COCHRANE
PRIMARY HEALTH
CARE FIELD

News

Happy 2010!
The Cochrane Primary Health Care Field wishes everyone a happy and primary careful 2010! (Tilly Pouwels [left] & Floris vd Laar [right])

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More PEARLS!
The coming year the Primary Health Care Field will send out four instead of two PEARLS every two weeks. The last year the 'production rate' was higher than we expected and we are pleased to share the results of this work with our readers.

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Opportunities Fund:
The Steering Group of the Cochrane Collaboration has announced a Request for Proposals (RFP) for the Cochrane Opportunities Fund. The Cochrane Collaboration welcomes applications addressing priority areas in particular:
* Improving the quality, relevance or timeliness of Cochrane reviews
* Improving the usability of Cochrane reviews for the Collaboration's diverse audiences
* Developing new Cochrane products for diverse stakeholders
* Enhancing The Cochrane Collaboration's profile and capacity, particularly with respect to training, methodology and advocacy for evidence-based decision-making

Submission deadline: 26 February 2010. Application details:
http://www.cochrane.org/admin/cc_funding_initiatives.htm#oppfund

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Cochrane Database: monthly publication
As from 2010 the Cochrane Database of Systematic Reviews (CDSR) and the 'About The Cochrane Collaboration' database will move to monthly publication.
The increase in publication frequency is believed to represent an important development for the CDSR and The Cochrane Library. The increased publication frequency will enable the Cochrane Collaboration to publish new evidence more rapidly and will bring benefits to readers, authors, and editorial teams.

Further information about the move to monthly publication, including the new 2010 schedule, changes to the publication icons, and contacts for queries, is available on the 'Help' page of The Cochrane Library: http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HELP_Cochrane.html

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.

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

105. Repetitive task training can improve functional ability after stroke

106. Interventions to promote walking are effective in the short term

107. Educational outreach visits can influence prescribing

108. Antibiotics have a small treatment effect in acute sinusitis

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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The Cochrane Primary Health Care Field is a collaboration between:
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Abstracts

Repetitive task training can improve functional ability after stroke

Clinical question	Can repetitive task training after stroke improve functional ability?
Bottom line	In comparison with usual care or placebo groups, repetitive task training resulted in modest improvement in lower limb function, but not upper limb function.These improvements affected walking speed, walking distance and the ability to stand from sitting, but improvements in leg function were not maintained 6 months later.There was also a small amount of improvement in ability to manage activities of daily living.
Caveat	There is no evidence improvements are sustained once training has ended.Training effects were no different for people whether early or late after stroke.
Context	Stroke can cause problems with movement, often down one side of the body. All limbs can be affected and, while some recovery is common over time, about one-third of people will have continuing problems. Only 18% of people regain unrestricted walking ability after stroke.
Cochrane Systematic Review	French B et al. Repetitive task training for improving functional ability after stroke. Cochrane Database of Syst Rev. 2007, Issue 4. Article No: CD006073. DOI: 10.1002/14651858.CD006073.pub2. Note: This review contains 14 trials involving 659 participants in 8 countries.
PEARLS 105, February 2008, written by Brian R McAvoy	

1. Lord S et al. Archives of Physical Medicine and Rehabilitation 2004;85:234–39.

Interventions to promote walking are effective in the short term

Clinical question	How effective are interventions to promote walking in individuals and populations?
Bottom line	Interventions tailored to people's needs, targeted at the most sedentary or at those most motivated to change, and delivered at the level of the individual (eg, brief advice, supported use of pedometers), the household (individualised marketing) or through groups, can increase walking by up to 30–60 minutes a week on average, at least in the short term.
Caveat	Few studies found unequivocal improvements in health, risk factors for disease, or overall levels of physical activity attributable to an increase in walking (although most did not look for or were not adequately powered to detect such benefits or possible adverse effects). It is not yet known whether or how the benefits of individual or group level interventions effective in selected groups or in the short term (follow-up in most studies was 6 months or less) could be sustained or generalised to populations outside the US and Australia.
Context	Accumulating 30 minutes of moderate intensity physical activity on most days of the week substantially reduces the risk of many chronic diseases.Walking is a popular, familiar, convenient, carbon neutral and free form of exercise by which many sedentary people could gain the health benefits of moderate intensity physical activity. Primary care practitioners are well placed to encourage their patients to exercise, and many already use "green prescriptions".
Cochrane Systematic Review	Ogilvie D et al. Interventions to promote walking: systematic review. BMJ 2007;334:1204–07. Note:This review contains 48 studies ranging in size from 15 to 2410 participants.
PEARLS 106, February 2008, written by Brian R McAvoy	

[References]

Educational outreach visits can influence prescribing

Clinical question	Can educational outreach visits (EOVs) affect professional practice or patient outcomes?
Bottom line	EOVs alone or when combined with other interventions have effects on prescribing that are relatively consistent and small, but potentially important. Interventions that included EOVs appeared to be slightly superior to audit and feedback.
Caveat	The effects of EOVs on other types of professional performance vary from small to moderate improvements. It was not possible for this review to explain the variation.
Context	EOVs (also known as academic detailing or educational visiting) are personal visits by a trained person to health professionals in their own settings.
Cochrane Systematic Review	O'Brien MA et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane Database of Syst Rev. 2007, Issue 4. Article No. CD000409. DOI: 10.1002/14651858.CD000409.pub 2. Note:This review contains 69 studies involving 15,000 health professionals.
PEARLS 107, February 2008, written by Brian R McAvoy (first published in New Zealand Doctor, 5 November 2008)	

Antibiotics have a small treatment effect in acute sinusitis

Clinical question	How effective are antibiotics in treating acute sinusitis?
Bottom line	In a primary care setting, antibiotics have a small treatment effect in patients with uncomplicated acute sinusitis with symptoms for more than 7 days (average improvement rate of 90% in antibiotic groups and 80% in the control groups; NNT* 10).The review contains trials of treatment for clinically diagnosed acute sinusitis, whether or not confirmed by radiography or bacterial culture. Drug therapies reviewed were antibiotic versus control or comparisons between different antibiotic classes. None of the antibiotic preparations (amoxycillin, amoxycillin-clavulanate, azithromycin, cephalosporins,

	faropenem, fluoroquinolones, macrolides, oxymetazoline, streptogramin and tetracyclines) was superior to each other. *NNT = number needed to treat to benefit one individual.
Caveat	Eighty per cent of participants treated without antibiotics improved within 2 weeks. Clinicians need to weigh the small benefits of antibiotic treatment against the potential for adverse effects at both the individual level (diarrhoea, abdominal pain, vomiting and skin rashes) and general population level (antibiotic resistance).
Context	Sinusitis accounts for 15–21% of all antibiotic prescriptions for adults in outpatient care. Treatment options include antibiotics, decongestants, steroid drops or sprays, mucolytics, antihistamines, or sinus puncture and lavage.
Cochrane Systematic Review	Ahovuo-Saloranta A et al. Antibiotics for acute maxillary sinusitis. Cochrane Reviews 2008, Issue 2. Article No. CD000243. DOI: 10.1002/14651858. CD000243. pub2. This review contains 57 trials involving 18,962 participants.
PEARLS 108, October 2008, written by Brian R McAvoy	