



## News

### Nominate RCT for award

Each year the Society for Clinical Trials and Project ImpACT presents an award to the randomized clinical trial published (electronically or on paper) in the previous year that best fulfills the following standards:

- \* It improves the lot of mankind.
- \* It provides the basis for a substantial, beneficial change in health care.
- \* It reflects expertise in subject matter, excellence in methodology, and concern for study participants.
- \* It overcame obstacles in implementation.
- \* The presentation of its design, execution, and results is a model of clarity and intellectual soundness.

Nominations are now accepted for the outstanding Trial of the Year published (electronically or on paper) in 2010. The deadline for nominations is January 31, 2011, and the award will be presented at a meeting in Vancouver. To nominate the trial you think best meets our standards, simply send an email to Dave Sackett [sackett@bmts.com](mailto:sackett@bmts.com) with its citation and the reasons why you think it deserves the award.

## Interesting new titles

The following titles have been registered with the Cochrane Collaboration. This means that at this moment the protocol is being written. If you feel that this topic is of special importance and that you want to be of assistance in some way (e.g., peer review protocol, give advice etc.) please contact us at [info@cochraneprimarycare.org](mailto:info@cochraneprimarycare.org)

- Angiotensin converting enzyme (ACE) inhibitors versus angiotensin receptor blockers for primary hype... (Hypertension Group)
- Calcium supplementation for prevention of primary hypertension (Hypertension Group)

### **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

194. [Written information about medicines improves consumers' knowledge](#)
195. [Insufficient evidence on repositioning patients for treatment of pressure ulcers](#)
196. [Progressive resistance strength training improves physical function in older adults](#)
197. [Psychological therapies can be of benefit for chronic pain in adults](#)

## 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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Bruce Arroll<sup>1</sup>, Jaap van Binsbergen<sup>2</sup>, Tom Fahey<sup>3</sup>, Tim Kenealy<sup>1</sup>,  
Floris van de Laar<sup>2</sup>

Tilly Pouwels<sup>2</sup>

Secretary to Cochrane Primary Health Care Field

email: [t.pouwels@cochraneprimarycare.org](mailto:t.pouwels@cochraneprimarycare.org)

The Cochrane Primary Health Care Field is a collaboration between:

<sup>1</sup> 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;

<sup>2</sup> Academic Department of Primary and Community Care in The Netherlands, The Dutch College of General Practitioners, and the Netherlands Institute for Health Services Research;

<sup>3</sup> Department of General Practice, Royal College of Surgeons in Ireland, Dublin.

## Abstracts

### Written information about medicines improves consumers' knowledge

Clinical question

How effective is written medical information (WMI) about

	individual medicines on relevant patient outcomes (knowledge, attitudes, behaviours and health outcomes)?
<b>Bottom line</b>	There is some evidence that WMI can improve knowledge. There were no trials that evaluated the effects of internet-based medicines information, or the effects of WMI on health outcomes. Overall, there was no strong evidence that providing WMI on its own will improve adherence to medicine instructions. None of the studies showed that written information was harmful.
<b>Caveat</b>	The studies were generally of a poor quality. The trials presented the written information for patients in different ways, and most did not design the leaflets in a way that made them easy to read. In many cases, trials were not clearly reported, so it is not known if they were carried out correctly. Finally, due to the heterogeneity of the trials, it was not possible to carry out a meta-analysis.
<b>Context</b>	Medicines are the most common intervention in most health services. People taking medicines need good quality information: to enable them to take and use the medicines effectively, to understand the potential harms and benefits, and to allow them to make an informed decision about taking them. Written medical information, such as a leaflet or provided via the internet, is an intervention that may meet these purposes.
<b>Cochrane Systematic Review</b>	Nicolson D et al. Written information about individual medicines for consumers. Cochrane Reviews 2009. Issue 2. Article No. CD002104. DOI: 10.1002/14651858.CD002104.pub3. This review contains 25 studies involving 4788 participants
PEARLS No. 194, September 2009, written by Brian R McAvoy	

[References]

### Insufficient evidence on repositioning patients for treatment of pressure ulcers

<b>Clinical question</b>	How effective is repositioning patients for treatment of pressure ulcers?
<b>Bottom line</b>	Despite the widespread use of repositioning as a component of the management plan for individuals with existing pressure ulcers, there is no randomised controlled trial (RCT) evidence that assesses the effects of repositioning patients on the healing rates of pressure

	ulcers.
<b>Caveat</b>	Pressure from lying or sitting on a particular part of the body results in oxygen deprivation to the affected area. If a patient with an existing pressure ulcer continues to lie or bear weight on the affected area, the tissues become depleted of blood flow and there is no oxygen or nutrient supply to the wound, and no removal of waste products from the wound, all of which are necessary for healing. International best practice advocates the use of repositioning as an integral component of a pressure ulcer management strategy.
<b>Context</b>	The proportion of people that develop a pressure ulcer ranges from 2.2% to 66% in the UK, and from 0% to 65.6% in the US and Canada <sup>1</sup> (the wide range being due to studying populations with very different risks). Pressure ulcers are a significant financial burden to healthcare systems. The total annual cost for pressure ulcer management in the UK has been estimated as £1.4 to £2.1 billion, which at that time was equivalent to 4% of the total UK healthcare expenditure
<b>Cochrane Systematic Review</b>	Moore ZEH, Cowman S. Repositioning for treating pressure ulcers. Cochrane Reviews 2009. Issue 2. Article No. CD006898. DOI: 0.1002/14651858.CD006898.pub2. No trials were eligible for inclusion in the review.
PEARLS No. 195, September 2009, written by Brian R McAvoy	

[References]

1. Kaltenthaler E et al. J Wound Care 2001;10:530-35.
2. Bennett G et al. Age Ageing 2004;33:230-35.

**Progressive resistance strength training improves physical function in older adults**

<b>Clinical question</b>	How effective is progressive resistance strength training (PRT) for improving physical function in older adults?
<b>Bottom line</b>	Older people who exercise their muscles against a force or resistance become stronger. They also improve their performance of simple activities, such as walking, climbing steps, or standing up from a chair more quickly. Moreover, strength training exercises also improved older people's physical abilities, including more complex daily activities, such as bathing or preparing a meal.

	Progressive resistance strength training also reduced pain in people with osteoarthritis. There was insufficient evidence to comment on the risks of PRT or long term effects.
<b>Caveat</b>	The studies in this review were generally of poor methodological quality, as most did not use design features that are known to increase internal validity, such as concealed randomisation, intention-to-treat analysis, blinded outcome assessors, or attention control groups. In many studies adverse effects were poorly monitored. None the less, serious adverse events appeared to be rare. Additionally, there is no information regarding how long these effects can be maintained because the majority of the studies did not follow up the effect after the training had ended.
<b>Context</b>	Progressive resistance strength training is a type of exercise where participants exercise their muscles against some type of resistance that is progressively increased as their strength improves. The exercise is usually conducted 2 to 3 times a week at moderate to high intensity, by using exercise machines, free weights or elastic bands.
<b>Cochrane Systematic Review</b>	Liu C-J, Latham NK. Progressive resistance strength training for improving physical function in older adults. Cochrane Reviews. 2009, Issue 3. Article No. CD002759. DOI: 10.1002/14651858. CD002759.pub2. This review contains 121 trials, involving 6700 participants.
PEARLS No. 196, September 2009, written by Brian R McAvoy	

### Psychological therapies can be of benefit for chronic pain in adults

<b>Clinical question</b>	How effective are psychological therapies for management of chronic pain (excluding headache) in adults?
<b>Bottom line</b>	Cognitive behavioural therapy (CBT) and behavioural therapy (BT) have weak effects in improving pain. CBT and BT have minimal effects on disability associated with chronic pain. CBT and BT are effective in altering mood outcomes (depression and anxiety), and there is some evidence these changes are maintained at 6 months. The changes typically come to 0.5 or less on a 10-point

	scale. Guidance is still required on the best content, duration, intensity and format of treatment.
<b>Caveat</b>	An analysis of the quality rating scores showed the quality of the design and reporting of trials has clearly improved over the years. However, the quality of treatments, or of their reporting, or both, does not appear to have improved over time.
<b>Context</b>	Chronic pain is a common problem, causing significant distress and disability. Behavioural and cognitive treatments designed to ameliorate pain, distress and disability were first introduced over 40 years ago and are now well established. 1,2
<b>Cochrane Systematic Review</b>	Eccleston C et al. Psychological therapies for the management of chronic pain (excluding headache) in adults. This review contains 40 studies involving 4781 participants.
PEARLS 197, September 2009, written by Brian R McAvoy	

[References]

1. Fordyce WE et al. J Chronic Dis 1968;21:179-90.
2. Keefe FJ et al. J Pain 2004;5:195-211.

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