

BEAR Work-Sheet (Title): Urine collection technique for Chlamydia infection

Name of Resident:

Date: Sept. 28, 2011

Question: Are midstream urine and 1st void urine samples comparable in their accuracy for diagnosis of Chlamydia infections?

Search: (Check all that apply)

Pubmed/Ovid/Medline: Filtered Resources: Summary/Review Sites:
College/Society/Guidelines: Other: (Describe: primary research paper)

Number of Resources Reviewed: 3

Resources (Top 3)

#1 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research
(found through Dynamed and Pubmed samples...at home, BMJ 1996. Nov 9, 313 (7066) 1986)

- Abbreviated Citation: Diagnosis of...Chlamydia in women...
- Strengths: Used nucleic acid amplification, 8 tests/patient, RCT
- Weaknesses: narrow age range, one study, small sample

Take-Home Message: midstream were better than 1st void urine for detecting Chlamydia

#2 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research

- Abbreviated Citation: CMA: -Laboratory Diagnosis of sexually transmitted infection 2008
- Strengths: description of proper collection of samples with references
- Weaknesses: no analysis of evidence, no comparison of techniques

Take-Home Message: Use 1st void urine, not necessarily at certain time post-menstruation

#3 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research

- Abbreviated Citation: The laboratory diagnosis of Chlamydia... Can.J.Infec.Med Microbiol. 2005 Jan-Feb 16(1)
- Strengths: good review article for general diagnosis
 - Weaknesses: expert opinion, not analytical, not comment on specific evidence

Take-Home Message: Use 1st void specimens tested using nucleic acid amplification

Bottom-line: Limited evidence to show differences in accuracy of detecting Chlamydia infection between midstream and 1st void urine. Guidelines seem to be adamant about using 1st void, presumably based on theory or previous studies (not found) based on older diagnostic tests.

Practice (These findings had a):

Large Change Small Change Reassured No Help

I do **not** want my BEAR (name removed) on the Dept EBM Website

BEAR Work-Sheet (Title): Medication for BPPV

Name of Resident:

Date: Sept. 21, 2011

Question: Does medication work for BPPV?

Search: (Check all that apply)

Pubmed/Ovid/Medline: Filtered Resources: Summary/Review Sites:
College/Society/Guidelines: Other: (Describe: _____)

Number of Resources Reviewed: 3

Resources (Top 3)

#1 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research
- Abbreviated Citation: searched Dynamed for BPPV
- Strengths: indexed summary with direct links to supporting evidence
- Weaknesses: takes a minute to log in

Take-Home Message: no evidence of benefit, potential adverse effects. Medication not recommended for BPPV

#2 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research
- Abbreviated Citation: Am Academy of Neurology Guidelines (thru TRIP)
- Strengths: indexed guidelines and provides level of evidence
- Weaknesses: no link to supporting primary research

Take-Home Message: Same as Dynamed essentially.

#3 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research
Abbreviated Citation: www.fpnotebook.com BPPV article
Strengths: very brief, easy to access and read quickly
- Weaknesses: minimal references to outdated sources, doesn't appear to be very thorough or rigorous site

Take-Home Message: Lists potential therapies, but no mention of efficacy or evidence.

Bottom-line: There doesn't appear to be any conclusive evidence of benefit for anti-vertigo medication (meclizine, scopolamine, betahistine, etc.) in the treatment of BPPV. There is good evidence for Epley's maneuver done by clinicians and even for patients to do at home.

Practice (These findings had a):

Large Change Small Change Reassured No Help

I do **not** want my BEAR (name removed) on the Dept EBM Website

BEAR Work-Sheet (Title): Cymbalta (SNRI) and chronic pain

Name of Resident:

Date: October 19, 2011

Question: Is Cymbalta (duloxetine) effective for chronic low back pain?

Search: (Check all that apply)

Pubmed/Ovid/Medline: Filtered Resources: Summary/Review Sites:
College/Society/Guidelines: Other: (Describe: _____)

Number of Resources Reviewed: 5

TRIP, EBM, UpToDate, ACP Pier, Cochran Library

Resources (Top 3)

#1 Resource: Abstract Paper Filtered Article Summary UpToDate
Review/Meta-Analysis College/Society/Guideline Paper Other Research

- Abbreviated Citation: Chronic pain management
- Strengths: randomized trial
- Weaknesses: sponsored by the drug manufacturer, the difference that was found was small (<1 point on the Brief Pain Inventory and <2 points on the Roland Morris Disability Questionnaire)
Pts were more likely to discontinue use of duloxetine compared to placebo due to adverse effects

Take-Home Message: Insufficient evidence to suggest this is a viable option in CLBP

#2 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research

- Abbreviated Citation: a dbl blind, randomized trial of duloxetine vs. placebo in the management of chronic low back pain
- 13 wk, dbl blind study looking at 20, 60, and 120 mg of duloxetine vs. placebo. Their primary measure was 60 mg of duloxetine vs. placebo on weekly mean 24 hr average pain. Secondary measures included BPI and RMDQ, PGI-I (pt's global impressions of improvement), safety and tolerability. Entrance eligibility included pts with >6 months of pain in LB or LB with proximal radiation and pain rating >4.
- 404 enrolled, 267 completed
- Strengths: dbl-blind, vs. placebo
- Weaknesses: study design, funding and drugs supplied by the company, Eli Lilly, and authors may be minor shareholders

Take-Home Message: no difference in dosage for 24 hr avg weekly pain scale, more stopped the 120 mg dose d/t s/e. A significant difference was noted from wks 3-11 in relieving pain, but not at 12-13 wks. Duloxetine would not be in the first few lines of treatment options.

I do **not** want my BEAR (name removed) on the Dept EBM Website

#3 Resource: Abstract Paper Filtered Article Summary
Review/Meta-Analysis College/Society/Guideline Paper Other Research

Abbreviated Citation: Escitalopram vs. duloxetine in CLBP, RCT, not blinded

Escitalopram has never been shown to be useful in the tx of CLBP. The aim of this study was to see any efficacy in its use in CLBP_____

- Strengths: did a 13 wk study comparing 20 mg escitalopram to 60 mg duloxetine. The primary outcome measure was 24 hr avg weekly pain. Secondary measures included Clinical Global Impressions of severity and Short Form Health Survey. 80 pts participated. No significant difference was found to exist b/w these 2 drugs. Avg pain improvement was by 2.35 points on a pain scale. Both drugs improved the global impressions and short form health survey. Clinically depressed pts were excluded from the trial, and despite, a path analysis was done to see if mood improvement contributed to the overall outcome and found the majority of the effect was due to the analgesic effect.
- Weaknesses: not blinded, no placebo, despite improvement, small margin of improvement

Take-Home Message: Uncertain whether these medications have shown improvement based on their efficacy or on confounding variables since not blinded. Other antidepressant use was d/c'd prior to trial, and no placebo comparison.

Bottom-line: The evidence provided shows and improvement in pain index, but the change is small and not likely to warrant being used within any of the top treatment options for chronic low back pain.

Practice (These findings had a):

Large Change Small Change Reassured No Help

I do **not** want my BEAR (name removed) on the Dept EBM Website