String of PEARLS

Practical Evidence About Real Life Situations

Smoking cessation

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/ua), funded by the Ministry of Health (www.health.govt.nz), and published in NZ Doctor (www.nzdoctor.co.nz.).

- Limited evidence for competitions and incentives for smoking cessation
- Electronic health records assist clinicians in smoking treatment
- Varenicline and behavioural interventions may help smokeless tobacco cessation
- Interventions for preoperative smoking cessation effective in reducing complications of surgery
- Mobile phone–based interventions effective for smoking cessation
- All forms of nicotine replacement therapy effective for smoking cessation
- Many pharmacological interventions effective for smoking cessation

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

Targeting specific difficulties helps patients with multimorbidity

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THE PROBLEM: Patients presenting with two or more medical conditions is increasingly common in primary care. Multimorbidity is associated with higher mortality rates, longer hospital admissions, a greater number of postoperative complications, more expensive care, poorer quality of life and increased psychological distress. Patients with multiple chronic conditions are also challenging to treat due to polypharmacy, more frequent use of emergency care, complex self-care, problems in applying various guidelines, organisation issues (accessibility, coordination, consultation time), and often fragmented care. Primary care–based interventions that specifically take into account multimorbidity are needed to address the complex needs of this growing patient group.

CLINICAL BOTTOM LINE: This review suggests that organisational interventions for patients with multimorbidity that focus on specific risk factor management are more effective than standard care alone in primary care and community settings. Interventions that embed interprofessional collaboration and target specific problems, such as functional ability or medication management, appear most effective. Those interventions with a broad focus in terms of case management or changes in care delivery seem less beneficial.

Interventions for improving outcomes in patients with multimorbidity

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References

All people residing in New Zealand have access to the Cochrane Library via the Ministry website www.health.govt.nz/cochrane-library