



Newsletter with PEARLS February 2014

This month's PEARLS:

[No. 398 Many pharmacological interventions effective for smoking cessation](#)

[No. 399 Multimedia educational interventions about prescribed and over-the-counter medications effective for consumers](#)

[No. 400 Insufficient evidence for effectiveness of interventions for complex regional pain syndrome](#)

[No. 401 Limited evidence for benefits of non-steroidal anti-inflammatory drugs for tennis elbow](#)

News

Italian Pearls

The PEARLS are now available in Italian translation and published on [the Cochrane Primary Care Health Care Field website](#).

The Italian PEARLS are provided by Dr. Luisella Gilardi of the Centro di Documentazione per la Promozione della salute de Torino in collaboratin with Dr. Alessandro Calderan

Website link: www.dors.it

New Cochrane Branches

Japanese Cochrane Branch of the Australasian Cochrane Centre. The main base of the branch will be at the National Center for Child Health and Development (NCCHD) in Tokyo, which also hosts the Japanese Satellite of the Cochrane Pregnancy and Childbirth Group. The establishment of the Japanese Branch reflects a recent upsurge in Cochrane review activity and training in systematic reviews in Japan.

Portuguese Branch of the Iberoamerican Cochrane Centre. This new Branch, co-directed by Dr. António Vaz-Carneiro and Dr. João Costa, is based at the the Faculty of Medicine, University of Lisbon.

Relocation of the Dutch Cochrane Centre

The Dutch Cochrane Centre (DCC) will move to another hosting institute. On January 1st, 2014 the new address will be:

Dutch Cochrane Centre - University Medical Center Utrecht

E-mail: cochrane@umcutrecht.nl

Director: Rob Scholten

Events

The Australasian Cochrane Centre Training Dates 2014

The Australasian Cochrane Centre Training Dates for 2014 have now been finalised and are currently listed on their website:

<http://acc.cochrane.org/2014-timetable-registration>

The Australasian Cochrane Centre offers Introductory workshops for new authors, and more advanced authors might be interested in Review Completion workshops. Training workshops are delivered across the Australasian region, and most are free of charge for registered Cochrane authors.

Workshop on Systematic Reviews in Cancer Care, Guidelines and Research, Belfast, Northern Ireland, UK

FREE 5-day Masterclass. Participation is by application only and successful applicants will receive free registration and accommodation.

Date: 7-11 June 2014

Location: Queen's University Belfast, Northern Ireland, UK

Email: eso@eso.net

[Website](#)

Interesting new and updated reviews

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

[Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment](#)

[Interventions for preventing delirium in older people in institutional long-term care](#)

[Psychological therapies \(Internet-delivered\) for the management of chronic pain in adults](#)

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

- **Second announcement: Multicultural counselling for migrants and ethnic minorities**
this title has been deregistered and has become available again. We have found interested PC authors willing to pursue this title but the team is looking for co authors. Please contact us at info@cochraneprimarycare.org if you are interested to help develop this review.
- **Impact of entertainment media smoking on adolescent smoking behaviours**
- **The effect of physiotherapy for the management of childhood functional bladder and bowel dysfunction**

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

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.

Many pharmacological interventions effective for smoking cessation

Clinical question	How effective are nicotine replacement therapy (NRT), bupropion, varenicline, cytisine and nortriptyline in achieving longterm abstinence (six months or longer) from smoking?
Bottom line	NRT and bupropion were 29% more effective than placebo. Varenicline was 48% more effective than placebo, 26% more effective than NRT gum, and 20% more effective than NRT patches and "other" NRT options (tablets, sprays, lozenges and inhalers). However, combining two types of NRT was as effective as using varenicline alone, and helped more people to quit than single types of NRT. There was little to choose between different types of NRT, except that "other" NRT was 9% more effective than NRT gum. NRT combined with nortriptyline or bupropion was not more effective than NRT alone. Compared with placebo, both cytisine and nortriptyline improved the chances of quitting, with minimal risk of harms.
Caveat	Although there was a marginal increase in the likelihood of seizures while taking bupropion, there were no increased risks of neuropsychiatric or heart and circulatory problems. The evidence for the safety of varenicline is still under investigation, but there was no evidence from the trials that it was linked to an increase in neuropsychiatric or heart and circulatory problems.
Context	Smoking is a main cause of early death throughout the world. There are a number of medications which can help people to quit smoking. Three of these - NRT, bupropion, and varenicline - are licensed for this purpose in the US and Europe. Cytisine (similar to varenicline) is licensed for use in Russia and Eastern Europe.
Cochrane Systematic Review	Cahill K et al. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. Cochrane Reviews, 2013, Issue 5. Art. No.: CD009329. DOI: 10.1002/14651858. CD009329.pub2. This review contains 12 treatment-specific reviews covering 267 studies involving 101,804 participants
Pearls No. 398, July 2013, written by Brian R McAvoy	

Multimedia educational interventions about prescribed and over-the-counter medications effective for consumers

Clinical question	How effective are multimedia patient educational interventions about prescribed and over-the-counter medications for people of all ages, including children and carers?
Bottom line	Multimedia education about medications was more effective than usual care (non-standardised education provided by health

	professionals as part of usual clinical care), or no education, in improving both knowledge and skill acquisition but not adherence to taking medications. Multimedia education was at least equivalent to other forms of education, including written education and education provided by a health professional.
Caveat	There was significant heterogeneity in the comparators used and the outcomes measured, which limited the ability to pool data. It was not possible to determine the effect of multimedia education on other outcomes, including patient satisfaction, self-efficacy and health outcomes, due to an inadequate number of studies from which to draw conclusions. Many of the studies did not report sufficient information in their methods to allow judgement of their risk of bias.
Context	Consumers need detailed information about their medications to enable them to use their medications safely and effectively. For information to be useful, it needs to be presented in a format that can be easily understood by consumers. There is evidence that methods such as spoken communication between the health provider and consumer and written materials are not meeting consumers' needs. Multimedia education programmes use more than 1 format to provide information. This could include using written words, diagrams and pictures with the use of audio, animation or video. They can be provided using different technologies, such as DVD and CD-ROM, or can be accessed over the internet.
Cochrane Systematic Review	Ciciriello S et al. Multimedia educational interventions for consumers about prescribed and over-the-counter medications. Cochrane Reviews, 2013, Issue 4. Art. No.: CD008416.DOI: 10.1002/14651858. CD008416.pub2. This review contains 24 studies involving 8112 participants.
Pearls No. 399, August 2013, written by Brian R McAvoy.	

Insufficient evidence for effectiveness of interventions for complex regional pain syndrome

Clinical question	How effective are therapeutic interventions to reduce pain, disability or both in adults with complex regional pain syndrome (CRPS)?
Bottom line	There was insufficient high quality evidence on which to base comprehensive clinical guidance on the management of CRPS. There was low quality evidence that bisphosphonates, calcitonin or a daily course of intravenous ketamine might be effective for pain when compared with placebo; graded motor imagery might be effective for pain and function when compared with usual care; and that mirror therapy might be effective for pain in post-stroke CRPS. There was low quality evidence that local anaesthetic sympathetic blockade was not effective. Low quality evidence suggested that physiotherapy or occupational therapy did not lead to clinically important benefits at one year follow-up. For a wide range of other interventions, there was either no evidence or very low quality evidence available from which no conclusions should be drawn.
Caveat	Some studies and reviews predate the most recent diagnostic guidelines for CRPS and some did not consistently apply established diagnostic criteria for CRPS. With the exception of spinal cord

	stimulation, there is very little data on long term (greater than one year) outcomes for any intervention.
Context	CRPS is characterised by persistent pain, usually in the hands or feet, that is not proportionate in severity to any underlying injury. It often involves a variety of other symptoms, such as swelling, discolouration, stiffness, weakness and changes to the skin.
Cochrane Systematic Review	O'Connell NE et al. Interventions for treating pain and disability in adults with complex regional pain syndrome. Cochrane Reviews, 2013, Issue 4. Art. No.: CD009416.DOI: 10.1002/14651858. CD009416.pub2. This review contains 19 reviews involving 2328 participants.
Pearls No. 400, September 2013, written by Brian R McAvoy	

Limited evidence for benefits of non-steroidal anti-inflammatory drugs for tennis elbow

Clinical question	How effective are non-steroidal anti-inflammatory drugs (NSAIDs) for treating lateral elbow pain (tennis elbow) in adults?
Bottom line	Although data from five placebo-controlled trials suggested that topical NSAIDs might be beneficial in improving pain (for up to four weeks, NNT* 7), non-normal distribution of data and other methodological issues precluded drawing firm conclusions. Some people reported a mild skin rash. Evidence of the benefits of oral NSAIDs was conflicting, although use of oral NSAIDs resulted in gastrointestinal adverse effects in some people. Some trials demonstrated greater benefit from glucocorticoid injection than has been seen with NSAIDs in the short term, but this was not apparent in all studies and was not apparent by six months in the only study that included longer-term outcomes (only two studies included in this review followed participants for longer than one month).
Caveat	Most of the 13 trials included in this review were small (ten trials included 40 or fewer participants) and risk of bias was generally high, with only two trials adequately blinding trial participants. Methodological and reporting issues limited the ability to combine data. None of the trials included a measure of quality of life, and less than half included a measure of function. No direct comparisons between oral and topical NSAIDs were available. *NNT = number needed to treat to benefit one individual.
Context	Lateral elbow pain, or tennis elbow, is a common condition that causes pain in the elbow and forearm. Although self-limiting, it can be associated with significant disability and often results in work absence. It is often treated with topical and oral NSAIDs.
Cochrane Systematic Review	Pattanittum P et al. Non-steroidal anti-inflammatory drugs (NSAIDs) for treating lateral elbow pain in adults. Cochrane Reviews, 2013, Issue 5. Art. No.: CD003686.DOI: 10.1002/14651858. CD003686.pub2. This review contains 15 studies involving 759 participants.
Pearls No. 401, September 2013, written by Brian R McAvoy.	

Abstracts

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

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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>

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Bruce Arroll¹, Jaap van Binsbergen², Tom Fahey³, Tim Kenealy¹,
Floris van de Laar²

Caroline Roos²

Secretary to Cochrane Primary Health Care Field

email: c.roos@cochraneprimarycare.org

The Cochrane Primary Health Care Field is a collaboration between:

¹ New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland and funded by the New Zealand Guidelines Group;

² Academic Department of Primary and Community Care in The Netherlands, The Dutch College of General Practitioners, and the Netherlands Institute for Health Services Research;

³ Department of General Practice, Royal College of Surgeons in Ireland, Dublin.