

# PEARLS

## Practical Evidence About Real Life Situations



### Ultrasound screening for abdominal aortic aneurysm may reduce mortality in men aged 65 to 79 years

PEARLS No. 26, October 2007, written by Brian R McAvoy

**Clinical question:** How effective is ultrasound screening for abdominal aortic aneurysm (AAA)?

**Bottom line:** Ultrasound screening, followed by appropriate management, significantly reduced deaths from AAA in men aged 65 to 79 years (NNT\* 4). There was insufficient evidence to demonstrate benefit in women. The cost-effectiveness of a coordinated population-based screening programme may be acceptable but this needs further expert analysis.

\* NNT = number needed to treat to benefit one individual.

**Caveat:** The incidence of AAA in women is lower than for men. All-cause mortality was not significantly different between screened and unscreened groups 3 to 5 years after screening, which is to be expected given the relative infrequency of AAA as a cause of death.

**Context:** AAA is found in 5 to 10 per cent of men aged 65 to 79 years. The major complication is rupture, which has a mortality of 80 per cent for patients reaching hospital, and 50 per cent for those undergoing surgery for emergency repair. Currently, elective surgical repair is recommended for aneurysms discovered to be larger than 5.5cm to prevent rupture.

**Cochrane Systematic Review:** Cosford PA, Leng GC. Screening for abdominal aortic aneurysm. Cochrane Database of Systematic Reviews 2007, Issue 2. Article No. CD002945. DOI:10.1002/14651858.CD002945.pub2.

*Note: This review contains 4 trials involving 127,891 men and 9342 women.*

### Antibiotics not indicated for acute laryngitis in adults

PEARLS No. 29, October 2007, written by Brian R McAvoy

**Clinical question:** Should I use antibiotics to treat acute laryngitis in my adult patients?

**Bottom line:** Penicillin V and erythromycin appear to have no benefit in treating acute laryngitis in adults. Erythromycin reduced voice disturbance at 1 week (NNT\* 4.5) and cough at 2 weeks when measured subjectively but there were no objective differences in outcomes between the intervention and control groups.

\* NNT = number needed to treat to benefit one individual.

**Caveat:** The modest subjective benefits probably are outweighed by costs, adverse effects and negative consequences on antibiotic resistance patterns.

**Context:** Acute laryngitis commonly causes hoarseness, fever, sore throat, postnasal discharge and difficulty swallowing. These symptoms are usually self-limiting, and influenced by environmental conditions.

**Cochrane Systematic Review:** Reveiz L, Cardona AF, Ospina EG. Antibiotics for acute laryngitis in adults. Cochrane Reviews, 2007, Issue 1. Article No: CD004783. DOI:10.1002/14651858.CD004783.pub3.

*Note: This review contains only 2 trials involving 206 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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