



News

Happy New Year



The Cochrane Primary Health Care Field wishes everyone a happy and primary careful 2011!

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

- Management education with either regular practitioner review or written action plans or both for adults with asthma
- Cognitive behavioral therapies for fibromyalgia syndrome

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

198. [Antimicrobial prophylaxis effective for colorectal surgery](#)
199. [Social norms interventions reduce alcohol misuse in students](#)
200. [Aiming for blood pressure targets lower than 140/90mmHg may not be of benefit](#)
201. [Non-steroidal anti-inflammatory drugs of some benefit for the common cold](#)

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>

To (un)subscribe

To (un)subscribe please visit:

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

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

Antimicrobial prophylaxis effective for colorectal surgery

Clinical question

How effective is antimicrobial prophylaxis for the prevention of postoperative surgical wound infection

	(SWI) in patients undergoing colorectal surgery?
Bottom line	Antibiotics delivered orally and intravenously prior to colorectal surgery reduce the risk of postoperative SWI by at least 75%. No statistically significant differences were shown when comparing short and long term duration of prophylaxis, or single versus multiple dose antibiotics. Established gold standard regimens were as effective as other antibiotic choices.
Caveat	The antibiotic(s) given must cover both aerobic and anaerobic bacteria. Further research is required to establish the optimal timing and duration of dosing, and frequency of longer term adverse effects, such as Clostridium difficile pseudomembranous colitis.
Context	Abdominal SWI in patients having operations on the large intestine occurs in about 40% of patients if antibiotics are not given. This risk can be greatly diminished by the administration of antibiotics prophylactically before surgery.
Cochrane Systematic Review	Nelson RL et al. Antimicrobial prophylaxis for colorectal surgery. Cochrane Reviews 2009. Issue 1. Article No. CD001181. DOI:10.1002/14651858.CD001181.pub3. This review contains 182 studies involving 30,880 participants, and 50 different antibiotics, including 17 cephalosporins.
PEARLS No. 198, April 2009, written by Brian R McAvoy	

[References]

Social norms interventions reduce alcohol misuse in students

Clinical question	How effective is social norms feedback in reducing alcohol misuse in university or college students?
Bottom line	Interventions delivered using the web or computer, or in individual face-to-face sessions, appeared to reduce alcohol misuse (alcohol-related problems, peak blood alcohol content, drinking frequency and quantity, binge drinking and drinking norms). Significant effects were more apparent for short term outcomes (up to 3 months). The evidence was less convincing for group face-to-face sessions. Mailed and group feedback were on the whole no different than the control intervention. Two large studies showed contradictory results for a social

	marketing campaign.
Caveat	Only a small number of good quality studies were available for many of the outcomes and analyses, and most of the studies were from the US. The intensity of the intervention differed between trials as did the control intervention (no intervention, educational leaflets or an alcohol educational session). The review may also lack generalisability due to recruitment into the trials. A large number of studies in this review selected participants from psychology courses or were delivered to students at high-risk (eg, first year students).
Context	People may believe their peers drink heavily, which influences their drinking. Much of this peer influence is the result of incorrect perceptions. Normative feedback relies on the presentation of information on these misperceptions, about personal drinking profiles, risk factors and normative comparisons. Feedback can be given alone or in addition to individual or group counselling. Individual face-to-face feedback typically involves social norms feedback as just one aspect of a broader motivational interviewing intervention.
Cochrane Systematic Review	Moreira MT et al. Social norms interventions to reduce alcohol misuse in University or College students. Cochrane Reviews 2009. Issue 3. Article No. CD006748. DOI:10.1002/14651858. CD006748.pub2. This review contains 22 studies involving 7275 participants.
PEARLS No. 199, September 2009, written by Brian R McAvoy	

[References]

Aiming for blood pressure targets lower than 140/90mmHg may not be of benefit

Clinical question	Compared to standard blood pressure (BP) targets ($\leq 140/90-160/90-100$ mmHg), how effective are lower BP targets ($\leq 135/85$ mmHg) in reducing mortality and morbidity?
Bottom line	Lower diastolic targets of ≤ 85 mmHg achieved lower blood pressures but were not associated with a reduction in mortality or morbidity (stroke, heart attack, heart failure or kidney failure) when compared with the standard target of $\leq 90-100$ mmHg. The same conclusion is true if one limits the lower target group to trials with a diastolic target of ≤ 80 mmHg. A sensitivity analysis in diabetic

	<p>patients and in patients with chronic renal disease also did not show a reduction in any of the mortality and morbidity outcomes with lower targets as compared to standard targets.*</p> <p>* As current guidelines recommend even lower targets for diabetes mellitus and chronic renal disease, the authors of the review are currently conducting systematic reviews in these groups of patients.</p>
Caveat	<p>All of the identified trials assessed diastolic or mean blood pressure targets, and none of the trials compared different targets for systolic blood pressure. Therefore, at present we have no information regarding the benefits or harms of trying to achieve "lower systolic blood pressure targets" as compared with "standard systolic blood pressure targets". The main potential source of bias in this meta-analysis is inevitable because the intervention of trying to achieve a target blood pressure cannot be blinded. Another limitation of this meta-analysis is that one single trial provided most of the participants and outcome data. Selective reporting bias is also a significant source of bias in this metaanalysis, as in some trials certain outcomes were not reported.</p>
Context	<p>When treating elevated BP, doctors need to know what BP target they should try to achieve. The standard of clinical practice for some time has been $\leq 140/90-160/100$mmHg. New guidelines are recommending BP targets lower than this standard.</p>
Cochrane Systematic Review	<p>Arguedas JA et al. Treatment blood pressure targets for hypertension. Cochrane Reviews 2009, Issue 3. Article No. CD004349. DOI: 10.1002/14651858.CD004349.pub2. This review contains 7 studies involving 22,089 participants.</p>
PEARLS No. 200, October 2009, written by Brian R McAvoy	

[References]

Non-steroidal anti-inflammatory drugs of some benefit for the common cold

Clinical question	How effective are non-steroidal anti-inflammatory drugs (NSAIDs) for the common cold?
Bottom line	In a pooled analysis, compared to placebo, NSAIDs did not significantly reduce the total symptom score or

	<p>duration of colds. However, for outcomes related to the analgesic effects of NSAIDs (headache, ear pain, and muscle and joint pain) NSAIDs produced significant benefits, as well as a borderline benefit for malaise, but throat irritation was not improved. NSAIDs showed mixed results for chills. For respiratory symptoms, cough and nasal discharge scores were not improved, but the sneezing score was significantly improved. There was no evidence of increased frequency of adverse effects in the NSAID treatment groups.</p>
Caveat	<p>The overall quality of studies was mixed, largely due to missing information regarding randomisation procedures. Only 2 studies were assessed as being of high quality.</p>
Context	<p>The common cold is the most common and widespread illness known to humans. NSAIDs are drugs with analgesic, antipyretic, and in higher doses, anti-inflammatory effects. NSAIDs have been widely used for over a century for the treatment of pain and fever associated with the common cold.</p>
Cochrane Systematic Review	<p>Kim SY et al. Non-steroidal anti-inflammatory drugs for the common cold. Cochrane Reviews 2009, Issue 3. Article No. CD006362. DOI: 10.1002/14651858.CD006362.pub2. This review contains 9 studies involving 1064 participants.</p>
PEARLS No. 201, October 2009, written by Brian R McAvoy	

[References]

COCHRANE
PRIMARY HEALTH
CARE FIELD