



## 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](mailto:info@cochraneprimarycare.org)

- Dexamphetamine for Attention Deficit Hyperactivity Disorder (ADHD) in children
- Self-management education with either regular practitioner review or written action plans or both for adults with asthma
- Cognitive behavioral therapies for fibromyalgia syndrome
- Stimulant medication for attention deficit secondary to acquired brain injury
- Weight loss interventions for chronic asthma
- Haemophilus influenzae oral vaccination for preventing acute exacerbations of chronic bronchitis
- Interventions for smoking prevention in Indigenous youth
  
- Antibiotics for acute diverticulitis
- Locally applied haemostatic agents in the management of acute epistaxis
- Interventions for preventing and controlling bullying at the workplace
- Incentives for increasing prenatal care use
- Denosumab for the treating and preventing postmenopausal osteoporosis
- Oral immunotherapy for milk allergy
  
- Non-pharmacological interventions for depression in people with traumatic brain injury
- Interventions for neuroleptic induced amenorrhea
- Screening with multidagnostic urinary dipsticks for reducing morbidity and mortality
- Aripiprazole dose for schizophrenia
- Olanzapine dose for schizophrenia
- Buflomedil for acute ischaemic stroke
- Oral anticoagulants versus antiplatelet therapy for preventing stroke and systemic embolic events in patients with atrial fibrillation
- A systematic review of interventions for improving the use of systematic review evidence in decision-making

## **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

206. [Insufficient evidence for garlic in prevention or treatment of the common cold](#)
207. [Psychological interventions may have adverse effects in post-traumatic stress disorder](#)
208. [Weight-reducing drugs may be beneficial in hypertensive patients](#)
209. [On-screen computer reminders have a modest effect on care](#)

## 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<sup>1</sup>, Jaap van Binsbergen<sup>2</sup>, Tom Fahey<sup>3</sup>, Tim Kenealy<sup>1</sup>,  
Floris van de Laar<sup>2</sup>

Tilly Pouwels<sup>2</sup>

Secretary to Cochrane Primary Health Care Field

email: [t.pouwels@cochraneprimarycare.org](mailto:t.pouwels@cochraneprimarycare.org)

The Cochrane Primary Health Care Field is a collaboration between:

<sup>1</sup> 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;

<sup>2</sup> Academic Department of Primary and Community Care in The Netherlands, The Dutch College of General Practitioners, and the Netherlands Institute for Health Services Research;

<sup>3</sup> Department of General Practice, Royal College of Surgeons in Ireland, Dublin.

## Abstracts

## Insufficient evidence for garlic in prevention or treatment of the common cold

<b>Clinical question</b>	How effective is garlic for the prevention or treatment of the common cold?
<b>Bottom line</b>	There is no conclusive evidence to recommend garlic supplements as a preventative or treatment option for the common cold. A single, small trial suggested garlic might reduce the frequency of symptoms of the common cold if taken continuously as a daily prophylactic but the results require validation. On average individuals taking garlic had colds lasting 1.52 days while those taking a placebo had colds lasting 5.01 days. There is currently no evidence to help decide whether treating common colds with garlic will reduce symptom severity or days of illness. Anecdotally, adverse events reported include odour, and minor skin or respiratory irritation. The frequency of adverse effects could not be determined from the evidence available.
<b>Caveat</b>	Only one trial that met the selection criteria was identified, limiting the conclusions that can be drawn. Inclusion and exclusion criteria were not reported, nor were differences in comorbidity or concurrent illnesses. These factors reduce the generalisability of the trial and may have introduced bias into the results. No trial was identified that looked at whether taking garlic for symptoms of the cold reduces its severity or duration. However, in the included study, the number of days to recover from a cold was similar for both groups.
<b>Context</b>	Garlic is alleged to have antimicrobial and antiviral properties that relieve the common cold, among other beneficial effects. There is widespread usage of garlic supplements. The common cold is associated with significant morbidity and economic consequences. On average, children have 6 to 8 colds per year, and adults have 2 to 4.
<b>Cochrane Systematic Review</b>	Lissiman E et al. Garlic for the common cold. Cochrane Reviews 2009, Issue 3. Article No. CD006206. DOI: 10.1002/14651858. CD006206.pub2. This review contains one study involving 146 participants.
PEARLS No. 206, October 2009, written by Brian R McAvoy	

**Psychological interventions may have adverse effects in post-traumatic stress disorder**

<b>Clinical question</b>	How effective are multiple session early psychological interventions for the prevention of post-traumatic stress disorder (PTSD)?
<b>Bottom line</b>	The results suggest no psychological intervention can be recommended for routine use following traumatic events, and multiple session interventions, like single session interventions, may have an adverse effect (increased self-report of PTSD symptoms at 3 to 6 months' follow-up) for some individuals. The clear practice implication of this is that, at present, multiple session interventions aimed at all individuals exposed to traumatic events should not be used.
<b>Caveat</b>	The methodological quality of many of the studies included was poor. Many studies did not provide full details of the method of allocation and some bias was considered possible from the descriptions in 7 studies. Many studies did not provide full details of the method of randomisation, and therefore concealment was unclear or inadequate in 8 studies.
<b>Context</b>	The prevention of long term psychological distress following traumatic events is a major concern. Systematic reviews have suggested individual psychological debriefing is not an effective intervention for preventing PTSD. Recently, other forms of preventive intervention have been developed: counselling, cognitive behavioural therapy, memory structuring interventions, critical incident stress debriefing and collaborative care interventions.
<b>Cochrane Systematic Review</b>	Roberts NP et al. Multiple session early psychological interventions for the prevention of post-traumatic stress disorder. Cochrane Reviews 2009, Issue 3. Article No. CD006869. DOI:10.1002/14651858.CD006869.pub2. This review contains 11 studies involving 941 participants.
PEARLS No. 207, October 2009, written by Brian R McAvoy	

[References]

## Weight-reducing drugs may be beneficial in hypertensive patients

<b>Clinical question</b>	How effective are weight-reducing drugs in hypertensive patients?
<b>Bottom line</b>	Although trials of orlistat and sibutramine in patients with elevated blood pressure demonstrated statistically significant decreases in weight, orlistat reduced blood pressure and sibutramine increased blood pressure.
<b>Caveat</b>	No long term mortality and morbidity RCT evidence is available for these drugs. Trials of rimonabant in this patient population could not be included.
<b>Context</b>	Orlistat, sibutramine and rimonabant are the main anti-obesity drugs in current use. Orlistat and sibutramine have been approved for long term treatment of obesity throughout much of the world. Rimonabant was approved for use in the European Union in 2006, and has also been approved in some South American and Asian countries. Rimonabant does not have US Food and Drug Administration (FDA) approval since preclinical and clinical data raised concerns about associations between rimonabant and increased frequency of psychiatric adverse events, including suicidality, an ill-defined constellation of neurological signs and symptoms, and seizures. <sup>1</sup> In January 2009, the European Commission issued a decision to withdraw market authorisation for rimonabant in all countries of the European Union. <sup>2</sup>
<b>Cochrane Systematic Review</b>	Siebenhofer A et al. Long term effects of weight-reducing drugs in hypertensive patients. Cochrane Reviews 2009, Issue 3. Article No. CD007654. DOI: 10.1002/14651858.CD007654.pub2. This review contains 8 studies involving 2726 participants.
PEARLS No. 208, November 2009, written by Brian R McAvoy.	

### [References]

1. Food, Drug Administration. Egan AG. Colman EG.

[www.fda.gov/ohrms/dockets/AC/07/briefing/2007-4306b1fda-backgrounder.pdf](http://www.fda.gov/ohrms/dockets/AC/07/briefing/2007-4306b1fda-backgrounder.pdf)

2. European Medicines Agency.

[www.emea.europa.eu/humandocs/PDFs/EPAR/acomplia/3945709en.pdf](http://www.emea.europa.eu/humandocs/PDFs/EPAR/acomplia/3945709en.pdf)

## On-screen computer reminders have a modest effect on care

<b>Clinical question</b>	How effective are on-screen, point of care computer reminders on processes and outcomes of care?
<b>Bottom line</b>	The review found small to moderate benefits. The reminders improved physician practices (process adherence, medication ordering, vaccinations and test ordering) by a median of 4%. In 8 of the studies, patients' health (reduction in blood pressure or serum cholesterol) improved by a median of 3%.
<b>Caveat</b>	Although some studies showed larger benefits than these median effects, no specific reminders or features of how they worked were consistently associated with these larger benefits. More research is needed to identify what types of reminders work and when.
<b>Context</b>	The opportunity to improve care by delivering decision support to clinicians at the point of care represents one of the main incentives for implementing sophisticated clinical information systems. Previous reviews of computer reminder and decision support systems have reported mixed effects, possibly because they did not distinguish point of care computer reminders from email alerts, computer-generated paper reminders, and other modes of delivering "computer reminders".
<b>Cochrane Systematic Review</b>	Shojania KG et al. The effects of on-screen, point of care computer reminders on processes and outcomes of care. Cochrane Reviews 2009, Issue 3. Article No. CD001096. DOI: 10.1002/14651858. CD001096.pub2. This review contains 28 studies involving 126,099 participants.
PEARLS No. 209, October 2009, written by Brian R McAvoy	

[References]

COCHRANE  
PRIMARY HEALTH  
CARE FIELD