PEARLS

Practical Evidence About Real Life Situations

Die Orthopäden sind in der Regel sehr zurückhaltend mit chirurgischen Massnahmen bei Problemen der Rotatorenmanschetten. Offenbar zu Recht! Bernhard Rindlisbacher

Surgery for rotator cuff disease is no more effective than active non-surgical treatment

PEARLS No. 75, June 2008, written by Brian R McAvoy

Clinical question: How effective is surgery for rotator cuff disease?

Bottom line: Comparing active non-surgical treatment (physiotherapy or exercise programmes) with surgery for rotator cuff disease showed no significant differences in outcomes such as pain, function and participant evaluation of success. There were also no significant differences in outcomes between arthroscopic and subacromial decompression, although four trials reported earlier recovery with arthroscopic decompression.

Caveat: There was insufficient evidence to suggest whether surgery made a difference to other outcomes, such as the ability to use the shoulder normally, quality of life, range of shoulder motion, strength, the likelihood of recurrence, time taken to return to work or sports, and patient satisfaction.

Context: Rotator cuff disease is the most common cause of shoulder pain seen by physicians. Shoulder pain is the third most common musculoskeletal reason for seeking medical care after back and neck pain,[1] and accounts for 1.2 per cent of all general practice encounters in Australia.[2]

Cochrane Systematic Review: Coghlan JA et al. Surgery for rotator cuff disease. Cochrane Reviews 2008, Issue 1. Article No. CD005619.DOI: 10.1002/14651858.CD005619.pub2.

This review contains 14 studies involving 829 participants.

Früher empfahl und instruierte ich meinen Patienten mit Asthma und Hausstauballergie Massnahmen gegen die Milben. Ich würde es höchstens noch sehr zurückhaltend tun. Bernhard Rindlisbacher

House dust mite control measures do not reduce asthma symptoms

PEARLS No. 80, August 2008, written by Brian R McAvoy

Clinical question: Are measures to control house dust mite antigens effective in mite-sensitive asthma patients?

Bottom line: Measures to control house dust mite antigens in the homes of mite-sensitive asthmatics had no effect on peak expiratory flow, asthma symptom scores or medication usage. The measures included acaricides, mattress covers, vacuum cleaning, ventilation, freezing, washing, air filtration, ionisers and combinations of these measures.

Caveat: Despite the fact many trials were of poor quality and would be expected to exaggerate the reported effect, the review did not find any effect from the interventions. Mite reduction was determined in different ways in the various studies.

Context: The major allergen in house dust comes from mites. Chemical, physical and combined methods of reducing mite allergen levels are intended to reduce asthma symptoms in people who are sensitive to house dust mites.

Cochrane Systematic Review: Gotzsche PC and Johansen HK. House dust mite control measures for asthma. Cochrane Reviews 2008, Issue 1. Article No. CD001187. DOI: 10.1002/14651858.CD001187.pub3.

This review contains 54 trials involving 3002 participants.

Further references

1 Bott SDM, et al. Ann Rheum Dis 2005;64:118–23.
2 Bridges-Webb C, et al. Med J Australia 1992; Supplement 157:51–556.

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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