

## 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](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 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

**Megan Arroll** PhD, FHEA, CPsychol, CSci, AFBPS; 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:** 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.<sup>1</sup> 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.<sup>2</sup>

**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
<b>Amitriptyline vs placebo in fibromyalgia</b>	Effective: NNT=4.8 (range 1.7 to 15)	Cochrane review <sup>3</sup>	1 in 4 (25%) more people than placebo report having at least one adverse event <sup>3</sup>

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

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- 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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