COCHRANE
PRIMARY HEALTH
CARE FIELD

Newsletter with PEARLS December 2013

The Cochrane PHC team wishes you happy holidays and our best wishes for the New Year

This month's PEARLS:

News

ICPC App for iPhones
News from Wonca: a smart phone app has been developed which allows you to load the ICPC codes onto your smart phone for easy reference. Developed by Dr Carlos Martins, a Portuguese GP, and licensed by WONCA. Both Apple and Android versions are now available.

the Cochrane20 Video Series
The twenty-third video in this series, a profile of Cochrane founding member Mike Clarke, is available at http://youtu.be/U4ahQS-428c.
The twenty-fourth and final video in this series, focusing on opportunities and challenges for The Cochrane Collaboration, is available at http://youtu.be/1uLbZk0aWDA
Also available on the Anniversary website, http://anniversary.cochrane.org/ (no password required).

Events

Workshop: Developing a Cochrane Systematic Review workshop, Baltimore (USA)
This workshop guides participants through the steps of developing a systematic review and includes presentations about Cochrane Collaboration methodology, hands-on practice using the Cochrane Collaboration's Review Manager (RevMan) software, and a statistics review session. It is limited to Cochrane

review authors who have a registered title, have published a protocol in The Cochrane Library or who have a protocol approved for publication by a Cochrane Review Group.
Date: 15-17 January 2014
Location: Baltimore, Maryland (USA)
Email: uscevg@jhsph.edu
Website: http://eyes.cochrane.org/workshop-developing-cochrane-systematic-review

Cochrane Canada 2014 Annual Symposium, Ottawa (Canada)
20/20 Vision: Cochrane in the next decade
The Canadian Cochrane Centre is pleased to invite you to the 11th Annual Cochrane Canada Symposium. The Symposium is open to policy-makers, health practitioners, researchers, students, patients/health consumers and carers, and anyone who has an interest in health. The Call for Abstracts will go out in early December and the symposium website will go live soon.
Date: 24-25 April 2014
Location: Ottawa Marriott Hotel | 100 Kent Street | K1P 5R7
Contact: Lori Tarbett
Email: ltarbett@ohri.ca

Cochrane UK & Ireland Symposium 2014, Manchester (UK), Registration now open!
Cochrane Evidence: Useful, Usable & Used. Click here for the manchester2013.cochrane.org website
Date: 23rd & 24th April 2014
Location: Manchester, Renold Building, Manchester University, UK

3rd World Congress of Clinical Safety (3WCCS), Cantabria (Spain)
Main theme: Clinical Risk Management, more information available on the homepage:
http://www.iarmm.org/3WCCS/
Abstract submission: from 1st Feb. 20143 to 31st May 20143.
Conference registration: from 1 April 2014.
Period: 10 - 12 September 2014
Place: University of Cantaberia, Spain
Poster: http://www.iarmm.org/3WCCS/(poster)3WCCS_2014.pdf
Flyer: http://www.iarmm.org/3WCCS/(Fryler)3WCCS_Spain.pdf
Greetings: http://www.iarmm.org/3WCCS/Greet/HP_data.pdf

Interesting new and updated reviews

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

Conservative interventions for treating work-related complaints of the arm, neck or shoulder in adults
Exercise programs for people with dementia
Simple behavioural interventions for nocturnal enuresis in children

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

- **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.

- **Aggression management training for preventing violence toward healthcare workers**
- **Pharmacotherapy for premature ejaculation**
  this title has been deregistered and has become available again

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.

No evidence that breathing exercises effective for dysfunctional breathing/hyperventilation syndrome

Clinical question	How effective are breathing exercises for dysfunctional breathing/hyperventilation syndrome (DB/HVS) in adults?
Bottom line	The results of this systematic review are unable to inform clinical practice, based on the inclusion of only one small, poorly reported trial which compared relaxation therapy (RT) versus RT and breathing exercises and a no therapy control group. There was no credible evidence regarding the effectiveness of breathing exercises for the clinical symptoms of DB/HVS. It is currently unknown whether these interventions offered any added value in this patient group or whether specific types of breathing exercise demonstrated superiority over others.
Caveat	Quality of life was not an outcome measure in this single trial involving 45 patients, and no numerical data or statistical analysis was presented. No information could be extracted from the paper regarding the size of the treatment effects.
Context	DB/HVS is a breathing problem that involves breathing too deeply and/or too rapidly. There are many possible causes of DB/HVS and if left untreated it can lead to a variety of unpleasant symptoms, such

	as breathlessness, dizziness, tremor, paraesthesia and chest pain. DB/HVS has an estimated prevalence of 9.5% in the general adult population. There is little consensus regarding the most effective management of this patient group
Cochrane Systematic Review	Jones M et al. Breathing exercises for dysfunctional breathing/ hyperventilation syndrome in adults. Cochrane Reviews, 2013, Issue 5. Art. No.: CD009041.DOI: 10.1002/14651858.CD009041.pub2. This review contains one study involving 45 participants.
Pearls No. 394, June, 2013, written by Brian R McAvoy	

ACE inhibitors prevent diabetic kidney disease

Clinical question	Do antihypertensive agents prevent diabetic kidney disease?
Bottom line	Angiotensin-converting enzyme inhibitors (ACE inhibitors) reduced the risk of new onset kidney disease by 29% and the risk of death by 16% in people with diabetes. Clear renal benefits were observed among individuals without hypertension at baseline, and in comparison with calcium channel blockers. These effects were consistent across a broad spectrum of people with diabetes, including individuals with type 1 or type 2 diabetes, with or without hypertension, and in placebo-controlled studies or those comparing ACE inhibitors with other blood pressure agents. Other studies have suggested ACE inhibitors also prevented new onset diabetic retinopathy in patients without albuminuria. In contrast, it was not possible to demonstrate similar overall benefits for angiotensin receptor blockers (ARB), although it remains possible benefits may be present for high-risk individuals.
Caveat	The main limitation of this study was that the effects of blood pressure lowering agents on end-stage kidney disease could not be ascertained, possibly due to the slowly progressive nature of diabetic kidney disease, and the resultant low incidence of end-stage kidney disease in the population. The risk of cough was significantly increased with ACE inhibitors when compared with placebo.
Context	Many people with diabetes (around 20% to 60%) are affected by hypertension and need drugs to treat this condition. Many people with diabetic kidney disease (20% to 40%) go on to develop end-stage kidney disease, and many others die from heart disease or other circulatory problems before end-stage kidney disease develops
Cochrane Systematic Review	Lv J et al. Antihypertensive agents for preventing diabetic kidney disease. Cochrane Reviews, 2012, Issue 12. Art. No.: CD004136.DOI: 10.1002/14651858. CD004136.pub3. This review contains 26 studies involving 61,264 participants.
Pearls No. 395, June 2013, written by Brian R McAvoy	

Psychosocial interventions reduce antipsychotic medications in residential care homes

Clinical question	How effective are psychosocial interventions for reducing the prescribing of antipsychotic medications in residential care homes?

Bottom line	All the studies investigated complex interventions comprising educational approaches. Three offered education and training for nursing staff, and 1 offered multidisciplinary team meetings as the main component of the intervention. In all the studies, the interventions led to a reduction in the proportion of residents with antipsychotic drug use or a reduction in days with antipsychotic use per 100 days per resident, but the overall magnitude of the effect was unclear. Overall, there was no indication reduction of antipsychotic medication was related to replacement of antipsychotic medication with other psychotropic medication.
Caveat	The review was based on a small number of heterogeneous studies with important methodological shortcomings, and 3 of the 4 included studies were published in the 1990s. However, the most recent and methodologically most rigorous study showed the most pronounced effect. Follow-up periods were different between studies, ranging from 5 to 13 months (mean = 9 months). Reporting of adverse effects was insufficient. Costs of interventions were not reported in any of the studies, preventing any assumptions about cost comparison or cost- effectiveness.
Context	In residential care homes, antipsychotic medication is commonly prescribed to control so-called "behavioural and psychological symptoms of dementia" such as agitation, aggression or restlessness. However, it is questionable whether antipsychotic medication is effective and safe. Adverse effects, such as sedation, falls, and cardiovascular symptoms, are frequent. Therefore, antipsychotic medication should be avoided if possible.
Cochrane Systematic Review	Richter T et al. Psychosocial interventions for reducing antipsychotic medications in care home residents. Cochrane Reviews, 2012, Issue 12. Art. No.: CD008634.DOI: 10.1002/14651858. CD008634.pub2. This review contains 4 studies involving 33 care homes and 4337 residents
Pearls No. 396, June 2013, written by Brian R McAvoy	

Face-to-face interventions not shown to impact on immunisation status

Clinical question	How effective are face-to-face interventions for informing or educating parents about early childhood vaccination on immunisation uptake and parental knowledge?
Bottom line	Compared with usual care, face-to-face strategies did not consistently improve either immunisation rates or parent knowledge and understanding of vaccination, but the evidence was low to very low quality for these outcomes. The interventions comprised a mix of single-session and multi-session strategies. Only 1 study measured the cost of a face-to-face case management strategy. In this study, the cost of fully immunising one additional child was 8 times the cost of usual care, but the quality of this evidence was very low.
Caveat	No studies measured parents' intention to vaccinate their child or parent experience of intervention, and none of the studies looked at possible harmful outcomes related to the intervention. The results of this review are limited by the small number of included studies, small number of outcomes measured, and problems with the way the researchers decided who should receive the intervention and with the way

	outcomes were assessed.
Context	Face-to-face interventions to inform or educate parents about routine childhood vaccination may improve vaccination rates and parental knowledge or understanding of vaccination. Such interventions may describe or explain the practical and logistical factors associated with vaccination, and enable parents to understand the meaning and relevance of vaccination for their family or community.
Cochrane Systematic Review	Kaufman J et al. Face to face interventions for informing or educating parents about early childhood vaccination. Cochrane Reviews, 2013, Issue 5. Art. No.: CD010038.DOI: 10.1002/14651858. CD010038.pub2. This review contains 7 studies involving 2978 participants.
Pearls No. 397, June, 2013, written by Brian R McAvoy	

Abstracts

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

No. 394 No evidence that breathing exercises effective for dysfunctional breathing/hyperventilation syndrome

No. 395 ACE inhibitors prevent diabetic kidney disease

No. 396 Psychosocial interventions reduce antipsychotic medications in residential care homes

No. 397 Face-to-face interventions not shown to impact on immunisation status

Colophon

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

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