

PEARLS

Practical Evidence About Real Life Situations



Nasal saline irrigations are effective for chronic rhinosinusitis symptoms

PEARLS No. 33, November 2007, written by Brian R McAvoy

Clinical question: Are nasal saline irrigations effective for chronic rhinosinusitis symptoms?

Bottom line: Nasal saline irrigations relieve symptoms, help as an adjunct to treatment and are well tolerated by the majority of patients. While there is no evidence saline is a replacement for standard therapies, addition of topical nasal saline is likely to improve symptom control in patients with persistent sino-nasal disease.

Caveat: All of the studies reviewed were small. Numbers of participants in the 8 studies varied from 14 to 120. A wide range of delivery techniques and solutions were used in the studies, and duration of treatment ranged from 7 days to 6 months. No recommendations can be made regarding specific solutions, dosage or delivery.

Context: Chronic sinusitis is thought to affect between 5 and 15 per cent of the population [1]. It is the principal Diagnosis in 2 per cent of all patient visits to primary care [2].

Cochrane Systematic Review: Harvey R et al. Nasal saline irrigations for the symptom of chronic rhinosinusitis. Cochrane Reviews 2007. Issue 3. Article No. CD006394. DOI: 10.1002/14651858.CD006394.pub

Note: This review contains 8 studies involving a total of 389 participants.

Further references

- 1 Melen I. Chronic sinusitis: clinical and pathophysiological aspects. Acta Otolaryngol. 1994; 515:45-8.
- 2 Schappert SM. National ambulatory medical care survey. 1991 Summary. National Centre for Health Statistics, 1992.



Antidepressants are effective for neuropathic pain

PEARLS No. 43, February 2008, written by Brian R McAvoy

Clinical question: Are antidepressants effective for neuropathic pain?

Bottom line: Both tricyclic antidepressants (TCAs) and venlafaxine provide relief of neuropathic pain (NNT = 3.6 and 3.1 respectively). This effect is independent of any effect on depression. There is very limited evidence selective serotonin reuptake inhibitors (SSRIs) may be effective but numbers of participants were insufficient to calculate robust NNTs. (NNT = number needed to treat to benefit one individual.)

Caveat: The NNH for major adverse effects, defined as an event leading to withdrawal from a study, was 28 for amitriptyline and 16.2 for venlafaxine. The NNH for minor adverse effects such as drowsiness, dizziness, dry mouth and constipation was 6 for amitriptyline and 9.6 for venlafaxine. (NNH = number needed to treat to cause harm in one individual.)

Context: Neuropathic pain can be very disabling, severe and intractable, causing distress and suffering for individuals, including dysaesthesia and paraesthesia. For many years antidepressants have been used to manage neuropathic pain, and are often the treatment of first choice. It is not clear, however, which antidepressant is most effective, what role the newer antidepressants, such as SSRIs and venlafaxine, can play in treating neuropathic pain and what adverse effects are experienced by patients.

Cochrane Systematic Review: Saarto T and Wiffen PJ. Antidepressants for neuropathic pain. Cochrane Database of Syst Rev. 2007, Issue 4. Article No. CD0005454. DOI: 10.1002/14651858.CD0005454.pub 2.

Note: The review contains 61 trials involving 3293 participants.

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PEARLS

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