PEARLS

Practical Evidence About Real Life Situations

Il est rassurant (ou pas?) que la pratique du médecin (de famille), dans ce qu'elle choisit et ce qu'elle laisse, se développe plutôt en fonction de la relation médecin-patient que des outils techniques. *Bruno Kissling*

On-screen computer reminders have a modest effect on care
PEARLS No. 209, October 2009, written by Brian R McAvoy

Clinical question: How effective are on-screen, point of care computer reminders on processes and outcomes of care?

Bottom line: The review found small to moderate benefits. The reminders improved physician practices (process adherence, medication ordering, vaccinations and test ordering) by a median of 4%. In 8 of the studies, patients' health (reduction in blood pressure or serum cholesterol) improved by a median of 3%.

Caveat: Although some studies showed larger benefits than these median effects, no specific reminders or features of how they worked were consistently associated with these larger benefits. More research is needed to identify what types of reminders work and when.

Context: The opportunity to improve care by delivering decision support to clinicians at the point of care represents one of the main incentives for implementing sophisticated clinical information systems. Previous reviews of computer reminder and decision support systems have reported mixed effects, possibly because they did not distinguish point of care computer reminders from email alerts, computer-generated paper reminders, and other modes of delivering "computer reminders".

Cochrane Systematic Review: Shojania KG et al. The effects of on-screen, point of care computer reminders on processes and outcomes of care. Cochrane Reviews 2009, Issue 3. Article No. CD001096. DOI: 10.1002/14651858. CD001096.pub2.

This review contains 28 studies involving 126,099 participants.

Souvenons-nous de l'étude ALLHAT (JAMA 2002; 288: 2981–2997) et de sa conclusion: «Thiazide-type diuretics are superior in preventing 1 or more major forms of CVD and are less expensive. They should be preferred for first-step antihypertensive therapy» – Qui de nous a osé changer durablement sa pratique de prescription? *Bruno Kissling*

Thiazides best first choice for hypertension
PEARLS No 211, October 2009, written by Brian R McAvoy

Clinical question: What are the most effective first-line antihypertensive drugs?

Bottom line: First-line low-dose thiazides (eg, hydrochlorothiazide <50 mg) are more effective than first-line high-dose thiazides (eg, hydrochlorothiazide 50 mg or more) and first-line beta-blockers, in reducing mortality and morbidity (stroke, myocardial infarction and heart failure). For total cardiovascular events over 5 years, the NNT* is 20 in moderate to severe hypertension (>160/100 mm Hg) and the NNT is 120 in mild hypertension (140–160/90–100 mm Hg). Evidence for first-line ACE inhibitors is similar to low-dose thiazides but less robust, and ACE inhibitors are more expensive than thiazides. Evidence for first-line calcium channel blockers is insufficient. *NNT = number needed to treat to benefit 1 individual.

Caveat: Over 72% of participants in this review represent a primary prevention population.There are no randomised controlled trials comparing first-line use of other classes of drugs, such as angiotensin receptor blockers or alpha blockers.

Context: One of the major decisions involved in the management of patients with elevated blood pressure is which drug to choose first. The decision should be informed by the best available evidence of reduction of the outcomes that are important to the patient, ie, the ability of the drug to reduce the adverse health outcomes associated with elevated blood pressure (stroke, myocardial infarction and mortality).

Cochrane Systematic Review: Wright JM and Musini VM. First-line drugs for hypertension. Cochrane Reviews 2009, Issue 3. Article No. CD001841. DOI: 10.1002/14651858.CD001841.pub2.

This review contains 57 studies involving 58,040 participants.

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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