PEARLS Practical Evidence About Real Life Situations

L'utilité d'une adénoïdectomie est apparemment assez faible. Il n'y a pas de preuve qu'elle empêche de futures otites. Le résultat se restreint à libérer les écoulements du tympan et à une légère amélioration de l'audition. La revue se base sur 14 études avec 2712 enfants. Les symptômes nasaux ne sont pas non plus améliorés par l'adénoïdectomie, voir PEARLS 238. Bernhard Rindlisbacher

No evidence adenoidectomy benefits acute otitis media but it can benefit glue ear

PEARLS No. 241, April 2010, written by Brian R McAvoy

Clinical question: How effective is adenoidectomy for acute otitis media (AOM) and chronic otitis media with effusion ("glue ear") in children?

Bottom line: Compared with non-surgical management or tympanostomy tubes only, adenoidectomy with or without tympanostomy tubes confers no benefit in children with AOM in terms of recurrence and duration of AOM. Adenoidectomy in combination with a unilateral tympanostomy tube has a beneficial effect on the resolution of glue ear for the non-operated ear at 6 months and 12 months, respectively (n = 3 trials), and a very small (<5dB) effect on hearing, compared to a unilateral tympanostomy tube only. The trials were too heterogeneous to pool in a meta-analysis. A small beneficial effect of adenoidectomy on the resolution of

effusion was also seen in studies of adenoidectomy with or without myringotomy versus non-surgical treatment or myringotomy only, and in studies of adenoidectomy in combination with bilateral tympanostomy tubes versus bilateral tympanostomy tubes only. The latter results could not be pooled due to the heterogeneity of the trials.

Caveat: The absence of a significant benefit of adenoidectomy on AOM suggests routine surgery for this indication is not warranted. The effects of adenoidectomy on changes to the tympanic membrane or cholesteatoma are unknown.

Context: Both acute and chronic middle ear infections (AOM and glue ear) are very common in children. Adenoidectomy is often performed for these conditions.

Cochrane Systematic Review: van den Aardweg MTA et al. Adenoidectomy for otitis media in children. Cochrane Reviews 2010, Issue 1. Article No. CD007810. DOI: 10.1002/14651858.CD007810.pub2.

This review contains 14 studies involving 2712 participants.

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Flexible working interventions can benefit employee health and wellbeing

PEARLS No. 253, May 2010, written by Brian R McAvoy

Clinical question: How effective are flexible working interventions on the physical, mental and general health and wellbeing of employees?



Bottom line: Interventions that increased employee control by offering Worker-oriented flexibility (specifically selfscheduling and partial/gradual retirement) were likely to be associated with health improvements, including improvements in physical health (reduced systolic blood pressure and heart rate), mental health (eg, reduced psychological stress) and in general health measures (eg, tiredness and sleep quality). Importantly, interventions that increased worker flexibility were not associated with any adverse health effects in the short term. In contrast, interventions that were motivated or dictated by organisational interests, such as fixed-term contracts and involuntary part time employment, found

equivocal or negative health effects.

Caveat: The evidence base evaluating the effectiveness of flexible working interventions in the form of well-designed, controlled, before and after studies, is small and methodologically limited.

Context: Flexible working conditions are increasingly popular in developed countries but the effects on employee health and wellbeing are largely unknown. If the benefits and harms of flexible working are to be fully understood, then prospective, well-controlled intervention studies of the health and wellbeing effects of flexible working are urgently required, particularly studies that examine differences in health outcomes by socioeconomic status, occupational grade or demographic characteristics.

Cochrane Systematic Review: Joyce K et al. Flexible working conditions and their effects on employee health and wellbeing. Cochrane Reviews 2010, Issue 2. Article No. CD008009. DOI: 10.1002/14651858. CD008009.pub2.

This review contains 10 studies involving 16,603 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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