

Cochrane Primary Health Care Field



Decision making in primary care: when the evidence is
of no use

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Cochrane Primary Health Care Field

This workshop: objectives

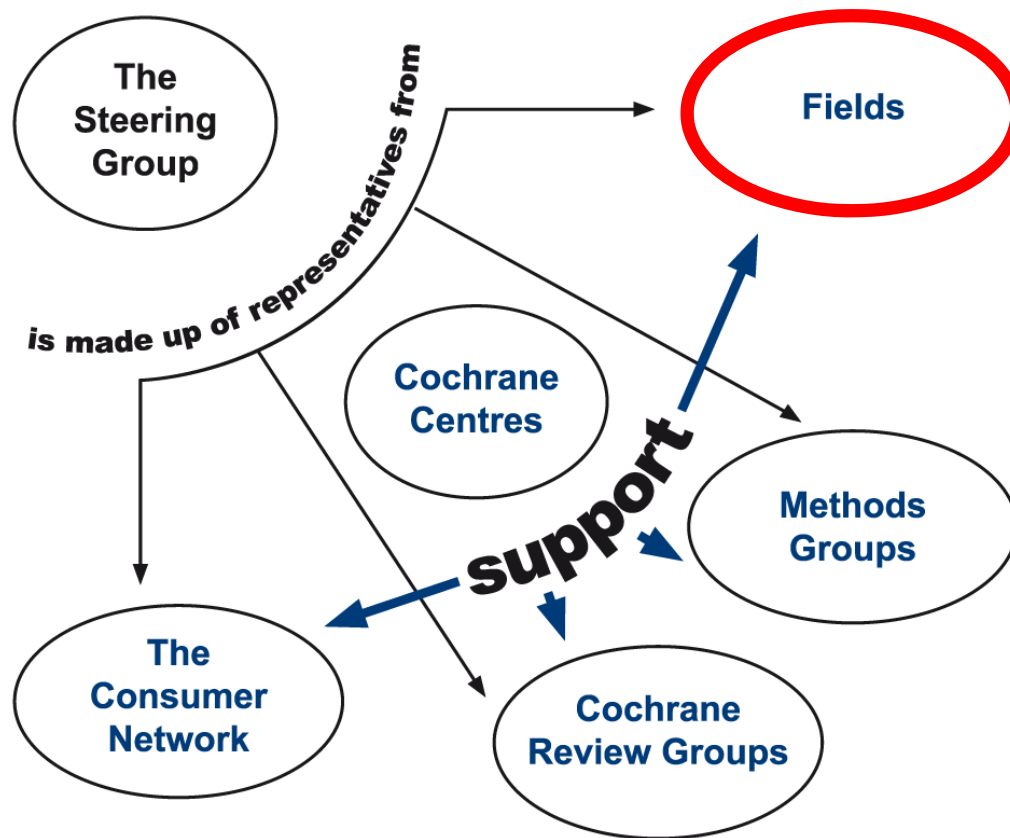
- Workshop is meant for everyone interested in how SRs are used in (general) practice
- [A few laptops are needed]
- To briefly introduce the primary health care field
- To briefly introduce discipline of general practice
- To explore problems and pitfalls in using (Cochrane) evidence for real-life clinical problems

This workshop: outline

- Brief introduction to the primary health care field
- Brief introduction to primary care
- Case 1: a depressed patient
- Case 2: a patient with back-pain
- Case 3: a patient with cancer

Brief introduction to the primary health care field

Cochrane Collaboration



Groups versus Fields

Groups:

- *longitudinal*
- One tract or health problem (e.g., Renal group, Schizophrenia group)
- Produce (edit) protocols and reviews

Fields:

- *Transversal*
- Other dimensions of health care such as type of intervention, patient, setting (e.g., Vaccination field, child field, primary health care field)
- Do not produce reviews

Cochrane Primary Health Care Field (renewed 2007)



Cochrane Primary Health Care Field Overview activities

Generate exposure:

Website

E-mail newsletter

PEARLS

Congresses: WONCA, Cochrane colloquium

Network:

Contact reviewgroups

Expertise database

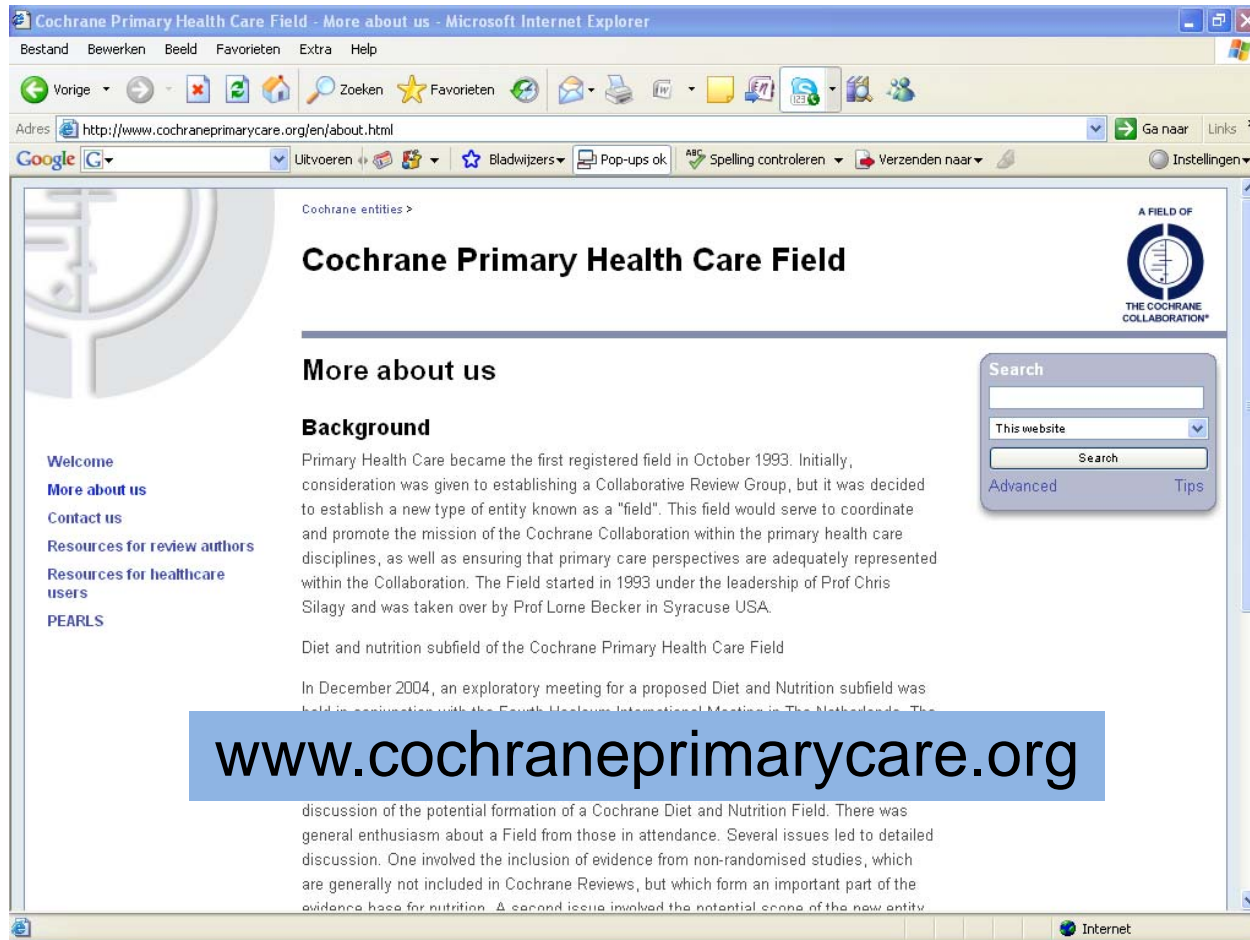
Methodology:

Clinical Prediction Rules

External validity

ICPC-coding

Cochrane Primary Health Care Field Website



PEARLS

PEARLS *Practical Evidence About Real Life Situations*



Antidepressiva zijn effectief bij neuropathische pijn

Klinische vraag	Zijn antidepressiva effectief bij neuropathische pijn?
Waar het op neerkomt	Zowel tricyclische antidepressiva (TCA's) als venlafaxine bieden verlichting van neuropathische pijn (NNT* = respectievelijk 3,6 en 3,1). Dit effect is onafhankelijk van enig effect op depressie. Er is zeer weinig bewijs dat selectieve serotonineheropnameremmers (SSRI's) effectief kunnen zijn, maar het aantal behandelde personen is te gering om conclusieve NNT's te kunnen berekenen.
Waarschuwing	<p>*NNT = 'number needed to treat' om voor één persoon voordeel op te leveren</p> Het NNH* voor ernstige bijwerkingen, gedefinieerd als een gebeurtenis leidend tot terugtrekken uit het onderzoek, was 28 voor amitriptyline en 16,2 voor venlafaxine. Het NNH* voor geringere bijwerkingen zoals sufheid, duizeligheid, droge mond en constipatie was 6 voor amitriptyline en 9,6 voor venlafaxine.
Context	<p>*NNH = 'number needed to harm' om één persoon schade te berokkenen</p> Neuropathische pijn kan zeer invaliderend zijn, ernstig en moeilijk te behandelen, ongemak en lijden veroorzakend, inclusief dysesthesie en paresthesie. Sinds vele jaren worden antidepressiva gebruikt bij neuropathische pijn en zij zijn vaak de eerste keus in de behandeling. Het is echter onduidelijk welk antidepressivum het meest effectief is, welke rol de nieuwere antidepressiva, zoals de SSRI's en venlafaxine, kunnen spelen in de behandeling van neuropathische pijn en welke bijwerkingen patiënten ondervinden.
Cochrane systematische review	Saarto T, Wiffen PJ. Antidepressants for neuropathic pain. Cochrane Reviews 2007, Issue 4. Art No: CD0005454, DOI: 10.1002/14651858. CD0005454.pub 2. De review omvat 61 onderzoeken met in totaal 3293 deelnemers.
Bron	PEARLS nr. 29, februari 2008, B.R. McAvoy.

Answer in title

Clinically relevant question

'Bottom line'

Caveat

Context

References

Modern Medicine 2008, no 4


www.cochranegetinvolved.org

http://ives-survey.azn.nl/FS/nsurvey.aspx?surveyid=15c9faf6345460bab1612c2cb02d28b - Microsoft Internet Explorer

Bestand Bewerken Beeld Favorieten Extra Help

Vorige Zoeken Favorieten

Adres http://ives-survey.azn.nl/FS/nsurvey.aspx?surveyid=15c9faf6345460bab1612c2cb02d28b Ga naar Links


COCHRANE
PRIMARY HEALTH
CARE FIELD

The Cochrane Primary Health Care Field (CPHCF) aims to "promote the quality, quantity, dissemination and accessibility of Cochrane systematic reviews relevant to people who work in primary care". To help review groups in developing, assessing and improving systematic reviews we are continuously on the lookout for people who work in primary care (practice or research) with expertise in a variety of health topics that may potentially be subject of a Cochrane review.

Please fill out this form if you are interested in helping the CPHCF to improve primary care research in the Cochrane Collaboration.

First name:

Middle Initials:

Family name:

Profession:

General practitioner

Researcher

Nurse

Practice assistant

Other, please specify

Institution:

Address:

ZIP-code:

City:

Country:

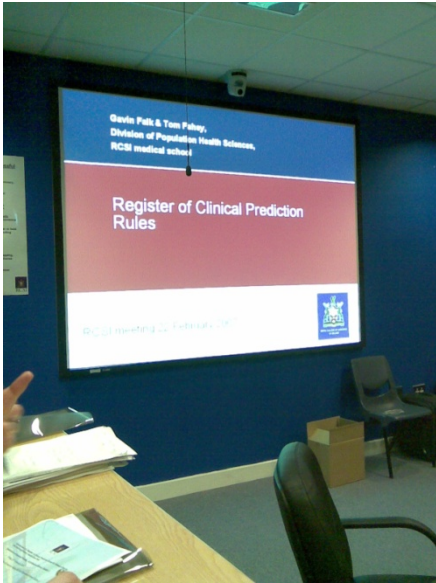
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Cochrane Primary Health Care Field Clinical prediction Rules



Cochrane Primary Health Care Field Clinical prediction Rules (CPRs)

Dublin Branch of the Primary Health Care Field

Fits in the newly developed 'Diagnostic study branch' of the
Cochrane collaboration

Current activities:

- Development of relevant search strategies

- Development of a database of CPRs

Interested? Contact Tom Fahey: t.fahey@cochraneprietarycare.org

Brief introduction to primary care

Ecology of health care

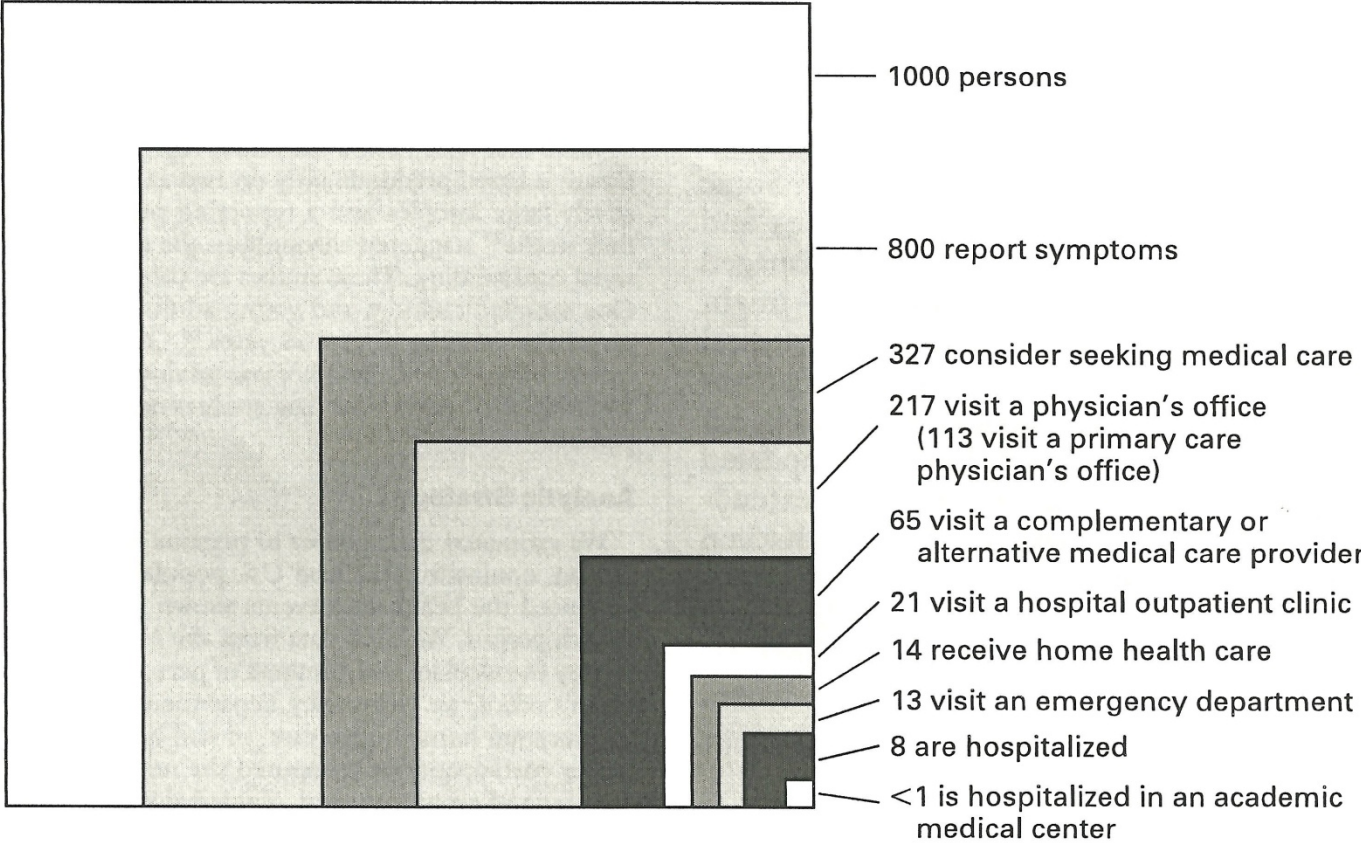


Figure 2. Results of a Reanalysis of the Monthly Prevalence of Illness in the Community and the Roles of Various Sources of Health Care.

Each box represents a subgroup of the largest box, which comprises 1000 persons. Data are for persons of all ages.

General practice / family medicine

- First encounter in medical system
 - GP/FP provides care:
 - For patients of all ages
 - With all kinds of symptoms / complaints
 - Physically / psychologically
 - 24 / 7
 - Knowledge of context
- } Integral
- } Continuous
- } Personal

Case 1: a depressed patient

Case 1: a depressed patient

- 41 years old male patient, married, one son (5 yrs)
- History teacher
- Medical History:
 - Cervical radiculopathy (2000)
 - Lumbosacral radiculopathy (2009)
 - Prostatitis (?)
 - Periods with depression: psychotherapy (?)
- Tired, irritable, more back ache, apathetic (food, sex), depressed mood; duration 3 to 4 months
- Question patient?

Case 1: a depressed patient (Cont.)

- Any (additional) questions?

- My considerations:

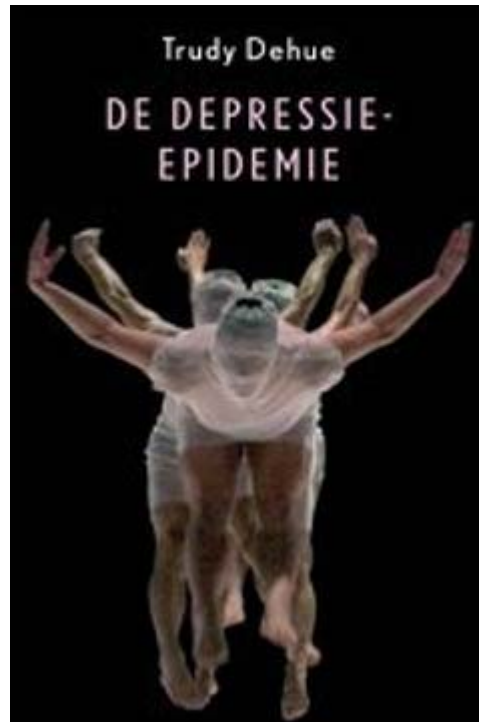
Social context Dissatisfied with career / work
Quality of marriage?

Views patient: “medication is for losers”
“I have had psychotherapy before”
“I have a ‘depressed’ constitution”

Views doctor This patient suffers from a depression
Relationship with somatic problems (-> therapy)
Positive experience with drugs in similar cases
Life stage problem? Coaching?

Case 1: a depressed patient (Cont.)

Views Society?



Case 1: a depressed patient (Cont.)

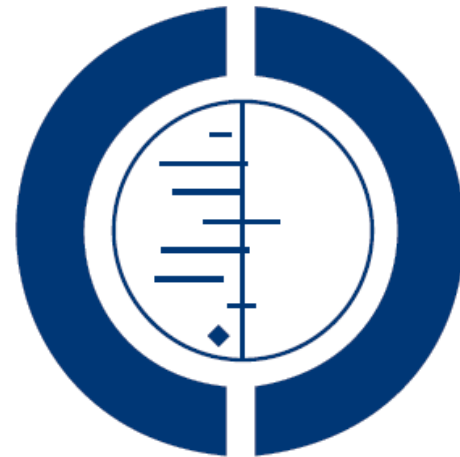
- Evidence based advice: Cochrane reviews?:

- Active placebos versus antidepressants for depression
- Acupuncture for depression
- Amitriptyline for depression
- Antidepressants plus benzodiazepines for major depression
- Antidepressants versus placebo for depression in primary care
- Escitalopram versus other antidepressive agents for depression
- Exercise for depression
- Family therapy for depression
- Fluoxetine versus other types of pharmacotherapy for depression
- Fluvoxamine versus other anti-depressive agents for depression
- Light therapy for non-seasonal depression
- Low dosage tricyclic antidepressants for depression
- Marital therapy for depression
- Milnacipran versus other antidepressive agents for depression
- Music therapy for depression
- Psychostimulants for depression
- Relaxation for depression
- Selective serotonin reuptake inhibitors (SSRIs) versus other antidepressants for depression
- Sertraline versus other antidepressive agents for depression
- St John's wort for major depression
- Transcranial magnetic stimulation for treating depression
- Tryptophan and 5-Hydroxytryptophan for depression

Case 1: a depressed patient (Cont.)

Antidepressants versus placebo for depression in primary care (Review)

Arroll B, Elley CR, Fishman T, Goodyear-Smith FA, Kenealy T, Blashki G, Kerse N,
MacGillivray S



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Case 1: a depressed patient (Cont.)

- How to appraise Cochrane review for this patient?

- Discussion:

Was this the right review to pick?

Does your patient 'fit in' review?

why yes/no?

What do you tell to patient about

(Duration of) intervention?

What effect to expect?

Side effects?

Combination with other therapies?

How can this review be improved?

Case 2: a patient with back-pain

Case 2: a patient with back-pain

- 39 years old male patient, married, no children
- Sales manager
- Medical History:
 - 2004: Dizziness-> anxiety disorder; paroxetine, does not want psychotherapy
 - 2006: Discopathy L3-L4/L4-L5/L5-S1
 - 2007: multiple visits “odd feeling” left side abdomen; no abnormal findings (phys. examination, ultrasonography)
 - 2008: Urticaria (hives)

Case 2: a patient with back-pain (Cont.)

- Day 1: 2 days earlier during rollercoaster ride: sudden back pain
Phys. examination: “no signs radiculopathy”
Painkillers
- Day 2: home visit: pain increases; symmetrical reflexes, no sensory loss; more painkillers (Morphine)
- Day 16: didn't show up
- Day 24: pain still exists, visited chiropractor, no signs radiculopathy
!Anxious to move, see history of anxiety and MUS
!Morphine use >2 weeks
-> Physiotherapy

Case 2: a patient with back-pain (Cont.)

- Day 31: improvement, morphine reduced, exercise
Phys exam: Normal strength/sensory/reflexes, Re Lasègue pos (?!)
- Day 38: Slowly better, stopped morphine
- Day 53: impatient, still not pain-free, pain is in right leg, sensory numbness in dermatome S1
Commercial mri-scan: discopathy L5-S1

Case 2: a patient with back-pain (Cont.)

- Questions patient: anesthetic block?
- Additional questions?
- Considerations:
 - Social context Impact on daily life?
 - Views patient: “I need a quick solution”
 “something is broken. Repair it”
 - Views doctor Relationship with anxiety disorder and MUS
 Might be herniated disc now: surgery helpful?
 “failed back surgery syndrome”: Surgery NOT
 always gold standard

Case 2: a patient with back-pain (Cont.)

Physical examination for lumbar radiculopathy due to disc herniation in patients with low-back pain (Review)

van der Windt DAWM, Simons E, Riphagen II, Ammendolia C, Verhagen AP, Laslett M, Devillé W, Deyo RA, Bouter LM, de Vet HCW, Aertgeerts B



**THE COCHRANE
COLLABORATION®**

Case 2: a patient with back-pain (Cont.)

- How to appraise Cochrane review for this patient?
- Discussion:

What do you know already?

History

Course of current episode

Signs and symptoms

What do you want to know?

How to use info from review?

How to explain patient

Case 3: a patient with cancer

Case 3: a patient with cancer

- 45 years old female patient, divorced, two daughters
- Manager bank
- Medical History:
 - 1978 unexplained stomach-ache
 - 1981 appendectomy
 - 1987 Allergy (dust)
 - 2010 Breast carcinoma (doctor's delay)
 - mastectomy, additional radiotherapy and chemotherapy
- Visits you to discuss potential side-effects radiotherapy and chemotherapy

Case 3: a patient with cancer (Cont.)

- Question patient: I have heard of medication to reduce the risk of skin and mouth disease for patients receiving chemo- and radiotherapy. It was in a so-called Cochrane review, so it is true. Please prescribe this medication for me.

Case 3: a patient with cancer (Cont.)

Homeopathic medicines for adverse effects of cancer treatments (Review)

Kassab S, Cummings M, Berkovitz S, van Haselen R, Fisher P



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Case 3: a patient with cancer (Cont.)

- How to appraise Cochrane review for this patient?

- Discussion:

How do you appraise this evidence

What do you explain the patient?

Do you prescribe the medication?

Cochrane Primary Health Care Field: Join us!

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www.cochranegetinvolved.org

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