



News

New Cochrane Centre

The Cochrane Collaboration approved the Swiss Branch of the French Cochrane Centre under the coordination of Bernard Burnand and Myriam Rège Walther at Lausanne University, and Erik von Elm at Swiss Paraplegic Research, Nottwil.

The contact details for the Swiss Branch of the French Cochrane Centre are as follows: Cochrane Switzerland, Swiss Branch of the French Cochrane Centre, Institut universitaire de médecine sociale et préventive (IUMSP), Rue de Bugnon 17, CH-1005 Lausanne, Switzerland, Homepage: www.swiss.cochrane.org

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

[190. Insufficient evidence for benefit of enteral tube feeding for older people with advanced dementia](#)

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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

Insufficient evidence for benefit of enteral tube feeding for older people with advanced dementia

Clinical question

How effective is enteral tube feeding for older people with advanced dementia?

Bottom line

Despite the large number of patients receiving this intervention, there is insufficient evidence for the effectiveness of enteral tube feeding for older people with advanced dementia in terms of survival, quality of life, nutrition and pressure ulcers, function and behavioural or psychiatric symptoms of dementia. Data are lacking on the adverse effects of this intervention.

Caveat	None of the studies reported comparability on a range of key characteristics between the intervention group and the comparison group. All studies were further limited in the range of their evaluation of enteral tube feeding outcomes. None of the studies examined quality of life. Enteral tube feeding may increase the risk of developing pneumonia due to inhaling small quantities of the feed, and may also increase the risk of death.
Context	The use of enteral tube feeding for patients with advanced dementia who have poor nutritional intake is common. In one US survey, 34% of 186,835 nursing home residents with advanced cognitive impairment were tube fed. Two methods of enteral tube feeding are commonly used: the administration of food and fluids via a nasogastric tube or via a percutaneous endoscopic gastrostomy (PEG). Potential benefits or harms of this practice are unclear.
Cochrane Systematic Review	Sampson EL et al. Enteral tube feeding for older people with advanced dementia. Cochrane Reviews 2009, Issue 2. Article No. CD007209. DOI:10.1002/14651858.CD007209.pub2. This review contains 7 studies involving 1821 participants.
PEARLS No. 190, August 2009, written by Brian R McAvoy	

[References]

Limited benefit to stenting plus angioplasty for superficial femoral artery lesions

Clinical question	How effective is percutaneous transluminal angioplasty (PTA) when compared with PTA and stenting for lesions of the superficial femoral artery (SFA), for people with intermittent claudication or critical limb ischaemia?
Bottom line	There was a small but statistically significant improvement in primary angiographic patency (NNT* 10 [5 to 296]) and duplex patency (NNT 17 [7 to 29]) at six months, in patients treated with PTA plus stent over lesions treated with PTA alone. However, primary angiographic patency was non-significant after 12 months and 24 months. A similar but lesser effect was seen for ankle brachial pressure index, while a more pronounced improvement in treadmill walking distance in patients with PTA with stent insertion was observed at six months (mean 271 versus 183 metres) and 12 months,

	but not at 24 months. However, when asked about their quality of life, there was no improvement, whether a stent was placed or not, up to one year later. Therefore stenting combined with PTA cannot be recommended as routine practice. *NNT = number needed to treat to benefit one individual (95% confidence interval)
Caveat	Protocols between trials varied, and the benefit may be limited to patients with SFA disease, subsequently treated with clopidogrel. In some trials, patients with narrowings in other leg arteries were included. There were also differences in the anticoagulants given after stent placement between trials, which may change results.
Context	Lower limb peripheral arterial disease is a common, important manifestation of systemic atherosclerosis. It occurs in 3% to 10% of the population, increasing to 15% to 20% in people over 70 years of age. ¹ Stenoses or occlusions in the SFA may result in intermittent claudication as an early consequence, which may be treated by balloon angioplasty, with or without stenting.
Cochrane Systematic Review	Twine CP et al. Angioplasty versus stenting for superficial femoral artery lesions. Cochrane Reviews 2009, Issue 2. Article No. CD006767. DOI: 10.1002/14651858.CD006767.pub2. This review contains 8 studies involving 968 participants
PEARLS No. 191, August 2009, written by Brian R McAvoy	

[References]

1. Selvin E, Erlinger TP. Circulation 2004;110:738-43

Early amniotomy and early oxytocin reduce caesarean section rate

Clinical question	How effective are early amniotomy and early oxytocin for prevention or therapy for delay in labour progress, with respect to the caesarean birth rate and indicators of maternal and neonatal morbidity?
Bottom line	This review showed that a policy of early routine augmentation for mild delays in labour progress resulted in a modest reduction in the caesarean section rate compared with routine care. The caesarean section rate was reduced in the 10 trials looking at prevention of abnormal progression. The difference in caesarean risk

	<p>was 1.47%. NNT* 68 (34 to 3099) to prevent one caesarean section. In these women, the time from admission to giving birth was also reduced (mean difference 1.1 hour). There was no reduction in caesarean rate in the 2 trials using amniotomy and oxytocin as treatment for non-progressing labour. *NNT = number needed to treat to benefit one individual (95% confidence interval)</p>
Caveat	<p>The trials did not provide sufficient evidence on indicators of maternal or neonatal health, including women's satisfaction and views on the experience. Documentation of other aspects of care, such as continuous professional support, mobility and positions during labour, was limited. Women in the control group also received oxytocin but often later than in the intervention group. The severity of delay which was sufficient to justify interventions remains to be defined.</p>
Context	<p>Caesarean section rates are over 20% in many developed countries. The main diagnosis contributing to the high rate in nulliparous women is dystocia or prolonged labour. The present review assesses the effects of a policy of early amniotomy with early oxytocin administration for the prevention or therapy for delay in labour progress.</p>
Cochrane Systematic Review	<p>Wei S et al. Early amniotomy and early oxytocin for prevention of, or therapy for, delay in first stage spontaneous labour compared with routine care. Cochrane Reviews 2009, Issue 2. Article No. CD006794. DOI: 10.1002/14651858.CD006794.pub2. This review contains 12 studies involving 7792 women.</p>
<p>PEARLS No. 192, August 2009, written by Brian R McAvoy</p>	

[References]

No advantages to using robot-assisted laparoscopic cholecystectomy

Clinical question	<p>How effective is robot-assisted laparoscopic cholecystectomy?</p>
Bottom line	<p>Compared to human-assisted laparoscopic cholecystectomy, robot assisted surgery is safe but does not offer any advantages. There was no statistically significant difference between the two groups for morbidity, conversion to open cholecystectomy, total</p>

	operating time, or hospital stay. The instrument set-up time was significantly lower in the human assistant group. In 2 of the 3 trials that reported surgeons' preference, the surgeons preferred a robot assistant to a human assistant. Based on the current available evidence, robot-assisted surgery should not replace human assistants in workforce planning.
Caveat	All trials were at high risk of bias. In one trial, about one-sixth of the laparoscopic cholecystectomies in which robot assistance was used, required temporary use of a human assistant. The reviewers were unable to identify trials comparing one type of robot assistant with another.
Context	About 10-15% of the adult Western population have gallstones ^{1,2} and between 1% and 4% become symptomatic in a year. ^{1,2} The role of a robotic assistant in laparoscopic cholecystectomy is controversial.
Cochrane Systematic Review	Gurusamy KS et al. Robot assistant for laparoscopic cholecystectomy. Cochrane Reviews 2009, Issue 1. Article No. CD006578. DOI:10.1002/14651858.CD006578.pub.2. This review contains 5 trials involving 453 participants.
PEARLS No. 193, August 2009, written by Brian R McAvoy	

[References]

1. NIH. Gallstones and laparoscopic cholecystectomy. 1992.
http://consensus.nih.gov/1992/1992GallstonesLaparoscopy_090html.htm.
2. Halldestam I et al. Brit J Surg 2004;91:734-38.

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