



News

Clinical Prediction Rules (CPRs): international forum in Dublin Friday June 4th an international meeting was held in Dublin organized by the HRB Centre for Primary Care Research (<http://www.hrbcentreprimarycare.ie/>). The participants discussed backgrounds and methodology of (reviews of) CPRs in the context of recent research of the HRB Centre for Primary Care. Also the newly developed register of CPRs relevant to primary care was presented. In the near future this register will come available through the Cochrane Primary Health Care Field.



International speakers, from left to right: prof. Tom Fahey (Dublin, Ireland), dr. Floris van de Laar (Nijmegen, Netherlands), dr. Knut Schroeder (Bristol, UK), prof. Bruce Arroll (Auckland, New-Zealand)

Deregistration of behavioral medicine field The Monitoring and Registration Committee (MaRC) informed you that the Behavioral Medicine Field has been deregistered because funding is no longer available. Karina Davidson and Louise Falzon are thanked for their hard work in directing and supporting the activities of the Behavioral Medicine Field since 2006.

Results elections to the Cochrane Collaboration Steering Group Katrina Williams and Liz Whamond were both elected unopposed (no other candidates stood for election) and will continue to represent Fields and the Consumer Network respectively, for three years (until October 2013). The election results will be made official at the Keystone Colloquium, October 20, 2010 at 4.30 p.m.

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

[154. Limited evidence for effectiveness of olanzapine in long term treatment of bipolar disorder](#)

[155. Anticholinergics ineffective for urinary symptoms in multiple sclerosis](#)

[156. Psychological treatments may be effective for managing irritable bowel syndrome](#)

[157. Low glycaemic index and low glycaemic load diets effective for diabetes mellitus](#)

Colophon

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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.

Abstracts

Limited evidence for effectiveness of olanzapine in long term treatment of bipolar disorder

Clinical question	How effective is olanzapine, as monotherapy or adjunctive treatment, in preventing manic, depressive and mixed episodes in patients with bipolar disorder?
Bottom line	There is some evidence olanzapine may prevent further mood episodes (especially manic relapse) in patients who responded to olanzapine during an index manic or mixed episode and who have not previously had a satisfactory response to lithium or valproate. However, notwithstanding these positive results, the current evidence is stronger for lithium as first-line maintenance treatment of bipolar disorder. Olanzapine either alone or as adjunctive treatment to mood stabilisers was associated with significantly greater weight gain than placebo. Olanzapine was associated with a lower rate of manic worsening, but with a higher rate of weight increase and depression than lithium.
Caveat	Results obtained in this review could be biased owing to the very high overall dropout rate, which could undermine the reliability and clinical interpretation of findings. The included studies did not report on all the outcomes that were pre-specified in the protocol of this review. The review contained only 5 randomised controlled trials that investigated the efficacy and acceptability of olanzapine for long term treatment of bipolar disorder, and for most outcomes only 1 or 2 studies contributed data. The small number of participants and events contributing to the assessment of each outcome may affect the robustness of the results.
Context	Bipolar disorder is a severe and common mental illness with a lifetime prevalence of 0.5% to 1.5%. ¹ Many patients with bipolar disorder require long term treatment to prevent recurrence. Antipsychotic drugs are often used to treat acute manic episodes. It is important to clarify whether olanzapine could have a role in long term prevention of manic and depressive relapses.
Cochrane Systematic Review	Cipriani A et al. Olanzapine in long-term treatment for bipolar disorder. Cochrane Reviews 2009, Issue 1. Article No. CD004367. DOI: 10.1002/14651858.CD004367.pub2. This review contains 5 trials involving 1165 participants.
PEARLS 154, April 2009, written by Brian R McAvoy	

(First published in New Zealand Doctor, 20 May 2009)

[References]

1. Kessler RC et al. Psychological Medicine 1997;27:1079-1089.

Anticholinergics ineffective for urinary symptoms in multiple sclerosis

Clinical question	How effective are anticholinergic agents for urinary symptoms in people with multiple sclerosis (MS)?
Bottom line	In 1 trial, methantheline bromide, flavoxate chloride and meladrazine tartrate were compared to no treatment for 14 days each. Median volume measurements at the first bladder contraction were statistically significant at a 5% level for methantheline bromide only compared to no treatment. A prospective parallel group randomised study compared 6-8 weeks oxybutynin with propantheline. For frequency, nocturia, urgency and urge incontinence, differences in symptom grade in favour of oxybutynin were found. However, the difference was statistically significant at a 5% level for frequency only. A double-blind crossover trial comparing oral oxybutynin with intravesical atropine for 14 days showed no significant difference in any efficacy outcome measure. Side effects and quality of life scores showed significant differences in favour of atropine. The authors concluded that they could not advocate the use of anticholinergics in MS.
Caveat	There was a high rate of adverse side effects, with more than 1 in 5 trial participants having to withdraw from oral treatment. This may reflect a high risk of drug adverse effects in people with CNS damage from MS.
Context	MS is the commonest physically disabling chronic neurological disease affecting young people. Urinary symptoms (frequency, urgency and urinary incontinence) are present in about 68% of people with MS but their basis has a number of potential aetiologies that can change with time. Anticholinergics may benefit individuals with overactive bladder syndrome due to their muscle relaxant action, and have therefore been used in patients with MS.
Cochrane Systematic	Nicholas RS et al. Anticholinergics for urinary symptoms in multiple sclerosis. Cochrane Reviews 2009, Issue 1.

Review	Article No. CD004193. DOI: 10.1002/14651858. CD004193.pub.2. This review contains 3 trials involving 132 participants.
PEARLS 155, April 2009, written by Brian R McAvoy	

[References]

Psychological treatments may be effective for managing irritable bowel syndrome

Clinical question	How effective are psychological interventions for the treatment of irritable bowel syndrome (IBS)?
Bottom line	Psychological interventions (cognitive behavioural therapy and interpersonal psychotherapy) may be slightly superior to usual care or waiting list control conditions at the end of treatment, although the clinical significance of this is uncertain. Treatment duration and follow-up time varied from 6 weeks to 12 months. Except for a single study, these therapies were not superior to placebo and the sustainability of their effect is questionable.
Caveat	The results of this meta-analysis should be interpreted with caution due to the low methodological quality of the included studies, variability in outcome definitions and small sample sizes which resulted in considerable heterogeneity.
Context	IBS is a chronic functional gastrointestinal disorder, with an estimated prevalence in Europe of up to 24% in women and 19% in men. ¹ No consensus exists on the optimal treatment for IBS. Psychological treatments are increasingly advocated but their effectiveness is unclear.
Cochrane Systematic Review	Zildenbos IL et al. Psychological treatments for the management of irritable bowel syndrome. Cochrane Reviews 2009, Issue 1. Article No: CD006442. DOI: 10.1002/14651858.CD006442.pub2. This review contains 25 studies involving 1858 participants.
PEARLS 156, April 2009, written by Brian R McAvoy	

[References]

1. Drossman DA et al. Gastroenterology 1997;112:2120-2137

Low glycaemic index and low glycaemic load diets effective for diabetes mellitus

Clinical question	How effective are low glycaemic index and low glycaemic load diets for glycaemic control in diabetes mellitus?
Bottom line	In adults and children, metabolic control (measured by glycated haemoglobin A1c [HbA1c]) decreased by 0.5% with a low glycaemic index diet, which is both statistically and clinically significant. Hypoglycaemic episodes significantly decreased with a low glycaemic index diet compared to a high glycaemic index diet. All interventions lasted for at least 4 weeks, and the longest trial was 12 months.
Caveat	Some methodological limitations were present, such as failure to conceal allocation and lack of reporting on blinding of outcome assessors. No study reported on mortality, morbidity or costs.
Context	The aim of diabetes management is to normalise blood glucose levels, since improved blood glucose control is associated with reduction in development, and progression, of complications. Nutritional factors affect blood glucose levels; however, there is currently no universal approach to the optimal dietary treatment for diabetes. There is controversy about how useful the glycaemic index is in diabetic meal planning. Improved glycaemic control through diet could minimise medications, lessen risk of diabetic complications, improve quality of life and increase life expectancy.
Cochrane Systematic Review	Thomas D and Elliott EJ. Low glycaemic index, or low glycaemic load, diets for diabetes mellitus. Cochrane Reviews 2009, Issue 1. Article No: CD006296. DOI: 10.1002/14651858. CD006296.pub2. This review contains 11 studies involving 402 participants.
PEARLS 157, April 2009, written by Brian R McAvoy	

[References]