

String of PEARLS

Practical Evidence About Real Life Situations

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by the Cochrane Primary Care Field, New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland, funded by the New Zealand Guidelines Group and published in *NZ Doctor*.

- Physician advice alone has a small effect on smoking cessation
- Mass media interventions are effective in changing smoking behaviour
- Psychosocial interventions do promote smoking abstinence in people with coronary heart disease
- There is insufficient evidence on the effectiveness of interventions for preventing weight gain after smoking cessation
- Bupropion and nortriptyline aid long-term smoking cessation but SSRIs do not
- Nicotine receptor partial agonists help people stop smoking
- Cannaboid type 1 receptor antagonists assist smoking cessation

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



Should we treat patients with subclinical hypothyroidism?

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THE PROBLEM: Hypothyroidism is a common problem in primary care. Clinical decisions are straightforward when the laboratory tests are unambiguous. The more difficult situation is the patient with non specific complaints and mildly abnormal thyroid function tests (thyroid-stimulating hormone above the normal reference interval, i.e. TSH ≥ 5 mIU/L with normal thyroid hormones).

CLINICAL BOTTOM LINE: Trials comparing thyroxine replacement for subclinical hypothyroidism with placebo or no treatment showed no difference in survival or decreased cardiovascular morbidity, nor any difference on health-related quality of life and symptoms, between intervention and placebo groups. There is evidence that thyroxine replacement improves some parameters of lipid profiles and left ventricular function. Clinical judgment and patient preference is still best when deciding treatment for subclinical hypothyroidism.

	Success	Evidence	Harms
Treatment of subclinical hypothyroidism	No improved survival or decreased cardiovascular morbidity. Possible improvement of some parameters of lipid profiles and left ventricular function.	Cochrane review ¹	None detected in the 4 studies that reported adverse effects

Reference

- Villar HCCE et al. Thyroid hormone replacement for subclinical hypothyroidism. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD003419 DOI: 10.1002/14651858.CD003419.pub2

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