



405 INTERVENTIONS TO PROMOTE PRE-OP INFORMED CONSENT EFFECTIVE

1 April 2014

PEARLS 405, September 2013, written by Brian R McAvoy

Clinical question: How effective are interventions to promote informed consent for patients undergoing surgical and other invasive healthcare treatments and procedures?

Bottom line: Most interventions to promote informed consent included the use of written or audiovisual aids. Interventions improved knowledge of the planned procedure immediately (≤ 24 h), in the short-term (1–14 days) and long-term (>14 days). Satisfaction with decision-making was increased, decisional conflict was reduced, and the length of consultation was slightly increased. There were no differences between the intervention and control groups regarding outcomes involving generalized anxiety, and anxiety or satisfaction associated with the consent process.

Caveat: Limitations of the review include difficulties combining the results of studies with variations in the procedures patients had undergone, the interventions used, and the outcomes measured. Only one study attempted to measure the primary outcome, which was informed consent as a unified concept, but this study was at high risk for bias. More commonly, studies measured secondary outcomes, which

were individual components of informed consent, such as knowledge, anxiety, and satisfaction with the consent process.

Context: Achieving informed consent is a core clinical procedure and is required before any surgical or invasive procedure is undertaken; however, informed consent is a complex process which requires patients to be provided with information which they can understand and retain, that patients are given the opportunity to consider their options, and that patients are able to express their opinions and ask questions. There is evidence that some patients currently undergo procedures without informed consent being achieved.

Cochrane Systematic Review: Kinnersley P et al. Interventions to promote informed consent for patients undergoing surgical and other invasive health-care procedures. *Cochrane Reviews*, 2013, Issue 7. Art. No.: CD009445. DOI: 10.1002/14651858. CD009445. This review is based on 65 studies involving 9021 participants.

PEARLS is an independent product of the Cochrane primary care group and is intended for educational use and not to guide clinical care.

408 SIMPLE TREATMENTS EFFECTIVE FOR BEDWETTING IN CHILDREN

4 April 2014

PEARLS 408, October 2013, written by Brian R McAvoy

Clinical question: How effective are simple behavioral interventions (rewarding dry nights with star charts, lifting and waking, and bladder training) for nocturnal enuresis in children (≤ 16 years of age)?

Bottom line: Based on single small trials, rewards, lifting and waking, and bladder training were each associated with significantly fewer wet nights, higher full response rates, and lower relapse rates compared with controls. Simple behavioral interventions appeared to be less effective when compared with other known effective interventions, such as enuresis alarm therapy and drug therapy with imipramine and amitriptyline; however, the effect of drug therapies was not sustained at follow-up after completion of treatment. When one simple behavioral therapy was compared with another behavioral therapy, there did not appear to be one behavioral therapy that was more effective. Simple treatments have no side effects or safety concerns.

Caveat: The methodologic quality of the 16 included trials was low. The sample sizes were small for most studies. In all but one study comparison,



outcomes were reported by single trials only, precluding a meta-analysis. The confidence intervals were wide and this was likely to obscure or overestimate treatment effects. Only 10 of 16 studies gave information about the follow-up results after the intervention was complete. Most studies had high attrition rates.

Context: Nocturnal enuresis (bedwetting) is a socially disruptive and stressful condition which affects 15%–20% of 5-year-old children and up to 2% of adults. Although there is a high rate of spontaneous remission, the social, emotional, and psychological costs can be enormous. Behavioral interventions for treating bedwetting in children are defined as interventions requiring a behavior or action by the child that promotes night dryness and includes strategies which reward that behavior.

Cochrane Systematic Review: Caldwell PHY et al. Simple behavioural interventions for nocturnal enuresis in children. *Cochrane Reviews*, 2013, Issue 7. Art. No.: CD003637. DOI: 10.1002/14651858. CD003637.pub3. This review is based on 16 studies involving 1643 participants.

PEARLS is an independent product of the Cochrane primary care group and is intended for educational use and not to guide clinical care.

414 SELF-HELP THERAPIES OF SOME BENEFIT IN ANXIETY DISORDERS

1 May 2014

PEARLS 414, December 2013, written by Brian R McAvoy

Clinical question: How effective are media-delivered cognitive behavioural therapy and behavioral therapy (self-help therapy) for anxiety disorders in adults?

Bottom line: Self-help therapies may be superior to no intervention for people with anxiety. There are reports of positive effects arising from self-help therapy on symptoms of anxiety and depression, response and recovery from illness, disability, and quality of life. Face-to-face interventions may be superior to media-delivered interventions. There are differences favoring face-to-face treatment for symptoms of anxiety, but no significant differences in response and recovery from illness, disability, and quality of life; however, few studies included follow-up after 6 months. The therapeutic effects were maintained after cessation of treatment.

Caveat: In general, studies were conducted in high-income, English-speaking countries among white, female, middle-aged participants. These results may not be extended to other settings or participants. The trials had high exclusion rates.

Evidence regarding harm was lacking, and economic analyses were beyond the scope of this review. Many of the self-help therapy materials used were intended for research and were not available to the public.

Context: Anxiety disorders are amongst the most common of mental health problems. Anxiety disorders can be chronic and unremitting. Effective treatments for anxiety disorders are available, but access to services is limited. Self-help therapies aim to deliver treatment with less input from professionals compared with traditional therapies.

Cochrane Systematic Review: Mayo-Wilson E and Montgomery P. Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults. *Cochrane Reviews*, 2013, Issue 9. Art. No.: CD0085330. DOI: 10.1002/14651858. CD0085330.pub4. This review was derived from 101 studies involving 8403 participants.

PEARLS is an independent product of the Cochrane primary care group and is intended for educational use and not to guide clinical care.

417 ENHANCED CARE MAY HELP PEOPLE WITH FUNCTIONAL SOMATIC SYMPTOMS

4 May 2014

PEARLS 417, January 2014, written by Brian R McAvoy

Clinical question: How effective are enhanced care interventions for adults with functional symptoms in primary care?



Bottom line: Trials aimed to teach general practitioners (GPs) a variety of interventions, including opportunistic approaches, individual consultations, and more structured management (e.g., patient diaries and planned follow-up). While statistical heterogeneity in some comparisons precluded meta-analyses, other comparisons were conducive to meta-analyses. Effect sizes for both physical and mental health were small and without clinical significance at both short- and long-term follow-up. Patient satisfaction with care appeared to be greater in the intervention group in all three studies that evaluated this treatment approach, although the results were not statistically significant. The effects on healthcare use were inconclusive with respect to GP visits; the effects on overall healthcare costs could not be estimated. Attrition was slightly higher in the intervention group.

Caveat: The trials were of moderate quality and most were small in size. The studies included in the review were effectiveness studies carried out in “real world” settings. As such, the studies suffered from problems with blinding of GPs, recruitment bias with baseline imbalance, and relatively high levels of patient attrition. Attention should focus on difficulties, including limited consultation time, lack of skills, the need for a degree of diagnostic openness, and patient resistance towards psychosomatic attributions.

Context: GPs see many people with physical symptoms or syndromes for which there is no apparent disease. GPs find it difficult to help patients with these “functional” somatic symptoms, but specialist services can help those most severely

affected. If GPs are able to offer similar treatments (enhanced care) within their surgeries, they might help patients more quickly and save resources.

Cochrane Systematic Review: Rosendal M et al. Enhanced care by generalists for functional somatic symptoms and disorders in primary care. *Cochrane Reviews*, 2013, Issue 10. Art. No.: CD008142. DOI: 10.1002/14651858.CD008142.pub2. This review included 7 studies involving 233 GPs and 1787 participants.

PEARLS is an independent product of the Cochrane primary care group and is intended for educational use and not to guide clinical care.

NEEDLE AND SYRINGE PROGRAMS

NICE guidelines [PH52] Publication date: March 2014

<http://www.nice.org.uk/guidance/ph52>

This guidance updates and replaces NICE public health guideline 18 (published February 2009).

This guidance makes recommendations on needle and syringe programs, including programs provided by pharmacies and drug services for adults and young people (<16 years of age) who inject drugs, including image- and performance-enhancing drugs.

The main objective of needle and syringe programs is to reduce the transmission of blood-borne viruses and other infections caused by sharing injection paraphernalia, such as HIV, hepatitis B, and hepatitis C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, thus benefiting society as a whole. Many needle and syringe programs also strive to reduce the other harmful effects caused by drug use, and include the following:

- advice on minimizing the harmful effects caused by drugs;
- help to stop using drugs by providing access to drug treatment (for example, opioid substitution therapy); and
- access to other health and welfare services.

The guidance is intended for directors of public health officials, commissioners, providers of needle and syringe programs and related services, and those committed to infectious disease prevention. In addition, the guidance may be of interest to members of the public.



MANAGING OVERWEIGHT AND OBESITY IN ADULTS – LIFESTYLE WEIGHT MANAGEMENT SERVICES

NICE guidelines [PH53] Publication date: May 2014

<http://www.nice.org.uk/guidance/ph53>

The guideline replaces section 1.1.7 of Obesity, NICE clinical guideline 43 (2006).

This guideline makes recommendations on the provision of effective multi-component lifestyle weight management services for adults who are overweight or obese (≥ 18 years of age). The guideline covers weight management programs, courses, clubs, or groups that aim to change behavior, reduce energy intake, and encourage adults to engage in physical activity.

The aim is to help meet a range of public health goals, including reducing the risk of the main diseases associated with obesity, such as coronary heart disease, stroke, hypertension, osteoarthritis, type 2 diabetes, and various cancers (endometrial, breast, kidney, and colon).

The focus is on lifestyle weight management programs that achieve the following:

- accept self-referrals or referrals from health or social care practitioners;
- programs that are provided by the public, private, or voluntary sectors; and

- Programs based in the community, workplace, primary care, or online.

Usually known as ‘tier 2’ services (see Tiers of weight management services), these programs are just one part of a comprehensive approach to preventing and treating obesity. Clinical judgment will be needed to determine whether or not the programs are suitable for people with conditions that increase the risk of, or are associated with, obesity or who have complex needs.

The guideline is for commissioners, health professionals, and providers of lifestyle weight management programs (For further details, see Who should take action?). The guideline may also be of interest to overweight and obese adults, their families, and other members of the public.