



News

Website: Therapeutics Education Collaboration

Please visit the website "Therapeutics education collaboration - Evidence-based therapeutics made practical and fun (<http://therapeuticseducation.org/>) This is a website with great audio talks about (mainly prescribing) medical treatments. It is evidence based, challenging and the two speakers Prof James McCormack from University of British Columbia and Assoc Prof Mike Allen from Edmonton Canada are entertaining and informed. Each talk lasts about 30 minutes and can be listened to on your computer or you can download it as a podcast to your MP3 player/ipod/iphone etc. There is a new one approximately every week. There is no charge for it but they do ask for a donation. It is a great way to keep up with treatments especially medications. They use generic terms almost exclusively so the information is international. It might allow you to maintain your lifelong learning in a pain free way.

Bruce Arroll: " I usually listen to the podcast at the gym and by focusing on the audio I don't feel the musculoskeletal pain of exercising. I give it my highest kiwi (aka New Zealand) praise by saying it is better than sliced bread!!!" (Bruce Arroll is Professor and Head of General Practice and Primary Health Care University of Auckland New Zealand)

Occupational health review group

This is to let you know that the Occupational Health Field has re-registered with the Collaboration as the Occupational Safety and Health Cochrane Review Group, with effect from today. The Coordinating Editor and Managing Editor are Jos Verbeek and Jani Ruotsalainen respectively. Their contact details are as follows:

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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

[174. Corticosteroids and vitamin D analogues effective for chronic plaque psoriasis](#)

[175. Wrist acupuncture effective for prevention of postoperative nausea and vomiting](#)

[176. Limited evidence for effectiveness of transcutaneous electrical nerve stimulation \(TENS\) for pain relief in labour](#)

[177. Homoeopathic medicines have uncertain benefits in treatment of adverse effects of cancer treatments](#)

Colophon

Sign in!

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

<http://lists.cochrane.org/mailman/listinfo/primarycare>

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

Corticosteroids and vitamin D analogues effective for chronic plaque psoriasis

Clinical question

How effective are topical treatments for chronic plaque

	psoriasis?
Bottom line	Vitamin D products are more effective than emollients. Potent corticosteroids (eg, betamethasone dipropionate) and very potent corticosteroids (eg, clobetasol propionate) are also effective, and very potent corticosteroids are more effective than either potent corticosteroids or vitamin D products alone. Combined vitamin D and potent corticosteroids are more effective than either treatment alone. Corticosteroids appear to be more effective than vitamin D for treating psoriasis of the scalp. The effectiveness of dithranol and tazarotene appears to be similar to that of vitamin D products. Potent corticosteroids are less likely than vitamin D to cause local adverse effects, such as skin irritation. Tazarotene is more likely to cause local adverse events than placebo.
Caveat	It was not possible to assess the performance of treatments at different levels of severity of psoriasis. There seemed to be no difference between placebo and any other treatment in terms of systemic adverse events, but many trials did not properly assess systemic adverse events.
Context	Chronic plaque psoriasis is the commonest type of psoriasis. First-line management involves topical treatments, including vitamin D analogues, topical corticosteroids, tar-based preparations, dithranol, salicylic acid and topical retinoids, such as tazarotene.
Cochrane Systematic Review	Mason AR et al. Topical treatment for chronic plaque psoriasis. Cochrane Reviews 2009, Issue 2. Article No. CD005028. DOI: 10.1002/14651858.CD005028.pub2. This review contains 131 studies involving 21,448 participants.
PEARLS No. 174, June 2009, written by Brian R McAvoy	

[References]

Wrist acupuncture effective for prevention of postoperative nausea and vomiting

Clinical question	How effective is P6 acupoint stimulation of the wrist in preventing postoperative nausea and vomiting (PONV)?
Bottom line	Compared with sham treatment, P6 acupoint stimulation significantly reduced nausea (NNT* 4), vomiting (NNT 4) and the need for rescue antiemetics. There was no clear

	<p>difference in the effectiveness of P6 acupoint stimulation for adults and children; or for invasive and noninvasive acupoint stimulation. There was no evidence of difference between P6 acupoint stimulation and antiemetic drugs in the risk of nausea, vomiting, or the need for rescue antiemetics. *NNT = number needed to treat to benefit 1 individual.</p>
Caveat	<p>The quality of the included trials was variable. In 34 trials, the allocation concealment was unclear, and in 1 trial it was inadequate. Patients were not blinded in 1 study. There was no blinding of healthcare providers in 2 studies. The outcome assessor was not blinded in 2 studies. Twelve trials did not report all outcomes. There was 1 study with a low risk of bias. Of the 16 studies with a high risk of bias, 12 of these were due to selective reporting. The risk of bias in the remaining 23 studies was unclear.</p>
Context	<p>Postoperative nausea and vomiting (PONV) are two of the most common complications after anaesthesia and surgery. Drugs are only partially effective in preventing PONV and may cause adverse effects.</p>
Cochrane Systematic Review	<p>Lee A and Fan LTY. Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. Cochrane Reviews 2009, Issue 2. Article No. CD003281. DOI: 10.1002/14651858.CD003281pub3. This review contains 40 studies involving 4858 participants.</p>
PEARLS No. 175, July 2009, written by Brian R McAvoy	

[References]

Limited evidence for effectiveness of transcutaneous electrical nerve stimulation (TENS) for pain relief in labour

Clinical question	<p>How effective is transcutaneous electrical nerve stimulation (TENS) for pain relief in labour?</p>
Bottom line	<p>Overall, there was little difference in pain ratings between TENS and control groups, although women receiving TENS to acupuncture points were less likely to report severe pain. The majority of women using TENS said they would be willing to use it again in a future labour. Where TENS was used as an adjunct to epidural analgesia, there was no evidence it reduced pain. There</p>

	was no consistent evidence TENS had any impact on the length of labour, interventions in labour, or the wellbeing of mothers and babies.
Caveat	The risk of bias in these studies was generally high. Few studies provided clear information about sequence generation or methods used to conceal group allocation. It is not known whether TENS would help women to manage pain at home in early labour.
Context	TENS has been proposed as a means of reducing pain in labour. The TENS unit emits low-voltage electrical impulses which vary in frequency and intensity. During labour, TENS electrodes are generally placed on the lower back, although TENS may be used to stimulate acupuncture points or other parts of the body. The physiological mechanisms whereby TENS relieves pain are uncertain. The TENS unit is frequently operated by women, which may increase sense of control in labour.
Cochrane Systematic Review	Dowswell T et al. Transcutaneous electrical nerve stimulation (TENS) for pain relief in labour. Cochrane Reviews 2009, Issue 2. Article No. CD007214. DOI: 10.1002/14651858. CD007214.pub2. This review contains 19 studies involving 1671 participants.
PEARLS No. 176, July 2009, written by Brian R McAvoy	

[References]

Homoeopathic medicines have uncertain benefits in treatment of adverse effects of cancer treatments

Clinical question	How effective are homoeopathic medicines used to prevent or treat adverse effects of cancer treatments?
Bottom line	Compared with trolamine, calendula ointment reduced the incidence of acute dermatitis of grade two or above in women undergoing radiotherapy for breast cancer in 1 clinical trial (NNT* 5 [CI 3 to 11], 254 patients). There is no convincing evidence for the efficacy of other homoeopathic medicines for adverse symptoms and skin reactions related to radiotherapy. Two small studies were positive but both had an unclear risk of bias. Based on a single, small trial, 1 particular homoeopathic combination (Traumeel S - a proprietary complex homoeopathic medicine) showed promise in the treatment of

	<p>chemotherapy-induced stomatitis. High quality trials to date provide no evidence for the efficacy of homoeopathic medicines over placebo in women with breast cancer suffering from menopausal symptoms. The homoeopathic medicines did not seem to cause any serious adverse effects or interact with conventional treatment. No cancer treatments were modified or stopped because of the homoeopathic interventions. *NNT = number needed to treat to benefit 1 individual</p>
Caveat	<p>It is difficult to draw firm conclusions because of the paucity of evidence, clinical heterogeneity and lack of repetition of the included trials. The calendula ointment used in the study was prepared according to the German Homeopathic Pharmacopoeia and so the results may not apply to topical preparations of calendula extracts prepared by different methods.</p>
Context	<p>Complementary therapies, including homoeopathic medicines, are used by many patients with cancer, usually alongside orthodox treatments. A systematic review of 26 surveys from 13 countries reported that up to 64% of patients with cancer (average 31.4%) used complementary therapies at some stage of their illness.</p>
Cochrane Systematic Review	<p>Kassab S et al. Homeopathic medicines for adverse effects of cancer treatments. Cochrane Reviews 2009, Issue 2. Article No. CD004845. DOI: 10.1002/14651858.CD004845.pub2. This review contains 8 studies involving 664 participants.</p>
<p>PEARLS No. 177, July 2009, written by Brian R McAvoy</p>	

[References]

1. Ernst E, Cassileth BR. Cancer 1998;83:777-82.

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