



Special Edition Newsletter November 2012

Your assistance needed for the development of a “primary care search filter”

Dear all,

The Cochrane Primary Healthcare Field is conducting a research project to create and validate a search strategy that facilitates the search for articles about diagnosis, prognosis, management, and systematic reviews applicable in the primary care setting using the *PubMed*, *Embase* and *Cochrane* databases.

In order to be able to develop this filter we need to have a clear understanding about how you would define: “primary care”. Therefore, we have formulated a couple of short questions. This will help us to get a better understanding about what you would expect from a “primary care” filter. We would appreciate it, if you would take a couple of minutes to answer the next questions:

- 1) How would you define: “primary care”?
- 2) Do you see any difference between the definition of “primary care” and e.g. “family practice” or “general practice”?
- 3) Profession
- 4) Country

You can submit your answers by using this link: http://www.erasmusmc.nl/medbib/quest_phc/

Thank you in advance for your time.

Sincerely,

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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.

Limited evidence for effectiveness of influenza vaccine in healthy adults

Clinical question	How effective are vaccines in preventing influenza in healthy adults (aged between 16 and 65 years)?
Bottom line	Inactivated influenza vaccines decreased the risk of symptoms of influenza and time off work, but their effects were minimal. In the relatively uncommon circumstance of the vaccine matching the viral circulating strain and high circulation, the NNT* to avoid influenza symptoms was 33. In average conditions (partially matching vaccine) the NNT was 100. There was no evidence vaccines affected hospital admissions, complication rates or transmission. Inactivated vaccines caused local harm (local erythema, tenderness and soreness), and an estimated 1.6 additional cases of Guillain-Barré syndrome per million vaccinations. * NNT= number needed to treat to benefit 1 individual
Caveat	These results may be an optimistic estimate because company-sponsored influenza vaccine trials tend to produce results favour-able to their products, and some of the evidence came from trials carried out in ideal viral circulation and matching conditions; also because the harms evidence base was limited. Fifteen of the 36 trials in the review were funded by vaccine companies and 4 had no funding declaration.
Context	Over 200 viruses cause influenza and influenza-like illness (which produces the same symptoms). At best, vaccines might be effective against only influenza A and B, which represent about 10% of all circulating viruses. Healthy adults are presently targeted for influenza vaccination mainly in North America.
Cochrane Systematic Review	Jefferson T et al. Vaccines for preventing influenza in healthy adults. Cochrane Reviews, 2010, Issue 7. Article No. CD001269. DOI: 10.1002/14651858.CD001269.pub4. This review contains 50 studies involving over 80,000 participants.
Pearls No. 291, November 2010, written by Brian R McAvoy	

Percutaneous vascular interventions may be beneficial in stroke

Clinical question	How effective are percutaneous vascular interventions in patients with acute ischaemic stroke?
Bottom line	Compared with non-thrombolytic standard medical treatment, percutaneous vascular interventions administered

	up to six hours after ischaemic stroke significantly increased the proportion of patients with favourable outcomes three months after stroke. The trials tested either intra-arterial urokinase or recombinant pro-urokinase versus an open control. One trial used guidewire-mediated clot disruption in some patients randomised to the intervention group. Most data came from trials of middle cerebral artery territory infarction. Long-term risk of death was unaffected.
Caveat	The interventions significantly increased the risk of symptomatic intracranial haemorrhage within 24 hours of treatment. Given the evidence women respond more favourably to thrombolysis than men, ¹ the overall excess of women in the treatment group compared with the control group may have exaggerated the overall treatment effect. It was not clear from the studies what the time window is within which treatment is beneficial; what types of arterial blockage are most likely to respond; whether mechanical devices are effective, and whether any of these treatments are better than standard thrombolytic drugs.
Context	Most disabling strokes are due to thrombosis of a large artery. Prompt removal of the blockage with intra-arterial thrombolytic drugs or mechanical devices, or both, can restore blood flow before major brain damage has occurred, leading to improved recovery.
Cochrane Systematic Review	O'Rourke K et al. Percutaneous vascular interventions for acute ischaemic stroke. <i>Cochrane Reviews</i> , 2010, Issue 10. Article No. CD007574. DOI: 10.1002/14651858.CD007574.pub2. This review contains 4 studies involving 350 participants.
Pearls No. 292, December 2010, written by Brian R McAvoy.	

Further references 1. Kent DM et al. *Stroke* 2005;36:62Ð65

Abstracts

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

[No. 291 Limited evidence for effectiveness of influenza vaccine in healthy adults](#)

[No 292. Percutaneous vascular interventions may be beneficial in stroke](#)

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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