



News

The Therapeutics Initiative

The Therapeutics Initiative (TI) was established by Pharmacology and Therapeutics in cooperation with the Department of Family Practice at the University of British Columbia in 1994. With its mission to provide physicians and pharmacists with unbiased, current, evidence-based, practical information on prescription drug therapy, the TI operates as independently as possible, separate from the influence of governments, the pharmaceutical industry and other vested interest groups. www.ti.ubc.ca

Justice Health Field

The Cochrane Collaboration announced that the Cochrane Justice Health Field became a registered entity within The Cochrane Collaboration on 7th September 2010. Contact details: Dr Catherine Gallagher, Justice, Law and Crime Policy Program, George Mason University, Manassas, USA, cgallag4@gmu.edu

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)

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

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Colophon

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The Cochrane Primary Health Care Field is a collaboration between:

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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;

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Abstracts

Bariatric surgery effective for obesity

Clinical question	How effective is bariatric (weight loss) surgery for obesity?
Bottom line	Surgery for obesity results in greater weight loss than conventional treatment, and the results are maintained at least up to 10 years. Furthermore, the weight loss is associated with reductions in comorbidities, such as diabetes and hypertension, and medication use. Short term (2 year) improvements in health-related quality of life were reported, but longer term (10 year) effects are less clear, with improvements in some aspects of quality of life, but not others. Surgery is associated with adverse effects and the possibility of postoperative mortality. There are a number of different bariatric procedures available (gastric bypass, vertical banded gastroplasty, adjustable gastric banding, isolated sleeve gastrectomy, biliopancreatic diversion and banded gastric bypass). Weight loss and quality of life is similar between procedures carried out through open or laparoscopic

	surgery. More wound problems and hernias occurred with open surgery, while anastomotic stricture and reoperation were more common after laparoscopic surgery.
Caveat	Data on the comparative safety of the bariatric procedures were limited; all procedures were associated with adverse events, but few trials compared data statistically and none were powered to do so. Due to the limited evidence and poor quality of the trials, caution is required when interpreting the comparative safety and effectiveness of these procedures.
Context	Obesity is associated with many health problems and a higher risk of death. Bariatric surgery for obesity is usually only considered when all other treatments have failed. People who are eligible for surgery have a body mass index (BMI) greater than 40 or greater than 35 with related conditions, such as type 2 diabetes.
Cochrane Systematic Review	Colquitt JL et al. Surgery for obesity. Cochrane Reviews 2009, Issue 2. Article No. CD003641. DOI: 10.1002/14651858. CD003641.pub3. This review contains 26 studies involving over 3800 participants.
PEARLS No. 178, July 2009, written by Brian R McAvoy	

[References]

Situations Midwife-led models of care beneficial

Clinical question	How effective are midwife-led models of care?
Bottom line	Compared to medical-led care and shared care, midwife-led care confers several benefits for mothers and babies, and has no identifiable adverse effects. It should be the norm for women judged to be at low or high risk of complications. The main benefits are a reduced risk of having a baby before 24 weeks (NNT* 70 [45 to 146]), reduced antenatal hospitalisation (NNT* 42 [20 to 417]), and during labour, a reduced risk of regional analgesia/ anaesthesia (NNT 18* [15 to 26]), with fewer episiotomies (NNT* 26 [19 to 44]) or instrumental births (NNT* 47 [30 to 101]). Midwife-led care also increases a woman's chance of being cared for in labour by a midwife she has got to know, the chance of a spontaneous vaginal birth and increases initiation of breastfeeding. In addition, midwife-led care leads to a

	shorter length of hospital stay for babies and to more women feeling they are in control during labour. *NNT number needed to treat to benefit 1 individual (95% confidence intervals)
Caveat	There is no difference between the different models of care in the risk of a mother losing her baby after 24 weeks.
Context	Midwives are primary providers of care for childbearing women around the world. However, there is a lack of synthesised information to establish whether there are differences in morbidity and mortality, effectiveness and psychosocial outcomes between midwife-led and other models of care.
Cochrane Systematic Review	Hatem M et al. Midwife-led versus other models of care for childbearing women. Cochrane Reviews 2008, Issue 4. Article No. CD004667. DOI: 10.1002/14651858.CD004667.pub2. This review contains 11 trials involving 12,276 women.
	PEARLS No. 179, July 2009, written by Brian R McAvoy

[References]

Music interventions may be beneficial for coronary heart disease

Clinical question	What are the effects of music interventions in patients with coronary heart disease (CHD)?
Bottom line	Compared with standard care, music listening may reduce systolic blood pressure (about 5mm Hg) and diastolic blood pressure and heart rate in patients with CHD. Music listening also appears to be effective in reducing anxiety upon hospitalisation in patients with myocardial infarction. The effect is modest - about half a point on a 5 point scale. No evidence for anxiety-reducing effects of music was found for patients undergoing cardiac procedures. This may be due to the fact anxiety was measured after the completion of the procedure rather than during it. Music listening may also reduce pain and respiratory rate. However, the magnitude of these effects is small and the quality of the evidence is not strong
Caveat	No evidence of effect was found for depression, heart rate variability, and peripheral skin temperature.

	Inconsistent results were found for mood. However, only a small number of trials investigated the effects of music on these outcomes. There are many styles of sedative music (eg, new age, classical, country and western, easy listening, etc) and, at this time, it is unclear which type of music is most effective. Most studies examined the effects of listening to pre-recorded music.
Context	CHD is the single leading cause of death worldwide. According to the World Health Organization, 16.7 million people worldwide die of cardiovascular disease each year. ¹ Individuals with CHD often suffer from severe distress putting them at greater risk for complications. Music interventions have been used to reduce anxiety and distress and improve physiological functioning in medical patients.
Cochrane Systematic Review	Bradt J and Dileo C. Music for stress and anxiety reduction in coronary heart disease patients. Cochrane Reviews 2009, Issue 2. Article No. CD006577. DOI: 10.1002/14651858. CD006577.pub2. This review contains 23 studies involving 1461 participants.
PEARLS No. 180, July 2009, written by Brian R McAvoy	

References:

1. World Health Organization. World Health Report 2003: Shaping the future. 2003.

No evidence for effectiveness of antivirals in preventing postherpetic neuralgia

Clinical question	How effective are antiviral agents for preventing postherpetic neuralgia (PHN)?
Bottom line	Oral aciclovir did not significantly reduce the incidence of PHN, defined as pain lasting 120 days or longer from rash onset. There was some evidence for a reduction in the incidence of pain 4 weeks after the onset of rash (NNT* 11 [6 to 56]). There was insufficient evidence from randomised controlled trials to support the use of other antiviral agents (famciclovir) for preventing PHN. No serious adverse effects attributable to the experimental therapy were reported in these trials during treatment, or within 2 weeks of stopping treatment, and non-serious adverse effects were not significantly more common among those receiving antivirals than among control group participants. *NNT = number needed to treat to benefit 1 individual (95% confidence intervals)

Caveat	The results of the review were limited to oral antiviral agents (aciclovir and famciclovir), and immunocompetent patients with herpes zoster. Evidence of efficacy on outcomes, such as pain severity and quality of life, could not be shown by these results.
Context	PHN is a painful and refractory complication of herpes zoster. Treatments are either partially or totally ineffective for many people with PHN. Antiviral agents, used within 72 hours of the onset of the rash, are one of the best-established approaches that may prevent the development of PHN.
Cochrane Systematic Review	Li Q et al. Antiviral treatment for preventing postherpetic neuralgia. Cochrane Reviews 2009, Issue 2. Article No. CD006866. DOI: 10.1002/14651858.CD006866.pub2. This review contains 6 studies involving 1211 participants.
PEARLS No. 181, July 2009, written by Brian R McAvoy	

[References]



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