

Documenting in WebADS, EMS Updates, *Evidence-Based Practice* August 2015, and this month's PURLs journal club toolkit



FPIN Community Bulletin

August 2015

Good Evening <<First Name>>,

We have received many questions lately regarding how to document your HDAs in your WebADS, so we thought we would share the answer with all of our members! With the latest annual administrative update, there is now a clear spot on the faculty form to list your publications in the 3rd box:

“Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications in the previous academic year. **Articles without PMIDs should be counted in this section. This will include publications which are peer reviewed, but not recognized by the National Library of Medicine.**”*

If you have any additional questions about documenting your FPIN work, please email us at membership@fpin.org or call 913-296-7062.

*Source: ACGME WebAds form.

Keeping up with FPIN's EMS!

The Editorial Management System successfully launched this past summer for our HelpDesk Answers writing project! Here are some things to know about the system this month.

EMS invitations:

- Receiving invites
 - All HDA Faculty Corresponding Authors who sign up for questions after July 1, 2015 will receive an invitation to author the question from the EMS within 2 business days of signing up for the question. If you did not receive an invitation, please remember to check your **Junk or Spam Mail folder** as invitations have made their way in there.

If you still did not receive an invite, please contact Adelina Colbert at 573-256-2066 or via email at Adelina@fpin.org.

- Unavailable dates
 - Registered EMS users who are also peer reviewers will be able to login into their respective accounts and update personal information with your availability.

To do so, login into your account and click 'Update My Information'. At the very bottom of the page, click 'Unavailable Dates'. Then, enter in the dates you are unavailable to peer review for FPIN with an optional brief reason why and click 'Submit'.

- Once you have done so, you will not be invited to peer review any HDA drafts over the dates you that you are unavailable!

For HDA Faculty Corresponding Authors, always remember to...

- Submit your Author Disclosure form when you are submitting your first drafts. The form must be filled out by the corresponding author and any additional co-authors and be saved as one PDF copy. You can obtain a copy of the form [here](#).

- Only submit first drafts as **Microsoft Office Word Documents**. References and tables can be in the form of a PDF or an Excel file.
- Respond to your invitation within **10 days!** If you did not respond but would still like to author the question, please contact Adelina Colbert via email or at 573-256-2066.

For more EMS resources, including a brand new FAQ section, check out the [EMS Help Page!](#) Get in touch with Adelina Colbert at Adelina@fpin.org or at 573-256-2066 for any other EMS-related questions.



New Academic Year 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 is moving. Beginning on Aug 19th 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 8 AUGUST 2015

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CME TEST
15 August 2015

FPIN

FPIN presents **Evidence-Based Practice**

August issue highlights:

- Online TOLAC calculators in predicting successful VBAC
- Maternal diet and infantile colic
- Prehypertension risk of cardiovascular events

[View the August Issue](#)

IN DEPTH

What is the most effective medical treatment for nightmares in patients with PTSD?

Evidence-based answer

Prazosin appears to decrease nightmare intensity and frequency in patients with posttraumatic stress disorder (PTSD) within 6 to 15 weeks (SOR: B, systematic review of RCTs, case series, retrospective chart reviews, and case reports). Many other medications, including clonidine, antipsychotics, cyproheptadine, antidepressants, and monoamine oxidase inhibitors, may also improve nightmares and insomnia in patients with PTSD (SOR: B, systematic review of open-label, case-report, and placebo-controlled trials).

Evidence summary

A 2012 systematic review for nightmares in patients with PTSD identified 4 RCTs, 4 open-label case series, 4 retrospective chart reviews, and 9 case reports (N=285).¹ The most common primary outcomes were reported via the Clinician-Administered PTSD Scale (CAPS) items B2 (intensity and frequency of recurrent distressing dreams of the event, scored 0–8) and D1 (difficulty falling or staying asleep, scored 0–8). Another outcome was the Clinical Global Impressions of Change scale (CGIC), a measure of function and well-being (scored 1=markedly improved to 7=markedly worse). The authors did not perform a meta-analysis due to data heterogeneity. In all 4 RCTs, the prazosin dose was 1–15 mg nightly for 6–10 weeks.

One RCT (n=50), all veterans, did not use the CAPS scale, but relied on a sleep diary and CGIC score, neither of which improved with prazosin. Three RCTs (n=63, 79% veterans) found prazosin significantly improved CAPS-B2 scores compared with placebo (3.3 vs 0.4; P<0.01; 3.3 vs 0.9; P<0.02; and 1.5 vs 0; P<0.04). CGIC scores in these 3 RCTs were lower (and hence better) in patients on prazosin than patients taking placebo, as follows: 2 vs 4.5 (P<.01), 2.4 vs 3.7 (P=.02), and 2.6 vs 4.1 (P=.002). Only 2 RCTs (n=23) measured CAPS-D1 and only 1 RCT (n=10) demonstrated improvement from baseline (3.4 points for prazosin vs 0.2 for placebo, P<0.01).

This effect was consistent in the 4 open-label case series (n=31, 81% veterans or military) and 4 retrospective chart reviews (n=132, 83% veterans), in which prazosin (mean doses

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PURLS Journal Club



September 2015: Think twice about nebulizers for asthma attacks

Includes:

Instructions

Detailed presenter/speaker notes

This month features the teaching points: **Heterogeneity, Forest Plots, Weighting and Confidence Intervals**

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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