News

Mona Nasser candidate for Steering group
The Cochrane Primary Health Care Field supports the candidacy of Mona Nasser for the Cochrane Steering Group. She is a dentist and researcher from Iran, Germany and UK. Formerly, she was coordinator of the developing countries network. Currently, she is doing a PhD in collaboration with our Field to develop guidance on how to improve the external validity and applicability of Cochrane reviews to primary care.
All (co)authors of Cochrane reviews or protocols are invited to elect a member for the steering group. An invitation to vote will be send to you by your Review group.

Collaboration Steering Group election results
The following people have been re-elected for the Cochrane steering group: Steve McDonald, (Australia, representing Centers), Julian Higgins, (UK, representing Methods Groups), Rachel Churchill, (UK, representing coordinating Editors), Sally Bell-Syer, (UK, representing Managing Editors).
Our Field will be represented by Denise Thomson (Canada) from the Child Health Field. Congratulations to Denise and the other (re)elected members of the steering group.

Cochrane Official Blog
The Cochrane collaboration has launched an official Blog. It is found on cochrane.org under 'News & Events'. You can view the latest submissions at http://www.cochrane.org/blog. It features 'News, information, resources & issues affecting The Cochrane Collaboration'.

Events

Systematic Review workshop - Baltimore
The Cochrane Eyes and Vision Group organizes a workshop: Developing a Cochrane Systematic Review workshop, Date: 13 - 15 July 2011, Location: Baltimore, Maryland (USA) This workshop guides participants through the steps of developing a systematic review and includes presentations about Cochrane methodology and hands-on practice using the Cochrane Collaboration's Review Manager (RevMan) software. Priority registration given for those interested in contributing to the Cochrane Eyes and Vision Group. Those with Cochrane registered titles, protocols, and reviews as well as those interested in learning more about systematic reviews are also accepted, space permitting.
Contact: Lisa Lassiter
Email: uscevg@jhsph.edu
Website: http://eyes.cochrane.org/workshop-developing-systematic-review

Author Workshop Amsterdam
The Dutch Cochrane Centre organizes a Workshop for Authors of Cochrane Systematic Reviews of Diagnostic Test Accuracy
Date: 29-30 September 2011, Location: Amsterdam Medical Center, Amsterdam, The Netherlands

Details: This is a two-day workshop run by members of the Cochrane Diagnostic Test Accuracy Working Group for Cochrane review authors who are planning to do a Cochrane diagnostic test accuracy review (SRDTA). The objective of the workshop is to train them to prepare and conduct an SRDTA.
Contact: Hanni Spitteler
Email: cochrane@amc.uva.nl
Website: http://srdta.cochrane.org/workshops-and-events

EQUATOR seminar
The EQUATOR network organizes a seminar and lecture on October 3rd 2011 14.00 - 17.30 EQUATOR seminar - Getting your trial published: CONSORT 2010 and other reporting guidelines (Registration fees: £50) 18.00 - 19.30 EQUATOR Annual Lecture - "Better reporting of better research= better healthcare: a patient plea"
The lecture will be presented by Hazel Thornton, Hon. DSc., founding Chairman of the Consumers' Advisory Group for Clinical Trials.
Lecture is free; everyone welcome; no registration needed.
Location: Bristol Marriott Hotel City Centre, Conservatory Room, Bristol, UK
Website: More details on our website: http://www.equator-network.org/courses-events/

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

- IQCODE for the longitudinal diagnosis of Alzheimer?s disease dementia and other dementias within a general practice (primary care) setting
- IQCODE for the cross-sectional diagnosis of Alzheimer?s disease dementia and other dementias within a general practice (primary care) setting
- Anti-inflammatory agents for seborrhoeic dermatitis
- Topical tacrolimus for for atopic dermatitis

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

226. Pronation may be more effective than supination in correcting pulled elbow

227. Methotrexate effective for maintenance of remission in Crohn's disease

228. Loop diuretics have modest efficacy in hypertension

229. Methyldopa has moderate efficacy in primary hypertension

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Colophon

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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.

Abstracts

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CARE FIELD

Pronation may be more effective than supination in correcting pulled elbow

Clinical question	How effective is manual reduction in pronation (palm facing downwards) and supination (palm facing upwards) in correcting pulled elbow (radial head subluxation) in young children (younger than 7 years)?
Bottom line	There was limited evidence pronation might be more effective and less painful than supination. However, only a small difference in effectiveness was found. Pain perception was reported by 2 trials but data were

	unavailable for pooling. Both studies concluded the pronation technique was less painful than the supination technique.
Caveat	The methodological quality of all 3 trials was low because of incomplete reporting and high risk of bias resulting from lack of assessor blinding.
Context	Pulled elbow is a partial dislocation of the radial head at the elbow joint in a young child, usually caused by an adult or taller person suddenly pulling or tugging on the childÕs arm when it is straight; or when a child pulls away from an adult impulsively. The child immediately complains of pain and cannot use their arm. Many textbooks recommend supination as the preferred method in correcting pulled elbow, which is not supported by the findings of this systematic review.
Cochrane Systematic Review	Krul M et al. Manipulative interventions for reducing pulled elbow in young children. Cochrane Reviews 2009, Issue 4. Article No. CD007759. DOI: 10.1002/14651858.CD007759.pub2. This review contains 3 studies involving 313 participants.
PEARLS No. 226, January 2010, written by Brian R McAvoy.	

[References]

Methotrexate effective for maintenance of remission in Crohn's disease

Clinical question	How effective is methotrexate for maintenance of remission in Crohn's disease?
Bottom line	Methotrexate (15mg/week) injected intramuscularly for 40 weeks is an effective treatment (NNT* 4) for preventing relapse among patients whose disease became inactive while taking higher doses of intramuscular methotrexate (25mg/week). Side effects occurred in a small number of patients. These side effects were usually mild in nature and included nausea and vomiting, cold symptoms, abdominal pain, headache, joint pain and fatigue. Methotrexate (12.5 to 15mg/week) taken orally was not shown to be an effective treatment for inactive Crohn's disease. * NNT = number needed to treat to benefit 1 individual
Caveat	The 3 studies differed significantly with respect to methodology. Two studies investigated the efficacy of

COCHRANE PRIMARY HEALTH CARE FIELD

	methotrexate compared to placebo. Two studies looked at methotrexate compared to 6-mercaptopurine, and also investigated oral methotrexate compared to 5-ASA. One well-designed trial provided evidence that methotrexate at a dose of 15mg intramuscularly weekly is safe and effective for maintenance of remission in quiescent Crohn's disease. The other 2 studies suggested methotrexate is safe, but failed to show a benefit for lower doses given orally.
Context	Safe and effective long-term treatments that reduce the need for corticosteroids are required for Crohn's disease. Although purine antimetabolites (such as azathioprine and 6-mercaptopurine) are moderately effective for maintenance of remission, patients often relapse despite treatment with these agents. Methotrexate may provide a safe and effective alternative to more expensive maintenance treatment with tumour-necrosis factor-α antagonists (such as infliximab).
Cochrane Systematic Review	Patel V et al. Methotrexate for maintenance of remission in Crohn's disease. Cochrane Reviews 2009, Issue 4. Article No. CD006884. DOI: 10.1002/14651858.CD006884.pub2. This review contains 3 studies involving 226 participants. PEARLS No. 227, February 2010, written by Brian R McAvoy.
PEARLS No. 227, December 2009, written by Brian R McAvoy	

[References]

Loop diuretics have modest efficacy in hypertension

Clinical question	How effective are loop diuretics in the treatment of primary hypertension?
Bottom line	Based on the limited number of published randomised controlled trials, the blood pressure (BP) lowering effect of loop diuretics is modest (-8/-4mmHg) compared with placebo. There was no clinically meaningful BP lowering differences between the 5 different loop diuretics (furosemide, cicletanine, piretanide, indacrinone and etozolin). The dose ranging effects of the diuretics could not be evaluated. There was no significant difference in withdrawals due to adverse effects and serum biochemical changes between loop diuretics and

COCHRANE PRIMARY HEALTH CARE FIELD

	placebo.
Caveat	The BP lowering effect is likely to be an overestimate due to the high risk of bias in the included studies. The review did not provide a good estimate of the incidence of associated harms because of the short duration of the trials (mean duration of 8.8 weeks) and the lack of reporting of adverse effects in many of the trials.
Context	Antihypertensive drugs from the thiazide diuretic drug class have been shown to reduce mortality and cardiovascular morbidity. Loop diuretics are indicated and used as antihypertensive drugs but a systematic review of their blood pressure lowering efficacy or effectiveness in terms of reducing cardiovascular mortality or morbidity from randomised controlled trial evidence has not been conducted.
Cochrane Systematic Review	Musini VM et al. Blood pressure lowering efficacy of loop diuretics for primary hypertension. Cochrane Reviews 2009, Issue 4. Article No. CD003825. DOI: 10.1002/14651858.CD003825.pub2. This review contains 9 studies involving 460 participants.
PEARLS No. 228, February 2009, written by Brian R McAvoy	

[References]

Methyldopa has moderate efficacy in primary hypertension

Clinical question	How effective is methyldopa in primary hypertension?
Bottom line	Based on the limited number of published randomised controlled trials, the blood pressure (BP) lowering effect of methyldopa, given at doses of 500Ð2250mg daily, was moderate (-18/-18mmHg), compared with placebo. The most commonly studied daily dose of methyldopa was 750mg daily. Most studies followed patients for 4 to 6 weeks of therapy. Overall, reporting of adverse effects was poor, so no conclusions can be drawn about the adverse effect profile. Despite this, clinicians must weigh the risks of potential serious side effects with use of methyldopa that include haemolytic anaemia, hepatotoxicity and lupus-like syndrome, against the benefits of BP reduction, with no proven beneficial effect on adverse cardiovascular outcomes. None of the studies reported on mortality or morbidity outcomes.

COCHRANE PRIMARY HEALTH CARE FIELD

Caveat	Overall, the quality of evidence was compromised, secondary to the unclear nature of random sequence generation and allocation concealment procedures of almost all trials. Moreover, many of the trials did not report complete outcomes data (all cause mortality, cardiovascular mortality, non-cardiovascular mortality, serious adverse events, fatal and non-fatal myocardial infarction, and fatal and non-fatal stroke) for all randomised patients. Thus, the estimation of the true effect of methyldopa on outcomes, such as BP effects, is likely an overestimate.
Context	Methyldopa is a centrally acting antihypertensive agent, which was commonly used in the 1970s and 1980s for BP control. It has largely been replaced by antihypertensive drug classes with fewer side effects, but it is still used in developing countries due to its low cost.
Cochrane Systematic Review	Mah GT et al. Methyldopa for primary hypertension. Cochrane Reviews 2009, Issue 4. Article No. CD003893. DOI: 10.1002/14651858.CD003893.pub3. This review contains 12 studies involving 595 participants.
PEARLS No. 229, February 2010, written by Brian R McAvoy	

[References]

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