COCHRANE
PRIMARY HEALTH
CARE FIELD

News

Summer holiday
Due to the Summer holiday 2011 the next newsletter will be published in September 2011. This newsletter will contain 12 PEARLS to give you more to read during our time off!
On behalf of Floris van de Laar and myself: have a nice summerholiday!
Tilly Pouwels

Election of Mona Nasser for Steering group
Mona Nasser (UK) has been elected to represent Authors in the Cochrane Steering group. Mona is an active field member. She is researching (methods to improve) generalizibility of Cochrane reviews in primary care. Congratulations Mona!

Events

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

- Iron for anaemia
- Hydrocolloid dressings for healing venous leg ulcers
- Oral treatments for toenail onychomycosis
- Caffeine as an analgesic adjuvant for acute pain in adults

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

234. Some interventions are effective for preventing falls in older people

235. Treadmill training can improve gait in Parkinson's disease

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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

Some interventions are effective for preventing falls in older people

Clinical question	How effective are interventions designed to prevent falls in older people in nursing care facilities and hospitals?
Bottom line	There is evidence multifactorial interventions reduce falls and risk of falling in hospitals and may do so in nursing care facilities, but no recommendations can be made regarding any particular component of these programmes. Vitamin D supplementation was effective in reducing the rate of falls in nursing care facilities, as was a review of medication by a pharmacist. There was no

	evidence other interventions targeting single risk factors reduced falls and this included exercise interventions. However, exercise in the subacute hospital setting appeared effective.
Caveat	Limitations of the review included the small number of hospital studies, difficulty isolating effects of individual components of treatments that involved multiple components, and the variability of interventions. Falls prevention programmes that include exercises for frail nursing care facility residents should carefully assess each individualÕs suitability, as there is the possibility exercise programmes may increase some peopleÕs risk of falls.
Context	Falls by older people in nursing care facilities and hospitals are common events that may cause loss of independence, injuries, and sometimes death as a result of injury. Effective interventions are important as they will have significant health benefits.
Cochrane Systematic Review	Cameron ID et al. Interventions for preventing falls in older people in nursing care facilities and hospitals. Cochrane Reviews 2010, Issue 1. Article No. CD005465. DOI: 10.1002/14651858. CD005465.pub2. This review contains 41 studies involving 25,422 participants in 13 countries.
PEARLS 234, March 2010, written by Brian R McAvoy	

[References]

Treadmill training can improve gait in Parkinson's disease

Clinical question	How effective is treadmill training in improving the gait function of patients with Parkinson's disease (PD)?
Bottom line	Treadmill training did improve gait speed, stride length and walking distance; cadence did not improve. Acceptability of treadmill training for study participants was good and adverse events were rare.
Caveat	This review was based on a limited number of small trials, the largest involving only 54 patients. The results must be interpreted with caution because there were variations between the trials in patient characteristics, the duration and amount of training (from one session of about 30 minutes, to 8 weeks) and types of treatment.

	Additionally, it is not known how long these improvements may last.
Context	The role of treadmill training for people with PD in improving gait parameters is unclear. Gait hypokinesia is typically one of the primary movement disorders associated with PD. It is an important determinant of disability and quality of life for people with mild to moderate PD. Treadmill training uses specialised machines to facilitate gait rehabilitation.
Cochrane Systematic Review	Mehrholz J et al. Treadmill training for patients with ParkinsonÕs disease. Cochrane Reviews 2010, Issue 1. Article No. CD007830. DOI: 10.1002/14651858.CD007830.pub2. This review contains 8 studies involving 203 participants.
PEARLS 235, March 2010, written by Brian R McAvoy	

[References]

Non-steroidal anti-inflammatory drugs are effective for dysmenorrhoea

Clinical question	How effective are non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of primary dysmenorrhoea?
Bottom line	Compared with placebo, NSAIDs are a highly effective treatment for dysmenorrhoea, though women using them need to be aware of the significant overall risk that they may cause adverse effects, such as indigestion, headaches or drowsiness. There is insufficient evidence to indicate whether any individual NSAID is more effective or safer than others. It appears NSAIDs are more effective than paracetamol, though there were only 3 relevant studies. Nineteen different types of cox-1 NSAIDs were evaluated in the included studies.
Caveat	The included studies used a wide variety of continuous pain scales as their primary or sole measure of effectiveness. The measurement and reporting of adverse effects was generally poor. At least half the studies were co-authored or financially supported by pharmaceutical company associates and it was unclear how most of the other studies were funded.
Context	Dysmenorrhoea is a common gynaecological problem, consisting of painful cramps accompanying menstruation, which in the absence of any underlying abnormality is

	known as primary dysmenorrhoea. Research has shown women with dysmenorrhoea have high levels of prostaglandins, hormones known to cause cramping abdominal pain. NSAIDs are drugs which act by blocking prostaglandin production.
Cochrane Systematic Review	Marjoribanks J et al. Non-steroidal anti-inflammatory drugs for dysmenorrhoea. Cochrane Reviews 2010, Issue 1. Article No. CD001751. DOI: 10.1002/14651858.CD001751.pub2. This review contains 73 studies involving 5156 participants.
PEARLS 236 March 2010, written by Brian R McAvoy	

[References]

No benefits or harms from restricting oral fluid and food intake during labour

Clinical question	What are the benefits and harms of oral fluid or food restriction during labour?
Bottom line	The evidence identified no benefits or harms (in terms of caesarean sections, operative vaginal births or Apgar scores <7 at 5 minutes) associated with restricting womenÕs access to fluids and foods during labour, for women at low risk of potentially requiring a general anaesthetic; the studies did not assess womenÕs views or feelings of control. Hence, women should have the autonomy and freedom to choose whether to eat or drink in labour, or not. Women should be able to consume what they desire and in doing so experience no adverse impact on labour, maternal or foetal outcomes.
Caveat	There were no studies identified that looked at restricting oral fluids and food during labour for women at increased risk of requiring general anaesthesia, so restricting oral fluid and food intake for these women remains an unproven intervention.
Context	Restricting oral fluids and food during labour is common practice across many birth settings, with some women only being allowed sips of water or ice chips. Restriction of oral intake may be unpleasant for some women, and may adversely influence their experience of labour.
Cochrane Systematic Review	Singata M et al. Restricted oral fluid and food intake during labour. Cochrane Reviews 2010, Issue 1. Article No. CD003930. DOI:

	10.1002/14651858.CD003930.pub2. This review contains 5 studies involving 3130 participants
PEARLS 237, March 2010, written by Brian R McAvoy	

[References]

Insufficient evidence for effectiveness of adenoidectomy for recurrent or chronic nasal symptoms in children

Clinical question	How effective is adenoidectomy for recurrent or chronic nasal symptoms in children?
Bottom line	Current evidence regarding the effectiveness of adenoidectomy for nasal symptoms is sparse, inconclusive and has a significant risk of bias. Only 2 studies were found Ð both involved adenoidectomy (with or without myringotomy) versus non-surgical treatment or myringotomy only. It therefore remains uncertain whether adenoidectomy has an effect on recurrent symptoms (3 or more episodes of nasal symptoms in a period of 6 months, or 4 or more episodes in a period of 12 months) or chronic nasal symptoms and nasal obstruction alone.
Caveat	Due to the lack of data on factors that may modify the effect of adenoidectomy, such as age, adenoid size or allergic rhinitis, it was not possible to perform subgroup analyses and identify children that may benefit more or less from the operation. Both studies reviewed were small (76 and 180 participants, respectively), and differed regarding inclusion criteria and outcomes measured.
Context	Infections of the upper respiratory tract, presenting as recurrent nasal symptoms (nasal discharge with or without nasal obstruc¥tion) are very common in children. Adenoidectomy is frequently performed and is thought to prevent recurrence of nasal symptoms.
Cochrane Systematic Review	van den Aardweg MTA et al. Adenoidectomy for recurrent or chronic nasal symptoms in children. Cochrane Reviews 2010, Issue 1. Article No. CD008282. DOI: 10.1002/14651858. CD008282.pub2. This review contains 2 studies involving 256 participants.
PEARLS 238, March 2010, written by Brian R McAvoy	

[References]

Prophylactic antibiotics effective for women undergoing caesarean section

Clinical question	How effective are prophylactic antibiotics for women undergoing caesarean section?
Bottom line	Compared with no treatment, prophylactic antibiotics reduced the incidence of endometritis following both elective and nonelective caesarean section by two-thirds to three-quarters and the incidence of wound infection by up to three-quarters. Postpartum febrile morbidity and the incidence of urinary tract infections were also decreased. Fewer serious complications were identified. The administration of prophylactic antibiotics before or after clamping of the cord seemed equally effective for women undergoing caesarean section. The antimicrobial agents most often used in the trials included ampicillin, a first generation cephalosporin (usually cefazolin), a second generation cephalosporin (cefoxitin, cefotetan, cefamandole or cefuroxime), metronidazole, penicillins with an extended spectrum of activity (eg, ticarcillin, mezlocillin or pipericillin), a beta-lactam/beta-lactamase inhibitor combination, and an aminoglycoside-containing combination.
Caveat	Prophylactic antibiotics given to all women undergoing elective or non-elective caesarean section is clearly beneficial for women but there is uncertainty about the consequences for the baby. Studies did not assess potential adverse effects on the baby, and the rates of oral candidiasis were not reported. It was also unclear whether the routine use of antibiotics would contribute to increasing drug resistant strains of bacteria.
Context	Women undergoing caesarean section have a 5-fold to 20-fold greater chance of an infection compared with women who give birth vaginally. These infections can be in the organs within the pelvis, around the surgical incision and sometimes in the urinary tract. The infections can be serious, and very occasionally can lead to the mother's death. The potential benefits of reducing infection for the mother need to be balanced against adverse effects, such as nausea, vomiting, skin rash and rarely allergic reactions in the mother, and the risk of oral candidiasis and any effect of antibiotics on the "friendly" gut bacteria in the baby.
Cochrane Systematic	Smaill FM and Gyte GML. Antibiotic prophylaxis versus no prophylaxis for preventing infection after caesarean

Review	section. Cochrane Reviews 2010, Issue 1. Article No. CD007482. DOI: 10.1002/14651858.CD007482.pub2. This review contains 86 studies involving over 13,000 participants.
PEARLS 239, March 2010, written by Brian R McAvoy	

[References]

Topical treatments are effective for acute otitis externa

Clinical question	How effective are interventions for acute otitis externa?
Bottom line	Topical treatments alone were effective in treating acute otitis externa. Topical treatments in the review included antiseptic, antibiotic, steroid, antibiotic/steroid, antiseptic/steroid, antiseptic/antibiotic/steroid, antibiotic/steroid/antifungal and antiseptic/astringent treatments. There was little to choose between these treatments in terms of effectiveness. Additional oral antibiotics were not required. However, when treatment needed to be extended beyond 1 week, acetic acid drops appeared to be less effective than antibiotic/steroid drops. In addition, symptoms persisted for 2 days longer in those treated with acetic acid. More research is needed to determine the effectiveness of steroid-only drops. Patients treated with antibiotic/steroid drops can expect their symptoms to last for approximately 6 days after treatment has begun.
Caveat	The findings of the review may not be wholly relevant to primary care as most of the trials were conducted in a hospital setting and over half involved ear cleaning (generally not available in primary care) as part of the treatment. No trials evaluated the effectiveness of ear cleaning. Given that most topical treatments are equally effective, it would appear that in most cases the preferred choice of topical treatment may be determined by other factors, such as risk of ototoxicity, risk of contact sensitivity, risk of developing resistance, availability, cost and dosing schedule. Factors such as speed of healing and pain relief are yet to be determined for many topical treatments and may also influence this decision.
Context	Acute otitis externa is an inflammatory condition of the ear canal, with or without infection. Symptoms include ear discomfort, itchiness, discharge and impaired

	hearing. The condition is also known as "swimmer's ear" and can usually be treated successfully with a course of ear drops.
Cochrane Systematic Review	Kaushik V et al. Interventions for acute otitis externa. Cochrane Reviews 2010, Issue 1. Article No. CD004740. DOI: 10.1002/14651858.CD004740.pub2. This review contains 19 trials involving 3382 participants.
PEARLS No. 240, March 2010, written by Brian R McAvoy	

[References]

No evidence adenoidectomy benefits acute otitis media but it can benefit glue ear

Clinical question	How effective is adenoidectomy for acute otitis media (AOM) and chronic otitis media with effusion ("glue ear") in children?
Bottom line	Compared with non-surgical management or tympanostomy tubes only, adenoidectomy with or without tympanostomy tubes confers no benefit in children with AOM in terms of recurrence and duration of AOM. Adenoidectomy in combination with a unilateral tympanostomy tube has a beneficial effect on the resolution of glue ear for the non-operated ear at 6 months and 12 months, respectively (n = 3 trials), and a very small (<5dB) effect on hearing, compared to a unilateral tympanostomy tube only. The trials were too heterogeneous to pool in a meta-analysis. A small beneficial effect of adenoidectomy on the resolution of effusion was also seen in studies of adenoidectomy with or without myringotomy versus non-surgical treatment or myringotomy only, and in studies of adenoidectomy in combination with bilateral tympanostomy tubes versus bilateral tympanostomy tubes only. The latter results could not be pooled due to the heterogeneity of the trials.
Caveat	The absence of a significant benefit of adenoidectomy on AOM suggests routine surgery for this indication is not warranted. The effects of adenoidectomy on changes to the tympanic membrane or cholesteatoma are unknown.
Context	Both acute and chronic middle ear infections (AOM and glue ear) are very common in children. Adenoidectomy is often performed for these conditions.

Cochrane Systematic Review	van den Aardweg MTA et al. Adenoidectomy for otitis media in children. Cochrane Reviews 2010, Issue 1. Article No. CD007810. DOI: 10.1002/14651858.CD007810.pub2. This review contains 14 studies involving 2712 participants
PEARLS No. 241, April 2010, written by Brian R McAvoy	

[References]

Risks of oral or transdermal opioids outweigh benefits for osteoarthritis of the knee or hip

Clinical question	How effective are oral or transdermal opioids in patients with osteoarthritis (OA) of the knee or hip?
Bottom line	Compared to placebo or no intervention, the small to moderate beneficial effects in terms of pain relief (NNT* 8) and improvement in function (NNT 10) of opioids were outweighed by large increases in the risk of adverse events (NNH** 12 for any adverse events and NNH 19 for withdrawal because of adverse events). There were no substantial differences in effects according to type of opioid, analgesic potency (strong or weak), daily dose, duration of treatment or follow-up, methodological quality of trials, and type of funding. Withdrawal symptoms were more severe after fentanyl treatment compared to placebo. Preparations studied included oral codeine, morphine, oxymorphone, oxycodone and transdermal fentanyl. Tramadol was excluded. A 2009 Cochrane Review[1] found the benefits of tramadol were comparable with those obtained with paracetamol and these benefits were coupled with a less favourable safety profile. *NNT = number needed to treat to benefit 1 individual **NNH = number needed to treat to cause harm in 1 individual
Caveat	The treatment durations were relatively short (3 days to 3 months; median 4 weeks). The reporting of safety outcomes was incomplete, with adverse events reported in 4 trials, and serious adverse events in 3 trials only. Most of the trials were funded by the pharmaceutical industry. While no evidence of long term effects is available from randomised trials, observational studies indicate long term treatment (>6 months) with opioids for chronic conditions, such as OA, may have deleterious effects, including poorer quality of life and reduced

	functional capacity, and does not seem to improve pain relief.[2]
Context	OA is the most common form of joint disease and the leading cause of pain and physical disability in the elderly. Opioids may be a viable treatment option if patients suffer from severe pain, or if other analgesics are contraindicated. However, the evidence on their effectiveness and safety is contradictory.
Cochrane Systematic Review	Nuesch E et al. Oral or transdermal opioids for osteoarthritis of the knee or hip. Cochrane Reviews 2009, Issue 4. Article No. CD003115. DOI:10.1002/14651858.CD003115.pub3. This review contains 10 studies involving 2268 participants.
PEARLS No. 242, April 2010, written by Brian R McAvoy	

[References]

1. Cepada MS et al. Cochrane Reviews 2009, Issue 3. Article No. CD005522. DOI: 10.1002/14651858.CD005522.pub2.

2. Eriksen J et al. Pain 2006;125:172Ð79.

Magnetic resonance imaging may be more sensitive than computed tomography for early detection of stroke

Clinical question	How effective is the diagnostic accuracy of diffusion-weighted magnetic resonance imaging (DWI) compared to computed tomography (CT) for acute ischaemic stroke, and what is the diagnostic accuracy of DWI for acute haemorrhagic stroke?
Bottom line	There was some evidence that DWI is more accurate than CT for the detection of mild ischaemic strokes in highly selected patients. The 2 studies on haemorrhagic stroke reported high estimates for diffusion-weighted and gradient-echo sequence MRI but had inconsistent reference standards.
Caveat	Given the variability in the quality of included studies and the very selected populations studied, the reliability and generalisability of the observed results are questionable. Practicality and cost-effectiveness issues were not assessed.

Context	DWI is increasingly used for the diagnosis of acute ischaemic stroke but its sensitivity for the early detection of haemorrhagic stroke has been debated. CT is extensively used in the clinical management of acute stroke, especially for the rapid exclusion of haemorrhagic stroke.
Cochrane Systematic Review	Brazzelli M et al. Magnetic resonance imaging versus computed tomography for detection of acute vascular lesions in patients presenting with stroke symptoms. Cochrane Reviews 2009, Issue 4. Article No. CD007424. DOI: 10.1002/14651858. CD007424.pub2. This review contains 8 studies involving 308 participants.
PEARLS No. 243, March 2010, written by Brian R McAvoy	

[References]

Limited evidence on most effective prophylaxis for chloroquine-resistant malaria

Clinical question	What is the most effective and safest prophylactic anti-malarial for non-immune adults and children travelling to regions with Plasmodium falciparum resistance to chloroquine?
Bottom line	Atovaquone-proguanil and doxycycline were well tolerated by most travellers, and they were less likely than mefloquine to cause neuropsychiatric adverse events. Chloroquine-proguanil caused more gastrointestinal adverse events than other chemoprophylaxis. In other respects, the common unwanted effects of currently available drugs were similar. There was no evidence from head-to-head comparisons to support primaquine use as primary prophylaxis for travellers. The choice of whether to prescribe atovaquoneproguanil or doxycycline (or exceptionally, mefloquine) should be made by health practitioners by taking into account additional factors such as cost, known contraindications to any of the drugs in question (eg, pregnancy, breastfeeding, age), known rare serious adverse events, previous use of the drugs, possible drug-drug interactions, ease of administration, travel itinerary and the additional protection that may be afforded by doxycycline against other infections, besides malaria.

Caveat	The body of evidence was small, and the quality of evidence ranged from very low to moderate. Except for 2 trials, all the studies in this review were funded wholly or in part by pharmaceutical companies. As well as the 8 trials, there were also 22 published case reports of deaths, including five suicides, associated with mefloquine use at normal dosages. No other currently used drugs were reported as causing death at normal dosages.
Context	Malaria infects 10,000 to 30,000 international travellers each year. It can be prevented through anti-mosquito measures and drug prophylaxis. However, anti-malarial drugs have adverse effects which are sometimes serious.
Cochrane Systematic Review	Jacquerioz FA and Croft AM. Drugs for preventing malaria in travellers. Cochrane Reviews 2009, Issue 4. Article No. CD006491. DOI: 10.1002/14651858.CD006491.pub2. This review contains 8 studies involving 4240 participants.
PEARLS No. 244, April 2010, written by Brian R McAvoy	

[References]

Limited evidence for effectiveness of acupuncture for peripheral joint osteoarthritis

Clinical question	How effective is acupuncture for treating peripheral joint osteoarthritis (OA)?
Bottom line	Overall, the studies suggest people with OA find meaningful benefits from acupuncture, although these benefits may be largely mediated through placebo effects. People who received acupuncture had a 1 point greater improvement in pain on a scale of 0Ð20 after 8 weeks (5% absolute improvement), and a 1 point greater improvement after 26 weeks (2% absolute improvement). For physical function, acupuncture produced a 3 point greater improvement after 8 weeks (4% absolute improvement), and a 1 point greater improvement after 26 weeks (2% absolute improvement).
Caveat	Sham-controlled trials showed statistically significant benefits; however, these benefits were small, did not meet pre-defined thresholds for clinical relevance, and were probably due at least partially to placebo effects

	from incomplete blinding. Possible side effects of acupuncture treatment include minor bruising and bleeding at the site of needle insertion.
Context	OA is a major cause of pain and functional limitation. Few pharmacological treatments are safe and effective. The objective of this review was to compare the effects of traditional needle acupuncture with a sham, another active treatment, or with a waiting list control, for people with OA of the knee, hip or hand.
Cochrane Systematic Review	Manheimer E et al. Acupuncture for peripheral joint osteoarthritis. Cochrane Reviews 2010, Issue 1. Article No. CD001977. DOI: 10.1002/14651858.CD001977.pub2. This review contains 16 studies involving 3498 participants.
PEARLS No. 245, April 2010, written by Brian R McAvoy	

[References]