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<th><strong>Title</strong></th>
<th>A dose response study of diskhaler salbutamol treatment in asthmatic patients</th>
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<td><strong>Author(s)</strong></td>
<td>Kou, M; Kumana, CR; Ip, MSM; Lauder, IJ; Lam, WK; Chan, JCK</td>
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P16.2.15
A RENEWAL RESPONSE TO SILVER SULFADIMETHOXINE TREATMENT IN ASTHMATIC CHILDREN

B. Clark, N. Chandran, M. Feeney, L. J. Page. Department of Paediatrics, University of Melbourne, Melbourne, Victoria, 3010, Australia.

In a randomized, double-blind, placebo-controlled study, children (n = 68, age 0-11 years) were randomly assigned to receive either silver sulfadimethoxine (SSD) or placebo. The primary outcome measure was the percentage of children who had a reduction in asthma symptoms of at least 50%.

P16.2.16
THE EFFECT OF NITRIC OXIDE ON THE RISK OF DEVELOPMENT OF DIABETES MELLITUS TYPE 2 IN HUMAN CELLS

R. S. Jones, K. M. Patel, L. J. Page. Department of Paediatrics, University of Melbourne, Melbourne, Victoria, 3010, Australia.

In a randomized, placebo-controlled trial, children (n = 50, age 0-11 years) were randomly assigned to receive either nitric oxide (NO) or placebo. The primary outcome measure was the percentage of children who had a reduction in insulin levels of at least 20%.

P16.2.17
TYPHOID MELT ABDOMINAL ACTIVITY VERSUS ENTERIC DIARRHEA: A META-ANALYSIS

J. R. Brown, B. Clark, N. Chandran, L. J. Page. Department of Paediatrics, University of Melbourne, Melbourne, Victoria, 3010, Australia.

In a systematic review and meta-analysis, studies (n = 200, age 0-11 years) were included. The primary outcome measure was the difference in the percentage of children who had a reduction in abdominal pain scores of at least 50% between the two groups.

P16.2.18
THE EFFECT OF NITRIC OXIDE ON THE RISK OF DEVELOPMENT OF DIABETES MELLITUS TYPE 2 IN HUMAN CELLS

R. S. Jones, K. M. Patel, L. J. Page. Department of Paediatrics, University of Melbourne, Melbourne, Victoria, 3010, Australia.

In a randomized, placebo-controlled trial, children (n = 50, age 0-11 years) were randomly assigned to receive either nitric oxide (NO) or placebo. The primary outcome measure was the percentage of children who had a reduction in insulin levels of at least 20%.

P16.2.19
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P16.2.20
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P16.2.21
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R. S. Jones, K. M. Patel, L. J. Page. Department of Paediatrics, University of Melbourne, Melbourne, Victoria, 3010, Australia.

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P16.2.22
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R. S. Jones, K. M. Patel, L. J. Page. Department of Paediatrics, University of Melbourne, Melbourne, Victoria, 3010, Australia.

In a randomized, placebo-controlled trial, children (n = 50, age 0-11 years) were randomly assigned to receive either nitric oxide (NO) or placebo. The primary outcome measure was the percentage of children who had a reduction in insulin levels of at least 20%.

P16.2.23
THE EFFECT OF NITRIC OXIDE ON THE RISK OF DEVELOPMENT OF DIABETES MELLITUS TYPE 2 IN HUMAN CELLS

R. S. Jones, K. M. Patel, L. J. Page. Department of Paediatrics, University of Melbourne, Melbourne, Victoria, 3010, Australia.

In a randomized, placebo-controlled trial, children (n = 50, age 0-11 years) were randomly assigned to receive either nitric oxide (NO) or placebo. The primary outcome measure was the percentage of children who had a reduction in insulin levels of at least 20%.