

String of PEARLS

Practical Evidence About Real Life Situations

Addressing pain

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

Acupuncture effective for tension-type headache

No evidence for effectiveness of antivirals in preventing postherpetic neuralgia

Limited evidence for benefit of amitriptyline for neuropathic pain and fibromyalgia in adults

Topical capsaicin may be of benefit for chronic neuropathic pain

Psychological therapies can be of benefit for chronic pain in adults

Caffeine effective as an analgesic adjuvant

Psychological interventions may be effective for non-cardiac chest pain

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



Cranberries no better at preventing recurrent urinary tract infections than antibiotic prophylaxis

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

THE PROBLEM: Urinary tract infections (UTIs) are one of the most common complaints seen in primary care; almost half of the world population will experience a UTI during their lives.¹ UTIs are, in general, self-limiting but they can reoccur and the symptoms are often distressing for the individual. Antibiotic treatment will resolve the underlying bacterial infection and offer symptomatic relief; however, with the current concern regarding the overuse of antibiotics,² effective alternative and preventive treatments would be of benefit. Cranberries contain a substance that stops bacteria from adhering to the bladder wall, which may prevent recurrent UTIs.

CLINICAL BOTTOM LINE: This review demonstrates that cranberries (juice, tablets and capsules) are no better at preventing UTIs than prophylactic antibiotics and only slightly better than no treatment.

Prevention of UTIs with cranberries

	Success (Risk of 1 or more UTI at follow-up)	Evidence	Harms
Cranberries vs placebo or no treatment	Non-significant reduction of risk	Cochrane review ³	No major harms
Cranberries vs antibiotic prophylaxis	No significant difference in risk	Cochrane review ³	No major harms

References

1. Foxman B. The epidemiology of urinary tract infection. *Nat Rev Urol*. 2010;7,653–660.
2. Boucher HW. Challenges in anti-infective development in the era of bad bugs, no drugs: a regulatory perspective using the example of bloodstream infection as an indication. *Clin Infect Dis*. 2010;50(Suppl. 1):S4–S9.
3. Jepson RG, Williams G, Craig JC. Cranberries for preventing urinary tract infections. *Cochrane Database Syst Rev*. 2012, Issue 10. Art. No.: CD001321. DOI: 10.1002/14651858.CD001321.pub5.

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