

FPIN is going back on the road, *Evidence-Based Practice*: February 2015, and this month's PURLs journal club toolkit



FPIN Community Bulletin

February 2015

Good Afternoon <<First Name>>,

FPIN is going back on the road in 2015! Due to member demand, we have increased our onsite workshop offerings for this year. We look forward to seeing you soon!

Here are 3 ways to learn more:

1. Schedule a [consultation meeting](#) with us at PDW/RPS or STFM.
2. Come to our booth at PDW/RPS and fill out a [2015 FPIN Workshop Application](#). We will be awarding 20 workshop scholarships to qualifying residency programs this year.
3. Email membership@fpin.org and schedule a time to chat with us.

In addition to meeting with us, don't miss our session: ***Elevating your scholarship: Developing faculty to lead publication projects that really teach***, presented by Dr. Linda Montgomery and Dr. Doug Maurer. [Learn more here!](#)

FPIN's Corresponding Author Policy

FPIN is thrilled to announce the launch of an editorial management system (EMS), coming later this spring. This system requires that there is only ONE author managing each manuscript. FPIN has developed this [Corresponding Author Policy](#), which requires that a FACULTY serve as "Corresponding Author" to take responsibility for the manuscript from sign-up through publication approval. Residents may still serve as the first author on the manuscript.

How does this impact you?

- If you have already signed up for HDA, but have not submitted your draft yet, it is likely that you will be hearing from us between now and April with instructions for submitting your manuscript through the EMS.
- The faculty corresponding author will be responsible for signing up or proposing questions and managing the manuscripts through the new EMS. We believe this policy will also support mentor relationships at our programs.
- Questions? Email hda@fpin.org.

[View the Corresponding Author Policy](#)

Miss the boat? The FPIN Institute has moved to www.fpin.org/institute. Be sure to log in with your universal password: **scholarship1415** and check it out!

FPIN
presents
**Evidence-Based
Practice**

This issue highlights these topics and more!

- Odansetron for irritable bowel syndrome
- Depression and anxiety overeating in children
- Accuracy of blood glucose meters

CME

Evidence-Based Practice

A Peer-Reviewed Publication of the Family Physicians Inquiries Network VOLUME 18 NUMBER 2 FEBRUARY 2015

EDITORIAL

3 My vitacillin study

DIVING FOR PURLS

4 Increased risk for pyruvic stenosis with macrolides in newborns and with peritartum use
Otitis externa for irritable bowel syndrome

5 Another agent for PCOS-associated infertility
Macrolides improve asthma

EBPEDIATRICS

6 Safest treatment for constipation in children

HELPDESK ANSWERS

7 Nonpharmacologic intervention for needle-related pain
Depression and anxiety overeating in children

8 Oral vinegar ingestion for glucose levels

9 Accuracy of blood glucose meters

10 Safe firearm storage counseling

11 MRSA eradication
Risk of knee OA with recreational running

12 Dietary interventions for multiple sclerosis

13 Treatment for low HDL

E1 Use of nicotine patch during pregnancy
Pain management in labor

SPOTLIGHT ON PHARMAC

14 Therapies for childhood ADHD

CME TEST

15 February 2015

IN DEPTH

What is the best treatment for ankylosing spondylitis?

Evidence-based answer

Both tumor necrosis factor α (TNF α) blockers and NSAIDs have positive effects on ankylosing spondylitis patients' global assessment, pain, physical function, and morning stiffness (SOR: A, meta-analysis of RCTs). NSAIDs are recommended as first-line medications and TNF α blockers are recommended for patients with persistently high disease activity despite conventional therapy (SOR: B, evidence-based guidelines).

Evidence summary

In 2010, a meta-analysis of 13 RCTs compared clinical outcomes in patients with ankylosing spondylitis (N=2,478; mean age 41 years; mean duration of symptoms 11 years) taking either NSAIDs versus placebo or TNF α blockers versus placebo.¹

The NSAIDs included piroxicam, meloxicam, etoricoxib, naproxen, ketoprofen, ximoprofen (not available in the United States), and celecoxib. The TNF α blockers included infliximab, etanercept, and adalimumab. The efficacy of each pharmacologic intervention was evaluated according to 6 outcomes: pain, physical function, acute-phase reactants, patient global assessment, spinal mobility and morning stiffness (TABLE 1).²

Both TNF α blockers and NSAIDs had positive effects on patients' global assessment, pain, physical function, and morning stiffness. Neither TNF α blockers nor NSAIDs had any effect on spinal mobility.³

In a 2012 systematic review of 3 RCTs (N=817), TNF α blockers (infliximab, etanercept, and adalimumab) were directly compared with placebo and indirectly compared with each other.⁴ The treatment outcomes were examined over a 24-week period using the Assessment in Ankylosing Spondylitis Response Criteria 20 (ASAS 20).

A response was defined as $\geq 20\%$ absolute improvement or at least ≥ 10 units reduction in ≥ 3 of 4 domains: patient global assessment (0–100 VAS), pain (0–100 VAS), Bath Ankylosing Spondylitis Function Index (0–100), and Bath Ankylosing Spondylitis Disease Activity Index (0–100), and no worsening of $\geq 20\%$ in the remaining domain.⁵

All TNF α blockers were superior to placebo, and infliximab demonstrated the highest probability of being the best treatment when indirectly compared with other TNF α blockers (TABLE 2).⁶

Continued

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View the February Issue

PURLS Journal Club



March 2015: Prescribing statins to patients with ACS? No need to wait.

Includes:

- Instructions
- Detailed presenter/speaker notes
- This month featuring the teaching points: **Sensitivity Analysis**
- Journal club worksheet
- Copy of the published PURL
- Potential PURL review form

Log into the [FPIN Institute](#) to access the journal club toolkits.

“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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