

# PEARLS

## Practical Evidence About Real Life Situations



Und ich bin fast so klug, als wie zuvor. Massgefertigte und vorfabrizierte Schuheinlagen können manchmal helfen. Eine praktische Nutzen-vs-Kosten-Übung. *Bruno Kissling*

### Custom-made insoles can reduce foot pain

PEARLS No. 102, October 2008, written by Brian R McAvoy

**Clinical question:** How effective are custom-made orthoses for different types of foot pain?

**Bottom line:** Custom-made orthoses (insoles moulded to a cast of the foot) were effective for painful pes cavus (NNT\* 5), rear foot pain in rheumatoid arthritis (NNT 4), foot pain in juvenile idiopathic arthritis (NNT 3), and for painful hallux valgus (NNT 6). However, surgery was even more effective for hallux valgus, and non-customised foot orthoses appeared just as effective for juvenile idiopathic arthritis but the analysis may have lacked sufficient power to detect a difference in effect. It is unclear whether custom-made insoles were effective for plantar fasciitis or metatarsophalangeal joint pain in rheumatoid arthritis. \*NNT = number needed to treat to benefit one individual.

**Caveat:** Comparisons to custom-made insoles included sham orthoses, no interventions, standardised interventions given to all participants, non-customised (prefabricated) foot orthoses, combined manipulation, mobilisation or stretching, night splints and surgery. Follow-up ranged from one week to 3 years. The vast majority of analyses contained data from only one trial.

**Context:** Foot pain has been reported to have a prevalence of 24 per cent for women and 20 per cent for men aged 18 to 80 years. Foot pain may be experienced following an injury, long term overuse, infection or systemic disease involving any tissue of the foot, including bones, joints, ligaments, muscles, tendons, nerves, skin and nails. Foot orthoses are commonly recommended for the treatment of foot pain.

**Cochrane Systematic Review:** Hawke F et al. Custom-made foot orthoses for the treatment of foot pain. Cochrane Reviews 2008, Issue 3. Article No. CD006801. DOI: 10.1002/14651858. CD006801.pub2.

*This review contains 11 studies involving 1332 participants.*

#### Further reference

1 Garrow AP et al. Pain 2004;110:378–84..

Footen sind für Gehen gemacht. Gehen ist nützlich für die Gesundheit, das ist erwiesen. Sitzende nachhaltig zum Gehen zu bringen erfordert Beharrlichkeit über lange Zeit – eine typische Aufgabe für HausärztInnen. *Bruno Kissling*

### Interventions to promote walking are effective in the short term

PEARLS No. 106, February 2008, written by Brian R McAvoy

**Clinical question:** How effective are interventions to promote walking in individuals and populations?

**Bottom line:** Interventions tailored to people's needs, targeted at the most sedentary or at those most motivated to change, and delivered at the level of the individual (eg, brief advice, supported use of pedometers), the household (individualised marketing) or through groups, can increase walking by up to 30–60 minutes a week on average, at least in the short term.

**Caveat:** Few studies found unequivocal improvements in health, risk factors for disease, or overall levels of physical activity attributable to an increase in walking (although most did not look for or were not adequately powered to detect such benefits or possible adverse effects). It is not yet known whether or how the benefits of individual or group level interventions effective in selected groups or in the short term (follow-up in most studies was 6 months or less) could be sustained or generalised to populations outside the US and Australia.

**Context:** Accumulating 30 minutes of moderate intensity physical activity on most days of the week substantially reduces the risk of many chronic diseases. Walking is a popular, familiar, convenient, carbon neutral and free form of exercise by which many sedentary people could gain the health benefits of moderate intensity physical activity. Primary care practitioners are well placed to encourage their patients to exercise, and many already use "green prescriptions".

**Systematic Review:** Ogilvie D et al. Interventions to promote walking: systematic review. BMJ 2007;334:1204–7.

*Note: This review contains 48 studies ranging in size from 15 to 2410 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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