

PEARLS

Practical Evidence About Real Life Situations



Obschon Firmen, die mit «functional food» ein grosses Geschäft machen (möchten), bezüglich Probiotika behaupten «reduziert die Symptome der atopischen Dermatitis», kommt diese Cochrane Review zum Schluss, dass sich aus den bisherigen Studien kein Nachweis für einen positiven Effekt von Probiotika auf die Symptome eines atopischen Ekzems ergibt.

Bernhard Rindlisbacher

Probiotics not effective for eczema

PEARLS No. 126, November 2008, written by Brian R McAvoy

Clinical question: How effective are probiotics in eczema?

Bottom line: Compared to placebo, probiotics do not reduce eczema symptoms, such as itching, nor do they change the overall severity of eczema judged by patients or their doctors. The results varied between different trials but overall do not suggest that probiotics are an effective treatment for eczema.

Caveat: Probiotic treatment is generally safe; however, it can lead to adverse effects including sepsis and bowel ischaemia. The precise risk of such events is difficult to quantify, but is likely to be very low for most people.

Context: Eczema affects between 5 and 20% of people at some time in their life. People with eczema have different bacteria in their gut to people without eczema, and sometimes they have inflammation in their gut. It may be possible to treat eczema symptoms by changing the mix of gut bacteria or by reducing inflammation in the gut. One type of treatment that might achieve this is probiotics – live microorganisms taken by mouth, such as the Lactobacillus bacteria, found in unpasteurised milk and yoghurt.

Cochrane Systematic Review: Boyle R J et al. Probiotics for treating eczema. Cochrane Reviews 2008, Issue 4. Article No. CD006135. DOI: 10.1002/14651858.CD006135.pub2.

This review contains 12 trials involving 781 participants.



Eine Betablocker-Therapie kann wegen KHK und/oder Hypertonie sehr erwünscht sein, bei gleichzeitiger peripherer arterieller Verschlusskrankheit wagt man aber vielleicht kaum, eine solche zu verordnen. Diese Review zeigt, dass man es zumindest mit Atenolol, Propranolol, Pindolol oder Metoprolol verantworten kann.

Bernhard Rindlisbacher

Beta-blockers can be used with caution in peripheral arterial disease

PEARLS No. 127, October 2008, written by Brian R McAvoy

Clinical question: What are the potential harms of using beta-blockers in patients with peripheral arterial disease (PAD)?

Bottom line: None of the trials reviewed showed a clear worsening effect of beta-blockers on time to claudication, claudication and maximal walking distances measured on a treadmill, calf blood flow, calf vascular resistance and skin temperature when compared with placebo. The trials did not report any adverse events or issues regarding taking the medication with the beta-blockers studied (atenolol, propranolol, pindolol and metoprolol). Beta-blockers should be used with caution in PAD if clinically indicated.

Caveat: Most of the trials were over 10 years old, reported on between 1980 and 1991. All were small and of poor quality. The drugs were administered for a short period of time (10 days to 2 months) and most of the outcome measures were reported in single studies. Additional drugs, calcium channel blockers and combined alpha and beta-blockers, were also given in some of the trials.

Context: Beta-blockers have been shown to decrease mortality in people with high blood pressure and coronary artery disease. Optimal therapy for people with either coronary artery disease or hypertension and PAD is controversial. This is because of the presumed peripheral blood flow consequences of beta-blockers, leading to worsening of symptoms.

Cochrane Systematic Review: Paravastu S C V et al. Beta blockers for peripheral arterial disease. Cochrane Reviews 2008, Issue 4. Article No. CD005508. DOI: 10.1002/14651858.CD005508.pub2.

This review contains 6 trials involving 119 participants.

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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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