

A spooktacular Halloween edition from FPIN! And don't forget to follow us on social media...



FPIN Community Bulletin

October 2015

Safe trick or treating

Happy Halloween! Everyone loves dressing up, going out, and having good fun on Halloween. If you're going out this weekend, there are several things you can do, or tell your children to do, in order to make sure everyone stays safe. Here are some tips recommended by the CDC this year:

- Lower your risk for serious eye injury by not wearing [decorative contact lenses](#).
- Fasten reflective tape to costumes and bags to help drivers see you.
- Always test make-up in a small area first. Remove it before bedtime to prevent possible skin and eye irritation.

For more information, visit the [CDC's webpage](#) on Halloween!

Source: Centers for Disease Control and Prevention

“Follow us on social media”

Let's stay in touch! We're always looking for ways to improve our social outreach to make sure we stay connected with you. Follow us to help us get you the information you need now.



Reminders:

1. Universal member password update --

The member universal password was updated as of July 1, 2015. The new password is: **family1516**

This password is for everyone at your program as we no longer have individual u/p. You can use this password to:

- [Access the FPIN Institute](#), including the PURLs Journal Club
- [Sign-up or propose you own questions](#)
- [Read past issues of Evidence-Based Practice \(EBP\)](#)
- [Access past FPIN Community Bulletins](#)

If you need additional support with accessing the website content, you can email membership@fpin.org or call 913-296-7062.

2. The FPIN office has moved!

The FPIN home office has moved. Please submit your correspondence to the following:

PAYMENTS ONLY:

FPIN
C/O Marberry and Eagle, CPAs, P.C.
414 E Broadway Suite 200
Columbia, MO 65201

All other FPIN correspondence:

FPIN

401 West Boulevard North

Suite D

Columbia, MO 65203

Have questions? Email membership@fpin.org or call 913-296-7062.**ATTENTION: News from the Evidence-Based Practice Editorial Staff**

Please note that due to lack of participation, *Evidence-Based Practice* will no longer be able to offer CME after December 31, 2015. If you have any questions or concerns regarding this, please don't hesitate to contact us at ebp@fpin.org.

CME

Evidence-Based Practice

A Peer-Reviewed Publication of the Family Physicians Inquiries Network VOLUME 18 NUMBER 10 OCTOBER 2015

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CME TEST

15 October 2015



IN DEPTH

Is arthroscopic meniscectomy indicated for nontraumatic degenerative medial meniscal tears in the setting of no or mild osteoarthritis?

Evidence-based answer
Probably not. Long-term outcomes (12-24 months) with pain and function appear to be the same for surgical intervention and for conservative treatment (SOR: B, systematic review of RCTs).

Evidence summary
A meta-analysis of 7 RCTs (N=803) examined the effectiveness of arthroscopic surgery for the treatment of degenerative medial meniscus tears. Five trials used exercise as control, 1 used intra-articular steroid injections, and 1 used sham surgery. All patients were diagnosed with degenerative meniscal tears with either mild or no osteoarthritis by MRI or arthroscopy.
No significant difference was noted in pain at 3 months (1-10 scale) between surgery and conservative treatment (4 trials, n=353; mean difference [MD] 0.20; 95% CI, -0.67 to 0.26) or in pain at 24 months (3 trials, n=355; MD -0.06; 95% CI, -0.28 to 0.15). Arthroscopic surgery did result in a statistically significant but clinically negligible increase in function at 6 months (6 trials, n=803; standardized mean difference [SMD] 0.25; 95% CI, 0.02-0.48). This was equivalent to an improvement of 3.6 on the 100-point Knee Injury Osteoarthritis Outcome Score (KOOS), in which a difference of 10 is clinically relevant. At 24 months, no significant difference was noted in function between surgery and conservative therapy (5 trials, n=794; SMD 0.07; 95% CI, -0.10 to 0.23).
A 2013, double-blind RCT of 146 patients, 35 to 65 years old, with degenerative tears of their medial menisci was included in the analysis above and is discussed separately here as it examined the effectiveness of partial arthroscopic meniscectomy compared with sham surgery.⁴ Meniscal tears were diagnosed on MRI, but ultimate inclusion was based on findings during arthroscopy. Patients with traumatic onset or knee osteoarthritis were excluded.

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Evidence-Based Practice**October issue highlights:**

- Probiotics for hospitalized patients starting IV antibiotics
- Antibiotics in addition to incision and drainage for treatment of uncomplicated abscesses
- High-dose gabapentin for neuropathic pain in diabetes

View the October Issue

“FPIN supports a collaborative learning community for primary care clinicians, learners, and faculty to promote and disseminate evidence-based scholarship. We improve patient care by translating research into practice.”



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