



Newsletter with PEARLS December 2012

News



New Year

This year's last Newsletter issue is packed with interesting news and events and of course many PEARLS. We hope you enjoy reading it, wishing you happy holidays and our best wishes for 2013.

Primary care search filter

Many thanks to all of you who responded to our call for assistance for the development of a "primary care search filter". Your response has been a great contribution.

The questionnaire is still open for response: http://www.erasmusmc.nl/medbib/quest_phc/

Message from the new CEO of the Cochrane Collaboration Mark Wilson

"Dear Colleagues,

I am thrilled to have started in post as The Cochrane Collaboration's new Chief Executive Officer and look forward to working with you all.

My task for the coming weeks and months is to continue what I began in Auckland (Colloquium 2012, edit.): to get to know you and the organization; to listen, to evaluate and plan; and then to begin implementing change. I've already begun working closely with the Steering Group and the Co-Chairs, who have been enormously supportive of my initial ideas; and it's a privilege to be joining and leading so many talented, professional staff within the Operations and Editorial Units and the Web and IMS teams.

As I said after my appointment, my mission is to build on the Collaboration's dynamic growth over nearly two decades and expand its influence and impact in future. This will be achieved, in large part, by strengthening the organisation's central infrastructure which supports you, the people behind the Collaboration's unique vision and amazing success.

Best wishes, Mark G. Wilson, Chief Executive Officer"

READERS' SURVEY *Cochrane Methods* 31st December 2012

The annual Wiley Blackwell publication and supplement to the Cochrane Library *Cochrane Methods* is distributed at the Colloquium each year and is now available online at

<http://www.thecochranelibrary.com/view/0/CochraneMethods.html> This publication updates the Collaboration on the development of Cochrane review methods and includes specific methods group activity, short methodological articles and commentary on published papers of methodological interest.

This is the third issue in this format and the editors would like to invite feedback for future development of this publication via a short survey by the 31st December 2012. To complete survey please go to

<http://surveys.cochrane.org/SelectSurveyNET/TakeSurvey>

Events

Cochrane Standard Author Training in Vancouver, Canada

Take this three-day workshop to learn the basic skills of conducting a Cochrane Review. Topics include protocols, setting your question, literature searching, study selection, assessing bias, data and analysis, formulating conclusions and a hands-on session with the Review Manager software.

For more information email: Ciprian Jauca at cochrane@ti.ubc.ca

Date: 30-31 January and 1 February 2013

Location: Irving K Barber Learning Centre, UBC, Vancouver, BC (Canada)

Cost: \$250 + HST (3 day course; meals included)

Registration deadline: 18 January 2013

Website: <http://ccnc.cochrane.org/cochrane-standard-author-training-vancouver-bc>

Registration at: <http://goo.gl/5NwC3>

Cochrane UK & Ireland 21st Anniversary Symposium, 20th & 21st March 2013 Oxford



registration is now open for the Cochrane UK & Ireland 21st Anniversary Symposium. Registration and information at <http://www.oxford2013.cochrane.org/>. The Symposium is being held at [The Saïd Business School](#) in Oxford on 20th & 21st March 2013.

The theme for Cochrane UK & Ireland 21st Anniversary Symposium is 'Cochrane's challenge', glancing back to the achievements of the last 21 years and looking ahead to the next set of challenges the Cochrane Collaboration faces.

The 21st Cochrane Colloquium, Québec City, Canada

The Cochrane Collaboration's [20th Anniversary](#) is celebrated at the 21st Cochrane Colloquium in Québec City, Canada from 19 - 23 September 2013.

Visit the the 21st Cochrane Colloquium website at colloquium.cochrane.org

Developing a Cochrane Systematic Review workshop, Baltimore, USA

This workshop guides participants through the steps of developing a systematic review and includes presentations about Cochrane Collaboration methodology, hands-on practice using the Cochrane Collaboration's Review Manager (RevMan) software, and a statistics review session. It is limited to Cochrane review authors who have a registered title, have published a protocol in The Cochrane Library or who have a protocol approved for publication by a Cochrane Review Group.

Date: 16-18 January 2013

Location: Baltimore, Maryland (USA)

Email: uscevg@jhsph.edu

Website: <http://eyes.cochrane.org/workshop-developing-cochrane-systematic-review>

Interesting new reviews

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

[General health checks in adults for reducing morbidity and mortality from disease](#)

[Psychosocial interventions for reducing antipsychotic medication in care home residents](#)

[Interventions for providers to promote a patient-centred approach in clinical consultations](#)

[Cranberries for preventing urinary tract infections](#)

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

- Long-acting beta2-agonists for chronic obstructive pulmonary disease
- Metformin-sulphonylurea combination therapy for type 2 diabetes mellitus
- The effect of Alpha-lipoic acid for lowering blood pressure in patients with primary hypertension

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.

Insufficient evidence for hypnotherapy in smoking cessation

Clinical question	How effective is hypnotherapy for smoking cessation?
Bottom line	There is insufficient evidence to recommend hypnotherapy as a specific treatment for smoking cessation. There is no evidence of a greater effect with hypnotherapy when compared with rapid/focused smoking or psychological treatment. Direct comparisons of hypnotherapy with cessation treatments considered to be effective had confidence intervals that were too wide to infer equivalence. The main outcome measure was abstinence from smoking for at least six months.
Caveat	There was significant heterogeneity between the results of the individual studies, with conflicting results for the effectiveness of hypnotherapy compared with no treatment or advice, or

	psychological treatment. Studies were very diverse so could not be combined in a single meta-analysis.
Context	Different types of hypnotherapy are used to try to help people quit smoking. Methods try to weaken people's desire to smoke or strengthen their will to quit, or help them concentrate on a "quit programme".
Cochrane Systematic Review	Cochrane Systematic Review Barnes J et al. Hypnotherapy for smoking cessation. <i>Cochrane Reviews</i> , 2010, Issue 10. Article No. CD001008. DOI: 10.1002/14651858.CD001008.pub2. This review contains 11 studies involving 1120 participants
Pearls No. 293, December 2010, written by Brian R McAvoy.	

Forceps and ventouse effective in assisted vaginal delivery

Clinical question	How effective are different instruments in terms of achieving a vaginal birth and avoiding significant morbidity for mother and baby?
Bottom line	For situations in which there is no clear clinical indication for a specific instrument, vacuum extraction should be the first-line method for assisted birth. Forceps are the better instrument in terms of achieving a successful delivery. However, they are also associated with higher rates of complications for the mother (perineal trauma, tears, requirements for pain relief and general anaesthesia, and incontinence). There are risks of injury to the baby with both types of instrument. Comparisons between different types of ventouse revealed that the metal cup was better at achieving successful delivery than the soft cup, but with more risk of injury to the baby (scalp injuries and cephalhaematoma). There are no significant differences between the handheld and the standard vacuum.
Caveat	Not all studies considered all outcomes and, in particular, there were differences in the types of complications encountered by mothers and babies. In addition, there were no studies identified for some comparisons.
Context	Instrumental or assisted vaginal birth is commonly used to expedite birth for the benefit of either mother or baby, or both. It is sometimes associated with significant complications for both mother and baby. The choice of instrument may be influenced by clinical circumstances, operator choice and the availability of specific instruments.
Cochrane Systematic Review	Cochrane Systematic Review O'Mahony F, Hofmeyr GJ and Menon V. Choice of instruments for assisted vaginal delivery. <i>Cochrane Reviews</i> , 2010, Issue 11. Article No. CD005455. DOI: 10.1002/14651858.CD005455.pub2. This review contains 32 studies involving 6957 participants.
Pearls No. 294, January 2011, written by Brian R McAvoy	

Non-hormonal interventions effective for hot flushes in women with a history of breast cancer

Clinical question	How effective are non-hormonal interventions for hot flushes in women with a history of breast cancer?
Bottom line	Clonidine, selective serotonin reuptake inhibitors (SSRIs) and

	serotonin-norepinephrine reuptake inhibitors (SNRIs), and gabapentin reduced the number and severity of hot flushes. Vitamin E was not beneficial. One of two studies on relaxation therapy showed a significant benefit. None of the other non-pharmacological therapies (homeopathy, acupuncture and magnetic therapy) had a significant benefit.
Caveat	Methods of reporting continuous outcomes were inconsistent across studies, which precluded the possibility of pooling results. It was not possible to say if some treatments were better than others, and side effects were inconsistently reported. The main limitation in the quality of the evidence from this review relates to losses to follow-up, which ranged from 3% to 40% in the included studies. The loss of this data could potentially result in an overestimation of the true effect, by not considering participants who possibly had less benefit or no benefit at all. All studies produced information for short periods of follow-up (maximum 12 weeks).
Context	Hot flushes are common in women with a history of breast cancer. Hormonal therapies are known to reduce these symptoms but are not recommended in women with a history of breast cancer due to their potential adverse effects.
Cochrane Systematic Review	Rada G et al. Non-hormonal interventions for hot flushes in women with a history of breast cancer. Cochrane Reviews, 2010, Issue 9. Article No. CD004923. DOI: 10.1002/14651858. CD004923. Pub2. This review contains 16 studies involving 1985 participants.
Pearls No. 295, January 2011, written by Brian R McAvoy	

Limited evidence for benefits of health promotion interventions for coronary heart disease

Clinical question	How effective are multiple risk factor interventions for primary prevention of coronary heart disease (CHD) in adults assumed to be without prior clinical evidence of CHD?
Bottom line	Multiple risk factor interventions resulted in small reductions in risk factors, including blood pressure, cholesterol and smoking. Contrary to expectations, multiple risk factor interventions had little or no impact on the risk of CHD mortality or morbidity. This could be because these small risk factor changes were not maintained in the long term. Alternatively, the small reductions in risk factors may have been caused by bias in some of the studies. Interventions included workshops, lectures, individual sessions, personal counselling, provision of written material, assignments, shopping tours and cooking sessions. Some studies required family members, partners or both to participate in the intervention. The median duration of follow-up was 12 months (with a range of 6 months to 12 years).
Caveat	Marked heterogeneity for all risk factor analyses was not explained by comorbidities, allocation concealment, use of antihypertensive or cholesterol-lowering drugs, or by age of trial.
Context	In many countries, there is enthusiasm for "healthy heart programmes" that use counselling and educational methods to encourage people to reduce their risk of developing heart disease. The risk factors targeted in such interventions include high cholesterol, excessive salt intake, high blood pressure, excess weight, a high-fat diet, smoking, diabetes and a sedentary lifestyle.
Cochrane Systematic Review	Ebrahim S. Multiple risk factor interventions for primary prevention

of coronary heart disease. Cochrane Reviews, 2011, Issue 1. Article No. CD001561. DOI: 10.1002/14651858.CD001561.pub3. This review contains 55 studies involving 163,471 participants.

Pearls No. 296, February 2011, written by Brian R McAvoy.

Abstracts

The actual Cochrane abstracts for the P.E.A.R.L.S are at

[No. 293 Insufficient evidence for hypnotherapy in smoking cessation](#)

[No. 294 Forceps and ventouse effective in assisted vaginal delivery](#)

[No 295 Non-hormonal interventions effective for hot flushes in women with a history of breast cancer](#)

[No 296 Limited evidence for benefits of health promotion interventions for coronary heart disease](#)

Colophon

Sign in!

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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