

PEARLS

Practical Evidence About Real Life Situations



Brief alcohol interventions are effective in reducing hazardous or harmful drinking in men

PEARLS No. 13, September 2007, written by Brian R McAvoy

Clinical question: Are brief alcohol interventions (BAIs) effective in reducing alcohol consumption in primary care populations?

Bottom line: BAIs consistently produced reductions in alcohol consumption. At one year's follow-up, people who had received BAIs drank 6–25 g less alcohol per week.

The benefit for men (70 per cent of participants) was a reduction of 57 g per week (range 25–89 g). The benefit was not clear for women. The reduction in drinking was similar in general practice and accident and emergency department settings to research settings with greater resources. Longer counselling showed little additional benefit.

Caveat: BAIs are aimed at individuals drinking at hazardous or harmful levels, ie, whose consumption exceeds recommended drinking levels (<21 standard drinks/week for men and <14 standard drinks/week for women in New Zealand), but not at those who are dependent on alcohol.

Context: BAIs include feedback on alcohol use and harms, identification of high-risk situations for drinking and coping strategies, increased motivation and the development of a personal plan to reduce drinking. They involve one to four sessions, and take place within the timeframe of a standard consultation, 5 to 10 minutes for a GP, longer for a nurse.

Cochrane Systematic Review: Kaner EFS et al. Effectiveness of brief alcohol interventions in primary care populations. Cochrane Database of Systematic Reviews 2007, Issue 2. Article No. CD004148. DOI: 10.1002/14651858. CD004148.pub3.

Note: This review contains 28 studies with over 7000 participants.

Oral steroids are effective short term treatment for adhesive capsulitis

PEARLS No. 14, September 2007, written by Brian R McAvoy

Clinical question: Should I prescribe oral steroids for adhesive capsulitis ("frozen shoulder")?

Bottom line: Compared to no treatment oral steroids (up to 30 mg prednisolone daily) provide significant short term benefits in pain, range of movements of the shoulder and function (NNT* 2) but the effect may not be maintained beyond 6 weeks.

* NNT= number needed to treat to benefit one individual.

Caveat: Oral steroids may improve pain earlier and quicker than no treatment but after 5 months there are no benefits over no treatment. While the adverse effects of steroid therapy in the trials in the review were minor and short-lived, the potential risks of long term/high dose oral steroids are well described (dyslipidaemia, diabetes, osteoporosis and hypertension).

Context: Adhesive capsulitis affects up to 2 per cent of the population with an 11 per cent prevalence in diabetics. There is little evidence to support the use of physiotherapy for the condition which can persist for up to 2–3 years.

Cochrane Systematic Review: Buchbinder R, Green S, Youd JM, Johnston RV. Oral steroids for adhesive capsulitis. Cochrane Database of Systematic Reviews 2006, Issue 4. Article No. CD006189. DOI: 10.1002/14651858. CD006189.

Note: This review contains 5 small trials with sizes ranging from 28 to 49 participants, and treatment lasting for 3 to 4 weeks.



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PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are developed by the Cochrane Primary Care Field and funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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