

PEARLS

Practical Evidence About Real Life Situations



Lifestyle-Beratung sollte nicht nach dem «Gieskannen-Prinzip» verteilt werden. Besser, d.h. effizienter ist, wenn man sich auf die eigentlichen Risiko-Patienten konzentriert.

Bernhard Rindlisbacher

Multiple risk factor interventions for primary prevention of coronary heart disease have limited utility

PEARLS No. 59, April 2008, written by Brian R McAvoy

Clinical question: How effective are multiple risk factor interventions for prevention of coronary heart disease (CHD)?

Bottom line: The use of "health promotion" techniques of one-to-one or family-orientated information and advice on a range of lifestyles (exercise, smoking cessation, diet) given to people at relatively low risk of cardiovascular disease is not particularly effective in terms of reducing the risk of clinical events. The costs of such interventions are high and it seems likely these resources and techniques may be better used in people at high risk of cardiovascular disease where evidence of effectiveness is much stronger.

Caveat: In some cases, risk factor changes may have been overestimated because of regression to the mean effects, lack of intention to treat analyses, habituation to blood pressure measurement and use of self-reports of smoking.

Context: Many countries attempt to reduce mortality and morbidity from CHD by using primary prevention programmes. It is widely believed multiple risk factor intervention using counselling and educational methods is efficacious and cost-effective and should be expanded.

Cochrane Systematic Review: Ebrahim S et al. Multiple risk factor interventions for primary prevention of coronary heart disease. Cochrane Reviews 2006, Issue 4. Article No. CD 001561.

Note: This review contains 39 trials with sizes ranging from 50 to 30,022 participants.



* NNH = number needed to treat to cause harm in one individual.

Zahlt es sich für Arbeitgeber in Form von weniger Absenzen aus, ihren Angestellten gratis die Grippeimpfung anzubieten? Eine Cochrane Review über immerhin 48 Studien mit 66 248 Teilnehmern kommt zu einem negativen Ergebnis. Vermutlich wird der Nutzen der Grippeimpfung ohnehin generell überschätzt, weil bei den massgebenden Studien der Bias zu wenig berücksichtigt wurde, dass sich vor allem die Gesundheitsbewussten impfen liessen.

Bernhard Rindlisbacher

Influenza vaccines may not prevent time off from influenza in healthy adults

PEARLS No. 50, March 2008, written by Brian R McAvoy

Clinical question: Do vaccines prevent influenza in healthy adults?

Bottom line: There is insufficient evidence to decide whether routine vaccination to prevent influenza in healthy adults is effective. Influenza vaccination did not affect the number of people needing to go to hospital or to take time off work (the follow-up period was up to 3 months post vaccine).

Caveat: Vaccination against influenza avoided 80 per cent of cases at best (in those confirmed by laboratory tests, and using vaccines directed against circulating strains), but only 50 per cent when the vaccine did not match, and 30 per cent against influenza-like illness. Some vaccines cause pain and redness at the injection site (NNH* = 1), muscle ache (NNH = 27), and other very rare serious harms such as transient paralysis.

Context: Influenza is a common disease which spreads easily and regularly develops new strains. Each year it affects 10–20 per cent of the population. People considered at risk (health professionals, those aged over 65, those with chronic respiratory disease, coronary artery disease, diabetes, chronic renal disease and cancer) are offered vaccination to prevent complications and as a public health measure in many countries.

Cochrane Systematic Review: Jefferson TO et al. Vaccines for preventing influenza in healthy adults. Cochrane Reviews, 2007. Issue 2, Article No. CD001269. DOI:10.1002/14651858. CD001269.pub3.

Note: This review contains 48 studies with 66,248 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.

View PEARLS online at: www.cochraneprimarycare.org.

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