



News

meet our 2000th member

In our last news letter we announced the 2000st subscriber of the newsletter. With his consent we will briefly introduce him to you.



Name: David Brito, MD

Profession: family physician

Where: Coimbra, Portugal

Medical Interests: Diabetes, Smoking Cessation, Internal Auditing, etc

General interest in Primary Care scientific information (systematic information, evidence based reviews or practice guidelines) for continued education and clinical medical research.

“The Cochrane reviews and practical PEARLS, provide an excellent level of scientific material, easily available, and ready to digest.”

News from Cochrane Steering group

2012 looks set to be another significant year for the Collaboration as it builds on the successes of 2011, which included:

The publication of 414 new, and 464 updated, Cochrane Reviews in the *Cochrane Database of Systematic Reviews (CDSR)*. 2011 marks the fourth consecutive year that updated reviews have outnumbered new reviews, demonstrating the commitment of author teams to keeping their reviews relevant and based on the best available evidence.

A 16.8% increase in global usage of *The Cochrane Library*.*

The establishment of Official Relations with the World Health Organization, the public health arm of the United Nations. Official Relations provide the opportunity for the Collaboration to influence the way in which research evidence is created and used by the WHO by improving the foundation of reliable health information on which they base their policies.

The launch of *summaries.cochrane.org*, a consumer-friendly site for Cochrane evidence. Just a few weeks after the launch of the Beta site in November, the site received a Web Award at the 2011 Plain English Campaign's annual awards, which celebrates the provision of clear and concise information in all forms. On receiving the award, Catherine McIlwain, Consumer Co-ordinator for the Collaboration, said, “*The Cochrane Collaboration believes that information is the building block of change. For that change to occur, evidence of the effects of medical treatments (or the lack thereof) must be available to the public. Cochrane Summaries provide those details in plain language so that consumers can make informed decisions about their health care.*”

The appointment of Miranda Cumpston and Jackie Chandler, as Training and Methods Co-ordinators respectively, to manage the Collaboration's activities in these core areas.

You can read more about the Collaboration's achievements in 2011 in the [Annual Report](#).

Events

Systematic reviews evolving

Systematic reviews are not only powerful and feasible research tools in Clinical Medicine but also in pre-clinical and basic sciences. This will be demonstrated in a symposium and workshop demonstrating systematic reviews in Laboratory and Animal Sciences that will be held on **Thursday and Friday february 9-10 in Nijmegen (NI)**. For further information see: www.umcn.nl/3RRCsymposium

Interesting new reviews

[Social skills training for Attention Deficit Hyperactivity Disorder \(ADHD\) in children aged 5 to 18 years](#)

[Intermittent iron supplementation for reducing anaemia and its associated impairments in menstruating women](#)

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

- Steroidal contraceptives and bone fractures in women: evidence from observational studies
- Proton pump inhibitor versus H2RA based therapies for Helicobacter pylori eradication
- Mini-Mental State Examination (MMSE) for the detection of Alzheimer's dementia and other dementias in people with Mild Cognitive Impairment (MCI) within a community setting Review type: Diagnostic test accuracy review
- Probiotics for infant colic in neonates/infants Review type: Intervention review

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 and the full reviews are at

- 254. [Post-treatment exercises effective for prevention of recurrences of low-back pain](#)
- 255. [Physical examination tests give poor diagnostic indication of lumbar disc herniation](#)
- 256. [Mixed evidence for zinc supplements preventing otitis media in young children](#)
- 257. [Antidepressants are effective for depression in physically ill people](#)

Abstracts P.E.A.R.L.S.

Post-treatment exercises effective for prevention of recurrences of low-back pain

Clinical question	How effective are exercises for prevention of recurrences of low-back pain?
Bottom line	There was moderate quality evidence post-treatment exercises (provided to patients after their regular treatment for an episode of low-back pain had been finished) were more effective than no intervention for reducing the rate of recurrences at 1 year. There was moderate quality evidence from 2 studies that the number of recurrences was significantly reduced at 6 months to 2 years' follow-up. There was very low quality evidence the days on sick leave were reduced by post-treatment exercises at 6 months to 2 years' follow-up. There was conflicting evidence for the effectiveness of treatment exercise (exercise as part of treatment for a current episode of low-back pain with the aim to also prevent new episodes of low-back pain) in reducing the number of recurrences or the recurrence rate.
Caveat	Adverse effects of exercising were not mentioned in any of the studies. Limitations of this review include the difference in exercises used across studies, thus making it difficult to specify the content of such a programme to prevent low-back pain recurrences.
Context	Low-back pain is a common disorder that has a tendency to recur. Episodes of low-back pain can be very debilitating and impose a heavy burden of cost internationally.
Cochrane Systematic Review	Choi BKL et al. Exercises for prevention of recurrences of low-back pain. Cochrane Reviews 2010, Issue 1. Article No CD006555. DOI:10.1002/14651858.CD006555.pub2. This review contains 9 studies involving 1520 participants.

Physical examination tests give poor diagnostic indication of lumbar disc herniation

Clinical question	How effective are physical examination tests in identifying radiculopathy due to lower lumbar disc herniation in patients with low-back pain and sciatica?
Bottom line	When used in isolation, diagnostic performance of most physical tests (scoliosis, paresis or muscle weakness, muscle wasting, impaired reflexes, sensory deficits) was poor compared to the "gold standard" of findings at surgery or on CT or MRI. Some tests (forward flexion, hyper-extension test, and slump test) performed slightly better, but the number of studies was small. In patients with low-back pain and sciatica, a diagnosis of lumbar disc herniation should not be based on the results of one single physical examination test. Combining positive test results increased the specificity of physical tests, but few studies presented data on test combinations.
Caveat	The diagnostic performance of physical examination tests in primary care populations and other general, unselected patient groups is still unclear as evidence from these settings is scarce (only 1 study).
Context	Low-back pain is a common cause of disability in western industrialised countries. In patients who report sciatica, clinicians evaluate the possible causes of radiculopathy through history and physical examination.
Cochrane Systematic Review	van der Windt DAWM et al. Physical examination for lumbar radiculopathy due to disc herniation in patients with low-back pain. Cochrane Reviews 2010, Issue 2. Article No. CD007431. DOI: 10.1002/14651858.CD007431.pub2. This review contains 19 studies involving 8224 participants.
PEARLS No. 255, May 2010, written by Brian R McAvoy	

Mixed evidence for zinc supplements preventing otitis media in young children

Clinical question	How effective are zinc supplements in preventing otitis media in children living in low and middle-income countries?
Bottom line	Evidence on whether zinc supplementation can reduce the incidence of otitis media in healthy children under the age of five years living in low and middle-income countries is mixed. Three of the 5 trials assessing this outcome demonstrated no significant effect, with point estimates close to no effect; another trial suggested a possible benefit of zinc, but the findings were difficult to interpret, and another trial appeared to demonstrate a significant benefit. The trial demonstrating a benefit of zinc included only children aged 60 days to 12 months. There is some evidence zinc supplements may reduce episodes of otitis media in infants being treated for severe malnutrition. However, this conclusion is based only on 1 small trial, so must be viewed with caution.
Caveat	The main weakness of the data is most trials, when presenting data, did not differentiate between acute otitis media and chronic suppurative otitis media, which may have more severe consequences, including permanent deafness. Zinc supplements did

	<p>not seem to cause any serious adverse events, but a small minority of children were reported to have vomited shortly after ingestion of the supplements.</p> <p>Context Otitis media affects people of all ages, but is particularly common in young children. Around 164 million people worldwide have long-term hearing loss caused by this condition, 90% of them in low-income countries. Zinc supplements have been shown to prevent pneumonia in disadvantaged children, so it was thought they may also prevent otitis media.</p>
Cochrane Systematic Review	Abba K et al. Zinc supplements for preventing otitis media. Cochrane Reviews 2010, Issue 2. Article No. CD006639. DOI: 10.1002/14651858.CD006639.pub2. This review contains 12 studies involving 6820 participants.
PEARLS 256, May 2010, written by Brian R McAvoy	

Antidepressants are effective for depression in physically ill people

Clinical question	How effective are antidepressants for depression in patients with a physical illness?
Bottom line	Antidepressants were more effective than placebo in treating depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4-5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, ¹ are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs. * NNT = number needed to treat to benefit 1 individual
Caveat	At 6-8 weeks, there were more drop-outs among patients treated with an antidepressant than among patients treated with placebo (NNH**19), but no difference was observed at the other time-points assessed. Due to potential biases, such as selective publication, small sample sizes and the variable methodological quality of trials, it is likely the effect sizes obtained in this review overestimate the efficacy of antidepressants. ** NNH = number needed to treat to cause harm in 1 individual
Context	Antidepressants are effective in the treatment of depression in physically healthy populations, but there is less clarity regarding their use in physically ill patients.
Cochrane Systematic Review	Rayner L et al. Antidepressants for depression in physically ill people. Cochrane Reviews 2010, Issue 3. Article No. CD0057503. DOI: 10.1002/14651858.CD007503.pub2. This review contains 51 studies involving 3603 participants.
PEARLS 257, May 2010, written by Brian R McAvoy	

1. Taylor D. Acta Psychiatr Scand 2008;118:434-42.

Colophon

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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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Bruce Arroll ¹, Jaap van Binsbergen ², Tom Fahey ³, Tim Kenealy ¹,
Floris van de Laar ²

Caroline Roos ²

Secretary to Cochrane Primary Health Care Field

email: C.Roos@cochraneprimarycare.org

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.