

String of PEARLS

Practical Evidence About Real Life Situations

Preventive measures for cardiovascular disease

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprimarycare.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/uoa), funded by the Ministry of Health (www.health.govt.nz), and published in NZ Doctor (www.nzdoctor.co.nz).

Limited evidence for statins in primary prevention of CVD in people at low risk

Limited benefit from statins in acute coronary syndrome

Reduced and/or modified dietary fat may prevent cardiovascular disease

No clear benefit of salt reduction on mortality and cardiovascular morbidity

Some evidence that organisation of secondary prevention of ischaemic heart disease in primary care is effective

No evidence for benefits of homocysteine-lowering interventions for preventing cardiovascular events

Ultrasound screening for abdominal aortic aneurysm may reduce mortality in men aged 65 to 79 years

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



Amitriptyline satisfactorily relieves pain in only a minority of patients with fibromyalgia

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THE PROBLEM: Fibromyalgia is a chronic condition that is characterised by widespread pain, often accompanied by severe fatigue, depression and sleep disturbance. Fibromyalgia can be challenging to treat in primary care and is associated with high levels of disability and low quality of life.¹ Conventional analgesics are limited in effectiveness; hence, more unconventional treatments such as antidepressants are often prescribed. Health care utilisation by those with a diagnosis of fibromyalgia is high.²

CLINICAL BOTTOM LINE: This review demonstrates that amitriptyline can provide satisfactory pain relief to some patients with fibromyalgia, but only a minority of them; amitriptyline will not work for most people with this condition.

Treatment for pain in fibromyalgia: Amitriptyline vs placebo

	Success	Evidence	Harms
Amitriptyline vs placebo in fibromyalgia	Effective: NNT=4.8 (range 1.7 to 15)	Cochrane review ³	1 in 4 (25%) more people than placebo report having at least one adverse event ³

NNT = numbers needed to treat. An NNT of 4.8 means that for every 4–5 people given the treatment, 1 person will find the treatment effective.

References

- Verbunt JA, Pernot D, Smeets R. Disability and quality of life in patients with fibromyalgia. *Health Qual Life Outcomes*. 2008;6:8.
- Hughes G, Martinez C, Myon E, Taieb C, Wessely S. The impact of a diagnosis of fibromyalgia on health care resource use by primary care patients in the UK: an observational study based on clinical practice. *Arthritis Rheum*. 2006;54(1):177–83.
- Moore RA, Derry S, Aldington D, Cole P, Wiffen PJ. Amitriptyline for neuropathic pain and fibromyalgia in adults. *Cochrane Database of Systematic Reviews* 2012, Issue 12. Art. No.: CD008242. DOI: 10.1002/14651858.CD008242.pub2.

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