In brief

Reuters

About 150 villagers from several villages in the Kavre district of Nepal have gone to neighbouring India to sell their kidneys due to poverty and a lack of health education, according to local health officials. Man Bahadur Tamang, 51, who is pictured here, sold his kidney for just 64 000 Nepalese rupees (around $700).

From *The Cochrane Library*

What we know, and what we know we don't know

In a pre-emptive strike against the meme that all Cochrane reviews say "further research is required", we present several reviews that give (mostly) conclusive answers.

First, are antibiotics useful for otitis media with effusion in children? Short answer: no. Twenty-three trials among 3000 children, covering a range of antibiotics, participants and outcomes, have convinced the review's authors that routine use of antibiotics is not supported, and that further research is unwarranted (doi: 10.1002/14651858.CD009163.pub2).

Does magnesium supplementation prevent skeletal muscle cramps? Short answer: no. Four trials in 300 older adults found no meaningful effect. The research isn't conclusive for cramps associated with pregnancy, exercise or disease states, but given the overall findings, the authors doubt whether investigators will be inclined to evaluate magnesium for these other indications (doi: 10.1002/14651858.CD009402.pub2).

Do topical non-steroidal anti-inflammatory drugs (NSAIDs) improve chronic musculoskeletal pain in adults? Short answer: topical diclofenac does. The authors state plainly that it "is about as effective as oral diclofenac in osteoarthritis of the knee or hand, and probably as effective as other oral NSAIDs" (doi: 10.1002/14651858.CD007400.pub2). They also suggest that making existing research publicly available, so it can be included in such reviews, would be far more useful than yet more research.

Is spinal manipulative therapy effective for acute low-back pain? Short answer: no more than inert or sham treatment, or any other recommended therapies. Informed by the fruitless endeavours of 20, mostly moderate-quality, trials, the authors conclude that "continuing in the same vein seems pointless". Turning to the positive, they list the issues that need addressing if further research is to be useful (doi: 10.1002/14651858.CD008880.pub2).

And finally, what works to improve the use of systematic reviews in decision making by managers, policymakers and clinicians? Indeed, should this column continue? Simple methods (like bulletins) can work for simple messages; complex, multifactorial approaches are probably warranted for complex messages; but . . . more research is required (doi: 10.1002/14651858.CD009401.pub2).

Other new and updated reviews this month feature chronic obstructive pulmonary disease, falls and injury prevention, intrauterine insemination and antenatal breastfeeding education. *The Cochrane Library* can be found at www.thecochranelibrary.com.

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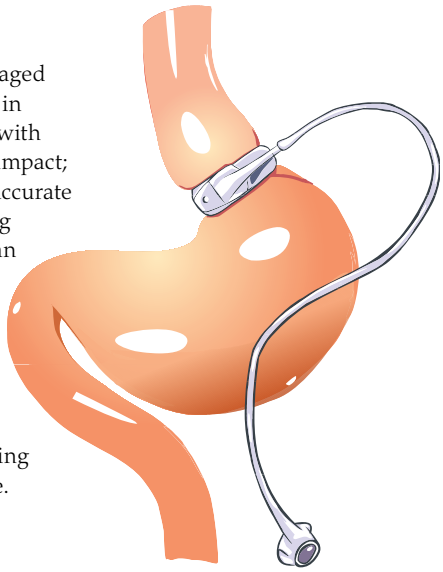
doi: 10.5694/mja12.11389

News

Call to benchmark overtreatment in diabetes

An HbA_{1c} concentration of less than 7% should be the threshold measure of overtreatment of people aged over 65 years who are at high risk of hypoglycaemia, according to two United States doctors. Writing in the *Archives of Internal Medicine*, they said a quality measure to reduce overtreatment in older people with diabetes was needed because of the high frequency of risk factors for hypoglycaemia and its adverse impact; the marginal benefits of tight control in people who had short life expectancy; and the problem of inaccurate measures of glycohaemoglobin. "A measure of overtreatment would be most appropriate as a warning signal, an indicator to prompt clinician reevaluation of the appropriateness of glycemic treatment of an individual", they wrote. Meanwhile, a viewpoint in the *Journal of the American Medical Association* has called for more research to compare lifestyle and surgical treatments for type 2 diabetes. The authors said lifestyle treatment did not produce satisfactory glycaemic control for most people in the long term, leading to more costly medical treatment and increasing the risk of cardiovascular disease. While bariatric surgery produced the best diabetes remission rates, it also caused the most morbidity, and rates of recurrence may be substantial because of weight gain that commonly occurred 1–2 years after the procedure. The authors said the federal government should consider funding studies comparing lifestyle and surgical treatment, before bariatric surgery became a mainstay for obesity-related disease.

Arch Intern Med 2012; 10 September (online)
JAMA 2012; 308: 981-982 (12 September)



No heart benefit with omega-3

Omega-3 fatty acid supplements do not reduce the risk of stroke or cardiac death, according to a meta-analysis published in the *Journal of the American Medical Association*. The review examined the evidence for omega-3 polyunsaturated fatty acids (PUFAs) after major US and European cardiology societies had recommended their use, either as dietary supplements or clinical interventions for people at high risk of cardiovascular events. The review found that omega-3 PUFAs were not universally associated with major cardiovascular outcomes across patient populations with increased cardiovascular risk.

JAMA 2012; 308: 1024-1033 (12 September)

"Robust evidence" for acupuncture and chronic pain

Acupuncture is more effective than placebo in treating chronic pain, although the difference is modest, a systematic review of randomised controlled trials has shown. The review found that acupuncture was superior when either sham acupuncture or usual care was used as a control for treating neck pain, osteoarthritis, chronic headache and shoulder pain. "Acupuncture is effective for the treatment of chronic pain and is therefore a reasonable referral option", the researchers said. "Significant differences between true and sham acupuncture indicate that acupuncture is more than a placebo." An editorial in the same issue said the review raised the need to understand the mechanism of action of acupuncture to explore the potential for developing more, and more effective, interventions. The review had "provided some robust evidence that acupuncture seems to provide modest benefits over usual care for patients with diverse sources of chronic pain", the editorial said.

JAMA 10 September (online)

From the MJA archives

***MJA* 1939; 23 September (edited extract)**

J Bayard Clark has reported successful prostatectomy in a patient aged 110 years. Clark was at considerable pains to confirm the patient's statement about his age. Inquiries showed he was more than 107 or 108 years old, and that his estimate of 110 years was probably correct. The patient was a negro who was born into slavery. He was admitted to hospital suffering from acute retention of urine for four days' duration and had had no previous difficulty or urinary disturbance. After the prostatectomy, the gland was nucleated and the prostatic bed packed with a rubber dam. Apart from transient epididymitis, recovery was uneventful. Clark draws a "moral" from this case: that "perhaps the first 100 years of life are the worst after all".

Five ways to reduce health care waste

The American Society of Nephrology has made five recommendations to the Choosing Wisely campaign, an initiative of the American Board of Internal Medicine that aims to reduce unnecessary spending in health care and to reduce harm. The recommendations are: do not perform routine cancer screening for dialysis patients with limited life expectancies and without signs or symptoms; do not administer erythropoiesis-stimulating agents to chronic kidney disease (CKD) patients with haemoglobin levels ⩾ 10 g/dL without symptoms of anaemia; avoid non-steroidal anti-inflammatory drugs in people with hypertension, heart failure or CKD of all causes; do not place peripherally inserted central catheters in stage 3–5 CKD patients without consulting a nephrologist; do not start chronic dialysis without ensuring a shared decision-making process between patients, their families and their physicians.

Clin J Am Soc Nephrol 2012; 13 September (online)

Marge Overs

doi: 10.5694/mja12.n1001