COCHRANE
PRIMARY HEALTH
CARE FIELD

News

Cochrane Collaboration now official partner WHO
The Cochrane Collaboration Steering Group is delighted to announce that the Collaboration has been accepted as a Non-Governmental Organization in Official Relations with the World Health Organization (WHO) at the WHO's Executive Board meeting in Geneva, Switzerland. In formalizing our relationship with the WHO the Collaboration has been awarded a seat at the World Health Assembly, allowing us to provide input on WHO health resolutions.

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

- Telemedicine for chronic pain
- Information handouts for reducing antibiotic usage for acute respiratory infections

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

202. Pulmonary rehabilitation effective following exacerbations of chronic obstructive pulmonary disease

203. Chinese herbal medicine may be beneficial in endometriosis

204. Non-pharmacological interventions may comfort children having an anaesthetic

205. Brief interventions may benefit heavy alcohol users admitted to hospital

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
To (un)subscribe
To (un)subscribe please visit:
http://lists.cochrane.org/mailman/listinfo/primarycare

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

Tilly Pouwels [2]
Secretary to Cochrane Primary Health Care Field
email: t.pouwels@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.

Abstracts

Pulmonary rehabilitation effective following exacerbations of chronic obstructive pulmonary disease

Clinical question	How effective is pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease (COPD)?
Bottom line	Compared to usual community care (no rehabilitation), pulmonary rehabilitation reduced hospital admissions over 34 weeks (NNT* 3) and mortality over 107 weeks (NNT 6). Quality of life measures, such as dyspnoea, fatigue and emotional function, were also improved, and

	the effect was well above the minimal important difference. Exercise capacity was also improved. No adverse events were reported. *NNT = number needed to treat to benefit one individual.
Caveat	Treatment group assignment was not blinded in these studies. This may have introduced bias for subjective outcomes, such as quality of life, but is less likely to be an important source of bias for mortality and hospital admission data. Another limitation is the small number of patients included in the trials and methodological shortcomings.
Context	Pulmonary rehabilitation has become a cornerstone in the management of patients with stable COPD. Systematic reviews have shown large and important clinical effects of pulmonary rehabilitation in these patients. In patients with unstable COPD who have suffered from an exacerbation recently, however, the effects of pulmonary rehabilitation are less established.
Cochrane Systematic Review	Puhan M et al. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. Cochrane Reviews 2009. Issue 1. Article No. CD005305. DOI:10.1002/14651858. CD005305.pub2. This review contains 6 studies involving 219 participants.
PEARLS No. 202, September 2009, written by Brian R McAvoy	

Chinese herbal medicine may be beneficial in endometriosis

Clinical question	How effective is Chinese herbal medicine (CHM) in alleviating endometriosis-related pain and infertility?
Bottom line	Following laparoscopic surgery, combined oral and enema administration of CHM has a comparable beneficial effect to gestrinone but with fewer adverse effects. Oral and enema administration of CHM may be more effective than danazol in providing extended relief of endometriosis symptoms (NNT* 2) and in shrinking adnexal masses, with fewer adverse effects. For lumbosacral pain, rectal discomfort, or vaginal nodules tenderness, there was no significant difference either between CHM and danazol. *NNT = number needed to treat to benefit 1 individual. Note that no range is given as there were only 2 small trials with identical baseline

	results
Caveat	There are only very limited data available from 2 small trials comparing the same CHM interventions with 2 conventional treatments for endometriosis (danazol and gestrinone). Both trials are of poor methodological quality so these findings must be interpreted cautiously. More rigorous research is required to accurately assess the potential role of CHM as a stand-alone medical option or as a post-surgical adjuvant in treating endometriosis.
Context	Endometriosis is characterised by the presence of tissue that is morphologically and biologically similar to normal endometrium, in locations outside the uterus. Surgical and hormonal treatment of endometriosis has unpleasant side effects and high rates of relapse. In China, treatment of endometriosis using CHM is routine.
Cochrane Systematic Review	Flower A et al. Chinese herbal medicine for endometriosis. Cochrane Reviews 2009. Issue 3. Article No. CD006568. DOI:10.1002/14651858.CD006568.pub2. This review contains 2 studies involving 158 participants.
PEARLS No. 203, September 2009, written by Brian R McAvoy	

[References]

Non-pharmacological interventions may comfort children having an anaesthetic

Clinical question	How effective are non-pharmacological interventions in assisting induction of anaesthesia in children?
Bottom line	In single studies, a quiet environment, clown doctors, video games and computer packages (but not music therapy) each showed benefits, such as improved cooperation in children. One study of acupuncture for parents found the parent was less anxious and the child was more cooperative at induction of anaesthesia. Another study of giving parents information, in the form of pamphlets or videos, failed to show an effect. The presence of parents at induction of the child's anaesthesia was not shown to reduce anxiety or distress in children, or increase their cooperation.
Caveat	Most of the outcomes of this review were based on single studies. Although most studies used some sort of scoring system, few used the same score for measuring anxiety and cooperation. Similarly, other outcome measures

	were rarely consistent across studies. Even though only randomised or quasi-randomised controlled trials were included in this review, poor methodology and inadequate reporting limited data extraction and presentation of analyses.
Context	The induction of anaesthesia in children can be distressing for the child and also for their parents. Children can be given drugs to sedate them, but these drugs can have unwanted harmful effects, such as possible airway obstruction and behaviour changes after the operation. Some non-drug alternatives have been tested to see if they could be used instead of sedatives.
Cochrane Systematic Review	Yip P et al. Non-pharmacological interventions for assisting the induction of anaesthesia in children. Cochrane Reviews 2009, Issue 3. Article No. CD006447. DOI: 10.1002/14651858. CD006447.pub2. This review contains 17 studies involving 1796 participants.
PEARLS No. 204, October 2009, written by Brian R McAvoy	

[References]

Brief interventions may benefit heavy alcohol users admitted to hospital

Clinical question	How effective are brief interventions in reducing alcohol consumption and improving outcomes for heavy alcohol users admitted to general hospital inpatient units? Heavy users were defined as those regularly consuming alcohol above the recommended safe weekly/daily amounts for the country in which the study took place.
Bottom line	Two studies indicated alcohol consumption could be reduced at 1 year follow-up for people who received brief interventions as inpatients. A trend was observed towards consuming fewer grams of alcohol per week at 6 months in those receiving the brief intervention. No clear differences were observed between the brief intervention and control groups for self-report of alcohol consumption, laboratory markers (Gamma GT), or for number of binges, driving offences or deaths.
Caveat	There was no consistency in baseline consumption levels for participant inclusion in the studies. The results of the studies were difficult to combine because of the different measures used to assess alcohol consumption and the

	substantial variation in how the studies were carried out. Screening alone may also have some impact on alcohol consumption levels.
Context	Brief interventions involve a time-limited intervention, focusing on changing behaviour. They range from a single session providing information and advice, to 1 to 3 sessions of motivational interviewing or skills-based counselling, involving feedback and discussion on responsibility and self-efficacy. Different health professionals may give the intervention. A Cochrane review has indicated benefits from brief interventions in primary care.1
Cochrane Systematic Review	McQueen J et al. Brief interventions for heavy alcohol users admitted to general hospital wards. Cochrane Reviews 2009, Issue 3. Article No. CD005191. DOI: 10.1002/14651858. CD005191.pub2. This review contains 11 studies involving 2441 participants.
PEARLS No. 205, October 2009, written by Brian R McAvoy	

[References]

1. Kaner EFS et al. Effectiveness of brief alcohol interventions in primary care populations. Cochrane Reviews 2008, Issue 1. Article No. CD004148 DOI: 10.1002/14651858.CD004148.pub3.