

# PEARLS

## Practical Evidence About Real Life Situations



Einmal mehr gibt es keine einfache Lösung für ein komplexes Problem. Wie überall in der Hausarztmedizin gilt es, Nutzen und Risiken abzuwägen.  
*Bruno Kissling*

### Risks of oral or transdermal opioids outweigh benefits for osteoarthritis of the knee or hip

PEARLS No. 242, April 2010, written by Brian R McAvoy

**Clinical question:** How effective are oral or transdermal opioids in patients with osteoarthritis (OA) of the knee or hip?

**Bottom line:** Compared to placebo or no intervention, the small to moderate beneficial effects in terms of pain relief (NNT\* 8) and improvement in function (NNT 10) of opioids were outweighed by large increases in the risk of adverse events (NNH\*\* 12 for any adverse events and NNH 19 for withdrawal because of adverse events). There were no substantial differences in effects according to type of opioid, analgesic potency (strong or weak), daily dose, duration of treatment or follow-up, methodological quality of trials, and type of funding. Withdrawal symptoms were more severe after fentanyl treatment compared to placebo. Preparations studied included oral codeine, morphine, oxycodone, oxycodone and transdermal fentanyl. Tramadol was excluded. A 2009 Cochrane Review found the benefits of tramadol were comparable with those obtained with paracetamol and these benefits were coupled with a less favourable safety profile.

\*NNT = number needed to treat to benefit 1 individual

\*\*NNH = number needed to treat to cause harm in 1 individual

**Caveat:** The treatment durations were relatively short (3 days to 3 months; median 4 weeks). The reporting of safety outcomes was incomplete, with adverse events reported in 4 trials, and serious adverse events in 3 trials only. Most of the trials were funded by the pharmaceutical industry. While no evidence of long-term effects is available from randomised trials, observational studies indicate long-term treatment (>6 months) with opioids for chronic conditions, such as OA, may have deleterious effects, including poorer quality of life and reduced functional capacity, and does not seem to improve pain relief.

**Context:** OA is the most common form of joint disease and the leading cause of pain and physical disability in the elderly. Opioids may be a viable treatment option if patients suffer from severe pain, or if other analgesics are contraindicated. However, the evidence on their effectiveness and safety is contradictory.

**Cochrane Systematic Review:** Nuesch E et al. Oral or transdermal opioids for osteoarthritis of the knee or hip. Cochrane Reviews 2009, Issue 4. Article No. CD003115. DOI:10.1002/14651858.CD003115.pub3.

*This review contains 10 studies involving 2268 participants.*

Vitamin D3 – auch zur Sturzprävention in Pflegeheimen. Aber nicht nur! Vitamin D3 – ein neuer Modetrend in der Medizin? Wer von uns kennt den Vitamin D3-Spiegel seiner Patienten? Er ist bei sehr vielen, auch jungen Menschen, relativ tief. Welches ist der Zielwert? Wer substituiert Vitamin D3 in genügendem Mass? Vitamin D3 300 000-Injektionen routinemässig mit der Grippeimpfung? Kosten und Nutzen? Meine Fragen – Eure Antworten?  
*Bruno Kissling*

### Some interventions are effective for preventing falls in older people

PEARLS No. 234, March 2010, written by Brian R McAvoy

**Clinical question:** How effective are interventions designed to prevent falls in older people in nursing care facilities and hospitals?

**Bottom line:** There is evidence multifactorial interventions reduce falls and risk of falling in hospitals and may do so in nursing care facilities, but no recommendations can be made regarding any particular component of these programmes. Vitamin D supplementation was effective in reducing the rate of falls in nursing care facilities, as was a review of medication by a pharmacist. There was no evidence other interventions targeting single risk factors reduced falls and this included exercise interventions. However, exercise in the subacute hospital setting appeared effective.

**Caveat:** Limitations of the review included the small number of hospital studies, difficulty isolating effects of individual components of treatments that involved multiple components, and the variability of interventions. Falls prevention programmes that include exercises for frail nursing care facility residents should carefully assess each individual's suitability, as there is the possibility exercise programmes may increase some people's risk of falls.

**Context:** Falls by older people in nursing care facilities and hospitals are common events that may cause loss of independence, injuries, and sometimes death as a result of injury. Effective interventions are important as they will have significant health benefits.

**Cochrane Systematic Review:** Cameron ID et al. Interventions for preventing falls in older people in nursing care facilities and hospitals. Cochrane Reviews 2010, Issue 1. Article No. CD005465. DOI: 10.1002/14651858.CD005465.pub2.

*This review contains 41 studies involving 25,422 participants in 13 countries.*



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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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