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Latest Publications You Should Not Miss

Morey MC, Snyder DC, Sloane R, Cohen HC, Peterson B, Hartman TJ, Miller P, Mitchell DC, Demark-Wahnefried W: Effects of home-based diet and exercise on functional outcomes among older, overweight long-term cancer survivors. A randomized controlled trial. JAMA 2009;301:1883–1891.

Context: Five-year survival rates for early stage colorectal, breast, and prostate cancer currently exceed 90% and are increasing. Cancer survivors are at greater risk for second malignancies, other comorbidities, and accelerated functional decline. Lifestyle interventions may provide benefit, but it is unknown whether long-term cancer survivors can modify their lifestyle behaviors sufficiently to improve functional status.

Objective: To determine whether a telephone counseling and mailed print material-based diet and exercise intervention is effective in reorienting functional decline in older, overweight cancer survivors.

Design, Setting, and Participants: Randomized controlled trial of 641 overweight (body mass index ≥ 25 and < 40), long-term (≥ 5 years) survivors (aged 65–91 years) of colorectal, breast, and prostate cancer, who were randomly assigned to an intervention group ($n = 319$) or delayed intervention (control) group ($n = 322$) in Canada, the United Kingdom, and 21 US states. Individuals were recruited for the Reach out to Enhance Wellness (RENEW) trial from July 1, 2005, through May 17, 2007.

Intervention: A 12-month, home-based tailored program of telephone counseling and mailed materials promoting exercise, improved diet quality, and modest weight loss. The control group was wait-listed for 12 months.

Main Outcome Measures: Change in self-reported physical function on the Short-Form 36 physical function subscale (score range, 0–100; a high score indicates better functioning) from baseline to 12 months was the primary end point. Secondary outcomes included changes in function on the basic and advanced lower extremity function subscales of the Late Life Function and Disability Index (score range, 0–100), physical activity, body mass index, and overall health-related quality of life.

Results: The mean baseline Short-Form 36 physical function score was 75.7. At the 12-month follow-up, the mean function scores declined less rapidly in the intervention group (-2.15 ; 95% confidence interval [CI], -0.36 to -3.93) compared with the control group (-4.84 ; 95% CI, -3.04 to -6.63) ($P = 0.03$). The mean baseline basic lower extremity function score was 78.2. The mean changes in basic lower extremity function were 0.34 (95% CI, -0.84 to 1.52) in the intervention group compared with -1.89

(95% CI, -0.70 to -3.09) in the control group ($P = 0.005$). Physical activity, dietary behaviors, and overall quality of life increased significantly in the intervention group compared with the control group, and weight loss also was greater (2.06 kg [95% CI, 1.69 to 2.43 kg] vs 0.92 kg [95% CI, 0.51 to 1.33 kg], respectively; $P < 0.001$).

Conclusion: Among older, long-term survivors of colorectal, breast, and prostate cancer, a diet and exercise intervention reduced the rate of self-reported functional decline compared with no intervention.

Coakley AB, Mahoney EK: Creating a therapeutic and healing environment with a pet therapy program. Complement Ther Clin Pract 2009;15:141–146.

Background: Hospitalized patients encounter stressors that impact their experience and recovery. There is a need for theoretically-based, empirically supported nursing interventions to create a therapeutic and healing environment that decrease stress and improve patients' experiences.

Purpose: To determine whether pet therapy interventions improve physiological, behavioral and mood outcomes and experiences of hospitalized patients.

Methods: A single group pre-post-quasi-experimental design with mixed methods was used in 59 hospitalized patients. Paired t-tests were used to evaluate changes from baseline following a pet therapy intervention. Qualitative data were analyzed using content analysis.

Results: Compared with baseline, patients had significant decreases in pain, respiratory rate and negative mood state and a significant increase in perceived energy level. Quantitative and qualitative findings provide support for decreased tension/anxiety and fatigue/inertia and improved overall mood.

Conclusions: Pet therapy is a low-tech, low-cost therapy that improved mood and was meaningful to hospitalized patients.

Park JE, Lee MS, Jung S, Kim A, Kang K, Choi J, Park J, Choi SM: Moxibustion for treating menopausal hot flashes: A randomized clinical trial. Menopause 2009;16:660–665.

Objective: A hot flash is a general postmenopausal symptom experienced by approximately 75% of climacteric women. Women often turn to complementary and alternative medicines to relieve hot flashes. Moxibustion

is one such medication. The aim of this study was to evaluate the effect of moxibustion on hot flashes in perimenopausal and postmenopausal women.

Methods: Fifty-one participants were randomly assigned into three groups, namely, moxibustion 1, moxibustion 2, and waiting list (control). The moxibustion groups received 14 sessions of moxibustion treatment for 4 weeks at acupuncture points. Our protocol was supported by evidence from clinical experts (Moxa 1) or published literature (Moxa 2), and we followed all participants for an additional 2 weeks after the end of the study. Our primary outcome measures were frequency and severity of hot flashes. Secondary outcome parameters included quality of life (Menopausal-Specific Quality of Life Scale) and Menopause Rating Scale.

Results: Fifty-one women participated in our study. By week 4, the difference in severity and frequency of hot flashes had become statistically significant between the treatment groups and the control participants. In addition, there was a statistically significant difference in Menopausal-Specific Quality of Life Scale scores between treatment group 2 and the other groups.

Conclusions: Our results suggest that moxibustion reduces both the frequency and severity of menopausal hot flashes as compared with those in control participants. We would recommend further studies with larger samples and possibly including placebo controls.

**Tarner IH, Muller-Ladner U, Uhlemann C, Lange U:
The effect of mild whole-body hyperthermia on
systemic levels of TNF-alpha, IL-1beta, and IL-6 in pa-
tients with ankylosing spondylitis. Clin Rheumatol
2009;28:397-402.**

Serial mild whole-body hyperthermia is a widely used balneotherapy modality for clinically inactive ankylosing spondylitis (AS) in rehabilitative medicine. Thus far, the mechanisms of its favorable influence on the symptoms of AS are not completely understood. We therefore analyzed the effect of mild whole-body hyperthermia on the systemic levels of pivotal proinflammatory cytokines. Twelve male subjects with AS and 12 healthy control subjects received nine cycles of whole-body hyperthermia (target body core temperature, 38.5 degrees C; duration, 50 min). Serum samples were taken at the beginning of the last cycle and at 1, 6, and 24 h for measurement of tumor necrosis factor alpha, interleukin 1 beta and interleukin 6. Significant differences of cytokine levels were found between both groups. In AS patients, hyperthermia caused a significant reduction of all cytokines by 40-50%. Thus, serial mild whole-body hyperthermia in AS results in heat-induced changes of the proinflammatory cytokine network.