in >20% of patients being diarrhea (41%), thrombocytopenia (39%), constipation (38%), nausea (36%), insomnia (32%), peripheral neuropathy (30%), peripheral edema (29%), anemia (27%), peripheral sensory neuropathy (27%), dyspnea (24%), fatigue (24%), and asthenia (24%). Grade 3/4 AEs in >10% of patients
included thrombocytopenia (29%), anemia (15%) and neutropenia (14%). Serious AEs in >2 patients were febrile neutropenia, thrombocytopenia, cardiac failure, pyrexia, influenza, lower respiratory tract infection, pneumonia, sepsis, acute kidney injury, respiratory failure, embolism, and hypotension. One dose-limiting toxicity of lower abdominal pain was reported for a patient who received 1200 mg VEN. Five deaths were reported during the study, 4 due to disease progression and 1 due to respiratory syncytial virus infection (not considered by the investigator as related to VEN). After co-administration with bortezomib and dexamethasone, dose-normalized VEN exposure at steady-state appeared to be within the exposure range observed with VEN monotherapy in patients with MM. The ORR for all evaluable patients was 68% (44/65) and 26 (40%) achieved very good partial response (VGPR) or better (3 stringent complete response [sCR], 8 CR, 15 VGPR) (Figure). For all patients, median DoR was 8.8 months (95% CI: 7.2, 15.8) and TTP was 8.6 months (95% CI: 5.7, 10.2), with a median follow up of 4.9 months (range: .03 - 26.7). High ORR of 89% was seen in patients who were non-refractory to prior bortezomib (39/45) or who had 1 - 3 prior therapies (31/35). In 31 patients who were non-refractory to bortezomib and had 1 - 3 prior therapies had ORR of 94% (29/31), 68% (21/31) with VGPR or better; median DoR was 10.6 months and TTP was 11.3 months for this subgroup. Moreover, patients who were bortezomib naive and had 1 - 3 prior lines of therapy had ORR of 100% (12/12), and median DoR was 15.8 months and TTP was 17.1 months. In patients who were non-refractory to prior bortezomib but who were refractory to lenalidomide, the ORR was 86% (19/22) as compared with 91% (20/22) in those non-refractory to lenalidomide. Clinical responses were comparable in patients with t(11;14) MM (ORR, 78% [7/9]) and without t(11;14) MM (ORR, 66% [37/56]). In the t(11;14) group, 3 patients were bortezomib refractory, and 2 of them achieved a PR as best response. Also, 4 patients had more than 3 prior lines, with 3 of them achieving PR. Conclusions: VEN in combination with bortezomib and dexamethasone has an acceptable safety profile in patients with R/R MM. Efficacy results, including 68% ORR in all patients and 94% ORR in patients not refractory to bortezomib and who received 1 - 3 prior lines of therapy, indicates promising efficacy of this novel combination and supports the ongoing Phase 3 trial with this regimen in patients with R/R MM. (Figure Presented).
Venetoclax monotherapy for relapsed/refractory multiple myeloma: safety and efficacy results from a phase I study
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01303108 NEW
Background: Venetoclax (VEN) is a potent, selective, orally available small-molecule BCL-2 inhibitor that induces cell death in multiple myeloma (MM) cell lines and primary samples, particularly those with t(11;14), which mostly have a favorable high BCL-2, low BCL-XL, and low MCL-1 profile. Methods: In this Phase 1, open-label study, patients (pts) with relapsed/refractory (R/R) MM received VEN monotherapy. Objectives of the study were to assess safety, pharmacokinetics, maximum tolerated dose, recommended phase 2 dose, and efficacy (objective response rate [ORR], time to progression [TTP], and duration of response [DoR]) of VEN. After a 2-week lead in period with weekly dose escalation, VEN was given daily at final doses of 300, 600, 900, or 1200mg in dose escalation cohorts and 1200mg in the safety expansion. Pts who progressed during VEN monotherapy could receive VEN plus dexamethasone and continue in the study. Results: As of 01July2016, 66 pts were enrolled in the study (30 in dose escalation cohorts and 36 in safety expansion). Median age was 63 years and 39 (62%) pts were ISS stage II/III. The median number of prior therapies was 5 (range: 1-15), and 62 (94%) pts had received bortezomib (46 [70%] refractory), 62 (94%) received lenalidomide (51 [77%] refractory), and 50 (76%) had prior autologous stem cell transplant. Thirty (46%) pts had t(11;14) MM. Median time on VEN monotherapy for all pts was 2.5 months (.2-23); 17 (26%) elected to receive VEN and dexamethasone combination after disease progression for a median of 1.4 months (.1- 11). Fifty-one (77%) pts discontinued the study for the following primary reasons: 39 related to disease
progression, 5 due to AEs/toxicity, 2 withdrew consent, 1 was lost to follow up, and 4 for other reasons not specified. Common adverse events (AEs) in >20% of pts were nausea (48%), diarrhea (36%), neutropenia (32%), thrombocytopenia (32%), fatigue (27%), anemia (23%), back pain (21%), and vomiting (21%). Grade 3/4 AEs in >10% of pts were thrombocytopenia (26%), neutropenia (20%), lymphopenia (15%), anemia (14%), and decreased white blood cells (12%). Serious AEs in >2 pts were pneumonia (n=5), sepsis (3), pain, pyrexia, cough, and hypotension (2 each). Two pts experienced dose-limiting toxicities at 600mg of abdominal pain and nausea. Eight deaths were reported: 6 due to disease progression, 1 due to lung disorder, and 1 due to brain hemorrhage following injury; neither were considered by the investigator as related to VEN. Steady state VEN exposures were approximately dose proportional at all doses but 900mg. As of 20July2016, ORR for all pts on VEN monotherapy was 21% (14/66) and 10 (15%) achieved very good partial response (VGPR) or better (2 stringent complete response [sCR], 2 CR, 6 VGPR) (Figure); median DoR and TTP was 9.7 and 2.6 months, respectively. Most objective responses (12/14 [86%]) were reported in the subset of pts with t(11;14) MM. In this group, ORR was 40% (12/30) and 27% (8/30) achieved a response of >VGPR; median DoR for pts with t(11;14) was 9.7 months (95% CI: 6.3, -). Pts who achieved at least minimal response in the t(11;14) group (14/30) had a median of 4 prior therapies and were mostly refractory to bortezomib, lenalidomide, or double refractory (71% [10/14] each). For two pts with response in the non(t(11;14)/undetermined group, 1 had a translocation of chromosome 14 with an unidentified partner, and the other had no cytogenetics data available. DoR was 9.5 and 7.2 months in these pts and both are still ongoing. Median TTP for pts with or without/undetermined t(11;14) was 6.6 and 1.9 months, respectively. The median best percent change in primary M protein for pts with t(11;14) (n=23) was -53% vs +11% in the non-t(11;14)/undetermined group (n=23). Additional biomarker subgroup analyses (n=32) showed that efficacy was primarily observed in pts with myeloma cells expressing a favorable BCL-2 family expression profile (high BCL-2, low BCL-XL, low MCL-1) by immunohistochemistry, which was significantly enriched in the t(11;14) population. Indeed, although high BCL-2 expression was observed in a majority of bone marrow core biopsy samples (88%), the t(11;14) subgroup was enriched (81% vs 25%) for tumors expressing high BCL-2, low BCL-XL, and low MCL-1. Conclusions: VEN monotherapy has an acceptable safety profile and clear anti-myeloma activity in pts with R/R MM, primarily with t(11;14) having a high BCL-2, low BCL-XL and low MCL-1 expression levels. (Figure Presented).
A single-arm, open-label, long-term efficacy and safety study of subcutaneous (SC) romiplostim in children with immune thrombocytopenia (ITP)

Grainger J, Bussel JB, Cooper N, Tarantino M, Blanchette V, Despotovic J, Maschan A, Carpenter N, Eisen M, Mehta B

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01303232 NEW

Background: The TPO receptor agonist romiplostim is approved for use in adults with chronic ITP. The use of romiplostim in children with ITP has been evaluated in phase 1/2 and 3 studies. In this study, children with ITP will receive open-label SC romiplostim for up to 3 years (y).

Methods: Eligible children, recruited in 16 countries worldwide, had ITP for >6 months, >1 prior ITP therapy, and platelet (plt) count <30x10<sup>9</sup>/L. Weekly SC dosing started at 1 mug/kg and was titrated in 1 mug/kg increments up to 10 mug/kg to target plt counts of 50-200x10<sup>9</sup>/L. In patients in Europe, bone marrow aspirates and biopsies were obtained at baseline and after 1 or 2 y of exposure. The 1degree endpoint was the % of time in the first 6 months with a plt response, with response defined as a plt count >50x10<sup>9</sup>/L without rescue medication use in the past 4 weeks (wk). Results: As of 15 Mar 2016, 147 patients enrolled; 145 received >1 romiplostim dose. At baseline, median (min-max) age was 10 (2-17) y; 51% were female; 4% had prior splenectomy. Median (min-max) ITP duration was 1.9 (0.5-12.3) y and plt count was 13 (2-168)x10<sup>9</sup>/L. The median (Q1, Q3) % of time with a plt response in the first 6 months patients were on study was 50% (0%, 83.3%); that of months 7-12 was 92% (33%, 100%). Over the course of the study, 80% (114/143) of patients had a plt response. The median (Q1, Q3) % of time with an increase in plt counts
>20x10<sup>9</sup>/L above baseline was 60% (25%, 84%). The median dose increased to 10 mug/kg by wk 32 (Figure). Median (min-max) treatment duration as of data cutoff was 25 (1-67) wk for a total exposure to date of 79 patient-years; 67 (46%) patients (or caregivers) self-administered romiplostim. Median (min-max) average weekly romiplostim dose was 6.1 (0.4-9.0) mug/kg. Thirty-two patients (22%) discontinued treatment for lack of efficacy (n = 17), required other therapy (n = 5), patient request (n = 4), noncompliance (n = 2), adverse event (AE) (n = 2) (interstitial lung disease unrelated to treatment in a 15 y old boy and abdominal pain, vomiting, and headache related to treatment per investigator in a 9 y old girl), administrative decision (n = 1), and investigator decision (n = 1). After wk 12, median plt counts remained >50x10<sup>9</sup>/L (Figure). Thirty-four (23%) patients received rescue medications. The most frequently reported AEs were headache (27.6%), epistaxis (22.8%), and nasopharyngitis (23%); 15 (10.3%) patients had serious AEs (SAEs) including epistaxis (n = 4), petechiae (n = 2), decreased plt count (n = 2), and thrombocytopenia (n = 2). A case of abdominal pain was the only SAE deemed treatment-related by the investigator. Bleeding over the course of the study was seen in 52% of patients. CTCAE grade 3 bleeding was seen in 8 patients (6%) and included epistaxis (n = 5), ecchymosis (n = 2), petechiae (n = 2), and 1 case each of hematemesis, hematoma, SC hemorrhage, injection site hemorrhage, and mouth hemorrhage. No grade 4 or 5 bleeding was observed. One event of grade 2 phlebitis/thrombophlebitis in deep veins in the left arm lasting 14 days was reported in a 13 y old girl; plt counts were 40-70x10<sup>9</sup>/L and the dose was 7-8 mug/kg during this time. Per investigator, this event was not serious or related to romiplostim. She was treated with antibiotics (oral amoxicillin/clavulanic acid and transdermal muciprocin) and continued romiplostim treatment as before. No neutralizing antibodies against romiplostim or TPO were identified. Of 30 patients with baseline bone marrow biopsies [50% female, median (min-max) age 10.5 (6-12) y, ITP duration 3.1 (0.6-11) y], all had modified Bauermeister scores of grade 0 (no reticulin) or 1 (fine fibers) and bone marrow typical for ITP. Of these 30 patients, 21 had evaluable on-study biopsies, with no increases in 2 or more grades, findings of collagen, or bone marrow abnormalities. Conclusion: In this year 1 datacut of an ongoing open-label study of romiplostim in children with ITP, the % of time in the first 6 months with a platelet response was 50%, with 80% of children having a platelet response at some point on study. The median romiplostim dose reached 10 mug/kg and there were no new safety signals. No effects of romiplostim were observed in the subset of patients with bone marrow biopsies. Future datacuts for year 2 and 3 in this study, the largest of romiplostim in children with ITP with 79 patient-years of exposure to date, will provide more information on platelet response, dose requirements, and safety.

Institution
J. Grainger
Publisher
Adenomyosis
Lohle PNM

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01304890 NEW

Learning Objectives 1. To learn about typical clinical presentation of adenomyosis 2. To learn about specific technical considerations in this patient population 3. To learn about outcome differences compared to fibroid patients

Adenomyosis is a benign invasion of the endometrium into the myometrium that results in a diffusely enlarged uterus that microscopically exhibits ectopic non-neoplastic endometrial glands and stroma surrounded by the hypertrophic and hyperplastic myometrium. Symptomatology The clinical diagnosis is challenging as its presenting symptoms overlap with those of common uterine disorders such as fibroids of the uterus. Adenomyosis is often underdiagnosed and is responsible for symptoms such as heavy menstrual bleeding and pain, with or without bulk related symptoms and fertility issues, in premenopausal women. The reported occurrence of adenomyosis significantly varies. The prevalence of adenomyosis in tissues obtained from hysterectomy is reported between 8.8% and 31%. With broad criteria for the diagnosis of adenomyosis, a prevalence as high as 70% in women between 40 and 50 years of age is suggested. Among women with clinical manifestations of adenomyosis, about one fifth are aged under 40 years, but the vast majority are aged between 40 and 50 years.

Imaging Magnetic resonance imaging (MRI) is particularly useful both in doubtful transvaginal
ultrasound (TVUS) cases and in providing a complete evaluation of the disease with its panoramic views. With T2-weighted images and contrast enhanced T1-weighted MRI, the thickness of the junction zone can reliably be measured; a thickness over 12 mm is considered diagnostic for adenomyosis. The presence of foci of high signal intensity within the myometrium constitutes an additional, but not a mandatory, criterion. MRI is a reliable modality for diagnosing adenomyosis, with a sensitivity varying in the literature between 78% and 88% a specificity between 67% and 100%. MRI can categorize adenomyosis as focal or diffuse and can be repeated in time to evaluate the effect of treatment. Three different groups of uterine adenomyosis are easily identified with MRI: 1) pure adenomyosis, 2) adenomyosis with fibroid predominance, and 3) uterine fibroids with adenomyosis predominance. Adenomyosis may be subdivided into diffuse and focal. Focal adenomyosis is also known as adenomyoma. From personal experience, around 80% of these women may have adenomyosis mixed with fibroids, 15% pure diffuse adenomyosis, and 5% pure focal adenomyosis (adenomyoma). Medical treatment Medical treatment of adenomyosis ranges from local treatment with the release of medications by an intrauterine device (IUD) to systemically administered treatment. IUD-released progestogens are used to reduce heavy menstrual bleedings in women with adenomyosis. Medications available for systemic administration include gonadotropin-releasing hormone (GnRH) agonists. Surgical management Excision or enucleation is usually the preferred surgical approach for focal adenomyosis, but the type of treatment is heavily dependent on the type of lesion and the extent of myometrial involvement. Hysterectomy is usually indicated as a definitive treatment. Rates of complication after hysterectomy range between 1.5% and 29.3%. Recovery time is reported to range between 6 and 8 weeks, and healthcare-related expenses and lost time at work render hysterectomy an option associated with high costs. UAE In 1995, Ravina published the first report on women treated by uterine artery embolization (UAE) for symptomatic uterine fibroids. UAE has emerged as an effective therapy in the treatment of uterine fibroids. The clinical success rate of UAE for uterine fibroids with respect to symptomatic improvement of associated menorrhagia and pelvic pain ranges from 85%-95% to 80%-90%. Based on the similarity of symptoms caused by uterine fibroids and adenomyosis and the positive results after UAE for fibroids, this interventional procedure has been investigated as a possible option to treat adenomyosis. Successful infarction of symptomatic fibroids with UAE may also be achievable in women suffering from focal or diffuse adenomyosis with or without fibroids. Although the first results of UAE for adenomyosis were disappointing, later studies showed substantial clinical improvement in majority of treated women with adenomyosis. Similar to UAE in fibroids, the targeted embolization with occlusion of uterine artery vessel branches with embolic material will induce cessation of arterial blood flow to the adenomatous tissue. Intentional infarction will eventually result in complete or partial elimination of adenomyotic foci and subsequently relieve symptoms. The UAE catheterization technique for symptomatic adenomyosis is no different from
the technique for symptomatic fibroids. Embolization is performed by using a particulate embolic agent. The currently available data do not seem to indicate a preferred embolic agent for use in women with symptomatic adenomyosis. Although in part based on speculation, deep penetration with the embolic agents seems to be needed for optimal infarction of areas with adenomyosis. Calibrated microspheres are able to selectively occlude the tiny arterial branches of the adenomatous tissue deep in the uterine stroma and thus create adequate tissue infarction.

Results of UAE in adenomyosis A complete and detailed meta-analysis on UAE for the treatment of adenomyosis is published, including 15 studies with a total of 511 patients published between 1999 and 2010 (Popovic et al. J Vasc Interv Radiol 2011;22:901-9). Clinical improvement of bleeding, pain, and bulk-related symptoms were reported by three quarters of included women. The median follow-up was 26.9 months. As a result of published data, the Dutch have already embraced UAE for adenomyosis in the Official Nationale Guideline for heavy menstrual bleeding (HMB). Dutch gynecologists and interventionalists have created a flow chart with state-of-art therapy for HMB, including adenomyosis. Gynecologists are obliged to discuss and offer patients UAE for adenomyosis in daily practice. Despite the acceptance of the embolization treatment for adenomyosis, the Dutch believe that there remains a need for more solid sound data. Therefore, Dutch gynaecologists and interventionalists have started the world's first adenomyosis RCT (QUESTA), following the Scottish REST and Dutch EMMY randomized controlled trial (RCT) for uterine fibroids. With 12 participating Dutch hospitals, the primary objective of this RCT is to evaluate the effect of UAE on the quality of life compared to hysterectomy in women with symptomatic adenomyosis. This study is an unblinded RCT, with pre-interventional and follow-up MRI, which will provide us Level 1 evidence. Secondary objectives are failure rate, complications, additional therapy, patient satisfaction, imaging, and cost effectiveness. Power analysis calculated that 96 patients were needed for this trial with an intervention distribution: embolisation versus hysterectomy ratio of 2:1. We hope to be able to more specifically determine the place of UAE for adenomyosis with the QUESTA RCT providing us Level 1 evidence. Conclusion During the last decade, the UAE technique has undergone several refinements and extended its application beyond the embolization of fibroids. Now, patients with pure adenomyosis or adenomyosis with fibroids are also potential candidates for UAE. Clinical and symptomatic improvements have been reported by many studies regarding UAE for adenomyosis. Short-term outcomes for pure adenomyosis and adenomyosis with fibroids range from 83% to 93%. In the long term, patients report significant improvement in 65% of pure adenomyosis and in 82% of adenomyosis with fibroids. UAE has minimal side effects, seems cost effective, and preserves fertility. Therefore, UAE is an attractive treatment option and a valuable alternative to hysterectomy. Based on the current available Level 2 evidence and awaiting the QUESTA final Level 1 results, UAE seems to be an attractive and useful treatment option. Therefore, it seems unjustified to withhold UAE for symptomatic adenomyosis.
TIPS in portal and hepatic vein thrombosis
Punamiya S

EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01304899 NEW

Learning Objectives 1. To review current indications for TIPS in hepatic and/or portal vein thrombosis 2. To learn about additional techniques in these settings 3. To review results of TIPS in patients with the hepatic vein thrombosis, and acute or chronic thrombosis of the portal vein Portal vein thrombosis (PVT) and Budd-Chiari syndrome (BCS) are caused by thrombotic obstruction of the extrahepatic portal veins and the hepatic venous outflow, respectively, usually producing significant symptoms of portal hypertension. Several heterogenous prothrombotic disorders in combination with local triggering factors have been implicated in causing this thrombosis. Medical management, including anticoagulation, forms the backbone in treating both disorders; radiological and surgical intervention being reserved for refractory and severely symptomatic cases. Amongst these, TIPS has traditionally been considered a relative
contraindication, as technical challenges produced by the occluded veins often resulted in procedural failure. However, the past decade has witnessed better procedural and clinical success rates, and consequently, TIPS is being increasingly offered to treat complications of portal hypertension in this group of patients. A. Portal vein thrombosis The aim of treatment in PVT is to reverse or prevent progression of PVT and to treat complications of portal hypertension. Anticoagulation results in recanalisation of acute PVT in majority of patients and minimises serious complications like bowel ischemia and development of varices, provided it is initiated early. Most often, however, patients with PVT manifest at a chronic stage where anticoagulation cannot reverse complications like variceal bleeding, symptomatic portal biliopathy and hypersplenism. Variceal bleeding in such cases is managed in standard fashion, using vasoconstrictors, antibiotics and endoscopic treatment. TIPS can be offered in these patients if the bleeding is not controlled or if it recurs despite conventional therapy. PVT occurs in up to 26% of patients with liver cirrhosis, and in this setting it has been proposed that an occlusive PVT potentially changes the natural history of liver cirrhosis as it increases the incidence of variceal bleeding and decreases the patients’ survival. Conceptually, TIPS would benefit these patients by not only resolving the portal hypertension, but also improving transplant outcomes as it allows for a more physiological and durable end-to-end anastomosis. Technique of TIPS in PVT TIPS is challenging in the presence of PVT due to difficulty encountered during portal vein access. The procedure is essentially done in 2 steps. In the first step, the portal vein is recanalised using a transjugular, transhepatic, transplenic or transmesenteric approach. Once the portal vein is recanalised, the TIPS is completed in routine fashion from jugular venous access For initial portal vein recanalisation, the portal vein can be approached from various routes: Transjugular access: The technique is similar to TIPS, wherein a liver access needle is advanced across the liver parenchyma into a patent peripheral portal venous branch from the jugular puncture. Once in the peripheral branch, a curved angiographic catheter and hydrophilic wire are then advanced and manipulated across the portal vein occlusion. Transhepatic access: Here, a peripheral portal venous radicle is accessed percutaneously using US or fluoroscopy, following which an angiographic catheter and hydrophilic wire is manipulated across the occluded portal vein. Transsplenic access: In this method, a splenic hilar vein is accessed percutaneously and catheter advanced to reach the portal vein occlusion and cross it retrogradely. Transmesenteric access: A mini-laparotomy is performed in the angiography suite to expose an ileal loop. A sheath is then placed within the ileal vein, through which the angiographic catheter and wire are advanced through the occluded portal vein. Once access into the portal vein is gained, the occluded segment can be recanalised using a variety of techniques, depending on the age of the thrombus. An acute portal vein thrombus can be effectively removed by thrombolysis, thromboaspiration, and/or mechanical thrombectomy. Alternatively, the thrombus can be trowled into the intrahepatic portal venous radicles using a Fogarty thrombectomy catheter. Any residual flow limiting
thrombus that is refractory to these therapies is generally dilated or stented. A chronic portal vein occlusion is treated with angioplasty and/or stenting with either bare or covered stents. TIPS is generally inserted after the portal vein is recanalised. This is fairly straightforward if the initial access to the portal vein is transjugular, as the recanalisation and TIPS creation would be over the same wire access. However, if the initial access is from any approach other than jugular, the conversion to TIPS requires a portal vein target for the TIPS needle. This can be achieved by positioning a snare or an inflated balloon in the recanalised portal vein or by guiding the needle toward the top of end the portal vein stent. Once the portal vein entry is successful, the TIPS is placed in standard fashion. Results of TIPS in PVT TIPS can be successfully inserted in portal vein thrombosis in almost 99.5% of patients when thrombosis is partial. The success rates drop to 79% when the portal vein is completely occluded, and dip further to 63% when the occlusion is chronic, suggested by presence of a portal cavernoma. A successful TIPS reduces the incidence of variceal rebleeding significantly. A 1- and 5-year cumulative variceal rebleeding rate of 10% and 28% is noted in patients of PVT that had a TIPS inserted, versus 43% and 100% for patients that did not succeed in getting a TIPS. Also, the short-term survival with TIPS is excellent (the 1- and 2-year cumulative survival rates are 80-89% and 72-81%), and the long-term prognosis in these patients appears to be higher than general patients with decompensated cirrhosis. B. Budd-Chiari syndrome Hepatic venous outflow obstruction causes an increase in hepatic sinusoidal pressure that leads to a cascade of events, beginning with hepatocellular congestion, necrosis and finally cirrhosis. Depending on extent of venous involvement, speed of occlusion, and degree of venous collateralisation, manifestation can vary markedly, ranging from asymptomatic disease to fulminant liver failure. Majority of patients present with abdominal pain, ascites, hepatosplenomegaly, dilated abdominal wall veins, leg oedema and near normal liver function despite overt portal hypertension. Anticoagulation and, if possible, treatment of underlying disorders (e.g. myeloproliferative disease, paroxysmal nocturnal hemoglobinuria) form the cornerstone of therapy in BCS, and should be initiated as early as possible in the disease. Anticoagulation alone will succeed in controlling liver disease in 10% of patients. Next, whenever possible, recanalisation of the hepatic venous outflow by angioplasty and stenting should be attempted, as it is a low risk procedure that decongests the liver while maintaining physiological blood flow. TIPS is recommended in symptomatic patients with BCS when (a) the hepatic vein occlusive segment is long, (b) there is failure to recanalise the hepatic veins, or (c) there is no clinical benefit from hepatic vein recanalisation. Technique of TIPS in BCS The procedure of TIPS requires few technical modifications. Since the hepatic veins are occluded, parenchymal puncture is initiated either from a stump of the hepatic vein or directly from the retrohepatic IVC, usually about 2-6 cm distance from the right atrium. To aid penetration through the IVC wall, a left sided jugular approach is preferred by some, as is the use of a coaxial 21G fine needle. Either maneuver embeds the needle in the caval wall and prevents it from sliding down the IVC. Once
the caval wall is penetrated, the needle is advanced through the liver parenchyma toward the hepatic hilum. With each throw of the needle into the liver parenchyma, entry into the portal vein is best confirmed by injection of contrast (PTC-style) rather than aspiration of blood, as blood is invariably aspirated from the congested liver or from small intra-hepatic venous collaterals. Longer and more frequent throws of the needle should be anticipated, as the liver is enlarged; most parenchymal tracts from the IVC to the portal vein extend over 7-10 cm in length. The liver is also much softer and congested. This feature, along with the longer tracts and frequent needle passes, potentially increases the risk of intraperitoneal hemorrhage, intrahepatic hematomas or pseudoaneurysms. Utilisation of a fine needle and aids to target the portal vein can reduce this risk. Results of TIPS in BCS TIPS has become the preferred form of treatment when medical therapy has failed, as it provides improvement in clinical symptoms and liver function and arrests progression of liver fibrosis. One of the largest multi-centre study on TIPS in BCS revealed technical success in over 90%, and a 1- and 10-year transplant-free survival of 88% and 69%, respectively. Although TIPS-related complications are not infrequent, procedural mortality is rare. Patients with BCS are known to have a high incidence of TIPS dysfunction from intimal hyperplasia and thrombotic occlusion, requiring frequent re-interventions to maintain its patency. Covered stents have improved the patency rates significantly, with 6- and 12-month patency rates of 100% and 85.7%, respectively, compared to 16.7% and 0% for bare stents; hence, its use is strongly recommended in BCS.

Institution
S. Punamiya, Diagnostic Radiology, Tan Tock Seng Hospital, Singapore, Singapore
Publisher
Springer New York LLC
Volume
39
Issue Part
3 Supplement 1
Page
S128-S130
Country of Publication
Netherlands
Learning Objectives 1. To learn about the results of current relevant trials 2. To outline the outcomes of non-endovascular techniques and PAE 3. To become familiar with the evidence regarding outcomes Benign prostatic hyperplasia (BPH) is the most frequent cause of lower urinary tract symptoms (LUTS) in the aging male. Autopsy studies indicated that no men younger than 30 years old had evidence of BPH and the prevalence rises with aging, at 88% in men in their 80s and nearly 100% in the ninth decade, supporting a urologic dogma that all men will have BPH if they live long enough. Patients with mild LUTS are generally treated with watchful waiting or lifestyle modification. Medical treatment is usually the frontline option and is indicated for patients with moderate LUTS. The two main categories of medications for management of BPH are alpha-blockers and 5alpha-reductase inhibitors. Patients with a refractory disease or complications because of medical treatment are considered for surgical therapy. Instead transurethral resection of the prostate (TURP) is the goldstandard surgical treatment. It is effective, with IPSS (international prostate symptom score) reduced on average by 70% even though it is related to a higher rate of complications with increased gland size >80 ml. The most important side effect of this treatment is retrograde ejaculation (70-86%); other complications are bleeding requiring blood transfusion (2.5-7.2%), TUR syndrome (3.4-4.7%), erectile dysfunction (6.5%), urinary incontinence (0.7-1.4%), and urethral stenosis (3.8-4%). Open prostatectomy is the procedure of choice for prostates larger than 80-100 cm3, but it is an invasive surgical procedure with concomitant morbidity and extended hospitalization. Several other less invasive therapies have been popularized in the past two decades, including photoselective vaporization of the prostate, transurethral needle ablation, transurethral microwave therapy, and holmium laser enucleation of the prostate. Despite of promising results of laser enucleation, the learning curve is very protracted. Prostatic artery embolization (PAE) as an emerging interventional technique to treat LUTS secondary to BPH (LUTS/BPH) has recently gained in popularity worldwide. The therapeutic potential of PAE in the management of symptomatic BPH was first described by DeMeritt et al. in 2000. The authors treated a spontaneous prostatic bleeding in patients with BPH and during the follow-up they noted shrinkage of the enlarged prostate and a relief of symptoms. However, this milestone clinical report did not attract much academic attention until
2008, when Sun et al. first published an animal experimental study that confirmed the technical feasibility and safety of PAE for the treatment of symptomatic BPH. Since then there have principally been two authors, Prof. Carnevale from Sao Paulo, Brazil, and Prof. Pisco from Lisbon, Portugal, who have obtained the preliminary results of PAE. In 2009 and 2011, Carnevale et al. reported the preliminary results and midterm follow-up in two patients treated with PAE. Both patients reported a significant improvement in IPSS and QoL (Quality of Life) scores at 18 months. However the first large series was described by Pisco et al in 2013, they performed PAE in 89 patients with LUTS associated with BPH using 200-mum nonspherical polyvinyl alcohol particles. An average decrease in IPSS score, an increased in QoL score, a mean PV (Prostate Volume) reduction were detected after a 7,9 months follow-up, with only one mayor complication consisting in a necrosis of the bladder inferior wall. The only randomized trial comparing TURP and PAE has been published in Radiology in march 2014 by Yuan-an Gao’s Chinese group (1); surgical treatment showed superior improvement at one and 3 months but at 6 and 12 months follow-up the results of both groups are similar regarding IPPS, QoL, peak urinary flow and postvoiding residual volume. Clinical failure of PAE was 9,4% and there were more frequent complication associated (post-embolization syndrome 11,1% and 25,9% of acute urinary retention). Bagla et al. have reported the first US experience (2); 20 patients have been treated with up to six months results: clinical success was obtained in 19/20; there were no minor or major complications. Registers in Italy and US are now ongoing; in Southampton UK a multidisciplinary register comparing PAE and TURP has been launched with over 50 patients recruited in PAE arm and 25 in the TURP one. Since May 2012, in our Interventional Radiology Department (3) were treated 35 patients with LUTS in BPH, refractory to medical therapy. The indication for treatment was given by a team made up of urologist and interventional radiologists. Patients enrolled were ineligible or refusing traditional surgical endoscopic treatment. PAE was technically successful in 96,7% of cases, without any complications. All the eleven patients with indwelling catheter before the procedure removed it from one to four weeks after PAE. We achieved a statistically significant volume reduction, IPSS reduction, and QoL improvement. Pisco et al. in CIRSE 2015 have obtained long-term results of PAE in 240 patients: technical success 233 patients (97.1%), 72.1% of clinical success at the time of discharge, and 70% long-term improvement; in this paper, a major complication (bladder wall ischemia treated by surgery) was described. One of the latest studies proposed by Pisco et al., in 2016 (4), evaluates the efficacy of PAE in patients with a high prostate volume > 100 cm3. The treatment was performed in 152 patients, with a technical success in 149. Instead, 33 cases resulted in a clinical failure (23.6%), of which 23 in the short term (< 6 months) and the remaining 10 in the medium-term. Cumulative clinical success rates were 90%, ending in 72.4% from 18 until 66 months. Hence, PAE provides sustained short-, medium-, long-term control for LUTS in patients with prostate volume > 100 cm3. To improve the results of PAE Carnevale has developed the PErFecTED
technique (Proximal Embolization First Then Embolize Distal) with promising outcomes (5). He has prospectively randomized 30 patients to receive TURP or original PAE compared them to a cohort of patients treated with PErFecTED PAE. TURP and PErFecTED PAE both resulted in significantly lower IPSS than oPAE but were not significantly different from one another. Therefore, TURP and PAE are both safe and effective treatments. TURP and PErFecTED PAE yield similar symptom improvement, but TURP is associated with both better urodynamic results and more adverse events. Also, in case of recurrence of symptoms after PAE, prostatic artery re-embolization has been proposed by Costa et al. at CIRSE 2015; 30 patients were re-embolized with PVA particles with 93.72% of technical success, at 6 months' follow-up. 80% of clinical success was reached with an IPSS mean decrease of 31%. In conclusion, PAE is a minimally invasive procedure performed under local anaesthesia, feature that makes it suitable to old patients with comorbidity. The treatment is indicated in patients with either small or large prostates. This technique has many positive sides such as absence of retrograde ejaculation, impotence, and urethral stenosis. Furthermore, the typical contraindications of TURP like heart disease, metallic implant or penile prosthesis, several urethral stenosis, artificial sphincter and elevated ASA score are not restrictions for PAE. Even if PAE seems to be really safe some complications have been underlined by Schreuder et al. in a recent systematic review (6). They described as mayor complication important pain due to bladder ischemia (0.57%), acute urinary retention (2.97%) and cases of rectum, anus, or corpus cavernosum ischemia. They found out also few minor complications like hematoma on puncture site (3.68%), hematuria (8.36%), hematospermia (5.38%), urinary tract infection (9.49%), prostatitis, and balanitis (1.42%). In spite of complications, 89% of patients were discharged on the day of the procedure and the remaining 11% the day after. After all, evidence demonstrates that PAE is safe and effective, with a low complication rate, and in accordance with the latest studies, it can also be repeated in the same patients.

Institution
M. Grosso, Radiology, Santa Croce E Carle Hospital, Cuneo, Italy
Publisher
Springer New York LLC
Volume
39
Issue Part
3 Supplement 1
Page
S50-S51
Country of Publication
Netherlands
Prevalence, risk factors for infection and subtype distribution of the intestinal parasite Blastocystis sp. from a large-scale multi-center study in France.

EBM Reviews - Cochrane Central Register of Controlled Trials
BMC Infectious Diseases. 16 (1) (no pagination), 2016. Article Number: 451. Date of Publication: 26 Aug 2016. 2016. BMC Infectious Diseases. 16 (1) (no pagination), [Journal: Article]

AN: CN-01193395  NEW

Background: Blastocystis sp. is the most common intestinal parasite of humans. Despite its potential public health impact, epidemiological data regarding the prevalence and molecular subtype distribution of Blastocystis sp. in Europe are rarely reported. Therefore, the first multi-center epidemiological survey performed in Europe was conducted in France to diagnose and subtype Blastocystis sp. and to identify risk factors for infection. Methods: Stool samples from 788 patients were collected either in summer or winter in 11 hospitals throughout France together with patient data. All stool samples were tested for the presence of Blastocystis sp. by quantitative PCR targeting the SSU rDNA gene. Positive samples were sequenced to determine the distribution of the subtypes in our cohort. Statistical analyses were performed to identify potential risk factors for infection. Results: Using quantitative PCR, the overall prevalence of Blastocystis sp. was shown to reach 18.1 %. The prevalence was significantly higher in summer (23.2 %) than in winter (13.7 %). Travellers or subjects infected with other enteric parasites were significantly more infected by Blastocystis sp. than non-travellers or subjects free of other enteric parasites, respectively. Different age-related epidemiological patterns were also highlighted from our data. The prevalence of Blastocystis sp. was not significantly higher in patients with digestive symptoms or diagnosed with chronic bowel diseases. Among symptomatic patients, Blastocystis sp. infection was significantly associated with abdominal pain. Gender, socioeconomic status, and immune status were not identified as potential risk factors associated with infection. Among a total of 141 subtyped isolates, subtype 3 was predominant (43.3 %), followed by subtype 1 and subtype 4 (20 %), subtype 2 (12.8 %), subtype 6 and subtype 7 (2.1 %). No association between ST and clinical symptoms was statistically evidenced. Conclusions: A high prevalence of Blastocystis sp. infection was found in our French patient population. Seasonal impact on the prevalence of Blastocystis sp. was highlighted and recent travels and age were identified as main risk factors for infection. Most cases were caused by subtypes 1 to 4, with a predominance of
subtype 3. Large variations in both prevalence and ST distribution between hospitals were also observed, suggesting distinct reservoirs and transmission sources of the parasite. Copyright (C) 2016 The Author(s).

Institution
P. Poirier, Laboratoire de Parasitologie-Mycologie, CHU Gabriel-Montpied, Clermont-Ferrand, France. E-mail: ppoirier@chu-clermontferrand.fr

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Country of Publication
United Kingdom

745.
Plerixafor (a CXCR4 antagonist) following myeloablative allogeneic hematopoietic stem cell transplantation enhances hematopoietic recovery.

EBM Reviews - Cochrane Central Register of Controlled Trials

AN: CN-01194070  NEW

Background: The binding of CXCR4 with its ligand (stromal-derived factor-1) maintains hematopoietic stem/progenitor cells (HSPCs) in a quiescent state. We hypothesized that blocking CXCR4/SDF-1 interaction after hematopoietic stem cell transplantation (HSCT) promotes hematopoiesis by inducing HSC proliferation. Methods: We conducted a phase I/II trial of plerixafor on hematopoietic cell recovery following myeloablative allogeneic HSCT. Patients with hematologic malignancies receiving myeloablative conditioning were enrolled. Plerixafor 240 mug/kg was administered subcutaneously every other day beginning day +2 until day +21 or until neutrophil recovery. The primary efficacy endpoints of the study were time to absolute neutrophil count >500/mul and platelet count >20,000/mul. The cumulative incidence of neutrophil and platelet engraftment of the study cohort was compared to that of a cohort of 95 allogeneic peripheral blood stem cell transplant recipients treated during the same period of time and who received similar conditioning and graft-versus-host disease prophylaxis. Results: Thirty patients received plerixafor following peripheral blood stem cell (n = 28) (PBSC) or bone marrow (n = 2) transplantation. Adverse events attributable to plerixafor were mild and indistinguishable from
effects of conditioning. The kinetics of neutrophil and platelet engraftment, as demonstrated by cumulative incidence, from the 28 study subjects receiving PBSC showed faster neutrophil \( (p = 0.04) \) and platelet recovery \( >20 \) K \( (p = 0.04) \) compared to the controls. Conclusions: Our study demonstrated that plerixafor can be given safely following myeloablative HSCT. It provides proof of principle that blocking CXCR4 after HSCT enhances hematopoietic recovery. Larger, confirmatory studies in other settings are warranted. Trial registration: ClinicalTrials.gov NCT01280955 Copyright (C) 2016 The Author(s).

Institution
Y. Kang, Division of Hematologic Malignancies and Cellular Therapy, Duke Cancer Institute, Duke University Medical Center, Durham, NC, United States. E-mail: yubin.kang@duke.edu

Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Country of Publication
United Kingdom

Results of a phase II study of vorinostat in combination with intravenous fludarabine, mitoxantrone, and dexamethasone in patients with relapsed or refractory mantle cell lymphoma: An interim analysis.

EBM Reviews - Cochrane Central Register of Controlled Trials

AN: CN-01194530  NEW

Purpose: Mantle cell lymphoma (MCL) is a disease that frequently relapses and primarily affects elderly people. We performed an open-label, multi-center, phase II study to investigate the effect and quality of life (QoL) of treatment with vorinostat in combination with fludarabine, mitoxantrone and dexamethasone (V-FND) for relapsed or refractory MCL. Methods: The treatment schedule was composed of four cycles of induction treatment with V-FND and subsequent consolidation therapy involving autologous hematopoietic stem cell transplantation or six cycles of vorinostat maintenance. QoL was assessed using EORTC Core Quality of Life questionnaire (EORTC QLQ-C30) every 2 cycles. Results: Data from a total of 20 patients were collected for an interim analysis. The median age was 67 years (range 49-75), and 14 or the patients (70 %) were male.
The full course of V-FND induction treatment was completed in 11 patients, but only three completed all six cycles of maintenance therapy. Response to V-FND was not available in two patients. Among the other 18 patients, the objective response rate was 77.8 % (complete response in five patients + partial response in nine patients). Median progression-free survival was 9.3 months [95 % confidence interval (CI) 4.0-12.3]. Fifteen patients (75 %) experienced grade 3/4 toxicities. Analysis of QoL demonstrated significant deterioration of social functioning (p = 0.01), and significant aggravation of fatigue and nausea/vomiting (p = 0.04 and 0.01, respectively) after two cycles of V-FND induction. Conclusions: V-FND is effective in patients with relapsed or refractory MCL. However, significant toxicities were hurdles to sustained V-FND therapy. Copyright (C) 2016 Springer-Verlag.

Institution
W.S. Kim, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, 50 Ilwon-dong, Kangnam-gu, Seoul 135-710, South Korea. E-mail: wskimsmc@skku.edu

Publisher
Springer Verlag (E-mail: service@springer.de)

Country of Publication
Germany

A phase 1, open-label, dose-escalation study of pralatrexate in combination with bortezomib in patients with relapsed/refractory multiple myeloma.

EBM Reviews - Cochrane Central Register of Controlled Trials
British Journal of Haematology. 173 (2) (pp 253-259),. 2016. Date of Publication: 01 Apr 2016.
2016. British Journal of Haematology. 173 (2) (pp 253-259),
[Journal: Article]
AN: CN-01194546  NEW

Pralatrexate inhibits folic acid metabolism, and preclinical studies have shown that it is cytotoxic to multiple myeloma cells. This phase 1 study investigated the safety and efficacy of pralatrexate in combination with bortezomib in adults with relapsed or refractory multiple myeloma. A standard 3 + 3 design was used. Patients received intravenous pralatrexate at doses ranging from 10 to 30 mg/m² on days 1, 8 and 15 of each 4-week cycle. Eleven patients were enrolled and completed a median of two
cycles. The maximum tolerated dose was 20 mg/m<sup>2</sup>. Two patients experienced dose-limiting toxicity of mucositis. The most frequent non-haematological toxicities were fatigue (55%) and mucositis (45%). There were three serious adverse events in three patients: rash, sepsis and hypotension. One patient (9%) had a very good partial response, 1 (9%) had a partial response, 1 (9%) had minimal response and two (18%) had progressive disease. The median duration of response was 4 months, the median time to next treatment was 3.4 months and the median time to progression was 4 months. Pralatrexate, in combination with bortezomib, was generally safe and demonstrated modest activity in relapsed or refractory multiple myeloma. Clinicaltrials.gov identifier: NCT01114282. Copyright (C) 2016 John Wiley & Sons Ltd.

Institution
M. Liedtke, Division of Hematology, Department of Medicine, Stanford University School of Medicine, Stanford, CA 94305, United States. E-mail: mliedtke@stanford.edu

Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Country of Publication
United Kingdom

748.
Response of male pudendal neuralgia to two different pulsed electromagnetic field therapy programs.

EBM Reviews - Cochrane Central Register of Controlled Trials

AN: CN-01194774 NEW

Purpose: to evaluate the efficacy of two different pulsed electromagnetic field therapy programmes on male pudendal neuralgia. Methods of evaluation: Measurement of the serum cortisol level (SCL), naproxen medicament intake (NMI) and the visual analogue scale (VAS). Methods:- Sixty male patients who had chronic pudendal neuralgia were participated in the study, their ages ranged from 30 to 50 years, they were randomly divided into 3 equal groups in number; 2 experimental groups (A) and (B) and a control one (C). Group (A) received a programme of strong impulses, stimulating South polarity of the magnetic pulses with frequency Fluently changing from 12.5-50 Hz, with buttons 1, 3 and 6 up while buttons 2, 4 and 5 down in addition to
the traditional physical therapy and medical care. Group (B) received a programme of mild impulses, soothing North polarity of the magnetic pulses with frequency of 12.5Hz with buttons 1,2,4 and 5 down while buttons 3 and 6 up, in addition to the traditional physical therapy and medical care. Group (C) received the traditional physical therapy and medical care only for 4 months. The pulsed electromagnetic field therapy (PEMF) was applied once daily, three times per week for 4 months as a total period of treatment, each session was conducted for 20 minutes in the form 10 minutes over the perineal area between anus and scrotum on the centrum tendineum with the patient in comfortable supine hook-lying position with abducted hips, while the other 10 minutes were applied over the buttocks medially at the level of the ischial spines (medial to the ischial spines bilaterally) (5 minutes for each side), with the patient in comfortable prone-lying position. Results and conclusion:- Results showed a highly significant reduction in SCL, NMI and VAS at the end of the treatment program in groups (A) and (B). So both programmes of strong impulses and mild impulses in groups (A) and (B) were effective in improving the male pudendal neuralgia as manifested by the highly significant decrease in SCL, NMI and VAS. But programme of mild impulses was more fruitful and beneficial than the strong impulses programme. Copyright (C) 2016, Sphinx Knowledge House. All rights reserved.

Institution
Z.M.E. Mowafy, Physical therapy department for surgery, Faculty of physical therapy, Cairo University, Egypt

Publisher
Sphinx Knowledge House (E-mail: info@sphinxsai.com)

Country of Publication
India

749.
Ways to manage hepatitis C without cirrhosis: Treatment by comparison of coded eastern medicine hepcinal with interferon alpha 2b and ribavirin.

EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01195699 NEW
Hepatitis C virus (HCV) infection is a serious and significant global health problem in the Pakistan and elsewhere. In majority of cases HCV infection remains asymptomatic but in advance cases it may progress to fibrosis of liver, shrinkage of liver cells or failure of liver. The hepatitis C may progress to cause liver cirrhosis that mostly develop in 20% of the affected patients in 20 years with an increased risk in male, alcoholic drink, immune-compromised and who acquire HCV infection after the age of 40 years. This was an open-label prospective study conducted on 66 clinically and immunologically diagnosed cases of HCV infection. In Hepcinal treated group, there were significant improvement in HCV associated symptoms compared to control group (p<0.05). While Interferon therapy resulted in significant improvement in serological response (55.88%) compared to Hepcinal treated patients (46.88%). It was concluded that Hepcinal has shown better clinical response but no significant serological response (p=0.3244) and it might be an alternative therapy to treat hepatitis C infection and to prevent its progression into chronic ailment.

Institution
A. Nawaz, Department of Basic Clinical Sciences, Faculty of Eastern Medicine, Hamdard University, Karachi, Pakistan. E-mail: dr.anawaz786@gamil.com

Publisher
Pakistan Journal of Pharmaceutical Sciences

Country of Publication
Pakistan

750.
Topical cystic fibrosis transmembrane conductance regulator gene replacement for cystic fibrosis-related lung disease.

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Review]
AN: CN-01196071 NEW
Background: Cystic fibrosis is caused by a defective gene encoding a protein called the cystic fibrosis transmembrane conductance regulator (CFTR), and is characterised by chronic lung infection resulting in inflammation and progressive lung damage that results in a reduced life expectancy. Objectives: To determine whether topical CFTR gene replacement therapy to the
lungs in people with cystic fibrosis is associated with improvements in clinical outcomes, and to assess any adverse effects. Search methods: We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group Trials Register comprising references identified from comprehensive electronic database searches, handsearching relevant journals and abstract books of conference proceedings. Date of most recent search: 05 May 2016. An additional search of the National Institutes for Health (NIH) Genetic Modification Clinical Research Information System (GeMCRIS) was also performed for the years 1992 to 2015. Date of most recent search: 20 April 2016. Selection criteria: Randomised controlled studies comparing topical CFTR gene delivery to the lung, using either viral or non-viral delivery systems, with placebo or an alternative delivery system in people with confirmed cystic fibrosis. Data collection and analysis: The authors independently extracted data and assessed study quality. Authors of included studies were contacted and asked for any available additional data. Meta-analysis was limited due to differing study designs. Main results: Four randomised controlled studies met the inclusion criteria for this review, involving a total of 302 participants lasting from 29 days to 13 months; 14 studies were excluded. The included studies differed in terms of CFTR gene replacement agent and study design, which limited the meta-analysis. One study only enrolled adult males, the remaining studies included both males and females aged 12 years and over. Risk of bias in the studies was moderate. Random sequence generation and allocation concealment was only described in the more recent study; the remaining three studies were judged to have an unclear risk of bias. All four studies documented double-blinding to the intervention, but there is some uncertainty with regards to participant blinding in one study. Some outcome data were missing from all four studies. There were no differences in either the number of respiratory exacerbations or the number of participants with an exacerbation between replacement therapy or placebo groups at any time point. Meta-analysis of most respiratory function tests showed no difference between treatment and placebo groups, but the smallest study (n = 16) reported forced vital capacity (litres) increased more in the placebo group at up to 24 hours. A further study reported a significant improvement in forced expiratory volume at one second (litres) at 30 days after participants had received their first dose of favouring the gene therapy agent, but this finding was not confirmed when combined with second study in the meta-analysis. The more recent study (n = 140) demonstrated a small improvement in forced vital capacity (per cent predicted) at two and three months and again at 11 and 12 months for participants receiving CFTR gene replacement therapy compared to those receiving placebo. The same study reported a significant difference in the relative change in forced expiratory volume at one second (per cent predicted) at two months, three months and 12 months. One small study reported significant concerns with "influenza-like" symptoms in participants treated with CFTR gene replacement therapy; this was not reported on repeated use of the same agent in a larger recent study. There was no other evidence of positive impact on outcomes, in particular improved quality of life or reduced
treatment burden. Two studies measured ion transport in the lower airways; one (n = 16) demonstrated significant changes toward normal values in the participants who received gene transfer agents (P < 0.0001), mean difference 6.86 (95% confidence interval 3.77 to 9.95). The second study (n = 140) also reported significant changes toward normal values (P = 0.032); however, aggregate data were not available for analysis. In the most recent study, there was also evidence of increased salt transport in cells obtained by brushing the lower airway. These outcomes, whilst important, are not of direct clinical relevance. Authors' conclusions: One study of liposome-based CFTR gene transfer therapy demonstrated some improvements in respiratory function in people with CF, but this limited evidence of efficacy does not support this treatment as a routine therapy at present. There was no evidence of efficacy for viral-mediated gene delivery. Future studies need to investigate clinically important outcome measures. Copyright (C) 2016 The Cochrane Collaboration.

Institution
K.W. Southern, University of Liverpool, Department of Women's and Children's Health, Alder Hey Children's NHS Foundation Trust, Eaton Road, Liverpool, Merseyside L12 2AP, United Kingdom.
E-mail: kwsouth@liv.ac.uk
Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)
Country of Publication
United Kingdom

Two phase 3 trials of adalimumab for hidradenitis suppurativa.
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01196177  NEW
BACKGROUND Hidradenitis suppurativa is a painful, chronic inflammatory skin disease with few options for effective treatment. In a phase 2 trial, adalimumab, an antibody against tumor necrosis factor a, showed efficacy against hidradenitis suppurativa. METHODS PIONEER I and II were similarly designed, phase 3 multicenter trials of adalimumab for hidradenitis suppurativa, with two double-blind, placebo-controlled periods. In period 1, patients were randomly assigned in a 1:1
ratio to 40 mg of adalimumab weekly or matching placebo for 12 weeks. In period 2, patients were reassigned to adalimumab at a weekly or every-other-week dose or to placebo for 24 weeks. The primary end point was a clinical response, defined as at least a 50% reduction from baseline in the abscess and inflammatory-nodule count, with no increase in abscess or draining-fistula counts, at week 12. RESULTS We enrolled 307 patients in PIONEER I and 326 in PIONEER II. Clinical response rates at week 12 were significantly higher for the groups receiving adalimumab weekly than for the placebo groups: 41.8% versus 26.0% in PIONEER I (P = 0.003) and 58.9% versus 27.6% in PIONEER II (P<0.001). Patients receiving adalimumab had significantly greater improvement than the placebo groups in rank-ordered secondary outcomes (lesions, pain, and the modified Sartorius score for disease severity) at week 12 in PIONEER II only. Serious adverse events in period 1 (excluding worsening of underlying disease) occurred in 1.3% of patients receiving adalimumab and 1.3% of those receiving placebo in PIONEER I and in 1.8% and 3.7% of patients, respectively, in PIONEER II. In period 2, the rates of serious adverse events were 4.6% or less in all the groups in both studies, with no significant between-group differences. CONCLUSIONS Treatment with adalimumab (40 mg weekly), as compared with placebo, resulted in significantly higher clinical response rates in both trials at 12 weeks; rates of serious adverse events were similar in the study groups. Copyright (C) 2016 Massachusetts Medical Society. All rights reserved.

Institution
A.B. Kimball, 375 Longwood Ave., Boston, MA 02215, United States. E-mail:
harvardskinstudies@gmail.com
Publisher
Massachussetts Medical Society
Country of Publication
United States

752.
A phase 2 study of inotuzumab ozogamicin in patients with indolent B-cell non-Hodgkin lymphoma refractory to rituximab alone, rituximab and chemotherapy, or radioimmunotherapy.

EBM Reviews - Cochrane Central Register of Controlled Trials

2016. British Journal of Haematology. 174 (4) (pp 571-581),

[Journal: Article]
This phase 2 study evaluated the efficacy and safety of inotuzumab ozogamicin (InO) in patients with indolent B-cell non-Hodgkin lymphoma (NHL) refractory to rituximab alone, rituximab plus chemotherapy or anti-CD20 radioimmunotherapy. Patients received InO 1.8 mg/m\(^2\) intravenously on a 28-d cycle for a planned 4-8 cycles. The initial InO dose and schedule could be adjusted for tolerability and patients were allowed to receive 2 additional cycles (up to 8 total) after achieving a complete response (CR). The primary endpoint was overall response. Eighty-one patients were enrolled, among whom 48 (59%) received >3 InO cycles and 13 (16%) completed the treatment phase. The overall response rate was 67% (CR, 31%). Median (95% confidence interval) progression-free survival was 12.7 (8.9-26.9) months; median overall survival was not reached. Haematological adverse events (AEs) were common, particularly thrombocytopenia (74%) and neutropenia (56%). These were also the most common AEs leading to treatment discontinuation (37% and 11%, respectively); 58% of patients reported AEs leading to treatment discontinuation. InO demonstrated robust activity in these heavily pretreated patients, although treatment duration was limited by haematological toxicities. Additional studies may determine dosing regimens that allow for reduced toxicity. Copyright (C) 2016 John Wiley & Sons Ltd

Institution
A. Goy, John Theurer Cancer Center, HUMC, Hackensack, NJ, United States. E-mail: agoy@hackensackumc.org

Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

Country of Publication
United Kingdom

753.
Single-agent erlotinib versus oral etoposide in patients with recurrent or refractory pediatric ependymoma: a randomized open-label study.
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01196460 NEW
Overexpression of human epidermal growth factor receptor (HER/EGFR) is associated with various tumors, including ependymomas. To investigate whether EGFR inhibition was of benefit in pediatric patients with recurrent ependymoma, a multi-center, randomized, open-label, phase 2 study of oral erlotinib versus oral etoposide was undertaken. Twenty-five patients were randomized to receive erlotinib 85 mg/m$^2$ daily or etoposide 50 mg/m$^2$/day for 21 consecutive days followed by a 7-day rest period. Courses were repeated every 28 days. In the erlotinib arm, no patient achieved a complete, partial, or minor response, and only 2 (15.4 %) patients showed stable disease as their best response. In the etoposide arm, 2 patients (16.7 %) demonstrated partial responses, 1 (8.3 %) patient demonstrated a minor response, and 2 (16.7 %) showed prolonged stable disease, for a prolonged disease control rate of 41.7 %. Three patients received at least nine cycles of etoposide (range 9-24 cycles) before discontinuing at the request of the physician and/or family. Four patients who failed etoposide in this study received erlotinib in a companion single arm study; none had a response. The futility criteria were met at the second interim analysis, and both studies were discontinued. Pharmacokinetics of erlotinib were similar to previous observations in pediatric patients. Overall, erlotinib was well tolerated and safety was consistent with its established profile in adults. The overall risk-benefit profile does not support the use of erlotinib in pediatric patients with recurrent ependymoma, whereas single-agent etoposide appears to have efficacy in a subset of patients. Copyright (C) 2016, Springer Science+Business Media New York.

Institution
R.I. Jakacki, AstraZeneca, One Medimmune Way, Gaithersburg, MD 20878, United States. E-mail: regina.jakacki@astrazeneca.com

Publisher
Springer New York LLC (E-mail: barbara.b.bertram@gsk.com)

Country of Publication
United States

754.


EBM Reviews - Cochrane Central Register of Controlled Trials

Objective Historically, chronic pancreatitis (CP) was considered a disease of alcoholic males, but recent data suggest its etiology to be complex. To better understand CP in women, we compared data on women and men with CP in a large, prospectively ascertained multicenter US cohort.

Methods Patients with CP enrolled in the NAPS2 Continuation and Validation study were studied. Information on demographics, etiology, risk factors, phenotype, and treatment(s) used was obtained from detailed questionnaires completed by the patients and physicians. Results Of 521 cases, 45% were women. Women were significantly (P < 0.05) less likely to have alcohol etiology (30% vs 58.5%) and more likely to have nonalcoholic etiologies (idiopathic, 32% vs 18%; obstructive, 12% vs 2.4%; genetic, 12.8% vs 7.3%). Demographics, pain experience, morphologic findings, exocrine and endocrine insufficiency, CP-related disability, and use of medical therapies were mostly similar in both sexes. Sphincterotomy (biliary, 33% vs 24%; pancreatic, 38% vs 28%; P < 0.05) was performed more frequently in women, whereas cyst/pseudocyst operations were more common in men (6.6 vs 2.6%, P = 0.02). Conclusions Most CP cases in women are from nonalcoholic etiologies. In contrast to many other chronic diseases, clinical phenotype of CP is determined by the disease and is independent of sex. Copyright (C) 2016 Wolters Kluwer Health, Inc. All rights reserved.
Naloxegol is a polyethylene glycol derivative of naloxone approved in the US as a once-daily oral treatment for opioid-induced constipation (OIC) in adults with chronic noncancer pain. Population exposure-response models were constructed based on data from two phase III studies comprising 1,331 adults with noncancer pain and OIC. In order to characterize the protocol-defined naloxegol responder rate, the number of daily spontaneous bowel movements (SBMs) was characterized by a longitudinal ordinal nonlinear mixed-effects logistic regression dose-response model, and the incidence of diary entry discontinuation was described by a time-to-event model. The mean number of SBMs per week increased with increasing naloxegol dose. The predicted placebo-adjusted responder rates (90% confidence interval) were 10.4% (4.6-13.4%) and 11.1% (4.8-14.4%) for naloxegol 12.5 and 25 mg/day, respectively. Model-predicted response to naloxegol was influenced by the baseline SBM frequency and characteristics of the opioid treatment. Copyright (C) 2016 ASCPT. All rights reserved.
Randomized Clinical Trial Comparing Proton Beam Radiation Therapy with Transarterial Chemoembolization for Hepatocellular Carcinoma: Results of an Interim Analysis.
Bush DA, Smith JC, Slater JD, Volk ML, Reeves ME, Cheng J, Grove R, de Vera ME

EBM Reviews - Cochrane Central Register of Controlled Trials
International journal of radiation oncology, biology, physics

[Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Govt]

AN: CN-01153868 UPDATE

Purpose To describe results of a planned interim analysis of a prospective, randomized clinical trial developed to compare treatment outcomes among patients with newly diagnosed hepatocellular carcinoma (HCC). Methods and Materials Eligible subjects had either clinical or pathologic diagnosis of HCC and met either Milan or San Francisco transplant criteria. Patients were randomly assigned to transarterial chemoembolization (TACE) or to proton beam radiation therapy. Patients randomized to TACE received at least 1 TACE with additional TACE for persistent disease. Proton beam radiation therapy was delivered to all areas of gross disease to a total dose of 70.2 Gy in 15 daily fractions over 3 weeks. The primary endpoint was progression-free survival, with secondary endpoints of overall survival, local tumor control, and treatment-related toxicities as represented by posttreatment days of hospitalization. Results At the time of this analysis 69 subjects were available for analysis. Of these, 36 were randomized to TACE and 33 to proton. Total days of hospitalization within 30 days of TACE/proton was 166 and 24 days, respectively (P<.001). Ten TACE and 12 proton patients underwent liver transplantation after treatment. Viable tumor identified in the explanted livers after TACE/proton averaged 2.4 and 0.9 cm, respectively. Pathologic complete response after TACE/proton was 10%/25% (P=.38). The 2-year overall survival for all patients was 59%, with no difference between treatment groups. Median survival time was 30 months (95% confidence interval 20.7-39.3 months). There was a trend toward improved 2-year local tumor control (88% vs 45%, P=.06) and progression-free survival (48% vs 31%, P=.06) favoring the proton beam treatment group. Conclusions This
interim analysis indicates similar overall survival rates for proton beam radiation therapy and TACE. There is a trend toward improved local tumor control and progression-free survival with proton beam. There are significantly fewer hospitalization days after proton treatment, which may indicate reduced toxicity with proton beam therapy.

Institution
D.A. Bush, Department of Radiation Medicine, Loma Linda University Medical Center, 11234 Anderson St, Loma Linda, CA 92354, United States. E-mail: dbush@llu.edu

Publisher
Elsevier Inc.

Volume
95

Issue Part
1

Page
477-82

Country of Publication
United States

758.

Kanter G, Komesu Y, Qaedan F, Rogers R

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]

AN: CN-01160308 UPDATE

OBJECTIVES: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a poorly understood condition with variable response to treatment, and can be exacerbated by life stressors. Mindfulness-based stress reduction (MBSR), a standardized program including components of meditation and yoga, has been successful in the treatment of other chronic pain conditions. This
study’s objectives were to 1) explore whether MBSR, when used in addition to first and second line therapies as recommended by the American Urological Association guidelines, offered additional symptom improvement in IC/BPS based on validated questionnaires and 2) investigate MBSR’s feasibility and acceptability in patients with IC/BPS. MATERIALS AND METHODS: This Randomized Controlled Trial (RCT) included IC/BPS patients undergoing first or second line IC/BPS therapies with baseline O’Leary-Sant Symptom and Problem Index (OSPI) scores >8. Participants were randomized to continue usual care (UC) or an 8-week MBSR class (MBSR) in addition to usual care. Participants were administered several baseline questionnaires including the OSPI, a visual analog pain scale (VAS), the Short Form Health Survey (SF-12), the Female Sexual Function Index (FSFI) and the Pain Self-Efficacy Questionnaire (PSEQ). After the 8-week study period, both groups repeated these questionnaires and completed the Global Response Assessment (GRA). Continuous variables were analyzed using Student’s t test and categorical ones using chisquared. Changes in patient responses between the 2 groups were analyzed using MANOVA, and reported with the Wilks-Lambda test statistic. RESULTS: Eleven patients were randomized to UC, and 9 to MBSR. One MBSR subject was lost to follow-up after randomization. There were no significant differences in the patient characteristics between groups. All MBSR participants attended at least 50% of the classes. Compared to the UC group, more MBSR subjects rated their post-treatment symptoms based on the GRA to be improved (7/8 (87.5%) vs. 4/11 (36.4%), p=0.03) with 2/8 (25%) vs. 0/11 rating their symptoms as markedly improved (p=0.08). The MBSR group had greater improvement in OSPI total scores (p=0.049) and OSPI problem scores (p=0.004) (Figure 1). Changes in OSPI symptom scores did not differ between the two groups (p=0.119). Patients’ pain self-efficacy (PSEQ) scores also significantly improved in the MBSR group compared to the UC group (p=0.04). Changes in VAS scores, SF-12 quality of life score and FSFI scores did not differ between groups. Eighty-six percent (6/7) of the MBSR group stated they felt more empowered to control their bladder symptoms post-treatment. Sixty-two percent (5/8) of the MBSR group practiced home meditation after the course, with the same number noting improvement in symptoms after a meditation session. All 8 participants said they would continue to incorporate MBSR in their care plans for IC/PBS. CONCLUSION: This trial provides initial evidence that MBSR is a promising adjunct therapy to treat IC/BPS. This study suggests that the benefit of this intervention may come from patients’ empowerment and ability to cope with symptoms. (Figure Presented).
759.
A protocol combining daily walking and a lowglycemic index diet increases the rate of take-home babies in women with consecutive first-trimester miscarriages.
Hoirisch-Clapauch S, Sant'Anna MCW, Moreira ECC, Frankel PP, Valle MP, D'Ippolito MM
EBM Reviews - Cochrane Central Register of Controlled Trials
Conference: RCOG World Congress
[Journal: Conference Abstract]
AN: CN-01179070 NEW
Introduction Tissue plasminogen activator (tPA) has a wellknown role in the coagulation pathway. tPA converts plasminogen to plasmin, which dissolves blood clots. Both tPA and plasmin mediate extracellular matrix degradation, which is pivotal for placental angiogenesis. Having noticed that patients with recurrent early miscarriages had a higher prevalence of severe dysmenorrhea during early adolescence accompanied by the passage of large clots than controls (67% versus 24%), we postulated that conditions decreasing tPA activity would impair both clot dissolution and placentation. tPA is inhibited by plasminogen activator inhibitor (PAI)-1. Glucose and insulin stimulate PAI-1 release by endothelial cells. Our hypothesis was that lifestyle interventions proven effective in maintaining glucose and insulin levels within the normal range would prevent early miscarriages. Methods From 2011 to 2015, 480 women with >2 consecutive first-trimester abortions conceiving spontaneously were randomly assigned to the non-pharmacological protocol Walking and Diet (W + D) or to standard follow-up. Patients assigned to the intervention protocol were instructed to walk briskly for >40 min seven days a week, to avoid high-carbohydrate index meals (such as snacks, candies, fiber-free juices or sugar-sweetened beverages), and to eat two daily servings of meat, poultry, fish (e.g. 2 g/kg) or other protein-rich food, starting when they decided to get pregnant and continuing until delivery. Exclusion criteria were: antiphospholipid antibodies; second- or third-trimester losses; multiple pregnancies; physical disabilities such as
paraplegia; liver or kidney failure; participants assigned to standard care following recommendations given to the intervention group; any condition requiring a priori anticoagulation. A total of 159 mothers assigned to protocol W + D and 160 controls completed the study. Results Protocol W + D prevented early miscarriages [odds ratio (OR), 0.21; 95% confidence interval (CI), 0.11-0.37] and increased the rate of take-home (OR, 6.9; 95% CI, 3.93-12.3), full-term (OR, 12.2; 95% CI, 5.96-25.2) and appropriate-for-gestational-age babies (OR, 7.5, 95% CI, 3.56-15.8). It also helped prevent gestational diabetes (OR, 0.1; 95% CI, 0.02-0.57), excessive weight gain in term pregnancies (10 +/- 2 versus 17 +/- 9 kg) and neonatal hypoglycemia (2% versus 17%, OR, 0.1; 95% CI, 0.03-0.46). Fewer patients assigned to protocol W + D were given heparin (OR, 0.28; 95% CI, 0.13-0.60) or reported uterine contractions and were medicated with progesterone (OR, 0.14; 95% CI, 0.08-0.27) than controls. Conclusion Protocol W + D increased the rate of take-home babies in women with consecutive first-trimester miscarriages. In addition, it improved maternal and neonatal outcomes (FAPERJ E-26/190.050/2011).

Institution
S. Hoirisch-Clapauch, Hospital Federal dos Servidores do Estado, Rio de Janeiro, Brazil
Publisher
Blackwell Publishing Ltd
Volume
123
Page
74-5

760.
Lo W, Lo MC
EBM Reviews - Cochrane Central Register of Controlled Trials
CONFERENCE END: 2016 Jul 24, 14th Asian Congress of Urology of the Urological Association of Asia, ACU 2016 Singapore Singapore., International journal of urology
[Journal: Conference Abstract]
AN: CN-01179128  NEW
Introduction The use of intravesical BoNT-A has been advocated for the treatment of interstitial cystitis/bladder pain syndrome (IC/BPS) refractory. However, compared to the conventional medication and bladder instillation therapy, the therapeutic efficacy of this treatment has not been substantiated. Does intravesical BoNT-A reduce pain while increasing cystometric bladder capacity in this complex and not widely understood disease? This study aims to assess the efficacy and safety of intravesical BoNT-A in the treatment of IC/BPS. Materials and methods From January 2014 to December 2015, a prospective randomized single blinded study was conducted in patients diagnosed to have IC/BPS. The patients were diagnosed based on symptoms and biopsy reports from the cystoscopies. Thirty patients were randomized into two equal groups - G1 and G2. G1 patients were given intravesical BoNT-A (50 units), injected into the trigone under general anaesthesia. As a control group, G2 patients’ bladders were injected with the equivalent amount of normal saline. Two weeks and 2 months after their injections, these patients were given assessments. The goal was to determine the differences in the decrease of the patients’ pain scores using the visual analog scale (VAS) between the two groups; the secondary endpoint was to assess the cystometric capacity of their bladders post BoNT-A injections. For statistical analysis, Mann-Whitney tests were used. Results Thirty patients were recruited into the study which comprised 4 male and 26 female patients aged from 17 to 45 years. At week two, significant reductions in pain were seen in patients given intravesical BoNT-A (73.33 percent in G1 vs 13.33 percent in G2 patients). Also among G1 patients, cystometric capacity was found to have slightly increased but it was not statistically significant. At 2 months, the symptom scores remained almost the same. Neither groups suffered adverse effects. Conclusion A fifty unit trigonal BoNT-A bladder injection was found to be effective in reducing the bladder pain symptoms in patients with IC/BPS, and without causing significant negative reactions. It has been shown through this study that intravesical BoNT-A injections for patients diagnosed with IC/BPS is safe and effective.
Pancreatic enzyme replacement therapy in chronic pancreatitis: Systematic review and meta-analysis.


EBM Reviews - Cochrane Central Register of Controlled Trials

AN: CN-01179135  NEW

Introduction: The magnitude of benefit from pancreatic enzyme replacement therapy (PERT) in chronic pancreatitis (CP) is unclear. Aims: To conduct a meta-analysis of randomised controlled trials (RCTs) of PERT in exocrine pancreatic insufficiency (EPI) from CP.

Materials & methods: To conduct a meta-analysis of randomised controlled trials (RCTs) of PERT in exocrine pancreatic insufficiency (EPI) from CP.

Results: PERT improved CFA vs baseline (83.7+/−6.0 vs 63.1+/−15.0, \( P<0.00001; \ I^2=89\% \)) and placebo (83.2+/−5.5 vs 67.4+/−7.0, \( P=0.0001; \ I^2=86\% \)). PERT improved the coefficient of nitrogen absorption vs baseline (\( P=0.001 \)) and significantly reduced fecal fat excretion, fecal nitrogen excretion, fecal weight and abdominal pain vs baseline and placebo (all \( P<0.05 \)). Follow up studies demonstrated PERT increased serum nutritional parameters, improved gastrointestinal symptoms and quality of life without significant adverse events. High dose or enteric-coated enzymes showed a trend to be more effective. Subgroup, sensitive and metaregression analyses revealed that sample size, CP diagnostic criteria, study design and enzyme dose contributed to study heterogeneity. Although health inequalities have major impacts on CP, there were insufficient data to determine their magnitude. Conclusion: PERT is indicated to improve nutrition in CP and may be optimised by higher doses, enteric coating, administration during food and acid suppression. Further studies are required to address the impact of PERT on complications and mortality from CP, and of health inequalities.

Institution
D. De La Iglesia Garcia, Gastroenterology Dpt, Univ Hospital of Santiago, Royal Univ. Liverpool Hosp., Spain
A crossover pharmacokinetic study of misoprostol by the oral, sublingual and buccal routes.

Frye LJ, Byrne ME, Winikoff B

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01176937  NEW

Abstract: Objectives: The aim of the study was to compare the pharmacokinetic parameters of 800 mug oral, sublingual and buccal misoprostol in healthy non-pregnant women. Methods: This was an open-label, randomised study with a three-way crossover design. Eighteen participants were randomly assigned to treatment sequences of 800 mug oral, sublingual and buccal misoprostol administered under fasting conditions, with a 7-day washout period. Ten participants completed all routes. The primary pharmacokinetic parameters measured were the area under the plasma misoprostol acid concentration-time curve (AUC) from dosing to last quantifiable concentration (AUC0-t), the AUC from 0 to infinity (AUC0-t) and the maximum plasma concentration (Cmax). Secondary parameters included the plasma elimination rate constant (k\text{e}), the half-life and the mean residence time (MRT). Results: There were statistically significant differences in AUC0-, AUC0-t and Cmax at the p < 0.05 level for the three routes of administration. The sublingual route achieved the highest bioavailability, and the buccal route achieved the lowest peak concentration. The oral and buccal routes had a similar AUC0- and the buccal route had the highest MRT and k\text{e}. There were no differences in half-lives, and no serious adverse events were reported. Conclusions: This study shows variability in Cmax and AUC by three by-mouth routes of misoprostol administration. The dose in this study was 800
mug, which is among the highest doses seen in current guidelines. These data contribute to the understanding of efficacy and safety of different routes and could provide a basis for deciding whether certain routes are preferable for particular indications.

Institution
L.J. Frye, 15 East 26th Street, Suite 801, New York, NY 10010, United States. E-mail: LFrye@gynuity.org

Publisher
Taylor and Francis Ltd

Volume
21

Issue Part
4

Page
265-8

Country of Publication
United Kingdom

The combination of daclatasvir and sofosbuvir for curing genotype 2 patients who cannot tolerate ribavirin.


EBM Reviews - Cochrane Central Register of Controlled Trials

Liver international. 36 (7):971-6, 2016. Liver international

[Journal: Article]

AN: CN-01176992  NEW

Background: The current standard-of-care for treatment of HCV genotype 2 (GT-2) patients is the combination of sofosbuvir (SOF) with weight-based ribavirin (RBV). Patients with HCV GT-2 infection and ribavirin contraindications require the use of SOF plus NS5A inhibitor daclatasvir (DCV) which is not reimbursed everywhere. Methods: We conducted an open-label observational, prospective study on a subgroup of GT-2 patients either naive or treatment experienced (TE) with contraindications to the use of RBV. Patients with cirrhosis of Child-Pugh-Turcotte (CPT) class A and B or advanced fibrosis with comorbidities were included. They were assigned to receive 12 or 24 weeks of SOF/DCV. The primary end point of the study was sustained virological response
(SVR) defined as HCV RNA levels <12 IU/ml, 12 weeks post treatment. Results: Out of 106 patients with GT-2 who received treatment at our unit from July 2014 to June 2015, 20 (18.8%) patients, whose treatment could not be deferred, were ribavirin intolerant; 19 received SOF/DCV combination for 12 or 24 weeks. The majority of the patients was men, 58% had cirrhosis, and 58% were TE. All treated patients achieved SVR regardless of treatment duration. The most common adverse events (AEs) were fatigue, headache and nausea. No discontinuations due to AEs were observed. Two patients had oesophageal bleeding but continued treatment and achieved SVR; one patient developed HCC 12 weeks post treatment, but remained HCV RNA undetectable. Conclusions: This study supports the use of SOF/DCV for 12 weeks in non-cirrhotics or 24 weeks in cirrhotic GT-2 patients who cannot tolerate RBV, including those with decompensated disease.

Institution
A. Mangia, Liver Unit, IRCCS 'Casa Sollievo della Sofferenza', San Giovanni Rotondo, Italy. E-mail: a.mangia@tin.it

Publisher
Blackwell Publishing Ltd

Volume
36

Issue Part
7

Page
971-6

Country of Publication
United Kingdom

764.
Final 5-year study results of DASISION: The dasatinib versus imatinib study in treatment-Naive chronic myeloid leukemia patients trial.

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
Purpose: We report the 5-year analysis from the phase III Dasatinib Versus Imatinib Study in Treatment-Naive Chronic Myeloid Leukemia Patients (DASISION) trial, evaluating long-term efficacy and safety outcomes of patients with chronic myeloid leukemia (CML) in chronic phase (CP) treated with dasatinib or imatinib. Patients and Methods: Patients with newly diagnosed CML-CP were randomly assigned to receive dasatinib 100 mg once daily (n = 259) or imatinib 400 mg once daily (n = 260). Results: At the time of study closure, 61% and 63% of dasatinib- and imatinib-treated patients remained on initial therapy, respectively. Cumulative rates of major molecular response and molecular responses with a 4.0- or 4.5-log reduction in BCR-ABL1 transcripts from baseline by 5 years remained statistically significantly higher for dasatinib compared with imatinib. Rates for progression-free and overall survival at 5 years remained high and similar across treatment arms. In patients who achieved BCR-ABL1 < 10% at 3 months (dasatinib, 84%; imatinib, 64%), improvements in progression-free and overall survival and lower rates of transformation to accelerated/blast phase were reported compared with patients with BCR-ABL1 greater than 10% at 3 months. Transformation to accelerated/blast phase occurred in 5% and 7% of patients in the dasatinib and imatinib arms, respectively. Fifteen dasatinib-treated and 19 imatinib-treated patients had BCR-ABL1 mutations identified at discontinuation. There were no new or unexpected adverse events identified in either treatment arm, and pleural effusion was the only drug-related, nonhematologic adverse event reported more frequently with dasatinib (28% v 0.8% with imatinib). First occurrences of pleural effusion were reported with dasatinib, with the highest incidence in year 1. Arterial ischemic events were uncommon in both treatment arms. Conclusion: These final results from the DASISION trial continue to support dasatinib 100 mg once daily as a safe and effective first-line therapy for the long-term treatment of CML-CP.
Rigosertib versus best supportive care for patients with high-risk myelodysplastic syndromes after failure of hypomethylating drugs (ONTIME): a randomised, controlled, phase 3 trial.


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01177953 NEW

Background Hypomethylating drugs are the standard treatment for patients with high-risk myelodysplastic syndromes. Survival is poor after failure of these drugs; there is no approved second-line therapy. We compared the overall survival of patients receiving rigosertib and best supportive care with that of patients receiving best supportive care only in patients with myelodysplastic syndromes with excess blasts after failure of azacitidine or decitabine treatment.

Methods We did this randomised controlled trial at 74 hospitals and university medical centres in the USA and Europe. We enrolled patients with diagnosis of refractory anaemia with excess blasts (RAEB)-1, RAEB-2, RAEB-t, or chronic myelomonocytic leukaemia based on local site assessment, and treatment failure with a hypomethylating drug in the past 2 years. Patients were randomly assigned (2:1) to receive rigosertib 1800 mg per 24 h via 72-h continuous intravenous infusion administered every other week or best supportive care with or without low-dose cytarabine. Randomisation was stratified by pretreatment bone marrow blast percentage. Neither patients nor investigators were masked to treatment assignment. The primary outcome was overall survival in the intention-to-treat population. This study is registered with ClinicalTrials.gov, NCT01241500. Findings From Dec 13, 2010, to Aug 15, 2013, we enrolled 299 patients: 199 assigned to rigosertib, 100 assigned to best supportive care. Median follow-up was 19.5 months (IQR 11.9-27.3). As of Feb 1, 2014, median overall survival was 8.2 months (95% CI 6.1-10.1) in the rigosertib group and 5.9 months (4.1-9.3) in the best supportive care group (hazard ratio 0.87, 95% CI 0.67-1.14; p=0.33). The most common grade 3 or higher adverse events were anaemia (34 [18%] of 184 patients in the rigosertib group vs seven [8%] of 91 patients in the best supportive care group), thrombocytopenia (35 [19%] vs six [7%]), neutropenia (31 [17%] vs seven [8%]), febrile neutropenia (22 [12%] vs ten [11%]), and pneumonia (22 [12%] vs ten [11%]).
(22%) of 184 patients in the rigosertib group and 30 (33%) of 91 patients in the best supportive care group died due to adverse events and three deaths were attributed to rigosertib treatment. Interpretation Rigosertib did not significantly improve overall survival compared with best supportive care. A randomised phase 3 trial of rigosertib (NCT 02562443) is underway in specific subgroups of patients deemed to be at high risk, including patients with very high risk per the Revised International Prognostic Scoring System criteria. Funding Onconova Therapeutics, Leukemia & Lymphoma Society.

Institution
G. Garcia-Manero, Correspondence to: Dr Guillermo Garcia-Manero, Department of Leukemia, University of Texas MD Anderson Cancer Center, 1515 Holcombe Boulevard, Unit 428, Houston, TX 77030, United States. E-mail: ggarciam@mdanderson.org

Publisher
Lancet Publishing Group

Volume
17

Issue Part
4

Page
496-508

Country of Publication
United Kingdom

766.

Relationship between low-density lipoprotein cholesterol, free proprotein convertase subtilisin/kexin type 9, and alirocumab levels after different lipid-lowering strategies.


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01178146 NEW
Background-Alirocumab undergoes target-mediated clearance via binding of proprotein convertase subtilisin/kexin type 9 (PCSK9). Statins increase PCSK9 levels; the effects of nonstatin lipid-lowering therapies are unclear. Every-4-weeks dosing of alirocumab may be appropriate for some patients in absence of background statin but is not yet approved. Methods and Results-Low-density lipoprotein cholesterol (LDL-C), PCSK9, and alirocumab levels were assessed in subjects (LDL-C > 130 mg/dL, n=24/group) after a 4-week run-in taking oral ezetimibe, fenofibrate, or ezetimibe placebo, when alirocumab 150 mg every 4 weeks (days 1, 29, and 57) was added. Maximal mean LDL-C reductions from day -1 baseline (prealirocumab) occurred on day 71 in all groups: Alirocumab plus placebo, 47.4%; alirocumab plus ezetimibe, 56.6%; and alirocumab plus fenofibrate, 54.3%. LDL-C reductions were sustained through day 85 with alirocumab plus placebo (47.0%); the duration of effect was slightly diminished at day 85 versus day 71 with ezetimibe (49.6%) or fenofibrate combinations (43.2%). Free PCSK9 concentrations were lowest at day 71 in all groups, then increased over time; by day 85, free PCSK9 concentrations were higher, and alirocumab levels lower, with alirocumab plus fenofibrate, and to a lesser extent alirocumab plus ezetimibe, versus alirocumab plus placebo. Conclusions-Alirocumab 150 mg every 4 weeks produced maximal LDL-C reductions of 47% in combination with placebo and 54% to 57% in combination with ezetimibe or fenofibrate. The oral lipid-lowering therapies appear to increase PCSK9 levels, leading to increased alirocumab clearance. Although the duration of effect was modestly diminished with alirocumab plus ezetimibe/fenofibrate versus placebo, the effect was less than observed in trials with background statins, and it would not preclude the use of alirocumab every 4 weeks in patients taking these nonstatin lipid-lowering therapies concomitantly.

Institution
F. Poitiers, 1, avenue Pierre Brossolette, Chilly-Mazarin Cedex 91385, France. E-mail: franck.poitiers@sanofi.com

Publisher
John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Volume
5

Issue Part
6) (no pagination)

Country of Publication
United States
A Randomized-Controlled Trial of Oral Low-Dose Isotretinoin for Difficult-To-Treat Papulopustular Rosacea.

Sbidian E, Vicaut E, Chidiack H, Anselin E, Cribier B, Dreno B, Chosidow O

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Paper]

AN: CN-01178827  NEW

Rosacea is a chronic inflammatory facial skin disease with psychosocial impact. Oral cyclines are recommended for moderate-to-severe papulopustular rosacea. Oral isotretinoin was found valuable for difficult-to-treat cases in several reports. This multicenter, double-blind, randomized-placebo-controlled trial compared oral isotretinoin (0.25 mg/kg/day) with placebo (2:1 ratio) for difficult-to-treat papulopustular rosacea. Included patients had at least eight papulopustular lesions. The primary endpoint after the 4-month treatment period was the response rate: at least 90% reduction of the number of papules/pustules compared with baseline. Secondary outcomes included measures on quality of life (Skindex score). Between February 2007 and August 2009, 156 patients were randomized to receive either isotretinoin (n = 108) or placebo (n = 48). In the intention-to-treat population, 57.4% of isotretinoin recipients reached the primary endpoint, compared with 10.4% of those taking the placebo (absolute difference, 47 percentage points; 95% confidence interval, 34.3-59.7; P < 0.0001). To consider therapy successful, 2.1 (95% confidence interval 1.7-2.9) patients had to be treated. Skindex scores had improved significantly more for isotretinoin- than placebo-treated patients. Rosacea relapsed in 27 (58.3%) of 51 patients who accepted 4 months of continued follow-up, with a median of 15 weeks to recurrence. The percentages of patients in each arm who stopped their treatment because of adverse event(s) did not differ. Low-dose isotretinoin was an effective therapeutic option for difficult-to-treat papulopustular rosacea. Further studies should investigate the value of a minimal effective isotretinoin dose to maintain these remissions.

Institution
O. Chosidow, Department of Dermatology, Hopital Henri-Mondor, 51, av du Marechal de Lattre de Tassigny, Creteil Cedex 94010, France. E-mail: olivier.chosidow@aphp.fr

Publisher
Elsevier

Volume
136

Issue Part
6
Ferumoxytol versus placebo in iron deficiency anemia: Efficacy, safety, and quality of life in patients with gastrointestinal disorders.

Ford DC, Dahl NV, Strauss WE, Barish CF, Hetzel DJ, Bernard K, Li Z, Allen LF

EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01178834  NEW

Introduction: Iron deficiency anemia (IDA) is common in patients with gastrointestinal (GI) disorders and can adversely affect quality of life. Oral iron is poorly tolerated in many patients with GI disorders. Ferumoxytol is approved for the intravenous treatment of IDA in patients with chronic kidney disease. This study aimed to evaluate the efficacy and safety of ferumoxytol in patients with IDA and concomitant GI disorders.

Patients and methods: This analysis included 231 patients with IDA and GI disorders from a Phase III, randomized, double-blind, placebo-controlled trial evaluating ferumoxytol (510 mg x2) versus placebo in patients who had failed or were intolerant of oral iron therapy. The primary study end point was the proportion of patients achieving a >20 g/L increase in hemoglobin (Hgb) from baseline to Week 5. Other end points included mean change in Hgb, proportion of patients achieving Hgb >120 g/L, mean change in transferrin saturation, and patient-reported outcomes (PROs).

Results: Significantly more patients with IDA receiving ferumoxytol achieved a >20 g/L increase in Hgb versus placebo (82.1% vs 1.7%, respectively; P<0.001). Mean increase in Hgb (28.0 g/L vs -1.0 g/L, respectively; P<0.001) significantly favored ferumoxytol treatment. Ferumoxytol-treated patients demonstrated significantly greater improvements than placebo-treated patients relative to their very poor baseline PRO scores posttreatment, including improvements in the Functional Assessment of Chronic Illness Therapy-Fatigue questionnaire and various domains of the 36-Item Short-Form Health Survey. Ferumoxytol-treated patients had a low rate of adverse events.

Conclusion: In this study, ferumoxytol was shown to be an efficacious and generally well-tolerated treatment option.
for patients with IDA and underlying GI disorders who were unable to use or had a history of unsatisfactory oral iron therapy.

Institution
W.E. Strauss, Medical Affairs, AMAG Pharmaceuticals, Inc, 1100 Winter Street, Waltham, MA 02451, United States. E-mail: wstrauss@amagpharma.com

Publisher
Dove Medical Press Ltd (PO Box 300-008, Albany, 44 Corinthian Drive, Albany, Auckland 0752, New Zealand)

Volume
9

Page
151-62

Country of Publication
New Zealand

Effect of rifampin on the pharmacokinetics of apixaban, an oral direct inhibitor of factor xa.

EBM Reviews - Cochrane Central Register of Controlled Trials

Objective: Apixaban is a substrate of cytochrome P450 3A4 (CYP3A4) and P-glycoprotein. The effects of rifampin, a strong inducer of CYP3A4 and P-glycoprotein, on the pharmacokinetics of oral and intravenous apixaban were evaluated in an open-label, randomized, sequential crossover study. Methods: Twenty healthy participants received single doses of apixaban 5 mg intravenously on day 1 and 10 mg orally on day 3, followed by rifampin 600 mg once daily on days 5-15. Finally, participants received single doses of apixaban 5 mg intravenously and 10 mg orally separately on days 12 and 14 in one of two randomized sequences. Results: Apixaban, given intravenously and orally, was safe and well tolerated when administered in the presence and absence of rifampin. Apixaban absolute oral bioavailability was 49 % when administered
alone and 39% following induction by rifampin. Rifampin reduced apixaban area under the plasma concentration-time curve from time zero to infinity (AUC) by 39% after intravenous administration and by 54% after oral administration. Rifampin induction increased mean clearance by 1.6-fold for intravenous apixaban and mean apparent clearance by 2.1-fold for oral apixaban, indicating rifampin affected both pre-systemic and systemic apixaban elimination pathways. Conclusion: Co-administration of apixaban with rifampin reduced apixaban exposure via both decreased bioavailability and increased systemic clearance.

Institution
C. Frost, Research and Development, Discovery Medicine and Clinical Pharmacology, Bristol-Myers Squibb Company, Mail Stop E12-16, Route 206 and Province Line Road, Princeton, NJ 08543-4000, United States. E-mail: charles.frost@bms.com

Publisher
Springer International Publishing

Volume
16

Issue Part
2

Page
119-27

Country of Publication
Switzerland

Durable efficacy of liraglutide in patients with type 2 diabetes and pronounced insulin-associated weight gain: 52-week results from the Effect of Liraglutide on insulin-associated wEight GAiN in patients with Type 2 diabetes’ (ELEGANT) randomized controlled trial.
de Wit HM, Vervoort GM, Jansen HJ, de Galan BE, Tack CJ

EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01138329 UPDATE

BACKGROUND: Pronounced weight gain frequently complicates insulin therapy in patients with type 2 diabetes (T2DM). We have previously reported that addition of liraglutide for 26 weeks can
reverse insulin-associated weight gain, decrease insulin dose and improve glycaemic control, as compared with continuation of standard insulin treatment. OBJECTIVES: To investigate whether the beneficial effects of liraglutide are sustained up to 52 weeks and whether similar effects could be obtained when liraglutide is added 6 months later. METHODS: Adult T2DM patients with >= 4% weight gain within 16 months of insulin therapy completing the first 26-week trial period of open-label addition of liraglutide 1.8 mg day(-1) (n = 26) versus continuation of standard insulin therapy (n = 24) were all treated with liraglutide for another 26 weeks. Results were analysed according to the intention-to-treat principle. RESULTS: Overall, 24 (92%) and 18 (75%) patients originally assigned to liraglutide and standard therapy, respectively, completed the study. Addition of liraglutide decreased body weight to a similar extend when given in the first 26 weeks (liraglutide group) or second 26 weeks (original standard therapy group): -4.4 vs. -4.3 kg (difference -0.32 kg, 95% confidence interval -2.2 to 1.6 kg; P = 0.74). Similar results were also seen in the two groups with regard to decrease in haemoglobin A1c (HbA1c) (-0.77 vs. -0.66%; P = 0.23) and insulin dose (-28 vs. -26 U day(-1); P = 0.32). In both groups, 22% of patients could discontinue insulin. Continuation of liraglutide until 52 weeks led to sustained effects on body weight, HbA1c and insulin-dose requirements. CONCLUSION: In T2DM patients with pronounced insulin-associated weight gain, addition of liraglutide within 2 years leads to sustained reversal of body weight, improved glycaemic control and decrease in insulin dose. Thus, liraglutide offers a valuable therapeutic option.
Volasertib Versus Chemotherapy in Platinum-Resistant or -Refractory Ovarian Cancer: A Randomized Phase II Groupe des Investigateurs Nationaux pour l'Etude des Cancers de l'Ovaire Study.


EBM Reviews - Cochrane Central Register of Controlled Trials


[Clinical Trial, Phase II.  Journal Article.  Multicenter Study.  Randomized Controlled Trial.  Research Support, Non-U.S. Gov't]

AN: CN-01153548 UPDATE

Purpose: Volasertib is a potent and selective cell-cycle kinase inhibitor that induces mitotic arrest and apoptosis by targeting Polo-like kinase. This phase II trial evaluated volasertib or single-agent chemotherapy in patients with platinum-resistant or refractory ovarian cancer who experienced failure after treatment with two or three therapy lines. Patients and Methods: Patients were randomly assigned to receive either volasertib 300 mg by intravenous infusion every 3 weeks or an investigator's choice of single-agent, nonplatinum, cytotoxic chemotherapy. The primary end point was 24-week disease control rate. Secondary end points included best overall response, progression-free survival (PFS), safety, quality of life, and exploratory biomarker analyses. Results: Of the 109 patients receiving treatment, 54 received volasertib and 55 received chemotherapy; demographics were well balanced. The 24-week disease control rates for volasertib and chemotherapy were 30.6% (95% CI, 18.0% to 43.2%) and 43.1% (95% CI, 29.6% to 56.7%), respectively, with partial responses in seven (13.0%) and eight (14.5%) patients, respectively. Median PFS was 13.1 weeks and 20.6 weeks for volasertib and chemotherapy (hazard ratio, 1.01; 95% CI, 0.66 to 1.53). Six patients (11%) receiving volasertib achieved PFS fore more than 1 year, whereas no patient receiving chemotherapy achieved PFS greater than 1 year. No relationship between the expression of the biomarkers tested and their response was determined. Patients treated with volasertib experienced more grade 3 and 4 drug-related hematologic adverse events (AEs) and fewer nonhematologic AEs than did patients receiving chemotherapy. Discontinuation resulting from AEs occurred in seven (13.0%) and 15 (27.3%) patients in the volasertib and chemotherapy arms, respectively. Both arms showed similar effects on quality of life. Conclusion: Single-agent volasertib showed antitumor activity in patients with ovarian cancer. AEs in patients receiving volasertib were mainly hematologic and manageable.
Risk factors associated with pediatric acute recurrent and chronic pancreatitis: Lessons from INSPIRE.


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01166747 NEW

IMPORTANCE: Pediatric acute recurrent pancreatitis (ARP) and chronic pancreatitis (CP) are poorly understood. OBJECTIVE: To characterize and identify risk factors associated with ARP and CP in childhood. DESIGN, SETTING, AND PARTICIPANTS: A multinational cross-sectional study of children with ARP or CP at the time of enrollment to the INSPIRE (International Study Group of Pediatric Pancreatitis: In Search for a Cure) study at participant institutions of the INSPIRE Consortium. From August 22, 2012, to February 8, 2015, 155 children with ARP and 146 with CP (aged <19 years) were enrolled. Their demographic and clinical information was entered into the REDCap (Research Electronic Data Capture) database at the 15 centers.
Differences were analyzed using 2-sample t test or Wilcoxon rank sum test for continuous variables and Pearson $X^2$ test or Fisher exact test for categorical variables. Disease burden variables (pain variables, hospital/emergency department visits, missed school days) were compared using Wilcoxon rank sum test. MAIN OUTCOMES AND MEASURES: Demographic characteristics, risk factors, abdominal pain, and disease burden. RESULTS: A total of 301 children were enrolled (mean [SD] age, 11.9 [4.5] years; 172 [57%] female); 155 had ARP and 146 had CP. The majority of children with CP (123 of 146 [84%]) reported prior recurrent episodes of acute pancreatitis. Sex distribution was similar between the groups (57% female in both). Hispanic children were less likely to have CP than ARP (17% vs 28%, respectively; odds ratio [OR] = 0.51; 95% CI, 0.29-0.92; P =.02). At least 1 gene mutation in pancreatitis-related genes was found in 48% of patients with ARP vs 73% of patients with CP (P <.001). Children with PRSS1 or SPINK1 mutations were more likely to present with CP compared with ARP (PRSS1: OR = 4.20; 95% CI, 2.14-8.22; P <.001; and SPINK1: OR = 2.30; 95% CI, 1.03-5.13; P =.04). Obstructive risk factors did not differ between children with ARP or CP (33% in both the ARP and CP groups), but toxic/metabolic risk factors were more common in children with ARP (21% overall; 26% in the ARP group and 15% in the CP group; OR = 0.55; 95% CI, 0.31-0.99; P =.046). Pancreatitis-related abdominal pain was a major symptom in 81% of children with ARP or CP within the last year. The disease burden was greater in the CP group compared with the ARP group (more emergency department visits, hospitalizations, and medical, endoscopic, and surgical interventions). CONCLUSIONS AND RELEVANCE: Genetic mutations are common in both ARP and CP. Ethnicity and mutations in PRSS1 or SPINK1 may influence the development of CP. The high disease burden in pediatric CP underscores the importance of identifying predisposing factors for progression of ARP to CP in children.

Institution
A. Uc, Stead Family Department of Pediatrics, University of Iowa Children's Hospital, University of Iowa Carver College of Medicine, BT 1120-C, 200 Hawkins Dr., Iowa City, IA 52242, United States. E-mail: aliye-uc@uiowa.edu

Publisher
American Medical Association

Volume
170

Issue Part
6

Page
562-9

Country of Publication
United States
Phase I clinical study of RG7356, an anti-CD44 humanized antibody, in patients with acute myeloid leukemia.


EBM Reviews - Cochrane Central Register of Controlled Trials
Oncotarget. 7 (22):32532-42, 2016. Oncotarget

[Journal: Article]
AN: CN-01166755 NEW

RG7356, a recombinant anti-CD44 immunoglobulin G1 humanized monoclonal antibody, inhibits cell adhesion and has been associated with macrophage activation in preclinical models. We report results of a phase I dose-escalation study of RG7356 in relapsed/refractory acute myeloid leukemia (AML). Eligible patients with refractory AML, relapsed AML after induction chemotherapy, or previously untreated AML not eligible for intensive chemotherapy were enrolled and received intravenous RG7356 at dosages < 2400 mg every other week or < 1200 mg weekly or twice weekly; dose escalation started at 300 mg. Forty-four patients (median age, 69 years) were enrolled. One dose-limiting toxicity occurred (grade 3 hemolysis exacerbation) after one 1200 mg dose (twice-weekly cohort). The majority of adverse events were mild/moderate. Infusion-related reactions occurred in 64% of patients mainly during cycle 1. Two patients experienced grade 3 drug-induced aseptic meningitis. Pharmacokinetics increased supraproportionally, suggesting a target-mediated drug disposition (TMDD) at > 1200 mg. Two patients achieved complete response with incomplete platelet recovery or partial response, respectively. One patient had stable disease with hematologic improvement. RG7356 was generally safe and well tolerated. Maximum tolerated dose was not reached, but saturation of TMDD was achieved. The recommended dose for future AML evaluations is 2400 mg every other week.

Institution
N. Vey, Institut Paoli-Calmettes, Marseille, France. E-mail: veyn@ipc.unicancer.fr

Publisher
Impact Journals LLC

Volume
Effectiveness of intraperitoneal 0.1 [%] ropivacaine to control postoperative pain after undergoing gynaecological laparoscopic surgery. Eficacia de la ropivacaina 0,1 % intraperitoneal en el control del dolor postoperatorio en cirugía ginecológica laparoscópica.

Mera UO, Larrocha OG, Aras JA, Garces FM, Maguregui AA

EBM Reviews - Cochrane Central Register of Controlled Trials

Revista de la Sociedad Espanola del Dolor. 23 (2):56-63, 2016. Revista de la Sociedad Española del Dolor

[Journal: Article]

AN: CN-01166919 NEW

Introduction: Determine the efficacy of preincisional ropivacaine 0,1 [%] intraperitoneal administration to control abdominal and/or shoulder pain after gynaecological laparoscopic surgery during the first week. Design: Randomized and double-blinded trial. Material and methods: 64 ASA I-III patients undergoing gynaecological laparoscopic surgery for benign pathology were selected. After the pneumoperitoneum was done, 100 ml of 0.1 [%] ropivacaine or saline were administered intraperitoneally. Patients received multimodal analgesia. Besides, a morphine PCA pump with a bolus option was prescribed. Abdominal and/or shoulder pain were assessed, at rest and in motion, on waking up from anaesthesia, to 5,30,60 and 120 minutes and at 24 hours from the surgery. Morphine consumption were recorded in the first 24 hours and the presence of nausea and/or vomiting postoperatively. A week after the surgery, by a telephone survey, the shoulder pain after and the persistent abdominal pain on the seventh day was recorded. Results: No significant differences in the ENV scale during the first 24 hours were observed. No differences in morphine consumption, in the incidence of nausea and/or vomiting or shoulder pain were observed. Statistically significant differences were noted in the incidence of persistent abdominal pain on the seventh day (18.52 treatment group vs. 57.58 [%] in control
group with a p value 0.04). Conclusions: The preincisional intraperitoneal administration of 100 ml of ropivacaine 0.1 [%] compared to administration of saline, in the context of an anesthetic and analgesic multimodal technique has not been shown to reduce postoperative pain, opioid consumption and the incidence of nausea and postoperative vomiting in the first 24 hours. Nor has it shown reduction of shoulder pain from the first day after undergoing gynecological laparoscopic surgery. Ropivacaine 0.1 [%] intraperitoneal preincisional may be useful in the control of abdominal pain which persists on the seventh day.

Institution
U.O. Mera, FEA Servicio de Anestesia-Reanimacion, Hospital de Galdakao-Usansolo, Spain
Publisher
Ediciones Doyma, S.L.
Volume
23
Issue Part
2
Page
56-63
Country of Publication
Spain

BEZ235 (PIK3/mTOR inhibitor) overcomes pazopanib resistance in patient-derived refractory soft tissue sarcoma cells.
EBM Reviews - Cochrane Central Register of Controlled Trials
Translational oncology. 9 (3):197-202, 2016. Translational oncology
[Journal: Article]
AN: CN-01166920 NEW
BACKGROUND: Although pazopanib treatment has become the standard chemotherapy in salvage setting for metastatic sarcoma patients, most patients progress after pazopanib treatment in 4 to 6 months. After failure to pazopanib, patients have limited options for treatment. Therefore, subsequent therapy in patients who failed to pazopanib is urgently needed and the use of patient
derived cells or patient derived tumors for accompanying testing with various pharmacological inhibitors could offer additional treatment options for these patients. METHODS: Patient derived tumor cells were collected from ascites at the time of progression to pazopanib and a 13-drug panel was tested for drug sensitivity. We confirmed the results using in vitro cell viability assay and immunoblot assay. We also performed the genomic profiling of PDX model. RESULTS: The growth of patient derived tumor cells was significantly reduced by exposure to 1.0 μM AZD2014 compared with control (control versus AZD2014, mean growth = 100.0% vs 16.04%, difference = 83.96%, 95% CI = 70.01% to 97.92%, P = .0435). Similarly, 1.0 μM BEZ235 profoundly inhibited tumor cell growth in vitro when compared to control (control versus BEZ235, mean growth = 100.0% vs 7.308%, difference = 92.69%, 95% CI = 78.87% to 106.5%, P < .0001). Despite the presence of CDK4 amplification in the patient-derived tumor cells, LEE011 did not considerably inhibit cell proliferation when compared with control (control vs LEE011, mean growth = 100.0% vs 80.23%, difference = 19.77%, 95% CI = 1.828% to 37.72%, P = .0377). The immunoblot analysis showed that BEZ235 treatment decreased pAKT, pmTOR and pERK whereas AZD2014 decreased only pmTOR. CONCLUSION: Taken together, upregulation of mTOR/AKT pathway in sarcoma patient derived cells was considerably inhibited by the treatment of AZD2014 and BEZ235 with downregulation of AKT pathway (greater extent for BEZ235). These molecules may be considered as treatment option in STS patient who have failed to pazopanib in the context of clinical trials.

Institution
J. Lee, Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea. E-mail: jyunlee@skku.edu

Publisher
Translational Oncology Editorial Office

Volume
9

Issue Part
3

Page
197-202

Country of Publication
United States
Endometriosis is a major woman's health care problem. It causes pain and/or infertility, and affects millions of woman worldwide. The disease is characterised by the presence of endometrium-like tissue - glands and stroma - outside the uterine cavity. Different treatment options exist for endometriosis including medical and surgical treatments or a combination of the two approaches. The most commonly used medications are non-steroidal anti-inflammatory drugs, GnRH agonists, androgen derivatives such as danazol, combined oral contraceptive pills, progestogens and more recently the levonorgestrel intrauterine system. The medical treatment of endometriosis is effective at treating pain and preventing recurrence of disease after surgery. Remarkably, the oral contraceptive pill taken continuously is as effective as GnRH-a, while causing far less side-effects. The oral contraceptive used in a conventional manner was less effective than a GnRH analogue in the relief of dysmenorrhoea. No significant difference was noted between the effectiveness of the oral contraceptive pill and a GnRH analogue in the relief of dyspareunia or nonmenstrual pain. Some randomised controlled trials of combined oral contraceptives (COC) in postoperative medical therapy for endometriosis are available. There was a significantly higher rate of total endometriosis remission [OR = 2.55] and a lower rate of recurrence [OR = 0.31] in the COC group compared with surgery alone. The use of COC and LNG-IUS after surgery of endometriosis shows a significant reduction of recurrence rate for dysmenorrhea, but no significant effects for improvement of dyspareunia and non-menstrual pain. COC use after surgery of endometriomas show a significant reduction of recurrence rate (anatomical relapses). Continuous use of COC is more effective than cyclic use of COC. In selected studies, COC containing dienogest are more effective than COC containing other progestins. There is limited but consistent evidence showing that postoperative LNG-IUD use reduces the recurrence of painful periods in women with endometriosis. The LNG-IUS had clinical efficacy equivalent to that of GnRH-a, but may have some clinical advantages over GnRH-a in the treatment of endometriosis-associated symptoms. LNG-IUS is effective in reduction of recurrence of rectovaginal endometriosis and in treatment of adenomyosis. Depot MPA is also effective the treatment of endometriosis. Conclusions: Hormonal contraceptive methods play an
important role in the symptomatic treatment of endometriosis. COC and LNG-IUS are well established treatment options in the prevention of recurrence of this chronic disease.

Institution
T. Romer, Department of Obstetrics and Gynaecology (OB/GYN), Weyertal, Cologne, Germany

Publisher
Taylor and Francis Ltd

Volume
21

Page
14

777.
Tipranavir/ritonavir (500/200 mg and 500/100 mg) was virologically non-inferior to lopinavir/ritonavir (400/100 mg) at week 48 in treatment-Naive HIV-1-infected patients: A randomized, multinational, multicenter trial.

EBM Reviews - Cochrane Central Register of Controlled Trials
PloS one. 11(1) (no pagination):2016. PloS one

[Journal: Article]
AN: CN-01162054 NEW

Ritonavir-boosted tipranavir (TPV/r) was evaluated as initial therapy in treatment-naive HIV-1-infected patients because of its potency, unique resistance profile, and high genetic barrier. Trial 1182.33, an open-label, randomized trial, compared two TPV/r dose combinations versus ritonavir-boosted lopinavir (LPV/r). Eligible adults, who had no prior antiretroviral therapy were randomized to twice daily (BID) 500/100 mg TPV/r, 500/200 mg TPV/r, or 400/100 mg LPV/r. Each treatment group also received Tenofovir 300 mg + Lamivudine 300 mg QD. The primary endpoint was a confirmed viral load (VL) <50 copies/mL at week 48 without prior antiretroviral regimen changes. Primary analyses examined CD4-adjusted response rates for non-inferiority, using a 15% non-inferiority margin. At week 48, VL<50 copies/mL was 68.4%, 69.9%, and 72.4%in TPV/r100, TPV/r200, and LPV/r groups, respectively, and TPV/r groups showed non-inferiority to LPV/r. Discontinuation due to adverse events was higher in TPV/r100 (10.3%) and TPV/r200 (15.3%) recipients versus LPV/r (3.2%) recipients. The frequency of grade >3
transaminase elevations was higher in the TPV/r200 group than the other groups, leading to closure of this group. However, upon continued treatment or following re-introduction after treatment interruption, transaminase elevations returned to grade >2 in >65% of patients receiving either TPV/r200 or TPV/r100. The trial was subsequently discontinued; primary objectives were achieved and continuing TPV/r100 was less tolerable than standard of care for initial highly active antiretroviral therapy. All treatment groups had similar 48-week treatment responses. TPV/r100 and TPV/ r200 regimens resulted in sustained treatment responses, which were non-inferior to LPV/r at 48 weeks. When compared with the LPV/r regimen and examined in the light of more current regimens, these TPV/r regimens do not appear to be the best options for treatment-naive patients based on their safety profiles. 

Publisher
Public Library of Science
Volume
11
Issue Part
1) (no pagination)
Country of Publication
United States

778.
Efficacy and safety of oral ketamine versus diclofenac to alleviate mild to moderate depression in chronic pain patients: A double-blind, randomized, controlled trial.
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01165849 NEW
Background Ketamine is a glutamate N-methyl-d-aspartate receptor antagonist capable of exerting antidepressive effects in single or repeated intravenous infusions. The objective of this study was to investigate the safety and the efficacy of oral ketamine vs. diclofenac monotherapy in reducing symptoms of mild to moderate depression among patients with chronic pain. Methods This study is a 6-week, randomized, double-blind, controlled, parallel-group trial with two
intervention arms (ketamine, fixed daily dosage of 150 mg vs. diclofenac, fixed daily dosage of 150 mg). Twenty participants in each arm completed the trial program all of whom had two post-baseline measurements at week 3 and week 6. Reduction in depression symptoms was assessed using the Hamilton Depression Rating Scale (HDRS) and the hospital anxiety and depression subscale for depression (HADS<inf>Depression</inf>) scores at baseline and week 3 and week 6 post-intervention. Results Significantly lower HDRS scores were observed in the ketamine treatment group as early as 6 weeks post-intervention (P=0.008). By comparison, mean (+/-standard deviation) HADS depression subscale scores were significantly lower for individuals receiving ketamine compared to diclofenac for both post-baseline measures at week 3 (6.95+/–1.47 vs. 8.40+/–1.6, P=0.005) and week 6 (6.20+/–1.15 vs. 7.35+/–1.18, p=0.003). Limitations The limitations of the present study were its small sample size and the short-term follow-up period. Conclusions Oral ketamine appears to be a safe and effective option in improving depressive symptoms of patients with chronic pain with mild-to-moderate depression.

Institution
S. Akhondzadeh, Psychiatric Research Center, Roozbeh Hospital, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of. E-mail: s.akhond@neda.net

Publisher
Elsevier

Volume
204

Page
1-8

Country of Publication
Netherlands

A double-blind, placebo-controlled, crossover trial of the selective dopamine D1 receptor antagonist ecopipam in patients with Lesch-Nyhan disease.
Khasnavis T, Torres RJ, Sommerfeld B, Puig JG, Chipkin R, Jinnah HA

EBM Reviews - Cochrane Central Register of Controlled Trials

Molecular genetics and metabolism. 118 (3):160-6, 2016. Molecular genetics and metabolism

[Journal: Article]

AN: CN-01166219 NEW
Lesch-Nyhan disease (LND) is a genetic disorder that has characteristic metabolic, neurologic, and behavioral features. There are multiple behavioral problems including impulsivity, aggressiveness, and severe recurrent self-injurious behavior (SIB). This last behavior varies considerably across subjects and may encompass self-biting, self-hitting, scratching, head banging, and other injurious actions. Current treatments for SIB involve behavioral extinction, sedatives, physical restraints, and removal of teeth. Because these interventions do not reliably control SIB, better treatments are urgently needed. Animal studies have suggested that D1-dopamine receptor antagonists such as ecopipam may suppress SIB. These observations have led to proposals that such drugs might provide effective treatment for in LND. The current study describes the results of a double-blind, three-period, crossover trial of a single dose of ecopipam in subjects with LND. The study was designed for 20 patients, but it was terminated after recruitment of only 10 patients, because interim analysis revealed unanticipated side effects. These side effects were most likely related to starting with a single large dose without any titration phase. Despite the limited data due to early termination, the drug appeared to reduce SIB in most cases. Subjects who completed the trial were eligible to continue the drug in an open-label extension phase lasting a year, and one patient who elected to continue has maintained a striking reduction in SIB for more than a year with no apparent side effects. These results suggest ecopipam could be a useful treatment for SIB in, but further studies are needed to establish an appropriate dosing regimen.

Institution
H.A. Jinnah, Department of Neurology, Emory University, 6300 Woodruff Memorial Research Building, Atlanta, GA 30322, United States. E-mail: hjinnah@emory.edu

Publisher
Academic Press Inc.

Volume
118

Issue Part
3

Page
160-6

Country of Publication
United States
Intravesical botulinum toxin-A injections reduce bladder pain of interstitial cystitis/bladder pain syndrome refractory to conventional treatment - A prospective, multicenter, randomized, double-blind, placebo-controlled clinical trial.
Kuo H-C, Jiang Y-H, Tsai Y-C, Kuo Y-C

EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01158070 NEW

Purpose: Intravesical onabotulinumtoxinA (BoNT-A) injection is a beneficial treatment for interstitial cystitis/bladder pain syndrome (IC/BPS), yet its therapeutic efficacy remains to be validated. This study tests efficacy and safety of intravesical BoNT-A injections for treatment of IC/BPS. Materials and Methods: A multicenter, randomized, double-blind, placebo-controlled trial in patients with IC/BPS refractory to conventional treatment. Patients were randomized in a 2:1 ratio to hydrodistention plus suburothelial injections of BoNT-A 100 U (Botox group) or the equivalent amount of normal saline (N/S group). The primary endpoint was a decrease in pain assessed using a visual analog scale (VAS) at week 8 after treatment. Secondary endpoints included voiding diary and urodynamic variables. The Wilcoxon sign rank and rank sum tests were used for statistical analyses. Results: A total of 60 patients (8 males, 52 females, age 50.8 +/- 13.9 years) including 40 in the Botox and 20 in the N/S groups were enrolled. At week 8, a significantly greater reduction of pain was observed in the Botox group compared to the N/S group (-2.6 +/- 2.8 vs. -0.9 +/- 2.2, P = 0.021). The other variables did not differ significantly between groups except for cystometric bladder capacity, which was increased significantly in the Botox group. The overall success rates were 63% (26/40) in the Botox group and 15% (3/20) in the N/S group (P = 0.028). Adverse events did not differ between the groups. Conclusion: Intravesical injections of 100 U of BoNT-A effectively reduced bladder pain symptoms in patients with IC/BPS. The adverse events were acceptable. Neurourol. Urodynam. 35:609-614, 2016. (C) 2015 Wiley Periodicals, Inc.

Institution
H.-C. Kuo, Department of Urology, Buddhist Tzu Chi General Hospital, 707, Section 3, Chung-Yang Road, Hualien, Taiwan (Republic of China). E-mail: hck@tzuchi.com.tw

Publisher
John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Volume
35
Issue Part
5
Efficacy of telaprevir-based therapy in stable liver transplant patients with chronic genotype 1 hepatitis C.


EBM Reviews - Cochrane Central Register of Controlled Trials

Background and rationale. The REPLACE study (NCT01571583) investigated telaprevir-based triple therapy in patients who have recurrent genotype 1 hepatitis C virus (HCV) infection following liver transplantation and are on a stable immunosuppressant regimen of tacrolimus or cyclosporin A. Patients received telaprevir 750 mg 8-hourly with pegylated interferon 180 mug weekly and ribavirin 600 mg daily, followed by a further 36 weeks of pegylated interferon and ribavirin alone and 24 weeks of follow-up. Efficacy (sustained virological response [SVR] 12 weeks after last planned study dose), safety and tolerability of telaprevir throughout the study were assessed. Pharmacokinetics of telaprevir, tacrolimus and cyclosporin A were also examined. Results. In total, 74 patients were recruited. Overall, 72% (53/74; 95% CI: 59.9 to 81.5) of patients achieved SVR at 12 weeks following completion of treatment. Anticipated increases in plasma concentrations of tacrolimus and cyclosporin A occurred during telaprevir treatment and were successfully managed through immunosuppressant dose reduction and, for tacrolimus, reduced dosing frequency. Safety and tolerability of telaprevir-based triple therapy were generally comparable with previous data in non-transplant patients, although rates of reported anemia (55% [41/74]) were higher. Elevated plasma creatinine (46% [34/74]) was observed during REPLACE - consistent with the post-liver transplant population and the co-administered immunosuppressants. Conclusion. Telaprevir-based triple therapy in patients with recurrent genotype 1 HCV infection following liver transplantation produced high rates of SVR.
Therapeutic concentrations of immunosuppressants were maintained successfully through dose modification during telaprevir treatment.

Institution
X. Forns, Liver Unit, Hospital Clinic, Villarroel 170, Barcelona 08036, Spain. E-mail: xforns@clinic.ub.es

Publisher
Fundacion Clinica Medica Sur

Volume
15

Issue Part
4

Page
512-23

Country of Publication
Mexico

782.
A Single-Center 10-Year Experience with Pasireotide in Cushing's Disease: Patients' Characteristics and Outcome.
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01158952  NEW

Pasireotide is the first pituitary-directed drug approved for treating patients with Cushing's disease (CD). Our 10-year experience with pasireotide in CD is reported here. Twenty patients with de novo, persistent, or recurrent CD after pituitary surgery were treated with pasireotide from December 2003 to December 2014. Twelve patients were treated with pasireotide in randomized trials and 8 patients with pasireotide sc (Signifor; Novartis AG, Basel, Switzerland) in clinical practice. The mean treatment duration was 20.5 months (median 9 months; range, 3-72 months). Urinary free cortisol (UFC) levels mean percentage change (+/- SD) at last follow-up was -40.4% (+/- 35.1; range, 2-92%; median reduction 33.3%) with a normalization rate of 50% (10/20). Ten
patients achieved sustained normalized late night salivary cortisol (LNSC) levels during treatment. LNSC normalization was associated with UFC normalization in 7/10 patients. Serum cortisol and plasma ACTH significantly decreased from baseline to last follow-up. Body weight decrease and blood pressure improvement during pasireotide treatment were independent from UFC response. Glucose profile worsening was observed in all patients except one. The frequency of diabetes mellitus increased from 40% (8/20) at baseline to 85% (17/20) at last follow-up requiring initiation of medical treatment only in 44% of patients. Pasireotide treatment was associated with sustained biochemical and clinical benefit in about 60% of CD patients. Glucose profile alteration is a frequent complication of pasireotide treatment; however, it seems to be easy to manage with diet and lifestyle intervention in almost half of the patients.

Institution
G. Arnaldi, Division of Endocrinology, AOU Ospedali Riuniti, Via Conca 71, Torrette di Ancona, AN 60020, Italy. E-mail: gioarnaldi@gmail.com

Publisher
Georg Thieme Verlag
Volume
48
Issue Part
5
Page
290-8
Country of Publication
Germany

783.
Effects of Low-Dose and Long-Term Treatment with Erythromycin on Interleukin-17 and Interleukin-23 in Peripheral Blood and Induced Sputum in Patients with Stable Chronic Obstructive Pulmonary Disease.
EBM Reviews - Cochrane Central Register of Controlled Trials
Mediators of inflammation. 2016(no pagination):2016. Mediators of inflammation
[Journal: Article]
AN: CN-01159368 NEW
Objective. To study the effects of low-dose and long-term treatment with erythromycin on IL-17 and IL-23, in peripheral blood and induced sputum, in patients with stable chronic obstructive pulmonary disease (COPD). Methods. Patients were randomly divided into placebo-treated group, group A (12 months of additive treatment with erythromycin, N = 18), and group B (6 months of additive treatment with erythromycin followed by 6 months of follow-up, N = 18). Inflammatory cells in induced sputum, pulmonary function, and the 6-minute walk distance (6MWD) were analyzed. Concentrations of IL-17 and IL-23 in peripheral blood and sputum were measured using enzyme-linked immunosorbent assays. Results. After treatment, sputum and peripheral blood concentrations of IL-17 and IL-23 significantly decreased in groups A and B compared with placebo-treated group. There were no significant differences after erythromycin withdrawal at months 9 and 12 in group B compared with placebo-treated group. An increase in 6MWD was observed after treatment. Conclusions. Erythromycin was beneficial and reduced airway inflammation in COPD patients. Underlying mechanisms may involve inhibition of IL-17 and IL-23 mediated airway inflammation. COPD patients treated with erythromycin for 6 months experienced improved exercise capacity. Finally, treatment for 12 months may be more effective than treatment for 6 months.

Institution
J. Zhang, Department of Respiratory Medicine, First Affiliated Hospital of Guangxi Medical University, Nanning, Guangxi 530021, China. E-mail: jqzhang2002@sina.com

Publisher
Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)

Volume
2016

Issue Part
no pagination

Country of Publication
United States
Objective. To study the effects of low-dose and long-term treatment with erythromycin on IL-17 and IL-23, in peripheral blood and induced sputum, in patients with stable chronic obstructive pulmonary disease (COPD). Methods. Patients were randomly divided into placebo-treated group, group A (12 months of additive treatment with erythromycin, N = 18), and group B (6 months of additive treatment with erythromycin followed by 6 months of follow-up, N = 18). Inflammatory cells in induced sputum, pulmonary function, and the 6-minute walk distance (6MWD) were analyzed. Concentrations of IL-17 and IL-23 in peripheral blood and sputum were measured using enzyme-linked immunosorbent assays. Results. After treatment, sputum and peripheral blood concentrations of IL-17 and IL-23 significantly decreased in groups A and B compared with placebo-treated group. There were no significant differences after erythromycin withdrawal at months 9 and 12 in group B compared with placebo-treated group. An increase in 6MWD was observed after treatment. Conclusions. Erythromycin was beneficial and reduced airway inflammation in COPD patients. Underlying mechanisms may involve inhibition of IL-17 and IL-23 mediated airway inflammation. COPD patients treated with erythromycin for 6 months experienced improved exercise capacity. Finally, treatment for 12 months may be more effective than treatment for 6 months.
Dexketoprofen/tramadol 25 mg/75 mg: Randomised double-blind trial in moderate-to-severe acute pain after abdominal hysterectomy.


EBM Reviews - Cochrane Central Register of Controlled Trials
BMC anesthesiology. 16(1) (no pagination):2016. BMC anesthesiology

[Journal: Article]

AN: CN-01142406  UPDATE

Background: Dexketoprofen trometamol plus tramadol hydrochloride is a new oral combination of two analgesics, which have different mechanisms of action for the treatment of moderate to severe acute pain. Methods: Randomised, double-blind, parallel, placebo and active-controlled, single and multiple-dose study to evaluate the analgesic efficacy and safety of dexketoprofen/tramadol 25 mg/75 mg in comparison with the single agents (dexketoprofen 25 mg and tramadol 100 mg) in moderate to severe acute pain after abdominal hysterectomy. Patients received seven consecutive doses of study drug within a 3-day period, each dose separated by an 8-hour interval. A placebo arm was included during the single-dose phase to validate the pain model. Efficacy assessments included pain intensity, pain relief, patient global evaluation and use of rescue medication. The primary endpoint was the mean sum of pain intensity differences over the first 8 h (SPID<inf>8</inf>). Results: The efficacy analysis included 606 patients, with a mean age of 48 years (range 25-73). The study results confirmed the superiority of the combination over the single agents in terms of the primary endpoint (p <0.001). Secondary endpoints were generally supportive of the superiority of the combination for both single and multiple doses. Most common adverse drug reactions (ADRs) were nausea (4.6 %) and vomiting (2.3 %). All other ADRs were experienced by less than 2 % of patients. Conclusions: The study results provided robust evidence of the superiority of dexketoprofen/tramadol 25 mg/75 mg over the single components in the management of moderate to severe acute pain, as confirmed by the single-dose efficacy, repeated-dose sustained effect and good safety profile observed. Trial registration: EU Clinical Trials Register (EudraCT number 2012-004545-32 , registered 04 October 2012); Clinicaltrials.gov ( NCT01904149 , registered 17 July 2013).

Institution
R.A. Moore, University of Oxford, Pain Research and Nuffield Division of Anaesthetics, The Churchill, Oxford, United Kingdom. E-mail: andrew.moore@ndcn.ox.ac.uk

Publisher
BioMed Central Ltd.
The effects of azithromycin in treatment-resistant cough: A randomized, double-blind, placebo-controlled trial.
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01153798  NEW

BACKGROUND: Chronic cough is a common clinical problem worldwide. Although many patients have underlying precipitating conditions such as asthma, gastroesophageal reflux, or rhinitis, many remain symptomatic despite treating these conditions. New approaches are needed for the treatment of this group of patients. METHODS: We conducted a randomized, double-blind, placebo-controlled trial to determine whether 250 mg of azithromycin three times a week for 8 weeks would affect the Leicester Cough Questionnaire (LCQ) score in 44 patients with treatment-resistant cough. Cough severity on a visual analog scale and bronchial exhaled nitric oxide were measured as secondary outcomes. RESULTS: There was a clinically important improvement in LCQ score with azithromycin (mean change, 2.4; 95% CI, 0.5 to 4.2) but not placebo (mean change, 0.7; 95% CI, -0.6 to 1.9), but the between-group difference was not statistically significant (P = .12). There were no significant between-group differences for any of the secondary outcome measures. Looking at subgroups of responders, there was a large and significant improvement in LCQ score in patients with chronic cough and a concurrent diagnosis of asthma who were treated with azithromycin (mean, 6.19; 95% CI, 4.06 to 8.32).
CONCLUSIONS: Treatment with low-dose azithromycin for 8 weeks did not significantly improve LCQ score compared with placebo. The use of macrolides for treatment-resistant cough cannot
be recommended from this study, but they may have a place in the treatment of chronic cough associated with asthma; this is worthy of further investigation.

Institution
T. Harrison, Clinical Sciences Building, Nottingham City Hospital, Hucknall Rd, Nottingham NG5 1PB, United Kingdom. E-mail: tim.harrison@nottingham.ac.uk

Publisher
American College of Chest Physicians

Volume
149

Issue Part
4

Page
1052-60

Country of Publication
United States

787.

Ponatinib versus imatinib for newly diagnosed chronic myeloid leukaemia: An international, randomised, open-label, phase 3 trial.

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Article]

AN: CN-01153850  NEW

Background: Ponatinib has shown potent activity against chronic myeloid leukaemia that is resistant to available treatment, although it is associated with arterial occlusion. We investigated whether this activity and safety profile would result in superior outcomes compared with imatinib in previously untreated patients with chronic myeloid leukaemia. Methods: The Evaluation of Ponatinib versus Imatinib in Chronic Myeloid Leukemia (EPIC) study was a randomised, open-label, phase 3 trial designed to assess the efficacy and safety of ponatinib, compared with
imatinib, in newly diagnosed patients with chronic-phase chronic myeloid leukaemia. Patients from 106 centres in 21 countries were randomly assigned (1:1, with stratification by Sokal score at diagnosis) using an interactive voice and web response system to receive oral ponatinib (45 mg) or imatinib (400 mg) once daily until progression, unacceptable toxicity, or other criteria for withdrawal were met. Eligible patients were at least 18 years of age, within 6 months of diagnosis, and Philadelphia chromosome-positive by cytogenetic assessment, with Eastern Cooperative Oncology Group performance status of 0-2, and had not previously been treated with tyrosine kinase inhibitors. The primary endpoint was major molecular response at 12 months. Patients who remained on study and had molecular assessments at specified timepoints were studied at those timepoints. Safety analyses included all treated patients, as per study protocol. This trial is registered with ClinicalTrials.gov, number NCT01650805. Findings: Between Aug 14, 2012, and Oct 9, 2013, 307 patients were randomly assigned to receive ponatinib (n=155) or imatinib (n=152). The trial was terminated early, on Oct 17, 2013, following concerns about vascular adverse events observed in patients given ponatinib in other trials. Trial termination limited assessment of the primary endpoint of major molecular response at 12 months, as only 13 patients in the imatinib group and ten patients in the ponatinib group could be assessed at this timepoint; the proportion of patients achieving a major molecular response at 12 months did not differ significantly between the two groups (eight [80%] of ten patients given ponatinib and five [38%] of 13 patients given imatinib; p=0.074). 11 (7%) of 154 patients given ponatinib and three (2%) of 152 patients given imatinib had arterial occlusive events (p=0.052); arterial occlusive events were designated serious in ten (6%) of 154 patients given ponatinib and in one (1%) of 152 patients given imatinib (p=0.010). The data monitoring committee criterion for risk assessment (significant difference in serious grade 3 or 4 ischaemic events between groups) was not met (five [3%] of 154 vs one [1%] of 152; p=0.21). Grade 3 or 4 adverse events observed in more than 5% of patients in the ponatinib group were increased lipase (22 [14%] of 154 vs three [2%] of 152 with imatinib), thrombocytopenia (19 [12%] of 154 vs ten [7%] of 152 with imatinib), rash (ten [6%] of 154 vs two [1%] of 152 with imatinib). In the imatinib group, grade 3 or 4 adverse events observed in more than 5% of patients were neutropenia (12 [8%] of 152 vs five [3%] of 154 with ponatinib) and thrombocytopenia (ten [7%] of 152 vs 19 [12%] of 154 with ponatinib). Serious adverse events that occurred in three or more patients given ponatinib were pancreatitis (n=5), atrial fibrillation (n=3), and thrombocytopenia (n=3). No serious adverse event occurred in three or more patients given imatinib. Interpretation: The efficacy of ponatinib treatment of newly diagnosed chronic-phase chronic myeloid leukaemia compared with imatinib could not be assessed due to trial termination, but preliminary data suggest there might be benefit, although with more arterial occlusive events than with imatinib at the doses studied. Because the EPIC trial was terminated early, efficacy of ponatinib in this setting remains to be established. Funding: ARIAD Pharmaceuticals.
Use of Multiple Probes to Assess Transporter- and Cytochrome P450-Mediated Drug-Drug Interaction Potential of the Pangenotypic HCV NS5A Inhibitor Velpatasvir.

Mogalian E, German P, Kearney BP, Yang CY, Brainard D, McNally J, Moorehead L, Mathias A

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01154389  NEW

Background and Objectives: Velpatasvir (VEL; GS-5816) is a potent, pangenotypic hepatitis C virus (HCV), non-structural protein 5A inhibitor in clinical development for the treatment of chronic HCV infection. In vitro studies indicate that VEL may inhibit several drug transporters and be a substrate for enzyme/drug transport systems in vivo. The purpose of this study was to evaluate the potential of VEL as a perpetrator or victim of metabolic- and transporter-based drug-drug interactions using complementary probe drugs. Methods: This Phase 1 study was a randomized, cross-over, open-label, single- and multiple-dose, five-cohort study. Serial blood samples were collected following oral administration of reference and test treatments. The primary pharmacokinetic parameters of each analyte were compared when administered alone or in combination. The 90 % confidence intervals (CI) for the ratio of the geometric least-squares means of the test and reference treatments was calculated for each analyte and parameter of
interest. Results: This study demonstrated that VEL is a weak (P-gp, OATP) to moderate (breast cancer resistance protein) transport inhibitor. As a victim of interactions, VEL is moderately affected by potent inhibitors and to a greater extent, potent inducers of enzyme/drug transporter systems. Conclusions: The impact of specific transporters and overall contribution of drug transport vs. metabolizing enzymes on the disposition of VEL was characterized through the use of complementary probes, despite the lack of phenotypic specificity, and informs a broad range of drug-drug interaction recommendations.

Institution
E. Mogalian, Gilead Sciences, Inc., 333 Lakeside Dr., Foster City, CA 94404, United States. E-mail: erik.mogalian@gilead.com

Publisher
Springer International Publishing

Volume
55

Issue Part
5

Page
605-13

Country of Publication
Switzerland

789.

Gabapentin for the Management of Chronic Pelvic Pain in Women (GaPP1): A pilot randomised controlled trial.


EBM Reviews - Cochrane Central Register of Controlled Trials

PloS one. 11(4) (no pagination):2016. PloS one

[Journal: Article]

AN: CN-01154678 NEW

Chronic pelvic pain (CPP) affects 2.1-24% of women. Frequently, no underlying pathology is identified, and the pain is difficult to manage. Gabapentin is prescribed for CPP despite no robust evidence of efficacy. We performed a pilot trial in two UK centres to inform the planning of a future
multicentre RCT to evaluate gabapentin in CPP management. Our primary objective was to determine levels of participant recruitment and retention. Secondary objectives included estimating potential effectiveness, acceptability to participants of trial methodology, and cost-effectiveness of gabapentin. Women with CPP and no obvious pelvic pathology were assigned to an increasing regimen of gabapentin (300-2700mg daily) or placebo. We calculated the proportion of eligible women randomised, and of randomised participants who were followed up to six months. The analyses by treatment group were by intention-to-treat. Interviews were conducted to evaluate women's experiences of the trial. A probabilistic decision analytical model was used to estimate cost-effectiveness. Between September 2012-2013, 47 women (34% of those eligible) were randomised (22 to gabapentin, 25 to placebo), and 25 (53%) completed six-month follow-up. Participants on gabapentin had less pain (BPI difference 1.72 points, 95% CI:0.07-3.36), and an improvement in mood (HADS difference 4.35 points, 95% CI:1.97-6.73) at six months than those allocated placebo. The majority of participants described their trial experience favorably. At the UK threshold for willingness-to-pay, the probabilities of gabapentin or no treatment being costeffective are similar. A pilot trial assessing gabapentin for CPP was feasible, but uncertainty remains, highlighting the need for a large definitive trial.

Publisher
Public Library of Science
Volume
11
Issue Part
4) (no pagination
Country of Publication
United States

House dust mite sublingual immunotherapy is safe in patients with mild-to-moderate, persistent asthma: A clinical trial.
Devillier P, Fadel R, De Beaumont O
EBM Reviews - Cochrane Central Register of Controlled Trials
Allergy: European Journal of Allergy and Clinical Immunology. 71 (2):249-57, 2016. Allergy:
European Journal of Allergy and Clinical Immunology
[Journal: Article]
Background The safety of allergen immunotherapy (AIT) in asthma has not always been sufficiently documented; accordingly, fear of asthma exacerbations has made physicians somewhat reluctant to prescribe AIT in this context. In a double-blind, placebo-controlled, randomized clinical trial, house dust mite (HDM) sublingual AIT was found to be efficacious in moderate, persistent asthma. The trial's safety results are now reported in detail. Methods Asthmatic adults were randomized 2:1 to twelve months of daily treatment with a sublingual solution of Dermatophagoides pteronyssinus and Dermatophagoides farinae extracts or a placebo. Adverse events (AEs) at least possibly related to the investigational product were classified by the investigators as adverse drug reactions (ADRs). Results Overall, the patients in the safety analysis set (n = 484; active treatment: n = 322; placebo: n = 162) had mostly well-controlled, persistent asthma [mild in 290 patients (59.9%), moderate in 183 (37.8%) and severe in 11 (2.3%)]. No treatment-related serious AEs were reported. A total of 87.0% and 75.9% of the patients in the active and placebo groups, respectively, experienced at least one AE (mostly mild), and 78.9% and 48.1% experienced an ADR (mostly mild or moderate oral reactions). The incidence of asthma exacerbations (symptoms requiring a short course of oral corticosteroids) during the study was similar in the active treatment group (3.7%) and the placebo group (4.3%). There were no significant intergroup differences or intragroup changes over time in respiratory AEs, lung function or asthma-related quality of life. Conclusions HDM sublingual AIT was safe and well tolerated in adult patients with mild-to-moderate, persistent asthma (ClinicalTrials.gov: NCT00660452).
Effect of covered metallic stents compared with plastic stents on benign biliary stricture resolution: A randomized clinical trial.


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01141477 NEW

IMPORTANCE: Endoscopic placement of multiple plastic stents in parallel is the first-line treatment for most benign biliary strictures; it is possible that fully covered, self-expandable metallic stents (cSEMS) may require fewer endoscopic retrograde cholangiopancreatography procedures (ERCPs) to achieve resolution. OBJECTIVE: To assess whether use of cSEMS is noninferior to plastic stents with respect to stricture resolution. DESIGN, SETTING, AND PARTICIPANTS: Multicenter (8 endoscopic referral centers), open-label, parallel, randomized clinical trial involving patients with treatment-naive, benign biliary strictures (N = 112) due to orthotopic liver transplant (n = 73), chronic pancreatitis (n = 35), or postoperative injury (n = 4), who were enrolled between April 2011 and September 2014 (with follow-up ending October 2015). Patients with a bile duct diameter less than 6 mm and those with an intact gallbladder in whom the cystic duct would be overlapped by a cSEMS were excluded. INTERVENTIONS: Patients (N = 112) were randomized to receive multiple plastic stents or a single cSEMS, stratified by stricture etiology and with endoscopic reassessment for resolution every 3 months (plastic stents) or every 6 months (cSEMS). Patients were followed up for 12 months after stricture resolution to assess for recurrence. MAIN OUTCOMES AND MEASURES: Primary outcome was stricture resolution after no more than 12 months of endoscopic therapy. The sample size was estimated based on the noninferiority of cSEMS to plastic stents, with a noninferiority margin of -15%. RESULTS: There were 55 patients in the plastic stent group (mean [SD] age, 57 [11] years; 17 women [31%]) and 57 patients in the cSEMS group (mean [SD] age, 55 [10] years; 19 women [33%]). Compared with plastic stents (41/48, 85.4%), the cSEMS resolution rate was 50 of 54 patients (92.6%), with a rate difference of 7.2% (1-sided 95% CI, -3.0% to ; P <.001). Given the prespecified noninferiority margin of -15%, the null hypothesis that cSEMS is less effective than plastic stents was rejected. The mean number of ERCPs to achieve resolution was lower for cSEMS (2.14) vs plastic (3.24; mean difference, 1.10; 95% CI, 0.74 to 1.46; P <.001). CONCLUSIONS AND RELEVANCE: Among patients with benign biliary strictures
and a bile duct diameter 6 mm or more in whom the covered metallic stent would not overlap the cystic duct, cSEMS were not inferior to multiple plastic stents after 12 months in achieving stricture resolution. Metallic stents should be considered an appropriate option in patients such as these.

Institution
G.A. Cote, Department of Medicine, Medical University of South Carolina, 114 Doughty St., Charleston, SC 29425, United States. E-mail: cotea@musc.edu

Publisher
American Medical Association

Effectiveness of Simeprevir Plus Sofosbuvir, with or Without Ribavirin, in Real-World Patients with HCV Genotype 1 Infection.
EBM Reviews - Cochrane Central Register of Controlled Trials
Gastroenterology. 150 (2):419-29, 2016. Gastroenterology
[Journal: Article]
AN: CN-01137064 NEW
Background & Aims The interferon-free regimen of simeprevir plus sofosbuvir was recommended by professional guidelines for certain patients with hepatitis C virus (HCV) genotype 1 infection based on the findings of a phase 2 trial. We aimed to evaluate the safety and efficacy of this regimen in clinical practice settings in North America. Methods We collected demographic, clinical, and virologic data, as well as reports of adverse outcomes, from sequential participants in HCV-TARGET - a prospective observational cohort study of patients undergoing HCV treatment in routine clinical care settings. From January through October 2014, there were 836 patients with HCV genotype 1 infection who began 12 weeks of treatment with simeprevir plus sofosbuvir (treatment duration of up to 16 weeks); 169 of these patients received ribavirin. Most patients were male (61%), Caucasian (76%), or black (13%); 59% had cirrhosis. Most patients had failed prior treatment with peginterferon and ribavirin without (46%) or with telaprevir or boceprevir (12%). The primary outcome was sustained virologic response (SVR), defined as the level of HCV RNA below quantification at least 64 days after the end of treatment (beginning of week 12 after treatment - a 2-week window). Logistic regression models with inverse probability weights were constructed to adjust for baseline covariates and potential selection bias. Results The overall SVR rate was 84% (675 of 802 patients, 95% confidence interval, 81%-87%). Model-adjusted estimates indicate patients with cirrhosis, prior decompensation, and previous protease inhibitor treatments were less likely to achieve an SVR. The addition of ribavirin had no detectable effects on SVR. The most common adverse events were fatigue, headache, nausea, rash, and insomnia. Serious adverse events and treatment discontinuation occurred in only 5% and 3% of participants, respectively. Conclusions In a large prospective observational cohort study, a 12-week regimen of simeprevir plus sofosbuvir was associated with high rates of SVR and infrequent treatment discontinuation. ClinicalTrials.gov: NCT01474811.

Institution
M.S. Sulkowski, Johns Hopkins Medical Institution, 1800 Orleans Street, 1830 Building, Baltimore, MD 21287, United States. E-mail: msulkowski@jhmi.edu

Publisher
W.B. Saunders

Volume
150

Issue Part
2

Page
419-29

Country of Publication
United States

Schaefer F, Hoppe B, Jungraithmayr T, Klaus G, Pape L, Farouk M, Addison J, Manamley N, Vondrak K

EBM Reviews - Cochrane Central Register of Controlled Trials

Pediatric nephrology (Berlin, Germany). 31 (3):443-53, 2016. Pediatric nephrology (Berlin, Germany)

[Journal: Article]

AN: CN-01138094  NEW

Background: Limited prospective data are available on the long-term safety of darbepoeitin alfa (DA) for treating anemia in children with chronic kidney disease (CKD). Methods: In this prospective, phase IV, observational registry study, children <16 years of age with CKD anemia and receiving DA were observed for <2 years. Adverse events (AEs), DA dosing, hemoglobin (Hb) concentrations, and transfusions were recorded. Results: A total of 319 patients were included in the analysis (mean age, 9.1 years), 158 (49.5 %) of whom were on dialysis at study entry. Of 434 serious AEs reported in 162 children, the most common were peritonitis (10.0 %), gastroenteritis (6.0 %), and hypertension (4.1 %). Six patients (1.9 %) died (unrelated to DA). Four patients (1.3 %) experienced six serious adverse drug reactions. The geometric mean DA dose range was 1.4-2.0 mug/kg/month. Mean baseline Hb concentration was 11.1 g/dl; mean values for children receiving and not receiving dialysis at baseline ranged between 10.9 and 11.5 g/dl and 11.2-11.7 g/dl, respectively. Overall, 48 patients (15.0 %) received >1 transfusion. Conclusions: No new safety signals for DA were identified in children receiving DA for CKD anemia for <2 years. Based on Hb concentrations and transfusion requirements, DA was effective at managing anemia in these patients.

Institution
F. Schaefer, Division of Pediatric Nephrology, Center for Pediatrics and Adolescent Medicine, Im Neuenheimer Feld 430, Heidelberg 69120, Germany. E-mail: franz.schaefer@med.uni-heidelberg.de

Publisher
Springer Verlag

Volume
31
Zofenopril or irbesartan plus hydrochlorothiazide in elderly patients with isolated systolic hypertension untreated or uncontrolled by previous treatment: A double-blind, randomized study.


EBM Reviews - Cochrane Central Register of Controlled Trials


AN: CN-01139264 NEW

Objective: To compare zofenopril+hydrochlorothiazide (Z+H) vs. irbesartan+hydrochlorothiazide (I+H) efficacy on daytime SBP in elderly (>65 years) patients with isolated systolic hypertension (ISH), untreated or uncontrolled by a previous monotherapy. Methods: After a 1-week run-in, 230 ISH patients (office SBP>140mmHg and DBP<90mmHg+daytime SBP>135mmHg and daytime DBP<85mmHg) were randomized double-blind to 18-week treatment with Z+H (30+12.5mg) or I+H (150+12.5mg) once daily, in an international, multicenter study. Z and I doses could be doubled after 6 and 12 weeks, and nitrendipine 20mg added at 12 weeks in nonnormalized patients.

Results: In the full analysis set (n=216) baseline-adjusted average (95% confidence interval) daytime SBP reductions after 6 weeks (primary study end point) were similar (P=0.888) with Z+H [7.7 (10.7, 4.6)mmHg, n=107] and I+H [7.9 (10.7, 5.0)mmHg, n=109]. Daytime SBP reductions were sustained during the study, and larger (P=0.028) with low-dose Z+H at study end [16.2 (20.0, 12.5)mmHg vs. 11.2 (14.4, 7.9)mmHg I+H]. Daytime SBP normalization (<135mmHg) rate was similar under Z+H and I+H at 6 and 12 weeks, but more common under Z+H at 18 weeks (68.2 vs. 56.0%, P=0.031). Both drugs equally reduced SBP in the last 6h of the dosing interval and homogeneously reduced SBP throughout the 24h. The proportion of patients reporting drug-related adverse events was low (Z+H: 4.4% vs. I+H: 6.0%; P=0.574). Conclusion: Elderly patients with ISH respond well to both low and high-dose Z or I combined with H.
A prospective, randomized, controlled clinical trial to compare single-port laparoscopic TEP versus standard laparoscopic (3 port) TEP inguinal hernia repair.

Wijerathne SI, Agarwal N, Ramzi A, Liem D, Lomanto D

Evolution in the last decade has brought new advancements to further reduce surgical trauma and improve patient's outcome and among them the single access or reduced port surgery has taken the lead. Objective: of our study is to compare in two blind randomized groups of patients, the surgical outcome of Total Extra-Peritoneal (TEP) inguinal hernia repair using either single port or conventional surgical technique. Our study is a prospective, randomised, controlled clinical trial conducted from August 2011 to July 2014 in our institution with DSRB approval (2011/00092). 100 patients aged between 21-80 years undergoing surgery for unilateral inguinal hernia were randomised into 2 groups: one group underwent conventional laparoscopic TEP inguinal hernia
repair while the other group was selected for single port TEP Repair. Patients with bleeding disorders, incarcerated, recurrent or bilateral hernia and previous lower abdominal surgery were excluded. Clinical Data on patient demographics, surgical technique and findings, post-operative complications were collected; pain scores using Visual Analogue Scale (VAS) were collected blindly post-operatively and standard analgesia administered. Primary endpoint is the VAS while secondary end-points are recurrence, chronic pain and complications. Out of the 100 patients, 49 underwent single port hernia TEP repair, 50 had conventional 3-port TEP hernia repair and 1 patient declined to participate after randomisation. The two groups were comparable in terms of co-morbidities, patient demographics and operative findings and no statistically significant differences were observed. Mean operative time was 49.1 +/- 13.8 min. in the multiport group and 54.1 +/- 14.4 min. in the single-port group respectively (p = 0.08). Mean hospital stay was 19.7 +/- 5.8 hours in the conventional group and 20.5 +/- 6.4 hours in the single-port group (p = 0.489). Except for 2 (4.1 %) patients in the single port group having post-operative hematoma (p = 0.242), no other major complication was noted in both groups. No recurrence reported at 11 months follow-up. Mean VAS at 6 hours post-surgery was 2.6v1. in the conventional group and 2.1v1.5 in the singleport group (p = 0.146). VAS was 0 in both groups at 6 months. The outcomes after laparoscopic TEP inguinal hernia repair with a single-port device are similar to the standard three-port technique, adding the obvious effect on better cosmesis.

Institution
S.I. Wijerathne, National University Hospital, Normanton Park, Singapore

Publisher
Springer New York LLC

Volume
30
Page
S1
Objectives This study aims to evaluate prospectively the safety and efficacy of extracorporeal shock wave lithotripsy (ESWL) in Chinese patients. Methods A total of 214 patients with painful chronic pancreatitis and pancreatic stones who underwent ESWL followed by endoscopic retrograde cholangiopancreatography from March 2011 to February 2012 in Changhai Hospital were enrolled. The main pancreatic duct clearance rate and complications were recorded prospectively. Symptoms, weight, quality of life, and pancreatic function were assessed before and after ESWL and endotherapy. Results A total of 473 ESWL procedures were performed in 214 patients. Stones were fragmented in all cases. Complete clearance of main pancreatic duct stones and successful endoscopic decompression were achieved in 155 (72.4%) and 188 (90.8%) of 214 patients, respectively. Complications were observed after 20 sessions (20 of 473, 4.23%). Follow-up (n = 195) after 18.5 +/- 3.3 months showed that complete and partial pain relief were achieved in 71.3% and 24.0% of the patients, respectively. The scores for the quality of life (5.8 +/- 1.7 vs 8.1 +/- 1.2, P < 0.05) and mental health from the Medical Outcomes Study 36-Item Short-Form General Health Survey questionnaire (62.2 +/- 21.5 vs 68.5 +/- 16.4, P < 0.05) improved after ESWL. Conclusions Thus, ESWL is a safe and effective method to treat Chinese patients with pancreatic stones. This procedure can significantly improve the success rate of endotherapy.

Institution
Z. Liao, Department of Gastroenterology, Digestive Endoscopy Center, Changhai Hospital, Second Military Medical University, 168 Changhai Rd, Shanghai 200433, China. E-mail: liao.zhuan@gmail.com

Publisher
Lippincott Williams and Wilkins

Volume
45

Issue Part
2 // 81100316 (NSFC) *National Natural Science Foundation of China* // 81422010 (NSFC) *National Natural Science Foundation of China* // 81470883 (NSFC) *National Natural Science Foundation of China* // 81470884 (NSFC) *National Natural Science Foundation of China*
797.
Micronutrient supplementation in adults with HIV infection
Background
Micronutrient deficiencies are common among adults living with HIV disease, particularly in low-income settings where the diet may be low in essential vitamins and minerals. Some micronutrients play critical roles in maintenance of the immune system, and routine supplementation could therefore be beneficial. This is an update of a Cochrane Review previously published in 2010.
Objectives
To assess whether micronutrient supplements are effective and safe in reducing mortality and HIV-related morbidity of HIV-positive adults (excluding pregnant women).
Search methods
We performed literature searches from January 2010 to 18 November 2016 for new randomized controlled trials (RCTs) of micronutrient supplements since the previous review included all trials identified from searches prior to 2010. We searched the CENTRAL (the Cochrane Library), Embase, and PubMed databases. Also we checked the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) and the ClinicalTrials.gov trials registers. We also checked the reference lists of all new included trials.
Selection criteria
We included RCTs that compared supplements that contained either single, dual, or multiple micronutrients with placebo, no treatment, or other supplements. We excluded studies that were primarily designed to investigate the role of micronutrients for the treatment of HIV-positive participants with metabolic morbidity related to highly active antiretroviral therapy (HAART). Primary outcomes included all-cause mortality, morbidity, and disease progression.
Data collection and analysis
Two review authors independently selected trials for inclusion, and appraised trial quality for risk of bias. Where possible, we presented results as risk ratios (RR) for dichotomous variables, as hazard ratios (HRs) for time-to-event data, and as mean differences (MD) for continuous variables, each with 95% confidence intervals (CIs). Since we were often unable to pool the outcome data, we tabulated it for each comparison. We assessed the certainty of the evidence using the GRADE approach.

Main results
We included 33 trials with 10,325 participants, of which 17 trials were new trials. Ten trials compared a daily multiple micronutrient supplement to placebo in doses up to 20 times the dietary reference intake, and one trial compared a daily standard dose with a high daily dose of multivitamins. Nineteen trials compared supplementation with single or dual micronutrients (such as vitamins A and D, zinc, and selenium) to placebo, and three trials compared different dosages or combinations of micronutrients.

Authors’ conclusions
The analyses of the available trials have not revealed consistent clinically important benefits with routine multiple micronutrient supplementation in people living with HIV. Larger trials might reveal small but important effects.

Issue Part
5
Date of Publication
2017
Osteoarthritis (OA) is the most common form of arthritis and is caused by degeneration of the joint cartilage and growth of new bone, cartilage and connective tissue. It is often associated with major disability and impaired quality of life. There is currently no consensus on the best treatment to improve OA symptoms. Celecoxib is a selective non-steroidal anti-inflammatory drug (NSAID).

Objectives
To assess the clinical benefits (pain, function, quality of life) and safety (withdrawals due to adverse effects, serious adverse effects, overall discontinuation rates) of celecoxib in osteoarthritis (OA).

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase and clinical trials registers up to April 11, 2017, as well as reference and citation lists of included studies. Pharmaceutical companies and authors of published articles were contacted.

Selection criteria
We included published studies (full reports in a peer reviewed journal) of prospective randomized controlled trials (RCTs) that compared oral celecoxib versus no intervention, placebo or another traditional NSAID (tNSAID) in participants with clinically- or radiologically-confirmed primary OA of the knee or hip, or both knee and hip.

Data collection and analysis
Two authors independently performed data extraction, quality assessment, and compared results. Main analyses for patient-reported outcomes of pain and physical function were conducted on studies with low risk of bias for sequence generation, allocation concealment and blinding of participants and personnel.

Main results
We included 36 trials that provided data for 17,206 adults: 9402 participants received celecoxib 200 mg/day, and 7804 were assigned to receive either tNSAIDs (N = 1869) or placebo (N = 5935). Celecoxib was compared with placebo (32 trials), naproxen (6 trials) and diclofenac (3 trials). Studies were published between 1999 and 2014. Studies included participants with knee, hip or both knee and hip OA; mean OA duration was 7.9 years. Most studies included predominantly white participants whose mean age was 62 (+/- 10) years; most participants were women. There were no concerns about risk of bias for performance and detection bias, but selection bias was poorly reported in most trials. Most trials had high attrition bias, and there was evidence of selective reporting in a third of the studies.

Authors’ conclusions
We are highly reserved about results due to pharmaceutical industry involvement and limited data. We were unable to obtain data from three studies, which included 15,539 participants, and classified as awaiting assessment. Current evidence indicates that celecoxib is slightly better than placebo and some tNSAIDs in reducing pain and improving physical function. We are uncertain if
harm differs among celecoxib and placebo or tNSAIDs due to risk of bias, low quality evidence for many outcomes, and that some study authors and Pfizer declined to provide data from completed studies with large numbers of participants. To fill the evidence gap, we need to access existing data and new, independent clinical trials to investigate benefits and harms of celecoxib versus tNSAIDs for people with osteoarthritis, with longer follow-up and more direct head-to-head comparisons with other tNSAIDs.

Issue Part
5
Date of Publication
2017

799.
Antiepileptic drugs for the treatment of infants with severe myoclonic epilepsy
Brigo, Francesco. Igwe, Stanley C. Bragazzi, Luigi Nicola. Institution Francesco Brigo. TI
Antiepileptic drugs for the treatment of infants with severe myoclonic epilepsy.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-10000000-08827
Background
This is an updated version of the original Cochrane review published in 2015, Issue 10.
Objectives
To evaluate the efficacy and tolerability of STP and other antiepileptic drug treatments (including ketogenic diet) for patients with SMEI.
Search methods
For the latest update we searched the Cochrane Epilepsy Group Specialized Register (20 December 2016), the Cochrane Central Register of Controlled Trials (CENTRAL) via the Cochrane Register of Studies Online (CRSO, 20 December 2016), MEDLINE (Ovid, 1946 to 20 December 2016) and (20 December 2016). Previously we searched the World Health Organization (WHO) International Clinical Trials Registry Platform but this was not usable at the time of this update. We also searched the bibliographies of identified studies for additional references. We handsearched selected journals and conference proceedings and imposed no language restrictions.
Selection criteria
Randomised controlled trials (RCTs) or quasi-randomised controlled trials; double- or single-blinded or unblinded trials; and parallel-group studies. Administration of at least one antiepileptic drug therapy given singly (monotherapy) or in combination (add-on therapy) compared with add-on placebo or no add-on treatment.

Data collection and analysis
Review authors independently selected trials for inclusion according to predefined criteria, extracted relevant data and evaluated the methodological quality of trials. We assessed the following outcomes: 50% or greater seizure reduction, seizure freedom, adverse effects, proportion of dropouts and quality of life. We assessed outcomes by using a Mantel-Haenszel meta-analysis to calculate risk ratios (RRs) with 95% confidence intervals (95% CIs).

Main results
Since the last version of this review no new studies have been found. Specifically, we found no RCTs assessing drugs other than STP. The review includes two RCTs evaluating use of STP (total of 64 children). Both studies were generally at unclear risk of bias. A significantly higher proportion of participants had 50% or greater reduction in seizure frequency in the STP group compared with the placebo group (22/33 versus 2/31; RR 10.40, 95% CI 2.64 to 40.87). A significantly higher proportion of participants achieved seizure freedom in the STP group compared with the placebo group (12/33 versus 1/31; RR 7.93, 95% CI 1.52 to 41.21). Investigators found no significant differences in proportions of dropouts from the STP group compared with the placebo group (2/33 versus 8/31; RR 0.24, 95% CI 0.06 to 1.03). Only one study explicitly reported the occurrence of side effects, noting that higher proportions of participants in the STP group experienced side effects than in the placebo group (100% versus 25%; RR 3.73, 95% CI 1.81 to 7.67). We rated the quality of the evidence as low to moderate according to GRADE criteria, as most information is from studies judged to be at an unclear risk of bias.

Authors’ conclusions
Data derived from two small RCTs indicate that STP is significantly better than placebo with regards to 50% or greater reduction in seizure frequency and seizure freedom. Adverse effects occurred more frequently with STP. Additional adequately powered studies with long-term follow-up should be conducted to unequivocally establish the long-term efficacy and tolerability of STP in the treatment of patients with SMEI.

Issue Part
5

Date of Publication
2017
Therapeutic ultrasound for venous leg ulcers

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-00097

Background
Venous leg ulcers are a type of chronic, recurring, complex wound that is more common in people aged over 65 years. Venous ulcers pose a significant burden to patients and healthcare systems. While compression therapy (such as bandages or stockings) is an effective first-line treatment, ultrasound may have a role to play in healing venous ulcers.

Objectives
To determine whether venous leg ulcers treated with ultrasound heal more quickly than those not treated with ultrasound.

Search methods
We searched the Cochrane Wounds Specialised Register (searched 19 September 2016); the Cochrane Central Register of Controlled Trials (CENTRAL; the Cochrane Library 2016, Issue 8); Ovid MEDLINE (including In-Process & Other Non-Indexed Citations, MEDLINE Daily and Epub Ahead of Print) (1946 to 19 September 2016); Ovid Embase (1974 to 19 September 2016); and EBSCO CINAHL Plus (1937 to 19 September 2016). We also searched three clinical trials registries and the references of included studies and relevant systematic reviews. There were no restrictions based on language, date of publication or study setting.

Selection criteria
Randomised controlled trials (RCTs) that compared ultrasound with no ultrasound. Eligible non-ultrasound comparator treatments included usual care, sham ultrasound and alternative leg ulcer treatments.

Data collection and analysis
Two authors independently assessed the search results and selected eligible studies. Details from included studies were summarised using a data extraction sheet, and double-checked. We attempted to contact trial authors for missing data.

Main results
Eleven trials are included in this update; 10 of these we judged to be at an unclear or high risk of bias. The trials were clinically heterogeneous with differences in duration of follow-up, and ultrasound regimens. Nine trials evaluated high frequency ultrasound; seven studies provided data for ulcers healed and two provided data on change in ulcer size only. Two trials evaluated low frequency ultrasound and both reported ulcers healed data.

Authors’ conclusions
It is uncertain whether therapeutic ultrasound (either high or low frequency) improves the healing of venous leg ulcers. We rated most of the evidence as low or very low quality due to risk of bias and imprecision.

Issue Part
5
Date of Publication
2017

801.
Levonorgestrel-releasing intrauterine system for endometrial hyperplasia
Wise, Michelle R. Farrant, Charlotte. Coop, Catherine.Institution Michelle R Wise .TI
Levonorgestrel-releasing intrauterine system for endometrial hyperplasia.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-11068
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the effectiveness and safety of the levonorgestrel intrauterine system (LNG-IUS) for treatment of endometrial hyperplasia (EH) with or without atypia.
Issue Part
5
Date of Publication
2017
Dipeptidyl-peptidase (DPP)-4 inhibitors and glucagon-like peptide (GLP)-1 analogues for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk for the development of type 2 diabetes mellitus

Hemmingsen, Bianca. Sonne, David P. Metzendorf, Maria-Inti. Richter, Bernd. Institution Bianca Hemmingsen. TI Dipeptidyl-peptidase (DPP)-4 inhibitors and glucagon-like peptide (GLP)-1 analogues for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk for the development of type 2 diabetes mellitus.

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-10597

Background
The projected rise in the incidence of type 2 diabetes mellitus (T2DM) could develop into a substantial health problem worldwide. Whether dipeptidyl-peptidase (DPP)-4 inhibitors or glucagon-like peptide (GLP)-1 analogues are able to prevent or delay T2DM and its associated complications in people at risk for the development of T2DM is unknown.

Objectives
To assess the effects of DPP-4 inhibitors and GLP-1 analogues on the prevention or delay of T2DM and its associated complications in people with impaired glucose tolerance, impaired fasting blood glucose, moderately elevated glycosylated haemoglobin A1c (HbA1c) or any combination of these.

Search methods
We searched the Cochrane Central Register of Controlled Trials; MEDLINE; PubMed; Embase; ClinicalTrials.gov; the World Health Organization (WHO) International Clinical Trials Registry Platform; and the reference lists of systematic reviews, articles and health technology assessment reports. We asked investigators of the included trials for information about additional trials. The date of the last search of all databases was January 2017.

Selection criteria
We included randomised controlled trials (RCTs) with a duration of 12 weeks or more comparing DPP-4 inhibitors and GLP-1 analogues with any pharmacological glucose-lowering intervention, behaviour-changing intervention, placebo or no intervention in people with impaired fasting glucose, impaired glucose tolerance, moderately elevated HbA1c or combinations of these.

Data collection and analysis
Two review authors read all abstracts and full-text articles and records, assessed quality and extracted outcome data independently. One review author extracted data which were checked by
a second review author. We resolved discrepancies by consensus or the involvement of a third
review author. For meta-analyses, we planned to use a random-effects model with investigation
of risk ratios (RRs) for dichotomous outcomes and mean differences (MDs) for continuous
outcomes, using 95% confidence intervals (CIs) for effect estimates. We assessed the overall
quality of the evidence using the GRADE instrument.

Main results
We included seven completed RCTs; about 98 participants were randomised to a DPP-4 inhibitor
as monotherapy and 1620 participants were randomised to a GLP-1 analogue as monotherapy.
Two trials investigated a DPP-4 inhibitor and five trials investigated a GLP-1 analogue. A total of
924 participants with data on allocation to control groups were randomised to a comparator
group; 889 participants were randomised to placebo and 33 participants to metformin
monotherapy. One RCT of liraglutide contributed 85% of all participants. The duration of the
intervention varied from 12 weeks to 160 weeks. We judged none of the included trials at low risk
of bias for all 'Risk of bias' domains and did not perform meta-analyses because there were not
enough trials.

Authors’ conclusions
There is no firm evidence that DPP-4 inhibitors or GLP-1 analogues compared mainly with
placebo substantially influence the risk of T2DM and especially its associated complications in
people at increased risk for the development of T2DM. Most trials did not investigate patient-
important outcomes.

Issue Part
5
Date of Publication
2017

803.
Primaquine at alternative dosing schedules for preventing relapse in people with Plasmodium
vivax malaria
Milligan, Rachael. Daher, Andre. Graves, Patricia M.Institution Rachael Milligan .TI Primaquine
at alternative dosing schedules for preventing relapse in people with Plasmodium vivax malaria.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews
[Protocol]
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the efficacy and safety of alternative primaquine regimens for radical cure of P. vivax malaria compared to the standard 14 days of primaquine 0.25 mg/kg/day.

804.
Nonsteroidal anti-inflammatory drugs for pain in women with endometriosis
Institution Andrew Prentice .
TI Nonsteroidal anti-inflammatory drugs for pain in women with endometriosis.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-03758
Background
Endometriosis is a common gynaecological condition that affects women and can lead to painful symptoms and infertility. It greatly affects women's quality of life, impacting their careers, everyday activities, sexual and nonsexual relationships and fertility. Nonsteroidal anti-inflammatory drugs (NSAIDs) are most commonly used as first-line treatment for women with pain associated with endometriosis.
Objectives
To assess effects of NSAIDs used for management of pain in women with endometriosis compared with placebo, other NSAIDs, other pain management drugs or no treatment.
Search methods
We searched the Cochrane Gynaecology and Fertility Group Specialised Register of Controlled Trials (October 2016), published in the Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library, as well as MEDLINE (January 2008 to October 2016), Embase (date limited from 1 January 2016 to 19 October 2016, as all earlier references are included in CENTRAL output as a result of the Embase project), registers of ongoing trials and
the reference lists of relevant publications. We identified no new randomised controlled trials. Unless we identify new evidence in the future, we will not update this review.

Selection criteria
We included all randomised controlled trials (RCTs) describing use of NSAIDs for management of pain associated with endometriosis in women of all ages.

Data collection and analysis
In the 2009 update of this review, two review authors (CA and SH) independently read and extracted data from each of the included studies. We analysed cross-over trials using the inverse variance method of RevMan to calculate odds ratios for binary outcomes.

Main results
We identified no new trials for the 2016 update. This review includes two trials, but we included only one trial, with 24 women, in the analyses.

Authors’ conclusions
Owing to lack of high-quality evidence and lack of reporting of outcomes of interest for this review, we can make no judgement as to whether NSAIDs (naproxen) are effective in managing pain caused by endometriosis. There is no evidence that one NSAID is more effective than another. As shown in other Cochrane reviews, women taking NSAIDs must be aware that these drugs may cause unintended effects.

Issue Part
5

Date of Publication
2017

805.
Laparoscopic surgery for elective abdominal aortic aneurysm repair

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-10699

Background
Abdominal aortic aneurysm (AAA) is an abnormal dilatation of the infradiaphragmatic aorta that is equal to or greater than 30 mm or a local dilatation of equal to or greater than 50% compared to the expected normal diameter of the artery. AAAs rarely occur in individuals under 50 years of age, but thereafter the prevalence dramatically increases with age, with men at a six-fold greater risk of developing an AAA than women. Prevalence of AAA has been reported to range from 1.3% in women aged 65 to 80 years to between 4% and 7.7% in men aged 65 to 80 years.

Objectives
To assess the effects of laparoscopic surgery for elective abdominal aortic aneurysm repair.

Search methods
The Cochrane Vascular Information Specialist (CIS) searched the Specialised Register (last searched August 2016) and CENTRAL (2016, Issue 7). In addition the CIS searched trials registries for details of ongoing or unpublished studies. We searched the reference lists of relevant articles retrieved by electronic searches for additional citations.

Selection criteria
Randomised controlled trials and controlled clinical trials in which patients with an AAA underwent elective laparoscopic repair (total laparoscopic repair or hand-assisted laparoscopic repair) compared with either open surgical repair or EVAR.

Data collection and analysis
Studies identified for potential inclusion were independently assessed for inclusion by at least two review authors.

Main results
One randomised controlled trial with a total of 100 male participants was included in the review. The trial compared hand-assisted laparoscopic repair with EVAR and provided results for in-hospital mortality, operative time, length of hospital stay and lower limb ischaemia. The included study did not report on the other pre-planned outcomes of this review. No in-hospital deaths occurred in the study. Hand-associated laparoscopic repair was associated with a longer operative time (MD 53.00 minutes, 95% CI 36.49 to 69.51) than EVAR. The incidence of lower limb ischaemia was similar between the two treatment groups (risk ratio (RR) 0.50, 95% confidence interval (CI) 0.05 to 5.34). The mean length of hospital stay was 4.2 days and 3.4 days in the hand-assisted laparoscopic repair and EVAR groups respectively but standard deviations were not reported and therefore it was not possible to independently test the statistical significance of this result. The quality of evidence was downgraded for imprecision due to the inclusion of one small study; and wide confidence intervals and indirectness due to the study including male participants only. No study compared laparoscopic repair (total or hand-assisted) with open surgical repair or total laparoscopic surgical repair with EVAR.

Authors’ conclusions
There is insufficient evidence to draw any conclusions about effectiveness and safety of laparoscopic (total and hand-assisted) surgical repair of AAA versus open surgical repair or EVAR, because only one small randomised trial was eligible for inclusion in this review. High-quality randomised controlled trials are needed.

806.

Yoga treatment for chronic non-specific low back pain
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-09037

Background
Non-specific low back pain is a common, potentially disabling condition usually treated with self-care and non-prescription medication. For chronic low back pain, current guidelines state that exercise therapy may be beneficial. Yoga is a mind-body exercise sometimes used for non-specific low back pain.

Objectives
To assess the effects of yoga for treating chronic non-specific low back pain, compared to no specific treatment, a minimal intervention (e.g. education), or another active treatment, with a focus on pain, function, and adverse events.

Search methods
We searched CENTRAL, MEDLINE, Embase, five other databases and four trials registers to 11 March 2016 without restriction of language or publication status. We screened reference lists and contacted experts in the field to identify additional studies.

Selection criteria
We included randomized controlled trials of yoga treatment in people with chronic non-specific low back pain. We included studies comparing yoga to any other intervention or to no intervention. We also included studies comparing yoga as an adjunct to other therapies, versus those other therapies alone.

Data collection and analysis
Two authors independently screened and selected studies, extracted outcome data, and assessed risk of bias. We contacted study authors to obtain missing or unclear information. We evaluated the overall certainty of evidence using the GRADE approach.

Main results
We included 12 trials (1080 participants) carried out in the USA (seven trials), India (three trials), and the UK (two trials). Studies were unfunded (one trial), funded by a yoga institution (one trial), funded by non-profit or government sources (seven trials), or did not report on funding (three trials). Most trials used Iyengar, Hatha, or Viniyoga forms of yoga. The trials compared yoga to no intervention or a non-exercise intervention such as education (seven trials), an exercise intervention (three trials), or both exercise and non-exercise interventions (two trials). All trials were at high risk of performance and detection bias because participants and providers were not blinded to treatment assignment, and outcomes were self-assessed. Therefore, we downgraded all outcomes to ‘moderate’ certainty evidence because of risk of bias, and when there was additional serious risk of bias, unexplained heterogeneity between studies, or the analyses were imprecise, we downgraded the certainty of the evidence further.

Authors’ conclusions
There is low- to moderate-certainty evidence that yoga compared to non-exercise controls results in small to moderate improvements in back-related function at three and six months. Yoga may also be slightly more effective for pain at three and six months, however the effect size did not meet predefined levels of minimum clinical importance. It is uncertain whether there is any difference between yoga and other exercise for back-related function or pain, or whether yoga added to exercise is more effective than exercise alone. Yoga is associated with more adverse events than non-exercise controls, but may have the same risk of adverse events as other back-focused exercise. Yoga is not associated with serious adverse events. There is a need for additional high-quality research to improve confidence in estimates of effect, to evaluate long-term outcomes, and to provide additional information on comparisons between yoga and other exercise for chronic non-specific low back pain.

Issue Part
1

Date of Publication
2017
Vitamin D supplementation for sickle cell disease
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-09204
Background
Sickle cell disease is a genetic chronic haemolytic and pro-inflammatory disorder. The clinical manifestations of sickle cell disease result from the presence of mutations on the beta globin genes that generate an abnormal haemoglobin product (called haemoglobin S) within the red blood cell. Sickle cell disease can lead to many complications such as acute chest syndrome, stroke, acute and chronic bone complications (including painful vaso-occlusive crisis, osteomyelitis, osteonecrosis and osteoporosis). With increased catabolism and deficits in energy and nutrient intake, individuals with sickle cell disease suffer multiple macro- and micro-nutritional deficiencies, including vitamin D deficiency. Since vitamin D maintains calcium homeostasis and is essential for bone mineralisation, its deficiency may worsen musculoskeletal health problems encountered in sickle cell disease. Therefore, there is a need to review the effects and the safety of vitamin D supplementation in sickle cell disease.
Objectives
To investigate the hypothesis that vitamin D supplementation increases serum 25-hydroxyvitamin D level in children and adults with sickle cell disease.
Search methods
We searched the Cochrane Haemoglobinopathies Trials Register, compiled from electronic database searches and handsearching of journals and conference abstract books. We also searched database such as PubMed, clinical trial registries and the reference lists of relevant articles and reviews.
Selection criteria
Randomised controlled studies and quasi-randomised controlled studies (controlled clinical studies) comparing oral administration of any form of vitamin D supplementation to another type of vitamin D or placebo or no supplementation at any dose and for any duration, in people with
sickle cell disease, of all ages, gender, and phenotypes including sickle cell anaemia, haemoglobin sickle cell disease and sickle beta-thalassaemia diseases.

Data collection and analysis
Two authors independently extracted the data and assessed the risk of bias of the included study. They used the GRADE guidelines to assess the quality of the evidence.

Main results
One double-blind randomised controlled study including 46 people with sickle cell disease (HbSS, HbSC, HbS[beta]+thal and HbS[beta]0thal) was eligible for inclusion in this review. Of the 46 enrolled participants, seven withdrew before randomisation leaving 39 participants who were randomised. Only 25 participants completed the full six months of follow up. Participants were randomised to receive oral vitamin D3 (cholecalciferol) (n = 20) or placebo (n = 19) for six weeks and were followed up to six months. Two participants from the treatment group have missing values of baseline serum 25-hydroxyvitamin D, therefore the number of samples analysed was 37 (vitamin D n = 18, placebo n = 19).

Authors’ conclusions
We included only one low-quality clinical study which had a high risk of bias with regards to incomplete outcome data. Therefore, we consider that the evidence is not of sufficient quality to guide clinical practice. Until further evidence becomes available, clinicians should consider the relevant existing guidelines for vitamin D supplementation (e.g. the Endocrine Society Clinical Practice Guidelines) and dietary reference intakes for calcium and vitamin D (e.g. from the USA Institute of Medicine). Evidence of vitamin D supplementation in sickle cell disease from high quality studies is needed. Well-designed, randomised, placebo-controlled studies of parallel design, are required to determine the effects and the safety of vitamin D supplementation in children and adults with sickle cell disease.

Issue Part
1

Date of Publication
2017

808.

Treatments for chronic inflammatory demyelinating polyradiculoneuropathy (CIDP): an overview of systematic reviews

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-08771

Background
Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) is a chronic progressive or relapsing and remitting disease that usually causes weakness and sensory loss. The symptoms are due to autoimmune inflammation of peripheral nerves. CIDP affects about 2 to 3 per 100,000 of the population. More than half of affected people cannot walk unaided when symptoms are at their worst. CIDP usually responds to treatments that reduce inflammation, but there is disagreement about which treatment is most effective.

Objectives
To summarise the evidence from Cochrane systematic reviews (CSRs) and non-Cochrane systematic reviews of any treatment for CIDP and to compare the effects of treatments.

Methods
We considered all systematic reviews of randomised controlled trials (RCTs) of any treatment for any form of CIDP. We reported their primary outcomes, giving priority to change in disability after 12 months.

Main results
Five CSRs met our inclusion criteria. We identified 23 randomised trials, of which 15 had been included in these CSRs. We were unable to compare treatments as originally planned, because outcomes and outcome intervals differed.

Authors’ conclusions
We cannot be certain based on available evidence whether daily oral prednisone improves impairment compared to no treatment. However, corticosteroids are commonly used, based on widespread availability, low cost, very low-quality evidence from observational studies, and clinical experience. The weakness of the evidence does not necessarily mean that corticosteroids are ineffective. High-dose monthly oral dexamethasone for six months is probably no more or less effective than daily oral prednisolone. Plasma exchange produces short-term improvement in impairment as determined by neurological examination, and probably produces short-term improvement in disability. IVIg produces more short-term improvement in disability than placebo and more adverse events, although serious side effects are probably no more common than with placebo. There is no clear difference in short-term improvement in impairment with IVIg when compared with intravenous methylprednisolone and probably no improvement when compared
with either oral prednisolone or plasma exchange. According to observational studies, adverse
events related to difficult venous access, use of citrate, and haemodynamic changes occur in 3%
to 17% of plasma exchange procedures.

809.
Topiramate versus carbamazepine monotherapy for epilepsy: an individual participant data
review
Nevitt, Sarah J. Sudell, Maria. Tudur Smith, Catrin. Marson, Anthony G. Institution Sarah J
Nevitt . TI Topiramate versus carbamazepine monotherapy for epilepsy: an individual participant
data review.

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-10463

Background
Epilepsy is a common neurological condition in which abnormal electrical discharges from the
brain cause recurrent unprovoked seizures. It is believed that with effective drug treatment, up to
70% of individuals with active epilepsy have the potential to become seizure-free and go into
long-term remission shortly after starting drug therapy, the majority of which may be able to
achieve remission with a single antiepileptic drug (AED).

Objectives
To assess the effects of topiramate monotherapy versus carbamazepine monotherapy for
epilepsy in people with partial-onset seizures (simple or complex partial and secondarily
generalised) or generalised onset tonic-clonic seizures (with or without other generalised seizure
types).

Search methods
We searched the Cochrane Epilepsy Group Specialized Register (14 April 2016), the Cochrane
Central Register of Controlled Trials (CENTRAL) (14 April 2016) and MEDLINE (Ovid, 1946 to 14
April 2016). We imposed no language restrictions. We also contacted pharmaceutical companies and trial investigators.

Selection criteria
Randomised controlled trials in children or adults with partial-onset seizures or generalised-onset tonic-clonic seizures with or without other generalised seizure types with a comparison of monotherapy with either topiramate or carbamazepine.

Data collection and analysis
This was an individual participant data (IPD) review. Our primary outcome was 'time to withdrawal of allocated treatment', and our secondary outcomes were 'time to first seizure post randomisation', 'time to 6-month remission, 'time to 12-month remission' and incidence of adverse events. We used Cox proportional hazards regression models to obtain trial-specific estimates of hazard ratios (HRs) with 95% confidence intervals (CIs), and used the generic inverse variance method to obtain the overall pooled HRs and 95% CIs.

Main results
IPD were available for 1151 of 1239 eligible individuals from two of three eligible studies (93% of the potential data). A small proportion of individuals recruited into these trials had 'unclassified seizures;' for analysis purposes, these individuals are grouped with those with generalised onset seizures. For remission outcomes, a HR < 1 indicated an advantage for carbamazepine, and for first seizure and withdrawal outcomes, a HR < 1 indicated an advantage for topiramate.

Authors’ conclusions
For individuals with partial-onset seizures, there is evidence that carbamazepine is less likely to be withdrawn and that 12-month remission will be achieved earlier than with topiramate. No differences were found between the drugs in terms of the outcomes measured in the review for individuals with generalised tonic-clonic seizures with or without other seizure types or unclassified epilepsy; however, we encourage caution in the interpretation of these results due to the small numbers of participants with these seizure types.
Background

Uterine fibroids are smooth muscle tumours arising from the uterus. These tumours, although benign, are commonly associated with abnormal uterine bleeding, bulk symptoms and reproductive dysfunction. The importance of progesterone in fibroid pathogenesis supports selective progesterone receptor modulators (SPRMs) as effective treatment. Both biochemical and clinical evidence suggests that SPRMs may reduce fibroid growth and ameliorate symptoms. SPRMs can cause unique histological changes to the endometrium that are not related to cancer, are not precancerous and have been found to be benign and reversible. This review summarises randomised trials conducted to evaluate the effectiveness of SPRMs as a class of medication for treatment of individuals with fibroids.

Objectives

To evaluate the effectiveness and safety of SPRMs for treatment of premenopausal women with uterine fibroids.

Search methods

We searched the Specialised Register of the Cochrane Gynaecology and Fertility Group, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, PsycINFO, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and clinical trials registries from database inception to May 2016. We handsearched the reference lists of relevant articles and contacted experts in the field to request additional data.

Selection criteria

Included studies were randomised controlled trials (RCTs) of premenopausal women with fibroids who were treated for at least three months with a SPRM.

Data collection and analysis

Two review authors independently reviewed all eligible studies identified by the search. We extracted data and assessed risk of bias independently using standard forms. We analysed data using mean differences (MDs) or standardised mean differences (SMDs) for continuous data and odds ratios (ORs) for dichotomous data. We performed meta-analyses using the random-effects model. Our primary outcome was change in fibroid-related symptoms.

Main results

We included in the review 14 RCTs with a total of 1215 study participants. We could not extract complete data from three studies. We included in the meta-analysis 11 studies involving 1021
study participants: 685 received SPRMs and 336 were given a control intervention (placebo or leuprolide). Investigators evaluated three SPRMs: mifepristone (five studies), ulipristal acetate (four studies) and asoprisnil (two studies). The primary outcome was change in fibroid-related symptoms (symptom severity, health-related quality of life, abnormal uterine bleeding, pelvic pain). Adverse event reporting in the included studies was limited to SPRM-associated endometrial changes. More than half (8/14) of these studies were at low risk of bias in all domains. The most common limitation of the other studies was poor reporting of methods. The main limitation for the overall quality of evidence was potential publication bias.

Authors’ conclusions
Short-term use of SPRMs resulted in improved quality of life, reduced menstrual bleeding and higher rates of amenorrhoea than were seen with placebo. Thus, SPRMs may provide effective treatment for women with symptomatic fibroids. Evidence derived from one RCT showed no difference between leuprolide acetate and SPRM with respect to improved quality of life and bleeding symptoms. Evidence was insufficient to show whether effectiveness was different between SPRMs and leuprolide. Investigators more frequently observed SPRM-associated endometrial changes in women treated with SPRMs than in those treated with placebo or leuprolide acetate. As noted above, SPRM-associated endometrial changes are benign, are not related to cancer and are not precancerous. Reporting bias may impact the conclusion of this meta-analysis. Well-designed RCTs comparing SPRMs versus other treatments are needed.

Issue Part
4

Date of Publication
2017

811.
Psychosocial interventions for recurrent abdominal pain in childhood
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-10000000-09386
Background
This review supersedes the original Cochrane review first published in 2008 (Huertas-Ceballos 2008).

Objectives
To determine the effectiveness of psychosocial interventions for reducing pain in school-aged children with RAP.

Search methods
In June 2016 we searched CENTRAL, MEDLINE, Embase, eight other databases, and two trials registers. We also searched the references of identified studies and relevant reviews.

Selection criteria
Randomised controlled trials comparing psychosocial therapies with usual care, active control, or wait-list control for children and adolescents (aged 5 to 18 years) with RAP or an abdominal pain-related functional gastrointestinal disorder defined by the Rome III criteria were eligible for inclusion.

Data collection and analysis
We used standard methodological procedures expected by Cochrane. Five review authors independently selected studies, assessed them for risk of bias, and extracted relevant data. We also assessed the quality of the evidence using the GRADE approach.

Main results
This review includes 18 randomised controlled trials (14 new to this version), reported in 26 papers, involving 928 children and adolescents with RAP between the ages of 6 and 18 years. The interventions were classified into four types of psychosocial therapy: cognitive behavioural therapy (CBT), hypnotherapy (including guided imagery), yoga, and written self-disclosure. The studies were carried out in the USA, Australia, Canada, the Netherlands, Germany, and Brazil. The majority of the studies were small and short term; only two studies included more than 100 participants, and only five studies had follow-up assessments beyond six months. Small sample sizes and the degree of assessed risk of performance and detection bias in many studies led to the overall quality of the evidence being rated as low to very low for all outcomes.

Authors’ conclusions
The data from trials to date provide some evidence for beneficial effects of CBT and hypnotherapy in reducing pain in the short term in children and adolescents presenting with RAP. There was no evidence for the effectiveness of yoga therapy or written self-disclosure therapy. There were insufficient data to explore effects of treatment by RAP subtype.

Issue Part
3

Date of Publication
2017
Planned early delivery versus expectant management for hypertensive disorders from 34 weeks gestation to term
Cluver, Catherine. Novikova, Natalia. Koopmans, Corine M. West, Helen M. Institution Catherine Cluver. TI Planned early delivery versus expectant management for hypertensive disorders from 34 weeks gestation to term.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-10000000-07660
Background
Hypertensive disorders in pregnancy are significant contributors to maternal and perinatal morbidity and mortality. These disorders include well-controlled chronic hypertension, gestational hypertension (pregnancy-induced hypertension) and mild pre-eclampsia. The definitive treatment for these disorders is planned early delivery and the alternative is to manage the pregnancy expectantly if severe uncontrolled hypertension is not present, with close maternal and fetal monitoring. There are benefits and risks associated with both, so it is important to establish the safest option.
Objectives
To assess the benefits and risks of a policy of planned early delivery versus a policy of expectant management in pregnant women with hypertensive disorders, at or near term (from 34 weeks onwards).
Search methods
We searched Cochrane Pregnancy and Childbirth Trials Register (12 January 2016) and reference lists of retrieved studies.
Selection criteria
Randomised trials of a policy of planned early delivery (by induction of labour or by caesarean section) compared with a policy of delayed delivery ('expectant management') for women with hypertensive disorders from 34 weeks' gestation. Cluster-randomised trials would have been eligible for inclusion in this review, but we found none.
Data collection and analysis
Two review authors independently assessed eligibility and risks of bias. Two review authors independently extracted data. Data were checked for accuracy.

Main results
We included five studies (involving 1819 women) in this review.

Authors’ conclusions
For women suffering from hypertensive disorders of pregnancy after 34 weeks, planned early delivery is associated with less composite maternal morbidity and mortality. There is no clear difference in the composite outcome of infant mortality and severe morbidity; however, this is based on limited data (from two trials) assessing all hypertensive disorders as one group.

813.
Planned early birth versus expectant management (waiting) for prelabour rupture of membranes at term (37 weeks or more)
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-04228

Background
Prelabour rupture of membranes (PROM) at term is managed expectantly or by planned early birth. It is not clear if waiting for birth to occur spontaneously is better than intervening, e.g. by inducing labour.

Objectives
The objective of this review is to assess the effects of planned early birth (immediate intervention or intervention within 24 hours) when compared with expectant management (no planned intervention within 24 hours) for women with term PROM on maternal, fetal and neonatal outcomes.
Search methods
We searched Cochrane Pregnancy and Childbirth's Trials Register (9 September 2016) and reference lists of retrieved studies.

Selection criteria
Randomised or quasi-randomised controlled trials of planned early birth compared with expectant management (either in hospital or at home) in women with PROM at 37 weeks' gestation or later.

Data collection and analysis
Two review authors independently assessed trials for inclusion, extracted the data, and assessed risk of bias of the included studies. Data were checked for accuracy.

Main results
Twenty-three trials involving 8615 women and their babies were included in the update of this review. Ten trials assessed intravenous oxytocin; 12 trials assessed prostaglandins (six trials in the form of vaginal prostaglandin E2 and six as oral, sublingual or vaginal misoprostol); and one trial each assessed Caulophyllum and acupuncture. Overall, three trials were judged to be at low risk of bias, while the other 20 were at unclear or high risk of bias.

Authors’ conclusions
There is low quality evidence to suggest that planned early birth (with induction methods such as oxytocin or prostaglandins) reduces the risk of maternal infectious morbidity compared with expectant management for PROM at 37 weeks' gestation or later, without an apparent increased risk of caesarean section. Evidence was mainly downgraded due to the majority of studies contributing data having some serious design limitations, and for most outcomes estimates were imprecise.

Issue Part
1

Date of Publication
2017
Background
Chronic pain is defined as pain lasting beyond normal tissue healing time, generally taken to be 12 weeks. It contributes to disability, anxiety, depression, sleep disturbances, poor quality of life, and healthcare costs. Chronic pain has a weighted mean prevalence in adults of 20%.

Objectives
To provide an overview of Cochrane Reviews of adults with chronic pain to determine (1) the effectiveness of different physical activity and exercise interventions in reducing pain severity and its impact on function, quality of life, and healthcare use; and (2) the evidence for any adverse effects or harm associated with physical activity and exercise interventions.

Methods
We searched the Cochrane Database of Systematic Reviews (CDSR) on the Cochrane Library (CDSR 2016, Issue 1) for systematic reviews of randomised controlled trials (RCTs), after which we tracked any included reviews for updates, and tracked protocols in case of full review publication until an arbitrary cut-off date of 21 March 2016 (CDSR 2016, Issue 3). We assessed the methodological quality of the reviews using the AMSTAR tool, and also planned to analyse data for each painful condition based on quality of the evidence.

Main results
We included 21 reviews with 381 included studies and 37,143 participants. Of these, 264 studies (19,642 participants) examined exercise versus no exercise/minimal intervention in adults with chronic pain and were used in the qualitative analysis.

Authors’ conclusions
The quality of the evidence examining physical activity and exercise for chronic pain is low. This is largely due to small sample sizes and potentially underpowered studies. A number of studies had adequately long interventions, but planned follow-up was limited to less than one year in all but six reviews.
Oxcarbazepine add-on for drug-resistant partial epilepsy
Atim-Oluk, Margaret. Jackson, Cerian F. Marson, Anthony G. Institution Cerian F Jackson .
Oxcarbazepine add-on for drug-resistant partial epilepsy.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10839
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the efficacy and tolerability of oxcarbazepine when used as an add-on treatment for patients with drug-resistant partial epilepsy.
Issue Part 4
Date of Publication 2017

Oral paracetamol (acetaminophen) for cancer pain
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-11054
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the efficacy of oral paracetamol (acetaminophen) for cancer pain in adults and children, and the adverse events associated with its use in clinical trials.
Issue Part 4
Date of Publication 2017
Oral anti-diabetic pharmacological therapies for the treatment of women with gestational diabetes


Institution
Julie Brown.


EBM Reviews - Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews

[Systematic Review]
AN: 00075320-10000000-10363

Background

Gestational diabetes mellitus (GDM) is a major public health issue with rates increasing globally. Gestational diabetes, glucose intolerance first recognised during pregnancy, usually resolves after birth and is associated with short- and long-term complications for the mother and her infant. Treatment options can include oral anti-diabetic pharmacological therapies.

Objectives

To evaluate the effects of oral anti-diabetic pharmacological therapies for treating women with GDM.

Search methods

We searched Cochrane Pregnancy and Childbirth's Trials Register (14 May 2016), (14 May 2016) and reference lists of retrieved studies.

Selection criteria

We included published and unpublished randomised controlled trials assessing the effects of oral anti-diabetic pharmacological therapies for treating pregnant women with GDM. We included studies comparing oral anti-diabetic pharmacological therapies with 1) placebo/standard care, 2) another oral anti-diabetic pharmacological therapy, 3) combined oral anti-diabetic pharmacological therapies. Trials using insulin as the comparator were excluded as they are the subject of a separate Cochrane systematic review.

Data collection and analysis

Two review authors independently assessed trials for inclusion and trial quality. Two review authors independently extracted data and data were checked for accuracy.

Main results

We included 11 studies (19 publications) (1487 women and their babies). Eight studies had data that could be included in meta-analyses. Studies were conducted in Brazil, India, Israel, UK,
South Africa and USA. The studies varied in diagnostic criteria and treatment targets for
glycaemic control for GDM. The overall risk of bias was ‘unclear’ due to inadequate reporting of
methodology. Using GRADE the quality of the evidence ranged from moderate to very low
quality. Evidence was downgraded for risk of bias (reporting bias, lack of blinding), inconsistency,
indirectness, imprecision and for oral anti-diabetic therapy versus placebo for generalisability.

Authors’ conclusions
There were insufficient data comparing oral anti-diabetic pharmacological therapies with
placebo/standard care (lifestyle advice) to inform clinical practice. There was insufficient high-
quality evidence to be able to draw any meaningful conclusions as to the benefits of one oral anti-
diabetic pharmacological therapy over another due to limited reporting of data for the primary and
secondary outcomes in this review. Short- and long-term clinical outcomes for this review were
inadequately reported or not reported. Current choice of oral anti-diabetic pharmacological
therapy appears to be based on clinical preference, availability and national clinical practice
guidelines.
Issue Part
1
Date of Publication
2017

818.
Lamotrigine versus carbamazepine monotherapy for epilepsy: an individual participant data
review
Nevitt, Sarah J.  Tudur Smith, Catrin.  Weston, Jennifer.  Marson, Anthony G.Institution Sarah J
Nevitt .TI Lamotrigine versus carbamazepine monotherapy for epilepsy: an individual participant
data review.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-10000000-00555
Background
This is an updated version of the original Cochrane review published in Issue 1, 2006 of the
Cochrane Database of Systematic Reviews.
Objectives
To review the time to withdrawal, remission and first seizure with lamotrigine compared to carbamazepine when used as monotherapy in people with partial onset seizures (simple or complex partial and secondarily generalised) or generalised onset tonic-clonic seizures (with or without other generalised seizure types).

Search methods
The first searches for this review were run in 1997. For the most recent update we searched the Cochrane Epilepsy Group Specialized Register (17 October 2016), the Cochrane Central Register of Controlled Trials (CENTRAL) via the Cochrane Register of Studies Online (CRSO, 17 October 2016) and MEDLINE (Ovid, 1946 to 17 October 2016). We imposed no language restrictions. We also contacted pharmaceutical companies and trial investigators.

Selection criteria
Randomised controlled trials in children or adults with partial onset seizures or generalised onset tonic-clonic seizures comparing monotherapy with either carbamazepine or lamotrigine.

Data collection and analysis
This was an individual participant data (IPD) review. Our primary outcome was time to withdrawal of allocated treatment and our secondary outcomes were time to first seizure post-randomisation, time to six-month, 12-month and 24-month remission, and incidence of adverse events. We used Cox proportional hazards regression models to obtain trial-specific estimates of hazard ratios (HRs) with 95% confidence intervals (CIs), using the generic inverse variance method to obtain the overall pooled HR and 95% CI.

Main results
We included 13 studies in this review. Individual participant data were available for 2572 participants out of 3394 eligible individuals from nine out of 13 trials: 78% of the potential data. For remission outcomes, a HR < 1 indicated an advantage for carbamazepine and for first seizure and withdrawal outcomes a HR < 1 indicated an advantage for lamotrigine.

Authors’ conclusions
Lamotrigine was significantly less likely to be withdrawn than carbamazepine but the results for time to first seizure suggested that carbamazepine may be superior in terms of seizure control. A choice between these first-line treatments must be made with careful consideration. We recommend that future trials should be designed to the highest quality possible with consideration of masking, choice of population, classification of seizure type, duration of follow-up, choice of outcomes and analysis, and presentation of results.

Issue Part
4

Date of Publication
2017
Immediate referral to colposcopy versus cytological surveillance for minor cervical cytological abnormalities in the absence of HPV test


TI Immediate referral to colposcopy versus cytological surveillance for minor cervical cytological abnormalities in the absence of HPV test.

EBM Reviews - Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Systematic Review]

AN: 00075320-100000000-08230

Background

A significant number of women are diagnosed with minor cytological abnormalities on cervical screening. Many authorities recommend surveillance as spontaneous regression might occur. However, attendance for cytological follow-up decreases with time and might put some women at risk of developing invasive disease.

Objectives

To assess the optimum management strategy for women with minor cervical cytological abnormalities (atypical squamous cells of undetermined significance - ASCUS or low-grade squamous intra-epithelial lesions - LSIL) at primary screening in the absence of HPV (human papillomavirus) DNA test.

Search methods

We searched the following electronic databases: Cochrane Central Register of Controlled Trials (CENTRAL Issue 4, 2016), MEDLINE (1946 to April week 2 2016) and Embase (1980 to 2016 week 16).

Selection criteria

We included randomised controlled trials (RCTs) comparing immediate colposcopy to cytological surveillance in women with atypical squamous cells of undetermined significance (ASCUS/borderline) or low-grade squamous intra-epithelial lesions (LSIL/mild dyskaryosis).

Data collection and analysis

The primary outcome measure studied was the occurrence of cervical intra-epithelial neoplasia (CIN). The secondary outcome measures studied included default rate, clinically significant anxiety and depression, and other self-reported adverse effects.
Main results
We identified five RCTs with 11,466 participants that fulfilled the inclusion criteria. There were 18 cases of invasive cervical cancer, seven in the immediate colposcopy and 11 in the cytological surveillance groups, respectively. Although immediate colposcopy detects CIN2+ and CIN3+ earlier than cytology, the differences were no longer observed at 24 months (CIN2+: 3 studies, 4331 women; 17.9% versus 18.3%, RR 1.14, CI 0.66 to 1.97; CIN3+: 3 studies, 4331 women; 10.3% versus 11.9%, RR 1.02, CI 0.53 to 1.97). The inter-study heterogeneity was considerable ($I^2$ greater than 90%). Furthermore, the inclusion of the results of the exit examinations at 24 months, which could inflate the CIN detection rate of cytological surveillance, may have led to study design-derived bias; we therefore considered the evidence to be of low quality.

Authors’ conclusions
Based on low- or moderate-quality evidence using the GRADE approach and generally low risk of bias, the detection rate of CIN2+ or CIN3+ after two years does not appear to differ between immediate colposcopy and cytological surveillance in the absence of HPV testing, although women may default from follow-up. Immediate colposcopy probably leads to earlier detection of high-grade lesions, but also detects more clinically insignificant low-grade lesions. Colposcopy may therefore be the first choice when good compliance is not assured. These results emphasize the need for an accurate reflex HPV triage test to distinguish women who need diagnostic follow-up from those who can return safely to routine recall.

Issue Part
2
Date of Publication
2017

Dietary fibre for the prevention of recurrent colorectal adenomas and carcinomas

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
Background
This is an update of the Cochrane review published in 2002.

Objectives
To assess the effect of dietary fibre on the recurrence of colorectal adenomatous polyps in people with a known history of adenomatous polyps and on the incidence of CRC compared to placebo. Further, to identify the reported incidence of adverse effects, such as abdominal pain or diarrhoea, that resulted from the fibre intervention.

Search methods
We identified randomised controlled trials (RCTs) from Cochrane Colorectal Cancer's Specialised Register, CENTRAL, MEDLINE and Embase (search date, 4 April 2016). We also searched ClinicalTrials.gov and WHO International Trials Registry Platform on October 2016.

Selection criteria
We included RCTs or quasi-RCTs. The population were those having a history of adenomatous polyps, but no previous history of CRC, and repeated visualisation of the colon/rectum after at least two-years' follow-up. Dietary fibre was the intervention. The primary outcomes were the number of participants with: 1. at least one adenoma, 2. more than one adenoma, 3. at least one adenoma greater than or equal to 1 cm, or 4. a new diagnosis of CRC. The secondary outcome was the number of adverse events.

Data collection and analysis
Two reviewers independently extracted data, assessed trial quality and resolved discrepancies by consensus. We used risk ratios (RR) and risk difference (RD) with 95% confidence intervals (CI) to measure the effect. If statistical significance was reached, we reported the number needed to treat for an additional beneficial outcome (NNTB) or harmful outcome (NNTH). We combined the study data using the fixed-effect model if it was clinically, methodologically, and statistically reasonable.

Main results
We included seven studies, of which five studies with 4798 participants provided data for analyses in this review. The mean ages of the participants ranged from 56 to 66 years. All participants had a history of adenomas, which had been removed to achieve a polyp-free colon at baseline. The interventions were wheat bran fibre, ispaghula husk, or a comprehensive dietary intervention with high fibre whole food sources alone or in combination. The comparators were low-fibre (2 to 3 g per day), placebo, or a regular diet. The combined data showed no statistically significant difference between the intervention and control groups for the number of participants with at least one adenoma (5 RCTs, n = 3641, RR 1.04, 95% CI 0.95 to 1.13, low-quality evidence), more than one adenoma (2 RCTs, n = 2542, RR 1.06, 95% CI 0.94 to 1.20, low-quality evidence), or at least one adenoma 1 cm or greater (4 RCTs, n = 3224, RR 0.99, 95% CI 0.82 to
1.20, low-quality evidence) at three to four years. The results on the number of participants diagnosed with colorectal cancer favoured the control group over the dietary fibre group (2 RCTS, n = 2794, RR 2.70, 95% CI 1.07 to 6.85, low-quality evidence). After 8 years of comprehensive dietary intervention, no statistically significant difference was found in the number of participants with at least one recurrent adenoma (1 RCT, n = 1905, RR 0.97, 95% CI 0.78 to 1.20), or with more than one adenoma (1 RCT, n = 1905, RR 0.89, 95% CI 0.64 to 1.24). More participants given ispaghula husk group had at least one recurrent adenoma than the control group (1 RCT, n = 376, RR 1.45, 95% CI 1.01 to 2.08). Other analyses by types of fibre intervention were not statistically significant. The overall dropout rate was over 16% in these trials with no reasons given for these losses. Sensitivity analysis incorporating these missing data shows that none of the results can be considered as robust; when the large numbers of participants lost to follow-up were assumed to have had an event or not, the results changed sufficiently to alter the conclusions that we would draw. Therefore, the reliability of the findings may have been compromised by these missing data (attrition bias) and should be interpreted with caution.

Authors’ conclusions

There is a lack of evidence from existing RCTs to suggest that increased dietary fibre intake will reduce the recurrence of adenomatous polyps in those with a history of adenomatous polyps within a two to eight year period. However, these results may be unreliable and should be interpreted cautiously, not only because of the high rate of loss to follow-up, but also because adenomatous polyp is a surrogate outcome for the unobserved true endpoint CRC. Longer-term trials with higher dietary fibre levels are needed to enable confident conclusion.

Issue Part 1
Date of Publication 2017

821.
Carbamazepine versus phenobarbitone monotherapy for epilepsy: an individual participant data review
EBM Reviews - Cochrane Database of Systematic Reviews
Background
This is an updated version of the original Cochrane Review, first published in Issue 1, 2003 and updated in 2015. This review is one in a series of Cochrane Reviews investigating pair-wise monotherapy comparisons.

Objectives
To review the time to withdrawal, remission, and first seizure of carbamazepine compared with phenobarbitone when used as monotherapy in people with partial onset seizures (simple or complex partial and secondarily generalised) or generalised onset tonic-clonic seizures (with or without other generalised seizure types).

Search methods
For the latest update, we searched the following databases on 18 August 2016: the Cochrane Epilepsy Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL) via the Cochrane Register of Studies Online (CRSO), MEDLINE (Ovid, from 1946), the US National Institutes of Health Ongoing Trials Register (), and the World Health Organization International Clinical Trials Registry Platform (). Previously we also searched SCOPUS (from 1823) as an alternative to Embase, but this is no longer necessary, because randomised controlled trials (RCTs) and quasi-RCTs in Embase are now included in CENTRAL. We handsearched relevant journals and contacted pharmaceutical companies, original trial investigators, and experts in the field.

Selection criteria
RCTs in children or adults with partial onset seizures or generalised onset tonic-clonic seizures with a comparison of carbamazepine monotherapy versus phenobarbitone monotherapy.

Data collection and analysis
This was an individual participant data (IPD) review. Our primary outcome was 'time to withdrawal of allocated treatment', and our secondary outcomes were 'time to achieve 12-month remission', 'time to achieve six-month remission', 'time to first seizure post-randomisation', and 'adverse events'. We used Cox proportional hazards regression models to obtain study-specific estimates of hazard ratios (HRs) with 95% confidence intervals (CIs), with the generic inverse variance method used to obtain the overall pooled HR and 95% CI.

Main results
IPD were available for 836 participants out of 1455 eligible individuals from six out of 13 trials; 57% of the potential data. For remission outcomes, HR > 1 indicated an advantage for phenobarbitone, and for first seizure and withdrawal outcomes, HR > 1 indicated an advantage for carbamazepine.
Authors’ conclusions
Overall, we found evidence suggestive of an advantage for carbamazepine in terms of drug effectiveness compared with phenobarbitone (retention of the drug in terms of seizure control and adverse events) and evidence suggestive of an association between treatment effect and seizure type for time to first seizure recurrence (phenobarbitone favoured for partial seizures and carbamazepine favoured for generalised seizures). However, this evidence was judged to be of low quality due to poor methodological quality and the potential impact on individual study results (and therefore variability (heterogeneity) present in the analysis within this review), we encourage caution when interpreting the results of this review and do not advocate that the results of this review alone should be used in choosing between carbamazepine and phenobarbitone. We recommend that future trials should be designed to the highest quality possible with considerations for allocation concealment and masking, choice of population, choice of outcomes and analysis, and presentation of results.

Issue Part
4
Date of Publication
2017

822.
Ataluren and similar compounds (specific therapies for premature termination codon class I mutations) for cystic fibrosis
Aslam, Aisha A. Higgins, Colin. Sinha, Ian P. Southern, Kevin W.Institution Kevin W Southern .TI Ataluren and similar compounds (specific therapies for premature termination codon class I mutations) for cystic fibrosis.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-10433
Background
Cystic fibrosis is a common life-shortening genetic disorder in the Caucasian population (less common in other ethnic groups) caused by the mutation of a single gene that codes for the production of the cystic fibrosis transmembrane conductance regulator protein. This protein coordinates the transport of salt (and bicarbonate) across cell surfaces and the mutation most
notably affects the airways. In the lungs of people with cystic fibrosis, defective protein results in a dehydrated surface liquid and compromised mucociliary clearance. The resulting thick mucus makes the airway prone to chronic infection and inflammation, which consequently damages the structure of the airways, eventually leading to respiratory failure. Additionally, abnormalities in the cystic fibrosis transmembrane conductance regulator protein lead to other systemic complications including malnutrition, diabetes and subfertility.

Objectives
To evaluate the benefits and harms of ataluren and similar compounds on clinically important outcomes in people with cystic fibrosis with class I mutations (premature termination codons).

Search methods
We searched the Cochrane Cystic Fibrosis Trials Register which is compiled from electronic database searches and handsearching of journals and conference abstract books. We also searched the reference lists of relevant articles. Last search of Group's register: 24 October 2016.

Selection criteria
Randomised controlled trials of parallel design comparing ataluren and similar compounds (specific therapies for class I mutations) with placebo in people with cystic fibrosis who have at least one class I mutation. Cross-over trials were reviewed individually to evaluate whether data from the first treatment arm could be included. We excluded trials that combined therapies for premature termination codon class I mutations with other mutation-specific therapies.

Data collection and analysis
The authors independently assessed the risk of bias and extracted data from the included trial; they contacted trial authors for additional data.

Main results
Our searches identified 28 references to eight trials; five trials were excluded (three were cross-over and one was not randomised and one did not have relevant outcomes), one cross-over trial is awaiting classification pending provision of data and one trial is ongoing. The included parallel randomised controlled trial compared ataluren to placebo for a duration of 48 weeks in 238 participants (age range 6 to 53 years) with cystic fibrosis who had at least one nonsense mutation (a type of class I mutation).

Authors’ conclusions
There is currently insufficient evidence to determine the effect of ataluren as a therapy for people with cystic fibrosis with class I mutations. Future trials should carefully assess for adverse events, notably renal impairment and consider the possibility of drug interactions. Cross-over trials should be avoided given the potential for the treatment to change the natural history of cystic fibrosis.

Issue Part
1

Date of Publication
Aspirin for acute treatment of episodic tension-type headache in adults
Derry, Sheena. Wiffen, Philip J. Moore, Andrew R.Institution Sheena Derry .TI Aspirin for acute treatment of episodic tension-type headache in adults.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-10000000-10252

Background
Tension-type headache (TTH) affects about 1 person in 5 worldwide. It is divided into infrequent episodic TTH (fewer than one headache per month), frequent episodic TTH (two to 14 headache days per month), and chronic TTH (15 headache days per month or more). Aspirin is one of a number of analgesics suggested for acute treatment of episodic TTH.

Objectives
To assess the efficacy and safety of aspirin for acute treatment of episodic tension-type headache (TTH) in adults compared with placebo or any active comparator.

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, and the Oxford Pain Relief Database from inception to September 2016, and also reference lists of relevant published studies and reviews. We sought unpublished studies by asking personal contacts and searching online clinical trial registers and manufacturers' websites.

Selection criteria
We included randomised, double-blind, placebo-controlled studies (parallel-group or cross-over) using oral aspirin for symptomatic relief of an acute episode of TTH. Studies had to be prospective, with participants aged 18 years or over, and include at least 10 participants per treatment arm.

Data collection and analysis
Two review authors independently assessed studies for inclusion and extracted data. For various outcomes (predominantly those recommended by the International Headache Society (IHS)), we calculated the risk ratio (RR) and number needed to treat for one additional beneficial outcome
(NNT), one additional harmful outcome (NNH), or to prevent one event (NNTp) for oral aspirin compared to placebo or an active intervention.

Main results
We included five studies enrolling adults with frequent episodic TTH; 1812 participants took medication, of which 767 were included in comparisons of aspirin 1000 mg with placebo, and 405 in comparisons of aspirin 500 mg or 650 mg with placebo. Not all of these participants provided data for outcomes of interest in this review. Four studies specified using IHS diagnostic criteria; one predated commonly recognised criteria, but described comparable characteristics and excluded migraine. All participants treated headaches of at least moderate pain intensity.

Authors’ conclusions
A single dose of aspirin between 500 mg and 1000 mg provided some benefit in terms of less frequent use of rescue medication and more participants satisfied with treatment compared with placebo in adults with frequent episodic TTH who have an acute headache of moderate or severe intensity. There was no difference between a single dose of aspirin and placebo for the number of people experiencing adverse events. The amount and quality of the evidence was very limited and should be interpreted with caution.

Issue Part
1

Date of Publication
2017

824.
Alvimopan for recovery of bowel function after radical cystectomy
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-10511
Background
Alvimopan is used in abdominal surgery to reduce postoperative ileus in patients undergoing small bowel resections with primary anastomosis. The role and efficacy of alvimopan in patients undergoing radical cystectomy with urinary diversion is not well understood.
Objectives
To assess the effects of alvimopan in the context of enhanced recovery pathways compared to enhanced recovery pathways alone for perioperative bowel dysfunction in patients undergoing radical cystectomy.

Search methods
The terms alvimopan and cystectomy were used to search the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, and Embase. We also reviewed abstracts from the past four years (2013 to 2016) of the American Urologic Association, Society of Urologic Oncology, and American Society of Clinical Oncology Genitourinary Cancers.

Selection criteria
We searched for randomized controlled trials that compared alvimopan to placebo.

Data collection and analysis
This study was based on a published protocol. We performed a comprehensive search of multiple databases including CENTRAL in the Cochrane Library, MEDLINE, Embase, LILACS, Web of Science, Scopus and Biosis, which we last updated on 6 February 2017. We also searched abstract proceedings for major relevant meetings (2013 to 2016), databases of the grey literature, trial registries, citations of relevant reviews and contacted clinical experts and the drug manufacturer.

Main results
Based on a single trial and moderate-quality evidence, alvimopan reduced the time to reach a composite endpoint of tolerance of solid food and documented bowel movements (hazard ratio (HR) 1.77, 95% confidence interval (CI) 1.41 to 2.23). This represents 165 more patients (109 more to 207 more) per 1000 meeting this endpoint within 10 days of surgery. Based on moderate-quality evidence, alvimopan reduced the time to hospital discharge (HR 1.67, 95% CI 1.38 to 2.01). This represents 138 more patients (82 more to 198 more) per 1000 being discharged within 10 days of surgery. Also based on moderate-quality evidence, alvimopan was associated with a reduced risk of major adverse events (risk ratio (RR) 0.28, 95% CI 0.18 to 0.44) representing 355 fewer patients (404 fewer to 276 fewer) with major adverse events per 1000. We downgraded this outcome for indirectness as it included adverse events that we did not consider major.

Authors’ conclusions
In patients undergoing radical cystectomy and urinary diversion, the use of alvimopan administered as part of an enhanced recovery pathway for a limited duration (up to 15 doses for up to seven days) probably reduces the time to tolerance of solid food, time to hospital discharge and rates of major adverse events. Readmission rates, rates of cardiovascular events and narcotic pain requirements are probably similar. The need for reinsertion of nasogastric tubes is reduced. We found no evidence for the impact on rates of parenteral nutrition within 30 postoperative days.
Surgical interventions for the management of chronic groin pain after hernia repair (postherniorrhaphy inguinodynia) in adults

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-11047
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the efficacy and safety of surgical interventions for the management of groin pain as a consequence of previous inguinal hernia repair in adults.

Serum C-reactive protein, procalcitonin, and lactate dehydrogenase for the diagnosis of pancreatic necrosis
Background
The treatment of people with pancreatic necrosis differs from that of people with oedematous
pancreatitis. It is important to know the diagnostic accuracy of serum C-reactive protein (CRP),
serum procalcitonin, and serum lactate dehydrogenase (LDH) as a triage test for the detection of
pancreatic necrosis in people with acute pancreatitis, so that an informed decision can be made
as to whether the person with pancreatic necrosis needs further investigations such as computed
tomography (CT) scan or magnetic resonance imaging (MRI) scan and treatment for pancreatic
necrosis started. There is currently no standard clinical practice, although CRP, particularly an
increasing trend of CRP, is often used as a triage test to determine whether the person requires
further imaging. There is also currently no systematic review of the diagnostic test accuracy of
CRP, procalcitonin, and LDH for the diagnosis of pancreatic necrosis in people with acute
pancreatitis.

Objectives
To compare the diagnostic accuracy of CRP, procalcitonin, or LDH (index test), either alone or in
combination, in the diagnosis of necrotising pancreatitis in people with acute pancreatitis and
without organ failure.

Search methods
We searched MEDLINE, Embase, Science Citation Index Expanded, National Institute for Health
Research (NIHR HTA and DARE), and other databases until March 2017. We searched the
references of the included studies to identify additional studies. We did not restrict studies based
on language or publication status, or whether data were collected prospectively or retrospectively.
We also performed a 'related search' and 'citing reference' search in MEDLINE and Embase.

Selection criteria
We included all studies that evaluated the diagnostic test accuracy of CRP, procalcitonin, and
LDH for the diagnosis of pancreatic necrosis in people with acute pancreatitis using the following
reference standards, either alone or in combination: radiological features of pancreatic necrosis
(contrast-enhanced CT or MRI), surgeon's judgement of pancreatic necrosis during surgery, or
histological confirmation of pancreatic necrosis. Had we found case-control studies, we planned
to exclude them because they are prone to bias; however, we did not locate any. Two review
authors independently identified the relevant studies from the retrieved references.
Data collection and analysis
Two review authors independently extracted data, including methodological quality assessment, from the included studies. As the included studies reported CRP, procalcitonin, and LDH on different days of admission and measured at different cut-off levels, it was not possible to perform a meta-analysis using the bivariate model as planned. We have reported the sensitivity, specificity, post-test probability of a positive and negative index test along with 95% confidence interval (CI) on each of the different days of admission and measured at different cut-off levels.

Main results
A total of three studies including 242 participants met the inclusion criteria for this review. One study reported the diagnostic performance of CRP for two threshold levels (> 200 mg/L and > 279 mg/L) without stating the day on which the CRP was measured. One study reported the diagnostic performance of procalcitonin on day 1 (1 day after admission) using a threshold level of 0.5 ng/mL. One study reported the diagnostic performance of CRP on day 3 (3 days after admission) using a threshold level of 140 mg/L and LDH on day 5 (5 days after admission) using a threshold level of 290 U/L. The sensitivities and specificities varied: the point estimate of the sensitivities ranged from 0.72 to 0.88, while the point estimate of the specificities ranged from 0.75 to 1.00 for the different index tests on different days of hospital admission. However, the confidence intervals were wide: confidence intervals of sensitivities ranged from 0.51 to 0.97, while those of specificities ranged from 0.18 to 1.00 for the different tests on different days of hospital admission. Overall, none of the tests assessed in this review were sufficiently accurate to suggest that they could be useful in clinical practice.

Authors’ conclusions
The paucity of data and methodological deficiencies in the studies meant that it was not possible to arrive at any conclusions regarding the diagnostic test accuracy of the index test because of the uncertainty of the results. Further well-designed diagnostic test accuracy studies with prespecified index test thresholds of CRP, procalcitonin, LDH; appropriate follow-up (for at least two weeks to ensure that the person does not have pancreatic necrosis, as early scans may not indicate pancreatic necrosis); and clearly defined reference standards (of surgical or radiological confirmation of pancreatic necrosis) are important to reliably determine the diagnostic accuracy of CRP, procalcitonin, and LDH.

Issue Part
4
Date of Publication
2017
Serum amylase and lipase and urinary trypsinogen and amylase for diagnosis of acute pancreatitis
lipase and urinary trypsinogen and amylase for diagnosis of acute pancreatitis.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-10403
Background
The treatment of people with acute abdominal pain differs if they have acute pancreatitis. It is
important to know the diagnostic accuracy of serum amylase, serum lipase, urinary trypsinogen-
2, and urinary amylase for the diagnosis of acute pancreatitis, so that an informed decision can
be made as to whether the person with abdominal pain has acute pancreatitis. There is currently
no Cochrane review of the diagnostic test accuracy of serum amylase, serum lipase, urinary
trypsinogen-2, and urinary amylase for the diagnosis of acute pancreatitis.
Objectives
To compare the diagnostic accuracy of serum amylase, serum lipase, urinary trypsinogen-2, and
urinary amylase, either alone or in combination, in the diagnosis of acute pancreatitis in people
with acute onset of a persistent, severe epigastric pain or diffuse abdominal pain.
Search methods
We searched MEDLINE, Embase, Science Citation Index Expanded, National Institute for Health
Research (NIHR HTA and DARE), and other databases until March 2017. We searched the
references of the included studies to identify additional studies. We did not restrict studies based
on language or publication status, or whether data were collected prospectively or retrospectively.
We also performed a 'related search' and 'citing reference' search in MEDLINE and Embase.
Selection criteria
We included all studies that evaluated the diagnostic test accuracy of serum amylase, serum
lipase, urinary trypsinogen-2, and urinary amylase for the diagnosis of acute pancreatitis. We
excluded case-control studies because these studies are prone to bias. We accepted any of the
following reference standards: biopsy, consensus conference definition, radiological features of
acute pancreatitis, diagnosis of acute pancreatitis during laparotomy or autopsy, and organ
failure. At least two review authors independently searched and screened the references located
by the search to identify relevant studies.
Data collection and analysis
Two review authors independently extracted data from the included studies. The thresholds used for the diagnosis of acute pancreatitis varied in the trials, resulting in sparse data for each index test. Because of sparse data, we used -2 log likelihood values to determine which model to use for meta-analysis. We calculated and reported the sensitivity, specificity, post-test probability of a positive and negative index test along with 95% confidence interval (CI) for each cutoff, but have reported only the results of the recommended cutoff of three times normal for serum amylase and serum lipase, and the manufacturer-recommended cutoff of 50 mg/mL for urinary trypsinogen-2 in the abstract.

Main results
Ten studies including 5056 participants met the inclusion criteria for this review and assessed the diagnostic accuracy of the index tests in people presenting to the emergency department with acute abdominal pain. The risk of bias was unclear or high for all of the included studies. The study that contributed approximately two-thirds of the participants included in this review was excluded from the results of the analysis presented below due to major concerns about the participants included in the study. We have presented only the results where at least two studies were included in the analysis.

Authors’ conclusions
As about a quarter of people with acute pancreatitis fail to be diagnosed as having acute pancreatitis with the evaluated tests, one should have a low threshold to admit the patient and treat them for acute pancreatitis if the symptoms are suggestive of acute pancreatitis, even if these tests are normal. About 1 in 10 patients without acute pancreatitis may be wrongly diagnosed as having acute pancreatitis with these tests, therefore it is important to consider other conditions that require urgent surgical intervention, such as perforated viscus, even if these tests are abnormal.
Background
In people with acute pancreatitis, it is unclear what the role should be for medical treatment as an addition to supportive care such as fluid and electrolyte balance and organ support in people with organ failure.

Objectives
To assess the effects of different pharmacological interventions in people with acute pancreatitis.

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL, 2016, Issue 9), MEDLINE, Embase, Science Citation Index Expanded, and trial registers to October 2016 to identify randomised controlled trials (RCTs). We also searched the references of included trials to identify further trials.

Selection criteria
We considered only RCTs performed in people with acute pancreatitis, irrespective of aetiology, severity, presence of infection, language, blinding, or publication status for inclusion in the review.

Data collection and analysis
Two review authors independently identified trials and extracted data. We did not perform a network meta-analysis as planned because of the lack of information on potential effect modifiers and differences of type of participants included in the different comparisons, when information was available. We calculated the odds ratio (OR) with 95% confidence intervals (CIs) for the binary outcomes and rate ratios with 95% CIs for count outcomes using a fixed-effect model and random-effects model.

Main results
We included 84 RCTs with 8234 participants in this review. Six trials (N = 658) did not report any of the outcomes of interest for this review. The remaining 78 trials excluded 210 participants after randomisation. Thus, a total of 7366 participants in 78 trials contributed to one or more outcomes for this review. The treatments assessed in these 78 trials included antibiotics, antioxidants, aprotinin, atropine, calcitonin, cimetidine, EDTA (ethylenediaminetetraacetic acid), gabexate, glucagon, iniprol, lexipafant, NSAIDs (non-steroidal anti-inflammatory drugs), octreotide, oxyphenonium, probiotics, activated protein C, somatostatin, somatostatin plus omeprazole, somatostatin plus ulinastatin, thymosin, ulinastatin, and inactive control. Apart from the
comparison of antibiotics versus control, which included a large proportion of participants with necrotising pancreatitis, the remaining comparisons had only a small proportion of patients with this condition. Most trials included either only participants with severe acute pancreatitis or included a mixture of participants with mild acute pancreatitis and severe acute pancreatitis (75 trials). Overall, the risk of bias in trials was unclear or high for all but one of the trials.

Authors’ conclusions
Very low-quality evidence suggests that none of the pharmacological treatments studied decrease short-term mortality in people with acute pancreatitis. However, the confidence intervals were wide and consistent with an increase or decrease in short-term mortality due to the interventions. We did not find consistent clinical benefits with any intervention. Because of the limitations in the prognostic scoring systems and because damage to organs may occur in acute pancreatitis before they are clinically manifest, future trials should consider including pancreatitis of all severity but power the study to measure the differences in the subgroup of people with severe acute pancreatitis. It may be difficult to power the studies based on mortality. Future trials in participants with acute pancreatitis should consider other outcomes such as complications or health-related quality of life as primary outcomes. Such trials should include health-related quality of life, costs, and return to work as outcomes and should follow patients for at least three months (preferably for at least one year).

Issue Part
4
Date of Publication
2017

829.
Imaging modalities for characterising focal pancreatic lesions
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-08566
Background
Increasing numbers of incidental pancreatic lesions are being detected each year. Accurate characterisation of pancreatic lesions into benign, precancerous, and cancer masses is crucial in deciding whether to use treatment or surveillance. Distinguishing benign lesions from precancerous and cancerous lesions can prevent patients from undergoing unnecessary major surgery. Despite the importance of accurately classifying pancreatic lesions, there is no clear algorithm for management of focal pancreatic lesions.

Objectives
To determine and compare the diagnostic accuracy of various imaging modalities in detecting cancerous and precancerous lesions in people with focal pancreatic lesions.

Search methods
We searched the CENTRAL, MEDLINE, Embase, and Science Citation Index until 19 July 2016. We searched the references of included studies to identify further studies. We did not restrict studies based on language or publication status, or whether data were collected prospectively or retrospectively.

Selection criteria
We planned to include studies reporting cross-sectional information on the index test (CT (computed tomography), MRI (magnetic resonance imaging), PET (positron emission tomography), EUS (endoscopic ultrasound), EUS elastography, and EUS-guided biopsy or FNA (fine-needle aspiration)) and reference standard (confirmation of the nature of the lesion was obtained by histopathological examination of the entire lesion by surgical excision, or histopathological examination for confirmation of precancer or cancer by biopsy and clinical follow-up of at least six months in people with negative index tests) in people with pancreatic lesions irrespective of language or publication status or whether the data were collected prospectively or retrospectively.

Data collection and analysis
Two review authors independently searched the references to identify relevant studies and extracted the data. We planned to use the bivariate analysis to calculate the summary sensitivity and specificity with their 95% confidence intervals and the hierarchical summary receiver operating characteristic (HSROC) to compare the tests and assess heterogeneity, but used simpler models (such as univariate random-effects model and univariate fixed-effect model) for combining studies when appropriate because of the sparse data. We were unable to compare the diagnostic performance of the tests using formal statistical methods because of sparse data.

Main results
We included 54 studies involving a total of 3,196 participants evaluating the diagnostic accuracy of various index tests. In these 54 studies, eight different target conditions were identified with different final diagnoses constituting benign, precancerous, and cancerous lesions. None of the studies was of high methodological quality. None of the comparisons in which single studies were
included was of sufficiently high methodological quality to warrant highlighting of the results. For differentiation of cancerous lesions from benign or precancerous lesions, we identified only one study per index test. The second analysis, of studies differentiating cancerous versus benign lesions, provided three tests in which meta-analysis could be performed. The sensitivities and specificities for diagnosing cancer were: EUS-FNA: sensitivity 0.79 (95% confidence interval (CI) 0.07 to 1.00), specificity 1.00 (95% CI 0.91 to 1.00); EUS: sensitivity 0.95 (95% CI 0.84 to 0.99), specificity 0.53 (95% CI 0.31 to 0.74); PET: sensitivity 0.92 (95% CI 0.80 to 0.97), specificity 0.65 (95% CI 0.39 to 0.84). The third analysis, of studies differentiating precancerous or cancerous lesions from benign lesions, only provided one test (EUS-FNA) in which meta-analysis was performed. EUS-FNA had moderate sensitivity for diagnosing precancerous or cancerous lesions (sensitivity 0.73 (95% CI 0.01 to 1.00) and high specificity 0.94 (95% CI 0.15 to 1.00), the extremely wide confidence intervals reflecting the heterogeneity between the studies). The fourth analysis, of studies differentiating cancerous (invasive carcinoma) from precancerous (dysplasia) provided three tests in which meta-analysis was performed. The sensitivities and specificities for diagnosing invasive carcinoma were: CT: sensitivity 0.72 (95% CI 0.50 to 0.87), specificity 0.92 (95% CI 0.81 to 0.97); EUS: sensitivity 0.78 (95% CI 0.44 to 0.94), specificity 0.91 (95% CI 0.61 to 0.98); EUS-FNA: sensitivity 0.66 (95% CI 0.03 to 0.99), specificity 0.92 (95% CI 0.73 to 0.98). The fifth analysis, of studies differentiating cancerous (high-grade dysplasia or invasive carcinoma) versus precancerous (low- or intermediate-grade dysplasia) provided six tests in which meta-analysis was performed. The sensitivities and specificities for diagnosing cancer (high-grade dysplasia or invasive carcinoma) were: CT: sensitivity 0.87 (95% CI 0.00 to 1.00), specificity 0.96 (95% CI 0.00 to 1.00); EUS: sensitivity 0.86 (95% CI 0.74 to 0.92), specificity 0.91 (95% CI 0.83 to 0.96); EUS-FNA: sensitivity 0.47 (95% CI 0.24 to 0.70), specificity 0.91 (95% CI 0.32 to 1.00); EUS-FNA carcinoembryonic antigen 200 ng/mL: sensitivity 0.58 (95% CI 0.28 to 0.83), specificity 0.51 (95% CI 0.19 to 0.81); MRI: sensitivity 0.69 (95% CI 0.44 to 0.86), specificity 0.93 (95% CI 0.43 to 1.00); PET: sensitivity 0.90 (95% CI 0.79 to 0.96), specificity 0.94 (95% CI 0.81 to 0.99). The sixth analysis, of studies differentiating cancerous (invasive carcinoma) from precancerous (low-grade dysplasia) provided no tests in which meta-analysis was performed. The seventh analysis, of studies differentiating precancerous or cancerous (intermediate- or high-grade dysplasia or invasive carcinoma) from precancerous (low-grade dysplasia) provided two tests in which meta-analysis was performed. The sensitivity and specificity for diagnosing cancer were: CT: sensitivity 0.83 (95% CI 0.68 to 0.92), specificity 0.83 (95% CI 0.64 to 0.93) and MRI: sensitivity 0.80 (95% CI 0.58 to 0.92), specificity 0.81 (95% CI 0.53 to 0.95), respectively. The eighth analysis, of studies differentiating precancerous or cancerous (intermediate- or high-grade dysplasia or invasive carcinoma) from precancerous (low-grade dysplasia) or benign lesions provided no test in which meta-analysis was performed.

Authors’ conclusions
We were unable to arrive at any firm conclusions because of the differences in the way that study authors classified focal pancreatic lesions into cancerous, precancerous, and benign lesions; the inclusion of few studies with wide confidence intervals for each comparison; poor methodological quality in the studies; and heterogeneity in the estimates within comparisons.

Issue Part
4
Date of Publication
2017

830.
Hydroxyurea (hydroxycarbamide) for sickle cell disease
Nevitt, Sarah J. Jones, Ashley P. Howard, Jo.Institution Sarah J Nevitt .TI Hydroxyurea (hydroxycarbamide) for sickle cell disease.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-01685
Background
Sickle cell disease (SCD) is one of the most common inherited diseases worldwide. It is associated with lifelong morbidity and a reduced life expectancy. Hydroxyurea (hydroxycarbamide), an oral chemotherapeutic drug, ameliorates some of the clinical problems of SCD, in particular that of pain, by raising fetal haemoglobin. This is an update of a previously published Cochrane Review.
Objectives
To assess the effects of hydroxyurea therapy in people with SCD (all genotypes), of any age, regardless of setting.
Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group Haemoglobinopathies Register, comprising of references identified from comprehensive electronic database searches and handsearches of relevant journals and abstract books of conference proceedings. We also searched online trial registries.
Selection criteria
Randomised and quasi-randomised controlled trials, of one month or longer, comparing hydroxyurea with placebo, standard therapy or other interventions for people with SCD.

Data collection and analysis
Authors independently assessed studies for inclusion, carried out data extraction and assessed the risk of bias.

Main results
Seventeen studies were identified in the searches; eight randomised controlled trials were included, recruiting 899 adults and children with SCD (haemoglobin SS (HbSS), haemoglobin SC (HbSC) or haemoglobin S[beta][masculine ordinal indicator]thalassaemia (HbS[beta][masculine ordinal indicator]thal) genotypes). Studies lasted from six to 30 months.

Authors’ conclusions
There is evidence to suggest that hydroxyurea is effective in decreasing the frequency of pain episodes and other acute complications in adults and children with sickle cell anaemia of HbSS or HbS[beta][masculine ordinal indicator]thal genotypes and in preventing life-threatening neurological events in those with sickle cell anaemia at risk of primary stroke by maintaining transcranial doppler velocities. However, there is still insufficient evidence on the long-term benefits of hydroxyurea, particularly in preventing chronic complications of SCD, recommending a standard dose or dose escalation to maximum tolerated dose. There is also insufficient evidence about the long-term risks of hydroxyurea, including its effects on fertility and reproduction. Evidence is also limited on the effects of hydroxyurea on individuals with HbSC genotype. Future studies should be designed to address such uncertainties.

Issue Part
4
Date of Publication
2017
Pelvic inflammatory disease (PID) is an infection that affects 4% to 12% of young women, and is one of the most common causes of morbidity in this age group. The main intervention for acute PID is the use of broad-spectrum antibiotics which cover Chlamydia trachomatis, Neisseria gonorrhoeae, and anaerobic bacteria, administered intravenously, intramuscularly, or orally. In this review, we assessed the optimal treatment regimen for PID.

Objectives

To assess the effectiveness and safety of antibiotic regimens used to treat pelvic inflammatory disease.

Search methods

We searched the Cochrane Sexually Transmitted Infections Review Group's Specialized Register, which included randomized controlled trials (RCTs) from 1944 to 2016, located through electronic searching and handsearching; the Cochrane Central Register of Controlled Trials (CENTRAL), Ovid platform (1991 to July 2016); MEDLINE (1946 to July 2016); Embase (1947 to July 2016); LILACS, iAHx interface (1982 to July 2016); World Health Organization International Clinical Trials Registry Platform (July 2016); Web of Science (2001 to July 2016); OpenGrey (1990, 1992, 1995, 1996, and 1997); and abstracts in selected publications.

Selection criteria

We included RCTs comparing the use of antibiotics with placebo or other antibiotics for the treatment of PID in women of reproductive age, either as inpatient or outpatient treatment. We limited our review to comparison of drugs in current use that are recommended for consideration by the 2015 US Centers for Disease Control and Prevention (CDC) guidelines for treatment of PID.

Data collection and analysis

At least two review authors independently selected trials for inclusion, extracted data, and assessed risk of bias. We contacted investigators to obtain missing information. We resolved disagreements by consensus or by consulting a fourth review author if necessary. We assessed the quality of the evidence using GRADE criteria, classifying it as high, moderate, low, or very low. We calculated Mantel-Haenszel risk ratios (RR), using either random-effects or fixed-effect models and number needed to treat for an additional beneficial outcome or for an additional harmful outcome, with their 95% confidence interval (CI), to measure the effect of the treatments. We conducted sensitivity analyses limited to studies at low risk of bias, for comparisons where such studies were available.

Main results
We included 37 RCTs (6348 women). The quality of the evidence ranged from very low to high, the main limitations being serious risk of bias (due to poor reporting of study methods and lack of blinding), serious inconsistency, and serious imprecision.

Authors’ conclusions
We found no conclusive evidence that one regimen of antibiotics was safer or more effective than any other for the cure of PID, and there was no clear evidence for the use of nitroimidazoles (metronidazole) compared to use of other drugs with activity over anaerobes. Moderate-quality evidence from a single study at low risk of bias suggested that a macrolide (azithromycin) may be more effective than a tetracycline (doxycycline) for curing mild-moderate PID. Our review considered only the drugs that are currently used and mentioned by the CDC.

Issue Part 4
Date of Publication
2017

Pharmacological interventions for acute hepatitis C infection
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-10049

Background
Hepatitis C virus (HCV) is a single-stranded RNA (ribonucleic acid) virus that has the potential to cause inflammation of the liver. The traditional definition of acute HCV infection is the first six months following infection with the virus. Another commonly used definition of acute HCV infection is the absence of HCV antibody and subsequent seroconversion (presence of HCV antibody in a person who was previously negative for HCV antibody). Approximately 40% to 95% of people with acute HCV infection develop chronic HCV infection, that is, have persistent HCV RNA in their blood. In 2010, an estimated 160 million people worldwide (2% to 3% of the world's
population) had chronic HCV infection. The optimal pharmacological treatment of acute HCV remains controversial. Chronic HCV infection can damage the liver.

Objectives
To assess the comparative benefits and harms of different pharmacological interventions in the treatment of acute HCV infection through a network meta-analysis and to generate rankings of the available pharmacological treatments according to their safety and efficacy. However, it was not possible to assess whether the potential effect modifiers were similar across different comparisons. Therefore, we did not perform the network meta-analysis and instead we assessed the comparative benefits and harms of different interventions versus each other or versus no intervention using standard Cochrane methodology.

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, Science Citation Index Expanded, World Health Organization International Clinical Trials Registry Platform, and randomised controlled trials registers to April 2016 to identify randomised clinical trials on pharmacological interventions for acute HCV infection.

Selection criteria
We included only randomised clinical trials (irrespective of language, blinding, or publication status) in participants with acute HCV infection. We excluded trials which included previously liver transplanted participants and those with other coexisting viral diseases. We considered any of the various pharmacological interventions compared with placebo or each other.

Data collection and analysis
We used standard methodological procedures expected by Cochrane. We calculated the odds ratio (OR) and rate ratio with 95% confidence intervals (CI) using both fixed-effect and random-effects models based on the available-participant analysis with Review Manager 5. We assessed risk of bias according to Cochrane, controlled risk of random errors with Trial Sequential Analysis, and assessed the quality of the evidence using GRADE.

Main results
We identified 10 randomised clinical trials with 488 randomised participants that met our inclusion criteria. All the trials were at high risk of bias in one or more domains. Overall, the evidence for all the outcomes was very low quality evidence. Nine trials (467 participants) provided information for one or more outcomes. Three trials (99 participants) compared interferon-alpha versus no intervention. Three trials (90 participants) compared interferon-beta versus no intervention. One trial (21 participants) compared pegylated interferon-alpha versus no intervention, but it did not provide any data for analysis. One trial (41 participants) compared MTH-68/B vaccine versus no intervention. Two trials (237 participants) compared pegylated interferon-alpha versus pegylated interferon-alpha plus ribavirin. None of the trials compared direct-acting antivirals versus placebo.
or other interventions. The mean or median follow-up period in the trials ranged from six to 36 months.

Authors’ conclusions

Very low quality evidence suggests that interferon-alpha may decrease the incidence of chronic HCV infection as measured by sustained virological response. However, the clinical impact such as improvement in health-related quality of life, reduction in cirrhosis, decompensated liver disease, and liver transplantation has not been reported. It is also not clear whether this finding is applicable in the current clinical setting dominated by the use of pegylated interferons and direct-acting antivirals, although we found no evidence to support that pegylated interferons or ribavirin or both are effective in people with acute HCV infection. We could find no randomised trials comparing direct-acting antivirals with placebo or other interventions for acute HCV infection. There is significant uncertainty in the benefits and harms of the interventions, and high-quality randomised clinical trials are required.

Issue Part

4

Date of Publication

2017

833.

Pharmacological interventions for acute hepatitis B infection


EBM Reviews - Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews [Systematic Review]

AN: 00075320-100000000-10048

Background

Infection with hepatitis B virus (HBV) can be symptomatic or asymptomatic. Apart from chronic HBV infection, the complications related to acute HBV infection are severe acute viral hepatitis and fulminant hepatitis characterised by liver failure. The optimal pharmacological treatment of acute HBV infection remains controversial.

Objectives
To assess the benefits and harms of pharmacological interventions in the treatment of acute HBV infection through a network meta-analysis and to generate rankings of the available treatments according to their safety and efficacy. As it was not possible to assess whether the potential effect modifiers were similar across different comparisons, we did not perform the network meta-analysis and instead assessed the benefits and harms of different interventions using standard Cochrane methodological procedures.

Search methods
We searched CENTRAL, MEDLINE, Embase, Science Citation Index Expanded, WHO International Clinical Trials Registry Platform, and randomised clinical trials (RCTs) registers to August 2016 to identify RCTs on pharmacological interventions for acute HBV infection.

Selection criteria
RCTs, irrespective of language, blinding, or publication status in participants with acute HBV infection. We excluded trials if participants had previously undergone liver transplantation and had other coexisting viral diseases such as hepatitis C virus and HIV. We considered any of the various pharmacological interventions compared with each other or with placebo, or no intervention.

Data collection and analysis
We calculated the odds ratio (OR) and rate ratio with 95% confidence intervals (CI) using both fixed-effect and random-effects models based on available-participant analysis with Review Manager 5. We assessed risk of bias, controlled risk of random errors with Trial Sequential Analysis, and assessed the quality of the evidence using GRADE.

Main results
Seven trials (597 participants) met our review inclusion criteria. All trials provided information for one or more outcomes; however, five participants were excluded from analysis by study authors. All the trials were at high risk of bias. Overall, all the evidence was low or very low quality evidence because of risk of bias (downgraded one level for risk of bias), small sample size (downgraded one level for imprecision), and wide CIs (downgraded one more level for imprecision in some comparisons). Of the seven trials, six were two-armed trials, while one trial was a three-armed trial. The comparisons included hepatitis B immunoglobulin (HBIG) versus placebo (one trial; 55 participants); interferon versus placebo (two trials; 200 participants); lamivudine versus placebo or no intervention (four trials; 316 participants); lamivudine versus entecavir (one trial; 90 participants); and entecavir versus no intervention (one trial; 131 participants). One trial included only people with acute HBV with hepatic encephalopathy (i.e. people with fulminant liver failure); one trial included only people with severe acute HBV, but it did not state whether any of the people also had fulminant HBV infection; three trials excluded fulminant HBV infection; and two trials did not report the severity of acute HBV infection. The
mean or median follow-up period in the trials ranged from three to 12 months in the trials that provided this information.

Authors’ conclusions
Low or very low quality evidence suggests that progression to chronic HBV infection was higher in people receiving lamivudine compared with placebo, no intervention, or entecavir. Low quality evidence suggests that interferon may increase the adverse events after treatment for acute HBV infection. Based on a very low quality evidence, there is currently no evidence of benefit of any intervention in acute HBV infection. There is significant uncertainty in the results and further RCTs are required.

Issue Part
4
Date of Publication
2017
Intramuscular versus oral corticosteroids to reduce relapses following discharge from the emergency department for acute asthma

Kirkland, Scott W.  Cross, Elfriede.  Campbell, Sandra.  VillaRoel, Cristina.  Rowe, Brian H.Institution Scott W Kirkland .TI Intramuscular versus oral corticosteroids to reduce relapses following discharge from the emergency department for acute asthma.

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-11030
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To examine the effectiveness and safety of intramuscular (IM) versus oral corticosteroids in the treatment of acute asthma after discharge from a hospital emergency department (ED) or equivalent acute care setting.

Issue Part
4
Date of Publication
2017

Infliximab for induction of remission in Crohn's disease


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-11027
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
The primary objective is to assess the efficacy and safety of infliximab for induction of remission in patients with active CD.

Background
The treatment of people with clinically significant postoperative pancreatic leaks is different from those without clinically significant pancreatic leaks. It is important to know the diagnostic accuracy of drain fluid amylase as a triage test for the detection of clinically significant pancreatic leaks, so that an informed decision can be made as to whether the patient with a suspected pancreatic leak needs further investigations and treatment. There is currently no systematic review of the diagnostic test accuracy of drain fluid amylase for the diagnosis of clinically relevant pancreatic leak.

Objectives
To determine the diagnostic accuracy of amylase in drain fluid at 48 hours or more for the diagnosis of pancreatic leak in people who had undergone pancreatic resection.

Search methods
We searched MEDLINE, Embase, the Science Citation Index Expanded, and the National Institute for Health Research Health Technology Assessment (NIHR HTA) websites up to 20 February 2017. We searched the references of the included studies to identify additional studies. We did not restrict studies based on language or publication status, or whether data were...
collected prospectively or retrospectively. We also performed a ‘related search’ and ‘citing reference’ search in MEDLINE and Embase.

Selection criteria
We included all studies that evaluated the diagnostic test accuracy of amylase in the drain fluid at 48 hours or more for the diagnosis of pancreatic leak in people who had undergone pancreatic resection excluding total pancreatectomy. We planned to exclude case-control studies because these studies are prone to bias, but did not find any. At least two authors independently searched and screened the references produced by the search to identify relevant studies.

Data collection and analysis
Two review authors independently extracted data from the included studies. The included studies reported drain fluid amylase on different postoperative days and measured at different cut-off levels, so it was not possible to perform a meta-analysis using the bivariate model as planned. We have reported the sensitivity, specificity, post-test probability of a positive and negative drain fluid amylase along with 95% confidence interval (CI) on each of the different postoperative days and measured at different cut-off levels.

Main results
A total of five studies including 868 participants met the inclusion criteria for this review. The five studies included in this review reported the value of drain fluid amylase at different thresholds and different postoperative days. The sensitivities and specificities were variable; the sensitivities ranged between 0.72 and 1.00 while the specificities ranged between 0.73 and 0.99 for different thresholds on different postoperative days. At the median prevalence (pre-test probability) of 15.9%, the post-test probabilities for pancreatic leak ranged between 35.9% and 95.4% for a positive drain fluid amylase test and ranged between 0% and 5.5% for a negative drain fluid amylase test.

Authors’ conclusions
Because of the paucity of data and methodological deficiencies in the studies, we are uncertain whether drain fluid amylase should be used as a method for testing for pancreatic leak in an unselected population after pancreatic resection; and we judge that the optimal cut-off of drain fluid amylase for making the diagnosis of pancreatic leak is also not clear. Further well-designed diagnostic test accuracy studies with pre-specified index test threshold of drain fluid amylase (at three times more on postoperative day 5 or another suitable pre-specified threshold), appropriate follow-up (for at least six to eight weeks to ensure that there are no pancreatic leaks), and clearly defined reference standards (of surgical, clinical, and radiological confirmation of pancreatic leak) are important to reliably determine the diagnostic accuracy of drain fluid amylase in the diagnosis of pancreatic leak.

Issue Part
4
Non-pharmacological interventions for chronic pain in multiple sclerosis
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-10000000-11019
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the effectiveness and safety of non-pharmacological therapies for the management of chronic pain in pwMS.
Specific effectiveness questions to be addressed by this review include the following:
Are non-pharmacological interventions (unidisciplinary and/or multidisciplinary rehabilitation) effective in reducing chronic pain in pwMS?
What type of non-pharmacological interventions (unidisciplinary and/or multidisciplinary rehabilitation) are effective (least and most effective) and in what setting, in reducing chronic pain in pwMS?
Issue Part
3
Date of Publication
2017
Background
Maternal pushing during the second stage of labour is an important and indispensable contributor to the involuntary expulsive force developed by uterine contraction. There is no consensus on an ideal strategy to facilitate these expulsive efforts and there are contradictory results about the influence on the mother and fetus.

Objectives
To evaluate the benefits and possible disadvantages of different kinds of techniques regarding maternal pushing/breathing during the expulsive stage of labour on maternal and fetal outcomes.

Search methods
We searched Cochrane Pregnancy and Childbirth's Trials Register (19 September 2016) and reference lists of retrieved studies.

Selection criteria
Randomised controlled trials (RCTs) and quasi-RCTs assessing the effects of pushing/bearing down techniques (type and/or timing) performed during the second stage of labour on maternal and neonatal outcomes. Cluster-RCTs were eligible for inclusion, but none were identified. Studies using a cross-over design and those published in abstract form only were not eligible for inclusion in this review.

Data collection and analysis
Two review authors independently assessed trials for inclusion, extracted data and assessed risk of bias. Data were checked for accuracy.

Main results
In this updated review, we included 21 studies in total, eight (884 women) comparing spontaneous pushing versus directed pushing, with or without epidural analgesia and 13 (2879 women) comparing delayed pushing versus immediate pushing with epidural analgesia. Our GRADE assessments of evidence ranged from moderate to very low quality; the main reasons for downgrading were study design limitations and imprecision of effect estimates. Overall, the included studies varied in their risk of bias; most were judged to be at unclear risk of bias.

Authors’ conclusions
This updated review is based on 21 included studies of moderate to very low quality of evidence (with evidence mainly downgraded due to study design limitations and imprecision of effect estimates).

Modified dietary fat intake for treatment of gallstone disease
Madden, Angela M. Trivedi, Daksha. Smeeton, Nigel C. Culkin, Alison. Institution Angela Madden. TI Modified dietary fat intake for treatment of gallstone disease.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-11013
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the benefits and harms of modifying dietary fat intake in the treatment of gallstone disease.
Issue Part
3
Date of Publication
2017

Infliximab for maintenance of remission in Crohn's disease
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
The primary aim of this systematic review is to determine the efficacy and safety of infliximab for maintaining remission in patients with CD.

Issue Part
3
Date of Publication
2017

Dietary interventions for recurrent abdominal pain in childhood

Background
This is an update of the original Cochrane review, last published in 2009 (Huertas-Ceballos 2009). Recurrent abdominal pain (RAP), including children with irritable bowel syndrome, is a common problem affecting between 4% and 25% of school-aged children. For the majority of such children, no organic cause for their pain can be found on physical examination or investigation. Many dietary inventions have been suggested to improve the symptoms of RAP. These may involve either excluding ingredients from the diet or adding supplements such as fibre or probiotics.

Objectives
To examine the effectiveness of dietary interventions in improving pain in children of school age with RAP.

Search methods
We searched CENTRAL, Ovid MEDLINE, Embase, eight other databases, and two trials registers, together with reference checking, citation searching and contact with study authors, in June 2016.

Selection criteria
Randomised controlled trials (RCTs) comparing dietary interventions with placebo or no treatment in children aged five to 18 years with RAP or an abdominal pain-related, functional gastrointestinal disorder, as defined by the Rome III criteria (Rasquin 2006).

Data collection and analysis
We used standard methodological procedures expected by Cochrane. We grouped dietary interventions together by category for analysis. We contacted study authors to ask for missing information and clarification, when needed. We assessed the quality of the evidence for each outcome using the GRADE approach.

Main results
We included 19 RCTs, reported in 27 papers with a total of 1453 participants. Fifteen of these studies were not included in the previous review. All 19 RCTs had follow-up ranging from one to five months. Participants were aged between four and 18 years from eight different countries and were recruited largely from paediatric gastroenterology clinics. The mean age at recruitment ranged from 6.3 years to 13.1 years. Girls outnumbered boys in most trials. Fourteen trials recruited children with a diagnosis under the broad umbrella of RAP or functional gastrointestinal disorders; five trials specifically recruited only children with irritable bowel syndrome. The studies fell into four categories: trials of probiotic-based interventions (13 studies), trials of fibre-based interventions (four studies), trials of low FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) diets (one study), and trials of fructose-restricted diets (one study).

Authors' conclusions
Overall, we found moderate- to low-quality evidence suggesting that probiotics may be effective in improving pain in children with RAP. Clinicians may therefore consider probiotic interventions as part of a holistic management strategy. However, further trials are needed to examine longer-term outcomes and to improve confidence in estimating the size of the effect, as well as to determine the optimal strain and dosage. Future research should also explore the effectiveness of probiotics in children with different symptom profiles, such as those with irritable bowel syndrome.

Issue Part
3

Date of Publication
2017
Anti-herpesvirus prophylaxis versus placebo, no treatment or pre-emptive treatment in hemato-oncological malignancies


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-11002
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
We will assess the effects of anti-herpes drugs in hemato-oncological patients comparing prophylaxis versus placebo, no treatment or pre-emptive treatment.
Issue Part
3
Date of Publication
2017

Urate oxidase for the prevention and treatment of tumour lysis syndrome in children with cancer


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-05677
Background
Tumour lysis syndrome (TLS) is a serious complication of malignancies and can result in renal failure or death. Previous reviews did not find clear evidence of benefit of urate oxidase in
children with cancer. This review is the second update of a previously published Cochrane review.

Objectives
To assess the effects and safety of urate oxidase for the prevention and treatment of TLS in children with malignancies.

Search methods
In March 2016 we searched CENTRAL, MEDLINE, Embase, and CINAHL. In addition, we searched the reference lists of all identified relevant papers, trials registers and other databases. We also screened conference proceedings and we contacted experts in the field and the manufacturer of rasburicase, Sanofi-aventis.

Selection criteria
Randomised controlled trials (RCT) and controlled clinical trials (CCT) of urate oxidase for the prevention or treatment of TLS in children under 18 years with any malignancy.

Data collection and analysis
Two review authors independently extracted trial data and assessed individual trial quality. We used risk ratios (RR) for dichotomous data and mean difference (MD) for continuous data.

Main results
We included seven trials, involving 471 participants in the treatment groups and 603 participants in the control groups. No new studies were identified in the update. One RCT and five CCTs compared urate oxidase and allopurinol. Three trials tested Uricozyme, and three trials tested rasburicase for the prevention of TLS.

Authors’ conclusions
Although urate oxidase might be effective in reducing serum uric acid, it is unclear whether it reduces clinical TLS, renal failure, or mortality. Adverse effects might be more common for urate oxidase compared with allopurinol. Clinicians should weigh the potential benefits of reducing uric acid and uncertain benefits of preventing mortality or renal failure from TLS against the potential risk of adverse effects.

Issue Part
3

Date of Publication
2017
Proton pump inhibitors for functional dyspepsia
PintoSanchez, Ines Maria, Yuan, Yuhong, Bercik, Premysl, Moayyedi, Paul. Institution Maria Ines Pinto-Sanchez. TI Proton pump inhibitors for functional dyspepsia.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-09622

Background
Functional dyspepsia (FD or non-ulcer dyspepsia) is defined as continuous or frequently recurring epigastric pain or discomfort for which no organic cause can be found. Acid suppressive therapy, including proton pump inhibitors (PPIs), has been proposed as a therapeutic option in FD, but its efficacy remains controversial. While PPIs are generally considered safe and well tolerated, they have been associated with adverse events, especially in the long term. For this reason, decisions on whether to initiate or continue PPI therapy should be made based on an appropriate clinical indication. Therefore, we conducted a systematic review to evaluate whether PPI therapy provides symptomatic relief in FD.

Objectives
To determine the efficacy of proton pump inhibitors in the improvement of global symptoms of dyspepsia and quality of life compared to placebo, H2 receptor antagonists or prokinetics, in people with functional dyspepsia.

Search methods
We searched in the following electronic databases: the Cochrane Library (to January 2016), MEDLINE (OvidSP; to February 2016), Embase (OvidSP; to February 2016), and SIGLE grey literature (up to February 2016) and clinical trial registries; we handsearched abstracts from conferences up to February 2016. We screened non-systematic reviews, systematic reviews and guidelines to identify any additional trials. We contacted trialists to obtain missing information.

Selection criteria
All randomized controlled trials (RCTs) comparing any PPI with placebo, H2 receptor antagonists (H2RAs) or prokinetics for the treatment of FD. Participants were adults (aged 16 years or greater) with an adequate diagnosis of FD (any validated criteria such as Rome I, II, III or Lancet Working Group).

Data collection and analysis
Two review authors independently assessed eligibility, trial quality and extracted data. We collected data on dyspeptic symptoms, quality of life and number of overall adverse events. Specific adverse events were beyond the scope of this review.

Main results
We identified 23 RCTs from 22 papers (with 8759 participants) studying the effect of PPIs versus placebo, H2RAs or prokinetics for improvement of global symptoms of dyspepsia and quality of life in people with FD. Low-dose PPIs had similar efficacy as standard-dose PPIs, therefore we combined these subgroups for the analysis. Two to eight weeks of therapy with PPI was slightly more effective than placebo at relieving overall dyspepsia symptoms in people with FD (risk ratio (RR) 0.88, 95% confidence interval (CI) 0.82 to 0.94; participants = 5968; studies = 16; number needed to treat for an additional beneficial outcome (NNTB) 13; moderate quality evidence). PPIs may be slightly more effective than H2RAs (RR 0.88, 95% CI 0.74 to 1.04; participants = 740; studies = 2, NNTB 13; low quality evidence), and slightly more effective than prokinetics (RR 0.90, 95% CI 0.81 to 1.00; participants = 892; studies = 4; NNTB 20; low quality evidence) at relieving overall dyspepsia symptoms in people with FD. PPIs plus prokinetics were possibly slightly more effective than PPIs alone at relieving overall dyspepsia symptoms (RR 0.85, 95% CI 0.68 to 1.08; participants = 407; studies = 2; NNTB 18; moderate quality evidence).

Authors’ conclusions
There is evidence that PPIs are effective for the treatment of FD, independent of the dose and duration of treatment compared with placebo. PPIs may be slightly more effective than H2RAs for the treatment of FD; however, the evidence is scarce. The trials evaluating PPIs versus prokinetics are difficult to interpret as they are at risk of bias. Although the effect of these drugs seems to be small, the drugs are well tolerated.

Issue Part
3
Date of Publication
2017

Pharmacological interventions for recurrent abdominal pain in childhood
Background
Between 4% and 25% of school-aged children at some stage complain of recurrent abdominal pain (RAP) of sufficient severity to interfere with their daily lives. When no clear organic cause is found, the children are managed with reassurance and simple measures; a large range of pharmacological interventions have been recommended for use in these children.

Objectives
To determine the effectiveness of pharmacological interventions for RAP in children of school age.

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), Ovid MEDLINE, Embase, and eight other electronic databases up to June 2016. We also searched two trials registers and contacted researchers of published studies.

Selection criteria
Randomised controlled trials involving children aged five to 18 years old with RAP or an abdominal pain-related functional gastrointestinal disorder, as defined by the Rome III criteria (). The interventions were any pharmacological intervention compared to placebo, no treatment, waiting list, or standard care. The primary outcome measures were pain intensity, pain duration or pain frequency, and improvement in pain. The secondary outcome measures were school performance, social or psychological functioning, and quality of daily life.

Data collection and analysis
Two review authors independently screened titles, abstracts, and potentially relevant full-text reports for eligible studies. Two review authors extracted data and performed a 'Risk of bias' assessment. We used the GRADE approach to rate the overall quality of the evidence. We deemed a meta-analysis to be not appropriate as the studies were significantly heterogeneous. We have consequently provided a narrative summary of the results.

Main results
This review included 16 studies with a total of 1024 participants aged between five and 18 years, all of whom were recruited from paediatric outpatient clinics. Studies were conducted in seven countries: seven in the USA, four in Iran, and one each in the UK, Switzerland, Turkey, Sri Lanka, and India. Follow-up ranged from two weeks to four months. The studies examined the following interventions to treat RAP: tricyclic antidepressants, antibiotics, 5-HT4 receptor agonists, antispasmodics, antihistamines, H2 receptor antagonists, serotonin antagonists, selective serotonin re-uptake inhibitors, a dopamine receptor antagonist, and a hormone. Although some single studies reported that treatments were effective, all of these studies were either small or had key methodological weaknesses with a substantial risk of bias. None of these 'positive' results have been reproduced in subsequent studies. We judged the evidence of effectiveness to be of low quality. No adverse effects were reported in these studies.
Authors’ conclusions
There is currently no convincing evidence to support the use of drugs to treat RAP in children. Well-conducted clinical trials are needed to evaluate any possible benefits and risks of pharmacological interventions. In practice, if a clinician chooses to use a drug as a ‘therapeutic trial’, they and the patient need to be aware that RAP is a fluctuating condition and any ‘response’ may reflect the natural history of the condition or a placebo effect, rather than drug efficacy.

Issue Part
3
Date of Publication
2017
Positron emission tomography (PET) and magnetic resonance imaging (MRI) for assessing tumour resectability in advanced epithelial ovarian, fallopian tube and/or primary peritoneal cancer
Hoogendam, Jacob P.  Roze, Joline F.  van de Wetering, Fleur T.  Spijker, Rene.  Verleye, Leen.  Vlayen, Joan.  Veldhuis, Wouter B.  Scholten, JPM Rob.  Zweemer, Ronald P.Institution Joline F Roze .TI Positron emission tomography (PET) and magnetic resonance imaging (MRI) for assessing tumour resectability in advanced epithelial ovarian, fallopian tube and/or primary peritoneal cancer.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10983
This is a protocol for a Cochrane Review (Diagnostic test accuracy). The objectives are as follows:
To assess the diagnostic test accuracy of PET(-CT), conventional and diffusion-weighted MRI as an replacement or an add-on to abdominal CT, for predicting tumour resectability at primary debulking surgery in patients with stage III - IV epithelial ovarian, fallopian tube and/or primary peritoneal cancer.
To investigate the year of study initiation, the annual surgical caseload and whether surgery is performed by a gynaecological oncologist as possible sources of heterogeneity. For further details, please see .
Issue Part
3
Date of Publication
2017

Paracetamol (acetaminophen) with or without codeine or dihydrocodeine for neuropathic pain in adults
EBM Reviews - Cochrane Database of Systematic Reviews
Background
Paracetamol, either alone or in combination with codeine or dihydrocodeine, is commonly used to treat chronic neuropathic pain. This review sought evidence for efficacy and harm from randomised double-blind studies.

Objectives
To assess the analgesic efficacy and adverse events of paracetamol with or without codeine or dihydrocodeine for chronic neuropathic pain in adults.

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, and Embase from inception to July 2016, together with reference lists of retrieved papers and reviews, and two online study registries.

Selection criteria
We included randomised, double-blind studies of two weeks' duration or longer, comparing paracetamol, alone or in combination with codeine or dihydrocodeine, with placebo or another active treatment in chronic neuropathic pain.

Data collection and analysis
Two review authors independently searched for studies, extracted efficacy and adverse event data, and examined issues of study quality and potential bias. We did not carry out any pooled analyses. We assessed the quality of the evidence using GRADE.

Main results
No study satisfied the inclusion criteria. Effects of interventions were not assessed as there were no included studies. We have only very low quality evidence and have no reliable indication of the likely effect.

Authors' conclusions
There is insufficient evidence to support or refute the suggestion that paracetamol alone, or in combination with codeine or dihydrocodeine, works in any neuropathic pain condition.

Issue Part
1

Date of Publication
2017
Non-contraceptive oestrogen-containing preparations for controlling symptoms of premenstrual syndrome


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-08851

Background
Premenstrual syndrome (PMS) is a psychological and somatic disorder of unknown aetiology, with symptoms typically including irritability, depression, mood swings, bloating, breast tenderness and sleep disturbances. About 3% to 10% of women who experience these symptoms may also meet criteria for premenstrual dysphoric disorder (PMDD). PMS symptoms recur during the luteal phase of the menstrual cycle and reduce by the end of menstruation. PMS results from ovulation and may be due to ovarian steroid interactions relating to neurotransmitter dysfunction. Premenstrual disorders have a devastating effect on women, their families and their work.

Objectives
To determine the effectiveness and safety of non-contraceptive oestrogen-containing preparations in the management of PMS.

Search methods
On 14 March 2016, we searched the following databases: the Cochrane Gynaecology and Fertility Group (CGF) Specialised Register; Cochrane Central Register of Studies (CRSO); MEDLINE; Embase; PsycINFO; CINAHL; ClinicalTrials.gov; metaRegister of Controlled trials (mRCT); and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) Search Portal. In addition, we checked the reference lists of articles retrieved.

Selection criteria
We included published and unpublished randomized placebo or active controlled trials on the efficacy of the use of non-contraceptive oestrogen-containing preparations in the management of premenstrual syndrome in women of reproductive age with PMS diagnosed by at least two prospective cycles without current psychiatric disorder.

Data collection and analysis
Two review authors independently selected studies, assessed risk of bias, extracted data on premenstrual symptoms and adverse effects and entered data into Review Manager 5 software.
Where possible, intention-to-treat or modified intention-to-treat analysis was used. Studies were pooled using a fixed-effect model, analysing cross-over trials as parallel trials. Standardised mean differences (SMDs) with 95% confidence intervals (CIs) were calculated for premenstrual symptom scores. Risk ratios (RRs) with 95% confidence intervals (CIs) were calculated for dichotomous outcomes. The overall quality of the evidence was assessed using the GRADE working group methods.

Main results
The search resulted in 524 potentially relevant articles. Five eligible randomized controlled trials (RCTs) were identified (305 women). Trials using oral tablets, transdermal patches and implants were identified. No trial used gels.

Authors’ conclusions
We found very low quality evidence to support the effectiveness of continuous oestrogen (transdermal patches or subcutaneous implants) plus progestogen, with a small to moderate effect size. We found very low quality evidence from a study based on 11 women to suggest that luteal-phase oral unopposed oestrogen is probably ineffective and possibly detrimental for controlling the symptoms of PMS. A comparison between 200 [micro]g and 100 [micro]g doses of continuous oestrogen was inconclusive with regard to effectiveness, but suggested that the lower dose was less likely to cause side effects. Uncertainty remains regarding safety, as the identified studies were too small to provide definite answers. Moreover, no included trial addressed adverse effects that might occur beyond the typical trial duration of 2-8 months. This suggests the choice of oestrogen dose and mode of administration could be based on an individual woman's preference and modified according to the effectiveness and tolerability of the chosen regimen.

Issue Part
3

Date of Publication
2017

851.
Eplerenone for hypertension

EBM Reviews - Cochrane Database of Systematic Reviews
Background
Eplerenone is an aldosterone receptor blocker that is chemically derived from spironolactone. In Canada, it is indicated for use as adjunctive therapy to reduce mortality for heart failure patients with New York Heart Association (NYHA) class II systolic chronic heart failure and left ventricular systolic dysfunction. It is also used as adjunctive therapy for patients with heart failure following myocardial infarction. Additionally, it is indicated for the treatment of mild and moderate essential hypertension for patients who cannot be treated adequately with other agents. It is important to determine the clinical impact of all antihypertensive medications, including aldosterone antagonists, to support their continued use in essential hypertension. No previous systematic reviews have evaluated the effect of eplerenone on cardiovascular morbidity, mortality, and magnitude of blood pressure lowering in patients with hypertension.

Objectives
To assess the effects of eplerenone monotherapy versus placebo for primary hypertension in adults. Outcomes of interest were all-cause mortality, cardiovascular events (fatal or non-fatal myocardial infarction), cerebrovascular events (fatal or non-fatal strokes), adverse events or withdrawals due to adverse events, and systolic and diastolic blood pressure.

Search methods
We searched the Cochrane Hypertension Specialised Register, CENTRAL, MEDLINE, Embase, and two trials registers up to 3 March 2016. We handsearched references from retrieved studies to identify any studies missed in the initial search. We also searched for unpublished data by contacting the corresponding authors of the included studies and pharmaceutical companies involved in conducting studies on eplerenone monotherapy in primary hypertension. The search had no language restrictions.

Selection criteria
We selected randomized placebo-controlled trials studying adult patients with primary hypertension. We excluded studies in people with secondary or gestational hypertension and studies where participants were receiving multiple antihypertensives.

Data collection and analysis
Three review authors independently reviewed the search results for studies meeting our criteria. Three review authors independently extracted data and assessed trial quality using a standardized data extraction form. A fourth independent review author resolved discrepancies or disagreements. We performed data extraction and synthesis using a standardized format on Covidence. We conducted data analysis using Review Manager 5.

Main results
A total of 1437 adult patients participated in the five randomized parallel group studies, with treatment durations ranging from 8 to 16 weeks. The daily doses of eplerenone ranged from 25 mg to 400 mg daily. Meta-analysis of these studies showed a reduction in systolic blood pressure of 9.21 mmHg (95% CI -11.08 to -7.34; I²(superscript 2) = 58%) and a reduction of diastolic pressure of 4.18 mmHg (95% CI -5.03 to -3.33; I²(superscript 2) = 0%) (moderate quality evidence).

Authors' conclusions
Eplerenone 50 to 200 mg/day lowers blood pressure in people with primary hypertension by 9.21 mmHg systolic and 4.18 mmHg diastolic compared to placebo, with no difference of effect between doses of 50 mg/day to 200 mg/day. A dose of 25 mg/day did not produce a statistically significant reduction in systolic or diastolic blood pressure and there is insufficient evidence for doses above 200 mg/day. There is currently no available evidence to determine the effect of eplerenone on clinically meaningful outcomes such as mortality or morbidity in hypertensive patients. The evidence available on side effects is insufficient and of low quality, which makes it impossible to draw conclusions about potential harm associated with eplerenone treatment in hypertensive patients.

852.
Carbamazepine versus phenytoin monotherapy for epilepsy: an individual participant data review
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-01408
Background
This is an updated version of the original Cochrane Review published in Issue 2, 2002 and its subsequent updates in 2010 and 2015.
Objectives
To review the time to withdrawal, six- and 12-month remission, and first seizure with carbamazepine compared to phenytoin, used as monotherapy in people with partial onset seizures (simple partial, complex partial, or secondarily generalised tonic-clonic seizures), or generalised tonic-clonic seizures, with or without other generalised seizure types.

Search methods
For the latest update we searched the Cochrane Epilepsy Group's Specialised Register (1st November 2016), the Cochrane Central Register of Controlled Trials (CENTRAL) via the Cochrane Register of Studies Online (CRSO, 1st November 2016), MEDLINE (Ovid, 1946 to 1 November 2016), (1 November 2016), and the World Health Organization (WHO) (ICTRP, 1st November 2016). Previously we also searched SCOPUS (1823 to 16th September 2014) as an alternative to Embase, but this is no longer necessary, because randomised and quasi-randomised controlled trials in Embase are now included in CENTRAL. We handsearched relevant journals, contacted pharmaceutical companies, original trial investigators and experts in the field.

Selection criteria
Randomised controlled trials (RCTs) in children or adults with partial onset seizures or generalised onset tonic-clonic seizures, comparing carbamazepine monotherapy versus phenytoin monotherapy.

Data collection and analysis
This is an individual participant data (IPD) review. Our primary outcome was time to withdrawal of allocated treatment, and our secondary outcomes were time to six-month remission, time to 12-month remission, and time to first seizure post-randomisation. We used Cox proportional hazards regression models to obtain study-specific estimates of hazard ratios (HRs) with 95% confidence intervals (CIs) and the generic inverse variance method to obtain the overall pooled HR and 95% CI.

Main results
IPD were available for 595 participants out of 1192 eligible individuals, from four out of 12 trials (i.e. 50% of the potential data). For remission outcomes, HR greater than 1 indicates an advantage for phenytoin; and for first seizure and withdrawal outcomes, HR greater than 1 indicates an advantage for carbamazepine. The methodological quality of the four studies providing IPD was generally good and we rated it at low risk of bias overall in the analyses.

Authors’ conclusions
We have not found evidence for a statistically significant difference between carbamazepine and phenytoin for the efficacy outcomes examined in this review, but CIs are wide and we cannot exclude the possibility of important differences. There is no evidence in this review that phenytoin is more strongly associated with serious adverse events than carbamazepine. There is some
evidence that people with generalised seizures may be less likely to withdraw early from phenytoin than from carbamazepine, but misclassification of seizure type may have impacted upon our results. We recommend caution when interpreting the results of this review, and do not recommend that our results alone should be used in choosing between carbamazepine and phenytoin. We recommend that future trials should be designed to the highest quality possible, with considerations of allocation concealment and masking, choice of population, choice of outcomes and analysis, and presentation of results.

Issue Part
2
Date of Publication
2017

853.
Antiviral agents for infectious mononucleosis (glandular fever)
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 12, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-09846

Background
Infectious mononucleosis (IM) is a clinical syndrome, usually caused by the Epstein Barr virus (EPV), characterised by lymphadenopathy, fever and sore throat. Most cases of symptomatic IM occur in older teenagers or young adults. Usually IM is a benign self-limiting illness and requires only symptomatic treatment. However, occasionally the disease course can be complicated or prolonged and lead to decreased productivity in terms of school or work. Antiviral medications have been used to treat IM, but the use of antivirals for IM is controversial. They may be effective by preventing viral replication which helps to keep the virus inactive. However, there are no guidelines for antivirals in IM.

Objectives
To assess the effects of antiviral therapy for infectious mononucleosis (IM).

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL, Issue 3, March 2016), which contains the Cochrane Acute Respiratory Infections (ARI) Group's Specialised Register, MEDLINE (1946 to 15 April 2016), Embase (1974 to 15 April 2016), CINAHL (1981 to 15 April 2016), LILACS (1982 to 15 April 2016) and Web of Science (1955 to 15 April 2016). We searched the World Health Organization (WHO) International Clinical Trials Registry Platform and ClinicalTrials.gov for completed and ongoing trials.

Selection criteria
We included randomised controlled trials (RCTs) comparing antivirals versus placebo or no treatment in IM. We included trials of immunocompetent participants of any age or sex with clinical and laboratory-confirmed diagnosis of IM, who had symptoms for up to 14 days. Our primary outcomes were time to clinical recovery and adverse events and side effects of medication. Secondary outcomes included duration of abnormal clinical examination, complications, viral shedding, health-related quality of life, days missing from school or work and economic outcomes.

Data collection and analysis
Two review authors independently assessed studies for inclusion, assessed the included studies' risk of bias and extracted data using a customised data extraction sheet. We used the GRADE criteria to rate the quality of the evidence. We pooled heterogeneous data where possible, and presented the results narratively where we could not statistically combine data.

Main results
We included seven RCTs with a total of 333 participants in our review. Three trials studied hospitalised patients, two trials were conducted in an outpatient setting, while the trial setting was unclear in two studies. Participants' ages ranged from two years to young adults. The type of antiviral, administration route, and treatment duration varied between the trials. The antivirals in the included studies were acyclovir, valomaciclovir and valacyclovir. Follow-up varied from 20 days to six months. The diagnosis of IM was based on clinical symptoms and laboratory parameters.

Authors' conclusions
The effectiveness of antiviral agents (acyclovir, valomaciclovir and valacyclovir) in acute IM is uncertain. The quality of the evidence is very low. The majority of included studies were at unclear or high risk of bias and so questions remain about the effectiveness of this intervention. Although two of the 12 outcomes have results that favour treatment over control, the quality of the evidence of these results is very low and may not be clinically meaningful. Alongside the lack of evidence of effectiveness, decision makers need to consider the potential adverse events and possible associated costs, and antiviral resistance. Further research in this area is warranted.
854.
Opioids for cancer-related pain in children and adolescents
Institution Tess E Cooper.
TI Opioids for cancer-related pain in children and adolescents.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10971
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the analgesic efficacy, and adverse events, of opioids used to treat cancer pain in children and adolescents between birth and 17 years, in any setting.
Issue Part
2
Date of Publication
2017

855.
Non-steroidal anti-inflammatory drugs (NSAIDs) for chronic non-cancer pain in children and adolescents
Institution Tess E Cooper.
TI Non-steroidal anti-inflammatory drugs (NSAIDs) for chronic non-cancer pain in children and adolescents.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Protocol]
This is a protocol for a Cochrane Review. The objectives are as follows:
To assess the analgesic efficacy, and adverse events, of NSAIDs used to treat chronic non-cancer pain in children and adolescents aged between birth and 17 years, in any setting.
Issue Part
2
Date of Publication
2017
Buprenorphine for managing opioid withdrawal
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-01583
Background
Managed withdrawal is a necessary step prior to drug-free treatment or as the endpoint of substitution treatment.
Objectives
To assess the effects of buprenorphine versus tapered doses of methadone, alpha(subscript 2)-adrenergic agonists, symptomatic medications or placebo, or different buprenorphine regimens for managing opioid withdrawal, in terms of the intensity of the withdrawal syndrome experienced, duration and completion of treatment, and adverse effects.
Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL, Issue 11, 2016), MEDLINE (1946 to December week 1, 2016), Embase (to 22 December 2016), PsycINFO (1806 to December week 3, 2016), and the Web of Science (to 22 December 2016) and handsearched the reference lists of articles.
Selection criteria
Randomised controlled trials of interventions using buprenorphine to modify the signs and symptoms of withdrawal in participants who were primarily opioid dependent. Comparison interventions involved reducing doses of methadone, alpha(subscript 2)-adrenergic agonists (clonidine or lofexidine), symptomatic medications or placebo, and different buprenorphine-based regimens.
Data collection and analysis
We used standard methodological procedures expected by Cochrane.
Main results
We included 27 studies involving 3048 participants. The main comparators were clonidine or lofexidine (14 studies). Six studies compared buprenorphine versus methadone, and seven compared different rates of buprenorphine dose reduction. We assessed 12 studies as being at high risk of bias in at least one of seven domains of methodological quality. Six of these studies compared buprenorphine with clonidine or lofexidine and two with methadone; the other four studies compared different rates of buprenorphine dose reduction.
Authors' conclusions
Buprenorphine is more effective than clonidine or lofexidine for managing opioid withdrawal in terms of severity of withdrawal, duration of withdrawal treatment, and the likelihood of treatment completion.

Issue Part
2
Date of Publication
2017

858.
Antiepileptic drugs for chronic non-cancer pain in children and adolescents
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the analgesic efficacy, and adverse events, of antiepileptic drugs used to treat chronic non-cancer pain in children and adolescents between birth and 17 years, in any setting.
Issue Part
2
Date of Publication
2017

859.
Total serum bile acids or serum bile acid profile, or both, for the diagnosis of intrahepatic cholestasis of pregnancy

Institution Cristina Manzotti.

TI Total serum bile acids or serum bile acid profile, or both, for the diagnosis of intrahepatic cholestasis of pregnancy.

EBM Reviews - Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews
[Protocol]

AN: 00075320-100000000-10956

This is a protocol for a Cochrane Review (Diagnostic test accuracy). The objectives are as follows:

To determine the diagnostic accuracy of total serum bile acids or total serum bile acids profile, or both for the diagnosis of intrahepatic cholestasis of pregnancy in pregnant women presenting with pruritus.

To compare the diagnostic accuracy of total serum bile acids and each component of serum bile acid profile, considered independently or in combination, in diagnosing intrahepatic cholestasis of pregnancy; to define the optimal cut-off values for these; and to investigate possible sources of heterogeneity.

Issue Part
2

Date of Publication
2017

Sucrose for analgesia in newborn infants undergoing painful procedures

Institution Janet Yamada.

TI Sucrose for analgesia in newborn infants undergoing painful procedures.

EBM Reviews - Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]

AN: 00075320-100000000-00160

Background

Administration of oral sucrose with and without non-nutritive sucking is the most frequently studied non-pharmacological intervention for procedural pain relief in neonates.
Objectives
To determine the efficacy, effect of dose, method of administration and safety of sucrose for relieving procedural pain in neonates as assessed by validated composite pain scores, physiological pain indicators (heart rate, respiratory rate, saturation of peripheral oxygen in the blood, transcutaneous oxygen and carbon dioxide (gas exchange measured across the skin - TcpO$_2$TcpCO$_2$), near infrared spectroscopy (NIRS), electroencephalogram (EEG), or behavioural pain indicators (cry duration, proportion of time crying, proportion of time facial actions (e.g. grimace) are present), or a combination of these and long-term neurodevelopmental outcomes.

Search methods
We used the standard methods of the Cochrane Neonatal. We performed electronic and manual literature searches in February 2016 for published randomised controlled trials (RCTs) in the Cochrane Central Register of Controlled Trials (CENTRAL; The Cochrane Library Issue 1, 2016), MEDLINE (1950 to 2016), EMBASE (1980 to 2016), and CINAHL (1982 to 2016). We did not impose language restrictions.

Selection criteria
RCTs in which term or preterm neonates (postnatal age maximum of 28 days after reaching 40 weeks' postmenstrual age), or both, received sucrose for procedural pain. Control interventions included no treatment, water, glucose, breast milk, breastfeeding, local anaesthetic, pacifier, positioning/containing or acupuncture.

Data collection and analysis
Our main outcome measures were composite pain scores (including a combination of behavioural, physiological and contextual indicators). Secondary outcomes included separate physiological and behavioural pain indicators. We reported a mean difference (MD) or weighted MD (WMD) with 95% confidence intervals (CI) using the fixed-effect model for continuous outcome measures. For categorical data we used risk ratio (RR) and risk difference. We assessed heterogeneity by the I$^2$ test. We assessed the risk of bias of included trials using the Cochrane 'Risk of bias' tool, and assessed the quality of the evidence using the GRADE system.

Main results
Seventy-four studies enrolling 7049 infants were included. Results from only a few studies could be combined in meta-analyses and for most analyses the GRADE assessments indicated low- or moderate-quality evidence. There was high-quality evidence for the beneficial effect of sucrose (24%) with non-nutritive sucking (pacifier dipped in sucrose) or 0.5 mL of sucrose orally in preterm and term infants: Premature Infant Pain Profile (PIPP) 30 s after heel lance WMD -1.70 (95% CI -2.13 to -1.26; I$^2$ = 0% (no heterogeneity); 3 studies, n = 278); PIPP 60 s after heel lance WMD -2.14 (95% CI -3.34 to -0.94; I$^2$ = 0% (no heterogeneity); 2
studies, n = 164). There was high-quality evidence for the use of 2 mL 24% sucrose prior to venipuncture: PIPP during venipuncture WMD -2.79 (95% CI -3.76 to -1.83; I^2 (superscript 2) = 0% (no heterogeneity; 2 groups in 1 study, n = 213); and intramuscular injections: PIPP during intramuscular injection WMD -1.05 (95% CI -1.98 to -0.12; I^2 (superscript 2) = 0% (2 groups in 1 study, n = 232). Evidence from studies that could not be included in RevMan-analyses supported these findings. Reported adverse effects were minor and similar in the sucrose and control groups. Sucrose is not effective in reducing pain from circumcision. The effectiveness of sucrose for reducing pain/stress from other interventions such as arterial puncture, subcutaneous injection, insertion of nasogastric or orogastric tubes, bladder catherization, eye examinations and echocardiography examinations are inconclusive. Most trials indicated some benefit of sucrose use but that the evidence for other painful procedures is of lower quality as it is based on few studies of small sample sizes. The effects of sucrose on long-term neurodevelopmental outcomes are unknown.

Authors’ conclusions

Sucrose is effective for reducing procedural pain from single events such as heel lance, venipuncture and intramuscular injection in both preterm and term infants. No serious side effects or harms have been documented with this intervention. We could not identify an optimal dose due to inconsistency in effective sucrose dosage among studies. Further investigation of repeated administration of sucrose in neonates is needed. There is some moderate-quality evidence that sucrose in combination with other non-pharmacological interventions such as non-nutritive sucking is more effective than sucrose alone, but more research of this and sucrose in combination with pharmacological interventions is needed. Sucrose use in extremely preterm, unstable, ventilated (or a combination of these) neonates needs to be addressed. Additional research is needed to determine the minimally effective dose of sucrose during a single painful procedure and the effect of repeated sucrose administration on immediate (pain intensity) and long-term (neurodevelopmental) outcomes.

Issue Part

2

Date of Publication

2017

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10955
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the effects of pharmacological therapies for chronic prostatitis/chronic pelvic pain syndrome.
Issue Part
2
Date of Publication
2017

862.
Paracetamol (acetaminophen) for prevention or treatment of pain in newborns
Ohlsson, Arne. Shah, Prakeshkumar S. Institution Arne Ohlsson. TI Paracetamol (acetaminophen) for prevention or treatment of pain in newborns.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-09621
Background
Newborn infants have the ability to experience pain. Hospitalised infants are exposed to numerous painful procedures. Healthy newborns are exposed to pain if the birth process consists of assisted vaginal birth by vacuum extraction or by forceps and during blood sampling for newborn screening tests.

Objectives
To determine the efficacy and safety of paracetamol for the prevention or treatment of procedural/postoperative pain or pain associated with clinical conditions in neonates. To review the effects of various doses and routes of administration (enteral, intravenous or rectal) of paracetamol for the prevention or treatment of pain in neonates.
Search methods
We used the standard search strategy of the Cochrane Neonatal Review group to search the Cochrane Central Register of Controlled Trials (CENTRAL 2016, Issue 4), MEDLINE via PubMed (1966 to 9 May 2016), Embase (1980 to 9 May 2016), and CINAHL (1982 to 9 May 2016). We searched clinical trials' databases, Google Scholar, conference proceedings, and the reference lists of retrieved articles.

Selection criteria
We included randomised and quasi-randomised controlled trials of paracetamol for the prevention/treatment of pain in neonates (≤ 28 days of age).

Data collection and analysis
Two review authors independently extracted data from the articles using pre-designed forms. We used this form to decide trial inclusion/exclusion, to extract data from eligible trials and to request additional published information from authors of the original reports. We entered and cross-checked data using RevMan 5 software. When noted, we resolved differences by mutual discussion and consensus. We used the GRADE approach to assess the quality of evidence.

Main results
We included nine trials with low risk of bias, which assessed paracetamol for the treatment of pain in 728 infants. Painful procedures studied included heel lance, assisted vaginal birth, eye examination for retinopathy of prematurity assessment and postoperative care. Results of individual studies could not be combined in meta-analyses as the painful conditions, the use of paracetamol and comparison interventions and the outcome measures differed. Paracetamol compared with water, cherry elixir or EMLA cream (eutectic mixture of lidocaine and prilocaine) did not significantly reduce pain following heel lance. The Premature Infant Pain Profile score (PIPP) within three minutes following lancing was higher in the paracetamol group than in the oral glucose group (mean difference (MD) 2.21, 95% confidence interval (CI) 0.72 to 3.70; one study, 38 infants). Paracetamol did not reduce ‘modified facies scores’ after assisted vaginal birth (one study, 119 infants). In another study (n = 123), the Echelle de Douleur et d'Inconfort du Nouveau-Né score at two hours of age was significantly higher in the group that received paracetamol suppositories than in the placebo suppositories group (MD 1.00, 95% CI 0.60 to 1.40). In that study, when infants were subjected to a heel lance at two to three days of age, Bernese Pain Scale for Neonates scores were higher in the paracetamol group than in the placebo group, and infants spent a longer time crying (MD 19 seconds, 95% CI 14 to 24). For eye examinations, no significant reduction in PIPP scores in the first or last 45 seconds of eye examination was reported, nor at five minutes after the eye examination. In one study (n = 81), the PIPP score was significantly higher in the paracetamol group than in the 24% sucrose group (MD 3.90, 95% CI 2.92 to 4.88). In one study (n = 114) the PIPP score during eye examination was significantly lower in the paracetamol group than in the water group (MD -2.70, 95% CI -3.55 to 1.85). For
postoperative care following major surgery, the total amount of morphine (µg/kg) administered over 48 hours was significantly less among infants assigned to the paracetamol group than to the morphine group (MD -157 [µg/kg, 95% CI -27 to -288]). No adverse events were noted in any study. The quality of evidence according to GRADE was low.

Authors’ conclusions
The paucity and low quality of existing data do not provide sufficient evidence to establish the role of paracetamol in reducing the effects of painful procedures in neonates. Paracetamol given after assisted vaginal birth may increase the response to later painful exposures. Paracetamol may reduce the total need for morphine following major surgery, and for this aspect of paracetamol use, further research is needed.

863.
Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10953
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the effects of non-pharmacological therapies for chronic prostatitis/chronic pelvic pain syndrome.

Issue Part
2
Date of Publication
2017
Interventions to reduce acute and late adverse gastrointestinal effects of pelvic radiotherapy
Interventions to reduce acute and late adverse gastrointestinal effects of pelvic radiotherapy.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10952
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To determine which prophylactic interventions reduce the incidence, severity, or both of adverse gastrointestinal effects among adults receiving radiotherapy to treat primary pelvic cancers.
Issue Part
2
Date of Publication
2017

Aspirin (single dose) for perineal pain in the early postpartum period
Molakatalla, Sujana.  Shepherd, Emily.  Grivell, Rosalie M.Institution Sujana Molakatalla .TI
Aspirin (single dose) for perineal pain in the early postpartum period.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-10525
Background
Perineal trauma (due to spontaneous tears, surgical incision (episiotomy) or in association with operative vaginal birth) is common after vaginal birth, and is often associated with postpartum perineal pain. Birth over an intact perineum may also lead to perineal pain. There are adverse health consequences associated with perineal pain for the women and their babies in the short-
and long-term, and the pain may interfere with newborn care and the establishment of breastfeeding. Aspirin has been used in the management of postpartum perineal pain and its effectiveness and safety should be assessed.

Objectives
To determine the efficacy of a single dose of aspirin (acetylsalicylic acid), including at different doses, in the relief of acute postpartum perineal pain.

Search methods
We searched Cochrane Pregnancy and Childbirth's Trials Register (30 August 2016), the WHO International Clinical Trials Registry Platform () (31 May 2016) and reference lists of retrieved studies.

Selection criteria
Randomised controlled trials (RCTs) assessing single dose aspirin compared with placebo, no treatment, a different dose of aspirin, or single dose paracetamol/acetaminophen for women with perineal pain in the early postpartum period. We planned to include cluster-RCTs but none were identified. Quasi-RCTs and cross-over studies were not eligible for inclusion in this review.

Data collection and analysis
Two review authors independently assessed study eligibility, extracted data and assessed the risk of bias of the included RCTs. Data were checked for accuracy. The quality of the evidence for the main comparison (aspirin versus placebo) was assessed using the GRADE approach.

Main results
We included 17 RCTs, with 16 involving 1132 women randomised to aspirin or placebo (one RCT did not report numbers of women). Two RCTs (of 16) did not contribute data to review meta-analyses. All women had perineal pain post-episiotomy, and were not breastfeeding. Studies were published between 1967 and 1997, and the risk of bias was often unclear due to poor reporting.

Authors’ conclusions
We found low-quality evidence to suggest that single dose aspirin compared with placebo can increase pain relief in women with perineal pain post-episiotomy. Very low-quality evidence also suggested that aspirin can reduce the need for additional analgesia, without increasing maternal adverse effects. Evidence was downgraded based on study limitations (risk of bias), imprecision, and publication bias or both. RCTs excluded breastfeeding women so there is no evidence to assess the effects of aspirin on neonatal adverse effects or breastfeeding.

Issue Part
2

Date of Publication
2017
Withdrawal of drug therapy for patients with quiescent Crohn's disease
Boyapati, Ray. Torres, Joana. Palmela, Carolina. Parker, Claire E. Silverberg, Orli M.
Institution Jean-Frederic Colombel. TI Withdrawal of drug therapy for patients with quiescent Crohn's disease.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10947
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
The primary objective of this review is to assess the feasibility and safety of discontinuing immunosuppressant or biologic drugs, administered alone or in combination, in patients with quiescent CD.
Issue Part
2
Date of Publication
2017

Liposomal bupivacaine infiltration at the surgical site for the management of postoperative pain
Institution Thomas W Hamilton. TI Liposomal bupivacaine infiltration at the surgical site for the management of postoperative pain.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2017. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-09823
Background
Despite multi-modal analgesic techniques, acute postoperative pain remains an unmet health need, with up to three quarters of people undergoing surgery reporting significant pain. Liposomal bupivacaine is an analgesic consisting of bupivacaine hydrochloride encapsulated within multiple, non-concentric lipid bi-layers offering a novel method of sustained-release analgesia.

Objectives

To assess the analgesic efficacy and adverse effects of liposomal bupivacaine infiltration at the surgical site for the management of postoperative pain.

Search methods

On 13 January 2016 we searched CENTRAL, MEDLINE, MEDLINE In-Process, Embase, ISI Web of Science and reference lists of retrieved articles. We obtained clinical trial reports and synopses of published and unpublished studies from Internet sources, and searched clinical trials databases for ongoing trials.

Selection criteria

Randomised, double-blind, placebo- or active-controlled clinical trials in people aged 18 years or over undergoing elective surgery, at any surgical site, were included if they compared liposomal bupivacaine infiltration at the surgical site with placebo or other type of analgesia.

Data collection and analysis

Two review authors independently considered trials for inclusion, assessed risk of bias, and extracted data. We performed data analysis using standard statistical techniques as described in the Cochrane Handbook for Systematic Reviews of Interventions, using Review Manager 5.3. We planned to perform a meta-analysis and produce a 'Summary of findings' table for each comparison however there were insufficient data to ensure a clinically meaningful answer. As such we have produced two 'Summary of findings' tables in a narrative format. Where possible we assessed the quality of evidence using GRADE.

Main results

We identified nine studies (10 reports, 1377 participants) that met inclusion criteria. Four Phase II dose-escalating/de-escalating trials, designed to evaluate and demonstrate efficacy and safety, presented pooled data that we could not use. Of the remaining five parallel-arm studies (965 participants), two were placebo controlled and three used bupivacaine hydrochloride local anaesthetic infiltration as a control. Using the Cochrane tool, we judged most studies to be at unclear risk of bias overall; however, two studies were at high risk of selective reporting bias and four studies were at high risk of bias due to size (fewer than 50 participants per treatment arm).

Authors’ conclusions

Liposomal bupivacaine at the surgical site does appear to reduce postoperative pain compared to placebo, however, at present the limited evidence does not demonstrate superiority to bupivacaine hydrochloride. There were no reported drug-related serious adverse events and no study withdrawals due to drug-related adverse events. Overall due to the low quality and volume
of evidence our confidence in the effect estimate is limited and the true effect may be substantially different from our estimate.

Issue Part
2
Date of Publication
2017

868.
Biofeedback for treatment of irritable bowel syndrome
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2017. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10927
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
Our primary objective is to assess the efficacy and safety of biofeedback-based interventions for irritable bowel syndrome in adults and children.
Issue Part
1
Date of Publication
2017

869.
Surgery for women with anterior compartment prolapse
Background
To minimise the rate of recurrent prolapse after traditional native tissue repair (anterior colporrhaphy), clinicians have utilised a variety of surgical techniques.

Objectives
To determine the safety and effectiveness of surgery for anterior compartment prolapse.

Search methods
We searched the Cochrane Incontinence Group Specialised Register, including the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, MEDLINE In Process (23 August 2016), handsearched journals and conference proceedings (15 February 2016) and searched trial registers (1 August 2016).

Selection criteria
Randomised controlled trials (RCTs) that examined surgical operations for anterior compartment prolapse.

Data collection and analysis
Two review authors independently selected trials, assessed risk of bias and extracted data. Primary outcomes were awareness of prolapse, repeat surgery and recurrent prolapse on examination.

Main results
We included 33 trials (3332 women). The quality of evidence ranged from very low to moderate. Limitations were risk of bias and imprecision. We have summarised results for the main comparisons.

Authors’ conclusions
Biological graft repair or absorbable mesh provides minimal advantage compared with native tissue repair.

Issue Part
11

Date of Publication
2016
Six-month therapy for abdominal tuberculosis

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-10565

Background
Tuberculosis (TB) of the gastrointestinal tract and any other organ within the abdominal cavity is abdominal TB, and most guidelines recommend the same six-month regimen used for pulmonary TB for people with this diagnosis. However, some physicians are concerned whether a six-month treatment regimen is long enough to prevent relapse of the disease, particularly in people with gastrointestinal TB, which may sometimes cause antituberculous drugs to be poorly absorbed. On the other hand, longer regimens are associated with poor adherence, which could increase relapse, contribute to drug resistance developing, and increase costs to patients and health providers.

Objectives
To compare six-month versus longer drug regimens to treat people that have abdominal TB.

Search methods
We searched the following electronic databases up to 2 September 2016: the Cochrane Infectious Diseases Group Specialized Register, the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, Embase (accessed via OvidSP), LILACS, INDMED, and the South Asian Database of Controlled Clinical Trials. We searched the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) and ClinicalTrials.gov for ongoing trials. We also checked article reference lists.

Selection criteria
We included randomized controlled trials (RCTs) that compared six-month regimens versus longer regimens that consisted of isoniazid, rifampicin, pyrazinamide, and ethambutol to treat adults and children that had abdominal TB. The primary outcomes were relapse, with a minimum of six-month follow-up after completion of antituberculous treatment (ATT), and clinical cure at the end of ATT.

Data collection and analysis
Two review authors independently selected trials, extracted data, and assessed the risk of bias in the included trials. For analysis of dichotomous outcomes, we used risk ratios (RR) with 95%
confidence intervals (CIs). Where appropriate, we pooled data from the included trials in meta-analyses. We assessed the quality of the evidence using the GRADE approach.

Main results
We included three RCTs, with 328 participants, that compared six-month regimens with nine-month regimens to treat adults with intestinal and peritoneal TB. All trials were conducted in Asia, and excluded people with HIV, those with co-morbidities and those who had received ATT in the previous five years. Antituberculous regimens were based on isoniazid, rifampicin, pyrazinamide, and ethambutol, and these drugs were administered daily or thrice weekly under a directly observed therapy programme. The median duration of follow-up after completion of treatment was between 12 and 39 months.

Authors' conclusions
We found no evidence to suggest that six-month treatment regimens are inadequate for treating people that have intestinal and peritoneal TB, but numbers are small. We did not find any incremental benefits of nine-month regimens regarding relapse at the end of follow-up, or clinical cure at the end of therapy, but our confidence in the relapse estimate is very low because of size of the trials. Further research is required to make confident conclusions regarding the safety of six-month treatment for people with abdominal TB. Larger studies that include HIV-positive people, with long follow-up for detecting relapse with reliability, would help improve our knowledge around this therapeutic question.

Issue Part
11
Date of Publication
2016

Pharmacologic interventions for treating phantom limb pain
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 10, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-05084
Background
This is an updated version of the original Cochrane review published in Issue 12, 2011. Phantom limb pain (PLP) is pain that arises in the missing limb after amputation and can be severe, intractable, and disabling. Various medications have been studied in the treatment of phantom pain. There is currently uncertainty in the optimal pharmacologic management of PLP.

Objectives
This review aimed to summarise the evidence of effectiveness of pharmacologic interventions in treating PLP.

Search methods
For this update, we searched the Cochrane Central Register of Controlled Trials (CENTRAL, the Cochrane Library), MEDLINE, and Embase for relevant studies. We ran the searches for the original review in September 2011 and subsequent searches for this update up to April 2016. We sought additional studies from clinical trials databases and reference lists of retrieved papers.

Selection criteria
We included randomised and quasi-randomised trials studying the effectiveness of pharmacologic interventions compared with placebo, another active treatment, or no treatment, in established PLP. We considered the following outcomes: change in pain intensity, function, sleep, depression or mood, quality of life, adverse events, treatment satisfaction, and withdrawals from the study.

Data collection and analysis
We independently assessed issues of study quality and extracted efficacy and adverse event data. Due to the wide variability in the studies, we did not perform a meta-analysis for all the interventions and outcomes, but attempted to pool the results of some studies where possible. We prepared a qualitative description and narrative summary of results. We assessed clinical heterogeneity by making qualitative comparisons of the populations, interventions, outcomes/outcome measures, and methods.

Main results
We added only one new study with 14 participants to this updated review. We included a 14 studies (10 with low risk of bias and 4 with unclear risk of bias overall) with a total of 269 participants. We added another drug class, botulinum neurotoxins (BoNTs), in particular botulinum toxin A (BoNT/A), to the group of medications reviewed previously. Our primary outcome was change in pain intensity. Most studies did not report our secondary outcomes of sleep, depression or mood, quality of life, treatment satisfaction, or withdrawals from the study.

Authors’ conclusions
Since the last version of this review, we identified another study that added another form of medical therapy, BoNTs, specifically BoNT/A, to the list of pharmacologic interventions being reviewed for clinical efficacy in phantom limb pain. However, the results of this study did not
substantially change the main conclusions. The short- and long-term effectiveness of BoNT/A, opioids, NMDA receptor antagonists, anticonvulsants, antidepressants, calcitonins, and local anaesthetics for clinically relevant outcomes including pain, function, mood, sleep, quality of life, treatment satisfaction, and adverse events remain unclear. Based on a small study, BoNT/A (versus lidocaine/methylprednisolone) does not decrease phantom limb pain. Morphine, gabapentin, and ketamine demonstrate favourable short-term analgesic efficacy compared with placebo. Memantine and amitriptyline may not be effective for PLP. However, results must be interpreted with caution, as they were based mostly on a small number of studies with limited sample sizes that varied considerably and also lacked long-term efficacy and safety outcomes. The direction of efficacy of calcitonin, local anaesthetics, and dextromethorphan needs further clarification. Overall, the efficacy evidence for the reviewed medications is thus far inconclusive. Larger and more rigorous randomised controlled trials are needed for us to reach more definitive conclusions about which medications would be useful for clinical practice.

Issue Part
10
Date of Publication
2016

872.
Heated insufflation with or without humidification for laparoscopic abdominal surgery
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 10, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-06295
Background
Intraoperative hypothermia during both open and laparoscopic abdominal surgery may be associated with adverse events. For laparoscopic abdominal surgery, the use of heated insufflation systems for establishing pneumoperitoneum has been described to prevent hypothermia. Humidification of the insufflated gas is also possible. Past studies on heated
insufflation have shown inconclusive results with regards to maintenance of core temperature and reduction of postoperative pain and recovery times.

Objectives
To determine the effect of heated gas insufflation compared to cold gas insufflation on maintaining intraoperative normothermia as well as patient outcomes following laparoscopic abdominal surgery.

Search methods
We searched Cochrane Colorectal Cancer Specialised Register (September 2016), the Cochrane Central Register of Controlled Trials (CENTRAL; The Cochrane Library 2016, Issue 8), Ovid MEDLINE (1950 to September 2016), Ovid Embase (1974 to September 2016), International Pharmaceutical Abstracts (IPA) (September 2016), Web of Science (1985 to September 2016), Scopus, and the National Research Register (1956 to September 2016). We also searched grey literature and cross references. Searches were limited to human studies without language restriction.

Selection criteria
Only randomised controlled trials comparing heated (with or without humidification) with cold gas insufflation in adult and paediatric populations undergoing laparoscopic abdominal procedures were included. We assessed study quality in regards to relevance, design, sequence generation, allocation concealment, blinding, possibility of incomplete data and selective reporting. Two review authors independently selected studies for the review, with any disagreement resolved in consensus with a third co-author.

Data collection and analysis
Two review authors independently performed screening of eligible studies, data extraction and methodological quality assessment of the trials. We classified a study as low-risk of bias if all of the first six main criteria indicated in the 'Risk of Bias Assessment' table were assessed as low risk. We used data sheets to collect data from eligible studies. We presented results using mean differences for continuous outcomes and relative risks for dichotomous outcomes, with 95% confidence intervals. We used Review Manager (RevMan) 5.3 software to calculate the estimated effects. We took publication bias into consideration and compiled funnel plots.

Main results
We included 22 studies in this updated analysis, including six new trials with 584 additional participants, resulting in a total of 1428 participants. The risk of bias was low in 11 studies, high in one study and unclear in the remaining studies, due primarily to failure to report methodology for randomisation, and allocation concealment or blinding, or both. Fourteen studies examined intraoperative core temperatures among heated and humidified insufflation cohorts and core temperatures were higher compared to cold gas insufflation (MD -0.31 [degrees]C, 95% CI, 0.09 to 0.53, I^2 = 88%, P = 0.005) (low-quality evidence). If the analysis was limited to
the eight studies at low risk of bias, this result became non-significant but remained heterogeneous (MD 0.18 [degrees]C, 95% CI, -0.04 to 0.39, I\(^{(superscript 2)}\) = 81%, P = 0.10) (moderate-quality evidence).

In comparison to the cold CO\((subscript 2)\) group, the meta-analysis of the heated, non-humidified group also showed no statistically significant difference between groups. Core temperature was statistically, significantly higher in the heated, humidified CO\((subscript 2)\) with external warming groups (MD 0.29 [degrees]C, 95% CI, 0.05 to 0.52, I\(^{(superscript 2)}\) = 84%, P = 0.02) (moderate-quality evidence). Despite the small difference in temperature of 0.31 [degrees]C with heated CO\((subscript 2)\) this is unlikely to be of clinical significance.

Authors’ conclusions
While heated, humidified gas leads to mildly smaller decreases in core body temperatures, clinically this does not account for improved patient outcomes, therefore, there is no clear evidence for the use of heated gas insufflation, with or without humidification, compared to cold gas insufflation in laparoscopic abdominal surgery.

Issue Part
10

Date of Publication
2016
To assess the efficacy of drug interventions for the treatment of obesity in children and adolescents.

Search methods
We searched CENTRAL, MEDLINE, Embase, PubMed (subsets not available on Ovid), LILACS as well as the trial registers ICTRP (WHO) and ClinicalTrials.gov. Searches were undertaken from inception to March 2016. We checked references and applied no language restrictions.

Selection criteria
We selected randomised controlled trials (RCTs) of pharmacological interventions for treating obesity (licensed and unlicensed for this indication) in children and adolescents (mean age under 18 years) with or without support of family members, with a minimum of three months' pharmacological intervention and six months' follow-up from baseline. We excluded interventions that specifically dealt with the treatment of eating disorders or type 2 diabetes, or included participants with a secondary or syndromic cause of obesity. In addition, we excluded trials which included growth hormone therapies and pregnant participants.

Data collection and analysis
Two review authors independently assessed trial quality and extracted data following standard Cochrane methodology. Where necessary we contacted authors for additional information.

Main results
We included 21 trials and identified eight ongoing trials. The included trials evaluated metformin (11 trials), sibutramine (six trials), orlistat (four trials), and one trial arm investigated the combination of metformin and fluoxetine. The ongoing trials evaluated metformin (four trials), topiramate (two trials) and exenatide (two trials). A total of 2484 people participated in the included trials, 1478 participants were randomised to drug intervention and 904 to comparator groups (91 participants took part in two cross-over trials; 11 participants not specified). Eighteen trials used a placebo in the comparator group. Two trials had a cross-over design while the remaining 19 trials were parallel RCTs. The length of the intervention period ranged from 12 weeks to 48 weeks, and the length of follow-up from baseline ranged from six months to 100 weeks.

Authors' conclusions
This systematic review is part of a series of associated Cochrane reviews on interventions for obese children and adolescents and has shown that pharmacological interventions (metformin, sibutramine, orlistat and fluoxetine) may have small effects in reduction in BMI and bodyweight in obese children and adolescents. However, many of these drugs are not licensed for the treatment of obesity in children and adolescents, or have been withdrawn. Trials were generally of low quality with many having a short or no post-intervention follow-up period and high dropout rates (overall dropout of 25%). Future research should focus on conducting trials with sufficient power and long-term follow-up, to ensure the long-term effects of any pharmacological intervention are
comprehensively assessed. Adverse events should be reported in a more standardised manner specifying amongst other things the number of participants experiencing at least one adverse event. The requirement of regulatory authorities (US Food and Drug Administration and European Medicines Agency) for trials of all new medications to be used in children and adolescents should drive an increase in the number of high quality trials.

Issue Part
11
Date of Publication
2016

874.
Dopamine agonists for preventing ovarian hyperstimulation syndrome
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-07023

Background
Ovarian hyperstimulation syndrome (OHSS) is a potentially serious complication of ovarian stimulation in assisted reproduction technology (ART). It is characterised by enlarged ovaries and an acute fluid shift from the intravascular space to the third space, resulting in bloating, increased risk of venous thromboembolism and decreased organ perfusion. Most cases are mild, but forms of moderate or severe OHSS appear in 3% to 8% of in vitro fertilisation (IVF) cycles. The dopamine agonist cabergoline was introduced as a secondary prevention intervention for OHSS in women at high risk of OHSS undergoing ART treatment. As cabergoline seemed to be effective in preventing OHSS, other types of dopamine agonists, such as quinagolide and bromocriptine, have since been studied in ART to prevent OHSS.

Objectives
To assess the effectiveness and safety of dopamine agonists in preventing OHSS in high-risk women undergoing ART treatment.

Search methods
We searched several databases from inception to August 2016 (Cochrane Gynaecology and Fertility Specialised Register of trials, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, CINAHL, PsycINFO, Clinicaltrials.gov and the World Health Organization International Trials Registry Platform (ICTRP)) for randomised controlled trials (RCTs) assessing the effect of dopamine agonist in preventing OHSS. We handsearched the reference lists of relevant studies.

Selection criteria
We considered RCTs which compared dopamine agonists with placebo/no intervention or another intervention for preventing OHSS in high-risk women for inclusion. Primary outcome measures were incidence of moderate or severe OHSS and live birth rate. Secondary endpoints were clinical pregnancy rate, multiple pregnancy rate, miscarriage rate and any other adverse effects of the treatment.

Data collection and analysis
Two authors independently screened titles, abstracts and full texts of publications, selected studies, extracted data and assessed risk of bias. We resolved any disagreements by consensus.

We reported pooled results as odds ratios (OR) and 95% confidence interval (95% CI) by the Mantel-Haenszel method. In addition, we graded the overall quality of the evidence using GRADE criteria.

Main results
The search identified 14 new RCTs since the last published version of this review, resulting in 16 included RCTs involving 2091 high-risk women for this updated review. They evaluated three types of dopamine agonists: cabergoline, quinagolide and bromocriptine.

Authors’ conclusions
Dopamine agonists appear to reduce the incidence of moderate or severe OHSS in women at high risk of OHSS (moderate quality evidence). If a fresh embryo transfer is performed, the use of dopamine agonists does not affect the pregnancy outcome (live birth rate, clinical pregnancy rate and miscarriage rate) (very low to moderate quality evidence). However, dopamine agonists might increase the risk of adverse events, such as gastrointestinal symptoms. Further research should focus on dose-finding, comparisons with other effective treatments and consideration of combination treatments. Therefore, large, well-designed and well-executed RCTs that involve more clinical endpoints (e.g., live birth rate) are necessary to further evaluate the role of dopamine agonists in OHSS prevention.

Issue Part
11

Date of Publication
2016
Chewing gum for enhancing early recovery of bowel function after caesarean section

Cochrane Database of Systematic Reviews. 10, 2016. Cochrane Database of Systematic Reviews

[Systematic Review]
AN: 00075320-100000000-09961

Background
Caesarean sections (CS) are the most frequent major surgery in the world. A transient impairment of bowel motility is expected after CS. Although this usually resolves spontaneously within a few days, it can cause considerable discomfort, require symptomatic medication and delay hospital discharge, thus increasing costs. Chewing gum in the immediate postoperative period is a simple intervention that may be effective in enhancing recovery of bowel function in other types of abdominal surgeries.

Objectives
To assess the effects of chewing gum to reduce the duration of postoperative ileus and to enhance postoperative recovery after a CS.

Search methods
We searched the Cochrane Pregnancy and Childbirth Group’s Trials Register (20 June 2016), LILACs (20 June 2016), (20 June 2016), WHO International Clinical Trials Registry Platform () (20 June 2016) and the reference lists of retrieved studies.

Selection criteria
All randomised controlled trials comparing chewing gum versus usual care, for women in the first 24 hours after a CS. We included studies published in abstract form only.

Data collection and analysis
Two review authors independently selected the studies for inclusion, extracted data and assessed the risk of bias following standard Cochrane methods. We present dichotomous outcome results as risk ratio (RR) with 95% confidence intervals (CI) and continuous outcome results as mean differences (MD) and 95% CI. We pooled the results of similar studies using a
random-effects model in case of important heterogeneity. We used the GRADE approach to assess the overall quality of evidence.

Main results
We included 17 randomised trials (3149 participants) conducted in nine different countries. Seven studies (1325 women) recruited exclusively women undergoing elective CS and five studies (833 women) only included women having a primary CS. Ten studies (1731 women) used conventional feeding protocols (nil by mouth until the return of intestinal function). The gum-chewing regimen varied among studies, in relation to its initiation (immediately after CS, up to 12 hours later), duration of each session (from 15 to 60 minutes) and number of sessions per day (three to more than six). All the studies were classified as having a high risk of bias due to the nature of the intervention, women could not be blinded and most of the outcomes were self-reported.

Authors’ conclusions
This review found 17 randomised controlled trials (involving 3149 women). We downgraded the quality of the evidence for time to first passage of flatus and of faeces and for adverse effects/intolerance to gum chewing because of the high risk of bias of the studies (due to lack of blinding and self-report). For time to first flatus and faeces, we downgraded the quality of the evidence further because of the high heterogeneity in these meta-analyses and the potential for publication bias based on the visual inspection of the funnel plots. The quality of the evidence for adverse effects/tolerance to gum chewing and for ileus was downgraded because of the small number of events. The quality of the evidence for ileus was further downgraded due to the unclear risk of bias for the assessors evaluating this outcome.

876.
Antifibrinolytic therapy to reduce haemoptysis from any cause
Prutsky, Gabriela. Domecq, Pablo Juan. Salazar, Carlos A. Accinelli, Roberto. Institution Juan Pablo Domecq. TI Antifibrinolytic therapy to reduce haemoptysis from any cause.
EBM Reviews - Cochrane Database of Systematic Reviews
Background

Haemoptysis is a common pathology around the world, occurring with more frequency in low-income countries. It has different etiologies, many of which have infectious characteristics. Antifibrinolytic agents are commonly used to manage bleeding from different sources, but their usefulness in pulmonology is unclear.

Objectives

To evaluate the effectiveness and safety of antifibrinolytic agents in reducing the volume and duration of haemoptysis in adult and paediatric patients.

Search methods

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) and the Database of Abstracts of Reviews of Effects (DARE) in The Cochrane Library, EMBASE and LILACS for publications that describe randomized controlled trials (RCTs) of antifibrinolytic therapy in patients presenting with haemoptysis. We also performed an independent search in MEDLINE for relevant trials not yet included in CENTRAL or DARE. Searches are up to date to the 19th September 2016. We conducted electronic and manual searches of relevant national and international journals. We reviewed the reference lists of included studies to locate relevant randomized controlled trials (RCTs). An additional search was carried out to find unpublished RCTs.

Selection criteria

We included RCTs designed to evaluate the effectiveness and safety of antifibrinolytic agents in reducing haemoptysis in adult and paediatric patients of both genders presenting with haemoptysis of any etiology and severity. The intervention of interest was the administration of antifibrinolytic agents compared with placebo or no treatment.

Data collection and analysis

All reviewers independently assessed methodological quality and extracted data tables pre-designed for this review.

Main results

The electronic literature search identified 1 original study that met the eligibility criteria. One unpublished study was also identified through manual searches. Therefore two randomized controlled trials met the inclusion criteria: (via electronic searches) and (via manual searches).

Authors’ conclusions

There is insufficient evidence to judge whether antifibrinolics should be used to treat haemoptysis from any cause, though limited evidence suggests they may reduce the duration of bleeding.
Probiotics to prevent infantile colic
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 12, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10879
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the effectiveness and safety of prophylactic probiotics for preventing or reducing colic in infants.
To identify the likely effective probiotic strains for such an approach.

Parent training programmes for managing infantile colic
EBM Reviews - Cochrane Database of Systematic Reviews
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:

To evaluate the effectiveness and safety of parent training programmes for managing colic in infants under four months of age.

To identify the educational content and attributes of such published programmes.

Objectives

To evaluate the benefits and harms of different interventions used in children with idiopathic nephrotic syndrome, who do not achieve remission following four weeks or more of daily corticosteroid therapy.
Search methods
We searched Cochrane Kidney and Transplant's Specialised Register (up to 2 March 2016) through contact with the Information Specialist using search terms relevant to this review.

Selection criteria
RCTs and quasi-RCTs were included if they compared different immunosuppressive agents or non-immunosuppressive agents with placebo, prednisone or other agent given orally or parenterally in children aged three months to 18 years with SRNS.

Data collection and analysis
Two authors independently searched the literature, determined study eligibility, assessed risk of bias and extracted data. For dichotomous outcomes, results were expressed as risk ratios (RR) and 95% confidence intervals (CI). Data were pooled using the random effects model.

Main results
Nineteen RCTs (820 children enrolled; 773 evaluated) were included. Most studies were small. Eleven studies were at low risk of bias for allocation concealment and only four studies were at low risk of performance bias. Fifteen, eight and 10 studies were at low risk of detection bias, attrition bias and reporting bias respectively. Cyclosporin when compared with placebo or no treatment significantly increased the number of children who achieved complete remission. However this was based on only eight children who achieved remission with cyclosporin compared with no children who achieved remission with placebo/no treatment in three small studies (49 children: RR 7.66, 95% CI 1.06 to 55.34). Calcineurin inhibitors significantly increased the number with complete or partial remission compared with IV cyclophosphamide (2 studies, 156 children: RR 1.98, 95% CI 1.25 to 3.13; I(2) = 20%). There was no significant differences in the number who achieved complete remission between tacrolimus versus cyclosporin (1 study, 41 children: RR 0.86, 95% CI 0.44 to 1.66), cyclosporin versus mycophenolate mofetil plus dexamethasone (1 study, 138 children: RR 2.14, 95% CI 0.87 to 5.24), oral cyclophosphamide with prednisone versus prednisone alone (2 studies, 91 children: RR 1.06, 95% CI 0.61 to 1.87), IV versus oral cyclophosphamide (1 study, 11 children: RR 3.13, 95% CI 0.81 to 12.06), IV cyclophosphamide versus oral cyclophosphamide plus IV dexamethasone (1 study, 49 children: RR 1.13, 95% CI 0.65 to 1.96), and azathioprine with prednisone versus prednisone alone (1 study, 31 children: RR 0.94, 95% CI 0.15 to 5.84). One study found no significant differences between three agents (cyclophosphamide, mycophenolate mofetil, leflunomide) used in combination with tacrolimus and prednisone. One study found no significant difference in the percentage reduction in proteinuria (31 children: -12; 95% CI -73 to 110) between rituximab with cyclosporin/prednisolone and cyclosporin/prednisolone alone. Two studies reported ACEi significantly reduced proteinuria.

Authors’ conclusions
To date RCTs have demonstrated that calcineurin inhibitors increase the likelihood of complete or partial remission compared with placebo/no treatment or cyclophosphamide. For other regimens assessed, it remains uncertain whether the interventions alter outcomes because the certainty of the evidence is low. Further adequately powered, well designed RCTs are needed to evaluate other regimens for children with idiopathic SRNS. Since SRNS represents a spectrum of diseases, future studies should enrol children from better defined groups of patients with SRNS.

Issue Part
10
Date of Publication
2016

880.
Written information for patients (or parents of child patients) to reduce the use of antibiotics for acute upper respiratory tract infections in primary care
O'Sullivan, Jack W. Harvey, Robert T. Glasziou, Paul P. McCullough, Amanda.Institution Amanda McCullough .TI Written information for patients (or parents of child patients) to reduce the use of antibiotics for acute upper respiratory tract infections in primary care.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-09759

Background
Acute upper respiratory tract infections (URTIs) are frequently managed in primary care settings. Although many are viral, and there is an increasing problem with antibiotic resistance, antibiotics continue to be prescribed for URTIs. Written patient information may be a simple way to reduce antibiotic use for acute URTIs.

Objectives
To assess if written information for patients (or parents of child patients) reduces the use of antibiotics for acute URTIs in primary care.

Search methods
We searched CENTRAL, MEDLINE, Embase, CINAHL, LILACS, Web of Science, clinical trials.gov, and the World Health Organization (WHO) trials registry up to July 2016 without language or publication restrictions.

Selection criteria
We included randomised controlled trials (RCTs) involving patients (or parents of child patients) with acute URTIs, that compared written patient information delivered immediately before or during prescribing, with no information. RCTs needed to have measured our primary outcome (antibiotic use) to be included.

Data collection and analysis
Two review authors screened studies, extracted data, and assessed study quality. We could not meta-analyse included studies due to significant methodological and statistical heterogeneity; we summarised the data narratively.

Main results
Two RCTs met our inclusion criteria, involving a total of 827 participants. Both studies only recruited children with acute URTIs (adults were not involved in either study): 558 children from 61 general practices in England and Wales; and 269 primary care doctors who provided data on 33,792 patient-doctor consultations in Kentucky, USA. The UK study had a high risk of bias due to lack of blinding and the US cluster-randomised study had a high risk of bias because the methods to allocate participants to treatment groups was not clear, and there was evidence of baseline imbalance.

Authors’ conclusions
Compared to usual care, moderate quality evidence from one study showed that trained GPs providing written information to parents of children with acute URTIs in primary care can reduce the number of antibiotics used by patients without any negative impact on reconsultation rates or parental satisfaction with consultation. Low quality evidence from two studies shows that, compared to usual care, GPs prescribe fewer antibiotics for acute URTIs but prescribe more antibiotics when written information is provided alongside prescribing feedback (compared to prescribing feedback alone). There was no evidence addressing resolution of patients' symptoms, patient knowledge about antibiotics for acute URTIs, or frequency of complications.

Issue Part
11

Date of Publication
2016
Pancreatic enzyme replacement therapy for people with cystic fibrosis


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews

[Systematic Review]
AN: 00075320-100000000-06755

Background
Most people with cystic fibrosis (80% to 90%) need pancreatic enzyme replacement therapy to prevent malnutrition. Enzyme preparations need to be taken whenever food is taken, and the dose needs to be adjusted according to the food consumed. A systematic review on the efficacy and safety of pancreatic enzyme replacement therapy is needed to guide clinical practice, as there is variability between centres with respect to assessment of pancreatic function, time of commencing treatment, dose and choice of supplements. This is an updated version of a published review.

Objectives
To evaluate the efficacy and safety of pancreatic enzyme replacement therapy in children and adults with cystic fibrosis and to compare the efficacy and safety of different formulations of this therapy and their appropriateness in different age groups. Also, to compare the effects of pancreatic enzyme replacement therapy in cystic fibrosis according to different diagnostic subgroups (e.g. different ages at introduction of therapy and different categories of pancreatic function).

Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group Trials Register comprising references identified from comprehensive electronic database searches and handsearches of relevant journals and abstract books of conference proceedings. Most recent search: 15 July 2016.

Selection criteria
Randomised and quasi-randomised controlled trials in people of any age, with cystic fibrosis and receiving pancreatic enzyme replacement therapy, at any dosage and in any formulation, for a period of not less than four weeks, compared to placebo or other pancreatic enzyme replacement therapy preparations.

Data collection and analysis
Two authors independently assessed trials and extracted outcome data. They also assessed the risk of bias of the trials included in the review.

Main results

One parallel trial and 12 cross-over trials of children and adults with cystic fibrosis were included in the review. The number of participants in each trial varied between 14 and 129 with a total of 512 participants included in the review. All the included trials were for a duration of four weeks. The included trials had mostly an unclear risk of bias from the randomisation process as the details of this were not given; they also mostly had a high risk of attrition bias and reporting bias.

Authors’ conclusions

There is limited evidence of benefit from enteric-coated microspheres when compared to non-enteric coated pancreatic enzyme preparations up to one month. In the only comparison where we could combine any data, the fact that these were cross-over studies is likely to underestimate the level of inconsistency between the results of the studies due to over-inflation of confidence intervals from the individual studies. There is no evidence on the long-term effectiveness and risks associated with pancreatic enzyme replacement therapy. There is also no evidence on the relative dosages of enzymes needed for people with different levels of severity of pancreatic insufficiency, optimum time to start treatment and variations based on differences in meals and meal sizes. There is a need for a properly designed study that can answer these questions.

Issue Part

11

Date of Publication

2016
Ustekinumab (CNTO 1275) and briakinumab (ABT-874) are monoclonal antibodies that target the standard p40 subunit of the cytokines interleukin-12 and interleukin-23 (IL-12/23p40), which are involved in the pathogenesis of Crohn's disease.

Objectives
The objectives of this review were to assess the efficacy and safety of anti-IL-12/23p40 antibodies for induction of remission in Crohn's disease.

Search methods
We searched the following databases from inception to 12 September 2016: PubMed, MEDLINE, EMBASE, and the Cochrane Library (CENTRAL). References and conference abstracts were searched to identify additional studies.

Selection criteria
Randomized controlled trials (RCTs) trials in which monoclonal antibodies against IL-12/23p40 were compared to placebo or another active comparator in patients with active Crohn's disease were included.

Data collection and analysis
Two authors independently screened studies for inclusion and extracted data. Methodological quality was assessed using the Cochrane risk of bias tool. The primary outcome was failure to induce clinical remission, defined as a Crohn's disease activity index (CDAI) of < 150 points. Secondary outcomes included failure to induce clinical improvement, adverse events, serious adverse events, and withdrawals due to adverse events. Clinical improvement was defined as decreases of > 70 or > 100 points in the CDAI from baseline. We calculated the risk ratio (RR) and 95% confidence intervals (95% CI) for each outcome. Data were analyzed on an intention-to-treat basis. The overall quality of the evidence supporting the outcomes was evaluated using the GRADE criteria.

Main results
Six RCTs (n = 2324 patients) met the inclusion criteria. A low risk of bias was assigned to all studies. The two briakinumab trials were not pooled due to differences in doses and time points for analysis. In both studies there was no statistically significant difference in remission rates. One study (n = 79) compared doses of 1 mg/kg and 3 mg/kg to placebo. In the briakinumab group 70% (44/63) of patients failed to enter clinical remission at 6 or 9 weeks compared to 81% (13/16) of placebo patients (RR 0.86, 95% CI 0.65 to 1.14). Subgroup analysis revealed no significant differences by dose. The other briakinumab study (n = 230) compared intravenous doses of 200 mg, 400 mg and 700 mg with placebo. Eighty-four per cent (154/184) of briakinumab patients failed to enter clinical remission at six weeks compared to 91% (42/46) of placebo patients (RR 0.92, 95% CI 0.83 to 1.03). Subgroup analysis revealed no significant differences by dose.

GRADE analyses of the briakinumab studies rated the overall quality of the evidence for the outcome clinical remission as low. Based on the results of these two studies the manufacturers of
briakinumab stopped production of this medication. The ustekinumab studies were pooled despite differences in intravenous doses (i.e. 1mg/kg, 3 mg/kg, 4.5 mg/kg, and 6 mg/kg), however the subcutaneous dose group was not included in the analysis, as it was unclear if subcutaneous was equivalent to intravenous dosing. There was a statistically significant difference in remission rates. At week six, 84% (764/914) of ustekinumab patients failed to enter remission compared to 90% (367/406) of placebo patients (RR 0.92, 95% CI 0.88 to 0.96; 3 studies; high-quality evidence). Subgroup analysis showed a statistically significant difference for the 6.0 mg/kg dose group (moderate-quality evidence). There were statistically significant differences in clinical improvement between ustekinumab and placebo-treated patients. In the ustekinumab group, 55% (502/914) of patients failed to improve clinically (i.e. 70-point decline in CDAI score), compared to 71% (287/406) of placebo patients (RR 0.78, 95% CI 0.71 to 0.85; 3 studies). Subgroup analysis revealed significant differences compared to placebo for the 1 mg/kg, 4.5 mg/kg and 6 mg/kg dosage subgroups. Similarly for a 100-point decline in CDAI, 64% (588/914) of patients in the ustekinumab group failed to improve clinically compared to 78% (318/406) of placebo patients (RR 0.82, 95% CI 0.77 to 0.88; 3 studies; high-quality evidence). Subgroup analysis showed a significant difference compared to placebo for the 4.5 mg/kg and 6.0 mg/kg (high-quality evidence) dose groups. There were no statistically significant differences in the incidence of adverse events, serious adverse events or withdrawal due to adverse events. Sixty-two per cent (860/1386) of ustekinumab patients developed at least one adverse event compared to 64% (407/637) of placebo patients (RR 0.97, 95% CI 0.90 to 1.04; 4 studies; high-quality evidence). Five per cent (75/1386) of ustekinumab patients had a serious adverse event compared to 6% (41/637) of placebo patients (RR 0.83, 95% CI 0.58 to 1.20; 4 studies; moderate-quality evidence). The most common adverse events in briakinumab patients were injection site reactions and infections. Infections were the most common adverse event in ustekinumab patients. Worsening of Crohn's disease and serious infections were the most common serious adverse events.

Authors’ conclusions
High quality evidence suggests that ustekinumab is effective for induction of clinical remission and clinical improvement in patients with moderate to severe Crohn's disease. Moderate to high quality evidence suggests that the optimal dosage of ustekinumab is 6 mg/kg. Briakinumab and ustekinumab appear to be safe. Moderate quality evidence suggests no increased risk of serious adverse events. Future studies are required to determine the long-term efficacy and safety of ustekinumab in patients with moderate to severe Crohn's disease.

Issue Part
11
Date of Publication
2016
Physiotherapy interventions for functional bladder and bowel dysfunctions in neurologically normal and otherwise healthy children


Institution Marieke L van Engelenburg-van Lonkhuyzen.

TI Physiotherapy interventions for functional bladder and bowel dysfunctions in neurologically normal and otherwise healthy children.

EBM Reviews - Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews [Protocol]

AN: 00075320-100000000-10841

This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:

To determine the effectiveness of physiotherapy or physiotherapy-related interventions, performed by any healthcare professional, in the management of functional bladder, bowel dysfunctions, or concomitant BBD in neurologically normal and otherwise healthy children, aged between four to 18 years.

1. Motor control interventions versus no treatment,
2. Motor control interventions versus any other intervention,
3. Manual therapy techniques (abdominal massage) versus no treatment,
4. Manual therapy techniques (abdominal massage) versus any other intervention,
5. Electrotherapy (non-invasive) versus no treatment,
6. Electrotherapy (non-invasive) versus any other intervention,
7. Physiotherapy versus no treatment,
8. Physiotherapy versus any other intervention,
9. One type of a physiotherapy (intervention) versus another type of physiotherapy (intervention).

Issue Part

11

Date of Publication

2016
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
The primary objective of this systematic review is to assess the efficacy of a range of physical therapy interventions for the management of PGP following pregnancy.
We will assess efficacy in terms of reduced pain, improved disability/functional status, improved overall health/health-related quality of life, and treatment success (participant-reported).
We will compare each intervention/modality of physical therapy considered as a relevant intervention in the treatment of pelvic girdle pain (PGP) after pregnancy to:
no treatment;
placebo/sham treatment; or
conservative treatments not considered as physical therapy (such as acupuncture, cognitive-behavioral treatment etc.).
In subsequent investigations we will compare the efficacy of different physical therapy interventions/modalities when compared against each other (head-to-head comparison). We will do this for the same outcomes as above (reduced pain and disability and improved health-related quality of life).
Non-surgical interventions for treating heavy menstrual bleeding (menorrhagia) in women with bleeding disorders


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews

[Systematic Review]
AN: 00075320-100000000-08681

Background
Heavy menstrual bleeding without an organic lesion is mainly due to an imbalance of the various hormones which have a regulatory effect on the menstrual cycle. Another cause of heavy menstrual bleeding with no pelvic pathology, is the presence of an acquired or inherited bleeding disorder. The haemostatic system has a central role in controlling the amount and the duration of menstrual bleeding, thus abnormally prolonged or profuse bleeding does occur in most women affected by bleeding disorders. Whereas irregular, pre-menarchal or post-menopausal uterine bleeding is unusual in inherited or acquired haemorrhagic disorders, severe acute bleeding and heavy menstrual bleeding at menarche and chronic heavy menstrual bleeding during the entire reproductive life are common. This is an update of a previously published Cochrane Review.

Objectives
To determine the efficacy and safety of non-surgical interventions versus each other, placebo or no treatment for reducing menstrual blood loss in women with bleeding disorders.

Search methods
We searched the Cochrane Cystic Fibrosis Haemoglobinopathies Trials Register (25 August 2016), Embase (May 2013), LILACS (February 2013) and the WHO International Clinical Trial registry (February 2013).

Selection criteria
Randomised controlled studies of non-surgical interventions for treating heavy menstrual bleeding (menorrhagia) in women of reproductive age suffering from a congenital or acquired bleeding disorder.

Data collection and analysis
Two authors independently assessed studies for inclusion, extracted data and assessed the risk of bias.

Main results
Three cross-over studies, with 175 women were included in the review. All three studies had an unclear risk of bias with regards to trial design and overall, the quality of evidence generated was judged to be poor.
Authors’ conclusions
Evidence from randomised controlled studies on the effect of desmopressin when compared to placebo in reducing menstrual blood loss is very limited and inconclusive. Two studies, each with a very limited number of participants, have shown uncertain effects in menstrual blood loss and adverse effects. A non-randomised comparison in one of the studies points to the value of combining desmopressin and tranexamic acid, which needs to be tested in a formal randomised controlled study comparison.

Issue Part
11
Date of Publication
2016
887.
Antiplatelet therapy for preventing stroke in people with atrial fibrillation
Antiplatelet therapy for preventing stroke in people with atrial fibrillation.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10830
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
To assess the beneficial and harmful effects of antiplatelet therapy for prevention of stroke in people with atrial fibrillation.
Issue Part
11
Date of Publication
2016

888.
Osmotic and stimulant laxatives for the management of childhood constipation
Gordon, Morris. MacDonald, John K. Parker, Claire E. Akobeng, Anthony K. Thomas, Adrian G. Institution Morris Gordon .TI Osmotic and stimulant laxatives for the management of childhood constipation.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 8, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-07534
Background
Constipation within childhood is an extremely common problem. Despite the widespread use of osmotic and stimulant laxatives by health professionals to manage constipation in children, there has been a long standing paucity of high quality evidence to support this practice.
Objectives
We set out to evaluate the efficacy and safety of osmotic and stimulant laxatives used to treat functional childhood constipation.
Search methods
We searched MEDLINE, EMBASE, the Cochrane Central Register of Controlled Trials, and the Cochrane IBD Group Specialized Trials Register from inception to 10 March 2016. There were no language restrictions. We also searched the references of all included studies, personal contacts and drug companies to identify studies.

Selection criteria
Randomised controlled trials (RCTs) which compared osmotic or stimulant laxatives to placebo or another intervention, with participants aged 0 to 18 years old were considered for inclusion. The primary outcome was frequency of defecation. Secondary endpoints included faecal incontinence, disimpaction, need for additional therapies and adverse events.

Data collection and analysis
Relevant papers were identified and two authors independently assessed the eligibility of trials, extracted data and assessed methodological quality using the Cochrane risk of bias tool. The primary outcome was frequency of defecation. Secondary endpoints included faecal incontinence, disimpaction, need for additional therapies and adverse events. For continuous outcomes we calculated the mean difference (MD) and 95% confidence interval (CI) using a fixed-effect model. For dichotomous outcomes we calculated the risk ratio (RR) and 95% CI using a fixed-effect model. The Chi(superscript 2) and I(superscript 2) statistics were used to assess statistical heterogeneity. A random-effects model was used in situations of unexplained heterogeneity. We assessed the overall quality of the evidence supporting the primary and secondary outcomes using the GRADE criteria.

Main results
Twenty-five RCTs (2310 participants) were included in the review. Fourteen studies were judged to be at high risk of bias due to lack of blinding, incomplete outcome data and selective reporting. Meta-analysis of two studies (101 patients) comparing polyethylene glycol (PEG) with placebo showed a significantly increased number of stools per week with PEG (MD 2.61 stools per week, 95% CI 1.15 to 4.08). Common adverse events in the placebo-controlled studies included flatulence, abdominal pain, nausea, diarrhoea and headache. Participants receiving high dose PEG (0.7 g/kg) had significantly more stools per week than low dose PEG (0.3 g/kg) participants (1 study, 90 participants, MD 1.30, 95% 0.76 to 1.84). Meta-analysis of 6 studies with 465 participants comparing PEG with lactulose showed a significantly greater number of stools per week with PEG (MD 0.70, 95% CI 0.10 to 1.31), although follow-up was short. Patients who received PEG were significantly less likely to require additional laxative therapies. Eighteen percent (27/154) of PEG patients required additional therapies compared to 31% (47/150) of lactulose patients (RR 0.55, 95% CI 0.36 to 0.83). No serious adverse events were reported with either agent. Common adverse events in these studies included diarrhoea, abdominal pain, nausea, vomiting and pruritis ani. Meta-analysis of 3 studies with 211 participants comparing
PEG with milk of magnesia showed that the stools per week were significantly greater with PEG (MD 0.69, 95% CI 0.48 to 0.89). However, the magnitude of this difference was quite small and may not be clinically significant. One child was noted to be allergic to PEG, but there were no other serious adverse events reported. One study found a significant difference in stools per week favouring milk of magnesia over lactulose (MD -1.51, 95% CI -2.63 to -0.39, 50 patients).

Meta-analysis of 2 studies with 287 patients comparing liquid paraffin (mineral oil) with lactulose revealed a relatively large statistically significant difference in the number of stools per week favouring liquid paraffin (MD 4.94, 95% CI 4.28 to 5.61). No serious adverse events were reported. Adverse events included abdominal pain, distention and watery stools. No statistically significant differences in the number of stools per week were found between PEG and enemas (1 study, 90 patients, MD 1.00, 95% CI -1.58 to 3.58), dietary fibre mix and lactulose (1 study, 125 patients, P = 0.481), senna and lactulose (1 study, 21 patients, P > 0.05), lactitol and lactulose (1 study, 51 patients, MD -0.80, 95% CI -2.63 to 1.03), hydrolyzed guar gum and lactulose (1 study, 61 patients, MD 1.00, 95% CI -1.80 to 3.80), PEG and flixweed (1 study, 109 patients, MD 0.00, 95% CI -0.33 to 0.33), PEG and dietary fibre (1 study, 83 patients, MD 0.20, 95% CI -0.64 to 1.04), and PEG and liquid paraffin (2 studies, 261 patients, MD 0.35, 95% CI -0.24 to 0.95).

Authors’ conclusions

The pooled analyses suggest that PEG preparations may be superior to placebo, lactulose and milk of magnesia for childhood constipation. GRADE analyses indicated that the overall quality of the evidence for the primary outcome (number of stools per week) was low or very low due to sparse data, inconsistency (heterogeneity), and high risk of bias in the studies in the pooled analyses. Thus, the results of the pooled analyses should be interpreted with caution because of quality and methodological concerns, as well as clinical heterogeneity, and short follow-up. There is also evidence suggesting the efficacy of liquid paraffin (mineral oil). There is no evidence to demonstrate the superiority of lactulose when compared to the other agents studied, although there is a lack of placebo controlled studies. Further research is needed to investigate the long term use of PEG for childhood constipation, as well as the role of liquid paraffin. The optimal dose of PEG also warrants further investigation.

Issue Part
8
Date of Publication
2016
Oral janus kinase inhibitors for induction of remission in ulcerative colitis
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 11, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10828
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
The primary objective is to evaluate the efficacy and safety of oral JAK inhibitors for induction of remission in patients with active UC.
Issue Part
11
Date of Publication
2016

Interventions for men and women with their first episode of genital herpes
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 8, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-09006
Background
Genital herpes is incurable, and is caused by the herpes simplex virus (HSV). First-episode genital herpes is the first clinical presentation of herpes that a person experiences. Current treatment is based around viral suppression in order to decrease the length and severity of the episode.
Objectives
To determine the effectiveness and safety of the different existing treatments for first-episode genital herpes on the duration of symptoms and time to recurrence.

Search methods

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (from inception to April 2016), MEDLINE (from inception to April 2016), the Specialised Register of the Cochrane Sexually Transmitted Infections Review Group (from inception to April 2016), EMBASE (from inception to April 2016), PsycINFO (from inception to April 2016), CINAHL (from inception to April 2016), LILACS (from inception to April 2016), AMED (from inception to April 2016), and the Alternative Medicines Specialised Register (from inception to April 2016). We handsearched a number of relevant journals, searched reference lists of all included studies, databases of ongoing trials, and other Internet databases.

Selection criteria

We included randomised controlled trials (RCTs) on participants with first-episode genital herpes. We excluded vaccination trials, and trials in which the primary objective assessed a complication of HSV infection.

Data collection and analysis

All studies written in English were independently assessed by at least two review authors for inclusion, risk of bias for each trial, and to extract data. Studies requiring translation were assessed for inclusion, trial quality, and data extraction by external translators.

Main results

We included 26 trials with 2084 participants analysed. Most of the studies were conducted in the United Kingdom (UK) and United States (US), and involved men and women experiencing their first episode of genital herpes, with the exception of three studies which included only women. We rated the majority of these studies as having an unclear risk of bias; largely due to lack of information supplied in the publications, and due to the age of the trials. This review found low quality evidence from two studies of oral acyclovir, when compared to placebo, reduced the duration of symptoms in individuals undergoing their first episode of genital herpes (mean difference (MD) -3.22, 95% confidence interval (CI) -5.91 to -0.54; I(superscript 2) = 52%). In two studies (112 participants), intravenous acyclovir decreased the median number of days that patients with first-episode herpes suffered symptoms. Oral valaciclovir (converted to acyclovir) also showed a similar length of symptom duration when compared to acyclovir in two studies.

There is currently no evidence that topical acyclovir reduces symptoms (MD -0.61 days, 95% CI -2.16 to 0.95; 3 RCTs, 195 participants, I(superscript 2) statistic = 56%). There is also no current evidence that the topical treatments of ciclohexolone cream, carbenoxolone sodium cream, adenosine arabinoside, idoxuridine in dimethyl sulfoxide, when compared to placebo reduced the duration of symptoms in people undergoing their first episode of herpes.

Authors’ conclusions
There is low quality evidence from this review that oral acyclovir reduced the duration of symptoms for genital herpes. However, there is low quality evidence which did not show that topical antivirals reduced symptom duration for patients undergoing their first episode of genital herpes. This review was limited by the inclusion of skewed data, resulting in few trials that we were able to meta-analyse.

Issue Part
8
Date of Publication
2016

891.
Internal dressings for healing perianal abscess cavities
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 8, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-09608

Background
A perianal abscess is a collection of pus under the skin, around the anus. It usually occurs due to an infection of an anal gland. In the UK, the annual incidence is 40 per 100,000 of the adult population, and the standard treatment is admission to hospital for incision and drainage under general anaesthetic. Following drainage of the pus, an internal dressing (pack) is placed into the cavity to stop bleeding. Common practice is for community nursing teams to change the pack regularly until the cavity heals. Some practitioners in the USA and Australia make a small stab incision under local anaesthetic and place a catheter into the cavity which drains into an external dressing. It is removed when it stops draining. Elsewhere in the USA, simple drainage is performed in an outpatient setting under local anaesthetic.

Objectives
To assess the effects of internal dressings in healing wound cavities resulting from drainage of perianal abscesses.

Search methods
In May 2016 we searched: The Cochrane Wounds Specialised Register; The Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library); Ovid MEDLINE; Ovid MEDLINE (In-Process & Other Non-Indexed Citations); Ovid EMBASE and EBSCO CINAHL Plus. We also searched clinical trial registries to identify ongoing and unpublished studies, and searched reference lists of relevant reports to identify additional studies. We did not restrict studies with respect to language, date of publication, or study setting.

Selection criteria
Published or unpublished randomised controlled trials (RCTs) comparing any type of internal dressing (packing) used in the post-operative management of perianal abscess cavities with alternative treatments or different types of internal dressing.

Data collection and analysis
Two review authors independently performed study selection, risk of bias assessment, and data extraction.

Main results
We included two studies, with a total of 64 randomised participants (50 and 14 participants) aged 18 years or over, with a perianal abscess. In both studies, participants were enrolled on the first post-operative day and randomised to continued packing by community district nursing teams or to no packing. Participants in the non-packing group managed their own wounds in the community and used absorbant dressings to cover the area. Fortnightly follow-up was undertaken until the cavity closed and the skin re-epithelialised, which constituted healing. For non-attenders, telephone follow-up was conducted.

Authors’ conclusions
It is unclear whether using internal dressings (packing) for the healing of perianal abscess cavities influences time to healing, wound pain, development of fistulae, abscess recurrence or other outcomes. Despite this absence of evidence, the practice of packing abscess cavities is commonplace. Given the lack of high quality evidence, decisions to pack may be based on local practices or patient preferences. Further clinical research is needed to assess the effects and patient experience of packing.
Drug therapies for reducing gastric acidity in people with cystic fibrosis
Ng, May Sze.  Moore, Helen S. Institution Sze May Ng. TI Drug therapies for reducing gastric acidity in people with cystic fibrosis.

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 8, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-02502

Background
Malabsorption of fat and protein contributes to poor nutritional status in people with cystic fibrosis. Impaired pancreatic function may also result in increased gastric acidity, leading in turn to heartburn, peptic ulcers and the impairment of oral pancreatic enzyme replacement therapy. The administration of gastric acid-reducing agents has been used as an adjunct to pancreatic enzyme therapy to improve absorption of fat and gastro-intestinal symptoms in people with cystic fibrosis. It is important to establish the evidence regarding potential benefits of drugs that reduce gastric acidity in people with cystic fibrosis. This is an update of a previously published review.

Objectives
To assess the effect of drug therapies for reducing gastric acidity for: nutritional status; symptoms associated with increased gastric acidity; fat absorption; lung function; quality of life and survival; and to determine if any adverse effects are associated with their use.

Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group Trials Register which comprises references identified from comprehensive electronic database searches, handsearches of relevant journals, abstract books and conference proceedings.

Selection criteria
All randomised and quasi-randomised trials involving agents that reduce gastric acidity compared to placebo or a comparator treatment.

Data collection and analysis
Both authors independently selected trials, assessed trial quality and extracted data.

Main results
The searches identified 39 trials; 17 of these, with 273 participants, were suitable for inclusion, but the number of trials assessing each of the different agents was small. Seven trials were limited to children and four trials enrolled only adults. Meta-analysis was not performed, 14 trials were of a cross-over design and we did not have the appropriate information to conduct comprehensive meta-analyses. All the trials were run in single centres and duration ranged from five days to six months. The included trials were generally not reported adequately enough to allow judgements on risk of bias.
Authors’ conclusions
Trials have shown limited evidence that agents that reduce gastric acidity are associated with improvement in gastro-intestinal symptoms and fat absorption. Currently, there is insufficient evidence to indicate whether there is an improvement in nutritional status, lung function, quality of life, or survival. Furthermore, due to the unclear risks of bias in the included trials, we are unable to make firm conclusions based on the evidence reported therein. We therefore recommend that large, multicentre, randomised controlled clinical trials are undertaken to evaluate these interventions.

893.

Oral non-steroidal anti-inflammatory drugs (single dose) for perineal pain in the early postpartum period
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 10, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-10000000-09753

Background
Many women experience perineal pain after childbirth, especially after having sustained perineal trauma. Perineal pain-management strategies are thus an important part of postnatal care. Non-steroidal anti-inflammatory drugs (NSAIDs) are a commonly used type of medication in the management of postpartum pain and their effectiveness and safety should be assessed.

Objectives
To determine the effectiveness of a single dose of an oral NSAID for relief of acute perineal pain in the early postpartum period.

Search methods
We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 March 2016), OpenSIGLE, ProQuest Dissertations and Theses, the and (31 March 2016). We also reviewed reference lists of retrieved papers and contacted experts in the field.

Selection criteria
Randomised controlled trials (RCTs) assessing a single dose of a NSAID versus a single dose of placebo, paracetamol or another NSAID for women with perineal pain in the early postpartum period. Quasi-RCTs and cross-over trials were excluded.

Data collection and analysis
Two review authors (FW and VS) independently assessed all identified papers for inclusion and risk of bias. Any discrepancies were resolved through discussion and consensus. Data extraction, including calculations of pain relief scores, was also conducted independently by two review authors and checked for accuracy.

Main results
We included 28 studies that examined 13 different NSAIDs and involved 4181 women (none of whom were breastfeeding). Studies were published between 1967 and 2013, with the majority published in the 1980s. Of the 4181 women involved in the studies, 2642 received a NSAID and 1539 received placebo or paracetamol. Risk of bias was generally unclear due to poor reporting, but in most studies the participants and personnel were blinded, outcome data were complete and the outcomes that were specified in the methods section were reported.

Authors’ conclusions
In women who are not breastfeeding and who sustained perineal trauma, NSAIDs (compared to placebo) provide greater pain relief for acute postpartum perineal pain and fewer women need additional analgesia when treated with a NSAID. However, the risk of bias was unclear for many of the included studies, adverse effects were often not assessed and breastfeeding women were not included in the studies. The overall quality of the evidence (GRADE) was low with the evidence for all outcomes rated as low or very low. The main reasons for downgrading were inclusion of studies with high risk of bias and inconsistency of findings of individual studies.
Oral janus kinase inhibitors for maintenance of remission in ulcerative colitis
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 10, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10813
This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:
The primary objective is to assess the efficacy and safety of oral JAK inhibitors for the maintenance of remission in patients with quiescent UC.
Issue Part
10
Date of Publication
2016

895.
Quality improvement interventions for improving the detection and management of curable sexually transmitted infections in primary care
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 10, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10778
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effectiveness and safety of quality improvement interventions for the detection and management of curable sexually transmitted infections in primary care.
Issue Part
10
Date of Publication
896.
Oral 5-aminosalicylic acid for maintenance of medically-induced remission in Crohn's disease
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 9, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-02722
Background
The prevention of relapse is a major issue in the management of Crohn's disease. Corticosteroids, the mainstay of treatment of acute exacerbations, are not effective for maintenance of remission and its chronic use is limited by numerous adverse events. Randomised controlled trials assessing the efficacy of oral 5-aminosalicylic acid (5-ASA) agents for maintenance of medically-induced remission in Crohn's disease have produced conflicting results.
Objectives
To conduct a systematic review to evaluate the efficacy and safety of oral 5-ASA agents for the maintenance of medically-induced remission in Crohn's disease.
Search methods
We searched MEDLINE, EMBASE, CENTRAL and the IBD Group Specialized Register from inception to 8 June 2016. We also searched reference lists and conference proceedings.
Selection criteria
We included randomised controlled trials that compared oral 5-ASA agents to either placebo or sulphasalazine in patients with quiescent Crohn's disease. The trials had to have a treatment duration of at least six months.
Data collection and analysis
Two authors independently extracted data and performed the risk of bias assessment. Any disagreements were resolved by discussion and consensus. The primary outcome measure was the occurrence of relapse as defined by the primary studies. Secondary outcomes included time to relapse, adverse events, withdrawal due to adverse events and serious adverse events. We
calculated the pooled risk ratio (RR) and corresponding 95% confidence interval (95% CI) using a fixed-effect model. All data were analysed on an intention-to-treat basis and drop-outs were considered to be relapses. Sensitivity analyses included an available case analysis where drop-outs were ignored and using a random-effects model. We evaluated the overall quality of the evidence supporting the outcomes using the GRADE criteria.

Main results
Twelve studies (2146 participants) that compared 5-ASA to placebo were included. We did not identify any studies that compared sulphasalazine to placebo. Seven studies were judged to be at low risk of bias. The other studies were judged to have an unclear risk of bias for various items due to insufficient details to allow for a judgement. There was no statistically significant difference in relapse rates at 12 months. Fifty-three per cent (526/998) of 5-ASA patients (dose 1.6 g to 4 g/day) relapsed at 12 months compared to 54% (544/1016) of placebo patients (RR 0.98, 95% CI 0.91 to 1.07; 11 studies; 2014 patients; moderate-quality evidence). Sensitivity analyses based on an available case analysis and a random-effects model had no impact on the results. One study found no difference in relapse rates at 24 months. Fifty-four per cent (31/57) of 5-ASA patients (dose 2 g/day) relapsed at 24 months compared to 58% (36/62) of placebo patients (RR 0.94, 95% CI 0.68 to 1.29, 119 patients; low-quality evidence). One paediatric study found no statistically significant difference in relapse rates at 12 months. Sixty-two per cent (29/47) of paediatric 5-ASA patients (dose 50 mg/kg/day) relapsed at 12 months compared to 64% (35/55) of paediatric placebo patients (RR 0.97, 95% CI 0.72 to 1.31; 102 patients; moderate-quality evidence). There was no statistically significant difference in the proportion of patients who experienced an adverse event, withdrawal due to adverse events or serious adverse events. Thirty-four per cent (307/900) of 5-ASA patients had at least one adverse event compared to 33% (301/914) of placebo patients (RR 1.05, 95% CI 0.95 to 1.17; 10 studies; 1814 patients). Fourteen per cent (127/917) of 5-ASA patients withdrew due to adverse events compared to 13% (119/916) of placebo patients (RR 1.11, 95% CI 0.88 to 1.38; 9 studies; 1833 patients). One per cent (3/293) of 5-ASA patients had a serious adverse event compared to 0.7% (2/283) of placebo patients (RR 1.43, 95% CI 0.24 to 2.83; 3 studies; 576 patients). Common adverse events reported in the studies included diarrhoea, nausea and vomiting, abdominal pain, headache and skin rash.

Authors’ conclusions
We found no evidence in this review to suggest that oral 5-ASA preparations are superior to placebo for the maintenance of medically-induced remission in patients with Crohn's disease. Additional randomised trials may not be justified.
Symptoms, ultrasound imaging and biochemical markers alone or in combination for the
diagnosis of ovarian cancer in women with symptoms suspicious of ovarian cancer
Clare.Institution Nirmala Rai .TI Symptoms, ultrasound imaging and biochemical markers alone or
in combination for the diagnosis of ovarian cancer in women with symptoms suspicious of ovarian
cancer.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 9, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-10000000-10388
Population
Clinical setting (generalist/primary care/community/family practice) versus specialist setting
(cancer unit/cancer centre/gynaecological oncology)
Menopausal status
Index tests
Test positivity threshold
Experience of the ultrasound test operator (general sonographers versus specialist interest)
Target condition
Histological subtype
Study quality
Case-control versus other study designs
Study quality: for study participants not receiving surgery initially following a negative index test
result: 12 months follow-up versus less than 12 months follow-up
Issue Part
9
Date of Publication
2016
Pentoxifylline and vitamin E alone or in combination for preventing and treating side effects of radiation therapy and concomitant chemoradiotherapy


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 9, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10517
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the following.
Pentoxifylline or vitamin E, or both, for the prevention or treatment of side effects of therapeutic radiation therapy alone or combined with chemotherapy in people with cancer.
Adverse effects of either pentoxifylline or vitamin E, or both, when given to people with cancer during radiation therapy alone or combined with chemotherapy.
Issue Part
9
Date of Publication
2016

Ketoprofen for episodic tension-type headache in adults

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 9, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-10589
Background
Tension-type headache (TTH) affects about 1 person in 5 worldwide. It is divided into infrequent episodic TTH (fewer than one headache day per month), frequent episodic TTH (2 to 14 headache days per month), and chronic TTH (15 headache days a month or more). Ketoprofen is one of a number of analgesics suggested for acute treatment of headaches in frequent episodic TTH.

Objectives
To assess the efficacy and safety of ketoprofen for treatment of episodic TTH in adults compared with placebo or any active comparator.

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, and the Oxford Pain Relief Database up to May 2016, and also reference lists of relevant published studies and reviews. We sought unpublished studies by asking personal contacts and searching online clinical trial registers and manufacturers' websites.

Selection criteria
We included randomised, double-blind, placebo-controlled studies (parallel-group or cross-over) using oral ketoprofen for symptomatic relief of an acute episode of TTH. Studies had to be prospective, with participants aged 18 years or over, and include at least 10 participants per treatment arm.

Data collection and analysis
Two review authors independently assessed studies for inclusion and extracted data. We used the numbers of participants achieving each outcome to calculate the risk ratio (RR) and number needed to treat for one additional beneficial outcome (NNT) or one additional harmful outcome (NNH) for oral ketoprofen compared to placebo or an active intervention for a range of outcomes, predominantly those recommended by the International Headache Society (IHS).

Main results
We included four studies, all of which enrolled adults with frequent episodic TTH. They all specified using the IHS diagnostic criteria and reported mean baseline pain of at least moderate intensity. While 1253 people with TTH participated in these studies, the numbers available for any analysis were lower than this because outcomes were inconsistently reported and because many participants received active comparators.

Authors’ conclusions
Ketoprofen 25 mg provided a small benefit compared with placebo in terms of being pain-free at two hours or having mild or no pain at two hours for people with frequent episodic TTH who have an acute headache of moderate or severe intensity. Its use was associated with more people experiencing adverse events. Ketoprofen 25 mg was not superior to paracetamol 1000 mg for any efficacy outcome.
Screening for genital chlamydia infection
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 9, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-10000000-09269

Background
Genital infections caused by Chlamydia trachomatis are the most prevalent bacterial sexually transmitted infection worldwide. Screening of sexually active young adults to detect and treat asymptomatic infections might reduce chlamydia transmission and prevent reproductive tract morbidity, particularly pelvic inflammatory disease (PID) in women, which can cause tubal infertility and ectopic pregnancy.

Objectives
To assess the effects and safety of chlamydia screening versus standard care on chlamydia transmission and infection complications in pregnant and non-pregnant women and in men.

Search methods
We searched the Cochrane Sexually Transmitted Infections Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, LILACS, CINAHL, DARE, PsycINFO and Web of Science electronic databases up to 14 February 2016, together with World Health Organization International Clinical Trials Registry (ICTRP) and ClinicalTrials.gov. We also handsearched conference proceedings, contacted trial authors and reviewed the reference lists of retrieved studies.

Selection criteria
Randomised controlled trials (RCTs) in adult women (non-pregnant and pregnant) and men comparing a chlamydia screening intervention with usual care and reporting on a primary outcome (C. trachomatis prevalence, PID in women, epididymitis in men or incidence of preterm
delivery). We included non-randomised controlled clinical trials if there were no RCTs for a primary outcome.

Data collection and analysis

Two review authors independently assessed trials for inclusion, extracted data and assessed the risk of bias. We resolved disagreements by consensus or adjudication by a third reviewer. We described results in forest plots and conducted meta-analysis where appropriate using a fixed-effect model to estimate risk ratios (RR with 95% confidence intervals, CI) in intervention vs control groups. We conducted a pre-specified sensitivity analysis of the primary outcome, PID incidence, according to the risks of selection and detection bias.

Main results

We included six trials involving 359,078 adult women and men. One trial was at low risk of bias in all six specific domains assessed. Two trials examined the effect of multiple rounds of chlamydia screening on C. trachomatis transmission. A cluster-controlled trial in women and men in the general population in the Netherlands found no change in chlamydia test positivity after three yearly invitations (intervention 4.1% vs control 4.3%, RR 0.96, 95% CI 0.84 to 1.09, 1 trial, 317,304 participants at first screening invitation, low quality evidence). Uptake of the intervention was low (maximum 16%). A cluster-randomised trial in female sex workers in Peru found a reduction in chlamydia prevalence after four years (adjusted RR 0.72, 95% CI 0.54 to 0.98, 1 trial, 4465 participants, low quality evidence).

Authors’ conclusions

Evidence about the effects of screening on C. trachomatis transmission is of low quality because of directness and risk of bias. There is moderate quality evidence that detection and treatment of chlamydia infection can reduce the risk of PID in women at individual level. There is an absence of RCT evidence about the effects of chlamydia screening in pregnancy.

Issue Part

9

Date of Publication

2016

Pain-relieving agents for infantile colic

Background
Infantile colic is a common disorder in the first months of life, affecting somewhere between 4% and 28% of infants worldwide, depending on geography and definitions used. Although it is self-limiting and resolves by four months of age, colic is perceived by parents as a problem that requires action. Pain-relieving agents, such as drugs, sugars and herbal remedies, have been suggested as interventions to reduce crying episodes and severity of symptoms.

Objectives
To assess the effectiveness and safety of pain-relieving agents for reducing colic in infants younger than four months of age.

Search methods
We searched the following databases in March 2015 and again in May 2016: CENTRAL, Ovid MEDLINE, Embase and PsycINFO, along with 11 other databases. We also searched two trial registers, four thesis repositories and the reference lists of relevant studies to identify unpublished and ongoing studies.

Selection criteria
We included randomised controlled trials (RCTs) and quasi-RCTs evaluating the effects of pain-relieving agents given to infants with colic.

Data collection and analysis
We used the standard methodological procedures of The Cochrane Collaboration.

Main results
We included 18 RCTs involving 1014 infants. All studies were small and at high risk of bias, often presenting major shortcomings across multiple design factors (e.g. selection, performance, attrition, lack of washout period).

Authors’ conclusions
At the present time, evidence of the effectiveness of pain-relieving agents for the treatment of infantile colic is sparse and prone to bias. The few available studies included small sample sizes, and most had serious limitations. Benefits, when reported, were inconsistent.
Different antibiotic treatments for group A streptococcal pharyngitis
Institution Mieke L van Driel. TI Different antibiotic treatments for group A streptococcal pharyngitis.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 9, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-03352
Background
Antibiotics provide only modest benefit in treating sore throat, although effectiveness increases in participants with positive throat swabs for group A beta-haemolytic streptococci (GABHS). It is unclear which antibiotic is the best choice if antibiotics are indicated.
Objectives
To assess the evidence on the comparative efficacy of different antibiotics in: (a) alleviating symptoms (pain, fever); (b) shortening the duration of the illness; (c) preventing relapse; and (d) preventing complications (suppurative complications, acute rheumatic fever, post-streptococcal glomerulonephritis). To assess the evidence on the comparative incidence of adverse effects and the risk-benefit of antibiotic treatment for streptococcal pharyngitis.
Search methods
Selection criteria
Randomised, double-blind trials comparing different antibiotics and reporting at least one of the following: clinical cure, clinical relapse, or complications or adverse events, or both.
Data collection and analysis
Two review authors independently screened trials for inclusion, and extracted data using standard methodological procedures as recommended by Cochrane. We assessed risk of bias of included studies according to the methods outlined in the Cochrane Handbook for Systematic Reviews of Interventions and used the GRADE tool to assess the overall quality of evidence for the outcomes.
Main results
We included 19 trials (5839 randomised participants); seven compared penicillin with cephalosporins, six compared penicillin with macrolides, three compared penicillin with carbacephem, one trial compared penicillin with sulphonamides, one trial compared clindamycin with ampicillin, and one trial compared azithromycin with amoxicillin in children. All included trials reported clinical outcomes. Reporting of randomisation, allocation concealment, and blinding was poor in all trials. The overall quality of the evidence assessed using the GRADE tool was low for the outcome 'resolution of symptoms' in the intention-to-treat (ITT) analysis and very low for the outcomes 'resolution of symptoms' of evaluable participants and for adverse events. We downgraded the quality of evidence mainly due to lack of (or poor reporting of) randomisation or blinding, or both, heterogeneity, and wide confidence intervals (CIs).

Authors’ conclusions

There were no clinically relevant differences in symptom resolution when comparing cephalosporins and macrolides with penicillin in the treatment of GABHS tonsillopharyngitis. Limited evidence in adults suggests cephalosporins are more effective than penicillin for relapse, but the NNTB is high. Limited evidence in children suggests carbacephem is more effective than penicillin for symptom resolution. Data on complications are too scarce to draw conclusions. Based on these results and considering the low cost and absence of resistance, penicillin can still be regarded as a first choice treatment for both adults and children. All studies were in high-income countries with low risk of streptococcal complications, so there is need for trials in low-income countries and Aboriginal communities where risk of complications remains high.

Issue Part
9
Date of Publication
2016

903.
Treatments for women with gestational diabetes mellitus: an overview of Cochrane systematic reviews
A.Institution Ruth Martis .TI Treatments for women with gestational diabetes mellitus: an overview of Cochrane systematic reviews.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 8, 2016. Cochrane Database of Systematic Reviews
This is the protocol for a review and there is no abstract. The objectives are as follows:
The aim is to provide a comprehensive synthesis of evidence from randomised trials in relevant published Cochrane systematic reviews of interventions for treating women with gestational diabetes mellitus (GDM), and to report any adverse events associated with the treatments. A further aim is to identify specific significant research gaps requiring further primary research of treatment for women with GDM.

904.

Conservative interventions for urinary incontinence in women: an Overview of Cochrane systematic reviews

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 9, 2016. Cochrane Database of Systematic Reviews
Interventions for treating chronic prostatitis/chronic pelvic pain syndrome
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effects of therapies for chronic prostatitis/chronic pelvic pain syndrome.

Urinary alkalisation for symptomatic uncomplicated urinary tract infection in women
Background
Uncomplicated urinary tract infection (UTI) is the most common bacterial infection in women, characterised by dysuria and urinary frequency. Urinary alkalisers are widely used in some countries for the symptomatic treatment of uncomplicated UTI, and they are recommended in some national formularies. However, there is a lack of empirical evidence to support their use for UTI and some healthcare guidelines advise against their use.
Objectives
We aimed to look at the benefits and harms of the use of urinary alkalisers for the treatment of uncomplicated UTIs in adult women.

Search methods
We searched the Cochrane Kidney and Transplant Specialised Register to 19 January 2016 through contact with the Trials Search Co-ordinator using search terms relevant to this review.

Selection criteria
All randomised controlled trials (RCTs) and quasi-RCTs on the use of (any) urinary alkalisers (either exclusively or non-exclusively) for the symptomatic treatment of uncomplicated UTI amongst women aged 16 and over, were included. Studies were eligible if they included patients whose diagnosis of UTI was decided by symptoms alone, or positive urine dipstick test or urine culture; and patients with recurrent UTI, provided patients had no symptoms of UTI in the two weeks prior to the onset of symptoms that lead them to seek medical advice. Studies were ineligible if they studied patients with complicated UTIs; immune-compromising conditions; acute pyelonephritis; or chronic conditions such as interstitial cystitis.

Data collection and analysis
Three authors independently assessed and screened papers, and this was repeated by two separate authors (independently). An additional investigator acted as arbitrator, where necessary. There were no papers which fulfilled the inclusion criteria for this review, and therefore no data extraction was performed.

Main results
Our search identified 172 potential studies for inclusion. However, following assessment none fulfilled the inclusion criteria for this review.

Authors’ conclusions
Until relevant evidence is generated from randomised trials, the safety and efficacy of urinary alkalisers for the symptomatic treatment of uncomplicated UTI remains unknown.

Issue Part
4

Date of Publication
2016
Background

Osteoporosis is a systemic skeletal disease characterized by low bone mass and micro-architectural deterioration of bone tissue with a consequent increase in bone fragility and susceptibility to fracture. Osteoporosis represents an important cause of morbidity in people with beta-thalassaemia and its pathogenesis is multifactorial. Factors include bone marrow expansion due to ineffective erythropoiesis, resulting in reduced trabecular bone tissue with cortical thinning; endocrine dysfunction secondary to excessive iron loading, leading to increased bone turnover; and lastly, a predisposition to physical inactivity due to disease complications with a subsequent reduction in optimal bone mineralization.

Objectives

To review the evidence on the efficacy and safety of treatment for osteoporosis in people with beta-thalassaemia.

Search methods

We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group’s Haemoglobinopathies Trials Register comprising references identified from comprehensive electronic database searches and handsearches of relevant journals and abstract books of conference proceedings.

Selection criteria

Randomised, placebo-controlled trials in people with thalassaemia with a bone mineral density z score of less than -2 standard deviations for: children less than 15 years old; adult males (15 to 50 years old); and all pre-menopausal females above 15 years and a bone mineral density t score of less than -2.5 standard deviations for post-menopausal females and males above 50 years old.

Data collection and analysis

Two review authors assessed the eligibility and risk of bias of the included trials, extracted and analysed data and completed the review. We summarised results using risk ratios or rate ratios for dichotomous data and mean differences for continuous data. We combined trial results where appropriate.

Main results

Four trials (with 211 participants) were included; three trials investigated the effect of bisphosphonate therapies and one trial investigated the effect of zinc supplementation. Only one
trial was judged to be of good quality (low risk of bias); the remaining trials had a high or unclear risk of bias in at least one key domain.

Authors’ conclusions

There is evidence to indicate an increase in bone mineral density at the femoral neck, lumbar spine and forearm after administration of bisphosphonates and at the lumbar spine and hip after zinc sulphate supplementation. The authors recommend that further long-term randomised control trials on different bisphosphonates and zinc supplementation therapies in people with beta-thalassaemia and osteoporosis are undertaken.

Issue Part

3

Date of Publication

2016

908.

Systemic treatment for blepharokeratoconjunctivitis in children


EBM Reviews - Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews. 5, 2016. Cochrane Database of Systematic Reviews [Systematic Review]

AN: 00075320-100000000-10168

Background

Blepharokeratoconjunctivitis (BKC) is a type of inflammation of the surface of the eye and eyelids which can affect children and adults. BKC involves changes of the eyelids, dysfunction of the meibomian glands, and inflammation of the conjunctiva and cornea. Chronic inflammation of the cornea can lead to scarring, vascularisation and opacity. BKC in children can cause significant symptoms which include irritation, watering, photophobia and loss of vision. Loss of vision in children with BKC may be due to corneal opacity, refractive error or amblyopia.

Objectives

To assess and compare data on the efficacy and safety of systemic treatments (including antibiotics, nutritional supplements and immunosuppressants), alone or in combination, for BKC in children aged between zero to 16 years.
Search methods
We searched CENTRAL (which contains the Cochrane Eyes and Vision Trials Register) (2016, Issue 3), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to April 2016), EMBASE (January 1980 to April 2016), the ISRCTN registry (), ClinicalTrials.gov () and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) (). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 21 April 2016.

Selection criteria
We searched for randomised controlled trials that involved systemic treatments in children aged between zero to 16 years with a clinical diagnosis of BKC. We planned to include studies that evaluated a single systemic medication versus placebo, and studies that compared two or multiple active treatments. We planned to include studies in which participants receive additional treatments, such as topical antibiotics, anti-inflammatories and lubricants, warm lid compresses and lid margin cleaning.

Data collection and analysis
Two review authors independently screened the literature search results (titles and abstracts) to identify studies that possibly met the inclusion criteria of the review. We divided studies into 'definitely include', 'definitely exclude' and 'possibly include' categories. We made a final judgement as to the inclusion or exclusion of studies in the 'possibly include' category after we obtained the full text of each article.

Main results
No report or trial met the inclusion criteria of this Cochrane review; no randomised controlled trials have been carried out on this topic. There is a lack of standardised outcome measures.

Authors’ conclusions
There is currently no evidence from clinical trials regarding the safety and efficacy of systemic treatments for BKC. Trials are required to test efficacy and safety of current and future treatments. Outcome measures need to be developed which can capture both objective clinical and patient-reported aspects of the condition and treatments.

Issue Part
5

Date of Publication
2016
Pancreatic duct guidewire placement for biliary cannulation for the prevention of post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis
Institution Frances Tse.
TI Pancreatic duct guidewire placement for biliary cannulation for the prevention of post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-08947
Background
Difficult cannulation is a risk factor for post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (PEP). It has been postulated that the pancreatic duct guidewire (PGW) technique may improve biliary cannulation success and reduce the risk of PEP in people with difficult cannulation.
Objectives
To systematically review evidence from randomised controlled trials (RCTs) assessing the effectiveness and safety of the PGW technique compared to persistent conventional cannulation (CC) (contrast- or guidewire-assisted cannulation) or other advanced techniques in people with difficult biliary cannulation for the prevention of PEP.
Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and CINAHL databases, major conference proceedings, and for ongoing trials on the ClinicalTrials.gov and World Health Organization International Clinical Trials Registry Platform (WHO ICTRP) up to March 2016, using the Cochrane Upper Gastrointestinal and Pancreatic Diseases model with no language restrictions.
Selection criteria
RCTs comparing the PGW technique versus persistent CC or other advanced techniques in people undergoing ERCP with difficult biliary cannulation.
Data collection and analysis
Two review authors independently conducted study selection, data extraction, and methodological quality assessment. Using intention-to-treat analysis with random-effects models, we combined dichotomous data to obtain risk ratios (RR) with 95% confidence intervals (CI). We assessed heterogeneity using the Chi² (superscript 2) test (P < 0.15) and I² (superscript 2) test (> 25%). To explore sources of heterogeneity, we conducted a priori subgroup analyses according
to trial design, use of pancreatic duct (PD) stent, involvement of trainees in cannulation, publication type, and risk of bias. To assess the robustness of our results, we carried out sensitivity analyses using different summary statistics (RR versus odds ratio (OR)) and meta-analytic models (fixed-effect versus random-effects).

Main results
We included seven RCTs comprising 577 participants. There was no significant heterogeneity among trials for the outcome of PEP (P = 0.32; I² (superscript 2) = 15%). The PGW technique significantly increased PEP compared to other endoscopic techniques (RR 1.98, 95% CI 1.14 to 3.42; low-quality evidence). The number needed to treat for an additional harmful outcome was 13 (95% CI 5 to 89). Among the three studies that compared the PGW technique with persistent CC, the incidence of PEP was 13.5% for the PGW technique and 8.7% for persistent CC (RR 1.58, 95% CI 0.83 to 3.01; low-quality evidence). Among the two studies that compared the PGW technique with precut sphincterotomy, the incidence of PEP was 29.8% in the PGW group versus 10.3% in the precut group (RR 2.92, 95% CI 1.24 to 6.88; low-quality evidence). Among the two studies that compared the PGW technique with PD stent placement, the incidence of PEP was 11.7% for the PGW technique and 5.0% for PD stent placement (RR 1.75, 95% CI 0.08 to 37.50; very low-quality evidence). There was no significant difference in common bile duct (CBD) cannulation success with the randomised technique (RR 1.04, 95% CI 0.87 to 1.24; low-quality evidence) or overall CBD cannulation success (RR 1.04, 95% CI 0.91 to 1.18; low-quality evidence) between the PGW technique and other endoscopic techniques. There was also no statistically significant difference in the risk of other ERCP-related complications (bleeding, perforation, cholangitis, and mortality). The results were robust in sensitivity analyses. The overall quality of evidence for the outcome of PEP was low or very low because of study limitations and imprecision.

Authors’ conclusions
In people with difficult CBD cannulation, sole use of the PGW technique appears to be associated with an increased risk of PEP. Prophylactic PD stenting after use of the PGW technique may reduce the risk of PEP. However, the PGW technique is not superior to persistent attempts with CC, precut sphincterotomy, or PD stent in achieving CBD cannulation. The influence of co-intervention in the form of rectal peri-procedural nonsteroidal anti-inflammatory drug administration is unclear.

Issue Part
5
Date of Publication
2016
Oral non-steroidal anti-inflammatory drug therapy for lung disease in cystic fibrosis
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-00394

Background
Progressive lung damage causes most deaths in cystic fibrosis. Non-steroidal anti-inflammatory drugs (such as ibuprofen) may prevent progressive pulmonary deterioration and morbidity in cystic fibrosis.

Objectives
To assess the effectiveness of treatment with non-steroidal anti-inflammatory drugs in cystic fibrosis.

Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group Trials Register comprising references identified from comprehensive electronic database searches, hand searches of relevant journals and abstract books of conference proceedings. We contacted manufacturers of non-steroidal anti-inflammatory drugs.

Selection criteria
Randomized controlled trials comparing oral non-steroidal anti-inflammatory drugs, at any dose for at least two months, to placebo in people with cystic fibrosis.

Data collection and analysis
Two authors independently assessed trials for inclusion the review and their potential risk of bias.

Main results
The searches identified 10 trials; four are included (287 participants aged five to 39 years; maximum follow up of four years) and one is currently awaiting classification pending publication of the full trial report. Three trials compared ibuprofen to placebo (two from the same centre with some of the same participants); one trial assessed piroxicam versus placebo.

Authors’ conclusions
High-dose ibuprofen can slow the progression of lung disease in people with cystic fibrosis, especially in children, which suggests that strategies to modulate lung inflammation can be beneficial for people with cystic fibrosis.
Enzyme replacement therapy with laronidase (Aldurazyme®) for treating mucopolysaccharidosis type I

Background
Mucopolysaccharidosis type I can be classified as three clinical sub-types; Hurler syndrome, Hurler-Scheie syndrome and Scheie syndrome, with the scale of severity being such that Hurler syndrome is the most severe and Scheie syndrome the least severe. It is a rare, autosomal recessive disorder caused by a deficiency of alpha-L-iduronidase. Deficiency of this enzyme results in the accumulation of glycosaminoglycans within the tissues. The clinical manifestations are facial dysmorphism, hepatosplenomegaly, upper airway obstruction, skeletal deformity and cardiomyopathy. If Hurler syndrome is left untreated, death ensues by adolescence. There are more attenuated variants termed Hurler-Scheie or Scheie syndrome, with those affected potentially not presenting until adulthood. Enzyme replacement therapy has been used for a number of years in the treatment of Hurler syndrome, although the current gold standard would be a haemopoietic stem cell transplant in those diagnosed by 2.5 years of age. This is an updated version of the original Cochrane review published in 2013.

Objectives
To evaluate the effectiveness and safety of treating mucopolysaccharidosis type I with laronidase enzyme replacement therapy as compared to placebo.

Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group’s Inborn Errors of Metabolism Trials Register, MEDLINE via OVID and Embase.

Selection criteria
Randomised and quasi-randomised controlled studies of laronidase enzyme replacement therapy compared to placebo.

Data collection and analysis
Two authors independently screened the identified studies. The authors then appraised and extracted data.

Main results
One study of 45 patients met the inclusion criteria. This double-blind, placebo-controlled, randomised, multinational study looked at laronidase at a dose of 0.58 mg/kg/week versus placebo in patients with mucopolysaccharidosis type I. All primary outcomes listed in this review were studied in this study. The laronidase group achieved statistically significant improvements in per cent predicted forced vital capacity compared to placebo, MD 5.60 (95% confidence intervals 1.24 to 9.96) and in the six-minute-walk test (mean improvement of 38.1 metres in the laronidase group; P = 0.039, when using a prospectively planned analysis of covariance). The levels of urinary glycoaminoglycans were also significantly reduced. In addition, there were improvements in hepatomegaly, sleep apnoea and hypopnoea. Laronidase antibodies were detected in nearly all patients in the treatment group with no apparent clinical effect and titres were reducing by the end of the study. Infusion-related adverse reactions occurred in both groups but all were mild and none necessitated medical intervention or infusion cessation.

Authors’ conclusions
The current evidence demonstrates that laronidase is effective when compared to placebo in the treatment of mucopolysaccharidosis type I. The included study was comprehensive and of good quality, although there were few participants. The study included all of the key outcome measures we wished to look at. It demonstrated that laronidase is efficacious in relation to reducing biochemical parameters (reduced urine glycosaminoglycan excretion) and improved functional capacity as assessed by forced vital capacity and the six-minute-walk test. In addition glycosaminoglycan storage was reduced as ascertained by a reduction in liver volume. Laronidase appeared to be safe and, while antibodies were generated, these titres were reducing by the end of the study. More studies are required to determine long-term effectiveness and safety and to assess the impact upon quality of life. Enzyme replacement therapy with laronidase can be used pre- and peri-haemopoietic stem cell transplant, which is now the gold standard treatment in those patients diagnosed under 2.5 years of age.
Enzyme replacement therapy with galsulfase for mucopolysaccharidosis type VI
Brunelli, Junqueira Marcela. Atallah, Alvaro N. da Silva, MK Edina.Institution Marcela Junqueira Brunelli .TI Enzyme replacement therapy with galsulfase for mucopolysaccharidosis type VI.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-10000000-08208
Background
Mucopolysaccharidosis type VI or Maroteaux-Lamy syndrome is a rare genetic disorder caused by the deficiency of arylsulphatase B. The resultant accumulation of dermatan sulphate causes lysosomal damage.
Objectives
To evaluate the effectiveness and safety of treating mucopolysaccharidosis VI by enzyme replacement therapy with galsulfase compared to other interventions, placebo or no intervention.
Search methods
Electronic searches were performed on the Cystic Fibrosis and Genetic Disorders Group’s Inborn Errors of Metabolism Trials Register, in CENTRAL, MEDLINE, LILACS, the Journal of Inherited Metabolic Disease and ClinicalTrials.gov.
Date of the last search of the Cystic Fibrosis and Genetic Disorders Group's Inborn Errors of Metabolism Trials Register: 05 February 2016.
Selection criteria
Randomized and quasi-randomized controlled clinical studies of enzyme replacement therapy with galsulfase compared to other interventions or placebo.
Data collection and analysis
Two authors independently screened the studies, assessed the risk of bias and extracted data.
Main results
One study was included involving 39 participants who received either enzyme replacement therapy with galsulfase (recombinant human arylsulphatase B) or placebo. This small study was considered to be of overall unclear quality, since the authors did not report how both the allocation generation and concealment were performed.
Authors' conclusions
The results of one small study (based on 24-week randomised phase of the study and prior to the open-label extension) demonstrated that galsulfase is more effective than placebo in people with MPS VI, with significant improvements in the 12-minute walk test and a reduction in urinary glycosaminoglycans.

Issue Part
3
Date of Publication
2016

913.
Different oral corticosteroid regimens for acute asthma
Normansell, Rebecca. Kew, Kayleigh M. Mansour, George.Institution Rebecca Normansell .TI
Different oral corticosteroid regimens for acute asthma.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-10182

Background
Asthma is a common long-term breathing condition that affects approximately 300 million people worldwide. People with asthma may experience short-term worsening of their asthma symptoms; these episodes are often known as 'exacerbations', 'flare-ups', 'attacks' or 'acute asthma'. Oral steroids, which have a potent anti-inflammatory effect, are recommended for all but the most mild asthma exacerbations; they should be initiated promptly. The most often prescribed oral steroids are prednisolone and dexamethasone, but current guidelines on dosing vary between countries, and often among different guideline producers within the same country. Despite their proven efficacy, use of steroids needs to be balanced against their potential to cause important adverse events. Evidence is somewhat limited regarding optimal dosing of oral steroids for asthma exacerbations to maximise recovery while minimising potential side effects, which is the topic of this review.

Objectives
To assess the efficacy and safety of any dose or duration of oral steroids versus any other dose or duration of oral steroids for adults and children with an asthma exacerbation.
Search methods
We identified trials from the Cochrane Airways Group Specialised Register (CAGR), ClinicalTrials.gov (), the World Health Organization (WHO) trials portal () and reference lists of all primary studies and review articles. This search was up to date as of April 2016.

Selection criteria
We included parallel randomised controlled trials (RCTs), irrespective of blinding or duration, that evaluated one dose or duration of oral steroid versus any other dose or duration, for management of asthma exacerbations. We included studies involving both adults and children with asthma of any severity, in which investigators analysed adults and children separately. We allowed any other co-intervention in the management of an asthma exacerbation, provided it was not part of the randomised treatment. We included studies reported as full text, those published as abstract only and unpublished data.

Data collection and analysis
Two review authors independently screened the search results for included trials, extracted numerical data and assessed risk of bias; all data were cross-checked for accuracy. We resolved disagreements by discussion with the third review author or with an external advisor.

Main results
We included 18 studies that randomised a total of 2438 participants - both adults and children - and performed comparisons of interest. Included studies assessed higher versus lower doses of prednisolone (n = 4); longer versus shorter courses of prednisolone (n = 3) or dexamethasone (n = 1); tapered versus non-tapered courses of prednisolone (n = 4); and prednisolone versus dexamethasone (n = 6). Follow-up duration ranged from seven days to six months. The smallest study randomised just 15 participants, and the largest 638 (median 93). The varied interventions and outcomes reported limited the number of meaningful meta-analyses that we could perform.

Authors’ conclusions
Evidence is not strong enough to reveal whether shorter or lower-dose regimens are generally less effective than longer or higher-dose regimens, or indeed that the latter are associated with more adverse events. Any changes recommended for current practice should be supported by data from larger, well-designed trials. Varied study design and outcome measures limited the number of meta-analyses that we could perform. Greater emphasis on palatability and on whether some regimens might be easier to adhere to than others could better inform clinical decisions for individual patients.

Issue Part
5

Date of Publication
2016
Controlled hypotension versus normotensive resuscitation strategy for people with ruptured abdominal aortic aneurysm

Moreno, Daniel H.  Cacione, Daniel G.  BaptistaSilva, CC Jose.Institution Daniel H Moreno .TI
Controlled hypotension versus normotensive resuscitation strategy for people with ruptured abdominal aortic aneurysm.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-10010

Background
An abdominal aortic aneurysm (AAA) is the pathological enlargement of the aorta and can develop in both men and women. Progressive aneurysm enlargement can lead to rupture. The rupture of an AAA is frequently fatal and accounts for the death from haemorrhagic shock of at least 45 people per 100,000 population. The outcome of people with ruptured AAA varies among countries and healthcare systems, with mortality ranging from 53% to 90%. Definitive treatment for ruptured AAA includes open surgery or endovascular repair. The management of haemorrhagic shock is crucial for the person's outcome and aims to restore organ perfusion and systolic blood pressure above 100 mm Hg through immediate and aggressive fluid replacement. This rapid fluid replacement is known as the normotensive resuscitation strategy. However, evidence suggests that infusing large volumes of cold fluid causes dilutional and hypothermic coagulopathy. The association of these factors may exacerbate bleeding, resulting in a 'lethal triad' of hypothermia, acidaemia, and coagulopathy. An alternative to the normotensive resuscitation strategy is the controlled (permissive) hypotension resuscitation strategy, with a target systolic blood pressure of 50 to 100 mm Hg. The principle of controlled or hypotensive resuscitation has been used in some management protocols for endovascular repair of ruptured AAA. It may be beneficial in preventing blood loss by avoiding the clot disruption caused by the rapid increase in systolic blood pressure; avoiding dilution of clotting factors, platelets and fibrinogen; and by avoiding the temperature decrease that inhibits enzyme activity involved in platelet and clotting factor function.

Objectives
To compare the effects of controlled (permissive) hypotension resuscitation and normotensive resuscitation strategies for people with ruptured AAA.
Search methods
The Cochrane Vascular Information Specialist searched the Specialised Register (April 2016) and the Cochrane Register of Studies (CENTRAL (2016, Issue 3)). Clinical trials databases were searched (April 2016) for details of ongoing or unpublished studies.

Selection criteria
We sought all published and unpublished randomised controlled trial (RCTs) that compared controlled hypotension and normotensive resuscitation strategies for the management of shock in patients with ruptured abdominal aortic aneurysms.

Data collection and analysis
Two review authors independently assessed identified studies for potential inclusion in the review. We used standard methodological procedures in accordance with the Cochrane Handbook for Systematic Review of Interventions.

Main results
We identified no RCTs that met the inclusion criteria.

Authors' conclusions
We found no RCTs that compared controlled hypotension and normotensive resuscitation strategies in the management of haemorrhagic shock in patients with ruptured abdominal aortic aneurysm that assessed mortality, presence of coagulopathy, intensive care unit length of stay, and the presence of myocardial infarct and renal failure. High quality studies that evaluate the best strategy for managing haemorrhagic shock in ruptured abdominal aortic aneurysms are required.

Issue Part
5

Date of Publication
2016
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effects of antimicrobial agents compared with placebo or no treatment for prevention of urinary tract infections (UTI) in patients undergoing cystoscopy.

**Background**
Withdrawal is a necessary step prior to drug-free treatment or as the endpoint of long-term substitution treatment.

**Objectives**
To assess the effectiveness of interventions involving the use of alpha(subscript 2)-adrenergic agonists compared with placebo, reducing doses of methadone, symptomatic medications, or an alpha(subscript 2)-adrenergic agonist regimen different to the experimental intervention, for the management of the acute phase of opioid withdrawal. Outcomes included the withdrawal syndrome experienced, duration of treatment, occurrence of adverse effects, and completion of treatment.

**Search methods**
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (1946 to November week 2, 2015), EMBASE (January 1985 to November week 2, 2015), PsycINFO (1806 to November week 2, 2015), Web of Science, and reference lists of articles.

**Selection criteria**
Randomised controlled trials comparing alpha\(_2\)-adrenergic agonists (clonidine, lofexidine, guanfacine, tizanidine) with reducing doses of methadone, symptomatic medications or placebo, or comparing different alpha\(_2\)-adrenergic agonists to modify the signs and symptoms of withdrawal in participants who were opioid dependent.

Data collection and analysis

We used standard methodological procedures expected by The Cochrane Collaboration.

Main results

We included 26 randomised controlled trials involving 1728 participants. Six studies compared an alpha\(_2\)-adrenergic agonist with placebo, 12 with reducing doses of methadone, four with symptomatic medications, and five compared different alpha\(_2\)-adrenergic agonists. We assessed 10 studies as having a high risk of bias in at least one of the methodological domains that were considered.

Authors’ conclusions

Clonidine and lofexidine are more effective than placebo for the management of withdrawal from heroin or methadone. We detected no significant difference in efficacy between treatment regimens based on clonidine or lofexidine and those based on reducing doses of methadone over a period of around 10 days, but methadone was associated with fewer adverse effects than clonidine, and lofexidine has a better safety profile than clonidine.

Issue Part 5

Date of Publication 2016
Oral leukoplakia is a relatively common oral lesion that, in a small proportion of people, precedes the development of oral cancer. Most leukoplakias are asymptomatic; therefore, the primary objective of treatment should be to prevent onset of cancer. This review updates our previous review, published in 2006.

Objectives

To assess the effectiveness, safety and acceptability of treatments for leukoplakia in preventing oral cancer.

Search methods

We searched the following electronic databases: Cochrane Oral Health's Trials Register (to 16 May 2016), the Cochrane Central Register of Controlled Trials (CENTRAL) (the Cochrane Library2016, Issue 4), MEDLINE Ovid (1946 to 16 May 2016), Embase Ovid (1980 to 16 May 2016) and CancerLit via PubMed (1950 to 16 May 2016). We searched the metaRegister of Controlled Trials (to 10 February 2015), ClinicalTrials.gov (to 16 May 2016) and the World Health Organization (WHO) International Clinical Trials Registry Platform for ongoing trials (to 16 May 2016). We placed no restrictions on the language or date of publication when searching electronic databases.

Selection criteria

We included randomised controlled trials (RCTs) that enrolled people with a diagnosis of oral leukoplakia and compared any treatment versus placebo or no treatment.

Data collection and analysis

We collected data using a data extraction form. Oral cancer development, demonstrated by histopathological examination, was our primary outcome. Secondary outcomes were clinical resolution of the lesion, improvement of histological features and adverse events. We contacted trial authors for further details when information was unclear. When valid and relevant data were available, we conducted a meta-analysis of the data using a fixed-effect model when we identified fewer than four studies with no heterogeneity. For dichotomous outcomes, we calculated risk ratios (RRs) and 95% confidence intervals (CIs). We assessed risk of bias in studies by using the Cochrane tool. We assessed the overall quality of the evidence by using standardised criteria (Grades of Recommendation, Assessment, Development and Evaluation Working Group (GRADE)).

Main results

We included 14 studies (909 participants) in this review. Surgical interventions, including laser therapy and cryotherapy, have never been studied by means of an RCT that included a no treatment or placebo arm. The included trials tested a range of medical and complementary treatments, in particular, vitamin A and retinoids (four studies); beta carotene or carotenoids (three studies); non-steroidal anti-inflammatory drugs (NSAIDs), specifically ketorolac and celecoxib (two studies); herbal extracts (four studies), including tea components, a Chinese
herbal mixture and freeze-dried black raspberry gel; bleomycin (one study); and Bowman-Birk inhibitor (one study).

Authors’ conclusions
Surgical treatment for oral leukoplakia has not been assessed in an RCT that included a no treatment or placebo comparison. Nor has cessation of risk factors such as smoking been assessed. The available evidence on medical and complementary interventions for treating people with leukoplakia is very limited. We do not currently have evidence of a treatment that is effective for preventing the development of oral cancer. Treatments such as vitamin A and beta carotene may be effective in healing oral lesions, but relapses and adverse effects are common. Larger trials of longer duration are required to properly evaluate the effects of leukoplakia treatments on the risk of developing oral cancer. High-quality research is particularly needed to assess surgical treatment and to assess the effects of risk factor cessation in people with leukoplakia.

Issue Part
7
Date of Publication
2016

918.
Dopamine agonists for preventing future miscarriage in women with idiopathic hyperprolactinemia and recurrent miscarriage history
Chen, Hengxi. Fu, Jing. Huang, Wei.Institution Wei Huang .TI Dopamine agonists for preventing future miscarriage in women with idiopathic hyperprolactinemia and recurrent miscarriage history. EBM Reviews - Cochrane Database of Systematic Reviews Cochrane Database of Systematic Reviews. 7, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-10000000-07286

Background
Hyperprolactinemia is the presence of abnormally high circulating levels of prolactin. Idopathic hyperprolactinemia is the term used when no cause of prolactin hypersecretion can be identified and it is causally related to the development of miscarriage in pregnant women, especially women who have a history of recurrent miscarriage. A possible mechanism is that high levels of prolactin affect the function of the ovaries, resulting in a luteal phase defect and miscarriage. A
dopamine agonist is a compound with high efficacy in lowering prolactin levels and restoring gonadal function.

Objectives
To assess the effectiveness and safety of different types of dopamine agonists in preventing future miscarriage given to women with idiopathic hyperprolactinemia and a history of recurrent miscarriage.

Search methods
We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (30 June 2016) and reference lists of retrieved studies.

Selection criteria
Randomized controlled trials (RCTs) in all languages examining the effect of dopamine agonists on preventing future miscarriage. Women who had idiopathic hyperprolactinemia with a history of recurrent miscarriages were eligible for inclusion in this review. Comparisons planned included: dopamine agonists alone versus placebo/no treatment; and dopamine agonists combined with other therapy versus other therapy alone.

Data collection and analysis
Two review authors independently assessed a single trial for inclusion, evaluated trial quality and extracted data. Data were checked for accuracy.

Main results
One study (recruiting 48 women with idiopathic hyperprolactinemia) met our inclusion criteria; 46 women (42 pregnancies - 4/46 women did not conceive during the study period) were included in the analysis. The study compared the use of a dopamine agonist (bromocriptine, 2.5 mg to 5.0 mg/day until the end of the ninth week of gestation) versus a no-treatment control. The study was judged as being at a high risk of bias. It was not possible to carry out meta-analysis due to insufficient data.

Authors’ conclusions
Currently, there is insufficient evidence (from a single randomized trial with a small sample size, and judged to be at high risk of bias) to evaluate the effectiveness of dopamine agonists for preventing future miscarriage in women with idiopathic hyperprolactinemia and a history of recurrent miscarriage. We assessed outcomes using GRADE methodology. Miscarriage was assessed as low quality due to risk of bias concerns in the one trial contributing data (no description of allocation concealment, lack of blinding and possible reporting bias) and to imprecision (effect estimates were based on small sample size and few events). Live births and conception were assessed as of very low quality due to the same risk of bias concerns in study design and to imprecision (with a wide 95% CI consistent with either benefit or harm), and a small sample size. There were no data relating to adverse effects of the intervention for either the mother or her baby.
Topical cystic fibrosis transmembrane conductance regulator gene replacement for cystic fibrosis-related lung disease


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 7, 2016. Cochrane Database of Systematic Reviews

[Systematic Review]
AN: 00075320-100000000-04628

Background
Cystic fibrosis is caused by a defective gene encoding a protein called the cystic fibrosis transmembrane conductance regulator (CFTR), and is characterised by chronic lung infection resulting in inflammation and progressive lung damage that results in a reduced life expectancy.

Objectives
To determine whether topical CFTR gene replacement therapy to the lungs in people with cystic fibrosis is associated with improvements in clinical outcomes, and to assess any adverse effects.

Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group Trials Register comprising references identified from comprehensive electronic database searches, handsearching relevant journals and abstract books of conference proceedings.

Selection criteria
Randomised controlled studies comparing topical CFTR gene delivery to the lung, using either viral or non-viral delivery systems, with placebo or an alternative delivery system in people with confirmed cystic fibrosis.

Data collection and analysis
The authors independently extracted data and assessed study quality. Authors of included studies were contacted and asked for any available additional data. Meta-analysis was limited due to differing study designs.

Main results
Four randomised controlled studies met the inclusion criteria for this review, involving a total of 302 participants lasting from 29 days to 13 months; 14 studies were excluded. The included studies differed in terms of CFTR gene replacement agent and study design, which limited the meta-analysis. One study only enrolled adult males, the remaining studies included both males and females aged 12 years and over.

Authors’ conclusions
One study of liposome-based CFTR gene transfer therapy demonstrated some improvements in respiratory function in people with CF, but this limited evidence of efficacy does not support this treatment as a routine therapy at present. There was no evidence of efficacy for viral-mediated gene delivery.

920.
Rapamycin and rapalogs for tuberous sclerosis complex
Sasongko, Teguh H. Ismail, Farrah Nur. Zabidi Hussin, ZAMH.Institution Teguh H Sasongko .TI
Rapamycin and rapalogs for tuberous sclerosis complex.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 7, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-09703

Background
Previous studies have shown potential benefits of rapamycin or rapalogs for treating people with tuberous sclerosis complex. Although everolimus (a rapalog) is currently approved by the FDA (U.S. Food and Drug Administration) and the EMA (European Medicines Agency) for tuberous sclerosis complex-associated renal angiomyolipoma and subependymal giant cell astrocytoma, applications for other manifestations of tuberous sclerosis complex have not yet been
established. A systematic review is necessary to establish the clinical value of rapamycin or rapalogs for various manifestations in tuberous sclerosis complex.

Objectives
To determine the effectiveness of rapamycin or rapalogs in people with tuberous sclerosis complex for decreasing tumour size and other manifestations and to assess the safety of rapamycin or rapalogs in relation to their adverse effects.

Search methods
Relevant studies were identified by authors from the Cochrane Central Register of Controlled Trials (CENTRAL), Ovid MEDLINE, and clinicaltrials.gov. Relevant resources were also searched by the authors, such as conference proceedings and abstract books of conferences, from e.g. the Tuberous Sclerosis Complex International Research Conferences, other tuberous sclerosis complex-related conferences and the Human Genome Meeting. We did not restrict the searches by language as long as English translations were available for non-English reports.

Selection criteria
Randomized or quasi-randomized studies of rapamycin or rapalogs in people with tuberous sclerosis complex.

Data collection and analysis
Data were independently extracted by two authors using standard acquisition forms. The data collection was verified by one author. The risk of bias of each study was independently assessed by two authors and verified by one author.

Main results
Three placebo-controlled studies with a total of 263 participants (age range 0.8 to 61 years old, 122 males and 141 females, with variable lengths of study duration) were included in the review. We found high-quality evidence except for response to skin lesions which was judged to be low quality due to the risk of attrition bias. Overall, there are 175 participants in the treatment arm (rapamycin or everolimus) and 88 in the placebo arm. Participants all had tuberous sclerosis complex as proven by consensus diagnostic criteria as a minimum. The quality in the description of the study methods was mixed, although we assessed most domains as having a low risk of bias. Blinding of treatment arms was successfully carried out in all of the studies. However, two studies did not report allocation concealment. Two of the included studies were funded by Novartis Pharmaceuticals.

Authors’ conclusions
We found evidence that oral everolimus significantly increased the proportion of people who achieved a 50% reduction in the size of sub-ependymal giant cell astrocytoma and renal angiomyolipoma. Although we were unable to ascertain the relationship between the reported adverse events and the treatment, participants who received treatment had a similar risk of experiencing adverse events as compared to those who did not receive treatment. Nevertheless,
the treatment itself significantly increased the risk of having dose reduction, interruption or withdrawal. This supports ongoing clinical applications of oral everolimus for renal angiomyolipoma and subependymal giant cell astrocytoma. Although oral everolimus showed beneficial effect on skin lesions, topical rapamycin only showed a non-significant tendency of improvement. Efficacy on skin lesions should be further established in future research. The beneficial effects of rapamycin or rapalogs on tuberous sclerosis complex should be further studied on other manifestations of the condition.

Issue Part
7
Date of Publication
2016

921.
Codeine versus placebo for chronic cough in children
Gardiner, Samantha J. Chang, Anne B. Marchant, Julie M. Petsky, Helen L.
Institution
Samantha J Gardiner .TI Codeine versus placebo for chronic cough in children.

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 7, 2016. Cochrane Database of Systematic Reviews

[Systematic Review]

AN: 00075320-100000000-10296

Background
Cough in children is a commonly experienced symptom that is associated with increased health service utilisation and burden to parents. The presence of chronic (equal to or more than four weeks) cough in children may indicate a serious underlying condition such as inhaled foreign body or bronchiectasis. Codeine (and derivative)-based medications are sometimes used to treat cough due to their antitussive properties. However, there are inherent risks associated with the use of these medications such as respiratory drive suppression, anaesthetic-induced anaphylaxis, and addiction. Metabolic response and dosage variability place children at increased risk of experiencing such side effects. A systematic review evaluating the quality of the available literature would be useful to inform management practices.

Objectives
To evaluate the safety and efficacy of codeine (and derivatives) in the treatment of chronic cough in children.
Search methods
We searched the Cochrane Airways Group Register of Trials, Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (1946 to 8 June 2016), EMBASE (1974 to 8 June 2016), the online trials registries of the World Health Organization and ClinicalTrials.gov, and the bibliographic references of publications. We imposed no language restrictions.

Selection criteria
We considered studies eligible for analysis when: the participant population included children aged less than 18 years with chronic cough (duration equal to or more than four weeks at the time of intervention); and the study design evaluated codeine or codeine-based derivatives against placebo through a randomised controlled trial.

Data collection and analysis
Two review authors independently screened the search results to determine eligibility against a standardised criteria, and we had a pre-planned method for analysis.

Main results
We identified a total of 556 records, of which 486 records were excluded on the basis of title and abstract. We retrieved the remaining 70 references in full to determine eligibility. No studies fulfilled the inclusion criteria of this review, and thus we found no evidence to support or oppose the use of codeine or derivatives as antitussive agents for chronic cough in children.

Authors’ conclusions
This review has highlighted the absence of any randomised controlled trials evaluating codeine-based medications in the treatment of childhood chronic cough. Given the potential adverse events of respiratory suppression and opioid toxicity, national therapeutic regulatory authorities recommend the contraindication of access to codeine in children less than 12 years of age. We suggest that clinical practice adhere to clinical practice guidelines and thus refrain from using codeine or its derivatives to treat cough in children. Aetiological-based management practices continue to be advocated for children with chronic cough.

Issue Part
7

Date of Publication
2016

922.
Calcium supplementation for weight reduction in overweight or obese people

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 7, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10677
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effects of calcium supplementation for weight reduction in overweight or obese people.
Issue Part
7
Date of Publication
2016

Nutritional supplements for patients being treated for active visceral leishmaniasis

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 6, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10674
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effects of oral nutritional supplements in people being treated with anti-leishmanial drug therapy for visceral leishmaniasis.
Issue Part
6
Date of Publication
2016
Acupuncture and related interventions for symptoms of chronic kidney disease

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 6, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-07796

Background
People living with chronic kidney disease (CKD) experience a range of symptoms and often have complex comorbidities. Many pharmacological interventions for people with CKD have known risks of adverse events. Acupuncture is widely used for symptom management in patients with chronic diseases and in other palliative care settings. However, the safety and efficacy of acupuncture for people with CKD remains largely unknown.

Objectives
We aimed to evaluate the benefits and harms of acupuncture, electro-acupuncture, acupressure, moxibustion and other acupuncture-related interventions (alone or combined with other acupuncture-related interventions) for symptoms of CKD. In particular, we planned to compare acupuncture and related interventions with conventional medicine, active non-pharmacological interventions, and routine care for symptoms of CKD.

Search methods
We searched the Cochrane Kidney and Transplant Specialised Register up to 28 January 2016 through contact with the Information Specialist using search terms relevant to this review. We also searched Korean medical databases (including Korean Studies Information, DBPIA, Korea Institute of Science and Technology Information, Research Information Centre for Health Database, KoreaMed, the National Assembly Library) and Chinese databases (including the China Academic Journal).

Selection criteria
We included randomised controlled trials (RCTs) and quasi-RCTs that investigated the effects of acupuncture and related point-stimulation interventions with or without needle penetration that involved six sessions or more in adults with CKD stage 3 to 5, regardless of the language and type of publication. We excluded studies that used herbal medicine or co-interventions administered unequally among the study groups.
Data collection and analysis
Two authors independently extracted data and assessed risk of bias. We calculated the mean difference (MD) or standardised mean difference (SMD) with 95% confidence intervals (CI) for continuous outcomes and risk ratio (RR) for dichotomous outcomes. Primary outcomes were changes in pain and depression, and occurrence of serious of adverse events.

Main results
We included 24 studies that involved a total of 1787 participants. Studies reported on various types of acupuncture and related interventions including manual acupuncture and acupressure, ear acupressure, transcutaneous electrical acupuncture point stimulation, far-infrared radiation on acupuncture points and indirect moxibustion. CKD stages included pre-dialysis stage 3 or 4 and end-stage kidney disease on either haemodialysis or peritoneal dialysis.

Authors’ conclusions
There was very low quality of evidence of the short-term effects of manual acupressure as an adjuvant intervention for fatigue, depression, sleep disturbance and uraemic pruritus in patients undergoing regular haemodialysis. The paucity of evidence indicates that there is little evidence of the effects of other types of acupuncture for other outcomes, including pain, in patients with other stages of CKD. Overall high or unclear risk of bias distorts the validity of the reported benefit of acupuncture and makes the estimated effects uncertain. The incomplete reporting of acupuncture-related harm does not permit us to assess the safety of acupuncture and related interventions. Future studies should investigate the effects and safety of acupuncture for pain and other common symptoms in patients with CKD and those undergoing dialysis.

Issue Part
6
Date of Publication
2016

Adjunctive bile acid sequestrant therapy for hyperthyroidism in adults
Salazar, Carlos A. Motta, Francisco A. Mejia, Miluska O. De Freitas, Catharine I.Institution Carlos A Salazar .TI Adjunctive bile acid sequestrant therapy for hyperthyroidism in adults. EBM Reviews - Cochrane Database of Systematic Reviews Cochrane Database of Systematic Reviews. 6, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10662
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effects of adjunctive bile acid sequestrant therapy for hyperthyroidism in adults.
Issue Part
6
Date of Publication
2016

926.
Combination of three-dimensional conformal radiotherapy and transcatheter arterial
temoembolisation versus transcatheter arterial chemoembolisation for primary hepatocellular carcinoma
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 6, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10635
This is the protocol for a review and there is no abstract. The objectives are as follows:
To compare the beneficial and harmful effects of a combination of TACE and 3DCRT versus TACE in adults with hepatocellular carcinoma.
Issue Part
6
Date of Publication
2016

927.
Chemoprevention agents for prostate cancer
Kumar, Ambuj.  Djulbegovic, Benjamin. Institution Rahul Mhaskar. TI Chemoprevention agents for 
prostate cancer.  
EBM Reviews - Cochrane Database of Systematic Reviews 
Cochrane Database of Systematic Reviews. 6, 2016. Cochrane Database of Systematic Reviews 
[Protocol] 
AN: 00075320-100000000-10634 
This is the protocol for a review and there is no abstract. The objectives are as follows: 
To assess the effects of chemoprevention agents for the prevention of prostate cancer.  
Issue Part 
6 
Date of Publication 
2016 

928. 
Metformin for endometrial hyperplasia 
Clement, Naomi S.  Oliver, RW Thomas.  Shiwani, Hunain.  Sanner, RF Juliane.  Mulvaney, 
Caroline A.  Atiomo, William. Institution Naomi S Clement. TI Metformin for endometrial 
hyperplasia.  
EBM Reviews - Cochrane Database of Systematic Reviews 
Cochrane Database of Systematic Reviews. 5, 2016. Cochrane Database of Systematic Reviews 
[Protocol] 
AN: 00075320-100000000-10617 
This is the protocol for a review and there is no abstract. The objectives are as follows: 
To determine the efficacy and safety of metformin in treating women with endometrial 
hyperplasia.  
Issue Part 
5 
Date of Publication 
2016
High dose versus low dose opioid epidural regimens for pain relief in labour


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 5, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-10000000-10601
This is the protocol for a review and there is no abstract. The objectives are as follows:
To compare the effects (see outcomes below) of different total* doses (in terms of boluses, concentration, volume and timeframe) of opioid epidural (excluding combined-spinal epidural and intrathecal) analgesia administered (alone or as adjunctive) during labour on the woman and the infant.
To compare the safety (see outcomes below) of different total* doses (as above) of opioid epidural analgesia administered during labour for the woman and the infant.
*We define 'total' as the sum of all boluses and infusions (concentration, volume and timeframe) administered between onset of labour (as defined by authors) and delivery. If analgesia post-delivery is reported, we shall describe this separately.
We shall undertake secondary analyses of drug concentrations and volumes, see . However, since opioids pass into the fetus, and may accumulate, total dose is an important consideration for infant adverse events, such as drowsiness. (see ).
Issue Part
5
Date of Publication
2016

Erythromycin and related macrolides for gastroparesis

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10569
Primary objective
To compare erythromycin or other macrolides (e.g. clarithromycin, roxithromycin) or derivatives
(e.g. mitemicinal) versus control (no treatment; placebo; other prokinetics such as
metoclopramide, domperidone or tegaserod; antiemetics including phenothiazines, antihistamines
or serotonin 5-HT receptor antagonists; or low-dose tricyclic antidepressants for symptomatic
control of gastroparesis (nausea, vomiting, early satiety and abdominal pain as a composite
outcome) in adults with gastroparesis.
Secondary objectives
To compare the safety (i.e. the occurrence of any grade 3 or 4 adverse event as defined by the
National Institute of Allergy and Infectious Diseases (NIAID) program of the National Institute of
Health (NIH), USA; ) of erythromycin (or other macrolide or its derivative) versus control (no
treatment, placebo, prokinetic, antiemetic or low-dose tricyclic antidepressant) in adults with
gastroparesis.
Issue Part
4
Date of Publication
2016

931.
Fortification of wheat and maize flour with folic acid for population health outcomes
DeRegil, Maria Luz.  Finkelstein, Julia L.  Saeterdal, Ingvil.  Gaitan, Diego.  PenaRosas, Pablo
Juan.Institution Juan Pablo Pena-Rosas .TI Fortification of wheat and maize flour with folic acid
for population health outcomes.
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2016. Cochrane Database of Systematic Reviews
[Protocol]
AN: 00075320-100000000-10547
This is the protocol for a review and there is no abstract. The objectives are as follows:
To evaluate the health benefits and safety of folic acid fortification of wheat and maize flour (alone or in combination with other micronutrients) on folate status and health outcomes in the overall population, with emphasis on populations at risk.

For the purposes of this review, a fortified wheat product includes any food prepared from fortified wheat flour; a fortified maize flour product includes any food prepared from fortified corn meal or maize flour. We will include composite flours that contain more than 50% wheat or maize within the definition of flour in this review.

Exercise therapy for older adults with low-back pain

Exercise therapy for older adults with low-back pain.

EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 4, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10545

This is the protocol for a review and there is no abstract. The objectives are as follows:
The objective of this systematic review is to evaluate the effectiveness of exercise therapy to improve pain and/or functional performance in older people with non-specific LBP compared to no treatment and other conservative treatments.

Issue Part
4

Date of Publication
2016
Melatonin for treating pre-eclampsia
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 3, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10515
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effectiveness and safety of melatonin for the treatment of women with pre-eclampsia and its complications.
Issue Part
3
Date of Publication
2016

Folate supplementation in people with sickle cell disease
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2016. Cochrane Database of Systematic Reviews [Systematic Review]
AN: 00075320-100000000-09505
Background
Sickle cell disease is a group of disorders that affects haemoglobin, which causes distorted sickle- or crescent-shaped red blood cells. It is characterized by anaemia, increased susceptibility to infections and episodes of pain. The disease is acquired by inheriting abnormal genes from both parents, the combination giving rise to different forms of the disease. Due to increased erythropoiesis in people with sickle cell disease, it is hypothesized that they are at an increased
risk for folate deficiency. For this reason, children and adults with sickle cell disease, particularly those with sickle cell anaemia, commonly take 1 mg of folic acid orally every day on the premise that this will replace depleted folate stores and reduce the symptoms of anaemia. It is thus important to evaluate the role of folate supplementation in treating sickle cell disease.

Objectives
To analyse the efficacy and possible adverse effects of folate supplementation (folate occurring naturally in foods, provided as fortified foods or additional supplements such as tablets) in people with sickle cell disease.

Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group's Haemoglobinopathies Trials Register comprising references identified from comprehensive electronic database searches and handsearches of relevant journals and abstract books of conference proceedings. We also conducted additional searches in both electronic databases and clinical trial registries.

Selection criteria
Randomised, placebo-controlled trials of folate supplementation for sickle cell disease.

Data collection and analysis
Four review authors assessed the eligibility and risk of bias of the included trials and extracted and analysed the data included in the review. We used the standard Cochrane-defined methodological procedures.

Main results
One trial, undertaken in 1983, was eligible for inclusion in the review. This was a double-blind placebo-controlled quasi-randomised trial of supplementation of folic acid in people with sickle cell disease. A total of 117 children with homozygous sickle cell (SS) disease aged six months to four years of age participated over a one-year period (analysis was restricted to 115 children).

Authors’ conclusions
One double-blind, placebo-controlled trial on folic acid supplementation in children with sickle cell disease was included in the review. Overall, the trial presented mixed evidence on the review’s outcomes. No trials in adults were identified. With the limited evidence provided, we conclude that, while it is possible that folic acid supplementation may increase serum folate levels, the effect of supplementation on anaemia and any symptoms of anaemia remains unclear.

Issue Part
2

Date of Publication
2016
Enzyme replacement therapy with idursulfase for mucopolysaccharidosis type II (Hunter syndrome)
da Silva, MK Edina. Strufaldi, Wany Maria. Andriolo, Regis B. Silva, Laercio A. Institution Edina
MK da Silva. TI Enzyme replacement therapy with idursulfase for mucopolysaccharidosis type II
(Hunter syndrome).
EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 2, 2016. Cochrane Database of Systematic Reviews
[Systematic Review]
AN: 00075320-100000000-06712

Background
Mucopolysaccharidosis II, also known as Hunter syndrome, is a rare, X-linked disease caused by
a deficiency of the lysosomal enzyme iduronate-2-sulfatase, which catalyses a step in the
catabolism of glycosaminoglycans. The glycosaminoglycans accumulate within tissues affecting
multiple organs and physiologic systems. The clinical manifestations include neurologic
involvement, severe airways obstruction, skeletal deformities and cardiomyopathy. The disease
has a variable age of onset and variable rate of progression. In those with severe disease, death
usually occurs in the second decade of life, whereas those individuals with less severe disease
may survive into adulthood. Enzyme replacement therapy with intravenous infusions of
idursulfase has emerged as a new treatment for mucopolysaccharidosis type II. This is an update
of a previously published version of this review.

Objectives
To evaluate the effectiveness and safety of enzyme replacement therapy with idursulfase
compared to other interventions, placebo or no intervention, for treating mucopolysaccharidosis
type II.

Search methods
We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group’s Trials Register (date
of last search 23 November 2015).

Selection criteria
Randomised and quasi-randomised controlled trials of enzyme replacement therapy with
idursulfase compared to no intervention, placebo or other options (e.g. behavioral strategies,
transplantation).

Data collection and analysis
Two authors independently screened the trials identified, appraised quality of papers and
extracted data.
Main results

One study (96 male participants) met the inclusion criteria, although the primary outcome of this review - z score for height and weight, was not assessed in the study. This trial was considered to be of overall good quality. Following 53 weeks of treatment, participants in the weekly idursulfase 0.5 mg/kg group demonstrated a significant improvement rate compared with placebo for the primary outcome: distance walked in six minutes on the basis of the sum of ranks of change from baseline, mean difference 37.00 (95% confidence interval 6.52 to 67.48). The every-other-week idursulfase 0.5 mg/kg group also showed an improvement, which was not significant compared with placebo, mean difference 23.00 (95% confidence interval -4.49 to 50.49). After 53 weeks, there was no statistical significance difference in per cent predicted forced vital capacity between the three groups and absolute forced vital capacity was significantly increased from baseline in the weekly dosing group compared to placebo, mean difference 0.16 (95% confidence interval CI 0.05 to 0.27). No difference was observed between the every-other-week idursulfase 0.5 mg/kg group and placebo.

Authors' conclusions

The current evidence is limited. While the randomised clinical trial identified was considered to be of good quality, it failed to describe important outcomes. It has been demonstrated that enzyme replacement therapy with idursulfase is effective in relation to functional capacity (distance walked in six minutes and forced vital capacity), liver and spleen volumes and urine glycosaminoglycan excretion in people with mucopolysaccharidosis type II compared with placebo. There is no available evidence in the included study and in the literature on outcomes such as improvement in growth, sleep apnoea, cardiac function, quality of life and mortality. More studies are needed to obtain more information on the long-term effectiveness and safety of enzyme replacement therapy.

Issue Part

2

Date of Publication

2016

936.

Bile acid derivatives for people with primary sclerosing cholangitis

This is the protocol for a review and there is no abstract. The objectives are as follows:

To evaluate the benefits and harms of bile acid derivatives (such as obeticholic acid or nor-ursodeoxycholic acid) for the treatment of people with primary sclerosing cholangitis.

Issue Part
2
Date of Publication
2016

Surgery versus medical therapy for heavy menstrual bleeding

Background
Heavy menstrual bleeding significantly impairs the quality of life of many otherwise healthy women. Perception of heavy menstrual bleeding is subjective and management usually depends upon what symptoms are acceptable to the individual. Surgical options include conservative surgery (uterine resection or ablation) and hysterectomy. Medical treatment options include oral medication and a hormone-releasing intrauterine device (LNG-IUS).

Objectives
To compare the effectiveness, safety and acceptability of surgery versus medical therapy for heavy menstrual bleeding.

Search methods
We searched the following databases from inception to January 2016: Cochrane Gynaecology and Fertility Group Trials Register, the Cochrane Central Register of Controlled Trials
(CENTRAL), MEDLINE, EMBASE, PsycINFO and clinical trials registers (clinical trials.gov and ICTRP). We also searched the reference lists of retrieved articles.

Selection criteria
Randomised controlled trials (RCTs) comparing conservative surgery or hysterectomy versus medical therapy (oral or intrauterine) for heavy menstrual bleeding.

Data collection and analysis
Two review authors independently selected the studies, assessed their risk of bias and extracted the data. Our primary outcomes were menstrual bleeding, satisfaction rate and adverse events. Where appropriate we pooled the data to calculate pooled risk ratios (RRs) or mean differences, with 95% confidence intervals (CIs), using a fixed-effect model. We assessed heterogeneity with the I² statistic and evaluated the quality of the evidence using GRADE methods.

Main results
We included 15 parallel-group RCTs (1289 women). Surgical interventions included hysterectomy and endometrial resection or ablation. Medical interventions included oral medication and the levonorgestrel-releasing intrauterine device (LNG-IUS). The overall quality of the evidence for different comparisons ranged from very low to moderate. The main limitations were lack of blinding, attrition and imprecision. Moreover, it was difficult to interpret long-term study findings as many women randomised to medical interventions subsequently underwent surgery.

Authors’ conclusions
Surgery, especially hysterectomy, reduces menstrual bleeding more than medical treatment at one year. There is no conclusive evidence of a difference in satisfaction rates between surgery and LNG-IUS, though adverse effects such as bleeding and spotting are more likely to occur with LNG-IUS. Oral medication suits a minority of women in the long term, and the LNG-IUS device provides a better alternative to surgery in most cases. Although hysterectomy is a definitive treatment for heavy menstrual bleeding, it can cause serious complications for a minority of women. Most women may be well advised to try a less radical treatment as first-line therapy. Both LNG-IUS and conservative surgery appear to be safe, acceptable and effective.
Desmopressin for treating nocturia in men with lower urinary tract symptoms suggestive of benign prostatic hyperplasia


EBM Reviews - Cochrane Database of Systematic Reviews
Cochrane Database of Systematic Reviews. 1, 2016. Cochrane Database of Systematic Reviews [Protocol]
AN: 00075320-100000000-10454
This is the protocol for a review and there is no abstract. The objectives are as follows:
To assess the effects of desmopressin as compared to other interventions in the treatment of nocturia in men with lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH).
Issue Part
1
Date of Publication
2016