COCHRANE
PRIMARY HEALTH
CARE FIELD

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

- Antipsychotic medication for alcohol dependence
- Patient-adjusted versus physician-adjusted insulin dosing for type 2 diabetes mellitus
- Iron for anaemia
- Hydrocolloid dressings for healing venous leg ulcers
- Oral treatments for toenail onychomycosis

Vacant title: opportunities for researchers
The following title is no longer registered with the Cochrane Collaboration. Anyone who is interested in this title may contact us at info@cochraneprimarycare.org.

- Interventions for prevention of cold sores

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

230. Diuretics have a modest blood pressure lowering effect as second-line therapy for hypertension

231. Little evidence for benefits of routine pre-pregnancy health promotion

232. Aripiprazole effective for schizophrenia and well tolerated

233. Insufficient evidence for effectiveness of probiotics for bacterial vaginosis

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

Diuretics have a modest blood pressure lowering effect as second-line therapy for hypertension

Clinical question	How effective are diuretics as second-line therapy for primary hypertension?
Bottom line	Thiazides as a second-line drug reduced blood pressure (BP) by 6/3 and 8/4mmHg at doses of 1 and 2 times the manufacturerÕs recommended starting dose, respectively. Although the dose of hydrochlorothiazide (HCTZ) was studied over a wide range (5mg/ day to 45mg/day), a majority of the trials evaluated doses of 12.5mg/day and 25mg/day. The BP lowering effect was dose related. The effect seen was similar to that obtained when thiazides are used as a single agent. HCTZ was the thiazide used in 49 of 53 (92%) of the included studies. Only 3 double-blind randomised controlled trials (RCTs) evaluating loop diuretics were identified. These RCTs showed a BP lowering effect of about 6/3mmHg for a starting dose (piretanide 3mg/day and 6mg/day; frusemide 40mg/day).
Caveat	Due to the short duration of the trials (3Ð12 weeks) and lack of reporting of adverse events, this review does not provide a good estimate of the incidence of adverse effects of diuretics given as a second-line blood pressure lowering drug treatment.

Context	Even with individualised monotherapy, BP targets are not likely to be achieved with the first drug used, even when titrated to high doses. Diuretics (thiazides and loop diuretics) are widely prescribed for hypertension, not only as a first-line drug treatment but also as a second-line treatment.
Cochrane Systematic Review	Chen JMH et al. Blood pressure lowering efficacy of diuretics as second-line therapy for primary hypertension. Cochrane Reviews 2009, Issue 4. Article No. CD007187. DOI: 10.1002/14651858. CD007187.pub2. This review contains 53 studies involving 15,129 participants.
PEARLS No. 230, February 2010, written by Brian R McAvoy	

[References]

Little evidence for benefits of routine pre-pregnancy health promotion

Clinical question	How effective is routine pre-pregnancy health promotion for improving pregnancy outcomes for mothers and babies?
Bottom line	There was some evidence that compared with no pregnancy care or usual care, health promotion interventions (encompassing education, advice and general health assessment) encouraged women to have more healthy lifestyles, such as lower rates of binge drinking. Overall, there was little evidence from one trial on the effects of pre-pregnancy health promotion on the health of mothers and babies (preterm birth, congenital anomalies or weight for gestational age). The babies of women who had received the health promotion intervention had slightly lower birthweights. This finding needs to be interpreted with caution, as pregnancy outcome data were available for only half of the women randomised. More evidence is needed before widespread implementation of pre-pregnancy health promotion can be recommended.
Caveat	For most outcomes, data were only available from individual studies. In only one study were women followed up through pregnancy. This review included only trials aimed at the general population of women of childbearing age, in developed countries, and excluded trials targeting specific high-risk women

Context	Smoking, drinking excess alcohol, poor nutrition and other lifestyle factors can lead to poor outcomes for mothers and babies. The provision of routine health promotion (including advice and education and sometimes screening tests) before conception may encourage changes to improve health, and may be an opportunity to identify risk factors, such as infection that can be treated before pregnancy begins.
Cochrane Systematic Review	Whitworth M and Dowswell T. Routine pre-pregnancy health promotion for improving pregnancy outcomes. Cochrane Reviews 2009, Issue 4. Article No. CD007536. DOI: 10.1002/14651858. CD007536.pub2. This review contains 4 studies involving 2300 participants
PEARLS No. 231, February 2010, written by Brian R McAvoy	

[References]

Aripiprazole effective for schizophrenia and well tolerated

Clinical question	How effective is aripiprazole compared with other atypical antipsychotics for people with schizophrenia and schizophrenia-like psychoses?
Bottom line	On the basis of very limited data, aripiprazole was not as effective (in terms of general mental state) as olanzapine but was as effective as risperidone. Aripiprazole was associated with less weight gain, cholesterol increase and sedation, and fewer prolactinrelated effects than olanzapine. Compared to risperidone, aripiprazole produced fewer dystonias, cardiac arrhythmias, and prolactin and cholesterol increases. However, tremor was more frequent in the aripiprazole group compared to those allocated risperidone.
Caveat	The overall premature discontinuation rate of 38.5% was considerable, clearly limiting the validity of the results. Long term data (longer than 26 weeks) are not available. All of the four included studies were sponsored by the manufacturer of aripiprazole.
Context	Schizophrenia is usually a chronic and disabling psychiatric disorder, which affects approximately 1 per cent of the population worldwide, with little gender difference. In many countries of the industrialised world, second generation (atypical) antipsychotics have become

	first-line drug treatments for people with schizophrenia. The question as to whether, and if so how much, the effects of the various second generation antipsychotics differ is a matter of debate.
Cochrane Systematic Review	Komossa K et al. Aripiprazole versus other atypical antipschotics for schizophrenia. Cochrane Reviews 2009, Issue 4. Article No. CD006569. DOI: 10.1002/14651858. CD006569.pub2. This review contains 4 studies involving 1404 participants.
PEARLS No. 232, February 2009, written by Brian R McAvoy	

[References]

Insufficient evidence for effectiveness of probiotics for bacterial vaginosis

Clinical question	How effective are probiotics in the treatment of bacterial vaginosis?
Bottom line	The results do not provide sufficient evidence for or against recommending probiotics for the treatment of bacterial vaginosis. In addition, there is no conclusive evidence to recommend the use of probiotics either before, during or after antibiotic treatment as a means of ensuring successful treatment or reducing recurrence. An analysis of odds ratios and confidence intervals for individual studies for the outcomes of microbiological cure was suggestive of a beneficial effect only for the augmentation of oral metronidazole with an oral probiotics regimen and for the probiotic/oestriol regimen; however, well designed randomised controlled trials with standardised methodologies and larger patient numbers are needed.
Caveat	It was not possible to perform a meta-analysis due to significant differences in the probiotic preparations and trial methodologies. Methodological quality was inadequate in 2 studies.
Context	Bacterial vaginosis is one of the most common causes of genital discomfort in women of reproductive age. This condition occurs when there is an imbalance in the population of normal vaginal microorganisms, with depletion of the dominant lactobacilli and overgrowth of other types of bacteria. Treatment of this condition using recommended antibiotics is often associated with failure and high rates of recurrence. This has led to the concept

	of replacing the depleted lactobacilli using probiotics, defined as live microorganisms which, when administered in adequate amounts, confer a beneficial health effect on the host.
Cochrane Systematic Review	Senok AC et al. Probiotics for treatment of bacterial vaginosis. Cochrane Reviews 2009, Issue 4. Article No. CD6289. DOI: 10.1002/14651858.CD006289.pub2. This review contains 4 studies involving 452 participants.
PEARLS 233, February 2010, written by Brian R McAvoy	

[References]