



News

Earthquake in Haiti

Cochrane Collaboration support for Haiti Following the devastating earthquake in Haiti, The Cochrane Collaboration is working with colleagues in WHO, PAHO (the WHO regional office in the Americas), the Centre for Reviews and Dissemination and others to make relevant details from Cochrane reviews available through our Evidence Aid resources. Information was put on the Internet recently: <http://www.cochrane.org/evidenceaid/haiti/index.html>.

The Evidence Aid project is continually improving its materials and processes, to ensure that the Collaboration is able to make an appropriate response when these dreadful disasters occur, and we will be thinking about how to better do this. If you would like to be involved in the project, now or in the future, please contact Mike Clarke (mclarke@cochrane.ac.uk).

Vote for Gordon Guyatt

We are asking you to take 15 seconds of your time to vote for Gordon Guyatt as the recipient of BMJ's 2010 "lifetime achievement award". You may know Gordon Guyatt as the one who coined the term "Evidence Based Medicine" or you may know him as the author of "User's Guide to Medical Literature" which you may have used to learn how to critically appraise articles. Moreover, you may know him as author of countless systematic reviews, randomised trials and more. He is a great supporter of Cochrane who attends the annual conference and is part of a number of Cochrane working groups.

Please go to: <http://www.bmj.com/> half way down right side of page.

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

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Colophon

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We would be grateful if you could forward the URL for colleagues to sign up to our website by going to

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More information

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;

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Abstracts

No evidence on effectiveness of smart home technologies

Clinical question	How effective are smart home technologies as an intervention for people with physical disability, cognitive impairment or learning disability, who are living at home?
Bottom line	Although the review produced a significant volume of literature on the use of smart technologies (such as customised mobile telephones and alarm and monitoring sensors) within healthcare, there were no studies testing their effectiveness. There is a lack of empirical

	evidence to support or refute the use of smart home technologies within health and social care.
Caveat	The integration of smart home technology to support health and social care is acquiring an increasing global significance. Provision is framed within the context of a rapidly changing population profile, which is impacting on the number of people requiring health and social care, workforce availability and the funding of healthcare systems. Smart home technologies include mobile telephones tailored to healthcare, electronic sensors that sound alarms in emergency situations, and sensors that can be placed in everyday home appliances such as fridges, ovens or doors, and that can send information to healthcare providers.
Context	The integration of smart home technology to support health and social care is acquiring an increasing global significance. Provision is framed within the context of a rapidly changing population profile, which is impacting on the number of people requiring health and social care, workforce availability and the funding of healthcare systems. Smart home technologies include mobile telephones tailored to healthcare, electronic sensors that sound alarms in emergency situations, and sensors that can be placed in everyday home appliances such as fridges, ovens or doors, and that can send information to healthcare providers.
Cochrane Systematic Review	Martin S et al. Smart home technologies for health and social care support. Cochrane Reviews 2008, Issue 4. Article No. CD006412. DOI: 10.1002/14651858.CD006412.pub2. This review contained no studies which met the inclusion criteria.
PEARLS 124, November 2008, written by Brian R McAvoy	

[References]

Relaxation techniques have some benefit in depression

Clinical question	How effective are relaxation techniques for depression?
Bottom line	Relaxation techniques were better than wait-list, no treatment or minimal treatment, but not as effective as psychological therapies like cognitive behavioural therapy (CBT). Relaxation techniques reduced self-rated depressive symptoms at the end of treatment and at follow-up several months later but data on clinician-rated depressive symptoms were less conclusive. Relaxation techniques have potential as a simple first-line psychological treatment for depression. Those who do not respond within a set time could be offered more complex psychological treatment, such as CBT.
Caveat	A major weakness in the trials was the lack of measurement of functional outcomes. Inconsistent effects were found when comparing relaxation techniques to medication, and there were few data available comparing relaxation with complementary and lifestyle treatments.
Context	Many members of the public have negative attitudes towards antidepressants. Psychological interventions are more acceptable but require considerable therapist training. Acceptable psychological interventions that require less training and skill are needed to ensure increased uptake of interventions. A potential intervention of this sort is relaxation techniques – a simple psychological treatment that can be administered after brief training.
Cochrane Systematic Review	Jorm A F et al. Relaxation for depression. Cochrane Reviews 2008, Issue 4. Article No. CD007142. DOI: 10.1002/14651858.CD007142.pub2. This review contains 15 trials involving 791 participants.
PEARLS 125, November 2008, written by Brian R McAvoy	

[References]

Probiotics not effective for eczema

Clinical question	How effective are probiotics in eczema?
Bottom line	Compared to placebo, probiotics do not reduce eczema symptoms, such as itching, nor do they change the overall severity of eczema judged by patients or their doctors. The results varied

	between different trials but overall do not suggest that probiotics are an effective treatment for eczema.
Caveat	Probiotic treatment is generally safe; however, it can lead to adverse effects including sepsis and bowel ischaemia. The precise risk of such events is difficult to quantify, but is likely to be very low for most people.
Context	Eczema affects between 5 and 20% of people at some time in their life. People with eczema have different bacteria in their gut to people without eczema, and sometimes they have inflammation in their gut. It may be possible to treat eczema symptoms by changing the mix of gut bacteria or by reducing inflammation in the gut. One type of treatment that might achieve this is probiotics – live microorganisms taken by mouth, such as the Lactobacillus bacteria, found in unpasteurised milk and yoghurt.
Cochrane Systematic Review	Boyle R J et al. Probiotics for treating eczema. Cochrane Reviews 2008, Issue 4. Article No. a. DOI: 10.1002/14651858. CD006135.pub2. This review contains 12 trials involving 781 participants.
PEARLS 126, November 2008, written by Brian R McAvoy	

[References]

Beta-blockers can be used with caution in peripheral arterial disease

Clinical question	What are the potential harms of using beta-blockers in patients with peripheral arterial disease (PAD)?
Bottom line	None of the trials reviewed showed a clear worsening effect of beta-blockers on time to claudication, claudication and maximal walking distances measured on a treadmill, calf blood flow, calf vascular resistance and skin temperature when compared with placebo. The trials did not report any adverse events or issues regarding taking the medication with the beta-blockers studied (atenolol, propranolol, pindolol and metoprolol). Beta-blockers should be used with caution in PAD if clinically indicated.

Caveat	Most of the trials were over 10 years old, reported on between 1980 and 1991. All were small and of poor quality. The drugs were administered for a short period of time (10 days to 2 months) and most of the outcome measures were reported in single studies. Additional drugs, calcium channel blockers and combined alpha and beta-blockers, were also given in some of the trials.
Context	Beta-blockers have been shown to decrease mortality in people with high blood pressure and coronary artery disease. Optimal therapy for people with either coronary artery disease or hypertension and PAD is controversial. This is because of the presumed peripheral blood flow consequences of beta-blockers, leading to worsening of symptoms.
Cochrane Systematic Review	Paravastu S C V et al. Beta blockers for peripheral arterial disease. Cochrane Reviews 2008, Issue 4. Article No. CD005508. DOI: 10.1002/14651858.CD005508.pub2. This review contains 6 trials involving 119 participants.
PEARLS 127, October 2008, written by Brian R McAvoy (first published in New Zealand Doctor, 11 February 2009)	

[References]

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