



News

International Clinical Trials' Day

Good news. If you are a trialist and neither a mother (mother's day), a father (father's day) or an animal (October 4), you still have your day of worship and celebration! The International Clinical Trials' Day is celebrated every year on May 20th, and this year's European Clinical Research Infrastructures Network (ECRIN) (www.ecrin.org) celebrations in Vienna, Austria are fast approaching.

Visit <http://www.ecrin.org/index.php?id=34>

Author Workshop Amsterdam

The Dutch Cochrane Centre organizes a Workshop for Authors of Cochrane Systematic Reviews of Diagnostic Test Accuracy

Date: 29-30 September 2011, Location: Amsterdam Medical Center, Amsterdam, The Netherlands

Details: This is a two-day workshop run by members of the Cochrane Diagnostic Test Accuracy Working Group for Cochrane review authors who are planning to do a Cochrane diagnostic test accuracy review (SRDTA). The objective of the workshop is to train them to prepare and conduct an SRDTA.

Contact: Hanni Spitteler

Email: cochrane@amc.uva.nl

Website: <http://srdta.cochrane.org/workshops-and-events>

Nottingham Systematic Review Course 2011 From 07 to 10 June 2011 the University of Nottingham (UK) organizes The Nottingham Systematic Review Course 2011.

This course will appeal to all those interested in completing a Cochrane-style review. Experienced tutors and facilitators will be available to give you practical and individual advice. Study methods: Small group teaching, workshops, library-based interactive tutorials with hands on practical work at computer stations and group work. Read the opinions of a former delegate on the Nottingham Systematic Review Course recently published in BMJ Careers. <http://careers.bmj.com/careers/advice/view-article.html?id=20000296>

Contact: Please contact Lindsey Air +44 (0)115 823 1287, or visit

Email: lindsey.air@nottingham.ac.uk

Website: <http://szg.cochrane.org/en/events.html> to download an application form.

Systematic Review workshop - Baltimore

The Cochrane Eyes and Vision Group organizes a workshop: Developing a Cochrane Systematic Review workshop, Date: 13 - 15 July 2011, Location: Baltimore, Maryland (USA) This workshop guides participants through the steps of developing a systematic review and includes presentations about Cochrane methodology and hands-on practice using the Cochrane Collaboration's Review Manager (RevMan) software. Priority registration given for those interested in contributing to the Cochrane Eyes and Vision Group. Those with Cochrane registered titles, protocols, and reviews as well as those interested in learning more about systematic reviews are also accepted, space permitting.

Contact: Lisa Lassiter

Email: uscevg@jhsph.edu

Website: <http://eyes.cochrane.org/workshop-developing-systematic-review>

EQUATOR seminar

The EQUATOR network organizes a seminar and lecture on October 3rd 2011 14.00 - 17.30 EQUATOR seminar - Getting your trial published: CONSORT 2010 and other reporting guidelines (Registration fees: £50) 18.00 - 19.30 EQUATOR Annual Lecture - "Better reporting of better research= better healthcare: a patient plea" The lecture will be presented by Hazel Thornton, Hon. DSc., founding Chairman of the Consumers' Advisory Group for Clinical Trials.

Lecture is free; everyone welcome; no registration needed.

Location: Bristol Marriott Hotel City Centre, Conservatory Room, Bristol, UK

Website: More details on our website: <http://www.equator-network.org/courses-events/>

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

- Vitamin B and/or its derivatives for diabetic nephropathy
- Mast cell tryptase for anaphylaxis
- Exercise for dyslipidaemia
- Niacin for primary and secondary prevention of cardiovascular events
- Dehydroepiandrosterone for postmenopausal women
- Benzodiazepines versus placebo for panic disorder
- Interventions for treating fingertip entrapment injuries in children

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

[222. Very limited evidence on effectiveness of assistive technology for rheumatoid arthritis](#)

[223. Alpha blockers have modest efficacy in hypertension](#)

[224. No evidence for benefits of homocysteine-lowering interventions for preventing cardiovascular events](#)

[225. Rapid viral testing may be beneficial in the emergency department](#)

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

Very limited evidence on effectiveness of assistive technology for rheumatoid arthritis

Clinical question	How effective is assistive technology for adults with rheumatoid arthritis?
Bottom line	There is very limited evidence on the effectiveness of assistive technology for adults with rheumatoid arthritis. The low quality evidence indicated that the use of a dispenser device (Opticare) may improve application of eye drops and prevent adverse effects in terms of touching the eye with the bottle tip.
Caveat	Only one randomised controlled trial with 29 participants was included. The study design was assessed to have moderate limitations (no blinding, selective reporting, and unclear concealment of allocation), and the quality of

	evidence was graded as "low". The Opticare device is not a commonly used assistive device. Only a proportion of the population with rheumatoid arthritis might use this device, namely those with Sjögrens syndrome.
Context	Provision of assistive technology is a widely used intervention for people with rheumatoid arthritis. Assistive technology is any item used to increase or maintain functional ability in individuals with disabilities. It includes a wide range of products, from low-technology devices to technologically complex equipment. There are few randomised controlled trials on the effectiveness of assistive technology in this population.
Cochrane Systematic Review	Tuntland H et al. Assistive technology for rheumatoid arthritis. Cochrane Reviews 2009, Issue 4. Article No. CD006729. DOI: 10.1002/14651858.CD006729.pub2. This review contains one study involving 29 participants.
PEARLS No. 222, January 2010, written by Brian R McAvoy	

[References]

Alpha blockers have modest efficacy in hypertension

Clinical question	How effective are alpha blockers in the treatment of primary hypertension?
Bottom line	Based on the limited number of published randomised controlled trials, the blood pressure (BP) lowering effect of alpha blockers is modest (-8/-5 mmHg), compared to placebo. A dose response relationship for the BP lowering effect of alpha blockers could not be established. There were no clinically meaningful differences in BP lowering between 4 different alpha blockers (bunazosin, doxazosin, prazosin and terazosin). The review did not provide a good estimate of the incidence of harms associated with alpha blockers because of the short duration of the trials and the lack of reporting of adverse effects in many of the trials.
Caveat	Given the high likelihood of publication bias, the estimates of BP lowering effect calculated are likely to be an overestimate of the real effect. The effect of alpha blockers on BP variability, pulse pressure, or heart rate could not be determined.
Context	Alpha blockers are used as pharmacological agents for

	the treatment of hypertension. Despite nearly 30 years of research evidence and clinical use of alpha blockers, the dose-related BP lowering effect of this antihypertensive drug class is still not known.
Cochrane Systematic Review	Heran BS et al. Blood pressure lowering efficacy of alpha blockers for primary hypertension. Cochrane Reviews 2009, Issue 4. Article No. CD004643. DOI: 10.1002/14651858.CD004643.pub2. This review contains 10 studies involving 1175 participants.
PEARLS No. 223, December 2009, written by Brian R McAvoy	

[References]

No evidence for benefits of homocysteine-lowering interventions for preventing cardiovascular events

Clinical question	How effective are homocysteine-lowering interventions in people with or without pre-existing cardiovascular disease?
Bottom line	There is no evidence homocysteine-lowering interventions are of benefit to people at risk of, or with established, cardiovascular disease. Homocysteine-lowering interventions in the form of supplements of vitamins B6 (pyridoxine), B9 (folic acid) or B12 (cyanocobalamin) did not reduce myocardial infarction, stroke or total mortality rates when given alone or in combination, at any dosage, compared with placebo or standard care.
Caveat	Only a few trials clearly described hyperhomocysteinaemia and determined circulating total homocysteine (tHcy) levels during the trial. The impact of losses to follow-up was unclear in many trials and there was variability in interventions across the trials.
Context	Emergent or new risk factors for cardiovascular disease have been recently added to the list of established risk factors (diabetes mellitus, high blood pressure, active smoker, adverse blood lipid profile). One of these risk factors is an elevated tHcy level. Homocysteine is an amino acid, and its levels in blood are influenced by blood levels of the B-complex vitamins B6, B9 and B12. High tHcy levels are associated with an increased risk for atherosclerotic diseases. Hence, it has been suggested B vitamin supplementation might reduce the risk of

	myocardial infarction, stroke and angina pectoris.
Cochrane Systematic Review	Marti-Carvajal AJ et al. Homocysteine-lowering interventions for preventing cardiovascular events. Cochrane Reviews 2009, Issue 4. Article No. CD006612. DOI: 10.1002/14651858. CD006612.pub2. This review contains 8 trials involving 24,210 participants.
PEARLS No. 224, January 2010, written by Brian R McAvoy	

[References]

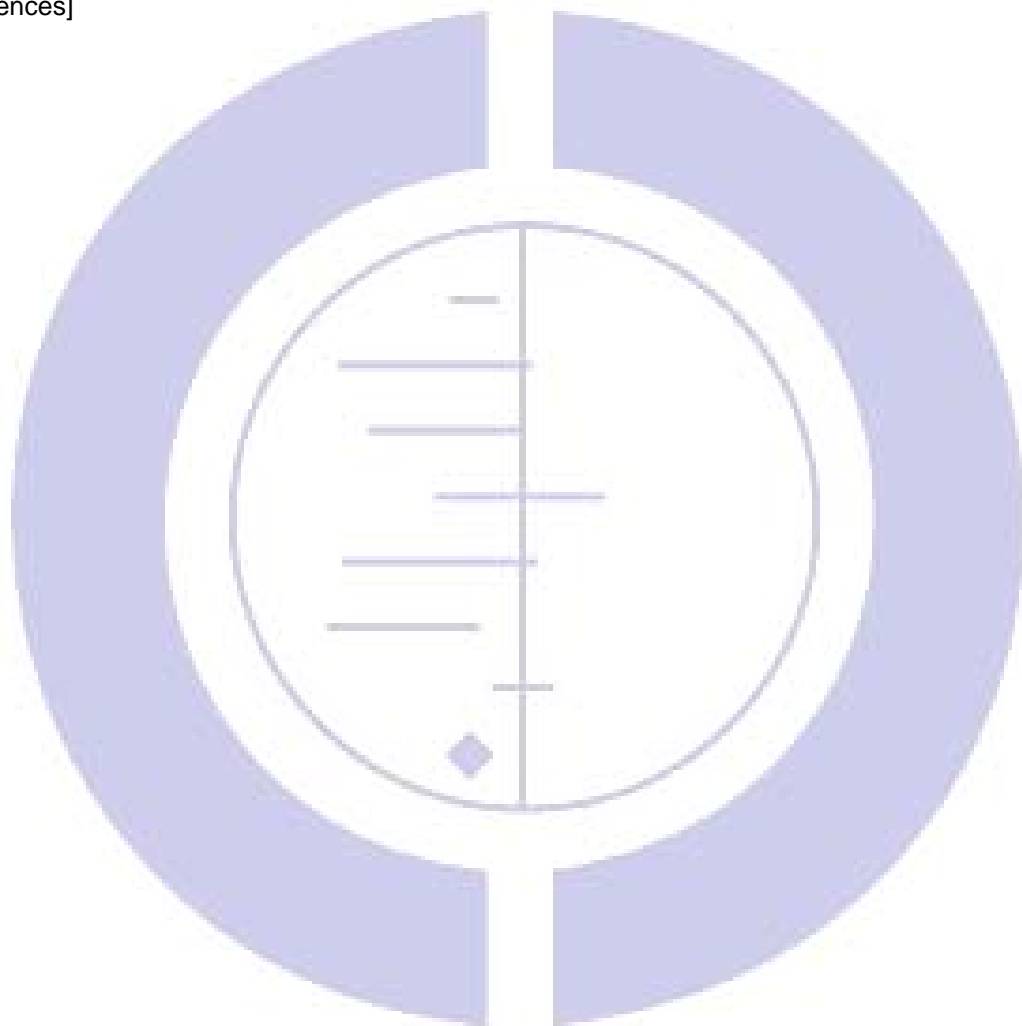
Rapid viral testing may be beneficial in the emergency department

Clinical question	How effective is rapid viral testing (RVT) for acute febrile respiratory illness in children in the emergency department (ED)?
Bottom line	In previously healthy children coming to the ED with fever and respiratory symptoms, RVT reduced the use of chest x-rays; there was a trend toward less antibiotic usage but this was not statistically significant. No effect on length of ED visits, blood or urine testing was seen.
Caveat	The combined number of participants from the few available studies was not large enough to statistically detect a significant effect of RVT on the primary outcome (antibiotic prescribing) and most of the secondary outcomes (length of ED stay, rate of ancillary tests, rate of physician visit within 2 weeks after discharge, hospital admission rate, and acceptability of nasal specimen collection sampling).
Context	Paediatric acute respiratory infections represent a significant burden on EDs and families. Most of these illnesses are due to viruses. However, investigations (radiography, blood and urine testing) to rule out bacterial infections and antibiotics are often ordered because of diagnostic uncertainties. This results in prolonged ED visits and unnecessary antibiotic use. The risk of concurrent bacterial infection has been reported to be negligible in children over 3 months of age with a confirmed viral infection. RVT in the ED may alleviate the need for precautionary testing and antibiotic use.
Cochrane Systematic Review	Doan Q et al. Rapid viral diagnosis for acute febrile respiratory illness in children in the emergency department. Cochrane Reviews 2009, Issue 4. Article

No. CD06452. DOI: 10.1002/14651858. CD006452.pub2.
This review contains 4 studies involving 1588
participants.

PEARLS No. 225, February 2010, written by Brian R McAvoy

[References]



**COCHRANE
PRIMARY HEALTH
CARE FIELD**