



## Newsletter with PEARLS August 2013

### News

#### Cochrane Library translations

Translations in French and Spanish have been available on *The Cochrane Library* and on *Cochrane Summaries* for a while, and more recently Croatian and Portuguese have been added. People who wish to search or browse in their own language can do so on *Cochrane Summaries*. More languages are coming soon.

- French - [Français](http://summaries.cochrane.org/fr) (<http://summaries.cochrane.org/fr>) provided by the French Cochrane Centre
- Spanish - [Español](http://summaries.cochrane.org/es) (<http://summaries.cochrane.org/es>) provided by the Iberoamerican Cochrane Centre
- Croatian – [Hrvatski](http://summaries.cochrane.org/hr) (<http://summaries.cochrane.org/hr>) provided by the Croatian Cochrane Branch
- Portuguese - [Português](http://summaries.cochrane.org/pt) (<http://summaries.cochrane.org/pt>) provided by the Brazilian Cochrane Centre

If you are interested in knowing more about translations or contributing yourself, you can contact Ms Juliane Ried, Project Officer  
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#### Cochrane anniversary wall hanging

To celebrate the Cochrane Collaboration 20<sup>th</sup> anniversary a wall hanging has been created by Cochrane volunteers from many Units, Fields and Groups. All creative contributions for the wall hanging can be admired on following link:

<http://anniversary.cochrane.org/cochrane-wall-hanging>



The Cochrane PHCF contribution to the wall hanging

### the 'Cochrane20 Video' Series

The sixteenth video in this series, Working together in the Collaboration, is available at

<http://youtu.be/IJInSOZG6vQ>

The seventeenth video in this series, 'Using technology in the Collaboration', is available at

[http://youtu.be/\\_zXycfvjFGE](http://youtu.be/_zXycfvjFGE).

## Events

### Cochrane Colloquium PHCF meeting

The Cochrane Primary Health Care Field has scheduled an open meeting at the Cochrane Colloquium in Quebec on **Sunday 22 September 17.15-18.30**. The location of the meeting is the **Freiburg meeting room (205 C)**. In this open meeting the Primary Health Care Field will present and discuss its (recent) activities. Anyone interested in primary care and in the scope of the field is welcome to join and to participate in the discussion. You will find more colloquium meetings to attend at following weblink:

<http://colloquium.cochrane.org/meeting-list>

### Reminder Methods Symposium 24 September

**Data, Outcomes, Uncertainty and Graphs: *Advances and Limitations in Trials, Meta-Analysis, and Novelities***

The Cochrane Methods Symposium takes place amidst the 20th anniversary celebrations of The Cochrane Collaboration in Quebec. The symposium will feature talks on topics about statistics, bias and transparency of research. [Details and registration](#)

## Interesting new and updated reviews

The following recently published Cochrane reviews have been selected for your interest.

['Mediterranean' dietary pattern for the primary prevention of cardiovascular disease](#)

[Midwife-led continuity models versus other models of care for childbearing women](#)

[Multimedia educational interventions for consumers about prescribed and over-the-counter medications](#)  
([Link to Journal Club Article](#) [Link to Podcast](#))

## Interesting new titles

The following titles have been registered with the Cochrane Collaboration. This means that at this moment the protocol is being written. If you feel that this topic is of special importance and that you want to be of assistance in some way (e.g., peer review protocol, give advice etc.) please contact us at [info@cochraneprimarycare.org](mailto:info@cochraneprimarycare.org)

- **Psychological therapies vs treatment as usual (TAU) for depression in older people (deregistered)**
- **Interventions for improving health literacy**
- **Health at every size (HEAS) versus conventional weight loss programmes for cardiovascular risk factors**

- **Opioids for the palliation of breathlessness in advanced disease and terminal illness**

## **P.E.A.R.L.S.**

*practical evidence about real life situations*

The New Zealand Guideline Group fund the Cochrane Primary Care Field to produce the P.E.A.R.L.S. (click [here](#) for the websitelink)

Access <http://www.cochraneprimarycare.org/> to view the PEARLS online.

*PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.*

*PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.*

*The PEARLS can be used free of charge for research or teaching. No commercial use is allowed.*

### **Oral treatments effective for tinea pedis**

<b>Clinical question</b>	How effective are oral treatments for tinea pedis?
<b>Bottom line</b>	Terbinafine and itraconazole were more effective than no treatment, and terbinafine appeared to give a significantly better cure rate than griseofulvin. In addition, terbinafine may require a shorter treatment period (2 weeks), which is preferable for maximising patient compliance. No significant difference was detected between terbinafine and itraconazole, fluconazole and itraconazole, fluconazole and ketoconazole, or between griseofulvin and ketoconazole, although the trials were generally small. All drugs reported adverse effects, with gastrointestinal effects being most commonly reported.
<b>Caveat</b>	Of the included trials, only 5 were published in recent years, with the other 10 trials having been published pre-1996. The quality of reporting of the trials was variable, and, in general, the method of generating the randomisation sequence and concealing allocation was not clearly reported, with the result that the trials were at unclear risk of bias for these domains. A similar omission was the lack of blinding of outcome assessors, especially with respect to the assessment of clinical signs and symptoms, as this outcome is, by its nature, subjective. Only 3 trials assessed the condition beyond 3 months.
<b>Context</b>	About 15% of the world's population suffers from tinea pedis. Oral therapy is usually used for chronic conditions or when topical treatment has failed.
<b>Cochrane Systematic Review</b>	Bell-Syer SEM et al. Oral treatments for fungal infections of the skin of the foot. Cochrane Reviews, 2012, Issue 10. Article No. CD003584. DOI: 10.1002/14651858.CD003584.pub2. This review contains 15 studies involving 1438 participants.
Pearls No. 381, January 2013, written by Brian R McAvoy.	

### **Limited evidence for benefit of amitriptyline for neuropathic pain and fibromyalgia in adults**

<b>Clinical question</b>	How effective is amitriptyline for neuropathic pain and fibromyalgia in adults?
<b>Bottom line</b>	Amitriptyline probably does not work in neuropathic pain associated with HIV or treatments for cancer. Amitriptyline probably does work in other types of neuropathic pain (painful diabetic neuropathy, post-herpetic neuralgia, and post-stroke pain, and in fibromyalgia), though we cannot be certain of this. A best estimate is that amitriptyline provides pain relief in about 1 in 4 (25%) more people than does placebo (NNT* = 4.6 [95% confidence interval 3.6-6.6]), and about 1 in 4 (25%) more people than placebo report having at least 1 adverse event, probably not serious but disconcerting.*NNT = number needed to treat to benefit 1 individual.
<b>Caveat</b>	There were no studies that could provide an answer that was trustworthy or reliable because most studies were relatively old, and used methods or reported results that we now recognise can make benefits seem better than they are.
<b>Context</b>	Amitriptyline is a tricyclic antidepressant that is widely used to treat chronic neuropathic pain and fibromyalgia, and is recommended in many guidelines. These types of pain can be treated with antidepressant drugs in doses below those at which the drugs act as antidepressants.
<b>Cochrane Systematic Review</b>	Moore RA et al. Amitriptyline for neuropathic pain and fibromyalgia in adults. Cochrane Reviews, 2012, Issue 12. Art. No.: CD008242. DOI: 10.1002/14651858. CD008242.pub2. This review contains 21 studies involving 1437 participants.
Pearls No. 382, February 2013, written by Brian R McAvoy.	

### Psychological therapies effective for pathological and problem gambling

<b>Clinical question</b>	How effective are psychological therapies (cognitive behavioural therapy [CBT], motivational interviewing [MI], integrative therapies, and Twelve-step Facilitated Group Therapy) for pathological and problem gambling?
<b>Bottom line</b>	Data from nine studies indicated benefits of CBT in the period immediately following treatment. However, there were few studies across longer periods of time (e.g. 12 months) after treatment, and little was known about whether effects of CBT were lasting. Data from three studies of MI therapy suggested some benefits in terms of reduced gambling behaviour, but not necessarily other symptoms of pathological and problem gambling. There were also few studies that provided evidence on integrative therapies (two studies) and other psychological therapies (one study), and there was insufficient data to evaluate the efficacy of these therapies.
<b>Caveat</b>	A substantial amount of the evidence came from studies that suffered from multiple limitations, and these may have led to overestimations of treatment efficacy. There was variability in the nature of the interventions classified as CBT, and the effects of individual and group CBT were also combined. The data on MI therapy came from few studies and conclusions require further research.
<b>Context</b>	The prevalence of pathological and problem gambling has been found to vary internationally, with studies suggesting anywhere between 0.2% (in Norway) and 5.3% (in Hong Kong) of individuals affected. <sup>1</sup> The term 'pathological gambling' is derived from

	psychiatric diagnostic systems, such as the Diagnostic and Statistical Manual of Mental Disorders. Problem gambling is also sometimes used to describe a subclinical level of the psychiatric disorder or alternatively, a broader category of severe gambling based on a continuum model of gambling-related harm.
<b>Cochrane Systematic Review</b>	Cowlshaw S et al. Psychological therapies for pathological and problem gambling. Cochrane Reviews, 2012, Issue 11. Art. No.: CD008937.DOI: 10.1002/14651858. CD008937.pub2. This review contains 14 studies involving 1,245 participants.
Pearls No. 383, February 2013, written by Brian R McAvoy	

### Computer-generated reminders influence professional practice

<b>Clinical question</b>	How effective are computer-generated reminders delivered on paper to healthcare professionals on professional practice and health care outcomes?
<b>Bottom line</b>	There was moderate quality evidence that computer-generated reminders delivered on paper to healthcare professionals achieved a moderate (7%) absolute improvement in processes of care. Median improvement in processes of care also differed according to the behaviour the reminder targeted: for instance, reminders to vaccinate improved processes of care by 13.1% (absolute improvement) compared with other targeted behaviours. Reminders to discuss issues with patients were the least effective. Two characteristics emerged as significant predictors of improvement: providing space on the reminder for a response from the clinician, and providing an explanation of the reminder's content or advice. Reminders were not associated with significant improvements in health care outcomes.
<b>Caveat</b>	None of the included studies reported outcomes related to harms or adverse effects of the intervention, such as redundant testing or overdiagnosis.
<b>Context</b>	Healthcare professionals do not always provide care that is recommended or that reflects the latest research, partly because of information overload or inaccessibility. Reminders may help doctors overcome these problems by reminding them about important information or providing advice, in a more accessible and relevant format, at a particularly appropriate time.
<b>Cochrane Systematic Review</b>	Cochrane Systematic Review Arditi C et al. Computer-generated reminders delivered on paper to healthcare professionals: effects on professional practice and health care outcomes. Cochrane Reviews, 2012, Issue 12. Art. No.: CD001175.DOI: 10.1002/14651858. CD001175.pub3. This review contains 32 studies involving over 102,000 participants.
Pearls No. 385-1, March 2013, written by Brian R McAvoy. C16	

## Abstracts

The actual Cochrane abstracts for the P.E.A.R.L.S are at

[No. 381 Oral treatments effective for tinea pedis](#)

[No 382 Limited evidence for benefit of amitriptyline for neuropathic pain and fibromyalgia in adults](#)

[No 383 Psychological therapies effective for pathological and problem gambling](#)

[No 385-1 Computer-generated reminders influence professional practice](#)

## Colophon

### Sign in!

We would be grateful if you could forward the URL for colleagues to sign up to our website by going to

<http://lists.cochrane.org/mailman/listinfo/primarycare>

### More information

For more information about the Field, or to view the previously published PEARLS please visit: <http://www.cochraneprimarycare.org>

### To (un)subscribe

To (un)subscribe please visit:

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