COCHRANE
PRIMARY HEALTH
CARE FIELD

23 March 2012

News

Plenary sessions Madrid Colloquium now online
Nearly all Plenary sessions from the Madrid Colloquium are now available for viewing on: http://www.cochrane.org/multimedia/multimedia-cochrane-colloquia-and-meetings/colloquium-madrid-2011. In addition, PowerPoints could be downloaded.

Events

Three reasons to visit Austria!
The Austrian Cochrane Branch organizes a number of interesting workshops:
* Workshop GRADE - From Medical Studies To Guidelines held by the Austrian Cochrane Branch ACB (13-14 November 2012)
* Workshop Systematic Literature Search held by the Austrian Cochrane Branch ACB (24-25 April 2012)
*Workshop Summer School Systematic Reviews held by the Austrian Cochrane Branch ACB (2- 6 July 2012)
For details please visit: www.cochrane.at/workshops, or email simon.ledinek@donau-uni.ac.at

..And one reason to visit the UK
Event: The Nottingham Systematic Review Course 2012 (3rd July - 6th July 2012, Location: The University of Nottingham, UK)
Website: http://szg.cochrane.org/en/events.html to download an application form.

Basic Systematic Review Course, Helsinki
Small group teaching with hands on practical work at computer stations and group work (10th and 11th of May 2012, Location: Finnish Institute of Occupational Health, Helsinki)
Contact: Jani Ruotsalainen, Tel: +358 30 474 7334, or
Email: jani.ruotsalainen@ttl.fi
Website: http://osh.cochrane.org/news/basic-systematic-review-course-may-10th-11th-2012-helsinki

Interesting new reviews

The following recently published Cochrane reviews have been selected for your interest.

Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children

Interventions for preventing obesity in children

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

- **Topical agents for managing pain in pressure ulcers**

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

263. Insufficient evidence for benefits of surgery for Meniere's disease

264. Reduction and abrupt cessation equally effective for smokers wanting to quit

265. Some evidence that organisation of secondary prevention of ischaemic heart disease in primary care is effective

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268. Intra-arterial fibrinolytic agents may be more effective than intravenous agents for peripheral arterial occlusion

Abstracts

Insufficient evidence for benefits of surgery for Meniere's disease

Clinical question	How effective is surgery for the treatment of Meniere's disease?
Bottom line	The only surgical intervention which has been evaluated in randomised controlled trials (RCTs) is endolymphatic sac surgery. Two trials, involving a total of 59 patients, were included in the

	review, 1 comparing endolymphatic sac surgery with ventilation tubes and 1 with simple mastoidectomy. One study lasted 9 years, the other 12 months. Neither study reported any beneficial effect of surgery.
Caveat	Due to the different ways the outcome measures were obtained, and because not all the required data were reported, it was not possible to perform a meta-analysis. In total, 70% of participants in both the endolymphatic sac surgery groups and the comparator experienced some relief of complaints. There is no evidence to choose 1 surgical technique over another.
Context	Meniere's disease is characterised by 3 major symptoms: vertigo, deafness, and tinnitus or aural fullness, all of which are discontinuous and variable in intensity. A number of surgical modalities, of varying levels of invasiveness, have been developed to reduce the symptoms of Meniere's disease, but it is not clear whether or not these are effective.
Cochrane Systematic Review	Pullens B et al. Surgery for Meniere's Disease. Cochrane Reviews 2010, Issue 1. Article No. CD005395. DOI: 10.1002/14651858. CD005395.pub2. This review contains 2 studies involving 59 participants
Pearls No. 263, May 2010, written by Brian R McAvoy	

Reduction and abrupt cessation equally effective for smokers wanting to quit

Clinical question	How successful is reducing smoking compared with abrupt cessation for smokers wanting to quit?
Bottom line	Reducing cigarettes smoked before quit day and quitting abruptly, with no prior reduction, produced comparable quit rates. This was true whether nicotine replacement therapy (NRT) was used as part of the intervention or not, and whether participants were offered self-help materials or behavioural support. Patients can therefore be given the choice to quit using either of these ways.
Caveat	The review was unable to draw conclusions about the difference in adverse events between interventions. However, recent studies suggest pre-quit NRT does not increase adverse events.
Context	Tobacco use is the largest preventable cause of death in the world, and is a risk factor for 6 of the 8 leading causes of death. The standard way to stop smoking is to quit abruptly on a designated quit day. Most smokers who try to quit using this method end up relapsing. There is evidence to suggest reducing smoking before quitting would be popular with smokers.
Cochrane Systematic Review	Lindson N et al. Reduction versus abrupt cessation in smokers who want to quit. Cochrane Reviews 2010, Issue 3. Article No. CD008033. DOI: 10.1002/14651858.CD008033.pub2. This review contains 10 studies involving 3760 participants.
Pearls No. 264, May 2010, written by Brian R McAvoy	

Some evidence that organisation of secondary prevention of ischaemic heart disease in primary care is effective

Clinical question	How effective are service organisation interventions for management of secondary prevention of ischaemic heart disease (IHD) in primary care?
Bottom line	There is weak evidence that regular planned recall of patients for appointments, structured monitoring of medications and risk factors (such as blood pressure [BP], cholesterol and lifestyle factors such as diet, smoking and obesity) and patient secondary prevention education can be effective in improving patient compliance with recommendations on blood cholesterol and BP levels. There were no significant effects of interventions in mean BP or cholesterol levels, prescribing, smoking status or body mass index.
Caveat	Caution must be exercised in interpreting these results because of the significant heterogeneity between studies. Few trials measured the same outcomes. Limited data were available on the effect on diet. There were insufficient studies or data to suggest the effectiveness of interventions is affected by the type of lead primary care professional. There was some evidence of a ceiling effect, whereby interventions have a diminishing beneficial effect once certain levels of risk factor management are reached.
Context	IHD is a major cause of mortality and morbidity. Secondary prevention aims to prevent subsequent acute events in people with established IHD. While the benefits of individual medical and lifestyle interventions are established, the effectiveness of interventions which seek to improve the way secondary preventive care is delivered in primary care or community settings is less certain.
Cochrane Systematic Review	Buckley BS et al. Service organisation for the secondary prevention of ischaemic heart disease in primary care. Cochrane Reviews 2010, Issue 3. Article No. CD0057503. DOI: 10.1002/14651858.CD006772.pub2.This review contains 11 studies involving 12,074 participants.
Pearls No. 265, May 2010, written by Brian R McAvoy	

Beta-blockers and thiazides are effective but have different blood pressure lowering patterns

Clinical question	How effective are beta-blockers as second-line therapy for primary hypertension?
Bottom line	Addition of a beta-blocker to diuretics or calcium-channel blockers reduced blood pressure (BP) by 6/4 and 8/6mmHg at doses of 1 and 2 times the manufacturer's recommended starting dose. Beta-blockers (at 1 to 2 times) the starting dose reduced heart rate by 10 beats/min. When the BP lowering effect of beta-blockers in this review was compared to that of thiazide diuretics from a previous review,[1]second-line beta-blockers reduced systolic BP to the same extent as second-line thiazide diuretics, but reduced diastolic BP to a greater degree.
Caveat	There was not a statistically significant increase in withdrawals due to adverse effects shown for beta-blocker use but this was likely due to the lack of reporting of this outcome in 35% of the included randomised controlled trials. The duration of the trials was short, ranging from 3 to 12 weeks, with an average of 7 weeks.
Context	The different effect on diastolic BP means beta-blockers have little or no effect on pulse pressure, whereas thiazides cause a significant dose-related decrease in pulse pressure. This difference in the

	pattern of BP lowering with beta-blockers as compared with thiazides might be the explanation for the fact that beta-blockers appear to be less effective at reducing adverse cardiovascular outcomes than thiazide diuretics, particularly in older individuals. Although factors independent of BP lowering may contribute to the reduction in mortality and morbidity associated with antihypertensive drugs, BP lowering ability remains an important factor. By combining antihypertensive agents that possess different mechanisms of action, each component drug can potentially neutralise or minimise counter-regulatory mechanisms triggered by the other, and thus help to further lower BP.
Cochrane Systematic Review	Chen JMH et al. Blood pressure lowering efficacy of beta-blockers as second-line therapy for primary hypertension. Cochrane Reviews 2010, Issue 1. Article No. CD007185. DOI: 10.1002/14651858.CD007185.pub2. This review contains 20 studies involving 3744 participants
Pearls No. 266, June 2010, written by Brian R McAvoy	

1. Chen JMH et al. Cochrane Reviews 2009, Issue 4. Article No. CD007187. DOI:10.1002/14651858.CD007187.pub2.

Antiseptic vaginal preparation before caesarean section effective for preventing postoperative endometritis

Clinical question	How effective is vaginal cleansing before caesarean section with an antiseptic solution for preventing postoperative infections?
Bottom line	Vaginal preparation with an antiseptic solution (povidone-iodine) immediately before caesarean delivery reduced the risk of postoperative endometritis (from 9.4% to 5.2%). This benefit was particularly apparent for women undergoing caesarean delivery with ruptured membranes (from 15.4% to 1.4%). Vaginal cleansing did not reduce fever or wound complications. No adverse events such as allergy or irritation were noted. Pre-operative vaginal cleansing is a simple inexpensive intervention.
Caveat	This review is limited by the somewhat small number of trials (4). Information on other methods or other solutions for vaginal cleansing was lacking.
Context	Caesarean deliveries are common today, with almost 1 in 3 babies born by caesarean in some countries. Despite the widespread use of prophylactic antibiotics, postoperative infectious morbidity still complicates caesarean deliveries.
Cochrane Systematic Review	Haas DM et al. Vaginal preparation with antiseptic solution before caesarean section for preventing postoperative infections. Cochrane Reviews 2010, Issue 3. Article No. CD007892. DOI: 10.1002/14651858.CD007892.pub2. This review contains 4 studies involving 1361 participants.
Pearls No. 267, May 2010, written by Brian R McAvoy	

Intra-arterial fibrinolytic agents may be more effective than intravenous agents for peripheral arterial occlusion

Clinical question	Which are the most effective fibrinolytic agents for peripheral arterial occlusion?
Bottom line	There was some evidence to suggest intra-arterial (IA) recombinant

	tissue plasminogen activator (rt-PA) was more effective than IA streptokinase or intravenous (IV) rt-PA in improving vessel patency in people with peripheral arterial occlusion (PAO). There was no evidence IA rt-PA was more effective than IA urokinase for patients with PAO. There was some evidence initial lysis may be more rapid with rt-PA, depending on the regimen. The incidence of haemorrhagic complications varied with fibrinolytic regimen but there were no statistically significant differences between IA urokinase and IA rt-PA. IV rt-PA and IA streptokinase were associated with a significantly higher risk of haemorrhagic complications than IA rt-PA. The drugs investigated were streptokinase, urokinase, rt-PA and pro-urokinase.
Caveat	No particular drug was more effective in preventing limb loss or death than another. All of the findings came from small studies, and the general paucity of results means it is not possible to draw clear conclusions.
Context	Peripheral arterial thrombolysis is used in the management of peripheral arterial ischaemia. Streptokinase was originally used but safety concerns have led to the introduction of other agents such as urokinase and rt-PA. These newer agents were thought to have potential advantages, such as improved safety, greater efficacy, and a more rapid response.
Cochrane Systematic Review	Robertson I et al. Fibrinolytic agents for peripheral arterial occlusion. Cochrane Reviews 2010, Issue 3. Article No. CD001099. DOI: 10.1002/14651858.CD001099.pub2. This review contains 5 studies involving 687 participants.
Pearls No. *268, June 2010, written by Brian R McAvoy*	

Colophon

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