



News

Two-thousandth member

With pleasure we announce the registration of the two-thousandth subscriber to our newsletter. This is a milestone we like to share with you. With your help and enthusiastic promotion we hope to achieve the three thousand!

New administrator

The new year will start with a new administrator of the Cochrane Primary Healthcare Field. Ms. Tilly Pouwels, who will resign as administrator, will be succeeded by Ms. Caroline Roos. We wish to thank Tilly for her invaluable contribution to the field over the past few years.



Cochrane Steering group

For all of you who would like to be informed about Cochranes policies: the minutes of the Steering Group meetings in Madrid on 18 and 23 October 2011 have recently been approved and are available at <http://www.cochrane.org/intranet/organisation-administration/minutes-reports/minutes-all-full-meetings-ccsg> . For those wishing to read a much shorter document (7 pages as opposed to 17), giving the key points that were discussed at these meetings, the Steering Group Bulletin is available at <http://www.cochrane.org/news/newsletters#sgb>

New Year

We like to conclude this news item wishing you happy holidays and our best wishes for 2012.



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

- Non-surgical interventions for treating menorrhagia in women with bleeding disorders
- Cognitive-behavioural interventions for Attention Deficit Hyperactivity Disorder in Adults
- 5-ASA for management of symptomatic uncomplicated diverticular disease
- Maternal prenatal and/or postnatal n-3 fish oil supplementation for preventing allergies in early childhood

New opportunities: following titles have become available (deregistered):

- Pharmaceutical Policies: Policies that determine which drugs are reimbursed
- Foam dressings for venous leg ulcers
- Dietary management for treating diarrhea in children
- Corticosteroids for improving outcome after PRK in people with myopia

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

250. [Home-based care has benefits for those with HIV/AIDS](#)

251. [Limited evidence for efficacy of bracing for adolescent idiopathic scoliosis](#)

252. [Topical capsaicin may be of benefit for chronic neuropathic pain](#)

253. [Flexible working interventions can benefit employee health and wellbeing](#)

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;

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Abstracts

Home-based care has benefits for those with HIV/AIDS

Clinical question	What are the effects of home-based care on morbidity and mortality in those with HIV/AIDS?
Bottom line	Intensive home-based nursing significantly improved self-reported knowledge of HIV and medications, self-reported adherence and difference in pharmacy drug refill. It also significantly impacted on HIV stigma, worry and physical functioning but not depressive symptoms, mood, general health or overall functioning. One study, comparing the proportion of participants with greater than 90% adherence, found statistically significant differences over time but no significant change in CD4 counts and viral loads. Comprehensive case management by trans-professional teams and that provided by primary care nurses had the same impact in the short term (six months). Two trials comparing computers with brochures/nothing/standard medical care found no significant effect on health status, and decision-making confidence and skill, but a reduction in social isolation after controlling for depression. Two trials evaluating home exercise programmes found opposing results. Home-based safe water systems reduced diarrhoea frequency and severity among persons with HIV in Africa.
Caveat	Studies were generally small (31 to 549 participants), and very few studies were done in developing countries.

	There was a lack of studies looking at the effect of home-based care itself or looking at significant end points (death and progression to AIDS).
Context	Along with tuberculosis and malaria, HIV/AIDS is the major cause of illness and death in low and middle-income countries where health services already struggle with limited resources (staff, drugs, equipment, etc) and poor infrastructure. ¹ Thirty three million people are living with HIV and, in 2007, an estimated 2.5 million people became newly infected with HIV/AIDS and 2.1 million people died. ² Home-based care is used in many countries to promote quality of life and limit hospital care, especially where public health services are overburdened.
Cochrane Systematic Review	Young T and Busgeeth K. Home-based care for reducing morbidity and mortality in people infected with HIV/AIDS. Cochrane Reviews 2010, Issue 1. Article No. CD005417. DOI: 10.1002/14651858. CD005417.pub2. This review contains 13 studies (total number of participants is not stated).
Pearls No. 250	

[References]

1. UNAIDS. Report on the Global AIDS epidemic, 2004.
2. UNAIDS. AIDS epidemic update, 2007.

Limited evidence for efficacy of bracing for adolescent idiopathic scoliosis

Clinical question	How effective is bracing for adolescent idiopathic scoliosis?
Bottom line	There was very low quality evidence, from one prospective cohort study involving 286 girls, that a brace curbed curve progression at the end of growth (success rate 74%) and that bracing was more effective than observation (success rate 34%) and electrical stimulation (success rate 33%). There was low quality evidence, from 1 randomised controlled trial involving 43 girls, that a rigid brace was more successful than an elastic one (SpineCor) at curbing curve progression when measured in Cobb degrees. There were no significant differences between the 2 groups (those wearing a rigid brace versus those wearing an elastic brace) in the subjective perception of daily difficulties associated with wearing the

	brace. Adverse effects of braces were not discussed.
Caveat	Limitations of this review include the sparse data and studies available, and the fact available studies only included girls (there is 1 male with scoliosis for every 7 females), making it very difficult to generalise the results to males. No papers investigated primary outcomes (pulmonary disorders, disability, back pain, quality of life, psychological and cosmetic issues). Due to the very low quality of the evidence in favour of bracing, patients and their parents should regard these results with caution and discuss their treatment options with a multidisciplinary team.
Context	Adolescent idiopathic scoliosis is a three-dimensional deformity of the spine. While adolescent idiopathic scoliosis can progress during growth and cause a surface deformity, it is usually not symptomatic. However, in adulthood, if the final spinal curvature surpasses a certain critical threshold, the risk of health problems and curve progression is increased. Braces are traditionally recommended to stop curvature progression in some countries whereas their use is criticised in others. Braces generally need to be worn constantly, with treatment extending over several years. The most common type of scoliosis is discovered at 10 years of age or older, and is defined as a curve that measures at least 10° (called a Cobb angle; measured on x-ray).
Cochrane Systematic Review	Negrini S et al. Braces for idiopathic scoliosis in adolescents. Cochrane Reviews 2010, Issue 1. Article No. CD006850. DOI: 10.1002/14651858.CD006850.pub2. This review contains 2 studies involving 329 participants.
Pearls No. 251	

[References]

Topical capsaicin may be of benefit for chronic neuropathic pain

Clinical question	How effective is topical capsaicin for chronic neuropathic pain in adults?
Bottom line	Six studies compared regular application of low-dose (0.075%) capsaicin cream with placebo cream; the NNT* for any pain relief over 6 to 8 weeks was 6.6 (4.1 to 17). Two studies compared a single application of high-dose

	(8%) capsaicin patch with placebo patch; the NNT for 30% pain relief over 12 weeks was 12 (6.4 to 70). Local skin irritation, which is often mild and transient but may lead to withdrawal, is common. The NNH** for repeated low-dose application was 2.5 (2.1 to 3.1). Systemic adverse effects were rare. * NNT = number needed to treat to benefit 1 individual (95% confidence intervals) ** NNH = number needed to treat to cause harm in 1 individual (95% confidence intervals)
Caveat	All studies satisfied minimum criteria for quality and validity but maintenance of blinding remained a potential problem. The limited amount of data for different neuropathic conditions and inconsistent definition of outcome meant estimates for the number of participants achieving clinically useful levels of pain relief were not robust.
Context	Topical creams with capsaicin are used to treat pain resulting from a wide range of chronic conditions, including neuropathic pain. Following application to the skin, capsaicin causes enhanced sensitivity to noxious stimuli, followed by a period with reduced sensitivity and, after repeated applications, persistent desensitisation.
Cochrane Systematic Review	Derry S et al. Topical capsaicin for chronic neuropathic pain in adults. Cochrane Reviews 2009, Issue 4. Article No. CD007393. DOI: 10.1002/14651858.CD007393.pub2. This review contains 8 trials involving 1098 participants.
PEARLS 252, April 2010, written by Brian R McAvoy	

[References]

Flexible working interventions can benefit employee health and wellbeing

Clinical question	How effective are flexible working interventions on the physical, mental and general health and wellbeing of employees?
Bottom line	Interventions that increased employee control by offering worker-orientated flexibility (specifically self-scheduling and partial/ gradual retirement) were likely to be associated with health improvements, including improvements in physical health (reduced systolic blood pressure and heart rate), mental health (eg, reduced

	<p>psychological stress) and in general health measures (eg, tiredness and sleep quality). Importantly, interventions that increased worker flexibility were not associated with any adverse health effects in the short term. In contrast, interventions that were motivated or dictated by organisational interests, such as fixed-term contracts and involuntary part time employment, found equivocal or negative health effects.</p>
Caveat	<p>The evidence base evaluating the effectiveness of flexible working interventions in the form of well-designed, controlled, before and after studies, is small and methodologically limited.</p>
Context	<p>Flexible working conditions are increasingly popular in developed countries but the effects on employee health and wellbeing are largely unknown. If the benefits and harms of flexible working are to be fully understood, then prospective, well-controlled intervention studies of the health and wellbeing effects of flexible working are urgently required, particularly studies that examine differences in health outcomes by socioeconomic status, occupational grade or demographic characteristics.</p>
Cochrane Systematic Review	<p>Joyce K et al. Flexible working conditions and their effects on employee health and wellbeing. Cochrane Reviews 2010, Issue 2. Article No. CD008009. DOI: 10.1002/14651858. CD008009.pub2. This review contains 10 studies involving 16,603 participants.</p>
<p>PEARLS No. 253, May 2010, written by Brian R McAvoy</p>	

[References]

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