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Events

Reminder: Cochrane Primary Health Care Field workshop
Coming up: workshop "Decision making in primary care: when the evidence is of no use" by Floris van de Laar and Bruce Arroll at the Joint Colloquium of the Cochrane & Campbell Collaborations, 18 - 22 October 2010 - Keystone Resort, Colorado, USA. Find out more about the Colloquium at:
http://www.regonline.com/builder/site/default.aspx?EventID=766689

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)

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

186. Tricyclic antidepressants and selective serotonin reuptake inhibitors effective for depression in primary care

187. Single dose etoricoxib effective for acute postoperative pain in adults

188. Postoperative radiotherapy effective for ductal carcinoma in situ of the breast

189. Parenteral parecoxib effective for acute postoperative pain

Colophon

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Abstracts

Tricyclic antidepressants and selective serotonin reuptake inhibitors effective for depression in primary care

Clinical question	How effective are tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) in patients with depression in primary care?
Bottom line	Compared to placebo, TCAs and SSRIs were effective in reducing depression (measured by the Hamilton depression scale and the Montgomery-Asberg scale) in adults under 65 years. The NNT* for TCAs ranged from 7 to 16 (median = 9), and for SSRIs from 7 to 8 (median = 7). The NNH** (withdrawal due to side effects) ranged from 4 to 30 for TCAs, and 20 to 90 for SSRIs. Adverse effects not leading to medication cessation seemed to be more common with TCAs than SSRIs. *NNT = number needed to treat to benefit 1 individual **NNH = number needed to treat to cause harm to 1 individual
Caveat	Most of the studies were supported by funds from pharmaceutical companies and were of short duration, typically 6 to 8 weeks. There was no dose information on

	SSRIs, and the authors were unable to comment on the appropriate duration of treatment for either TCAs or SSRIs.
Context	Depression is very common in primary care, with a 12-month prevalence of 18.1%. There is considerable overlap with anxiety and substance use.1 It is a paradox that, while the vast majority of patients with clinical depression is dealt with in primary care, most of the research findings upon which decisions are made have come from secondary care patients.
Cochrane Systematic Review	Arroll B et al. Antidepressants versus placebo for depression in primary care. Cochrane Reviews 2009, Issue 3. Article No. CD007954. DOI: 10.1002/14651858.CD007954. This review contains 14 studies involving 2283 participants.
PEARLS No. 186, July 2009, written by Brian R McAvoy	

[References]

Single dose etoricoxib effective for acute postoperative pain in adults

Clinical question	How effective is single dose etoricoxib for acute postoperative pain in adults?
Bottom line	All 5 studies reported on a single 120mg dose, in comparison with placebo. At least 50% pain relief was reported by 64% with etoricoxib 120mg and 10% with placebo (NNT* 1.9 [1.7 to 2.1]). For dental studies only the NNT was 1.6 [1.5 to 1.8]. Two studies also reported on higher doses of 180 and 240mg. At least 50% pain relief was reported by 79% with etoricoxib and 12% with placebo (NNT 1.5 [1.3 to1.7]). Significantly fewer participants used rescue medication when taking etoricoxib 120mg than those taking placebo (NNT to prevent remedication 2.4 [2.1 to 2.9]), and the median time to use of rescue medication was 20 hours. Adverse events were reported at a similar rate to placebo, with no serious events reported. *NNT = number needed to treat to benefit one individual (95% confidence interval).
Caveat	The usefulness of single dose studies for assessing adverse events is questionable, but it is nonetheless reassuring that in these studies there was no difference between etoricoxib (at any dose) and placebo for

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	occurrence of any adverse event, and that there were no serious adverse events or adverse event withdrawals.
Context	Etoricoxib is a selective cyclo-oxygenase-2 (COX-2) inhibitor, prescribed for the relief of chronic pain in osteoarthritis and rheumatoid arthritis, and for acute pain. The drug is believed to be associated with fewer upper gastrointestinal adverse effects than conventional non-steroidal anti-inflammatory drugs.
Cochrane Systematic Review	Clarke R et al. Single dose etoricoxib for acute postoperative pain in adults. Cochrane Reviews 2009, Issue 2. Article No. CD004309. DOI:10.1002/14651858.CD004309.pub2. This review contains 5 studies involving 880 participants.
PEARLS No. 187, August 2009, written by Brian R McAvoy	

Postoperative radiotherapy effective for ductal carcinoma in situ of the breast

Clinical question	How effective is postoperative radiotherapy (RT) for ductal carcinoma in situ (DCIS) of the breast?
Bottom line	The addition of RT following breast conserving surgery (BCS) reduced the risk of recurrence of either DCIS or invasive cancer in the treated breast by 51% (NNT* 9 [8-11]). There was no evidence of increased long term toxicity from the use of RT. Although some trials did not report on the causes of non-breast cancer deaths (deaths which potentially could be related to side effects), the number of non-breast cancer deaths reported was similar in both RT and control groups. *NNT = number needed to treat to benefit one individual (95% confidence interval).
Caveat	No information about short-term toxicity from radiotherapy or quality of life data was reported. Clinicians therefore need to ensure that comprehensive information relating to potential side effects is made available to women undergoing this treatment.
Context	The addition of RT following BCS was first shown to reduce the risk of ipsilateral recurrence in the treatment of invasive breast cancer. DCIS is a pre-invasive lesion. Recurrence of ipsilateral disease following BCS can be either DCIS or invasive breast cancer. Randomised controlled trials (RCTs) have shown that RT can reduce the risk of recurrence, but assessment of potential long-

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	term complications from the addition of RT following BCS for DCIS has not been reported for women participating in RCTs.
Cochrane Systematic Review	Goodwin A et al. Post-operative radiotherapy for ductal carcinoma in situ of the breast. Cochrane Reviews 2009, Issue 1. Article No. CD000563. DOI:10.1002/14651858.CD000563.pub4. This review contains 4 studies involving 3925 participants.
PEARLS No. 188, August 2009, written by Brian R McAvoy	

Parenteral parecoxib effective for acute postoperative pain

Clinical question	How effective is parecoxib for acute postoperative pain in adults?
Bottom line	Single doses of 20mg or 40mg provided effective pain relief in 50 to 60% of treated individuals, compared with 15% treated with placebo. The NNT* at 20mg ranged from 2.1 to 2.8 (median 2.4), and at 40mg from 1.9 to 2.6 (median 2.2). Duration of pain relief was longer with the higher dose (10.6 hours for 40mg versus 6.9 hours for 20mg), and significantly fewer individuals on the higher dose required rescue medication over 24 hours (66% versus 81%). Adverse events were generally mild to moderate in severity and were reported by just over half of treated individuals in both parecoxib and placebo groups. *NNT = number needed to treat to benefit 1 individual.
Caveat	NNTs were lower (better) for the intramuscular than the intravenous route, but the 95% confidence intervals were overlapping, indicating no statistically significant differences between these routes of administration in these studies. It is important to recognise that adverse event analysis after single dose administration will not reflect possible adverse events occurring with use of drugs for longer periods of time. In addition, the relatively small number of participants, even when all the trials were combined, is insufficient to detect rare but serious adverse events (wound infection, cerebrovascular and cardiovascular events, and renal dysfunction).
Context	Parecoxib was the first COX-2 available for parenteral administration, and may, given intravenously or intramuscularly, offer advantages over oral medication when patients have nausea and vomiting or are unable to

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	swallow, such as in the immediate postoperative period.
Cochrane Systematic Review	Lloyd R et al. Intravenous or intramuscular parecoxib for acute postoperative pain in adults. Cochrane Reviews 2009, Issue 2. Article No. CD004771.DOI:10.1002/14651858.CD004771.pub4. This review contains 7 studies involving 1446 participants.
PEARLS No. 189, August 2009, written by Brian R McAvoy	

[References]

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