



Events

Cochrane Primary Health Care Field workshop

Coming up: workshop "Decision making in primary care: when the evidence is of no use" by Floris van de Laar and Bruce Arroll at the Joint Colloquium of the Cochrane & Campbell Collaborations, 18 - 22 October 2010 - Keystone Resort, Colorado, USA. Find out more about the Colloquium at:

<http://www.regonline.com/builder/site/default.aspx?EventID=766689>

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)

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

170. [Kinship care can be beneficial for children removed from home after maltreatment](#)

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Colophon

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Abstracts

Kinship care can be beneficial for children removed from home after maltreatment

Clinical question	How effective is kinship care for the safety, permanency, and wellbeing of children removed from the home following maltreatment?
Bottom line	Children in kinship care may do better than children in traditional foster care, in terms of their behavioural development, mental health functioning, and placement stability. Children in traditional foster care placements may do better with regard to achieving some permanency outcomes (adoption and guardianship) and accessing services they may need (such as mental health services).
Caveat	The studies had pronounced methodological and design weaknesses, especially in regard to controlling for baseline differences in non-randomised studies. They also had moderate to high risks of performance, detection, report and attrition bias.
Context	Child abuse and neglect are common problems across the world, resulting in negative consequences for

	children, families and communities. Traditionally, children have been removed from the parental home and placed in residential care or with other families, including foster families. "Kinship care" or "families and friends care" places children who cannot live at home with other members of their family, or with friends of the family.
Cochrane Systematic Review	Winokur M et al. Kinship care for safety, permanency, and wellbeing of children removed from home for maltreatment. Cochrane Reviews 2009, Issue 1. Article No. CD006546. DOI: 10.1002/14651858.CD006546.pub2. This review contains 62 quasi-experimental studies, involving 316,188 participants.
PEARLS No. 170, June 2009, written by Brian R McAvoy	

[References]

Street lighting may prevent road traffic crashes, injuries and fatalities

Clinical question	How effective is street lighting in preventing road traffic crashes, injuries and fatalities?
Bottom line	Eleven studies investigated the effects of newly installed street lighting, four the effects of improved lighting and one investigated both new and improved lighting. All of the studies were conducted in high-income countries. This finding might be of particular interest to low and middle-income countries where the policy on street lighting is less developed and the installation of suitable lighting systems is less common than in high-income countries.
Caveat	No randomised controlled trials were identified - the review was based on the results of 16 controlled before-after studies. The methodological quality of the trials was generally poor, and the risk of bias was judged to be high. Fourteen of the 16 studies were able to contribute data to the meta-analysis.
Context	Road traffic crashes are a major cause of death and injury, especially in low and middle-income countries. Worldwide, each year over 1 million people are killed and some 10 million people are permanently disabled in traffic crashes. Furthermore, it is estimated road traffic injuries will have risen from ninth to third in world disease

	burden rankings by 2020, and will account for 2.3 million deaths globally.
Cochrane Systematic Review	Beyer FR and Ker K. Street lighting for preventing road traffic injuries. Cochrane Reviews 2009, Issue 1. Article No. CD004728. DOI: 10.1002/14651858.CD004728.pub.2. This review contains 16 trials conducted in Australia, Germany, the UK and the US.
PEARLS No. 171, June 2009, written by Brian R McAvoy	

[References]

Insufficient evidence on effects of advance treatment directives for people with severe mental illness

Clinical question	What are the effects of advance treatment directives for people with severe mental illness?
Bottom line	There was no significant difference in psychiatric hospital admissions (voluntary or involuntary), bed days or number of psychiatric outpatient attendances between participants with advanced treatment directives or those receiving usual care. Similarly, no significant differences were found for compliance with treatment, self-harm or number of arrests. Participants with advance treatment directives needed less use of social workers' time than the group receiving usual care, and violent acts were also lower in the advanced directive group. The numbers of people leaving the study did not differ between the 2 groups.
Caveat	The review contains only 2 trials, and the data available are too limited to make definitive recommendations. While the more intensive joint crisis planning appears to be more effective at reducing involuntary admissions to hospital than a less intensive form of advance directive, there is not enough evidence to evaluate their effectiveness.
Context	An advance directive is a document specifying a person's preference for treatment, should he or she lose capacity to make such decisions in the future. Advance directives have been used in end-of-life settings to direct care but should be well-suited to the mental health setting.
Cochrane Systematic	Campbell LA and Kisely SR. Advance treatment

Review	directives for people with severe mental illness. Cochrane Reviews 2009, Issue 1. Article No. CD005963. DOI: 10.1002/14651858. CD005963.pub.2. This review contains 2 trials involving 321 participants.
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PEARLS No. 172, June 2009, written by Brian R McAvoy

[References]

No evidence for statins preventing dementia

Clinical question	Do statins prevent dementia?
Bottom line	There is good evidence statins given in late life to individuals at risk of vascular disease have no effect in preventing Alzheimer's disease (AD) and dementia. The age range of participants was 40-82 years across the 2 studies.
Caveat	Cognition was measured at different times and with different scales in the 2 studies so could not be combined in a metaanalysis. The mean follow-up period was 3.2 years in 1 study and 5 years in the other.
Context	PAD is the most common form of dementia affecting up to 15 million individuals worldwide. AD has a prevalence of approximately 1% among 60 to 64-year-olds, rising to 40% in those age 85 years and older. Biologically it seems feasible statins could prevent dementia due to their role in cholesterol reduction and initial evidence from observational studies was very promising.
Cochrane Systematic Review	McGuinness B et al. Statins for the prevention of dementia. Cochrane Reviews 2009, Issue 2. Article No. CD003160. DOI: 10.1002/14651858.CD003160.pub2. This review contains 2 studies involving 26,340 participants.
PEARLS No. 173, July 2009, written by Brian R McAvoy	

[References]

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