COCHRANE
PRIMARY HEALTH
CARE FIELD

News

New ways of disseminating evidence
The results of a EPOC review about the effects of Lay health worker programs was recently disseminated through a video that was placed on Youtube. The target for policy makers in low- and middle-income countries, but this format offers opportunities for a variety of audience. See the video at
http://www.youtube.com/watch?v=0zHHhpE5Rb0

Cochrane input in World Health Assembly 2011
As from January this year the Collaboration is accepted as a Non-Governmental Organization (NGO) in Official Relations with the World Health Organization (WHO), the public health arm of the United Nations. This partnership includes a seat for the Collaboration on the World Health Assembly, the WHO's decision-making body, allowing us to provide input on WHO health resolutions.
The 64th World Health Assembly will be held from 16-24th May 2011, in Geneva, Switzerland. The Collaboration will be sending Lisa Bero from the US Cochrane Center to the Assembly as its representative. Lisa is a former member of the Collaboration's Steering Group and led our bid to enter relations with the WHO.
As an NGO, the Collaboration is permitted to submit statements of its position on the 'technical' agenda items at the Assembly. To date, these agenda items include: Pandemic influenza preparedness, Health system strengthening, Global immunization vision and strategy, Counterfeit medical products, Infant and young child nutrition: an implementation plan, Child injury prevention, Progress in rational use of medicines.
Given that the Collaboration is a network of over 28,000 people worldwide, forming our position on these issues requires the input of our contributors! We therefore invite anyone actively involved in the Cochrane Collaboration to submit your comments on any of the technical agenda items. Comments will be assessed, collated and summarised* into the 400-450 word statements permitted by the WHO for each technical agenda item, summarising the Collaboration's position.
Full instructions on how to submit your comments, plus access to the provisional technical agenda, are available on cochrane.org, here:
http://www.cochrane.org/about-us/relations-world-health-organization/world-health-assembly The deadline for you to submit your comments is **Tuesday, 10th May 2011**.

In light of our formalised relationship with the WHO, cochrane.org now has a dedicated WHO section under the 'About Us' tab, here:
http://www.cochrane.org/about-us/relations-world-health-organization

Interesting new and vacant 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

- Physiotherapy for elbow pain and stiffness
- Antidepressants for insomnia
- Prucalupride for the treatment of chronic constipation
- Inhaled corticosteroids in children with persistent asthma: effects of different drugs and delivery devices on growth
- Inhaled corticosteroids in children with persistent asthma: dose-response relationship effects on growth
- Lacosamide for neuropathic pain and fibromyalgia in adults
- Valproic acid and sodium valproate for neuropathic pain and fibromyalgia
- Phosphodiesterase 5 inhibitors for essential hypertension

Vacant title: opportunities for researchers
The following title is no longer registered with the Cochrane Collaboration. Anyone who is interested in this title may contact us at info@cochraneprimarycare.org.

- Topical steroids versus placebo for treating allergic conjunctivitis

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

218. Antimicrobials effective for bacterial vaginosis in non-pregnant women

219. Aldosterone antagonists may prevent progression of chronic kidney disease

220. Doxycycline ineffective for osteoarthritis of the knee or hip

221. Mobile phone-based interventions effective in short term for smoking cessation

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

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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;

[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

Antimicrobials effective for bacterial vaginosis in non-pregnant women

Clinical question	How effective are antimicrobial agents for bacterial vaginosis (BV) in non-pregnant women?
Bottom line	Clindamycin cream (NNT* 3), clindamycin ovules and tablets, topical metronidazole (NNT 3), oral metronidazole and oral and intravaginal lactobacillus are effective for eradicating symptoms of BV. Intravaginal lactobacillus (NNT 3) performed better than topical metronidizole at four-week follow-up. Oral metronidazole tends to cause a higher rate of adverse events, such as metallic taste and nausea and vomiting, than clindamycin. Oral lactobacillus combined with metronidazole is more effective than metronidazole alone. Hydrogen peroxide douche and triple sulphonamide therapy are ineffective for treatment of BV. * NNT = number needed to treat to benefit one individual
Caveat	Only one trial involved asymptomatic women and the result was inconclusive. There was insufficient evidence to reach a conclusion on the effectiveness of other promising drugs.
Context	BV is a very common cause of symptomatic and

	asymptomatic vaginal infection. It has been associated with a high incidence of obstetric and gynaecologic complications and an increased risk of transmission of human immunodeficiency virus.
Cochrane Systematic Review	Oduyebo OO et al. The effects of antimicrobial therapy on bacterial vaginosis in non-pregnant women. Cochrane Reviews 2009, Issue 3. Article No. CD006055. DOI: 10.1002/14651858.CD006055.pub2. This review contains 24 studies involving 4422 participants
PEARLS No. 218, November 2009, written by Brian R McAvoy	

Aldosterone antagonists may prevent progression of chronic kidney disease

Clinical question	How effective are aldosterone antagonists in patients with chronic kidney disease (CKD) currently treated with angiotensin converting enzyme inhibitors (ACEi) and angiotensin receptor blockers (ARB)?
Bottom line	There was a significant reduction in proteinuria, and systolic and diastolic blood pressure with the addition of non-selective aldosterone antagonists to ACEi and/or ARB, but without improvement in renal function. In two studies, the addition of selective aldosterone antagonists to ACEi resulted in an additional reduction in 24-hour proteinuria but without any impact on blood pressure and renal function. In patients with CKD with GFR >30mL/min/1.73 m2 who have persistent proteinuria despite being on maximal doses of ACEi and/or ARB, aldosterone antagonists could be added to reduce proteinuria
Caveat	Addition of aldosterone antagonists did not improve glomerular filtration rate. There was a significant increase in the risk of hyperkalaemia with the addition of non-selective aldosterone antagonists to ACEi and/or ARB. Data on cardiovascular outcomes, long term renal outcomes and mortality were not available.
Context	Treatment with ACEi and ARB is increasingly used to reduce proteinuria and retard the progression of CKD. However, some patients do not attain complete resolution of proteinuria and might have higher aldosterone levels within a few months of treatment. The addition of aldosterone antagonists may be beneficial to these patients for reduction of progression of renal

	damage.
Cochrane Systematic Review	Navaneethan SD et al. Aldosterone antagonists for preventing the progression of chronic kidney disease. Cochrane Reviews 2009, Issue 3. Article No. CD007004. DOI: 10.1002/14651858.CD007004.pub2. This review contains 10 studies involving 845 participants.
PEARLS No. 219, November 2009, written by Brian R McAvoy	

Doxycycline ineffective for osteoarthritis of the knee or hip

Clinical question	How effective is doxycycline for osteoarthritis (OA) of the knee or hip?
Bottom line	Compared to placebo, there is minimal or no symptomatic benefit (pain reduction and improved physical function) with doxycycline treatment. The small benefit observed in joint space narrowing is of questionable clinical relevance and outweighed by safety issues. Doxycycline should therefore not be recommended for the treatment of osteoarthritis of the knee or hip.
Caveat	The trial was designed to detect differences in joint space narrowing rather than differences in clinical outcomes. No threshold for the level of knee pain was used for inclusion and the average level of knee pain was low at baseline, leaving little room for improvement. For the effectiveness outcomes, the quality of the evidence was classified as low to moderate because only a single trial was available, estimates were not derived from intention-to-treat analyses, and were imprecise for pain and function. For withdrawals due to adverse events and serious adverse event outcomes, the quality of the evidence was classified as low to moderate in view of a single available trial and an imprecise estimate for serious adverse events.
Context	Osteoarthritis is a chronic joint disease that involves degeneration of articular cartilage. Pre-clinical data has suggested that doxycycline might act as a disease-modifying agent for the treatment of osteoarthritis, with the potential to slow cartilage degeneration.
Cochrane Systematic Review	Nuesch E et al. Doxycycline for osteoarthritis of the knee or hip. Cochrane Reviews 2009, Issue 4. Article No.

	CD007323. DOI: 10.1002/14651858.CD007323.pub2. This review contains one study involving 431 participants.
PEARLS No. 220, December 2009, written by Brian R McAvoy	

Mobile phone-based interventions effective in short term for smoking cessation

Clinical question	How effective are mobile phone-based interventions at helping smokers to quit?
Bottom line	The interventions in this review included: a purely text message-based programme with automated proactive text messages and some reactive components (for help with cravings) and interactive (polls/quizzes) components; and an automated email/daily internet page and mobile phone text/audio message programme with proactive and reactive components. Text message mobile phone programmes were effective in the short term (6 weeks) only, and a combined internet and mobile phone programme was effective for up to 12 months (in terms of self-reported quitting).
Caveat	In this review, only one study attempted biochemical verification of quitting at 6 months, and one at 6 weeks. In programmes aimed at young people, where minimal direct contact and anonymity appear to be desired elements, attempting verification may have adverse effects on the collection of follow-up data.
Context	Innovative effective smoking cessation interventions are required to appeal to those who are not accessing traditional cessation services. Mobile phones are widely used and are now well-integrated into the daily lives of many, particularly young adults. Mobile phones are a potential medium for the delivery of health programmes, such as smoking cessation.
Cochrane Systematic Review	Whittaker R et al. Mobile phone-based interventions for smoking cessation. Cochrane Reviews 2009, Issue 4. Article No. CD006611. DOI: 10.1002/14651858.CD006611.pub2. This review contains 4 studies involving 2601 participants.
PEARLS No. 221, January 2010, written by Brian R McAvoy