Family Medicine Updates



From the North American Primary Care Research Group

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GETTING CLINICAL ANSWERS IN 1 SENTENCE

The Cochrane Primary Care field is the entity in the Cochrane Collaboration (http://www.cochrane.org) that ensures that family practice/primary care gets the attention it deserves. In 2006, the leadership of the field changed from Lorne Becker, MD, who moved on to be the head of Cochrane, to myself, Floris Van de laar, MD, PhD from Njimegen, the Netherlands; Tom Fahey, MD, MSc from Dublin, Ireland; and Tim Kenealy, MD from Auckland, New Zealand. Collectively, one of our roles is to disseminate Cochrane reviews to those in our field. Currently, there are over 4,000 reviews of treatments in the Cochrane Library.

I was interested in a structured minimalist summary of Cochrane reviews, that where possible, had the answer in the title and was no more than 200 words. I was aware of Patient-Oriented Evidence that Matters (POEMs) which do a similar task, but was mildly frustrated by their variable word lengths, titles that did not transmit information, and inconsistent presentation of numbers needed-to-treat. I realize that busy family physicians do not want or need to spend time reading material they already know. The idea of putting answers in the title (eg, corticosteroids are effective for carpal tunnel syndrome) came from the journal, Evidence Based Medicine, and I always liked the fact that they used that mechanism. Personally, it meant I would not read an article if their title agreed with what I usually do clinically; instead, I would read it if there were discrepancies between what I was currently doing and what I should be doing. The name for the PEARLs: (Practical Evidence About Real Life Situations) came from a discussion with Dr Donna Manca from Alberta, Canada whom I met at a NAP-CRG conference. She was talking about BEARs (Best Evidence About Research). I was keen to avoid the word research as my audience was family physicians and they are sometimes a bit "gun shy" about research (despite knowledge gained from research). I played around with PEARs, DEARS, and LEARS, and finally

came up with the term PEARLs which was significantly more appealing.

Funding for a writer came from the New Zealand Guidelines Group (http://www.nzgg.org.nz) to support Professor Brian Mcavoy, the foundation Professor of General Practice at the University of Auckland. Professor Mcavoy consults the Cochrane library on the Web and chooses topics he thinks will interest family physicians. He reads the review and writes the structured article. The PEARLs are then sent to a medical writer who checks the document for understanding and grammar, and then off to Njimegen, the Netherlands where they are loaded onto the http://www. cochraneprimarycare.org Web site. Two PEARLs are sent out every 2 weeks to an e-mail list of about 1,800. In New Zealand they are published in New Zealand Doctor magazine, and they are also sent to the Swiss family physicians. The PEARLs are also translated into Dutch and circulated to family physicians in the Netherlands. Until recently, they were translated into French by a group of family physicians at McGill University and sent to over 2,000 French-speaking subscribers. We are currently looking into getting them translated into Mandarin.

The feedback has been great. We are told that in *New Zealand Doctor* PEARLs is the section most commonly read; McGill University evaluated the French PEARLs and had positive feedback. We have welcomed comments on the PEARLs and have heard very few criticisms. One might add a caution to the use of anticholinergic medication for the elderly. For me, this has been one of the most satisfying experiences of my career. My belief is that if there is evidence about a condition we should know about it, but also need to know if there is no evidence. As family physicians, we have to skillfully establish empathy with our patients and then negotiate around the evidence.

To receive 2 PEARLs every 2 weeks by e-mail, visit http://www.cochraneprimarycare.org/.

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