



News

New entity

As from 10 June 2010 the French Cochrane Centre (FCC) became a registered entity within The Cochrane Collaboration. Cochrane Centres on 10 June 2010. Cochrane Centres support people in their geographic and linguistic area. Dependent on available resources, some Centres are able to provide training, help with translations, networking, etc. Newcomers are encouraged to contact their local Cochrane Centre for information about The Cochrane Collaboration; this can save a lot of time and effort.

Contact details for the FCC are as follows: Doctors Pierre Durieux and Philippe Ravaud, Centre français de Cochrane, Département d'Epidémiologie DEBERC, Hôpital Bichat, Paris, France

"Cochrane Professor" in Denmark

The Cochrane Collaboration news bulletin reported that Peter C Gøtzsche, Director of the Nordic Cochrane Centre, became Professor in Clinical Research Design and Analysis at the Department of Surgery and Internal Medicine, Faculty of Medicine, University of Copenhagen on 1 April 2010. The professorship is new and was established because of the University's interest in drawing on the qualifications of Peter C Gøtzsche in this area. The post was openly announced and could therefore be sought by others, but because of the special background for establishing this particular and rather unusual professorship, it is felt reasonable to speak about a "Cochrane Professor". This is the professorship is announced. The board of the Collaboration sees it as an academic recognition at the highest level of the important work that is done in the Cochrane Collaboration.

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.cochraneprietarycare.org/> to view the PEARLS online.

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

158. [Aciclovir effective in prevention and treatment of herpes simplex virus in patients being treated for cancer](#)
159. [Insufficient evidence for vision screening of older drivers preventing road traffic injuries and fatalities](#)
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Colophon

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Bruce Arroll¹, Jaap van Binsbergen², Tom Fahey³, Tim Kenealy¹, Floris van de Laar²

Tilly Pouwels²

Secretary to Cochrane Primary Health Care Field

email: t.pouwels@cochraneprimarycare.org

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

Aciclovir effective in prevention and treatment of herpes simplex virus in patients being treated for cancer

Clinical question	How effective are interventions for the prevention and/or treatment of herpes simplex virus (HSV) in patients receiving treatment for cancer?
Bottom line	Aciclovir is efficacious in the prevention and treatment of HSV infections, in terms of preventing clinical/culture positive HSV infections, reduction in healing time, duration of viral shedding and relief of pain. There is no evidence valaciclovir is more efficacious than aciclovir, or a high dose of valaciclovir is better than a low dose of valaciclovir. There is evidence, for prevention, placebo is

	more efficacious than prostaglandin E.
Caveat	No trials reported on duration of hospital stay, amount of analgesia or patient quality of life. In all included trials, risk of bias is unclear.
Context	Treatment of cancer is increasingly effective, but associated with oral complications, such as mucositis, fungal infections, bacterial infections and viral infections, such as HSV. Oral complications can impact severely on quality of life and may lead to life-threatening systemic infection.
Cochrane Systematic Review	Glenny A-M et al. Interventions for the prevention and treatment of herpes simplex virus in patients being treated for cancer. Cochrane Reviews 2009, Issue 1. Article No. CD006706. DOI: 10.1002/14651858.CD006706.pub2. This review contains 17 trials involving 1011 participants.
	PEARLS 158, May 2009, written by Brian R McAvoy

[References]

Insufficient evidence for vision screening of older drivers preventing road traffic injuries and fatalities

Clinical question	How effective are vision screening interventions for older drivers (aged 55 years and older) in preventing road traffic injuries and fatalities?
Bottom line	The reviewers were unable to find high quality studies, such as randomised controlled trials or controlled before and after studies, to include in the review.
Caveat	There is insufficient evidence to assess the effect of vision screening tests on subsequent motor vehicle crash reduction. However, given the importance of good vision for safe driving, vision testing remains a relevant issue for all licensed drivers.
Context	Good vision is critical for safe driving performance. As vision declines with age and the percentage of older adults in the population is increasing, it has become more important to consider the vision screening needs of older adults when designing evidence-based traffic safety policy. Mandatory vision screening for the issue or renewal of a driver's licence is aimed at ensuring older drivers are fit to safely operate vehicles.

Cochrane Systematic Review	Subzwari S et al. Vision screening of older drivers for preventing road traffic injuries and fatalities. Cochrane Reviews 2009, Issue 1. Article No. CD006252. DOI: 10.1002/14651858.CD006252. pub2. No studies were found which met the inclusion criteria for this review.
PEARLS 159, May 2009, written by Brian R McAvoy	

[References]

Short course of antibiotics as effective as standard duration for streptococcal pharyngitis in children

Clinical question	How effective is 2 to 6 days of oral antibiotics (short duration) compared to 10 days of oral penicillin (standard duration) in treating children with acute group A beta haemolytic streptococcus (GABHS) pharyngitis?
Bottom line	Three to 6 days' treatment with oral antibiotics (macrolides, cephalosporins or amoxicillin) has comparable efficacy to the standard-duration 10 days of oral penicillin in treating children with acute GABHS pharyngitis. Compared to standard-duration treatment, the short-duration treatment had shorter periods of fever, and throatsoreness, lower risk of early clinical treatment failure, no significant difference in early bacteriological treatment failure or late clinical recurrence. The shorter duration of antibiotic treatment may be more convenient to the patient, will improve compliance and reduce failure rate, reduce return visits to the physician, and ultimately overall cost. No conclusions can be drawn on the comparison of complication rates of acute rheumatic fever and acute poststreptococcal glomerulonephritis.
Caveat	The short-duration treatment (2-6 days) resulted in better compliance, but more side effects (mostly self-limiting mild to moderate diarrhoea, vomiting and abdominal pain). In areas where the prevalence of rheumatic heart disease is still high, these results must be interpreted with caution.
Context	The standard-duration treatment for acute GABHS pharyngitis with oral penicillin is 10 days. Shorter-duration antibiotics may have comparable efficacy.
Cochrane Systematic Review	Altamimi S et al. Short versus standard duration antibiotic therapy for acute streptococcal pharyngitis in

children. Cochrane Reviews 2009, Issue 1. Article No. CD004872. DOI: 10.1002/14651858.CD004872.pub2. This review contains 20 studies involving 13,102 participants.

PEARLS 160, May 2009, written by Brian R McAvoy

[References]

School-based physical activity programmes have positive effects

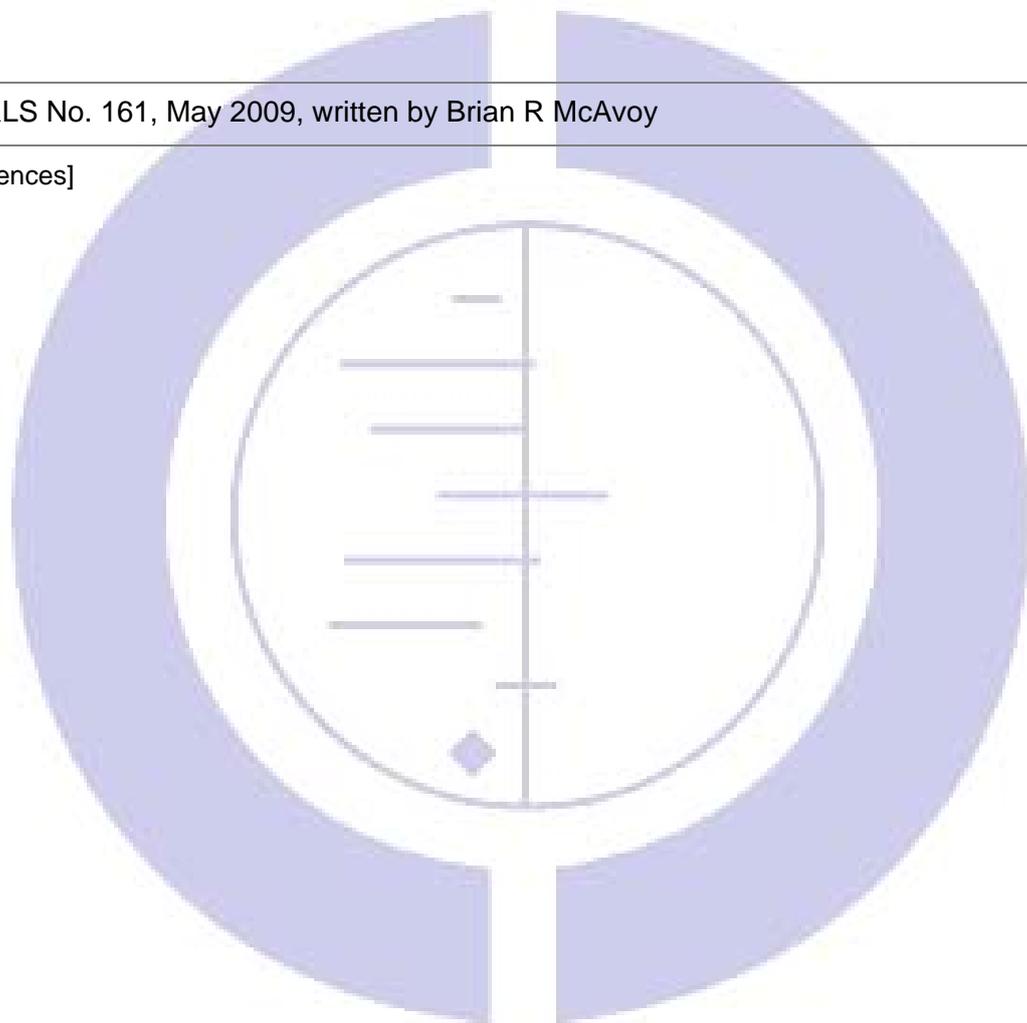
Clinical question	How effective are school-based physical activity programmes for promoting physical activity and fitness in children and adolescents aged 6-18 years?
Bottom line	There is good evidence that school-based physical activity interventions are effective in increasing duration of physical activity, reducing blood cholesterol and time spent watching television; and in increasing VO ₂ max (maximal oxygen uptake or aerobic capacity; reflects the physical fitness level of an individual and generally increases as fitness levels improve). These interventions are not effective in increasing the percentage of children and adolescents who are physically active during leisure time, or in reducing systolic and diastolic blood pressure, body mass index and pulse rate. At a minimum, a combination of printed educational materials and changes to the school curriculum that promote physical activity result in positive effects.
Caveat	Limitations of these studies included lack of blinding of outcome assessors, and the use of self-report for outcome measures as opposed to more objective measures. Due to the level of variation among studies, meta-analysis was deemed inappropriate. The long term effects of school-based interventions are unknown at this time, given all but 1 study evaluated outcomes in the very short term (eg, 6 months or immediately post intervention).
Context	The World Health Organization estimates 1.9 million deaths worldwide are attributable to physical inactivity. Chronic diseases associated with physical inactivity include cancer, diabetes and coronary heart disease. Current evidence suggests school-based physical activity interventions may be effective in the development of healthy lifestyle behaviours among children and adolescents that will then translate into reduced risk for many chronic diseases and cancers in adulthood.

**Cochrane Systematic
Review**

Dobbins M et al. School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18. Cochrane Reviews 2009, Issue 1. Article No. CD007651. DOI: 10.1002/14651858.CD007651. This review contains 24 studies involving 25,938 participants.

PEARLS No. 161, May 2009, written by Brian R McAvoy

[References]



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