



## News

### Launch of new WHO e-Library of nutrition related evidence

Malnutrition remains one of the greatest threats to global health. As part of efforts to address this threat, The Cochrane Collaboration has partnered with the World Health Organization (WHO) to produce the WHO electronic Library of Evidence for Nutrition Actions (eLENA).

This new web-based library centralises the latest guidelines, data and resources on nutrition, based on evidence from Cochrane Reviews and other evidence-based sources. It is designed to be a single point of reference for community leaders, policy-makers, specialists and advocates in health, nutrition, food and agriculture, in developing, implementing and evaluating interventions for nutritional health and well-being. Access eLENA, here: <http://www.who.int/elena/about/en/>

The Cochrane Collaboration is in Official Relations with the World Health Organization. Read about other joint projects between the Collaboration and the WHO on [cochrane.org](http://www.cochrane.org/about-us/relations-world-health-organization/influencing-world-health-organization-policy), here: <http://www.cochrane.org/about-us/relations-world-health-organization/influencing-world-health-organization-policy>

## Events

### Author Workshop Amsterdam

The Dutch Cochrane Centre organizes a Workshop for Authors of Cochrane Systematic Reviews of Diagnostic Test Accuracy

Date: 29-30 September 2011, Location: Amsterdam Medical Center, Amsterdam, The Netherlands

Details: This is a two-day workshop run by members of the Cochrane Diagnostic Test Accuracy Working Group for Cochrane review authors who are planning to do a Cochrane diagnostic test accuracy review (SRDTA). The objective of the workshop is to train them to prepare and conduct an SRDTA.

Contact: Hanni Spitteler

Email: [cochrane@amc.uva.nl](mailto:cochrane@amc.uva.nl)

Website: <http://srda.cochrane.org/workshops-and-events>

### EQUATOR seminar

The EQUATOR network organizes a seminar and lecture on October 3rd 2011 14.00 - 17.30 EQUATOR seminar -

Getting your trial published: CONSORT 2010 and other reporting guidelines (Registration fees: £50) 18.00 -

19.30 EQUATOR Annual Lecture - "Better reporting of better research= better healthcare: a patient plea"

The lecture will be presented by Hazel Thornton, Hon. DSc., founding Chairman of the Consumers' Advisory Group for Clinical Trials.

Lecture is free; everyone welcome; no registration needed.

Location: Bristol Marriott Hotel City Centre, Conservatory Room, Bristol, UK

Website: More details on our website: <http://www.equator-network.org/courses-events/>

### Primary Care Field meeting at Colloquium 2011: Updates, Discussions & More

Madrid, Thursday 20 October 2011 - 07:30 - 08:55

During the Cochrane Colloquium in Madrid the Primary care Field will hold its annually meeting. In this open session the Primary Health Care Field will present and discuss its (recent) activities. For example, the

development of a register of Clinical Prediction Rules, ICPC-coding of titles/protocols/reviews, news about the 'PEARLS', work on generalizability of reviews and our database of 'GP-experts', etc. Anyone interested in primary care and in the scope of the field is welcome to join and to participate in the discussion.

## Interesting new reviews

The following recently published Cochrane reviews have been selected for your interest.

- [Anticonvulsants for tinnitus](#)
- [Hospital at home: home-based end of life care](#)

## 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)

- Pharmacotherapy for somatisation disorder
- Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation
- Effect of position during bottle feeding on physiological stability for preterm infants
- Topical antifungal treatments for tinea cruris and tinea corporis
- Point-of-care tests to guide appropriate antibiotic prescribing for patients with acute respiratory infections in primary care

## 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

246. [Alpha-blockers may assist successful catheter removal after acute urinary retention](#)
247. [Doppler ultrasound may be effective for high-risk pregnancies](#)
248. [Clinical pathways associated with reduced complications and improved documentation in hospitals](#)

## 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

### Alpha-blockers may assist successful catheter removal after acute urinary retention

#### Clinical question

How effective are alpha-blockers in increasing the success rates of trial without a catheter (TWOC) after an episode of acute urinary retention in men?

#### Bottom line

The limited available evidence suggests that, compared to placebo, alpha-blockers increase success rates of

	<p>TWOC (NNT* 12). Two different alpha-blockers were tested (tamsulosin and alfuzosin). Alpha-blocker side effects were low and comparable to placebo. It is uncertain whether alpha-blockers reduce the risk of recurrent urinary retention and need for prostate surgery. The cost-effectiveness and recommended duration of alpha-blocker treatment after successful TWOC remains unknown. * NNT = number needed to treat to benefit 1 individual</p>
<b>Caveat</b>	<p>There is a lack of internationally agreed outcome measures for what constitutes successful TWOC. This makes meta-analysis difficult. Treatment was given for 1 to 3 days (and in 1 study up to a maximum of 8 days) before the catheter was removed.</p>
<b>Context</b>	<p>Acute urinary retention is a urological emergency in men and requires urgent catheterisation. Any intervention which increases the rates of successful TWOC following an acute urinary retention episode would be potentially beneficial. Alpha-blockers relax prostatic smooth muscle cells, thereby decreasing the resistance to urinary flow and by doing so improve urinary symptoms.</p>
<b>Cochrane Systematic Review</b>	<p>Zeif H-J and Subramonian K. Alpha blockers prior to removal of a catheter for acute urinary retention in adult men. Cochrane Reviews 2009, Issue 4. Article No. CD006744. DOI: 10.1002/14651858.CD006744.pub2. This review contains 5 studies involving 696 participants.</p>
<p>PEARLS No. 246, April 2010, written by Brian R McAvoy</p>	

[References]

### **Doppler ultrasound may be effective for high-risk pregnancies**

<b>Clinical question</b>	<p>How effective is Doppler ultrasound for assessing foetal wellbeing in high-risk pregnancies?</p>
<b>Bottom line</b>	<p>Current evidence suggests the use of Doppler ultrasound in high-risk pregnancies reduces the risk of perinatal death and results in fewer obstetric interventions (inductions of labour and caesarean sections). No difference was found in operative vaginal births or in Apgar scores less than 7 at 5 minutes. These studies compared the use of Doppler ultrasound of the baby's vessels in utero with no Doppler, or with cardiotocography (sometimes known as electronic foetal</p>

	monitoring).
<b>Caveat</b>	The current evidence was not of high quality and, therefore, the results should be interpreted with some caution. Women with hypertensive disorders and with small-for-date fetuses are obvious candidates for umbilical artery Doppler; the role of umbilical artery Doppler in other risk groups, including women post term, with diabetes or with uncomplicated dichorionic twin pregnancy remains unclear.
<b>Context</b>	Abnormal blood flow patterns in foetal circulation detected by Doppler ultrasound may indicate poor foetal prognosis. It is also possible false positive Doppler ultrasound findings could encourage inappropriate early delivery.
<b>Cochrane Systematic Review</b>	Alfirevic Z et al. Foetal and umbilical ultrasound in high-risk pregnancies. Cochrane Reviews 2010, Issue 1. Article No. CD007529. DOI: 10.1002/14651858.CD007529.pub2. This review contains 18 studies involving just over 10,000 participants.
PEARLS No. 247, April 2010, written by Brian R McAvoy	

[References]

### **Clinical pathways associated with reduced complications and improved documentation in hospitals**

<b>Clinical question</b>	How effective are clinical pathways in improving professional practice, patient outcomes, length of stay and hospital costs?
<b>Bottom line</b>	Compared with usual care, clinical pathways were associated with a reduction in in-hospital complications (wound infections, bleeding and pneumonia) and with improved documentation. Most studies reported a decreased length of stay and reduction in hospital costs when clinical pathways were implemented. Seven studies comparing clinical pathways as part of a multifaceted intervention with usual care found no evidence of differences between intervention and control groups. The review covered 21 conditions and interventions, ranging from chest pain, stroke and pneumonia to mechanical ventilation and surgery.

<b>Caveat</b>	Considerable heterogeneity prevented meta-analysis of length of stay and hospital costs. An assessment of whether lower hospital costs contributed to cost shifting to another health sector was not undertaken. Generally, poor reporting prevented the identification of characteristics common to successful clinical pathways.
<b>Context</b>	Clinical pathways are structured multidisciplinary care plans used by health services to detail essential steps in the care of patients with a specific clinical problem. They aim to link evidence to practice and optimise clinical outcomes while maximising clinical efficiency.
<b>Cochrane Systematic Review</b>	Rotter T et al. Clinical pathways: effects on professional practice, patient outcomes, length of stay and hospital costs. Cochrane Reviews 2010, Issue 3. Article No. CD006632. DOI: 10.1002/ 14651858. CD006632.pub2. This review contains 27 studies involving 11,398 participants in 8 countries.
Pearls No. 248	

[References]

### **Motivational interviewing may assist smokers to quit**

<b>Clinical question</b>	How effective is motivational interviewing in promoting smoking cessation?
<b>Bottom line</b>	Motivational interviewing seemed effective when given by GPs and by trained counsellors (NNT* 27, range 21-250). Longer sessions (>20 minutes per session) were more effective than shorter ones. Two or more sessions of treatment appeared to be marginally more successful than a single session treatment, but both delivered successful outcomes. The evidence for the value of follow-up telephone support was unclear. * NNT = number needed to treat to benefit 1 individual.
<b>Caveat</b>	These results should be interpreted with caution due to variations in study quality, treatment fidelity and the possibility of publication or selective reporting bias. Critical details in how motivational interviewing was modified for the particular study population, the training of therapists and the content of the counselling were sometimes lacking in trial reports.

<b>Context</b>	<p>Motivational interviewing is a directive patient-centred style of counselling, designed to help people to explore and resolve ambivalence about behaviour change. It seeks to avoid an aggressive or confrontational approach, and tries to steer people towards choosing to change their behaviour, and to encourage their self-belief. Motivational interviewing was developed as a treatment for alcohol abuse, but may help smokers to quit smoking.</p>
<b>Cochrane Systematic Review</b>	<p>Lai DTC et al. Motivational interviewing for smoking cessation. Cochrane Reviews 2010, Issue 1. Article No. CD006936. DOI: 10.1002/14651858.CD006936.pub2. This review contains 14 studies involving over 10,000 participants.</p>
Pearls No. 249	

[References]



COCHRANE  
PRIMARY HEALTH  
CARE FIELD