

PEARLS

Practical Evidence About Real Life Situations



Der Langzeiterfolg für psychotechnische Behandlungsmethoden von Angststörungen ist unsicher. Eine tragfähige langzeitige Arzt-Patient-Beziehung bleibt ein zentrales Element für Angstpatienten.

Bruno Kissling

Vergesst die betroffenen Patienten nicht. Technische Interventionen bei Langzeitbehandlung von chronisch Kranken vermögen eine tragfähige kontinuierliche Arzt-Patient-Beziehung nicht zu ersetzen.

Bruno Kissling

Psychological therapy based on cognitive behavioural therapy is effective short term treatment for generalised anxiety disorder

PEARLS No. 24, October 2007, written by Brian R McAvoy

Clinical question: How effective are psychological therapies, such as cognitive behavioural therapy (CBT), psychodynamic therapy and supportive therapy, compared with treatment as usual/ waiting list (TAU/WL) and compared to one another, for patients with generalised anxiety disorder (GAD)?

Bottom line: Psychological therapy based on CBT principles is effective in reducing anxiety symptoms and secondary symptoms of worry and depression for short term treatment of GAD (NNT* 3 or 4 compared with usual care). It is not clear whether patients attending CBT sessions are more likely to have reduced anxiety at the end of treatment than patients attending psychodynamic therapy or supportive therapy. *NNT = number needed to treat to benefit one individual.

Caveat: People who attend group CBT and older people are more likely to drop out of therapy. Studies lasted from 4 weeks to 24 months with an overall mean duration of 8 months. The intensity of treatments ranged from 4 to 16 sessions, lasting from 45 minutes to 2 hours. None of the studies looked at the long term effectiveness of CBT, or reported on the possible side effects or acceptability of psychological therapies.

Context: GAD is a common disorder, characterised by excessive worry or anxiety about everyday events and problems. It is estimated to have a lifetime prevalence of 5.1 per cent with a 12 month prevalence measurement of 3.1 per cent.¹

Cochrane Systematic Review: Hunot V, Churchill R, Teixeira V, Silva de Lima M. Psychological therapies for generalised anxiety disorder. Cochrane Database of Systematic Reviews 2007, Issue 1. Article No. CD001848. DOI: 10.1002/14651858.CD001848.pub4.

Note: This review contains 25 studies with 1305 participants.

Further reference: 1 Kessler RC et al. Arch Gen Psychiatry 1994;51:8–19.



Limited benefits from shared care in chronic disease management

PEARLS No. 47, November 2007, written by Brian R McAvoy

Clinical question: How effective are shared health service interventions across the interface between primary and specialty care in chronic disease management?

Bottom line: Shared care had a clear effect on improving appropriate prescribing and medication adherence and use, but the pattern of results was mixed for all other outcomes.

Caveat: The lack of evidence may be partially due to methodological shortcomings, particularly inadequate length of followup (2 years or less). Patient or client involvement was lacking in the majority of studies. Most studies involved complex, multifaceted interventions, and it was often difficult to determine the contribution of each component. Future studies need to be of adequate size and length to test the effectiveness and sustainability of shared care interventions over time and should take into account the complexity of such interventions.

Context: Shared care has been described as the joint participation of primary care and specialty care physicians in the planned delivery of care, informed by an enhanced information exchange over and above routine discharge and referral notices. It has the potential to improve the management of chronic diseases leading to better outcomes.

Cochrane Systematic Review: Smith SM et al. Effectiveness of shared care across the interface between primary and specialty care in chronic disease management. Cochrane Reviews 2007. Issue 3 Article No. CD004910. DOI: 10.1002/14651858.CD004910.pub.2.

Note: This review contains 20 studies involving 8902 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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