

Take your faculty to the next level of EBM!, *Evidence-Based Practice May 2016*, and this month's PURLs journal club toolkit



FPIN Community Bulletin

May 2016

Dear <<First Name>>,

FPIN is recruiting for **NEW** PURL Jam Sites!

PURL Jam Sites are responsible for reviewing potentially practice-changing literature, 6 to 12 times per year. This information is disseminated through PURL articles (published in *The Journal of Family Practice* and PURLs Journal Club toolkits)

Some of the benefits of becoming a PURL Jam Site include:

- Working with a committed team of PURL authors, reviewers, nominators and editors
- Encourage elite faculty development in EBM
- Publications in *The Journal of Family Practice* and *Evidence-Based Practice*
- Positively influence family medicine on a national level

Qualifications:

- Department with proven ability to create family medicine scholarship, meet tight deadlines and productively engage with the PURLs editorial team
- Must have 5 to 7 committed faculty, 1 local editor and 1 EBM champion

Contact PURLs@fpin.org for more information and to schedule a meeting with the

ATTENTION: News from the *Evidence-Based Practice* Editorial Staff

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



FPIN presents Evidence-Based Practice

May issue highlights:

- Advantages of continuous labor support
- Best test to screen for dementia
- Appropriate age to stop screening for colon cancer

[View the May Issue](#)

IN DEPTH

What are the complications and complication rates of cosmetic Botox injections?

Evidence-based answer
Complications from cosmetic Botox injections depend on the location of treatment; they include headache (2%–17%), brow ptosis (3.1%), blepharoptosis (2.5%), muscle imbalance (6.9%), muscle bulge (5.9%), and bruising (9.2%–25%). Complications may last from several hours (headache) up to 1 month (some nerve paralysis) (SOR: **A**, systematic review of RCTs and subsequent RCT). Treatment applied to the upper and periorcular regions of the face have the highest complication rates (4%–8%) (SOR: **C**, case series).

Evidence summary
A systematic review of 35 randomized, double-blind and open-label trials (N=8,787) evaluated the safety of botulinum toxin from 2000 to 2012.¹ Studies with safety as a primary or secondary endpoint and studies indicating treatment for aesthetic conditions were included. Formulations used included onabotulinumtoxinA, abobotulinumtoxinA, and incobotulinumtoxinA at doses of 2 to 199 units. Only some results were pooled, the rest were reported separately, and statistical testing between treatment and placebo was not reported.
The most common adverse events were documented based on treatment location. All events were temporary and resolved spontaneously, within hours (headache) or up to a month later (eyelid ptosis).¹
For treatment of glabellar lines, 2% to 16.8% experienced a transient mild to moderate headache, which was reportedly not significantly different from 0% to 20% for placebo (15 studies, n=6,183). For any site, blepharoptosis occurred in 2.5% compared with 0% in the placebo group (11 studies, n=5,689) while eyebrow ptosis occurred in 3.1% (9 studies, n=1,661). For treatment of crow's feet, mild bruising was the most common adverse event in 9.2% to 25%, similar to the 12.5% rate in the control group (2 studies, n=212). Lower face treatments induced perioral and labial muscular imbalance in 6.9% (4 studies, n=203). In 1 study (n=82), treatment of hypertrophied masseter muscles produced a muscle bulge in 5.9% compared with 0% of controls.¹

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PURLS Journal Club



May 2016: Daily vs. nightly to control blood pressure

Includes:

- Instructions
- Detailed presenter/speaker notes
- This month features the teaching point: Composite Outcomes
- Journal club worksheet

Copy of the published PURL
Potential PURL review form

Log into the [FPIN Institute](#) to access the journal club toolkits. Remember to enter the new universal password: family1516

“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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