

## Clinical Trials Update

### Exercise Intensity Unrelated to Older Adults' Mortality Risk

Researchers in Norway found no significant difference in all-cause mortality among older adults following standard exercise guidelines or supervised high- or moderate-intensity exercise regimens, a [trial](#) published in the *BMJ* reported.

The study's 1567 participants, whose mean age was 73 years, were randomly assigned to 1 of 3 regimens performed twice weekly for 5 years: high-intensity interval training (HIIT) at 90% of peak heart rate; moderate-intensity continuous training (MICT) at 70% of peak heart rate; and a control group that followed standard guidelines to get 30 minutes of moderate activity most days.

After 5 years, there was no substantial difference in all-cause mortality between the control group and the combined HIIT and MICT group. A nonstatistically significant trend toward lower mortality was observed in the HIIT group. The authors noted that outcome differences between the groups may have been muted because many in the control group exercised using HIIT and most participants reported high baseline physical activity.

### Empagliflozin Cuts Cardiovascular Deaths in Advanced Heart Failure

Patients treated for advanced but stable heart failure, including those with diabetes, had a 25% lower risk of cardiovascular death or hospitalization for heart failure when they received empagliflozin, a sodium-glucose cotransporter 2 (SGLT2) inhibitor, according to an international [trial](#) in the *New England Journal of Medicine*.

Investigators randomly assigned 3730 patients with class II, III, or IV heart failure and left ventricular ejection fraction of 40% or less to receive 10 mg of empagliflozin daily or placebo in addition to recommended therapy. Half the participants had diabetes.

During a median of 16 months, cardiovascular death or hospitalization for worsening heart failure—the composite primary outcome—occurred in 19.4% of the empagliflozin group and 24.7% of the placebo group regardless of diabetes status, a differ-

ence driven mainly by fewer hospitalizations. The empagliflozin group also had slower kidney function decline. SGLT2 inhibitors have been shown to be effective among patients with mild and moderate heart failure, and this trial demonstrates the benefits for patients with advanced heart failure, the authors wrote.

### High-Calorie Treatment Leads to Faster Gains in Anorexia Nervosa

Adolescents and young adults hospitalized with anorexia nervosa became medically stable more quickly with higher-calorie foods reintroduced to their diet compared with standard lower-calorie refeeding (LCR), according to short-term outcomes published in *JAMA Pediatrics*.

The multicenter US trial randomly assigned 111 participants to higher-calorie refeeding (HCR) beginning at 2000 kcal/d and increasing by 200 kcal/d or to LCR beginning at 1400 kcal/d and increasing by 200 kcal every other day.

With HCR, participants were medically stable 3 days sooner than with LCR. The HCR group gained more weight more quickly than the LCR group. Although LCR is designed to minimize complications from electrolyte abnormalities, investigators reported no difference between groups in these or other adverse events. Length of stay was 4 days less in the HCR group, which saved \$19 056 in hospital charges per participant.

### Reliving Childhood Trauma Details Isn't Needed to Treat PTSD

Two treatments that don't require lengthy recollection of traumatic memories were equally effective for adults with posttraumatic stress disorder (PTSD) arising from childhood experiences, an international [trial](#) in the *British Journal of Psychiatry* reported.

The study's 155 participants, whose mean age was 39 years, were randomly assigned to up to 12 ninety-minute sessions of either imagery rescripting (ImRs) or eye movement desensitization and reprocessing (EMDR) twice a week. With ImRs, patients imagine a different outcome from their trauma that aligns more closely with their emotional needs. EMDR uses stimulation, such as eye move-



Older adults who exercised at high- or moderate-intensity levels in a recent study had no difference in all-cause mortality compared with those who followed standard exercise guidelines.

ments or tapping, to reduce the distress and vividness of trauma memories.

Both treatments significantly decreased PTSD symptoms, depression, shame, guilt, and hostility after 8 weeks. Improvements were sustained at 1 year.

### Early Physical Therapy Relieves Sciatica Disability and Pain

A primary care clinician's referral to physical therapy within 90 days of sciatica symptom onset improved pain and functional capabilities compared with usual care, a [trial](#) in the *Annals of Internal Medicine* found.

The 220 adult participants at 2 Utah health care systems were randomly assigned to either 4 weeks of physical therapy or to remain active and avoid bed rest. They also received education; imaging and medication were at the clinician's discretion.

At 6 months, the physical therapy group had greater improvement in self-reported disability. Overall, 7.4% of participants had surgery, 13.2% had steroid injections, 25% had advanced imaging, and 9.7% went to the emergency department for worsening sciatica. At 1 year, 45.2% of patients who received physical therapy reported treatment success compared with 27.6% of the usual-care group. — **Anita Slomski**

**Note:** Source references are available through embedded hyperlinks in the article text online.