

PEARLS: a locally-produced resource for New Zealand primary care with a global reach

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Primary care practitioners are at the frontline of health care delivery, requiring succinct, up-to-date and readily-accessible evidence to inform their clinical practice. Cochrane reviews are authoritative, relevant and reliable systematic reviews of primary research in human health care and health policy. However, these detailed reviews may not be a practical day-to-day resource for busy practitioners. PEARLS (Practical Examples About Real Life Situations) are a locally-developed innovation in the dissemination of Cochrane review evidence, specifically tailored for time-poor primary care practitioners.

PEARLS are published on the Cochrane Primary Care Field and the New Zealand Cochrane Centre websites. They are also currently disseminated to 2400 subscribers internationally and are available in English, Dutch, French, Italian and Chinese. PEARLS have also been available to readers of NZ Doctor since their initial development in 2008 with the support of the Ministry of Health. Creation of the pithy PEARLS was conceived by Professor Bruce Arroll. They are written by Professor Brian McAvoy, peer-reviewed and edited by Anne Buckley and were initially developed with publishing support from the New Zealand Guidelines Group. The aim was to provide essential summary content about a Cochrane review in an easy-to-read, consistent format, on topics of relevance to primary care practitioners. To date, over 500 PEARLS have been produced, with an ongoing schedule seeing approximately four new PEARLS produced per month.

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String of PEARLS

Practical Evidence About Real Life Situations

Heart health

Prepared by Anne Buckley, Medical Editor, for the Cochrane Primary Care Field

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

- Effects of fixed-dose combination therapy for prevention of cardiovascular disease uncertain
- Higher doses of atorvastatin reduce cholesterol more than lower doses
- Incentives effective for smoking cessation
- Psychosocial interventions effective for smoking cessation in patients with coronary heart disease
- Limited evidence for benefits of dietary fibre in cardiovascular disease
- No role for selenium supplements in prevention of cardiovascular disease
- Yoga beneficial for cardiovascular disease

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



A further key feature of the PEARLS from the outset has been the careful selection of appropriate topics for inclusion. A recent review of PEARLS content between 2012 and 2014 demonstrated the wide range of topics covered, with 32 Cochrane Groups represented across 102 PEARLS. Table 1 shows the top ten Cochrane Groups of the 32 included. Of note, the Cochrane Group most frequently represented, stroke, was the topic of less than 9% of the total PEARLS produced over this period.

Now in their eighth year, PEARLS have engaged with a global audience, and are continuing to disseminate Cochrane review evidence to support informed decision-making and improved health outcomes in primary care for, and beyond, New Zealand.

Key features of PEARLS

- Encourage informed decision-making and improved health outcomes
- Original format and process devised by clinicians and publishers
- Tailored for time-poor primary care practitioners
- Peer reviewed
- Relatively steady funding stream
- Support from a NZ publisher
- Local resource with global reach

Table 1. Top ten of the 32 Cochrane Groups covered by PEARLS published between 2012–2014 (N = 102)

Cochrane Group/clinical area	Percentage of PEARLS produced 2012–2014 (%)
Stroke	8.8
Peripheral vascular disease	7.8
Airways	6.9
Dementia and cognitive impairment	6.9
Consumers and communication	5.9
Depression, anxiety and neurosis	5.9
Heart	5.9
Musculoskeletal	5.9
Effective practice and organisation of care	4.9
Occupational safety and health	4.9

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