



Newsletter with PEARLS October 2013

This month's PEARLS:

No. 386 All forms of nicotine replacement therapy effective for smoking cessation

No. 387 Many interventions effective for actinic keratoses

No 388 Topical corticosteroids effective for nasal polyps

No. 389/390 Computer-based self-management interventions effective in diabetes

No. 393 Acupuncture may be effective for fibromyalgia

News

Colloquium 2013: news from the collaboration
(report from our man in Quebec: Floris van de Laar)



This year's Cochrane Colloquium was held in the beautiful city of Quebec (Canada). Please visit the Colloquiums website and find out about all the news, photos and videos.

Cochrane presented itself as a vivid and ambitious organization in the heart of medical sciences, healthcare and society. Our goals are not only to produce the best and strongest possible evidence, but also to enhance its impact on health care as a whole. Therefore Cochrane has worked out a strategy plan with a proposed new vision:

"Cochrane's vision is a world of better health for everyone where every decision about health care is informed by synthesized research evidence that is high-quality, relevant and up-to-date."

And a proposed new mission:

"Cochrane is a global, independent organization whose mission is to promote evidence-based health care around the world by producing high-quality, relevant systematic reviews and other forms of evidence; making them accessible to people everywhere; and ensuring they inform healthcare decision-making."

Although the 'plan-making is ongoing many new ideas and projects have been launched. For example Cochrane has established interesting collaborations with Wikipedia (www.wikipedia.org) and the Guidelines International Network (www.g-i-n.net). With respect to the huge body of information in the Library, Cochrane started the "linked data project" in which new ways of storing and organizing data will be developed. Please visit the website to find out much more newsworthy material from Cochrane and the Colloquium

Website colloquium: <http://colloquium.cochrane.org/>

Strategy document:

http://www.cochrane.org/sites/default/files/uploads/Cochrane%20Strategy%20to%202020%20-%20Consultation%20Document%20-%20July%202013_0.pdf

The Cochrane20 Video Series

The twenty-first video in this series, focusing on a Cochrane Profile of Wounds Group Managing Editor (and one of the 2013 Chris Silagy Prize winners) Sally Bell-Syer, is available at http://youtu.be/1jcOtuky_gE. Or Click on the Anniversary website, <http://anniversary.cochrane.org/> (no password required).

New Branch Announcements

Malaysian Cochrane Network

The Malaysian Cochrane Network has been approved as a Branch of the Australasian Cochrane Centre. The Network will have its base at Penang Medical College but includes several sites around Malaysia, reflecting the main centres for Cochrane review activity. The Network will be convened by Prof Jackie Ho, a paediatrician and long-time Cochrane author with several Review Groups.

Québec Branch of the Canadian Cochrane Centre

The mission of the Québec Branch is to promote and support Canadian francophone people and communities involved or interested in The Cochrane Collaboration and advocate for evidence informed decision making in their areas. The establishment of the Québec Branch of the CCC will provide a distinct French language platform and a focal point for francophone Cochrane activities within Canada. The Branch would also collaborate with global Francophone activities within The Cochrane Collaboration. The Branch is supported by the Centre hospitalier de Universitaire de Québec.

Presentation available from Methods Symposium at the recent Cochrane Colloquium in Québec

A successful Methods Symposium was held after the recent Cochrane Colloquium in Québec City at the Université Laval. Talks were wide ranging covering different approaches to network meta-analysis, difficulties of publishing 'true' study findings due to hidden data, whether to include all available evidence or 'best evidence' in reviews, reporting and declaring transparency in reporting, addressing pooled baseline imbalance and its effect on the absolute estimates of treatment effect, developing causal diagrams in meta-analyses as well as a debate on whether the 'Risk of bias' tool should include an item for funding source or not. Slides for most talks are now available on the [methods.cochrane.org](http://methods.cochrane.org/projects-developments/methods-symposium) website <http://methods.cochrane.org/projects-developments/methods-symposium>

Events

Cochrane UK & Ireland Annual Symposium 2014

Save the date! **23rd & 24th April 2014**, Manchester, Renold Building, Manchester University
Registration will be opening soon.

Call for workshops! A set of developmental workshops will be held on the 23rd April, if you are interested in running a workshop please contact [Carly Mole](#). The workshop should fit with the theme of the symposium; Cochrane Evidence: Useful, Usable & Used, where possible. Please include a brief description of the workshop.

FREE Webinar Series: Different Evidence, Different Synthesis

Webinar #1

Title: Qualitative evidence synthesis and Cochrane Reviews

Date: Thursday, 28 November 2013

Time: 12-1PM EST (Toronto)

Webinar #2

Title: Overviews of reviews -- what they are, what they aren't, and how and when to do one

Date: Thursday, 5 December 2013

Time: 12-1PM EST (Toronto)

Webinar #3

Title: Introduction to concepts in network meta-analysis

Date: Thursday, 16 January 2014

Time: 12-1PM EST (Toronto)

Webinar #4

Title: An introduction to rapid reviews

Date: Thursday, 30 January 2014

Time: 12-1PM EST (Toronto)

For details please visit the website: <http://ccnc.cochrane.org/cochrane-canada-live-webinars>

REGISTER NOW!

<http://ccc.cochrane.org/2013-2014-different-evidence-different-syntheses-series-registration-form>

Email: Catherine McNair, cmcnair@ohri.ca

Presented by the Canadian Cochrane Centre

Workshop: Developing a Cochrane Systematic Review workshop

Date: 15-17 January 2014

Location: Baltimore, Maryland (USA)

Details: This workshop guides participants through the steps of developing a systematic review and includes presentations about Cochrane Collaboration methodology, hands-on practice using the Cochrane Collaboration's Review Manager (RevMan) software, and a statistics review session. It is limited to Cochrane review authors who have a registered title, have published a protocol in The Cochrane Library or who have a protocol approved for publication by a Cochrane Review Group.

Email: uscevg@jhsph.edu

Website: <http://eyes.cochrane.org/workshop-developing-cochrane-systematic-review>

Interesting new and updated reviews

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

[Exercise for depression](#)

[Mosquito larval source management for controlling malaria](#)

[Media-delivered cognitive behavioural therapy and behavioural therapy \(selfhelp\) for anxiety disorders in adults](#)

[Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers](#)

[Pharmacological interventions for smoking cessation: an overview and network meta-analysis](#) [Link to Podcast](#)

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

- **Free versus fixed combination antihypertensive therapy for essential arterial hypertension**
- **Self-help versus treatment as usual for depression in adults**
- **Male circumcision for preventing STI**
- **Education support services for improving school engagement and academic performance of children and adolescents with a chronic health condition**
- **Aggression management training for preventing violence toward healthcare workers**

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.

PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

The PEARLS can be used free of charge for research or teaching. No commercial use is allowed.

All forms of nicotine replacement therapy effective for smoking cessation

Clinical question	How effective are the different forms of nicotine replacement therapy (NRT), i.e. gum, transdermal patch, nasal spray, inhaler, oral spray, lozenge and sublingual tablet, for smoking cessation?
Bottom line	All of the commercially available forms of NRT are effective as part of a strategy to promote smoking cessation. They increase the rate of long-term quitting (over six months) regardless of setting (NNT* 56). The effectiveness of NRT appears to be largely independent of the intensity of additional support provided to the individual. Provision of more intensive levels of support, although beneficial in facilitating the likelihood of quitting, is not essential to the success of NRT. There was no benefit for using patches beyond eight weeks.
Caveat	These conclusions apply to smokers who are motivated to quit and who have high levels of nicotine dependence. There is little evidence about the role of NRT for individuals smoking fewer than 10 to 15 cigarettes a day.
Context	The aim of NRT is to temporarily replace much of the nicotine from cigarettes to reduce motivation to smoke and nicotine withdrawal symptoms, thus easing the transition from cigarette smoking to complete abstinence.
Cochrane Systematic Review	Cochrane Systematic Review Stead LF et al. Nicotine replacement therapy for smoking cessation. Cochrane Reviews, 2012, Issue 11.

Art. No.: CD000146.DOI: 10.1002/14651858. CD000146.pub4. This review contains 150 studies, 117 with over 50,000 participants
Pearls No. 386, April 2013, written by Brian R McAvoy. C50

Many interventions effective for actinic keratoses

Clinical question	How effective are topical, oral, mechanical and chemical interventions for actinic keratoses?
Bottom line	For individual lesions, photodynamic therapy appears more effective and has a better cosmetic outcome than cryotherapy. For field-directed treatments, diclofenac, 5-fluorouracil, imiquimod, and ingenol mebutate had similar efficacy, but their associated adverse events and cosmetic outcomes were different. Skin irritation was associated with some of these treatments, such as diclofenac and 5-fluorouracil, but other side effects were uncommon. The choice of treatment options depended on the number of lesions, the individual's desired results and tolerance to the treatments.
Caveat	The review included a broad variety of interventions for actinic keratoses and a large number of outcomes. There was no evidence that treating actinic keratoses prevented squamous cell carcinoma.
Context	Actinic keratoses are a skin disease caused by long-term sun exposure, and their lesions have the potential to develop into squamous cell carcinoma. Treatments for actinic keratoses are sought for cosmetic reasons, for the relief of associated symptoms, or for the prevention of skin cancer development. Detectable lesions are often associated with alteration of the surrounding skin (field) where subclinical lesions might be present. The interventions available for the treatment of actinic keratoses include individual lesion-based (e.g. cryotherapy) or field-directed (e.g. topical) treatments.
Cochrane Systematic Review	Cochrane Systematic Review Gupta AK et al. Interventions for actinic keratoses. Cochrane Reviews, 2012, Issue 12. Art. No.: CD004415.DOI: 10.1002/14651858. CD004415.pub2. This review contains 83 studies involving over 10,036 participants
Pearls No. 387, April 2013, written by Brian R McAvoy. C48	

Topical corticosteroids effective for nasal polyps

Clinical question	How effective are topical corticosteroids in patients with chronic rhinosinusitis with nasal polyps?
Bottom line	Topical nasal corticosteroids should be considered part of medical treatment for chronic rhinosinusitis with nasal polyps. Topical nasal corticosteroids had beneficial effects on symptoms, polyp size and polyp recurrence, with little evidence of significant adverse effects. When a low dose was compared to a high dose of topical corticosteroid, no difference was evident for symptom control, polyp size and polyp recurrence. The effect on polyp size may be greater when the topical corticosteroid is administered after sinus surgery.
Caveat	Although these data consistently favoured topical corticosteroids, there was also significant heterogeneity seen and variability in the effect size. There was not enough information regarding the extent of previous surgery to consider the role of simple polypectomy versus more comprehensive sinus surgery. Symptoms were scored

	differently across included studies.
Context	Nasal polyps develop as a result of chronic inflammation of the mucous lining of the nose and sinuses and they can cause nasal obstruction, poor sinus drainage, and loss of smell/taste, a runny nose or nasal congestion. Topical corticosteroids have been the most widely used treatment, with each clinician using different regimens, at different doses, in different settings and with or without sinus surgery.
Cochrane Systematic Review	Cochrane Systematic Review Kalish L et al. Topical steroids for nasal polyps. Cochrane Reviews, 2012, Issue 12. Art. No.: CD006549.DOI: 10.1002/14651858. CD006549.pub2. This review contains 40 studies involving 3,624 participants.
Pearls No. 388, April 2013, written by Brian R McAvoy. C15	

Computer-based self-management interventions effective in diabetes

Clinical question	How effective are computer-based self-management interventions (CBSMIs) for adults with type 2 diabetes mellitus?
Bottom line	BSMIs to manage type 2 diabetes appeared to have a small beneficial effect on blood glucose control (HbA1c improved by 2.3 mmol/mol or 0.2%) and the effect was larger in the mobile phone subgroup (5.5 mmol/mol or 0.5%). There was no evidence to show benefits in other biological outcomes or any cognitive, behavioural or emotional outcomes. Four out of 10 interventions improved lipid profiles. There was a wide spectrum of interventions including clinic-based brief interventions, internet-based interventions that could be used from home, and mobile phone-based interventions. The age range of participants was 46 to 67 years and most of those people had lived with diabetes for 6 to 13 years. Participants were given access to the interventions for 1 to 12 months, depending on the intervention.
Caveat	The interventions appeared to be quite heterogeneous and the length of follow-up varied from 2 to 12 months. All the interventions looked at effects on HbA1c as an important outcome, but the other primary and secondary outcomes varied greatly and the instruments used to measure them were often different; this made it very difficult to compare or synthesise the results from different studies.
Context	Diabetes is one of the commonest chronic medical conditions, affecting around 347 million adults worldwide. Structured patient education programmes reduce the risk of diabetes-related complications four-fold. Internet-based self-management programmes have been shown to be effective for a number of long-term conditions, but it is unclear what the essential or effective components of such programmes are.
Cochrane Systematic Review	Pal K et al. Computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus. Cochrane Reviews, 2013, Issue 3. Art. No.: CD008776.DOI: 10.1002/14651858. CD008776.pub2. This review contains 16 studies involving 3578 participants.
Pearls No. 389, May 2013, written by Brian R McAvoy	

Acupuncture may be effective for fibromyalgia

Clinical question	How effective is acupuncture for treating fibromyalgia?
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Bottom line	<p>There was low to moderate-level evidence that, compared with no treatment and standard therapy, acupuncture improved pain and stiffness in people with fibromyalgia.</p> <p>There was moderate-level evidence that the effect of acupuncture did not differ from sham acupuncture in reducing pain or fatigue, or improving sleep or global wellbeing.</p> <p>The same level of evidence supported acupuncture as an adjunct therapy to medication and exercise or acupuncture when compared with a medication and exercise control.</p> <p>Electroacupuncture was probably better than manual acupuncture for pain and stiffness reduction and improvement of global wellbeing, sleep and fatigue.</p> <p>Evidence suggested treatment sessions should be twice per week, over 4 weeks, with each session lasting for 25 minutes. The effect lasted up to 1 month, but was not maintained at 6 months follow-up.</p> <p>Acupuncture appeared safe.</p>
Caveat	The small sample size, scarcity of studies for each comparison and lack of ideal sham acupuncture weakened the level of evidence and its clinical implications. Larger studies are warranted.
Context	Fibromyalgia is a musculoskeletal disorder characterised by widespread chronic pain and any number of comorbidities, such as sleep disturbance, fatigue, stiffness, irritable bowel syndrome, headaches and mood disorders. It affects over 2% of the population and occurs predominantly in females. ¹ One in 5 individuals with fibromyalgia use acupuncture treatment within 2 years of diagnosis.
Cochrane Systematic Review	Deare JC et al. Acupuncture for treating fibromyalgia. Cochrane Reviews, 2013, Issue 5. Art. No.: CD007070. DOI: 10.1002/14651858. CD007070.pub2. This review contains 9 studies involving 395 participants.
Pearls No. 393, June 2013, written by Brian R McAvoy	

Abstracts

The actual Cochrane abstracts for the P.E.A.R.L.S are at

[No. 386 All forms of nicotine replacement therapy effective for smoking cessation](#)

[No. 387 Many interventions effective for actinic keratoses](#)

[No 388 Topical corticosteroids effective for nasal polyps](#)

[No. 389/390 Computer-based self-management interventions effective in diabetes](#)

[No. 393 Acupuncture may be effective for fibromyalgia](#)

Colophon

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<http://lists.cochrane.org/mailman/listinfo/primarycare>

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For more information about the Field, or to view the previously published PEARLS please visit: <http://www.cochraneprimarycare.org>

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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.