

String of PEARLS

Practical Evidence About Real Life Situations

Depression

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprietarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/uaa), funded by the New Zealand Guidelines Group (www.nzgg.org.nz) and published in NZ Doctor (www.nzdoctor.co.nz).

Tricyclic antidepressants and selective serotonin reuptake inhibitors are effective for depression in primary care

Exercise may improve depression

Relaxation techniques have some benefit in depression

St John's wort is effective for depression

Sertraline (escitalopram) is effective for acute major depression

Antidepressants are effective for depression in physically ill people

DISCLAIMER: PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.



The Epley (canalith repositioning) manoeuvre is effective for benign paroxysmal positional vertigo

Bruce Arroll MBChB, PhD, FRNZCGP; Professor of General Practice and Primary Health Care, The University of Auckland, PB 92019, Auckland, New Zealand; Email: b.arroll@auckland.ac.nz

THE PROBLEM: Your patient has vertigo, especially when their head is in a particular position, e.g. when sitting up from a lying position. You diagnose benign paroxysmal positional vertigo and wish to know how effective the Epley manoeuvre is. You were shown it at medical school, but were very sceptical about its effectiveness.

CLINICAL BOTTOM LINE: The Cochrane review suggests that it is effective compared with sham moving with a numbers needed to treat of 2 to 3.3. There are videos on the web which demonstrate one of the many ways in which it is conducted. (<http://www.youtube.com/watch?v=ZqokxZRBjfw>).

WHAT IS THE PATHOLOGY: The cause of benign positional vertigo is believed to be canalithiasis, principally affecting the posterior semicircular canal. In canalithiasis, free-floating debris in the semicircular canal is hypothesised to act like a plunger, causing continuing movement of the endolymph even after head movement has ceased. This causes movement of the cupula, bending of the hairs of the hair cells, and provokes vertigo.¹

Epley manoeuvre is effective for benign paroxysmal positional vertigo

	Success	Evidence	Harms
Epley manoeuvre	Effective in short-term subjective benefit NNT 2 to 3.3 (range of NNT). There is no long-term data on benefit	Cochrane review ¹	No reported harms

References

- Hilton MP, Pinder DK. The Epley (canalith repositioning) manoeuvre for benign paroxysmal positional vertigo. Cochrane. Database of Systematic Reviews 2004, Issue 2. Art. No.: CD003162. DOI: 10.1002/14651858.CD003162.pub2.

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