



News

Website colloquium 2011

The Iberoamerican Cochrane Centre is pleased to announce the website for the Madrid Colloquium (19-22 Oct 2011) is now online at <http://colloquium.cochrane.org> You will find information on the scientific program and the venue, plus lots of practical advice and links to visitor information sites. The website also includes registration instructions and information for the application of Consumer and Developing Country Stipends. Important dates: 21 March - Call for abstracts and workshops / 28 March - Registration starts; Call for Stipend applications

Cochrane Official Blog

The Cochrane Official Blog is launched and can be found on [cochrane.org](http://www.cochrane.org) <http://www.cochrane.org/> under 'News & Events'. You can view the latest submissions now <http://www.cochrane.org/blog>. The Official Blog will replace the previous PDF version of Cochrane News, but will still feature 'News, information, resources & issues affecting The Cochrane Collaboration'. These submissions will now be found online.

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

- Surgery for Dupuytren's contractures of the fingers
- Clinical pathways for primary care: effects on professional practice, patient outcomes, care processes, and costs
- Patient-held guidelines for chronic disease management
- Total joint replacement surgery versus conservative care for hip osteoarthritis and other non-traumatic diseases
- Lipid lowering efficacy of rosuvastatin

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

- 214. [Local anaesthetic reduces need for analgesia after caesarean section](#)
- 215. [Insufficient evidence of benefit of topical rubefacients for musculoskeletal pain in adults](#)
- 216. [Limited evidence for efficacy of antibiotics for Shigella dysentery](#)
- 217. [Some evidence for efficacy of biologics for rheumatoid arthritis](#)

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>

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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;

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Abstracts

Local anaesthetic reduces need for analgesia after caesarean section

Clinical question	How effective are local anaesthetic agent wound infiltration/irrigation and/or abdominal nerve block on post-caesarean section pain and the mother's wellbeing and interaction with her baby?
Bottom line	In general, local anaesthetic wound infiltration was of benefit in women having a caesarean section requiring regional anaesthetics because of a reduction in the use of opioid analgesia compared to placebo (ranging from 22% to 52% across the 3 trials reviewed). Women undergoing general anaesthesia who had wound infiltration with local anaesthetics and peritoneal spraying required lower amounts of opioids in the first 24 hours post surgery compared to saline control. Those who had a general anaesthetic and abdominal wall nerve block had reduced pain scores within the first 24 hours post surgery. Non-steroidal antiinflammatory drugs provided additional pain relief but with more side effects of pruritus. There was no report of side effects in infants following local anaesthetic infiltration but the number of women studied was small.
Caveat	Significant results must be regarded with caution because of testing at multiple times, and the results being mostly based on single trials involving few women. The longer theatre time and cost of the local anaesthetic may be offset by less use of postoperative analgesia.
Context	Caesarean section delivery is becoming more frequent. Postoperative opioids cause sedation and may interfere with bonding, and they can transfer to breast milk, also sedating the newborn infant.
Cochrane Systematic Review	Bamigboye AA and Hofmeyr GJ. Local anaesthetic wound infiltration and abdominal nerves block during caesarean section for postoperative pain relief. Cochrane Reviews 2009, Issue 3. Article No. CD006954. DOI: 10.1002/14651858.CD006954.pub2. This review contains 20 studies involving 1150 participants.
PEARLS 214, November 2009, written by Brian R McAvoy	

[References]

Insufficient evidence of benefit of topical rubefacients for musculoskeletal pain in adults

Clinical question	How effective are topical rubefacients for acute and chronic painful musculoskeletal conditions in adults?
Bottom line	Although the analysis of all studies in acute conditions produced a significant benefit compared with placebo at 7 days, with NNT* 3 for 50% pain relief, this finding was based on only 4 heterogeneous studies. Analysis of 6 studies in chronic conditions produced a significant benefit compared with placebo at 14 days, with NNT 6 for 50% pain relief. However, this compares poorly with the efficacy of topical non-steroidal anti-inflammatory drugs (NNT 3). Topical salicylates do appear to be relatively well-tolerated in the short term, though the conclusion is limited by a relatively small number of participants. There is no evidence for topical rubefacients with other components. * NNT = number needed to treat to benefit 1 individual
Caveat	Studies were generally small. There was a variety of interventions and outcomes used in these studies, and a range of different methods for measuring pain intensity or pain relief. Adverse events and withdrawals were generally poorly reported with little detail provided. Most studies did not provide details of the volume of cream applied, though some specified the application schedule.
Context	Rubefacients (containing salicylates or nicotinamides) cause irritation of the skin, and are believed to relieve various musculoskeletal pains. They are available on prescription, and are common components in over-the-counter preparations.
Cochrane Systematic Review	Matthews P et al. Topical rubefacients for acute and chronic pain in adults. Cochrane Reviews 2009, Issue 3. Article No. CD007403. DOI:10.1002/14651858.CD007403.pub2. This review contains 16 studies involving 1276 participants.
PEARLS No. 215, November 2009, written by Brian R McAvoy	

Limited evidence for efficacy of antibiotics for Shigella dysentery

Clinical question	How effective are antibiotics for treating Shigella dysentery?
Bottom line	There was limited evidence that antibiotics reduce the duration of diarrhoea and the duration of fever compared

	<p>to no antibiotic. There was inadequate evidence regarding the role of antibiotics in preventing relapses. There were no serious adverse events reported for any of the 13 antibiotics studied. The choice of antibiotic to use as first line against Shigella dysentery should be governed by periodically updated local antibiotic sensitivity patterns of Shigella isolates. Other supportive and preventive measures recommended by the WHO should also be instituted along with antibiotics (eg, health education and hand washing).</p>
Caveat	<p>There was insufficient evidence to consider any class of antibiotic superior in efficacy in treating Shigella dysentery, but heterogeneity for some comparisons limits confidence in the results. Most of the trials had methodological limitations. These included inadequate reporting of the generation of allocation sequence, inadequate allocation concealment, and lack of blinding. The most common source of bias was failure to report outcome details for participants who were randomised but in whom Shigella could not be isolated from stool culture.</p>
Context	<p>Shigellosis is a bacterial infection of the colon that can cause diarrhoea and dysentery and may lead to death. It occurs mainly in low and middle-income countries where overcrowding and poor sanitation exist, and may lead to around 1.1 million deaths per year globally, mostly in children under five years. Mild symptoms are self-limiting but in more severe cases, antibiotics are recommended for eradication and preventing relapse.</p>
Cochrane Systematic Review	<p>Christopher PRH et al. Antibiotic therapy for Shigella dysentery. Cochrane Reviews 2009, Issue 4. Article No. CD006784. DOI: 10.1002/14651858.CD006784.pub2. This review contains 16 studies involving 1748 participants.</p>
<p>PEARLS No. 216, December 2009, written by Brian R McAvoy</p>	

[References]

Some evidence for efficacy of biologics for rheumatoid arthritis

Clinical question	How effective are biologics in patients with rheumatoid arthritis (RA)?
Bottom line	Abatacept, adalimumab, etanercept, infliximab, rituximab

	and (to a lesser extent) anakinra may improve signs of rheumatoid arthritis, including the number of tender or swollen joints and other outcomes, such as pain and disability. Fewer withdrawals due to adverse effects were reported for etanercept than for adalimumab, anakinra and infliximab.
Caveat	The findings should be interpreted with caution due to heterogeneity in the characteristics of trial populations. There is insufficient information about possible side effects and complications. This is particularly true for rare but serious side effects. Possible side effects may include a serious infection or upper respiratory infection. An association between use of biologics and an increased rate of lymphomas has been reported. Most of the trials lasted only 6 to 12 months.
Context	Biologics are a group of disease-modifying anti-rheumatic drugs that suppress the immune system and reduce inflammation in the joints. Suppressing the immune system can make it slightly harder to "fight off" infections but also helps to stabilise an overactive immune system. The aim of treatment is to help prevent damage to the joints by reducing inflammation.
Cochrane Systematic Review	Singh JA et al. Biologics for rheumatoid arthritis: an overview of Cochrane reviews. Cochrane Reviews 2009, Issue 4. Article No. CD007848. DOI: 10.1002/14651858.CD007848.pub2. This overview covers 6 Cochrane reviews involving 31 studies and more than 9500 participants. One study did not report the number of participants.
PEARLS No. 217, December 2009, written by Brian R McAvoy	

[References]

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