

# PEARLS

## Practical Evidence About Real Life Situations



Cesser de fumer conduit généralement à une prise de poids de 5 kg. En avertir ne sert qu'à diminuer la motivation du fumeur. Une intervention individuelle ciblée, un régime basses calories et un traitement cognitif comportemental permettent de réduire la prise de poids.  
*Bernhard Rindlisbacher*

En alternative au traitement standard à la pénicilline V pendant 10 jours en cas d'angine aux streptocoques chez un enfant: un traitement de 3 à 6 jours de macrolide, céphalosporine ou amoxicilline.  
*Bernhard Rindlisbacher*

### Insufficient evidence on effectiveness of interventions for preventing weight gain after smoking cessation

PEARLS No. 152, April 2009, written by Brian R McAvoy

**Clinical question:** How effective are interventions for preventing weight gain after smoking cessation?

**Bottom line:** Behavioural interventions of general advice only are not effective and may reduce abstinence. Individualised interventions, very low calorie diets, and cognitive behavioural therapy (CBT) may be effective and not reduce abstinence. Exercise interventions are not associated with reduced weight gain at end of treatment, but may be associated with worthwhile reductions in weight gain in the long term. Bupropion, fluoxetine, nicotine replacement therapy, and probably varenicline all reduced weight gain while being used. Although this effect was not maintained one year after quitting smoking, for bupropion, fluoxetine and nicotine replacement, the evidence is insufficient to exclude a modest long term effect. The data are not sufficient to make strong clinical recommendations for effective programmes.

**Caveat:** The long term effect of all combined smoking cessation and weight control interventions on weight gain is small at best, at less than 1 kg, (compared with a typical weight gain of about 5 kg for continuous abstinence over one year), and is of borderline clinical relevance. The only possible exceptions are individualised weight control interventions, CBT and very low calorie diets.

**Context:** Smoking cessation is usually accompanied by weight gain and people who quit smoking can expect to gain an average of 4 kg to 6 kg over one year of continuous abstinence. There are some interventions that have been specifically designed to assist smoking cessation while also limiting weight gain. Many smoking cessation pharmacotherapies and other interventions may also limit weight gain.

**Cochrane Systematic Review:** Parsons AC et al. Interventions for preventing weight gain after smoking cessation. *Cochrane Reviews* 2009, Issue 1. Article No. CD006219. DOI: 10.1002/14651858.CD006219.pub2.

*This review contains 60 studies involving 12,601 participants.*

### Short course of antibiotics as effective as standard duration for streptococcal pharyngitis in children

PEARLS 160, May 2009, written by Brian R McAvoy

**Clinical question:** How effective is 2 to 6 days of oral antibiotics (short duration) compared to 10 days of oral penicillin (standard duration) in treating children with acute group A beta haemolytic streptococcus (GABHS) pharyngitis?

**Bottom line:** Three to six days' treatment with oral antibiotics (macrolides, cephalosporins or amoxicillin) has comparable efficacy to the standard-duration 10 days of oral penicillin in treating children with acute GABHS pharyngitis. Compared to standard-duration treatment, the short-duration treatment had shorter periods of fever, and throatsoreness, lower risk of early clinical treatment failure, no significant difference in early bacteriological treatment failure or late clinical recurrence. The shorter duration of antibiotic treatment may be more convenient to the patient, will improve compliance and reduce failure rate, reduce return visits to the physician, and ultimately overall cost. No conclusions can be drawn on the comparison of complication rates of acute rheumatic fever and acute poststreptococcal glomerulonephritis.

**Caveat:** The short-duration treatment (2–6 days) resulted in better compliance, but more side effects (mostly self-limiting mild to moderate diarrhoea, vomiting and abdominal pain). In areas where the prevalence of rheumatic heart disease is still high, these results must be interpreted with caution.

**Context:** The standard-duration treatment for acute GABHS pharyngitis with oral penicillin is ten days. Shorter-duration antibiotics may have comparable efficacy.

**Cochrane Systematic Review:** Altamimi S et al. Short versus standard duration antibiotic therapy for acute streptococcal pharyngitis in children. *Cochrane Reviews* 2009, Issue 1. Article No. CD004872. DOI: 10.1002/14651858.CD004872.pub2.

*This review contains 20 studies involving 13,102 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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