

## 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](http://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](http://www.auckland.ac.nz/uoa)), funded by the Ministry of Health ([www.health.govt.nz](http://www.health.govt.nz)), and published in NZ Doctor ([www.nzdoctor.co.nz](http://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.



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## Targeting specific difficulties helps patients with multimorbidity

**Megan Arroll** PhD, FHEA, CPsychol, CSci, AFBPsS; Visiting Research Fellow, Chronic Illness Research Team, University of East London, Stratford Campus, Water Lane, London, E15 4LZ, United Kingdom; Email: [m.a.arroll@sa.uel.ac.uk](mailto:m.a.arroll@sa.uel.ac.uk)

**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.<sup>1</sup> 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

	Success	Evidence	Harms
<b>Physical health outcomes</b>	Statistically significant improvements in blood pressure and cholesterol in majority of studies	Cochrane review <sup>2</sup>	No major harms
<b>Mental health outcomes</b>	Statistically significant improvements in depression in majority of studies		
<b>Psychosocial outcomes</b>	Limited improvements in quality of life measures		
<b>Health services utilisation</b>	Statistically significant improvements in measures relating to hospital admissions in majority of studies		

#### References

- Fortin M, Soubhi H, Hudon C, Bayliss EA, van den Akker M. Multimorbidity's many challenges. *BMJ*. 2007;334(7602):1016–7. Epub 2007/05/19.
- Smith SM, Soubhi H, Fortin M, Hudon C, O'Dowd T. Interventions for improving outcomes in patients with multimorbidity in primary care and community settings. *Cochrane Database Syst Rev*. 2012;4:CD006560.

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