

PEARLS

Practical Evidence About Real Life Situations



Hier wird über eine offenbar sehr sorgfältige, nach Cochrane-Regeln erarbeitete, systematische Review berichtet. Sie kommt im Gegensatz zu früheren Reviews zum brisanten Schluss, dass es keinen genügenden Beleg gibt für eine Wirksamkeit von oralen Virostatika wie Aciclovir zur Prävention der post-herpetischen Neuralgie, definiert als persistierende Neuralgie vier Monate nach Beginn des Ausschlags.

Bernhard Rindlisbacher

No evidence for effectiveness of antivirals in preventing postherpetic neuralgia

PEARLS No. 181, July 2009, written by Brian R McAvoy

Clinical question: How effective are antiviral agents for preventing postherpetic neuralgia (PHN)?

Bottom line: Oral aciclovir did not significantly reduce the incidence of PHN, defined as pain lasting 120 days or longer from rash onset. There was some evidence for a reduction in the incidence of pain 4 weeks after the onset of rash (NNT* 11 [6 to 56]). There was insufficient evidence from randomised controlled trials to support the use of other antiviral agents (famciclovir) for preventing PHN. No serious adverse effects attributable to the experimental therapy were reported in these trials during treatment, or within 2 weeks of stopping treatment, and non-serious adverse effects were not significantly more common among those receiving antivirals than among control group participants. *NNT = number needed to treat to benefit 1 individual (95% confidence intervals)

Caveat: The results of the review were limited to oral antiviral agents (aciclovir and famciclovir), and immunocompetent patients with herpes zoster. Evidence of efficacy on outcomes, such as pain severity and quality of life, could not be shown by these results.

Context: PHN is a painful and refractory complication of herpes zoster. Treatments are either partially or totally ineffective for many people with PHN. Antiviral agents, used within 72 hours of the onset of the rash, are one of the best-established approaches that may prevent the development of PHN.

Cochrane Systematic Review: Li Q et al. Antiviral treatment for preventing postherpetic neuralgia. Cochrane Reviews 2009, Issue 2. Article No. CD006866. DOI: 10.1002/14651858.CD006866.pub2.

This review contains 6 studies involving 1211 participants.

In letzter Zeit wurde kritisch diskutiert, ob Antidepressiva überhaupt besser wirken als Placebo. Bis zu 50% der Patienten können mit Placebo ihr Befinden bessern. Die vorgestellte Review konzentriert sich auf Studien an Patienten aus Hausarztpraxen. Sie kommt zum Schluss, dass etwa ein Patient von acht vom Verum mehr profitiert als vom Placebo. 18% der Patienten, welche der Hausarzt in einem Jahr sieht, leiden an einer Depression. In der Bevölkerung wird die Prävalenz innerhalb eines Jahres auf etwa 7% beziffert.

Bernhard Rindlisbacher

Tricyclic antidepressants and selective serotonin reuptake inhibitors effective for depression in primary care

PEARLS No. 186, July 2009, written by Brian R McAvoy.

Clinical question: How effective are tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) in patients with depression in primary care?

Bottom line: Compared to placebo, TCAs and SSRIs were effective in reducing depression (measured by the Hamilton depression scale and the Montgomery-Asberg scale) in adults under 65 years. The NNT* for TCAs ranged from 7 to 16 (median = 9), and for SSRIs from 7 to 8 (median = 7). The NNH** (withdrawal due to side effects) ranged from 4 to 30 for TCAs, and 20 to 90 for SSRIs. Adverse effects not leading to medication cessation seemed to be more common with TCAs than SSRIs.

*NNT = number needed to treat to benefit 1 individual

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

Caveat: Most of the studies were supported by funds from pharmaceutical companies and were of short duration, typically 6 to 8 weeks. There was no dose information on SSRIs, and the authors were unable to comment on the appropriate duration of treatment for either TCAs or SSRIs.

Context: Depression is very common in primary care, with a 12-month prevalence of 18.1%. There is considerable overlap with anxiety and substance use. It is a paradox that, while the vast majority of patients with clinical depression is dealt with in primary care, most of the research findings upon which decisions are made have come from secondary care patients.

Cochrane Systematic Review: Arroll B et al. Antidepressants versus placebo for depression in primary care. Cochrane Reviews 2009, Issue 3. Article No. CD007954. DOI: 10.1002/14651858.CD007954.

This review contains 14 studies involving 2283 participants.



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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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