



## News

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[137. Ventilation tubes \(Grommets\) effective for recurrent acute otitis media](#)

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[140. No evidence for benefit of procaine in prevention or treatment of dementia](#)

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## Abstracts

### Ventilation tubes (Grommets) effective for recurrent acute otitis media

<b>Clinical question</b>	How effective are grommets for recurrent acute otitis media (AOM) in children?
<b>Bottom line</b>	Grommets have a significant role in maintaining a "disease-free" state in the first 6 months after insertion, in children aged 3 years or younger. In one study, grommets reduced the number of episodes of acute otitis media by an average of 1.5 episodes per child (a reduction of approximately 70%), and significantly increased the proportion of children with no episodes of AOM. The other study reviewed also found a higher proportion of patients in the grommet group had no episodes of AOM in the 6 months after intervention, but the difference was not statistically significant. The effect size was small in terms of total number of episodes of recurrent AOM but in both studies more than 50% of children were AOM free, while only a handful were rendered AOM free in the antibiotic arm.
<b>Caveat</b>	This review involved only 2 small studies. Further research is required to investigate the effect of grommets beyond 6 months. Clinicians should take into account an individual patient's circumstances, the possible adverse

	effects of grommet insertion and the potential complications of AOM before surgery is undertaken.
<b>Context</b>	AOM is one of the most common infectious diseases in childhood. Recurrent AOM is defined for the purposes of this review as either 3 or more acute infections of the middle ear cleft in a 6-month period, or at least 4 episodes in a year. Strategies for managing AOM include the assessment and modification of risk factors where possible, repeated courses of antibiotics for each new infection, antibiotic prophylaxis and the insertion of grommets.
<b>Cochrane Systematic Review</b>	McDonald S et al. Grommets (ventilation tubes) for recurrent acute otitis media in children. Cochrane Reviews 2008, Issue 4. Article No. CD004741. DOI: 10.1002/14651858.CD004741.pub2. This review contains 2 studies involving 148 participants.
<b>PEARLS 137, January 2009, written by Brian R McAvoy</b>	

[References]

### Limited evidence for the effectiveness of burn wound dressings

<b>Clinical question</b>	How effective are wound dressings for superficial and partial thickness burns?
<b>Bottom line</b>	A number of dressings appear to have some benefit over standard chlorhexidine impregnated gauze dressings in the management of superficial and partial thickness burns. These include hydrocolloid, silicon nylon, antimicrobial (containing silver), polyurethane film and biosynthetic dressings. The benefit relates to time to wound healing, the number of dressing changes and the level of pain experienced.
<b>Caveat</b>	Most of the trials were small (only 6 had more than 80 patients), and many had methodological limitations. Many of the trials failed to adequately assess the depth of burns. The use of silver sulphadiazine (SSD) as a comparator on burn wounds for the full duration of treatment needs to be reconsidered, as a number of studies showed delays in time to wound healing and increased number of wound dressing applications in patients treated with SSD dressings.
<b>Context</b>	Superficial burns are those which involve the epidermal

	skin layers and partial thickness burns involve deeper damage to structures such as blood vessels and nerves. There are many dressing materials available to treat these burns but none have strong evidence to support their use.
<b>Cochrane Systematic Review</b>	Wasiak J et al. Dressings for superficial and partial thickness burns. Cochrane Reviews 2008, Issue 4. Article No. CD002106. DOI: 10.1002/14651858.CD002106.pub3. This review contains 26 trials involving 1552 participants.
<b>PEARLS 138, January 2009, written by Brian R McAvoy</b>	

[References]

### Exercise may improve depression

<b>Clinical question</b>	How effective is exercise in the treatment of depression?
<b>Bottom line</b>	Exercise seems to improve depressive symptoms in people with a diagnosis of depression. However, when only methodologically robust trials were included, the effect sizes were only moderate and not statistically significant. The effect of exercise was not significantly different from that of cognitive therapy.
<b>Caveat</b>	The majority of trials had methodological weaknesses. The number of comparison groups ranged from 2 to 6, and there was wide variation in the type and duration of exercise intervention. The review was unable to be sure how effective exercise is as treatment for people with depression, what constitutes the most effective type of exercise (aerobic, resistance or mixed), whether group or individual exercises are better, or the optimum duration of exercise. There were insufficient data to determine risks and costs.
<b>Context</b>	Depression is a common illness, affecting at least 1 in 5 people during their lifetime. Exercise has been advocated as an adjunct to usual treatment.
<b>Cochrane Systematic Review</b>	Mead GE et al. Exercise for depression. Cochrane Reviews 2008, Issue 4. Article No. CD004366. DOI: 10.1002/14651858.CD004366.pub3. This review contains 28 trials involving 1599 participants. Twenty five trials provided data for meta-analyses.

**PEARLS 139, January 2009, written by Brian R McAvoy**

(First published in New Zealand Doctor, 25 March 2009)

[References]

**No evidence for benefit of procaine in prevention or treatment of dementia**

<b>Clinical question</b>	How effective is procaine on cognitive function in the treatment of people with dementia, and for healthy elderly people?
<b>Bottom line</b>	There is some evidence from older studies that procaine preparations might improve memory in people without cognitive impairment. However, the evidence for detrimental effects of procaine and its preparations is stronger than the evidence for benefits in preventing and/or treating dementia or cognitive impairment. There were few adverse events related to long term use of procaine but some were serious (migraine, systemic lupus erythematosus syndrome).
<b>Caveat</b>	Meta-analysis of beneficial outcomes was not appropriate due to the different preparations, durations and poor quality of trials. Most trials were performed before the 1990s and none reported any criteria for cognitive decline and dementia.
<b>Context</b>	Procaine is a controversial substance that has been used for "antiageing" effects, including cognitive improvement, for more than 50 years. Preparations which contain procaine as a component are claimed to prevent, reverse and interrupt dementia. Several products are widely promoted and can be purchased "over the counter" outside the US and via the internet. Procaine preparations are said to be readily available in over 70 countries and used by more than 100 million people worldwide.
<b>Cochrane Systematic Review</b>	Szatmari S and Bereczki D. Procaine treatments for cognition and dementia. Cochrane Reviews 2008, Issue 4. Article No. CD005993. DOI: 10.1002/14651858.CD005993.pub2. This review contains 3 studies involving 427 participants.
<b>PEARLS 140, March 2009, Brian R McAvoy</b>	

[References]